

MONTHLY TREATMENT LOG

Complete one form per person per month. Include all scheduled contacts. In the event the person does not attend a scheduled service, indicate “no show” in the signature column. In the event the person does not attend any services within the month, include a comment noting this.

Vendor: Defendant/Person Under Supervision: Month/Year: Supervising Officer:	Agreement #: PACTS #: Required monthly co-payment: Date monthly staffing with officer completed:	Therapist: Date of Last Treatment Plan:
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TREATMENT PROGRESS: Once services are completed for the month, complete the following items to document the person’s treatment progress.

Treatment goals: ☐Met ☐Not Met Comments:

Steps taken to meet goals: ☐Positive ☐Negative Comments:

Need for continued treatment: ☐Recommend ☐Not Recommended Comments:

Client behavior and commitment to treatment: ☐Positive ☐Negative Comments:

Overall progress: ☐Acceptable ☐Unacceptable Comments:

Describe any obstacles or setbacks the client encountered this month:

Indicate one unique way the PO/PSO can assist/support the client in treatment over the next month:

Date	Defendant/Person under Supervision signature	Project Code	Time In	Time Out	Vendor Initials	Co-pay Received	Comments

Additional Page

Defendant/Person Under Supervision Name: _____

[illegible]