

WELLNESS PROGRESS REPORT

Participant's Name:	Case Number:
Entry Date:	Original Charge(s):
Months in Program:	Report date:

Number of services performed since the last court date:

- ___ # of group sessions attended
- ___ # of individual sessions attended
- ___ # of support groups attended (AA, NA, etc.)
- ___ # of individual session absences
- ___ # of group session absences
- ___ # of non-appearances for drug testing
- ___ # of refusals for drug testing
- ___ # of negative drug tests
- dates of tests: _____
- ___ # of positive drug tests and positive for what drug(s): _____
- dates of tests: _____

This Box for Clerk's Use

Choose appropriate score for each goal: 1 = Achieved, 2 = Partially Achieved, 3 = Not Achieved, 4 = Not Achieved (revised), 5 = Not Achieved (discontinued), 6 = Deleted (unrealistic/irrelevant)

	Goal 1:
	Comments:
	Goal 2:
	Comments:
	Goal 3:
	Comments:
	Goal 4:
	Comments:
	Goal 5:
	Comments:

Other Comments: