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| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | FOR COURT USE ONLY |
| PEOPLE OF THE STATE OF CALIFORNIA v. 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 _____ b. Attentive _____ c. Nonargumentative _____ d. Participates _____ e. Not Disruptive _____ | a. Deals with anger/hostility _____ b. Participates in alcohol or drug counseling (if required) _____ c. Accepts responsibility vs. blame shifting _____ d. Grasps gravity of behavior vs. minimizing _____ e. 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)