

# REPORT TITLE

## Report Sub Title - This is the Riverside County Format

### TYPE OF REPORT: PROGRESS REPORT

**TO:** Long Beach Municipal Court  
774 Long Beach Blvd  
Long Beach, CA 88888

**FROM:** 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:** Eugene Timothy Baker  
**Address** 453 Rosemead Blvd, Long Beach, CA 99099  
**Therapist** Jon Beckman  
**Intake Date:** 11/06/2000

**DOB:** 04/12/1977

**Group #:** 1 **Day/Time:** Monday 05:30 pm  
**First Class Date:** 11/13/2000

Number of Classes ATTENDED:

Number of Missed:

Dates of Absences (not including classes that were made up same week as absence):  
01/15/01, 04/16/01

Dates of Attendance (list only for "Attendance Alert")  
11/13/00, 11/20/00, 11/27/00, 12/04/00, 12/11/00, 12/18/00, 12/25/00, 01/01/01, 01/08/01, 01/22/01, 01/29/01, 02/05/01, 02/12/01, 02/19/01, 02/26/01, 03/05/01, 03/12/01, 03/26/01, 04/02/01, 04/09/01

**EVALUATION:** 0=Unknown 1=Failing 2=Seldom 3= Usually 4=Sometimes 5=Good Effort 6=Often 7=Almost Always

- 3 .... 1. Takes Responsibility for own behavior rather than denying, minimizing or blaming
- 4 .... 2. Participates constructively in group.
- 4 .... 3. Appears motivated to improve himself/herself
- 3 .... 4. Understands the dynamics of partner violence and abuse, including issues of power and control.
- 3 .... 5. Demonstrates a respectful, considerate, non-controlling attitude and approach to others, including the opposite sex
- 4 .... 6. Appears to be using appropriate anger management skills and techniques (such as Time Out) in his/her life.
- 4 .... 7. Other

Continued participation recommended:  If unacceptable, explain below.

Concurrent Counseling Needs:  None  Substance Abuse  Other(see below)

AA Program of Long Beach

Finance: Pays \$25.00 per Class. Balance Past Due: -\$50.00

### Narrative Comments

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

23 Aug 2002  
Date

Printed Name: Dr Michael Roberts

Prepared by Guided Beacon™