

PROGRESS NOTE

Summary Report of Monthly Progress in the ITF

Facility: _____

Date of Summary: _____

Name: _____

GDC#: _____

DOB: _____

Race: _____

Judge: _____

Chief PO: _____

Month					
	Program Phase:	I	II	III	IV
	Level of Progress:	<input type="checkbox"/> Above Standard Level <input type="checkbox"/> Standard Level <input type="checkbox"/> Below Standard Level			
	Participation Quality:	<input type="checkbox"/> Appropriate <input type="checkbox"/> Attentive <input type="checkbox"/> Sharing <input type="checkbox"/> Gave Feedback <input type="checkbox"/> Received Feedback <input type="checkbox"/> Supportive <input type="checkbox"/> Monopolizing <input type="checkbox"/> Resistant <input type="checkbox"/> Argumentative <input type="checkbox"/> Other: _____			
	Learning Experiences:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Disciplinary Reports:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Summary of Progress:				
	Staff Issues/Concerns:				
	Discharge Needs:				
	Plan:				

ITF Counselor: _____
(print name)

Signature: _____

Mental Health Unit Manager: _____
(print name)

Signature: _____

Clinical Director: _____
(print name)

Signature: _____

Revised 6/2020

Retention: Attachment 3 will be placed in the offender's mental health record, section one (1). At the end of the offender's need for mental health services and/or sentence, the mental health record will be placed within the offender's health record and retained for 10 years.