IDAHO JUVENILE SEX OFFENDER TREATMENT MONTHLY STATUS UPDATE

Client Name (Last, First):						Officer Name: Therapist Name/Title:									
Treatment Fees: ☐ Current ☐ Overdue					☐ Past Due Amount (if applicable)										
Monthly Treatment Participation															
Participation: ☐ Active ☐ Attitude/Behavior: (Rate 1 to 5: 1= Po Denial: (Rate 1 to 5: 1= No			☐ Minimal : 1= Positive, 3= Fa : 1= No offense de : 1= None present	air, 5: enial, , 3= 9	□ = Poo 3= S Some	Dise or) ome pre	den sent	sed Appts	1 ly denies) 1	2 3 4	4 <u>5</u>	5			
Rate 0 to 2: (0=No/Minimal Need/Significant Progress; 1=Moderate Need/Progress; 2=Significant Need/Poor Progress)															
#	1			0	1	2	#	Relevant to D			0	1	2		
1	Pro-Social Relationship Skills		╁			1	Defines All Abuse	cereasea Misk	- '	-					
	2 Positive Self Esteem			†			2	Acknowledges Risk; Use	s Foresight		-				
3 Resolves Conflicts/Makes Decisions			1			3	Compliant with Safety P			-					
4 Celebrate Good/Experience Pleasure			1			4	Recognizes/Interrupts C			-					
5 Participates in Pro-social Activities			1			5	Demonstrates Functions	-		-					
6 Identifies Family/Community Supports			1			6	Emotional Recognition/			+					
7 Works to Achieve Delayed Gratification			1			7	Accurate Attributions of			-					
8 Thinks/Communicates Effectively			1			8	Able to Manage Frustra			-					
9 Adaptive Sense of Purpose/Future			1			9	Willingly Challenges/Rep			-					
S Transfer of String St								Thoughts					İ		
Indic	ators: Commen	ts/Concerns:													
Client Accomplishments/Positive Responses to Treatment:															
Explanation of Overall Treatment Progress (Summary/Plan):															