



Progress Evaluation

Case # _____ Participants Name: _____

Evaluator Name (print) _____ () Individual/Other Therapist **-PE2**

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Evaluator email address: _____

Telephone (_____) _____ Extension _____

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

- | | EXCELLENT | GOOD | AVG. | 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 () |
| Comments: _____ | | | | | |
| Unexcused Absences: _____ | | | | | |
| 3. Participation in therapy | 5 () | 4 () | 3 () | 2 () | 1 () |
| 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 nurse is currently taking. | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| 10. Demonstrating relapse behaviors | Yes () | No () | | | |
| If yes, list behaviors of concern: _____ | | | | | |
| _____ | | | | | |
| 11. Have you observed anything in therapy sessions that could be of concern regarding this nurse's safety to practice? | | | | | |
| Yes () No () if yes, please explain on back. | | | | | |

Signature _____ Date _____

Reviewed with participant? No () / Yes () If yes, participant signature _____

Please call the IPN Office at (800) 840-2720 to discuss any concerns or receive clarification regarding this nurse's individual monitoring plan. Thank you. **Please return this form by fax 904-270-1633 or mail to:**

IPN, P.O. Box 49130, Jacksonville Beach, FL 32240-9130

