Case #Participants Name	e:					
WVLAP PROGRE	ESS EVALU	ATION	1			
Evaluator Name:						
Address:						_
City:St	ate:	Z	Zip:			
County:						
Evaluator Email:						
Address:	@					
Telephone () Exten	sion					
(PLEASE PLACE "X" BY THE APPLICOMMENTS) 1. Is the participant's affect/behavior app	EXCELLENT	GOOD	AVERAGE B	ELOW AVG		
Comments:						
2. Attendance at therapy sessions	5()	4()	3()	2()	1()	
Comments:						
Unexcused Absences:						
3. Participation in therapy	5()	4()	3()	2()	1()

4. Progress in recovery	5()	4()	3()	2()	1()
Comments:					
5. Problem-solving ability Comments:			3()	2()	1()
6. Cognitive functioning				2()	1()
Comments:					
7. Ability to cope with stressful situations Comments:				2()	1()
8. Judgment Comments:			3()	2()	1()
9. Medications: Please list all medications (is currently taking.	including	over-the-	counter) t	hat the pa	rticipate
10. Demonstrating relapse behaviors		Ye	s() 1	No ()	
If yes, list behaviors of concern:					

11. Do you feel this lawyer is safe to practice?	Yes () No ()
Signature	_ Date
Reviewed with participant? No () / Yes ()	
If yes, participant signature	
For further comments/notes, see below.	
Please call the WVLAP Office at (304) 553-7232 to clarification regarding this lawyer/law students individuals return this form by email to hanna@wvbar. WVLAP, 2000 Deitrick Blv	vidual monitoring plan. Thank you. org, or mail to:
Participants Name:	Date: