



Participant Name: \_\_\_\_\_

Months covered in this report:

- January       February       March       April       May       June  
 July       August       September       October       November       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:

Therapist Name (Please Print): \_\_\_\_\_

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date