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|  Reporting Period:  |
| Youth Information |
| Youth’s Name:  | Juvenile #:  | DOB:  |
| Assigned DJJ Office: Choose an item. | Assigned DJJ Staff:  |
| Provider & Service Information |
| Provider:  | Staff Name/Credentials:  |
| Staff Email:  | Staff Phone:  |
| Service(s):  |
| Service Authorization Dates:  |
| Pre-Service Engagement Date: Explain:  |
| Service Start Date:  | Service Plan Date:  |
| Anticipated Service Completion Date:  |
| Most Recent YASI date: [ ]  From initial referral packet [ ]  Updated YASI from DJJ or RSC |
| Targeted YASI Priorities: 1) YASI domain 2) YASI domain 3) YASI domain  |
| Rationale for Service:  |

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| Summary and Overview This Reporting Period |
| [ ]  Youth and family actively engaged in service.[ ]  Youth is progressing towards identified service goals. [ ]  Youth is attending school: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Youth is employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Youth is connected to an extra-curricular or school activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Safety or Relapse Prevention Plan has been created/revised. Date: \_\_\_\_\_\_\_\_\_ [ ]  Copy provided to youth/family. [ ]  Copy provided to DJJ Staff. |

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| Overall Progress Since Service Start |
|   |

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| Case Coordination & Collateral Contacts *(Current Reporting Period)*Date Modality Contact(s) Summary of Contact |

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| Sessions *Current* Reporting Period Dosage: \_\_\_\_DATE TIME AND DURATION MODALITY/LOCATION PARTICIPANT(S) SESSION DESCRIPTION |

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| Service Plan Goals |
| Goal 1:  |
| Objectives | Target Completion | Status | Actual Completion |
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |
| Interventions and Response this Reporting Period:  |

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| Goal 2:  |
| Objectives | Target Completion | Status | Actual Completion |
|  |   | Status |   |
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |
| Interventions and Response this Reporting Period:  |

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| Goal 3:  |
| Objectives | Target Completion | Status | Actual Completion |
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |
|  | Target date |   |   |
| Interventions and Response this Reporting Period:  |  |   |

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| DJJ Significant Incident |
| [ ]  Youth involved in a DJJ Service Provider Incident. Date of incident: \_\_\_\_\_\_\_\_\_ Explain: \_\_ Date incident report submitted to RSC and DJJ staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| Recommendations (Current Reporting Period) |

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| [ ]  Check here if the DSP is currently recommending DJJ staff request an extension or modification to the current services, or if additional needs have been identified.Explain:  |
|   |

Report completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

 Staff Signature/Credentials

I have reviewed and approved this report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

 Supervisor Signature/Credentials

[ ]  *Copy of Monthly Progress Report provided to CSU*

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| Service Completion and Discharge Summary |
| Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason for Discharge: Service Progress at Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Describe progress made on items within domains of the YASI, including risk and protective factors: Discharge Recommendations:  |