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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 |
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| Interventions and Response this Reporting Period: | | | |

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

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| Goal 3: | | | |
| Objectives | Target Completion | Status | Actual Completion |
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|  | 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: |