



## Monthly Summary Report

Client Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Diagnosis: \_\_\_\_\_

Staffer Completing Form and Title: \_\_\_\_\_

**Instructions:** Please complete all sections on this form as it pertains to your client and his/her progress and turn it in at the monthly staff/supervision meeting.

**In the past 30 days, has your client:**

1. Received any suspensions? \_\_ (Y) \_\_ (N) If yes, how many? \_\_\_\_\_
2. Had any involvement with the legal system (court date, charges, arrests, detention placement)? \_\_ (Y) \_\_ (N)
3. Been admitted to a psychiatric hospital? \_\_ (Y) \_\_ (N)
4. Has a crisis? \_\_ (Y) \_\_ (N)
5. Had any suicidal or homicidal ideations? \_\_ (Y) \_\_ (N)
6. Taken their medications as prescribed? \_\_ (Y) \_\_ (N) \_\_ (Does Not Apply)

***Complete the following sections for behaviors that have occurred over the past 30-day period. Please complete each section in detailed and complete sentences.***

1. Describe any and all **progress** that the client has made over the past 30- days according to their ITP goals:

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2. Describe any and all **setbacks** that the client has experienced over the past 30 days according to their ITP goals:

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3. Describe any needs or concerns that the client/family has expressed to you:

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Staffer Signature with Title: \_\_\_\_\_ Date: \_\_\_\_\_