

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. <input type="checkbox"/> Satisfactory | c. Classes attended: _____ | e. Classes made up: _____ |
| b. <input type="checkbox"/> 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)