Form 454DVPR Rev 11/25

The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

DOMESTIC VIOLENCE TREATMENT PROGRAM PROGRESS REPORT

Program Reporting: Select 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:	Select
Orientation Date: Evaluation D	Date: Program Start D)ate:
Recommended Treatment:		
Participant's progress:		
☐ 1 Strongly Disagree ☐ 2 Disagree ☐	☐ 3 Agree ☐ 4 Strongly Agree	
Participates in class when appropriate without pr	ompting; actively engaged.	
Demonstrates an understanding of alternatives to	o violence.	
Respectful to other group members and facilitato	ors.	
Completes any homework assigned.		
Takes responsibility for personal abusive behavio	or without blaming others.	
Able to identify critical thinking errors that suppor	rt violence.	
Any individual sessions in addition or in replace return to group?	ace of group? If yes, why? Any co	nditions to
Any concerns or issues the court should be a	aware of?	
Signature of Facilitator	Printed name	Date