Attachment J.2

# 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.**

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| --- | --- | --- |
| **Vendor:** | **Agreement #:** | **Therapist:** |
| **Defendant/Person Under Supervision:** | | **Date of Last Treatment Plan:** Click or tap to enter a date. |
| **Month/Year:** | **PACTS #:** |  |
| **Supervising Officer:** | **Required monthly co-payment:** | **Date monthly staffing with officer completed:** Click or tap to enter a date. |

**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: |
| 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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
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