



## Lawyers and Judges Assistance Program Provider Progress Report

Client Name:

Report Date:

Reporting Period:

Provider Name and Contact Info:

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Overall Status

Satisfactory

Unsatisfactory

Notes

Compliance with Treatment  
Recommendations:

Compliant

Non Compliant

Notes

Attendance at Treatment:

Satisfactory

Unsatisfactory

Notes

Have you had cause to request a  
drug screen outside their normal  
screening procedure?

Yes

No

If Yes, why?

Is participant able to practice his/  
her profession safely and  
competently?

Yes

No

If No, why?

Comments:

I prescribe medication for this  
client:

Yes

No

If yes, please list:

### For Group Therapy Only

Number of Sessions Required:

Number of Sessions Attended:

Number of Excused Absences:

Number of Unexcused Absences:

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Provider Signature (physical or  
digital signature accepted)

Date: