

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)

* Psychological counseling period evaluation results: Qualified () Not Qualified ()

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