

### 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.

<b>Vendor:</b> <b>Person Under Supervision:</b> <b>Month/Year:</b> <b>Supervising Officer:</b>	<b>Agreement #:</b> <b>PACTS #:</b> <b>Required monthly co-payment:</b> <b>Date monthly staffing with officer completed:</b>	<b>Therapist:</b> <b>Date of Last Treatment Plan:</b>
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**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:

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