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|  | **Texas Workforce Commission****Vocational Rehabilitation Services****Counseling Progress Report**    |
| **Customer Information**   |
| Customer name:       | Service authorization number:       |
| Provider:      | Date of report:      |
| Dates of completed counseling sessions:                               |
| Dates of missed sessions:                                 No call or show   Customer cancelled       hours before session time Reason for cancellation:       |
| **Current Stressors**   |
| (Enter X in appropriate boxes):    |
|    Health problem or pain |    Vocational issues at current job |
|    Family issues |    Issues related to seeking employment or volunteer work |
|    Financial issues |    Issues related to training or school |
|    Relationship issues |    Issues related to poor support system |
|    Housing issues  |    Sobriety issues |
|    Other: Specify       |
| Comments:       |
| **Focus of Sessions/Goals for Counseling**   |
| (Enter X in appropriate boxes):   |
|    Decreasing symptoms of depression  |
|    Decreasing symptoms of anxiety |
|    Monitoring for psychotic symptoms or symptoms of mania |
|    Providing support with current stressors  |
|    Assisting with vocational issues with current job  |
|    Providing support with seeking employment or volunteer work |
|    Providing support with training or school |
|    Providing support with sobriety issues |
|    Assisting with improving self-esteem, coping skills, and support system |
|    Adjustment to disability issues and grief and loss issues |
|    Stress management |
|    Pain management |
|    Anger management |
|    Possible benefits of psychotropic medication |
|    Communication with physicians regarding medication |
|    Possible benefits of Personal Social Adjustment (PSA) group |
|    Referral to physician or health care provider for treatment |
|    Referral to community services or support group |
|    Other:       |
| Comments:       |
| **Prognosis Toward Employment Readiness**   |
| (Enter X in appropriate boxes):   |
|    Very poor    Poor    Fair    Good    Excellent    Deferred pending additional sessionsComments:       |
| **Impediments Affecting Progress Toward Employment Readiness**   |
| (Enter X in appropriate boxes):   |
|    Undiagnosed or untreated disability  |
|    Personality disorder |
|    Needs physician consultation or treatment, including medication needs |
|    Lack of stability with housing, family |
|    Lack of stability with sobriety |
|    Poor support system |
|    Still very early in the process of adjustment to disability |
|    Needs more education or treatment—stress management, pain management, gaining insight |
|    Other:      Comments:       |
| **Other Recommendations for Counselor Consideration**   |
| (Enter X in appropriate boxes):   |
|    Assistance with earning GED |
|    Personal Social Adjustment (PSA) group |
|    Comprehensive pain management program |
|    Psychiatric consultation |
|    Consultation with physician |
|    Psychological evaluation—document possible LD for obtaining accommodations |
|    Neurological evaluation. Reason:       |
|    Other:      Comments:       |
| Other comments:       |
| Provider’s signature:X       | Date:      |