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**Form**

**Client Check-in/Progress Update**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Social Worker:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Client Information (Section 1)**

**Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Client ID/Case #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date of Last Full Session/Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Contact:**

☐ Phone Call
☐ In-Person (Brief)
☐ Email/Message
☐ Other: [Specify]

# **Well-being Check (Section 2)**

**Client's Stated Mood/Overall Well-being:**

☐ Good
☐ Stable
☐ Fair
☐ Challenged
☐ Crisis (Follow-up needed)
☐ N/A

**Brief Notes:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Safety Concerns (Self/Others):**

☐ None identified
☐ Minor (e.g., increased stress)
☐ Moderate (e.g., thoughts of self-harm, no plan)
☐ Significant (e.g., active crisis, plan identified - IMMEDIATE ACTION REQUIRED)

**Details/Action Taken:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Goal Progress & Updates (Section 3)**

**Focus Area(s) Discussed (Check all that apply):**

☐ Housing
☐ Employment/Education
☐ Mental Health
☐ Physical Health
☐ Substance Use
☐ Family/Relationships
☐ Legal
☐ Financial
☐ Other: [Specify]

**Progress on Current Goals:**

**Goal 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Progress:** ☐ Met ☐ Substantial ☐ Moderate ☐ Minimal ☐ No Change ☐ Barrier ☐ N/A

**Goal 2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Progress:** ☐ Met ☐ Substantial ☐ Moderate ☐ Minimal ☐ No Change ☐ Barrier ☐ N/A

**General Notes on Progress:**

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# **Emerging Needs / Next Steps (Section 4)**

**New/Emerging Needs Identified:**

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**Agreed Next Steps / Action Plan:**

☐ Schedule full session
☐ Provide resource/referral (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
☐ Follow up on specific item (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
☐ No immediate action required
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next Contact Date/Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Purpose of Next Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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