

### **Recovery Matrix – Intact Cases**

#### Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

Recovery from substance abuse involves not only attaining and maintaining abstinence but also changing one's thinking, behavior, and sustaining those changes over time. When measuring progress in recovery, it is important to keep in mind a child's sense of time, the parent's progress in treatment, and the behaviors parents demonstrate that are consistent with good parenting, such as active participation in their child's health, educational and developmental activities. Moreover, in order to successfully close an intact case, the caseworker must document activities and observations that indicate a parent's progress in substance abuse recovery and the resumption of positive parenting responsibilities. The recovery matrix worksheets provide caseworkers, parents, and the court (when necessary) with criteria, guidelines and a visual representation for assessing and discussing a parent's progress in recovery and movement toward case closure over a 12-month period.

#### **DIRECTIONS**

- Following case opening, the assigned caseworker meets with the parent to introduce the recovery matrix and explain its use. There are five separate recovery matrix forms: Baseline 0-45 days, 45 - 90 days, 3-6 months, 6-9 months, and 9-12 months. These forms are used together sequentially to monitor and assess a parent's progress through the first 12 months following case opening. The caseworker completes these forms with and the parent at the designated time frames.

In some instances, substance abuse issues are identified subsequent to the intact case being opened. Once identified, caseworkers are to complete the matrix worksheet that corresponds with the timeline following the case open date. For example, at eight months into the case, the caseworker identifies a substance abuse issue. The caseworker completes the six to nine month worksheet and indicates the date and circumstances surrounding how the substance abuse issue was identified in the Lack of Progress column. Any additional comments are to be made on the notes page.

- After introducing the recovery matrix at the caseworker's initial contact with the parent (e.g., 48 hour meeting), the caseworker meets with the parent to complete the appropriate Recovery Matrix worksheet (CFS 440-10) at the following times:
  - Prior to the 45 day Service Plan in order to establish a baseline – using the 0 – 45 day Baseline Matrix
  - At the end of 90 days – using the 45 - 90 day matrix
  - At the end of 180 (6 months) – using the 3 – 6 month matrix
  - At the end of nine months from case opening - using the 6 – 9 month matrix
  - At the end of 12 months from case opening – using the 9 to 12 month matrix NOTE: When the case is opened beyond 12 months, continue to use this matrix at three-month intervals as long as the case remains open.
- In addition to the parent's self report, the caseworker must examine additional sources of information to support completion of the recovery matrix: monthly treatment progress reports- completed by the substance abuse treatment agency, urinalysis reports, other professional collaterals, and family members.
- The caseworker should place check marks at the appropriate level of progress in both the Substance Abuse Treatment and Parenting Responsibilities columns. **Check all that apply.**

Note: although the parent may be showing a lack of progress in one area, there may be partial progress in another. For example, a parent may be showing a lack of progress in parenting responsibilities and partial progress in substance abuse treatment. The Recovery Matrix provides the caseworker an opportunity to acknowledge the parent's strengths and progress as well as areas of needed improvement. Because recovery is not always a linear process a parent may experience periods of ambivalence and relapse. The goal is to complete substantial progress at the end of each interval in order to ensure the child's safety and to successfully close the intact case.

CFS 440-10  
09/2006

State of Illinois  
Department of Children and Family Services

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- The completed Recovery Matrix is signed by the caseworker and parent and then reviewed and signed by the supervisor. Each participant receives a copy before being filed. Caseworkers submit the completed Recovery Matrix with other required documentation to court personnel if court involved.

**Recovery Matrix – Intact Cases**

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

**Baseline Matrix-Zero – 45 days: (Complete prior to 45 day Service Plan)**

Please use Notes Section (final page) to document significant events/concerns.

<b>Substance Abuse Treatment</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent: <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____  Other: _____ _____ _____	Parent: <input type="checkbox"/> Failed to consistently meet with caseworker <input type="checkbox"/> Completed substance abuse assessment but has not yet followed recommendations or entered treatment <input type="checkbox"/> Had more than 50% clean urinalysis results <input type="checkbox"/> Self-reported abstinence for _____ consecutive days  Other: _____ _____ _____	Parent: <input type="checkbox"/> Entered residential treatment- movement has not been restricted <input type="checkbox"/> Entered recommended outpatient treatment <input type="checkbox"/> Attending at least 80% of sessions <input type="checkbox"/> Self-reported abstinence for the past 30 days <input type="checkbox"/> Had all clean urinalysis for past 30 days  Other: _____ _____ _____

<b>Parenting Responsibilities</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent failed to: <input type="checkbox"/> Be contacted/meet with caseworker <input type="checkbox"/> Arrange for immunizations and medical care appointments <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Enroll child in Head Start or other early intervention programs <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Use non-physical forms of discipline  Other: _____ _____ _____	Parent was inconsistently able to: <input type="checkbox"/> Be contacted//meet with caseworker <input type="checkbox"/> Arrange immunizations and/or schedule medical care appointments <input type="checkbox"/> Ensure child’s attendance in Head Start and school <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Use non-physical forms of discipline  Other: _____ _____ _____	Parent consistently able to: <input type="checkbox"/> Participate in the development of the Comprehensive Service Plan <input type="checkbox"/> Complete all scheduled immunizations <input type="checkbox"/> Engage in educational, health and developmental appointments <input type="checkbox"/> Arrange/attend routine scheduled medical appointments <input type="checkbox"/> Ensure child’s attendance in Head Start and school <input type="checkbox"/> Use non-physical forms of discipline <input type="checkbox"/> Arrange for appropriate caregivers  Other: _____ _____ _____

**Caseworker tasks to be completed for up to 12 months:** Remove barriers that would prevent entry into treatment or hinder participation in educational and medical appointments, such as childcare and transportation. Also, encourage parent’s participation in these appointments and other engagement activities and significant court hearings if applicable.

**Remember:** Progress is measured on the matrix from time of case opening, **NOT** from time the parent became available or agreed to enter treatment. I.e. if a parent does not enter treatment until nine months following case opening, caseworkers would indicate “client continues to use and/or “failed to meet with caseworker” on the matrix worksheets for months 0-3, 3-6 and 6-9 and check lack of progress in treatment. Remind the parent that if they refuse to enter treatment and/or fail to follow treatment recommendations they might be putting their children at risk of harm and the case may be screened into court for an order of protection. Temporary Custody is sometimes the end result of these hearings. It is in the parent’s best interest to deal with substance issues and fulfill parenting responsibilities while their children remain in their custody in order for the case to be closed successfully and avoid placement.

Caseworker’s Signature & Date: \_\_\_\_\_  
 Supervisor’s Signature & Date: \_\_\_\_\_  
 Parent’s Signature & Date: \_\_\_\_\_

<p><b>This page of the form is to be:</b></p> <ul style="list-style-type: none"> <li>✓ Introduced during the first contact with the parent</li> <li>✓ Completed prior to the 45 day Service Plan</li> <li>✓ Signed by parent, case worker and supervisor before being filed.</li> </ul>
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**Recovery Matrix – Intact Cases**

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

**45 – 90 Days from Case Opening (Complete at the end of 90 days- 3 months)**

Please use Notes Section (final page) to document significant events/concerns.

<b>Substance Abuse Treatment</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent: <input type="checkbox"/> Failed to meet with caseworker <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____  Other: _____ _____ _____	Parent: <input type="checkbox"/> Failed to consistently meet with caseworker <input type="checkbox"/> Completed substance abuse assessment but has not yet followed recommendations or entered treatment <input type="checkbox"/> Had more than 50% clean urinalysis results <input type="checkbox"/> Self-reported abstinence for _____ consecutive days  Other: _____ _____ _____	Parent: <input type="checkbox"/> Entered residential treatment- movement has not been restricted <input type="checkbox"/> Entered recommended outpatient treatment <input type="checkbox"/> Attending at least 80% of sessions <input type="checkbox"/> Self-reported abstinence for the past 30 days <input type="checkbox"/> Had all clean urinalysis for past 30 days  Other: _____ _____ _____

<b>Parenting Responsibilities</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent failed to: <input type="checkbox"/> Be contacted/meet with caseworker <input type="checkbox"/> Arrange for immunizations and medical care appointments <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Enroll child in Head Start or other early intervention programs <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Use non-physical forms of discipline  Other: _____ _____ _____	Parent was inconsistently able to: <input type="checkbox"/> Be contacted/meet with caseworker <input type="checkbox"/> Arrange immunizations and/or schedule medical care appointments <input type="checkbox"/> Ensure child's attendance in Head Start and school <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Use non-physical forms of discipline  Other: _____ _____ _____	Parent consistently able to: <input type="checkbox"/> Engage/participate in services recommended on the Comprehensive Service Plan <input type="checkbox"/> Complete all scheduled immunizations <input type="checkbox"/> Engage in educational, health and developmental appointments <input type="checkbox"/> Arrange/attend routine scheduled medical appointments <input type="checkbox"/> Ensure child's attendance in Head Start and school <input type="checkbox"/> Use non-physical forms of discipline <input type="checkbox"/> Arrange for appropriate caregivers  Other: _____ _____ _____

**Caseworker tasks to be completed for up to 12 months:** Remove barriers that would prevent entry into treatment and/or hinder participation in educational and medical appointments, such as childcare and transportation. Encourage & support participation.

**Remember:** Progress is measured on the matrix from time of case opening, **NOT** from time the parent became available or agreed to enter treatment. I.e. if a parent does not enter treatment until nine months following case opening, caseworkers would indicate "client continues to use and/or "failed to meet with caseworker " on the matrix worksheets for months 0-3, 3-6 and 6-9 and check lack of progress in treatment. Remind the parent that if they refuse to enter treatment and/or fail to follow treatment recommendations they might be putting their children at risk of harm and the case may be screened into court for an order of protection. Temporary Custody is sometimes the end result of these hearings. It is in the parent's best interest to deal with substance issues and fulfill parenting responsibilities while their children remain in their custody in order for the case to be closed successfully and avoid placement.

Caseworker's Signature & Date: \_\_\_\_\_  
 Supervisor's Signature & Date: \_\_\_\_\_  
 Parent's Signature & Date: \_\_\_\_\_

**This page of the form is to be:**  
 Completed at the end of 3 months (90 days)  
 Signed by parent, caseworker and supervisor before being filed.

State of Illinois  
Department of Children and Family Services  
**Recovery Matrix – Intact Cases**

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

**Three to 6 Months from Case Opening (Complete at end of 6 months)**

Please use Notes Section (final page) to document significant events/concerns.

<b>Substance Abuse Treatment</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent: <input type="checkbox"/> Failed to meet with caseworker <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Failed to obtain substance abuse assessment <input type="checkbox"/> Failed to follow recommendations of substance abuse assessment <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Initially engaged in treatment but left against staff advice (ASA) <input type="checkbox"/> Discharged from treatment program for antisocial behavior and/or numerous unexcused absences <input type="checkbox"/> Failed to attend 12-Step or other community support groups <input type="checkbox"/> Substance abuse issues were not identified until the following Date: _____ <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____	Parent: <input type="checkbox"/> Entered residential treatment & movement not restricted <input type="checkbox"/> Entered outpatient treatment, attended 50% of outpatient treatment sessions with few unexcused absences <input type="checkbox"/> Developed relapse prevention plan <input type="checkbox"/> Identified relapse triggers and discussed them with worker and/or family members <input type="checkbox"/> Identified and/or started attending 12-Step meetings or other community support groups <input type="checkbox"/> Identified 12-Step sponsor or community support person(s) <input type="checkbox"/> Able to self report relapse <input type="checkbox"/> Self-reported abstinence for 30 days <input type="checkbox"/> Had clean urinalysis for the past 30 days <input type="checkbox"/> Began building a drug-free support network  Program and/or family members have reported that parent: <input type="checkbox"/> Acknowledged the impact substance abuse had on child's well being and the quality of family relations <input type="checkbox"/> Improved insight into effects of substance abuse	Parent: <input type="checkbox"/> Successfully completed treatment or stepped down to a lower level of treatment <input type="checkbox"/> If still in treatment, attendance exceeds 80 % <input type="checkbox"/> Informed worker and or family of aftercare & relapse plans <input type="checkbox"/> Regularly attended 12-Step or other community support groups <input type="checkbox"/> Has 12-Step sponsor or other community support person(s) <input type="checkbox"/> Self-reported abstinence for the past 60 days <input type="checkbox"/> Had all clean urinalysis for past 60 days <input type="checkbox"/> Involved in drug-free/sober relationships and/or activities <input type="checkbox"/> Established a drug-free support network (Include: job training, employment readiness, employment, school, YMCA, church, etc) <input type="checkbox"/> Reciprocated positive support received from non-drug using family and friends have offered <input type="checkbox"/> Continued improved insight into effects of substance abuse
<b>Parenting Responsibilities</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent failed to: <input type="checkbox"/> Failed to meet with caseworker <input type="checkbox"/> Arrange for immunizations and medical care appointments <input type="checkbox"/> Arrange/attend 0-3 screen <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Enroll child in Head Start or other early intervention programs <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Use non-physical forms of discipline  Other: _____ _____ _____	Parent was inconsistently able to: <input type="checkbox"/> Be contacted//meet with caseworker <input type="checkbox"/> Arrange immunizations and/or schedule medical care appointment <input type="checkbox"/> Arrange/attend 0-3 screens <input type="checkbox"/> Ensure child's attendance in Head Start and school <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Use non-physical forms of discipline  Other: _____ _____ _____	Parent consistently able to: <input type="checkbox"/> Engage/participate in Comprehensive Service Plan recommendation <input type="checkbox"/> Completed all scheduled immunizations <input type="checkbox"/> Volunteer (Head-Start, school, etc.) <input type="checkbox"/> Attended 0-3 screen/recom. services <input type="checkbox"/> Engage in educational, health and developmental appointments <input type="checkbox"/> Arrange/attend routine scheduled medical appointments <input type="checkbox"/> Ensure child's attendance in Head Start and school <input type="checkbox"/> Use non-physical forms of discipline <input type="checkbox"/> Arrange for appropriate caregivers  Other: _____ _____ _____

Caseworker's Signature & Date: \_\_\_\_\_

Supervisor's Signature & Date: \_\_\_\_\_

Parent's Signature & Date \_\_\_\_\_

**This page of the form is to be:**  
 Completed at the end of 6 Months  
 Signed by parent, caseworker and supervisor before being filed.

**Recovery Matrix – Intact Cases**

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

**Six to 9 Months from Case Opening (Complete at end of 9 months)**

Please use Notes Section (final page) to document significant events.

<b>Substance Abuse Treatment</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent: <input type="checkbox"/> Failed to meet with caseworker Unable to be contacted/located <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Failed to obtain substance abuse assessment <input type="checkbox"/> Participated in substance abuse treatment, but currently not in TX, or left against staff advice (ASA) <input type="checkbox"/> Discharged from treatment for non-compliance, aggressive behavior, antisocial behavior and/or numerous unexcused absences <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Substance abuse issues were not identified until the following Date: _____ <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____	Parent: <input type="checkbox"/> Consistently attended substance abuse treatment with few unexcused absences <input type="checkbox"/> Self-reported abstinence for the past 60 days <input type="checkbox"/> Identified 12-Step sponsor or community support person <input type="checkbox"/> Inconsistently attended 12-Step meetings or other community support group <input type="checkbox"/> Developed relapse prevention plan, including relapse triggers and discussed them with worker and/or family members <input type="checkbox"/> If relapse occurred, parent able to self disclose and reengaged in treatment within one week <input type="checkbox"/> Developed and shared relapse prevention plan with 12-Step sponsor and/or other informal support networks <input type="checkbox"/> Support system confirmed drug free time <input type="checkbox"/> Had all clean urinalysis for past 30 days  Program and/or family members have reported that parent: <input type="checkbox"/> Engaged in recommended after care services/activities	Parent: <input type="checkbox"/> Successfully completed treatment <input type="checkbox"/> Self-reported abstinence for the past 90 days <input type="checkbox"/> Consistently worked self help group <input type="checkbox"/> Attended self-help meetings and maintained regular contact with sponsor or mentor <input type="checkbox"/> Accepted into a recovery home, transitional living program or is residing with non-drug using relative or friends <input type="checkbox"/> Involved in drug-free/sober relationships and/or activities <input type="checkbox"/> Established a drug-free support network (Incl. job or employment readiness training, employment, school, YMCA, church, etc) as evidenced by _____ <input type="checkbox"/> Support network confirmed drug free time <input type="checkbox"/> Had all clean urinalysis for past 90 days <input type="checkbox"/> Reciprocated positive support from non drug using family and friends  Program and/or family members have reported that parent: <input type="checkbox"/> Demonstrated and understands new coping skills learned in treatment or in 12 step groups
<b>Parenting Responsibilities</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent failed to: <input type="checkbox"/> Failed to meet with caseworker <input type="checkbox"/> Arrange for immunizations and medical care appointments <input type="checkbox"/> Arrange/attend 0-3 screen <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Enroll child in Head Start or other early intervention programs <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Use non-physical forms of discipline  Other: _____ _____ _____	Parent inconsistently able to: <input type="checkbox"/> Be contacted/meet with caseworker <input type="checkbox"/> Arrange for immunizations and schedule medical care appointments <input type="checkbox"/> Arrange/attend 0-3 screen <input type="checkbox"/> Ensure child's attendance in Head Start and school <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Use non-physical forms of discipline  Other: _____ _____ _____	Parent was consistently able to: <input type="checkbox"/> Engage/participate in Comprehensive Service Plan recommendation <input type="checkbox"/> Completed all scheduled immunizations <input type="checkbox"/> Arrange/attend 0-3 screen <input type="checkbox"/> Engage in educational, health and developmental appointments <input type="checkbox"/> Arrange/attend routine scheduled medical appointments <input type="checkbox"/> Ensure child's attendance in Head Start and school <input type="checkbox"/> Use non-physical forms of discipline <input type="checkbox"/> Arrange for appropriate caregivers <input type="checkbox"/> Volunteers (Head-Start, school, etc.)  Other: _____ _____ _____

Caseworker's Signature & Date: \_\_\_\_\_

Supervisor's Signature & Date: \_\_\_\_\_

Parent's Signature & Date: \_\_\_\_\_

<p><b>This page of the form is to be:</b></p> <input checked="" type="checkbox"/> Completed at the end of 9 Months. <input checked="" type="checkbox"/> Signed by parent, caseworker, and supervisor before being filed.
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**Recovery Matrix – Intact Cases**

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

*Nine to 12 Months from Case Opening (Complete quarterly as long as case remains)\**

Please use Notes Section (final page) to document significant events/concerns.

<b>Substance Abuse Treatment</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent: <input type="checkbox"/> Failed to contact/meet with caseworker <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Failed to obtain substance abuse assessment <input type="checkbox"/> Initially engaged in treatment but prematurely left against staff advice (ASA) <input type="checkbox"/> Discharged from treatment for non-compliance, aggressive behavior, and/or numerous unexcused absences <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Substance abuse issues were not identified until the following Date: _____ <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____	Parent: <input type="checkbox"/> Consistently attended substance abuse treatment with few unexcused absences <input type="checkbox"/> Self-reported abstinence for the past 90 days <input type="checkbox"/> Identified 12-Step sponsor or community support person(s) <input type="checkbox"/> Inconsistently attended 12-Step or other community support group(s) <input type="checkbox"/> Developed relapse prevention plan, including relapse triggers and discussed them with worker and/or family members <input type="checkbox"/> If relapse occurred, parent able to self disclose and reengaged in treatment within one week of relapse <input type="checkbox"/> Developed/shared a relapse prevention plan with 12-Steps sponsor other informal support networks <input type="checkbox"/> Support network confirmed drug free time <input type="checkbox"/> Clean urinalysis for past 60 days  Program and/or family members have reported that parent: <input type="checkbox"/> Engaged in recommended after care services/activities	Parent: <input type="checkbox"/> Successfully completed treatment <input type="checkbox"/> Self-reported abstinence for the past 120 days <input type="checkbox"/> Consistently worked 12-Step and other community support program, attended self-help meetings and maintaining regular contact with sponsor <input type="checkbox"/> Accepted into a recovery home, transitional living program or is residing with non-drug using relative or friends <input type="checkbox"/> Involved in drug-free/sober relationships and/or activities <input type="checkbox"/> Support network confirmed drug free time <input type="checkbox"/> Had all clean urinalysis for past 120 days <input type="checkbox"/> Established a drug-free support network (Incl. job or employment readiness training, employment, school, YMCA, etc) as evidenced by _____  <input type="checkbox"/> Reciprocated positive support received from non drug using family and friends  Program and/or family members have reported that parent: <input type="checkbox"/> Demonstrated and understands new coping skills learned in treatment or in 12 step or other self-help groups as evidenced by _____
<b>Parenting Responsibilities</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent failed to: <input type="checkbox"/> Arrange for immunizations and medical care appointments <input type="checkbox"/> Arrange/attend 0-3 screen <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Enroll child in Head Start or other early intervention programs <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Use non-physical forms of discipline  Other: _____ _____ _____	Parent inconsistently able to: <input type="checkbox"/> Contact/meet with caseworker <input type="checkbox"/> Arrange for immunizations and /or schedule medical care appointments <input type="checkbox"/> Arrange/attend 0-3 screen <input type="checkbox"/> Ensure child's attendance in Head Start and school <input type="checkbox"/> Attend school conferences <input type="checkbox"/> Arrange for appropriate child care <input type="checkbox"/> Use non-physical forms of discipline  Other: _____ _____ _____	Parent was consistently able to: <input type="checkbox"/> Completed the majority of services recommended on the Comprehensive Service Plan <input type="checkbox"/> Complete all schd. immunizations <input type="checkbox"/> Arrange/attend 0-3 screen <input type="checkbox"/> Engage in educational, health and developmental appointments <input type="checkbox"/> Arrange/attend routine scheduled medical appointments <input type="checkbox"/> Volunteer (Head-Start, school, etc.) <input type="checkbox"/> Used non-physical forms of discipline <input type="checkbox"/> Arrange for appropriate caregivers

Caseworker's Signature & Date: \_\_\_\_\_

Supervisor's Signature & Date: \_\_\_\_\_

Parent's Signature & Date: \_\_\_\_\_

**This page of the form is to be:**  
 Completed at the end of 12 Months.\*  
 Signed by parent, caseworker and supervisor before being filed.

**Recovery Matrix – Intact Cases**

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

**Use this section to include information such as additional substance exposed births and other significant events and extenuating circumstances critical to the case. Also use this page to include examples for “as evidenced by.”**

Notes Section:

Case Name & DCFS ID:

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Caseworker’s Signature & Date:

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Supervisor’s Signature & Date:

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Parent’s Signature & Date:

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