

### Progress Notes

Child's Name: \_\_\_\_\_ Therapist: \_\_\_\_\_

Date: \_\_\_\_\_ Service/License #: \_\_\_\_\_

Outcomes Addressed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendation: \_\_\_\_\_

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

EIP Staff Signature

White - Office Yellow - Client Copy

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