

DRAFT
MONTHLY PROGRESS REPORT FORM

Date: _____

To: _____

† Victim and/or Current Partner
† Criminal Justice System
† Other Service Provider
(_____)

† Victim Advocate
† Law Enforcement
† Client

Participant Name: _____

Participant Status:	† Has Completed all Program Requirements
	† Discharged from Program (see notes)
	† In Compliance with Rules
Date of Enrollment	
Date Intake Completed	
Number of Sessions Attended	
Number of Sessions Missed	

Notes on batterer's noncompliance with contract, group rules, and/or other program requirements:

Notes on batterer's participation and behavior:

If you have questions regarding this client or our programs, please call us at
(xxx-xxx-xxxx):

Program completion is not predictive of future nonviolence or non-abusive behaviors. The best indicator of whether an individual is behaving in a non-violent manner is to ask those who live with him.

(BIP) Staff: _____

Signature: _____