MONTHLY ATTENDANCE / PROGRESS REPORT

Participant Summary for the Month of

Juvenile’s Last Name: __________________________ Juvenile’s First Name: __________________________

Date of Admission: _______________ P.O.: _______________

Juvenile Referred For:  ☐ Substance Abuse Counseling  ☐ Anger Management  ☐ Cognitive Skills
☐ Prevention Intervention  ☐ Family Counseling  ☐ Individual Counseling

Number of Session Scheduled: __________

<table>
<thead>
<tr>
<th>Treatment Goal(s)</th>
<th>Date of Sessions Attended</th>
<th>Type of Service</th>
<th>Services performed directly by:</th>
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</thead>
<tbody>
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<td>Session _______</td>
<td>☐ Ind. ☐ Group ☐ Family</td>
<td>(Print name)</td>
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No Show Appointments: __________   __________   __________   __________   __________   __________

Reason for missed appointments: ____________________________________________________________

PROGRESS

Identify progress or lack of progress for each identified goal:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

PLAN OF ACTION
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Juvenile Signature __________________________ Date __________
Parent Signature __________________________ Date __________

Therapist Signature __________________________ Date __________

Signature above indicates juvenile and/or parents participated in the services indicated above.