

West Slope Recovery, Inc.

Phase I , Evaluation Check List, To Be come Phase II

Client _____ Date ____/____/____

Phase I must be active in the program and completed the list below .

- He i s responsible .
- He has been helpful and supportive of the new client.
- He follows the rules and regulations .
- He i s participating in group s and completed all assignments .
- He is participating in individual sessions.
- He has maintained an attitude of cooperation with staff and residents.
- He is a ctive ly participating in his recovery , having attended 16 to 20 Twelve Step Meetings.

• Approved to be Phase II on ____/____/____

_____/____/____

CLIENT SIGNATURE

_____/____/____

STAFF SIGNATURE

Client Log #_____