

PEER ASSISTANCE PROGRAM
2915 N. Classen Blvd., Suite 215
Oklahoma City, OK 73106

OKLAHOMA BOARD OF NURSING
405/525-2277
Fax 405/525-0350

www.ok.gov/nursing

COUNSELOR REPORT
PARTICIPANT PROGRESS EVALUATION

Participant: _____ Report for month(s) _____

Please rate participant by circling the appropriate number. Excellent < 5- 4- 3- 2-1 > Poor

1. Stability in recovery	5	4	3	2	1
2. Support systems	5	4	3	2	1
3. Problem solving ability	5	4	3	2	1
4. Cognitive functioning	5	4	3	2	1
5. Judgment	5	4	3	2	1
6. Ability to cope with stressful situations	5	4	3	2	1
7. Decision making ability during a crisis	5	4	3	2	1
8. General appearance	5	4	3	2	1
9. Affect/Mood	5	4	3	2	1
10. Client's understanding and integration of need for counseling and rehabilitation.	5	4	3	2	1
11. Attendance at sessions	5	4	3	2	1
12. Compliance with recommended treatment regimen	5	4	3	2	1
13. Progress in treatment	5	4	3	2	1
14. Social skills/interactions	5	4	3	2	1
15. Willingness to behavioral change	5	4	3	2	1

(Please make any comments/recommendations on back.)

Provider's signature _____ Date _____

Provider's name _____ Phone # _____

(Please type or print)

Provider's address _____

Please mail completed form directly to program office: Peer Assistance Program
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