

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<i>FOR COURT USE ONLY</i>
PEOPLE OF THE STATE OF CALIFORNIA <div style="text-align: center;">v.</div> DEFENDANT:	
BATTERER INTERVENTION PROGRAM PROGRESS REPORT	CASE NUMBER:

Name and address of program:

Report date:

Reporting period:

Intake date:

Class start date:

1. ATTENDANCE

- a. ☐ Satisfactory c. Classes attended: _____ e. Classes made up: _____
 b. ☐ Unsatisfactory d. Excused absences: _____ f. Unexcused absences: _____

2. PAYMENT OF FEES

- a. ☐ Satisfactory b. ☐ Unsatisfactory (*explain*):

3. PARTICIPATION (since last evaluation)

- a. ☐ Satisfactory b. ☐ Unsatisfactory (*explain*):

4. ITEMS EVALUATED (u = unsatisfactory s = satisfactory n/a = not applicable)

- | | |
|---------------------------|---|
| a. Cooperates _____ | f. Deals with anger/hostility _____ |
| b. Attentive _____ | g. Participates in alcohol or drug counseling (if required) _____ |
| c. Nonargumentative _____ | h. Accepts responsibility vs. blame shifting _____ |
| d. Participates _____ | i. Grasps gravity of behavior vs. minimizing _____ |
| e. Not Disruptive _____ | j. Identifies and acknowledges issues vs. denying _____ |

5. PROGRESS EVALUATION and RECOMMENDATIONS

- a. Individual ☐ is ☐ is not in compliance with program requirements.
 b. Individual ☐ has ☐ has not met the basic minimum program requirements.
 c. The overall evaluation, including test results, indicates
 (1) ☐ Client should continue in program as originally ordered.
 (2) ☐ Client should be given additional time to make appropriate adjustments.
 (3) ☐ Client should repeat certain program sections (*specify*): _____

6. COMMENTS: _____

Date: _____

(TYPE OR PRINT NAME AND TITLE)

(SIGNATURE OF PROGRAM PROVIDER)