

## Proposition 36 (2024) Participant Progress Report Form

Date: _____	Participant Name: _____
Report for the month of: _____	Contact#: _____
<u>Prepared/submitted by:</u>	DOB: _____ AVATAR#: _____
Name: _____	Attorney: _____
Title: _____	Contact: _____
Agency: _____	Next Court Date: _____
Agency Phone No.: _____	

Client scheduled to attend:	Client attended:	Urine Analysis Test Results:
# ____ group sessions	# ____ group sessions	Date _____ Negative <input type="checkbox"/> Positive <input type="checkbox"/> Pending <input type="checkbox"/>
# ____ individual sessions	# ____ individual sessions	Date _____ Negative <input type="checkbox"/> Positive <input type="checkbox"/> Pending <input type="checkbox"/>
# ____ other: _____	# ____ other: _____	Date _____ Negative <input type="checkbox"/> Positive <input type="checkbox"/> Pending <input type="checkbox"/>

**Current Diagnosis:**

**Medication(s) the client is currently taking:**

**Level Of Care (please check all that apply):**

☐ Level I/Outpatient   ☐ Level II/Intensive Outpatient   ☐ Level III/Residential   ☐

**During the progress period indicated above, the participant is:**

☐ Satisfactorily meeting the requirements of their treatment plan (engaged in treatment, attending appointments regularly, keeping in touch with provider, making progress towards treatment goals, etc.)

☐ Partially meeting the requirements (attendance at treatment is not consistent, needs further engagement, making some progress, but could be increased, etc. – explain below)

☐ In need of a higher level of care (explain below)

☐ Modifications were made to their treatment plan or there was a change in diagnosis (explain below)

☐ Non-compliant-is not attending treatment (explain below)

☐ Other (explain below)

**Treatment Counselor Comments:**

Signed,

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date