

**Michigan LJAP
Recovery Program Provider Progress Report**

Participant's Name: _____ Date _____

Report covers dates beginning on _____ and ending on _____

Provider Name: _____

	Satisfactory	Unsatisfactory	Notes
Overall status in Recovery			
Compliance with Recovery Plan			
Attendance in Therapy/Rehab Program			
Overall Psychological Functioning			
Interpersonal Relations			

	Yes	No
Have conditions caused you to request drug screen?		
Is participant compliant with prescribed meds?		
Is participant able to practice his/her profession safely and competently?		

Group Therapy Comments:

For Therapy Groups Only:

	Required	Attended
Number of Group Sessions		

	Excused	Unexcused
Number of Absences		

Therapy Comments: