



MONTHLY EVALUATION REPORT

MONTH / YEAR	
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PROVIDER ORGANIZATION	
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NUMBER OF UNDUPLICATED CLIENTS SERVED	
NUMBER OF SCREENINGS	
NUMBER OF POSTIVE SCREENINGS	
NUMBER OF ASSESSMENTS	
NUMBER OF BRIEF INTERVENTION SESSIONS	
NUMBER OF BRIEF THERAPY SESSIONS	
NUMBER OF TREATMENT REFERRALS	
NUMBER OF TREATMENT COMPLETIONS	
NUMBER OF FOLLOW-UP SCREENINGS	

PROCESS EVALUATION: AGENCY & STAFF IMPLEMENTATION HIGHLIGHTS	
SUCCESSSES	
CHALLENGES	

QUALITATIVE EVALUATION: CLIENT EXPERIENCES & OUTCOMES

COMPLETED BY	
TELEPHONE NUMBER	
EMAIL ADDRESS	