Agreement #:

PACTS #:

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:	Therapist:			
Defendant/Person Under Supervision:	Date of Last Treatment Plan:			
	Required monthly co-payment: Date monthly staffing with officer completed:			

TREATMENT PROGRESS: Once services are completed for the month, complete the following items to document the person's treatment progress.

Treatment goals:Image: Met Image: Not Met Comments:Steps taken to meet goals:Image: Positive Image: Negative Comments:Need for continued treatment:Image: Recommend Image: Not Recommended Comments:Client behavior and commitment to treatment:Image: Positive Image: Negative Comments:Overall progress:Image: Acceptable Image: Image: Negative 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:

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