

D.A.P. Progress Note Checklist

Data	Check if addressed
1. Goals on the Recovery Plan that are the focus of the session <i>AND</i> intervention(s) provided by service provider to address the goal(s). What did service provider DO?	
2. Consumer self-report: significant events since last meeting, stressors, changes in consumer's condition and action taken.	
3. Persons present for the session and where session took place.	
4. Was homework reviewed (if any)?	
Assessment	
5. Any significant changes since the last session? Progress on goal?	
6. Service provider observations/assessment and client response to intervention(s)	
7. What is the assessed risk for dangerousness to self or others (suicide, homicide, etc.)?	
8. What is the client's current response to the treatment plan?	
Plan	
9. Based on client's response to the treatment plan, what needs revision?	
10. What work towards goals are provider/consumer engaging in prior to next session?	
11. If any dangerousness assessed, what is the safety plan? Be specific.	
12. When is the next session date?	
General Checklist	
13. Does this note relate to needs identified in the CCS Assessment?	
14. Does this note connect to goals identified in the client's individualized Recovery Plan?	
15. Are the date, time, and consumer selected accurate?	
16. Has information about any referrals made been documented?	
17. Does this note clearly articulate what skills the provider was teaching the consumer?	
18. Are any abbreviations used standardized and consistent?	
19. Would someone not familiar with this case be able to read this note and understand exactly what has occurred in treatment?	
20. Are any non-routine calls, missed sessions, or professional consultations regarding this case documented?	

Inadequate notes:

- Are not tied back to Recovery Plan or assessed need
- Reader has no idea what the provider did in the session because note offers no explanation of intervention
- Are cut and pasted from previous notes, not individualized
- Do not accurately document billing information (date/time service occurred, service provided)

Adapted from:

Treatment Planning M.A.T.R.S.: Module 4 – Handout 6

Utilizing the Addiction Severity Index (ASI) to Make Required Data Collection Useful