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.

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| 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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