**Client Name:** Click here to enter text. **Client ID#:** Click here to enter text.

**TANF#:** Click here to enter text. **Date of Report:** Click here to enter text.

**Clinician Completing Report:** Click here to enter text.

**Report Submitted To:** Click here to enter text.

**Method of Submission:** Click here to enter text.

**Current Treatment Service:** Choose an item. **If Other:** Click here to enter text.

**Weekly Scheduled Hours:** Choose an item. **If Other:** Click here to enter text.

**Participation Summary** (attendance, attitude, direct observable behaviors, behavior changes, participation, insight, etc.):

Click here to enter text.

**Drug Screens:**

**Date:** Click here to enter text. **Attended:** [ ] Yes [ ] No: Click here to enter text. **Results:** [ ] Pos [ ] Neg

**Date:** Click here to enter text. **Attended:** [ ] Yes [ ] No: Click here to enter text. **Results:** [ ]  Pos [ ] Neg

**Date:** Click here to enter text. **Attended:** [ ] Yes [ ] No: Click here to enter text. **Results:** [ ] Pos [ ] Neg

**Date:** Click here to enter text. **Attended:** [ ] Yes [ ] No: Click here to enter text. **Results:** [ ]  Pos [ ] Neg

**Date:** Click here to enter text. **Attended:** [ ] Yes [ ] No: Click here to enter text. **Results:** [ ]  Pos [ ] Neg

**Date:** Click here to enter text. **Attended:** [ ] Yes [ ] No: Click here to enter text. **Results:** [ ]  Pos [ ] Neg

**Date:** Click here to enter text. **Attended:** [ ] Yes [ ] No: Click here to enter text. **Results:** [ ]  Pos [ ] Neg

**Date:** Click here to enter text. **Attended:** [ ] Yes [ ] No: Click here to enter text. **Results:** [ ]  Pos [ ] Neg

**For Positive Drug Screens Identify:**

**Date:** Click here to enter text. **Positive for:** Click here to enter text. **Intervention(s):** Click here to enter text.

**Date:** Click here to enter text. **Positive for:** Click here to enter text. **Intervention(s):** Click here to enter text.

**Date:** Click here to enter text. **Positive for**: Click here to enter text. **Intervention(s):** Click here to enter text.

**Date:** Click here to enter text. **Positive for:** Click here to enter text. **Intervention(s):** Click here to enter text.

**Recommendations** (continue at current level of care or change in level of care, increase/decrease group/individual sessions, or decrease/increase drug screens, or change in group focus, etc.): Click here to enter text.

Client Name: Click here to enter text.