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: **Agreement #:** **Therapist:**
Defendant/Person Under Supervision: **PACTS #:** **Date of Last Treatment Plan:**
Month/Year: **Required monthly co-payment:**
Supervising Officer: **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: ☐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:

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