

**Community Mental Health for Central Michigan
Skill Building Progress Note**

Consumer Name: _____ Date of Service: _____ Consumer ID: _____

Staff Name (please print): _____ Provider: _____

START TIME:		
AM	PM	
END TIME:		
AM	PM	
Staff to Consumer Ratio		
1:1	1:2	1:3
1:4	1:5	1:6+

Skill building goal/objective in the IPOS:

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

_____|_____
Staff signature / credentials *Date*