### RPTP Aftercare Progress Report

**Reporting Period:**

(Months Covered) (Year)

**Participant Name:** ____________________________

**Attendance:** Participant has attended ___ of ___ scheduled sessions for this period.

Participant was excused from: ___ sessions this month due to: ____________________________

Participant has been on time for sessions ______ Yes ______ No

**Insight:** ___ Denies Problem ___ Minimizes Problem ___ Gaining ___ Fair ___ Good

**Motivation:** ___ None ___ Poor ___ Superficial ___ Increasing ___ Well Motivated ___ Overeager

**Attitude toward AA:** ______ Superficial ______ Poor ______ Fair ______ Good.

Completion of fourth and fifth step: ______ Yes ______ No

**Summary of Progress:**

_____ Doing poorly ______ As expected considering length of involvement

_____ Making progress ______ Concentrating on program

### Treatment:

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation in groups</td>
<td>______</td>
<td></td>
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<tr>
<td>Recognition of disease in self</td>
<td>______</td>
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<tr>
<td>Accepting responsibility for self</td>
<td>______</td>
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<tr>
<td>Operating on a feeling level</td>
<td>______</td>
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<tr>
<td>Accepting feedback from others</td>
<td>______</td>
<td></td>
<td></td>
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<tr>
<td>Able to give feedback to others</td>
<td>______</td>
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</tbody>
</table>

Comments: ________________________________________________________________

__________________________________________________________________________

Recommendations: __________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Counselor’s Signature: ____________________________ Date: __________________

Print Counselor’s Name: ___________________________________________ Lic: ___________

Name/Address of Agency: _________________________________________________

Ph#: (____)________

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