

Sponsor Report

Participant PIN: _____

Report Period: From _____ to _____

Instructions:

- To be completed and faxed by Sponsor
- Check the box that best describes your current opinion
- fax to 405-538-4008 (no cover sheet needed)

Issue	Excellence Progress	Making Progress	Needs Support
Support Systems			
Problem Solving Ability			
Cognitive Functioning			
Judgment			
Ability to cope with stressful situations			
Decision making ability during a crisis			
Attendance at sessions			
Social skills/Interactions			
Stability in Recovery			

Comments: _____

Optional:

Sponsor Name: _____

Best contact information: _____ (Phone and/or e-mail)

Thank you for your support.