

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

CDCR# \_\_\_\_\_ Housing: \_\_\_\_\_

Housing: \_\_\_\_\_

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

CDCR# \_\_\_\_\_

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

CDCR# \_\_\_\_\_

|                                   |       |       |                               |
|-----------------------------------|-------|-------|-------------------------------|
| Week of: _____ to _____           | _____ | _____ | Participant<br>_____          |
| Meeting time from: _____ to _____ | /     | _____ | Date: _____                   |
| Week of: _____ to _____           | _____ | _____ | Rehabilitative Guide<br>_____ |
| Meeting time from: _____ to _____ | /     | _____ | Date: _____                   |
| Week of: _____ to _____           | _____ | _____ | Participant<br>_____          |
| Meeting time from: _____ to _____ | /     | _____ | Date: _____                   |
| Week of: _____ to _____           | _____ | _____ | Rehabilitative Guide<br>_____ |
| Meeting time from: _____ to _____ | /     | _____ | Date: _____                   |
| Week of: _____ to _____           | _____ | _____ | Participant<br>_____          |
| Meeting time from: _____ to _____ | /     | _____ | Date: _____                   |
| Week of: _____ to _____           | _____ | _____ | Rehabilitative Guide<br>_____ |
| Meeting time from: _____ to _____ | /     | _____ | Date: _____                   |
| Week of: _____ to _____           | _____ | _____ | Participant<br>_____          |
| Meeting time from: _____ to _____ | /     | _____ | Date: _____                   |
| Week of: _____ to _____           | _____ | _____ | Rehabilitative Guide<br>_____ |
| Meeting time from: _____ to _____ | /     | _____ | Date: _____                   |
| Week of: _____ to _____           | _____ | _____ | Participant<br>_____          |
| Meeting time from: _____ to _____ | /     | _____ | Date: _____                   |
| Week of: _____ to _____           | _____ | _____ | Rehabilitative Guide<br>_____ |
| Meeting time from: _____ to _____ | /     | _____ | Date: _____                   |

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

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

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