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Chief Executive Officer

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RAMP Director

Therapy Evaluation
(To be completed by aftercare counselor or therapist)

Participant: _____ **Participant #** _____

Report: Month _____ **Year** _____

Please rate the following:

Attends sessions regularly.

Unsatisfactory

1

2

3

Satisfactory

4

Actively participates in sessions.

Unsatisfactory

1

2

3

Satisfactory

4

Shares experiences and feelings freely.

Unsatisfactory

1

2

3

Satisfactory

4

Appears actively involved in own recovery process.

Unsatisfactory

1

2

3

Satisfactory

4

Dates of Sessions Attended: _____

Dates & Results of Urine Drug Screens: _____

COMMENTS: _____

UPON DISCHARGE, PLEASE ANSWER THE FOLLOWING QUESTION:

Is the participant able to practice their profession safely and competently as it relates to their Addictive Disease or Mental Illness? YES____ NO____

Therapists Name (printed)

Phone #

Therapists Signature

Date