

PEER ASSISTANCE PROGRAM  
P.O. Box 52926  
Oklahoma City, OK 73152

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

<http://www.oklahoma.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. Client's understanding of the dynamics of addiction	5	4	3	2	1
12. Attendance at sessions	5	4	3	2	1
13. Compliance with recommended treatment regimen	5	4	3	2	1
14. Progress in treatment	5	4	3	2	1
15. Social skills/interactions	5	4	3	2	1
16. Willingness to behavioral change	5	4	3	2	1

(Please make any comments/recommendations on back.)

Provider's signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's name \_\_\_\_\_ Phone # \_\_\_\_\_

Provider's address \_\_\_\_\_  
(Please type or print)

**Please mail completed form directly to program office:** Peer Assistance Program  
P.O. Box 52926  
Oklahoma City, OK 73152

Comments/Recommendations: \_\_\_\_\_

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Initials: \_\_\_\_\_

Revised 8/2017