### **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:  |
| [ ]  CURRENTRECOMMENDATIONS |   |

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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. |
| **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. |
| **Date**  | **Time**:  | **Duration**:  | **Participants:** Click. |
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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. |
| **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. |

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:  |