

SEX OFFENDER TREATMENT
QUARTERLY PROGRESS REPORT

DATE: _____

Quarter being reported _____

Offender Name

OBSCIS number (If Known)

Therapist: _____

Agent: _____

Agency: _____

Cost of sessions (amount billed) _____ Amount collected _____ Outstanding balance _____

Number of groups attended this quarter: _____ Under DOC contract yes/no

Dates and times: _____

Number of individual sessions this quarter: _____ Dates and times: _____

Check below the classes attended:

_____ Thinking errors _____ Relationship skills _____ Abuse cycle

_____ Relapse prevention _____ Anger management _____ Life skills

_____ Victim empathy _____ Parenting _____ Sex education

Specific issues addressed.

How is the offender progressing?

What areas of concern and/or issues should the P.O. be made aware of.

What life stresses does this offender have?

Comments: _____

Therapist signature