TREATMENT PHASE PROGRESS RECORD
(TCU WOMEN AND CHILDREN RESIDENTIAL FORMS)

TO BE COMPLETED BY STAFF:

<table>
<thead>
<tr>
<th>SITE #:</th>
<th>CLIENT ID#:</th>
<th>TODAY’S DATE:</th>
<th>COUNSELOR ID#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[6]</td>
<td>[7-10]</td>
<td>[11-16]</td>
<td>[17-18]</td>
</tr>
</tbody>
</table>

Is this form being completed by the case manager? .................................................. 0=No 1=Yes [19]

Instructions to Staff: This form is to be updated as needed, after completion of each phase.

ORIENTATION PHASE
1. Number of requirements completed ................................ ................................ ....... [20-21]
2. Number of rule violations ................................ ................................ ...................... [22-23]
3. Date of completion? ................................ ................................ ... [24-29]
4. Length of time (days) spent in this phase? ................................ ....................... [30-32]

PHASE 1A
1. Number of requirements completed ................................ ................................ ....... [33-34]
2. Number of rule violations ................................ ................................ ...................... [35-36]
3. Date of completion? ................................ ................................ ... [37-42]
4. Length of time (days) spent in this phase? ................................ ....................... [43-45]

PHASE 1B
1. Number of requirements completed ................................ ................................ ....... [46-47]
2. Number of rule violations ................................ ................................ ...................... [48-49]
3. Date of completion? ................................ ................................ ... [50-55]
4. Length of time (days) spent in this phase? ................................ ....................... [56-58]

PHASE 2
1. Number of requirements completed ................................ ................................ ....... [59-60]
2. Number of rule violations ................................ ................................ ...................... [61-62]
3. Date of completion? ................................ ................................ ... [63-68]
4. Length of time (days) spent in this phase? ................................ ....................... [69-71]

PHASE 3
1. Number of requirements completed ................................ ................................ ....... [11-12]
2. Number of rule violations ................................ ................................ ...................... [13-14]
3. Date of completion? ................................ ................................ ... [15-20]
4. Length of time (days) spent in this phase? ................................ ....................... [21-23]
1. Has client completed the GED during treatment? ... 0=No 1=Yes* 8=NA [24]

*IF YES:
   a. Date of completion? ___________________________ [25-30]

2. Has client completed vocational training during treatment? ... 0=No 1=Yes* 8=NA [31]

*IF YES:
   a. Date of completion? ___________________________ [32-37]
   b. Specify type of training __________________________

3. Date of housing application? ___________________________ [38-43]

   a. Application made to __________________________

4. If client was reunited with her children during treatment, please complete the following:

<table>
<thead>
<tr>
<th>Child ID#</th>
<th>Date of Reunification/ Child Admission</th>
<th>Child Date of Birth</th>
<th>Child Gender</th>
<th>Frequency of Visits w/Child*</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. [44-47]</td>
<td>[321;03;ID]</td>
<td>[11-16]</td>
<td>0=Female 1=Male</td>
<td>[59] [63]</td>
</tr>
<tr>
<td>b. [48-51]</td>
<td>[17-22]</td>
<td>0=Female 1=Male</td>
<td>[64]</td>
<td></td>
</tr>
<tr>
<td>c. [52-55]</td>
<td>[23-28]</td>
<td>0=Female 1=Male</td>
<td>[65]</td>
<td></td>
</tr>
<tr>
<td>d. [56-59]</td>
<td>[29-34]</td>
<td>0=Female 1=Male</td>
<td>[66]</td>
<td></td>
</tr>
</tbody>
</table>

* Indicates how frequently the mother visited the child during the **month immediately preceding reunification**

**FREQUENCY OF VISITS CODES:**

<table>
<thead>
<tr>
<th>0. Never visited</th>
<th>1. 1 time</th>
<th>2. 2-3 times</th>
<th>3. 1 time per WEEK</th>
<th>4. About 2-6 times per WEEK</th>
<th>5. About 1 time per DAY</th>
</tr>
</thead>
</table>

Specify circumstances surrounding reunification ____________________________________________________________________________

__________________________________________________________________________