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|  | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Counseling Progress Report** | | | |
| **Customer Information** | | | | |
| Customer name: | | | Service authorization number: | |
| Provider: | | | Date of report: | |
| Dates of completed counseling sessions: | | | | |
| Dates of missed sessions:     No call or show     Customer cancelled       hours before session time  Reason for cancellation: | | | | |
| **Current Stressors** | | | | |
| (Enter X in appropriate boxes): | | | | |
| Health problem or pain | | Vocational issues at current job | | |
| Family issues | | Issues related to seeking employment or volunteer work | | |
| Financial issues | | Issues related to training or school | | |
| Relationship issues | | Issues related to poor support system | | |
| Housing issues | | Sobriety issues | | |
| Other: Specify | | | | |
| Comments: | | | | |
| **Focus of Sessions/Goals for Counseling** | | | | |
| (Enter X in appropriate boxes): | | | | |
| Decreasing symptoms of depression | | | | |
| Decreasing symptoms of anxiety | | | | |
| Monitoring for psychotic symptoms or symptoms of mania | | | | |
| Providing support with current stressors | | | | |
| Assisting with vocational issues with current job | | | | |
| Providing support with seeking employment or volunteer work | | | | |
| Providing support with training or school | | | | |
| Providing support with sobriety issues | | | | |
| Assisting with improving self-esteem, coping skills, and support system | | | | |
| Adjustment to disability issues and grief and loss issues | | | | |
| Stress management | | | | |
| Pain management | | | | |
| Anger management | | | | |
| Possible benefits of psychotropic medication | | | | |
| Communication with physicians regarding medication | | | | |
| Possible benefits of Personal Social Adjustment (PSA) group | | | | |
| Referral to physician or health care provider for treatment | | | | |
| Referral to community services or support group | | | | |
| Other: | | | | |
| Comments: | | | | |
| **Prognosis Toward Employment Readiness** | | | | |
| (Enter X in appropriate boxes): | | | | |
| Very poor    Poor    Fair    Good    Excellent    Deferred pending additional sessions  Comments: | | | | |
| **Impediments Affecting Progress Toward Employment Readiness** | | | | |
| (Enter X in appropriate boxes): | | | | |
| Undiagnosed or untreated disability | | | | |
| Personality disorder | | | | |
| Needs physician consultation or treatment, including medication needs | | | | |
| Lack of stability with housing, family | | | | |
| Lack of stability with sobriety | | | | |
| Poor support system | | | | |
| Still very early in the process of adjustment to disability | | | | |
| Needs more education or treatment—stress management, pain management, gaining insight | | | | |
| Other:  Comments: | | | | |
| **Other Recommendations for Counselor Consideration** | | | | |
| (Enter X in appropriate boxes): | | | | |
| Assistance with earning GED | | | | |
| Personal Social Adjustment (PSA) group | | | | |
| Comprehensive pain management program | | | | |
| Psychiatric consultation | | | | |
| Consultation with physician | | | | |
| Psychological evaluation—document possible LD for obtaining accommodations | | | | |
| Neurological evaluation. Reason: | | | | |
| Other:  Comments: | | | | |
| Other comments: | | | | |
| Provider’s signature:  X | | | | Date: | |