



# FAMILY CONNECTIONS, LLC

Supporting Opportunities for Growth & Development

## Weekly Treatment Note

**Client Name:**

\_\_\_\_\_  
**Present at Session:**

\_\_\_\_\_  
**Session Type:** Individual / Family with Client / Family without Client / Other:

\_\_\_\_\_  
**Physical Presentation:** Well-groomed / Disheveled / Older than stated age / Younger than stated age

**Participation:** Fully / Moderately / Minimally *Notes:*

\_\_\_\_\_  
**Safety Concerns:**

\_\_\_\_\_  
**Medical**

**Concerns:**

\_\_\_\_\_  
**Discharge Planning:**

### Treatment Plan Goals addressed in session:

**Goal 1**

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Goal 2**

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Goal 3 Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Clinician Session Review:***

***Plan:***

***Client:***

***Parent/Guardian:***

***Clinician:***

***Community Resource Supports:***

***Clinician Signature:*** \_\_\_\_\_

***Date:***

\_\_\_\_\_

***Time Stamp:***