### 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: |
| 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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| 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. |
| **Date:** DATE **Time**: **Duration**:  **Participants**: Click.  **Description:** Session description, interventions and youth response. |
| **Date:** DATE **Time**: **Duration**:  **Participants**: Click.  **Description:** Session description, interventions and youth response. |
| **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