

Case # _____ Participants Name: _____

WVLAP PROGRESS EVALUATION

Evaluator Name:

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Evaluator Email:

Address: _____ @ _____

Telephone () _____ Extension _____

(PLEASE PLACE "X" BY THE APPROPRIATE NUMBER AND PROVIDE COMMENTS)

	EXCELLENT	GOOD	AVERAGE	BELOW AVG.	POOR
1. Is the participant's affect/behavior appropriate?	5()	4()	3()	2()	1()

Comments: _____

2. Attendance at therapy sessions	5()	4()	3()	2()	1()
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Comments: _____

Unexcused Absences: _____

3. Participation in therapy	5()	4()	3()	2()	1()
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Comments: _____

4. Progress in recovery 5() 4() 3() 2() 1()

Comments: _____

5. Problem-solving ability 5() 4() 3() 2() 1()

Comments: _____

6. Cognitive functioning 5() 4() 3() 2() 1()

Comments: _____

7. Ability to cope with stressful situations 5() 4() 3() 2() 1()

Comments: _____

8. Judgment 5() 4() 3() 2() 1()

Comments: _____

9. Medications: Please list all medications (including over-the-counter) that the participant is currently taking.

10. Demonstrating relapse behaviors Yes () No ()

If yes, list behaviors of concern: _____

