

**Personal Recovery, Individual Desistance and Expectations (PRIDE)  
Ally Monthly Progress Report – Outpatient 150207**

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The individual completes this form, submits it to the Forensic Peer Mentor (FPM) for endorsement then sends it to the recovery and/or criminal justice ally before the last workday of each month.

<b>Name and Report Completed Date</b>	
<b>Phone Number and/or Email:</b>	
<b>Program Name &amp; Location(s)</b>	
<b>Staff Name, Phone # &amp;/or Email</b>	
<b>Recovery Ally Name &amp; Email/Fax#</b>	

A. **Completed by Peer/Client:** I want my Recovery Ally and/or criminal justice supervisor to know that I...:

1. Attended Recovery Groups on these dates this month: \_\_\_\_\_
2. Submitted a total of \_\_\_\_\_ (#) consecutively negative drug tests
3. Will do the following during the next 4 weeks to continue my recovery/crime desistance and reduce my risk of relapse/re-arrest:

<u>Recovery Activity</u>	<u>Location</u>	<u>Day(s)</u>	<u>Start Time</u>	<u>End Time</u>
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4. A planned transfer (successful discharge) from this program is expected on or about this date: \_\_\_\_\_ Check if date is unknown

B. Drug Use/Tests Since Last PRIDE Report. **Completed by Peer/Client**  **or Recovery Ally**

Week	Dates	Enter below: <b>N</b> = Negative; <b>P</b> = Tested Positive; <b>V</b> = Verbal Positive		
		THC	Alcohol	List Other Drugs and Results
1				
2				
3				
4				

C. Other Information. **Completed by: Peer/Client**  **Program Staff**  **Recovery Ally**

1. Please contact me at your earliest convenience to discuss this individual's progress
2. **Please provide details in the Comment section below for each checked box.**

A residence change	<input type="checkbox"/>	An incident with the law	<input type="checkbox"/>
Employment or school	<input type="checkbox"/>	Program participation	<input type="checkbox"/>
Alcohol or other drug use	<input type="checkbox"/>	Other: See below.	<input type="checkbox"/>
3. Paid this month. Check all that apply: Supervision Fee  Restitution/Fines  Child Support   
Other financial obligations met: \_\_\_\_\_
4. Risk Score Changed to: \_\_\_\_\_ Increased  or Decreased   
 Positive/Total Drug Tests Factor: \_\_\_\_\_ Increased  or Decreased   
 Number of Residences Factor: \_\_\_\_\_ Increased  or Decreased   
 Days Employed Factor: \_\_\_\_\_ Increased  or Decreased   
 Months Attending a Program Factor: \_\_\_\_\_ Increased  or Decreased
5. Comments/Other: \_\_\_\_\_

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Signature and Date: \_\_\_\_\_ **Peer/Client**

Verified by: \_\_\_\_\_ **FPM/Program Staff**

Received by: \_\_\_\_\_ **Recovery/CJ Ally**