

**S.T.A.R.S.**

Specialized Treatment and Recovery Services  
a program of Bridges, Inc.

**STARS  
Twice-Monthly Progress Report**

**Report Period**

From:

To:

**CLIENT NAME:**

Case Names:

Petition #

Start Date:

Level:

File #

Social Worker:

Worker Code:

Phone:

**Program Compliance:**

Compliant

Incarcerated

Whereabouts Unknown

Non-Compliant

Other

**Alcohol/Drug Test Results**

**Treatment**

**Stars Contacts**

Total tests requested	Program:	# Required
Negative tests	Outpatient	Face to face
Positive tests	Residential	Missed
Pending results	TX sessions req'd	Phone
Failures to test	TX sessions atnd	
(unable or refusal)	Absences	<b>12 Step/Support Groups</b>
No shows	Excused	required
Excused tests	Unexcused	attended

**Progress Notes/Comments:**

**STARS Worker:**

**Phone:**

**Date:**