RSVP - Recovery Specialist Monthly Progress Report

Reporting Period

From: ____________________________ To: ____________________________

Link ID Number ____________________ Case ID __________________

Client Name

First __________________ Last __________________

Child(ren)’s Name(s)

First __________________ Last __________________
First __________________ Last __________________
First __________________ Last __________________
First __________________ Last __________________

DCF Social Worker

First __________________ Last __________________

Recovery Specialist

First __________________ Last __________________

Recovery Program Compliance

Full Compliance ☐ ☐ ☐ ☐ ☐
Partial Compliance* ☐ ☐ ☐ ☐ ☐
Non-Compliance ☐ ☐ ☐ ☐ ☐

Recovery Specialists Contacts

Level of Care

Individual ☐ ☐
Group ☐ ☐
IOP ☐ ☐
Other ☐ ☐

Total Tests Requested

Phone Contacts with Recovery Specialist

Meetings with Recovery Specialist

Scheduled Sessions

Tests Completed

Meetings with Recovery Specialist

Attended Sessions

Negative Tests

Meetings with Recovery Specialist

Missed Excused Absences

Positive Tests

Support Group Meetings Attended

Pending Results

Failure to Test ☐ ☐ ☐ ☐

Excused Tests

Unexcused Absences

□ Unable □ Refusal

Comments: (please comment on refusals, absences, or problems with compliance)

Progress: (please comment on new developments with regard to supports)

Recovery Specialist: ____________________________ Phone: ____________________________ Date: ____________________________