

**COMPLIANCE DIVISION
MAP AFTERCARE REPORT**

The following is an example of information that is to be included in the Aftercare Report.

Name of Agency: _____

Name of Participant: _____

For the Month Of: _____

Date Entered Program _____ Time in Program: _____

ATTENDANCE:

Client has attended _____ of _____ scheduled sessions.

Number of absences _____

Client had prior approval for absence: _____ Yes _____ No.

Sessions made up: _____.

Reason for non-attendance: _____

Client has been on time for sessions: _____ Yes _____ No.

Number of times tardy: _____.

Reason for tardiness: _____

PROGRESS:	Poor	Fair	Good	Excellent
Participation in groups	_____	_____	_____	_____
Recognition of disease in self	_____	_____	_____	_____
Accepting responsibility for self	_____	_____	_____	_____
Operating on a feeling level	_____	_____	_____	_____
Able to give feedback to others	_____	_____	_____	_____
Completion of 4 th and 5 th steps	_____	_____	_____	_____
Participation in informational lectures	_____	_____	_____	_____
Overall demonstrated level of motivation	_____	_____	_____	_____
Attitude toward AA/NA/CA	_____	_____	_____	_____

General Statement About Client:

SIGNATURE/TITLE _____ OF _____ PREPARER:

DATE: _____