



Participant Name: _____

Months covered in this report:

- | | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

How often do you meet with the participant? _____

Is the participant engaged with therapy? Yes No

Assessment of recovery and/or progress:

Please comment on the following aspects of the participant's life:

Professional:

Family:

Physical Health:

General Comments/Concerns:

Suggestions:

Counselor Name (Please Print): _____

Counselor Signature

Date