

# TASC Weekly Reporting

Name: \_\_\_\_\_ Week \_\_\_\_\_ Next court date: \_\_\_\_\_

Payment made on court costs and fees: Amount: \$ \_\_\_\_\_

## Treatment

Therapists: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Treatment Goal of Focus: \_\_\_\_\_

Verified? \_\_\_\_ Y \_\_\_\_ N If no, why not? \_\_\_\_\_

Case Manager: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Next appointment date: \_\_\_\_\_

Peer Recovery Coach or Peer Specialist: \_\_\_\_\_  
Date/Time: \_\_\_\_\_ Next appointment date: \_\_\_\_\_

Doctor: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Appointment Purpose (illness, medications, physical, etc.): \_\_\_\_\_

Next appointment date: \_\_\_\_\_

## Peer Recovery Groups *(check if attended)*

*Please complete a separate meeting verification log with verifying signatures of attendance*

Group: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Topic: \_\_\_\_\_

Group: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Topic: \_\_\_\_\_

Group: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Topic: \_\_\_\_\_

Drug Testing: \_\_\_\_ Times per week. Did you test as ordered? \_\_\_\_ Yes \_\_\_\_ No

I have a total of # \_\_\_\_\_ community service or work crew hours due. Hours are due on \_\_\_\_\_ (date). I completed # \_\_\_\_\_ of these hours this week.

Highlight from Week: \_\_\_\_\_

Update on court assignments and/or progress toward goals:

**Take a picture and sent to your CLINICAL LIAISON EACH MONDAY BEFORE NOON**