







Organization Name:		Program Name:				
Individual's Name (First / MI / Last):		Record #:			OOB:	
☐ Admission Note (Check only once per episode of care)						
Group Name:		Number of Staff:		Number of Attendees:		
Individual Did Not Attend:   No Show   Canceled - Explanation:						
DOCUMENTATION OF PARTICIPATION AND RESPONSE OF INDIVIDUAL TO GROUP TREATMENT						
Behavior in Group (Check All that Apply):						
Showed interest Non-verbal but engaged S						arent interest ed distracted ive
Individual's Mood: ☐ Stable ☐ Depressed/Sad ☐ Anxious ☐ Angry ☐ Other:						
New Issues / Stressors / Extraordinary Events Preser New Issue, CA/IAP Update Required None Report Explanation:	rted				·	
Goal(s)/Objective(s) Addressed As Per Individualized Action Plan or   Based on Initial Plan for Services:						
	ective	,	Goal _ ective ective	Objective Objective	Objective Objective	
Response to Intervention(s) and Progress Toward Goals and Objectives:						
Plan / Additional Information (OASAS-any recommendations or determinations for continued or revised treatment):						
						,
Completed By - Print Staff Name/Credentials:  Staff Signature:						Date:
Supervisor - Print Name/Credentials (if applicable):  Supervisor Signature:					Date:	
Individual's Signature (Optional):					Date:	
Medicare "Incident to" Services Only  Name and Credentials of Medicare Supervising Professional on Site						te
Date of Staff Loc. Code Service Code	Mod Mod 1 2	Mod 3	Mod 4	Start Time	Stop Time	