

**County of San Diego Mental Health Services  
TFC DAILY PROGRESS NOTE**

**\*Client Name:**

**\*Case #:**

**\* Date:**

**\*Program Name:**

**Day of the week:**

**YOUTH OVERALL MOOD/BEHAVIOR:**

**MORNING:**

Was Youth Accessible? ☐ Yes ☐ No

**\* Youth's Presentation:**

☐ Calm ☐ Cooperative ☐ Angry ☐ Defiant ☐ Tantrums ☐ Irritable ☐ Anxious  
☐ Withdrawn ☐ Sad ☐ Hyperactive ☐ Good Hygiene ☐ Poor Hygiene ☐ Hallucinations  
☐ Other

**\* Describe youth's targeted behavior(s) observed and include any known antecedents** (as identified in the Client Plan. Provide observations of the youth's behavior(s) for the day. Include target behavior(s), as well as appropriate behaviors and interactions the youth engaged in):

**\* Intervention(s) Utilized** (Describe the strategies used to address the target behavior, based on proposed interventions identified in the client plan):

**\* Youth's Response to Intervention(s)** (Describe how the youth responded to interventions and strategies used. Include details and if the youth remembered to utilize coping strategies before or after the behavior. Can the youth think of what could have gone better or identify other coping interventions/strategies?):

**AFTERNOON:**

Was Youth Accessible? ☐ Yes ☐ No

**\* Youth's Presentation:**

☐ Calm ☐ Cooperative ☐ Angry ☐ Defiant ☐ Tantrums ☐ Irritable ☐ Anxious  
☐ Withdrawn ☐ Sad ☐ Hyperactive ☐ Good Hygiene ☐ Poor Hygiene ☐ Hallucinations  
☐ Other

**\* Describe youth's targeted behavior(s) observed and include any known antecedents** (as identified in the Client Plan. Provide observations of the youth's behavior(s) for the day. Include target behavior(s), as well as appropriate behaviors and interactions the youth engaged in):

\* **Intervention(s) Utilized** (Describe the strategies used to address the target behavior, based on proposed interventions identified in the client plan):

\* **Youth's Response to Intervention(s)** (Describe how the youth responded to interventions and strategies used. Include details and if the youth remembered to utilize coping strategies before or after the behavior. Can the youth think of what could have gone better or identify other coping interventions/strategies?):

**EVENING:**

Was Youth Accessible? ☐ Yes ☐ No

\* **Youth's Presentation:**

☐ Calm ☐ Cooperative ☐ Angry ☐ Defiant ☐ Tantrums ☐ Irritable ☐ Anxious  
☐ Withdrawn ☐ Sad ☐ Hyperactive ☐ Good Hygiene ☐ Poor Hygiene ☐ Hallucinations  
☐ Other

\* **Describe youth's targeted behavior(s) observed and include any known antecedents** (as identified in the Client Plan. Provide observations of the youth's behavior(s) for the day. Include target behavior(s), as well as appropriate behaviors and interactions the youth engaged in):

\* **Intervention(s) Utilized** (Describe the strategies used to address the target behavior, based on proposed interventions identified in the client plan):

\* **Youth's Response to Intervention(s)** (Describe how the youth responded to interventions and strategies used. Include details and if the youth remembered coping strategies before or after the behavior. Can the youth think of what could have gone better or identify other coping interventions/strategies?):

**SLEEP PATTERN** (explain any behaviors associated with sleep on the day of the progress note):

☐ No Concerns ☐ Bedtime Refusal ☐ Difficulty Falling Asleep ☐ Night Waking  
☐ Nightmares/Night Terrors ☐ Bedwetting ☐ Other:

Explain:

**EATING:**

☐ No Concerns ☐ Refusal ☐ Overeating ☐ Picky ☐ Other:

Explain:

**TOILETING:**

☐ No Concerns ☐ Daytime Wetting ☐ Daytime Soiling ☐ Other:

Explain:

**AGGRESSION:**

☐ No Concerns ☐ Mild ☐ Moderate ☐ Severe ☐ Other:

Explain:

**Additional Collateral Information** (describe any contact or important information obtained from other CFT members or youth's significant support. Does not include contact with any member of the FFAST team):

\* **Overall Risk** (Based on current service, including mitigating factors, evaluation and determine if the youth is at an elevated risk for):

Were any risks observed or reported during the day of TFC service? ☐ Yes ☐ No

Danger to Self:

Danger to Others:

Action(s) Taken:

**Signature/Title/Credential:**

\_\_\_\_\_  
Signature/Title/Credential

Date

Time

Printed Name:

CCBH ID number:

**Co-Signature/Title/Credential:**

\_\_\_\_\_  
Signature/Title/Credential

Date

Time

Printed Name:

CCBH ID number:

\*Indicates required fields