**CP FORM 4**

**INITIAL ASSESSMENT FORM FOR GROUPS**

**Case Number…**  **Date of intake…**

**Group Code… Practicum Site…MTRH**

**Group demographic information (type of group)**

**The current situation (allow the group to share whatever brought them for therapy).**

**What is your initial assessment of the group; cognitively, emotionally, socially and physically in relation to their concerns**?

**CP FORM 5**

**GROUP TREATMENT PLAN FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Group Code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
| G | /03/2024 |  | 1 | 2 hours | MTRH |

**Group’s Concerns(Issue bringing them for therapy)**

**Goal(s) for therapy**

**Interventions (state theories used)**

**Plans for next session (If any)**

**Student Counsellor’s signature… Date…**