

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 with 4 columns: Treatment Goal(s), Date of Sessions Attended, Type of Service, Services performed directly by: (Print name). Rows include Session dates and checkboxes for Ind., Group, and Family services.

No Show Appointments: \_\_\_\_\_

Reason for missed appointments: \_\_\_\_\_

PROGRESS

Identify progress or lack of progress for each identified goal:

Horizontal lines for identifying progress or lack of progress for each identified goal.

PLAN OF ACTION

Horizontal lines for the Plan of Action section.

Juvenile Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_
Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_

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

