**The Family Court of the State of Delaware**

In and For [ ]  New Castle County [ ]  Kent County [ ]  Sussex County

**DOMESTIC VIOLENCE TREATMENT PROGRAM PROGRESS REPORT**

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| --- | --- | --- | --- |
| **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 |