

# PHASE 3 Weekly Reporting



Name: \_\_\_\_\_ Court Date: \_\_\_\_\_

## Important Appointments

- Probation Office Appointment: \_\_\_\_\_ (bring check stub to appointment)
- Mental Health Appointment: \_\_\_\_\_
- Other Appointment: \_\_\_\_\_

## Community Meetings/Classes (includes Educational/Vocational Enhancement, Therapy and Self Help Meetings)

- TUESDAY** Meeting Name/Type: \_\_\_\_\_  
Counselor: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Location: \_\_\_\_\_  
Reflection: \_\_\_\_\_
- WEDNESDAY** Meeting Name/Type: \_\_\_\_\_  
Counselor: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Location: \_\_\_\_\_  
Reflection: \_\_\_\_\_
- THURSDAY** Meeting Name/Type: \_\_\_\_\_  
Counselor: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Location: \_\_\_\_\_  
Reflection: \_\_\_\_\_
- FRIDAY** Meeting Name/Type: \_\_\_\_\_  
Counselor: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Location: \_\_\_\_\_  
Reflection: \_\_\_\_\_
- SATURDAY** Meeting Name/Type: \_\_\_\_\_  
Counselor: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Location: \_\_\_\_\_  
Reflection: \_\_\_\_\_
- SUNDAY** Meeting Name/Type: \_\_\_\_\_  
Counselor: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Location: \_\_\_\_\_  
Reflection: \_\_\_\_\_

**In Phase 3 you should have an established recovery network, self-care routine and positive social activities.**

**What social activities have you participated in this week other than self-help meetings?**

\_\_\_\_\_

**What did you do for self-care this week?** \_\_\_\_\_

**What person is your biggest support in your sobriety this week?** \_\_\_\_\_

**My biggest struggle this week:** \_\_\_\_\_

**The best thing that happened this week:** \_\_\_\_\_