## **Art Therapy Progress Note**

Client Name	
Date	
Therapist Name	
	_
	_
Session Number	
Type of Art Modality Used	
Type of the following obed	_
Goals/Focus of Session	
Materials Used	
	_
	_
Client's Mood/Affect	
	_
Session Summary	
	_
Art Process/Interventions	
	_

Client's Response to Art-Making				
Progress Toward Goals				
Plan/Recommendations				