



Assessment/Treatment Report for DASA Certified Agencies

This report must be signed by a chemical dependency professional, probation assessment officer, or qualified alcohol/drug information school instructor when the facility is located in Washington State. When the facility is located outside of Washington, this report must be signed by a state-certified counselor.

Send this completed report to:

Driver Records
Department of Licensing
PO Box 9030
Olympia, WA 98507-9030
Fax (360) 570-7044

Please print or type

Client name <i>(Last, First, Middle)</i>	Washington driver license number	Date of birth
Agency name		Agency (Area code) Telephone number
Agency street address		Agency Greenbook number
City	State	ZIP code

Assessment

I completed an assessment of the above named person on _____.
Assessment date

My findings are:

- Alcohol/drug information school is recommended.**
- Treatment is recommended for:** *(check one)* substance abuse substance dependence
- No treatment is recommended.**

Information School

Client completed information school on _____.
Completion date

Treatment Report

Treatment began on _____.
Start date

As of _____, client is: *(check one)* compliant non-compliant
Date

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

 Date and place

 PRINT name
X
 Signature