

Name: _____

Date: _____

Weekly Goal: _____

Areas of need not yet addressed – Check all that apply:

Housing Transportation / License Insurance Medical Care
 Dental Care Employment

Next court date: _____

Did you make all your appointments? YES NO

Call Testing Line Daily: (715) 318-4313 (between 5 AM – 9 AM)

Mon Tue Wed Thur Fri Sat Sun

Report to Test: M-F Courthouse 2nd Floor (between 7:45 - 9 AM)

Weekends/Holidays Jail (between 7:45 - 9 AM)

Mon Tue Wed Thur Fri Sat Sun

Programming Groups / Sessions

The group, session, and/or meeting facilitator must sign to receive attendance credit.

Signature: _____ Day/Time: _____
 Signature: _____ Day/Time: _____
 Signature: _____ Day/Time: _____
 Mentor/Peer Support Signature: _____ Day/Time: _____
 Sponsor Signature: _____ Day/Time: _____

One thing you learned from programming, groups, or counseling:

How did I meet my goal?

Highlight from the Week or something you want Judge and team to know:
