

County of San Diego Mental Health Services  
TFC DAILY PROGRESS NOTE

\* Client Name: \_\_\_\_\_ \* Case #: \_\_\_\_\_  
\* Date: \_\_\_\_\_ \* Program Name: \_\_\_\_\_  
\* Day of the week: \_\_\_\_\_

**Concerns/Risk Behavior(s):**

No Concerns  Sleep Disturbance  Toileting Issue(s)  Eating Concern(s)  Aggression  Eloping  
 Self-harm  Substance use/Abuse  Other Concern(s)/Risk Behavior(s): \_\_\_\_\_

Please describe below for any checked boxes:

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**Presentation:** (Include observations of child/youth's behaviors, mood, antecedents[s], including target behaviors as well as appropriate/inappropriate behaviors and interactions):

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**Intervention** (Describe the strategies used to address the target behavior, based on proposed interventions identified in the client plan and reasoning for use of strategy):

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**Youth Response** (How did the youth respond to the above intervention[s]):

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**Next Steps** (Planned action steps by caretaker or beneficiary, collaboration with beneficiary, collaboration with other provider[s]):

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**Signature/Title/Credential:**

\_\_\_\_\_  
Signature  
Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Date  
CCBH ID number: \_\_\_\_\_

\_\_\_\_\_  
Time

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

\_\_\_\_\_  
Signature  
Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Date  
CCBH ID number: \_\_\_\_\_

\_\_\_\_\_  
Time