

[Therapist Name, Credentials]
[Practice Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email]

Date: [Date]

To: [Recipient Name/Organization]
Re: Six-Week Therapy Adjustment Progress Assessment
Patient Name: [Patient Name]
Date of Birth: [DOB]

Dear [Recipient Name],

This letter provides a summary of [Patient Name]'s progress following the initial six weeks of psychotherapy, which commenced on [Start Date]. The purpose of this assessment is to evaluate the patient's adjustment to the therapeutic process and clinical goals.

Attendance and Engagement:

To date, the patient has attended [Number] out of [Number] scheduled sessions. The patient demonstrates [consistent/inconsistent] attendance and is [actively/passively] engaged in the therapeutic process.

Clinical Progress and Adjustment:

During this initial six-week period, treatment has focused on [Primary Goal 1] and [Primary Goal 2]. The patient is showing [significant/moderate/minimal] adjustment to the treatment plan. Specifically, the patient has demonstrated improvement in [list specific areas, e.g., coping mechanisms, emotional regulation, or symptom reduction].

Current Assessment:

Based on clinical observations and self-reporting, the patient's symptoms are currently [improving/stable/deteriorating]. The patient is responding [well/adequately/poorly] to the utilized modalities, including [mention specific techniques, e.g., CBT, DBT, or Mindfulness].

Future Treatment Plan:

Moving forward, the treatment plan will be [maintained/adjusted] to address [mention any new goals or continued focus]. Frequency of sessions is recommended to remain at [Number] times per [week/month].

Please contact me at [Phone Number] if you require further information regarding this assessment.

Sincerely,

[Signature]

[Therapist Name, Credentials]

[License Number]