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| Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Enter Month and Year Progress Report |



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| Youth Information  |
| Youth Name:  |  | JTI#  |  |
| Age/ DOB: |  |  |  |
| CSU: |  | PO: |  |

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| Service Information |
| Service Authorized:  | (POSO Dates) | Date Service Initiated: |  |
| Service Plan Date: |  | Next Review Date: |  |
| Worker Name: (and Credentials) |  | Supervisor Name: (and Credentials) |  |
| Has the assigned Staff or Supervisor changed during the last month? [ ]  Yes [ ]  No |
| Dates of Services:(Include participants and location, as applicable) |  |

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| Case Coordination: Include contact dates and type with CSU, Family, other providers or systems |
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| Quick Overview: Please check or note if any of the following have occurred during the month |
| [ ]  Youth/ family attended all scheduled sessions[ ]  Youth is Progressing towards Treatment Goals [ ]  Family engaged in service [ ]  New natural support identified[ ]  Youth is enrolled or attending school[ ]  Youth is employed: (add details here)[ ]  Youth is connected to an extra-curricular or school activity: (add details here)[ ]  Serious Incident Report (SIR) Submitted: add date here [ ]  Contact with Law Enforcement: (add details here) |

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| Progress on Identified Goals: Include progress this month on goals and objectives in the Service Plan |
| Goal: |  | Target Completion Date: |  |
| Criminogenic Need(s) Addressed: |
| Objective: |
| Progress: |
| Objective: |
| Progress: |

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| Progress on Identified Goals |
| Goal: |  | Target Completion Date: |  |
| Criminogenic Need(s) Addressed: |
| Objective: |
| Progress:  |
| Objective:  |
| Progress:  |

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| --- |
| Progress on Identified Goals |
| Goal: |  | Target Completion Date: |  |
| Criminogenic Need(s) Addressed: |
| Objective: |
| Progress:  |
| Objective:  |
| Progress:  |

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| Recommendations/ Revisions:  |
|  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.