

MONTHLY TREATMENT LOG

Complete one form per person per month. Include all scheduled contacts. In the even 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 on Prob 45:

Supervising Officer: Date Monthly Staffing with USPO 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: ☐ Recommended ☐ Not Recommended Comments:

Overall progress: ☐ Acceptable ☐ Unacceptable Comments:

Describe any obstacles or setbacks the client encountered this month:

Indicate one unique way the USPO 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