

Weekly Progress Evaluation

Program: Thinking for a Change

Client Name: _____ Date: _____

Evaluation Period: _____ to _____

Check all that apply as to client's involvement in program:

- | | |
|--|---|
| <input type="checkbox"/> Terminated | <input type="checkbox"/> Client refused to continue program |
| <input type="checkbox"/> Fails to report for group on time | <input type="checkbox"/> Unsatisfactory progress |

Rate client on the following as to the degree of response during group	None/ NA	Low Degree	Moderate Degree	High Degree	Very High Degree
Interaction with other group members/peers					
Impulsive responding and acting out behavior during group					
Blame others for own action and behavior					
Self-centered thinking – not able to see view of others					
Interaction with facilitators					
Resistance and opposition to program					
Follow-through with homework/reading					
Participation in group discussion					
Support and understanding shown to other clients in group					
Degree of negative attitude in group					
Degree to which client understood ideas and concepts					

Comments:

Facilitator Signature

Facilitator Signature