MONTHLY PROGRESS REPORT

Offender #	Individual's Name:	Date:

Supervising Agent:	Email:	Telephone:
Supervisor:	Email:	Telephone:

Date of Report:		Admit Date:	
(RESIDENTIAL ONLY) Projected Discharge Date:			

During the month of the offender has/had the following appointments:

☐ INDIVIDUAL THERAPY	☐ PEER RECOVERY COACH
☐ CASE MANAGEMENT	☐ GROUP
☐ PSYCHIATRIST	☐ OTHER (Primary Care visit, MAT Provider, Specialist, etc.)
IF OTHER SELECTED PLEASE EXPLAIN:	
The individual cancelled appointments on:	
The individual missed appointments on:	
The provider cancelled appointments on:	

The individual has participated:	☐	Not at all
	☐	Minimally
	☐	Fluctuates between participation and not participating
	☐	Consistently participating

The individual has been drug tested:	Date:		Results:	
	Date:		Results:	

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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:		Email:	
Phone Number:			