



<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:

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:

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:

Emerging Needs / Next Steps (Section 4)

New/Emerging Needs Identified:

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: _____

View our website for more helpful guides:

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