

# GAP WEEKLY TRACKER FOR \_\_\_\_\_ QUARTER \_\_\_\_\_

Participant Name: \_\_\_\_\_ CDCR# \_\_\_\_\_ Housing: \_\_\_\_\_

Rehabilitative Guide: \_\_\_\_\_ CDCR# \_\_\_\_\_

Rehabilitative Guide: \_\_\_\_\_ CDCR# \_\_\_\_\_

Weekly Tasks:	Met?	Obstacles/Notes	Signatures
Week of: _____ to _____			Participant
_____	_____	_____	_____
_____	_____	_____	Date: _____
_____	_____	_____	Rehabilitative Guide
_____	_____	_____	_____
Meeting time from: _____ to _____	/	_____	Date: _____
Week of: _____ to _____			Participant
_____	_____	_____	_____
_____	_____	_____	Date: _____
_____	_____	_____	Rehabilitative Guide
_____	_____	_____	_____
Meeting time from: _____ to _____	/	_____	Date: _____
Week of: _____ to _____			Participant
_____	_____	_____	_____
_____	_____	_____	Date: _____
_____	_____	_____	Rehabilitative Guide
_____	_____	_____	_____
Meeting time from: _____ to _____	/	_____	Date: _____
Week of: _____ to _____			Participant
_____	_____	_____	_____
_____	_____	_____	Date: _____
_____	_____	_____	Rehabilitative Guide
_____	_____	_____	_____
Meeting time from: _____ to _____	/	_____	Date: _____
Week of: _____ to _____			Participant
_____	_____	_____	_____
_____	_____	_____	Date: _____
_____	_____	_____	Rehabilitative Guide
_____	_____	_____	_____
Meeting time from: _____ to _____	/	_____	Date: _____

Week of: _____ to _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	Participant _____ Date: _____  Rehabilitative Guide _____ Date: _____
Meeting time from: _____ to _____ / _____			
Week of: _____ to _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	Participant _____ Date: _____  Rehabilitative Guide _____ Date: _____
Meeting time from: _____ to _____ / _____			
Week of: _____ to _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	Participant _____ Date: _____  Rehabilitative Guide _____ Date: _____
Meeting time from: _____ to _____ / _____			
Week of: _____ to _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	Participant _____ Date: _____  Rehabilitative Guide _____ Date: _____
Meeting time from: _____ to _____ / _____			
Week of: _____ to _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	Participant _____ Date: _____  Rehabilitative Guide _____ Date: _____
Meeting time from: _____ to _____ / _____			
Week of: _____ to _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	Participant _____ Date: _____  Rehabilitative Guide _____ Date: _____
Meeting time from: _____ to _____ / _____			
Week of: _____ to _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	Participant _____ Date: _____  Rehabilitative Guide _____ Date: _____
Meeting time from: _____ to _____ / _____			

Rehabilitative Guide Signature/Date: \_\_\_\_\_ Total Tasks Set: \_\_\_\_\_

Rehabilitative Guide Signature/Date: \_\_\_\_\_ Total Tasks Met: \_\_\_\_\_

Directing Guide Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Directing Guide Name: \_\_\_\_\_ CDCR# \_\_\_\_\_