

REPORT TITLE

Report Sub Title - This is the ADAAP Format (Used by Drug/Alcohol)

PROGRESS REPORT FOR: **August, 2002**

DATE: 08/23/2002

NOTIFICATION OF: PROGRESS REPORT

CASE NO: 384509384059

TO:

Long Beach Municipal Court
774 Long Beach Blvd
Long Beach, CA 88888

FACILITY:

Austin Drug & Alcohol Abuse Program, Inc
77 North Pacific Coast Hwy
Suite 211
Aliso Laguna, CA 92699
Phn: (949) 568-8999 Fax: (949) 568-8888
mikeroberts @ genesisssvc.com

CLIENT INFORMATION (MANDATORY)

NAME Eugene Timothy Baker
ADDRESS 453 Rosemead Blvd
Long Beach, CA 99099

DOB: 04/12/1977

PHONE: (555) 232-5555



- INTENSIVE OUTPATIENT
 SUPPORTIVE OUTPATIENT
 WAY OUT GROUP
 AFTERCARE
 RELAPSE TRACT

SESSIONS ORDERED: 52
TOTAL SESSIONS ATTENDED: 20
TOTAL SESSIONS MISSED: 2
ATTENDED THIS MONTH: 0

STATUS: INTAKE/ENROLLMENT 11/06/2000 START DATE: 11/13/2000
 EST COMPLETION 04/04/2003
 TERMINATED AGAINST STAFF ADVICE

COST PER SESSION: \$25.00
PAYMENT CURRENT: No
BALANCE PAST DUE: -\$50.00

EVALUATION: Rating Scale: 1 - Occurs Rarely 2 - Not Often 3 - Occurs Sometimes 4 - Occurs Often 5 - Occurs Very Often

- 3 Participation:** Participates constructively and actively in group. Initiates positive and respectful dialogue.
4 Sobriety: No Apparent abuse of drugs/alcohol, compliance with any required or recommended treatment.
3 Acceptance of responsibility: Admits to drug/alcohol problem, no minimizing, no blaming, no excuses, no denial.
4 Skills Development: Takes steps to avoid relapse, does homework, follows recommendations, good communication and open to 12 Step referrals.
5 Respect: Demonstrates a respectful, considerate attitude and approach to others; Comments reflect attentiveness and positive attitudes in general.
4 Language: Respectful language in group and towards staff.
3 Empathy and Insight: Shows insight concerning addiction, its effects on partners and children and its dangerousness.
4 Insight: Shows insight concerning destructiveness of behaviors regarding addiction.
3 Homework: Does homework regularly, thoroughly and completely.

COMMENTS AND RECOMMENDATIONS: (i.e., whether client is at expected treatment levels and any needed referrals)

This section contains the Comments that are accessible for editing from several forms in Beacon. These comments flow to the Progress Report and become the narrative statements for the Progress Report.

I DECLARE THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT BASED UPON THE REQUIREMENTS OF THIS PROGRAM AND THE CALIFORNIA STATE STANDARDS FOR BATTERERS PROGRAMS.

Written Signature: _____
Authorized Representative

Date Signed: 23 Aug 2002

Printed Name/Title: Director

Prepared by Guided Beacon™