

# MEETING ATTENDANCE LOG AND PROGRESS REPORT

Participant Name: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsor First Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Step you are currently working: \_\_\_\_\_

Document **Medical or Counseling** services received and any **Major Life Changes** since last report.

Work Status:  Working in Field  Working out of Field  Not Working

Employer: \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please use the back of this form if needed for further documentation)

Signature \_\_\_\_\_ Date: \_\_\_\_\_