



MONTHLY EMPLOYEE PROGRESS REPORT FROM THERAPIST

NOTE: PLEASE FOCUS YOUR REPORT TO THOSE ISSUES THAT AFFECT WORK PERFORMANCE AND USE LANGUAGE THAT MAY BE QUOTED IN THE REPORT BY NEW AVENUES TO THE EMPLOYER.

Please Note: Employee will receive a copy of this report.

Client: _____ Month: _____

Agency: _____ Therapist: _____

Treatment plan recommendation: Individual Group IOP Self Help Other

1. Attendance: *Please specify all dates for this month for kept and failed appointments.*

2. Attitude: Positive Resistant Compliant Motivated

3. Compliant with recommended treatment plan.

4. Non Compliant with recommended treatment plan. (Please note in what area of treatment plan is member non compliant.)

5. Progress: Excellent Satisfactory Minimal None Condition Worse

6. Estimated date of Completion: _____

7. Additional Comments: _____

Agency/Therapist's Signature

Date

PLEASE FAX this form to New Avenues Fax: 574-271-5980