



NEW LEAF ALTERNATIVE
2480 So. Main Street #105 Salt Lake City, UT 84115

TRACKING LOG COVER SHEET

FOR THE MONTH OF:

LOGS DATED: ___ TO ____

CLIENT NAME:

CASEWORKER:

TRACKER:

TRACKING

CONTRACTED HOURS: 5

TOTAL NUMBER OF UNITS:

COMMENTS:

New Leaf Alternative
Monthly Progress Report

Client Name: _____
Case Manager: _____
Placement: _____
Address: _____

Month: _____
Case #: _____
Court Review: _____

I. Treatment goals:

A: Therapy-
B: Progress-

II. Placement:

A: Adjustment-
B: Home visits/family contact-

III. Education:

A: Attendance-
B: Grades-

IV. Medical:

V. Hours/Restitution/Fines:

VI. Incident Reports:

VII. Additional Needs:

VIII. Recommendations:

Tracker Signature/Date

