

PSRB PROGRESS REPORT

Please submit monthly reports in PDF format to [FileCloud](#) by the 10th of the following month, without signature lock and named as:
XXXX-XX Last Name, First Name, MR.

Client's Name: _____ For the Month/Year: _____

Case Manager: _____ County/Program: _____

The above-named client has/has not complied with the current conditions of their release as follows:

Please include reports for #8, #10 (if positive) and #11. (if No, please make note in comments section)

1. Housing - Level of Care:	Independent	ICM/Semi	AFH	RTF/H	SRTF
2. Case Management Sessions			Yes	No	N/A
3. Individual Therapy Sessions			Yes	No	N/A
4. Group Therapy Sessions			Yes	No	N/A
5. Substance Abuse Treatment			Yes	No	N/A
6. AA/NA/DDA/Smart Recovery or other Self-Help			Yes	No	N/A
7. Home Supervision Visits	Last Scheduled: _____	Last Unannounced: _____			
8. Prescriber Appointments	Last Seen: _____ (include report if seen this month)				
9. Medication Compliant	N/A = no Psychotropic meds prescribed	Yes	No	N/A	
	Psychotropic Medication Changes this month?	Yes	No		
10. Random Urinalysis (note positive UAs in comments)		Yes	No	N/A	
11. Other Conditions/Restrictions (e.g. polygraph, SO Therapy, curfew, etc.)		Yes	No	N/A	
12. Structured Activity Hours per Month	# Required _____	# Completed _____			
Treatment _____	Work _____	Education _____	Volunteer _____	Other _____	

Client's Name:_____

PROGRESS / GOALS ACCOMPLISHED:

CHALLENGES:

By signing below, I certify the following:

1. I have included monthly prescriber/sex offender/other specialty treatment notes.
2. I have verified client's attendance in treatment (not solely on the report of the client).
3. I have reported all non-compliance with the Board's order, either with this report or separately in writing, all significant incident(s) and/or change(s) in mental health status since the last monthly report.
4. I have verified that all services were provided to the client as required in the Board's order or treatment plan, or I have explained in this report why services were not provided.

Date Submitted:_____ **Signature:**_____