

[Your Name]
[LCSW Title]
[Your Practice/Organization Name]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Client's Name]
[Client's Address]
[City, State, Zip Code]
Dear [Client's Name],
Subject: Progress Report
I hope this letter finds you well. This document serves as a summary of
your progress in therapy from [start date] to [end date].
Client Information:
Name: [Client's Name]
Date of Birth: [Client's Date of Birth]
Therapy Start Date: [Start Date]
Therapy End Date: [End Date]
Goals/Objectives:
1. [Goal 1]
2. [Goal 2]
3. [Goal 3]
Progress Summary:
- **Goal 1:** [Description of progress]
- **Goal 2:** [Description of progress]
- **Goal 3:** [Description of progress]
Challenges Encountered:
- [Challenge 1]
- [Challenge 2]
Next Steps/Recommendations:
- [Recommendation 1]
- [Recommendation 2]
Thank you for your dedication to the therapeutic process. Should you have
any questions or need further clarification, please do not hesitate to
reach out.
Sincerely,
[Your Signature (if sending a hard copy)]
[Your Name]
[LCSW Title]
[Your Practice/Organization Name]