

TASC Weekly Reporting

Name: _____ Week _____ Next virtual court date: _____

- Payment made on court costs and fees, amount \$ _____
- _____ Hours of community service completed

Treatment Groups (check if attended)

- Therapists: _____ Day/Time: _____
Information Learned: _____
Verified? _____ Y _____ N, if no, why not? _____
- Case Manager: _____ Day/Time: _____
Information Learned: _____
Verified? _____ Y _____ N, if no, why not? _____
- Peer Recovery Coach or Peer Specialist: _____
Day/Time: _____ Information Learned: _____
Verified? _____ Y _____ N, if no, why not? _____
- Doctor: _____ Day/Time: _____
Information Learned: _____
Verified? _____ Y _____ N, if no, why not? _____

Virtual Peer Recovery Groups (check if attended)

- Group: _____ Day/Time: _____ Verified? _____
Take Away: _____
- Group: _____ Day/Time: _____ Verified? _____
Take Away: _____
- Group: _____ Day/Time: _____ Verified? _____
Take Away: _____
- Drug Test? _____ Times per week _____ yes _____ no

Weekly Assignment: _____

How did I meet my assignment this week?

Highlight from Week: _____

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