



Service Connect:

A project of the San Mateo County Human Services Agency and Health System

Monthly Client Progress Report

Client Name: _____ D.O.B: _____ Inmate ID# _____

Report for the period: _____ to _____ Next Court Date: _____

Prepared by: _____ Probation Officer Parole Agent: _____
Agency: _____ Phone: _____ Fax: _____
Phone: _____ Fax: _____

Service Connect Case Manager: _____

Service Type: Level 1 Level 2 Level 3 Methadone treatment
Client's attendance: Excellent Good Fair Poor # Unexcused Absences _____
Level of participation: Excellent Good Fair Poor
Attitude: Excellent Good Fair Poor
Program Compliant: Yes No

Strengths: (ability to connect w/ peers, empathy, self-awareness, other positive thoughts)

Treatment Barriers: (client resistance, disciplinary issues, relapses, etc.)

Drug test results (please attach results):
Test 1: Date _____ Negative Positive Drug Type(s) _____
Test 2: Date _____ Negative Positive Drug Type(s) _____
Test 3: Date _____ Negative Positive Drug Types(s) _____
Test 4: Date _____ Negative Positive Drug Types(s) _____

Date Client Entered Treatment: _____ Discharge Date: _____

Completion Date (if final progress report & client has completed): _____

Employment Status at Discharge: _____

Housing status at Discharge: _____

Please submit by the 5th of every month following month of service
SEND REPORT TO:
Service Connect Case Manager FAX: 650-598-2860
Supervising Probation Officer and/or Parole Agent: