GTRP
CASE NOTE CHECKLIST

Name: ___________________________ Date: ______________________

Session Title: __________________________

1. Attendance (please circle): Yes No

If no attendance or lateness, then please explain why:

2. Please rate level of motivation during session:

0 1 2 3 4 5 6 7 8 9 10

(0 = no motivation) (10 = very motivated)

3. Please rate level of participation during session:

0 1 2 3 4 5 6 7 8 9 10

(0 = clear lack of participation) (10 = excellent participation)

4. Management Problems (please circle): Yes No

If yes, please comment further:
(e.g. what behaviours were displayed? intensity? duration? what has been the consequence of such behaviours? etc…)

5. Please rate apparent level of understanding during session:

0 1 2 3 4 5 6 7 8 9 10

(0 = clear lack of understanding) (10 = excellent understanding)
If yes, please comment further:
(e.g. what particular sections were difficult to grasp? pace of session? did they respond better to verbal or visual presentation of information? etc…)

6. Please rate level of support needed during session:

0 1 2 3 4 5 6 7 8 9 10
(0 = no support necessary) (10 = high levels of support necessary)

Please comment further:
(e.g. level of self awareness; appraisal of abilities; asking for help etc…)

7. Please comment on interaction:
(e.g. how well did the participant interact with others?)

8. Please comment on group dynamics:

9. Please comment on the participant’s level of contribution to the group:
(e.g. were they rather vocal or more of a quiet group member?)
10. Homework Completion (please circle): Yes No

If no, please explain why.

11. If applicable, please describe the participant’s clinical presentation
   (e.g. responding to any psychotic phenomena)

12. Potential risk issues (please circle): Yes No
    (e.g. disclosure of violent sexual thoughts/fantasy).

If so, what are the action points?

Completed by: _______________________________________

Signed: _____________________________________________

Date: ___________