

# Weekly Reporting Form

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 2<sup>nd</sup> 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:**

\_\_\_\_\_