New Jersey Department of Corrections
Office of Substance Abuse Programming and Addiction Services
Substance Use Disorder Treatment Program Progress Report for Parole

Location: ☐**EMCF** ☐**SWSP**	**Level of Care**	**Residential** ☐ **Short Term (STR)** ☐ **Long Term (LTR)** One level of care per form **Outpatient** ☐ **Intensive Outpatient (IOP)** ☐ **Outpatient (OP)** One level of care per form
Client Name: _____ **SBI#** **INM#**		
SUD Counselor: _____ **Date of Admission:** _____		
Anticipated Date of Discharge:		**Date of Discharge:**

List of Services attending/attended

3 – Exceptional; 2-Acceptable; 1-Requires Improvement

3	**2**	**1**	Please check all that apply
			Acknowledges history of substance use disorder
			Appears motivated to change behaviors (addictive, criminal, etc.)
			Compliant with treatment expectations
			Attends treatment services as required
			Completes treatment assignments on time
			Exhibits appropriate social behaviors
			Active participation in groups
Brief Description of Progress:			

SUD Program Counselor's Signature: _____ Date: _____

SUD Program Supervisor's Signature: _____ Date: _____