



The Family Court of the State of Delaware

In and For New Castle Kent 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 Date: _____ Program Start Date: _____

Recommended Treatment: Group Individual Other

Number of Sessions completed: _____ Number of Sessions missed: _____

Participant's progress:

1 Strongly Disagree 2 Disagree 3 Agree 4 Strongly Agree

Participates in class when appropriate without prompting; actively engaged.	
Demonstrates an understanding of alternatives to violence.	
Respectful to other group members and facilitators.	
Completes any homework assigned.	
Takes responsibility for personal abusive behavior without blaming others.	
Able to identify critical thinking errors that support violence.	

Any individual sessions in addition or in replace of group? If yes, why? Any conditions to return to group?

Any concerns or issues the court should be aware of?

Signature of Facilitator

Printed name

Date