



Participant Treatment & Recovery Plan Monthly Progress & Participation Report

LRM NAME:		REPORT DATE:	REPORTING PERIOD:	
COUNSELOR: (Name & Credentials)		Email Address:	ASSIGNED OFFICER:	
ENROLLMENT DATE:		PROGRAM ASSIGNMENT: (Check all that apply)	PROGRAM LEVEL & DIAGNOSIS:	NUMBER OF PROGRAM HOURS REQUIRED TO EARN CERTIFICATE
PROGRAM ID:	<input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> SATOP <input type="checkbox"/> Anger Management <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Other _____			
<input type="checkbox"/> REVIEW OF PRESENTING CHALLENGES AND/OR NEW CHALLENGES: <i>(Reason for Being in the Program)</i>				
<input type="checkbox"/> LRM ATTENDANCE RECORD				
1. Assigned Groups:				
2. Number of Groups Attended this month:			Date of Last Attendance:	
3. Number of Individual sessions attended this month:			Date of Last Attendance:	
4. Commitment/No Miss Agreement Compliance				
<input type="checkbox"/> DRUG AND ALCOHOL SCREEN:				
Date of Last Screening	Results of Screening:	Actions Required:	Actions Completed:	Next Screening Date:
Notes:				
<input type="checkbox"/> PROGRAM INCIDENTS THIS MONTH				
<input type="checkbox"/> OVERALL PERFORMANCE THIS MONTH				

LRM Name:	
<input type="checkbox"/> ASSIGNED GOALS AND OBJECTIVES FOR THE MONTH:	
<input type="checkbox"/> OFFICER'S COMMENTS/RESPONSE: (Insert Comments Here or Send An Attachment)	
<input type="checkbox"/> PLAN OF ACTION/NEXT STEPS	
<input type="checkbox"/> IDENTIFY ADDITIONAL INFORMATION NEEDED TO ASSIST THE LRM WITH HIS/HER PROGRESS IN THE PROGRAM?	
DISMAS HOUSE OF KC REPORTER'S SIGNATURE:	DATE:
REPORT TRANSMISSION METHOD:	CC:
<input type="checkbox"/> E-mail	<input type="checkbox"/> LRM File
<input type="checkbox"/> Secure Portal	<input type="checkbox"/> Other:
<input type="checkbox"/> Fax	