



14-Day Evaluation

Name: _____ Date: _____

Has resident taken steps toward independence while staying at the shelter in the past 2 weeks?

Has resident worked the program as they were instructed to since arriving at the shelter?

Any areas resident could improve?

Was resident pre-approved for another 2 weeks by case manager and directors? Yes _____ No _____

Any special conditions?

Goal Plan for the next 2 weeks:

Case Manager Signature: _____

Resident Signature: _____