## Community Mental Health for Central Michigan Skill Building Progress Notes

| Consumer Nam<br>Skill Building Go                   | e:                                                                                                                                                                                                                          | Consumer ID:                                                                                                                            |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
|                                                     |                                                                                                                                                                                                                             |                                                                                                                                         |
| Date:                                               | Start Time:                                                                                                                                                                                                                 | Stop Time:                                                                                                                              |
| -                                                   | rrative on what occurred with this consumer (so if an outs ft). If additional space is needed, please use the back side                                                                                                     |                                                                                                                                         |
|                                                     |                                                                                                                                                                                                                             |                                                                                                                                         |
|                                                     | Staff Signature/Credentials                                                                                                                                                                                                 | Date                                                                                                                                    |
|                                                     |                                                                                                                                                                                                                             |                                                                                                                                         |
|                                                     | Start Time:                                                                                                                                                                                                                 |                                                                                                                                         |
| Please provide a na                                 | Start Time:                                                                                                                                                                                                                 | ider were reading this, they would be able to                                                                                           |
| Please provide a na                                 | rrative on what occurred with this consumer (so if an outs                                                                                                                                                                  | ider were reading this, they would be able to                                                                                           |
| Please provide a na                                 | rrative on what occurred with this consumer (so if an outs ft). If additional space is needed, please use the back side                                                                                                     | ider were reading this, they would be able to<br>e of this progress note.                                                               |
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