

## COMPLETION REPORT

Client Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Session Date(s): \_\_\_\_\_

Referral Source: \_\_\_\_\_

Charge / Conviction: \_\_\_\_\_

Topics/Concepts Discussed in class/group: \_\_\_\_\_

**PLEASE ANSWER HONESTLY:**

Would You Like Additional Counseling?: Yes  No  For What: \_\_\_\_\_

Family History of Alcohol/Drug Abuse: Yes  No  Who: \_\_\_\_\_

Family History of Domestic Violence: Yes  No  Who: \_\_\_\_\_

Describe three things you're taking away from this counseling experience:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

How confident are you today that you won't continue engaging in the behavior that led you here?

Not at all 0  1  2  3  4  5  Extremely

Two Personal Strengths Supporting My Confidence: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Two Areas of Vulnerability That Could Lead to Recidivism: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Possible Underlying Root Issue(s) Leading To My Conviction: 1. \_\_\_\_\_ 2. \_\_\_\_\_

(ex.: impulsiveness, peer influence, lack of planning/consequential thinking, greed, impatience, negative emotion(s), feelings of invincibility, addiction, low self-esteem, overconfidence, lack of knowledge, etc.)

The First Step In Changing My Problem Behavior Was: \_\_\_\_\_

Please rate the overall presentation? Poor 0  1  2  3  4  5  Excellent

Please Explain? \_\_\_\_\_

## THANK YOU.

**OPTIONAL INFORMATION:**

Did An Attorney Represent You For Your Conviction? If so who? \_\_\_\_\_

Any Recommendations On How To Improve The Service? \_\_\_\_\_