



3. Urine test:

Negative ( ) Positive ( ) Inspection date: \_\_\_\_\_(month) \_\_\_\_ (date),  
\_\_\_\_\_ (year)

Adjustment period score: Evaluation of life routines Qualified ( ) Not qualified ( )

Evaluation of participation in adjustment courses: Qualified ( ) Not qualified ( )

Signatures and seals of the members of the Management and Education Team:

Counselor Social Worker Clinical Psychologist

Section Staff Manager \_\_\_\_\_(month) \_\_\_\_ (date), \_\_\_\_\_ (year)

\* Adjustment period evaluation results: Qualified ( ) Not Qualified ( )

Reviewed and passed in the Treatment Center Affairs Committee  
on \_\_\_\_\_(month) \_\_\_\_ (date), \_\_\_\_\_ (year)