

**Milwaukee County Circuit Court
Drug Court Program
Progress Reporting Form**

Participant's Name:	Case Number:
Entry Date: Release Date: Sobriety Date:	Original Charge(s):
Weeks in Program: Phase in Program: Case Manager: Telephone:	Drug Court Phase: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV

Service Provider's Name: Counselor's Name:	Phone:
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TREATMENT UPDATE:

Start Date: Level of Care: Treatment Schedule:

To be completed by Treatment Provider: Fill in the appropriate number for services performed at above agency **since the last court date:**

# of group sessions attended	# of group session absences
# of individual sessions attended	# of individual session absences
# of support groups attended	
# of positive drug tests	# of negative drug tests:
# of non-appearances for drug testing	# of refusals for drug testing

Choose appropriate score for participant: **0** = Unknown, **1** = Almost Never, **2** = Seldom, **3** = Usually, **4** = Often, **5** = Almost Always

	1. Takes responsibility for own behavior rather than denying, minimizing or blaming. Comments:
	2. Participates constructively in support groups, group and individual counseling. Comments:
	3. Appears motivated to resolve substance abuse issues. Comments:
	4. Understands the process of addiction, abuse, recovery and personal responsibility. Comments:
	5. Actively participating in and discussing recovery program. Comments:
	6. Completes homework, reading assignments and journals. Comments:

Comments: