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

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