



# LOUISIANA

## STATE BOARD OF SOCIAL WORK EXAMINERS

### IMPAIRED PROFESSIONAL PROGRAM

#### AFTERCARE PROGRESS REPORT

**Reporting Period:** \_\_\_\_\_  
(Months Covered) (Year)

**Participant Name:** \_\_\_\_\_

**Attendance:** Participant has attended \_\_\_ of \_\_\_ scheduled sessions for this period.  
Participant was excused from: \_\_\_\_\_ sessions this month due to: \_\_\_\_\_

Participant has been on time for sessions \_\_\_ Yes \_\_\_ No

**Insight:** \_\_\_ Denies Problem \_\_\_ Minimizes Problem \_\_\_ Gaining \_\_\_ Fair \_\_\_ Good

**Motivation:** \_\_\_ None \_\_\_ Poor \_\_\_ Superficial \_\_\_ Increasing \_\_\_ Well Motivated \_\_\_ Overeager

**Attitude toward AA:** \_\_\_\_\_ Superficial \_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good.

Completion of fourth and fifth step: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Summary of Progress:**

\_\_\_\_\_ Doing poorly      \_\_\_\_\_ As expected considering length of involvement  
\_\_\_\_\_ Making progress      \_\_\_\_\_ Concentrating on program

**Treatment:**

	Poor	Fair	Good	Excellent
Participation in groups	_____	_____	_____	_____
Recognition of disease in self	_____	_____	_____	_____
Accepting responsibility for self	_____	_____	_____	_____
Operating on a feeling level	_____	_____	_____	_____
Accepting feedback from others	_____	_____	_____	_____
Able to give feedback to others	_____	_____	_____	_____

Comments: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Counselor's Name: \_\_\_\_\_ Lic: \_\_\_\_\_

Name/Address of Agency: \_\_\_\_\_

Ph#: (\_\_\_\_) \_\_\_\_\_

**Please mail original to:**  
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