

# MONTHLY PROGRESS REPORT

|  |                      |   |                                    |                          |
|--|----------------------|---|------------------------------------|--------------------------|
| Offender #   | Individual's Name:   |   | Date:                              |                          |
| Click to enter text.   | Click to enter text. |   | Click to enter a date.             |                          |
| Supervising Agent:   |                      | Email:  | Telephone:                         |                          |
| Click to enter text.   |                      | Click to enter text.  | Click to enter text.               |                          |
| Supervisor:  |                      | Email:  | Telephone:                         |                          |
| Click to enter text.   |                      | Click to enter text.  | Click to enter text.               |                          |
|  |                      |   |                                    |                          |
| Date of Report:  |                      | Click to enter a date.  | Admit Date: Click to enter a date. |                          |
| (RESIDENTIAL ONLY) Projected Discharge Date:                                       |                      |   | Click enter a date.                |                          |
| During the month of Choose month. the offender has had the following appointments: |                      |   |                                    |                          |
| <input type="checkbox"/> INDIVIDUAL THERAPY  |                      | <input type="checkbox"/> PEER RECOVERY COACH  |                                    |                          |
| <input type="checkbox"/> CASE MANAGEMENT   |                      | <input type="checkbox"/> GROUP  |                                    |                          |
| <input type="checkbox"/> PSYCHIATRIST  |                      | <input type="checkbox"/> OTHER (Primary Care visit, MAT Provider, Specialist, etc.)   |                                    |                          |
| IF OTHER SELECTED PLEASE EXPLAIN:  |                      | Click or tap here to enter text.  |                                    |                          |
| The individual cancelled appointments on:  |                      | Click to enter a date., Click to enter a date., Click to enter a date.,   |                                    |                          |
| The individual missed appointments on:   |                      | Click to enter a date., Click to enter a date., Click to enter a date.,   |                                    |                          |
| The provider cancelled appointments on:  |                      | Click to enter a date., Click to enter a date., Click to enter a date.,   |                                    |                          |
| The individual has participated:   |                      | <input type="checkbox"/> Not at all<br><input type="checkbox"/> Minimally<br><input type="checkbox"/> Fluctuates between participation and not participating<br><input type="checkbox"/> Consistently participating |                                    |                          |
| The individual has been drug tested:   |                      | Date:   | Click to enter a date.             | Results: Choose an item. |
|  |                      | Date:   | Click to enter a date.             | Results: Choose an item. |

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Progress during treatment. Discuss treatment plan, progress towards goals, things they are doing well with, things they are struggling with and any suggested treatment recommendations:

Any changes of Medications associated with Medication Assisted Treatment:

Providers Name:

Click to enter text.

Email:

Click to enter text.

Phone Number:

Click to enter text.