West Slope Recovery, Inc.

Phase I, Evaluation Check List, To Become Phase II

| Client | Date |
|---|------------------------------------|
| Phase I must be active in the program ar | nd completed the list below. |
| ☐ He is responsible. | |
| \square He has been helpful and supportive of th | e new client. |
| \square He follows the rules and regulations. | |
| \square He is participating in groups and complet | ted all assignments. |
| \square He is participating in individual sessions. | |
| \square He has maintained an attitude of coopera | ation with staff and residents. |
| ☐ He is actively participating in his recovery Step Meetings. | y, having attended 16 to 20 Twelve |
| ☐ Approved to be Phase II on/_ | |
| CLIENT SIGNATURE | |
| STAFF SIGNATURE | |