### Reporting Month: December 2024

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| Youth Information |
| **Youth’s Name:**  | **Juvenile #:**  | **DOB (Age):** enter DOB |
| **Assigned DJJ Office:** Choose. | **Assigned DJJ Staff:**   |
| Provider & Service Information |
| **Provider:**  |
| **Staff Name/Credentials:** **Email:** **Phone:**  |
| **Service(s):** Click  |
| **Authorization Dates (POSO):**  | **Anticipated Completion Date:**  |
| **Service Start Date**: Select date **Pre-Service Engagement Date:** select date Explain:  |
| **Most Recent YASI Date:**  **Targeted YASI Priority for this Service:** 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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| Goal #3: |   |
| Objectives | Status | Completion |
| Click or tap here to enter text. |   |   |
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|  Case Coordination & Collateral Contacts Date Modality Contact(s) and Summary of Contact |
|   | select | Click or tap here to enter text. |
|   | select | Click or tap here to enter text. |
|   | select | Click or tap here to enter text. |
|   | select | Click or tap here to enter text. |
|   | select | Click or tap here to enter text. |

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| Session Details *Total units during the current reporting period*:enter units  |
| **Date: Time**: **Duration**:  |
| **Participants**: Click.**Description:** Session description, interventions and youth response. |
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| **Discharge Summary**  |
| **Discharge Date:**  Did the youth complete the service? [ ]  Yes [ ] No Reason for Discharge: Service Progress at Discharge: [ ]  Did not meet all service goals and objectives [ ]  Met all service goals and objectives [ ]  Met some service goals and objectives**Describe progress and Discharge Recommendations:**  Add recommendations here |

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

 Staff Signature/Credentials

Reviewed and approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_

 Supervisor Signature/Credentials