

INDIVIDUAL SERVICE REPORT

Date: JULY 1, 2009- JUNE 30, 2010

Name: _____

- Younger than Age 16
- Ages 16 to 18

Section I: PROFILE

Gender: Male: Female:

D.O.B or Age: _____

RACE/ETHNICITY

- Caucasian/White
- African American
- Hispanic/Latino
- Asian
- Native American
- Multiracial
- Other

WHO DO YOU LIVE WITH?

- Both Parents
- Step and birth parent
- Single parent (female)
- Single parent (male)
- Grandparents
- Relative/Guardian
- DCF Guardianship
- Foster parent(s)
- On own

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Section II: REFERRAL SOURCE

- Police
- School
- Parent/Guardian
- Department of Children and Families
- Superior Court, juvenile matters
- Juvenile Review Board
- Social Service Agency
- Self
- Other

Section IV: SERVICES PROVIDED

Juvenile Justice Programs

- Court-ordered Community Service Programs
- Juvenile Review Board Programs
- Truancy Programs
- Detention/Suspension/Expulsion Programs
- Diversion Programs
- Families with Service Needs Programs
- Court Advocacy Programs
- Other

Section III: REASON FOR REFERRAL

- Positive youth development
- Delinquent behavior
- Truancy from school
- Defiance of school rules
- Non-school issues
- Running away
- Beyond control
- Indecent/immoral conduct
- Special issues:*
 - Depression
 - Suicidal behavior
 - Sexual abuse
 - Neglect
 - Substance abuse
 - Pregnancy/teen parent
 - Homelessness
 - Parenting/family issues
 - School issues
 - Other

Mental Health Services

- Individual therapy
- Family therapy
- Group therapy
- Crisis intervention
- Case management
- Other

Child Welfare Programs

- Teen Pregnancy Prevention
- Teen Parent Education

Youth Development Programs

- Positive Youth Development programs
- After school programming
- Employment/training
- Leadership development
- Mentoring
- Peer-to-Peer programming
- Volunteerism
- Other