

Art Therapy Group Session Documentation

Session Date

Facilitator(s)

Group Name/Number

Number of Participants

Participant Initials or Codes

Session Theme/Focus

Materials Used

Session Objectives

Session Description / Process

Participant Engagement & Observations

Group Dynamics

Notable Artworks / Themes Expressed

Therapeutic Interventions Provided

Response to Interventions

Challenges / Issues Noted

Follow-up / Recommendations

Facilitator Signature

Date

