## Personal Recovery, Individual Development and Expectations (PRIDE) Monthly Progress Report - Outpatient © 2008 George S. Braucht: <a href="https://www.brauchtworks.com">www.brauchtworks.com</a>

4. A planned transfer (successful discharge) from this program is expected on or about this d	Name and Report Co							
Staff Name, Phone # &/or Email   Recovery Ally Name & Email/Fax#	Phone Number and/							
A. Completed by Peer/Client: I want my Recovery Ally to know that I:  1. Attended Recovery Groups on these dates this month: 2. Submitted a total of	Program Name & Lo							
A. Completed by Peer/Client: I want my Recovery Ally to know that I:  1. Attended Recovery Groups on these dates this month: 2. Submitted a total of	Staff Name, Phone #							
1. Attended Recovery Groups on these dates this month: 2. Submitted a total of	Recovery Ally Name	& Em	ail/Fax#					
B. Drug Use/Tests Since Last PRIDE Report. Completed by Peer/Client	<ol> <li>Attended Recover</li> <li>Submitted a total</li> <li>Will do the following relapse/re-arre</li> </ol>	y Grou of ng dur	ps on thes (# ing the ne:	e dates t ) consec xt 4 wee	his month: _ utively negat ks to continu	ive drug te e my recov	ests ery and/or r	educe my risk of End Time
Enter below: N = Negative; P = Tested Positive; V = Verbal Positive   THC	<u> </u>					Check if	date is unkr	nown □
C. Other Information. Completed by: Peer/Client  Program Staff  Recovery Ally   1. Please contact me at your earliest convenience to discuss this individual's progress   2. Please provide details in the Comment section below for each checked box.  A residence change  An incident with the law  Employment or school  Program participation  Alcohol or other drug use Other: See below.  3. Paid this month. Check all that apply: Supervision Fee Restitution/Fines Child Support Other financial obligations met:  4. Risk Score Changed to: Increased or Decreased Positive/Total Drug Tests Factor: Increased or Decreased Score Months Attending a Program Factor: Increased or Decreased Increased or Decreased Score Months Attending a Program Factor: Increased or Decreased Score Increased Score Increased Score Increased Score Score Score Increased Score S	2. 2. <b>ag</b> 230/ 133/3 233							
2 3 4  C. Other Information. Completed by: Peer/Client    Program Staff    Recovery Ally    1. Please contact me at your earliest convenience to discuss this individual's progress    2. Please provide details in the Comment section below for each checked box.  A residence change		THC	Alcohol		List O	ther Drugs	and Results	3
C. Other Information. Completed by: Peer/Client ☐ Program Staff ☐ Recovery Ally ☐  1. Please contact me at your earliest convenience to discuss this individual's progress ☐  2. Please provide details in the Comment section below for each checked box.  A residence change ☐ An incident with the law ☐  Employment or school ☐ Program participation ☐  Alcohol or other drug use ☐ Other: See below. ☐  3. Paid this month. Check all that apply: Supervision Fee ☐ Restitution/Fines ☐ Child Support Other financial obligations met:  4. Risk Score Changed to: ☐ Increased ☐ or Decreased ☐  Positive/Total Drug Tests Factor: ☐ Increased ☐ or Decreased ☐  Number of Residences Factor: ☐ Increased ☐ or Decreased ☐  Bays Employed Factor: ☐ Increased ☐ or Decreased ☐  Months Attending a Program Factor: ☐ Increased ☐ or Decreased ☐  5. Comments/Other: ☐ Peer/Client								
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<u> </u>	Please contact me     Please provide d     A residence     Employme     Alcohol or     Paid this month. C     Other financial ob     Risk Score Change     Positive/Total Drug T     Number of Residence     Days Employed Factor     Months Attending a F	at you letails are changed to:  Cests Faces Factor:  Program	ir earliest of in the Co ge chool drug use II that appns met: actor: or:	convenier mment  convenier mment convenier con	nce to discuss section belo An incident Program pa Other: See vision Fee	s this indivow for east with the larticipation below. Restitution Increase	idual's progress ch checked aw aw aw aw aw aw aw award	Child Support   creased  creased  creased  creased  creased  creased  creased  creased  creased  creased
Received by: Recovery Ally	Verified by:						Pro	gram Staff