

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 <p style="text-align: center;">v.</p> 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)