

Name: _____ Week: _____

Next court date: _____

Appointments *(check if attended)*

- Supervision Appointment: _____
- Therapeutic Appointment: _____
- Coordinator Appointment: _____

DAILY CHECK IN WITH RECONNECT APP

Tues Weds Thurs Fri Sat Sun Mon

Treatment – Groups *(check if attended)*

- Counselor: _____ Day/Time: _____
Information Learned: _____
- Counselor: _____ Day/Time: _____
Information Learned: _____
- Counselor: _____ Day/Time: _____
Information Learned: _____

Peer Support Groups Attended *(AA/NA/SMART Recovery/T4C)*

- Group: _____ Day/Time: _____ Initials: _____
Take Away: _____
- Group: _____ Day/Time: _____ Initials: _____
Take Away: _____
- Group: _____ Day/Time: _____ Initials: _____
Take Away: _____

Pro-Social Activity: _____ **When:** _____

Weekly Goal: _____

How did I meet my goal last week?

Highlight from Week: _____

Phase 3 Reporting Form