

### Client Monthly Progress Report

Date: \_\_\_\_\_ Resident Name: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Date of most recent UDS: \_\_\_\_\_ Negative \_\_\_\_\_ Positive \_\_\_\_\_ If POSITIVE for:

COCAINE	AMPHETAMINES	METHODONE	OXYCODONE	BENZODIAZEPHINE	KRATOM	OTHER
MARIJUANA	M. AMPHETAMINES	BARBITURATES	OPIATES	BUPRENORPHINE	CBD	

Employment: \_\_\_\_\_ FT PT Not in workforce Hours per week: \_\_\_\_\_

Community Service: \_\_\_\_\_ Hours per week: \_\_\_\_\_

#### Summary of progress:

- \_\_\_\_ Maintains positive attitude
- \_\_\_\_ Exhibits honesty, open-mindedness, and willingness
- \_\_\_\_ Follows rules and guidelines of the program
- \_\_\_\_ Actively participates in activities, groups and church services
- \_\_\_\_ Completes assignments in a timely manner
- \_\_\_\_ Displays respect and submits to authority
- \_\_\_\_ Displays appropriate growth (mentally and emotionally)
- \_\_\_\_ Interacts with peers appropriately

#### Additional comments/areas of concern:

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