

Progress Note Evaluation Rubric for Supervisees

Include this heading as well:

Supervisee:

Supervisor:

Client Initials:

Client DOB:

Date of Service:

Rubric Score:

Use this rubric to assess clinical quality, compliance, and supervisee growth in routine progress and notes. Include date of service, supervisee, client initials only.

Scale (0–4):

- **4 = Exceeds expectations**
- **3 = Meets expectations**
- **2 = Emerging / inconsistent**
- **1 = Needs significant improvement**
- **0 = Missing / noncompliant**

Suggested benchmark: 29/36 (80.56%) minimum, with no 0 in Risk/Safety or Medical Necessity.

1) Clinical Relevance of Session Content

4 Note focuses on clinically meaningful themes (symptoms, stressors, behavior patterns, treatment targets); avoids irrelevant detail.

3 Mostly clinically relevant; minor tangential content.

2 Mixed relevance; important clinical material underdeveloped.

1 Mostly narrative/storytelling with little clinical focus.

0 No clinically relevant content.

2) Interventions Used (What clinician did)

4 Specific, accurate interventions documented (e.g., CBT reframing, grounding, MI, psychoeducation), tied to client needs.

3 Interventions documented and generally appropriate.

2 Vague intervention language (“processed,” “discussed”) without specificity.

1 Interventions unclear or mismatched to presentation.

0 No interventions documented.

3) Client Response to Interventions

4 Clearly describes client engagement and response (insight, affect shift, behavior change, resistance, tolerance).

3 Response documented but somewhat general.

2 Minimal client response detail.

1 Implied response only; little evidence of clinical impact.

0 No response documented.



4) Progress Toward Treatment Goals

- 4 Explicitly links session to treatment plan goals/objectives; includes measurable progress or barriers.
 - 3 Goal connection present but somewhat broad.
 - 2 Mentions goals without clear evidence of progress.
 - 1 No clear link to goals; generic progress statement.
 - 0 No goal/progress documentation.
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5) Medical Necessity (for progress note context)

- 4 Clearly supports ongoing level of care by documenting current symptoms, functional impairment, and rationale for continued treatment.
 - 3 Adequate necessity language with minor missing element.
 - 2 General rationale for therapy; limited impairment detail.
 - 1 Boilerplate/weak necessity statement.
 - 0 No medical necessity support.
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6) Risk, Safety, and Protective Factors

- 4 Risk assessed appropriately (SI/HI/NSSI/substance/psychosis as indicated), with protective factors and safety actions documented when needed.
 - 3 Risk addressed adequately; minor omissions.
 - 2 Incomplete risk documentation.
 - 1 Superficial or unclear risk entry.
 - 0 Risk omitted when clinically indicated.
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7) Plan, Follow-Up, and Continuity of Care

- 4 Clear next steps: homework/skills practice, referrals/coordination, follow-up interval, and focus for next session.
 - 3 Follow-up plan present and generally usable.
 - 2 Plan vague or not actionable.
 - 1 Minimal plan (“RTC”) without specifics.
 - 0 No plan/follow-up.
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8) Documentation Quality, Professionalism, and Compliance

- 4 Timely, concise, objective, person-centered language; legally defensible; accurate diagnosis/time/service elements present.
 - 3 Solid documentation with minor clarity/compliance edits needed.
 - 2 Repetitive/wordy or occasional judgmental/unclear wording; moderate corrections needed.
 - 1 Disorganized or potentially noncompliant style/content.
 - 0 Major compliance/legal deficiencies.
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9) Case Conceptualization Growth (Supervision lens)

- 4 Demonstrates developing clinical thinking: patterns, hypotheses, differential considerations, and rationale for intervention choice.
- 3 Sound conceptual thinking with growing depth.



- 2 Emerging conceptualization; mostly descriptive.
1 Limited conceptual thinking; task-only documentation.
0 No evidence of conceptualization.
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Scoring Grid (36 points total)

Criterion	Score (0–4)
1. Clinical Relevance	
2. Interventions Used	
3. Client Response	
4. Progress Toward Goals	
5. Medical Necessity	
6. Risk & Safety	
7. Plan & Continuity	
8. Documentation Quality/Compliance	
9. Case Conceptualization Growth	
Total / 36	

Performance bands (suggested):

- **32–36:** Advanced
 - **27–31:** Competent
 - **24–26:** Borderline / needs targeted coaching
 - **<24:** Remediation plan indicated
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Supervisor Feedback Prompts (quick use)

- “What intervention did you choose, and why this one for this client today?”
- “What changed for the client in-session that shows clinical impact?”
- “Where is medical necessity evident in this note?”
- “How does this note show movement toward treatment plan goals?”
- “What risk factors/protective factors are active right now?”
- “What should be different in the next note?”

