### **Reporting Period**:

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| Youth Information | | | |
| **Youth’s Name:** | **Juvenile #:** | | **DOB:** |
| **Assigned DJJ Office:** Choose. | **Assigned DJJ Staff:** ReferringPO | | |
| Provider & Service Information | | | |
| **Provider:** | | | |
| **Staff Name/Credentials:** **Email:** **Phone:** | | | |
| **Service(s):** Click | | | |
| **Service Authorization Dates:** | | **Anticipated Completion Date:** | |
| **Service Start Date**:  Pre-Service Engagement Date: \_\_\_\_\_\_  Explain: | | | |
| **Most Recent YASI Date:**   **Targeted YASI Priority for this Service:** YASI domain  YASI Priorities #1: YASI domain #2: YASI domain #3: YASI domain | | | |
| **Rationale for Service:** | | | |
| Overall Progress Since Service Began | | | |
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| 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. | |
| SERIOUS INCIDENT  N/A | Date of incident: \_\_\_\_\_\_\_\_\_ Explain: |
| CURRENT  RECOMMENDATIONS |  |

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| Goal #1 |  | | |
| Objectives | | Status | Completion |
| Click or tap here to enter text. | |  |  |
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| Goal #2: |  | | |
| Objectives | | Status | Completion |
| Click or tap here to enter text. | |  |  |
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| Case Coordination & Collateral Contacts *(Current Reporting Period)*  Date Modality Contact(s) Summary of Contact | | | |
| 2/1/2024 |  |  |  |
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| Transportation for Great Program *Current* Reporting Period Dosage: \_\_\_  DATE TIME AND DURATION LOCATION/ DESCRIPTION | | |
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| Casey Life Skills Group for Great Program *Current* Reporting Period Dosage: \_\_\_\_  DATE TIME AND DURATION MODALITY/LOCATION SESSION DESCRIPTION | | | |
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| Casey Life Skills Individual for Great Program *Current* Reporting Period Dosage: \_\_ | | | |
| **Date** | **Time**: | **Duration**: | **Participants:** Click. |
| Session Description, Interventions And Response: Click or tap here to enter text. | | | |
| **Date** | **Time**: | **Duration**: | **Participants:** Click. |
| Session Description, Interventions And Response: Click or tap here to enter text. | | | |
| **Date** | **Time**: | **Duration**: | **Participants:** Click. |
| Session Description, Interventions And Response: Click or tap here to enter text. | | | |
| **Date** | **Time**: | **Duration**: | **Participants:** Click. |
| Session Description, Interventions And Response**:** Click or tap here to enter text. | | | |
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| **Date** | **Time**: | **Duration**: | **Participants:** Click. |
| Session Description, Interventions And Response: Click or tap here to enter text. | | | |
| **Date** | **Time**: | **Duration**: | **Participants:** Click. |
| Session Description, Interventions And Response: Click or tap here to enter text. | | | |

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 Summary** Date: | Reason for Discharge:  Service Progress at Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_  Describe progress and Discharge Recommendations: |