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.**

**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:

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

Defendant/Person Under Supervision Name:

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