

Play Therapy Progress Notes

Patient information		
Name:		Date of birth:
Gender:		Date of session:
Subjective		
Child's presentation and affect		Play themes
Verbal expressions		
Parent/caregiver report		
Objective		
Selected toys/materials		Play sequence and patterns
Art supplies	Dolls/figures	
Sand tray	Puppets	
Building toys	Medical kit	
Games	Cards	
Other:		
Significant observations		

Assessment					
Therapeutic progress					
1. Goal:					
Progress:	Regression	No change	Minimal	Moderate	Significant
2. Goal:					
Progress:	Regression	No change	Minimal	Moderate	Significant
3. Goal:					
Progress:	Regression	No change	Minimal	Moderate	Significant
Clinical impressions/current concerns					
Plan					
Therapeutic interventions used					
Non-directive play		Directive play		Art therapy	
Role play		Other:			
Treatment modifications					
Changes needed to the treatment plan:					
Next session					
Planned focus/interventions:					
Follow-up/recommendations					
Additional notes					
Clinician's name:			Credentials:		
Signature:			Date:		