**A picture containing circle

Description automatically generatedThe Family Court of the State of Delaware**

In and For  New Castle County  Kent County  Sussex County

**DOMESTIC VIOLENCE TREATMENT PROGRAM PROGRESS REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Reporting:** |  | **Return the completed form by this date:** |  |

|  |  |
| --- | --- |
| **Respondent/Defendant Name:** |  |
| **Date of Birth:** |  |
| **Family Court PFA Petition Number:** |  |
| **Family Court PCOMP Petition Number:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Status Review Date:** | |  | | **Respondent will report:** | | |  | |
| **Orientation Date:** |  | | **Evaluation Date:** | |  | **Program Start Date:** | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Recommended Treatment:** | **Group** | | **Individual** | | **Other** | |
| **Number of Sessions completed:** | |  | | **Number of Sessions missed:** | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant’s progress:** |  | | | |
| **1 Strongly Disagree** | **2 Disagree** | **3 Agree** | **4 Strongly Agree** |  |

|  |  |
| --- | --- |
| Participates in class when appropriate without prompting; actively engaged. |  |
| Demonstrates an understanding of alternatives to violence. |  |
| Respectful to other group members and facilitators. |  |
| Completes any homework assigned. |  |
| Takes responsibility for personal abusive behavior without blaming others. |  |
| Able to identify critical thinking errors that support violence. |  |

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| --- |
| **Any individual sessions in addition or in replace of group? If yes, why?  Any conditions to return to group?** |
|  |
| **Any concerns or issues the court should be aware of?** |
|  |

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature of Facilitator |  | Printed name |  | Date |