A black background with white letters

AI-generated content may be incorrect.

<https://www.socialworkportal.com/>

**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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