



**COUNTY OF EL DORADO  
HEALTH AND HUMAN SERVICES AGENCY**

3057 Briw Road, Suite A  
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**Child Welfare Services**  
Leslie Griffith  
Assistant Director

3368 Lake Tahoe Boulevard, Suite 100  
South Lake Tahoe, CA 96150  
530-573-3201 Phone / 530-541-2803

## Client Progress Report

Date: \_\_\_\_\_ Social Worker: \_\_\_\_\_  
 Client: \_\_\_\_\_ Provider Agency: \_\_\_\_\_  
 Counselor Name: \_\_\_\_\_  
 Service(s) Provided: \_\_\_\_\_  
 Date(s) of Attendance: \_\_\_\_\_  
 Statement of Prognosis: \_\_\_\_\_  
 Explanation of Prognosis & Estimated Length of Treatment: \_\_\_\_\_

### Progress Toward Goals

Please list the client's goals and rate the client's progress toward each goal according to the scale below (circle where the number is currently). Please also summarize the client's overall progress toward their goals.

Goal 1:										
Progress Declined	Remained Same			Improved			Approaching Completion	Completed		
1    2	3    4    5	6    7    8	9	10						
Goal 2:										
Progress Declined	Remained Same			Improved			Approaching Completion	Completed		
1    2	3    4    5	6    7    8	9	10						

Goal 3:										
Progress Declined	Remained Same			Improved			Approaching Completion	Completed		
1 2	3 4 5	6 7 8	9	10						
Goal 4:										
Progress Declined	Remained Same			Improved			Approaching Completion	Completed		
1 2	3 4 5	6 7 8	9	10						
Goal 5:										
Progress Declined	Remained Same			Improved			Approaching Completion	Completed		
1 2	3 4 5	6 7 8	9	10						
<u>Summary of progress:</u>										

\_\_\_\_\_  
Therapist Name/License #

\_\_\_\_\_  
Date

**NOTE: THIS REPORT SHOULD BE SENT TO THE HHSA CWS CLERICAL DEPT. AT THE FOLLOWING EMAIL ADDRESS: [CPS.CLERICAL@EDCGOV.US](mailto:CPS.CLERICAL@EDCGOV.US). DO NOT SEND THE REPORT TO THE HHSA FISCAL DEPT.**

*\* Phone: (530) 642-7100 \* Fax (530) 626-7427 \**