

Probation Officer and Social Worker Progress Reports

Study ID: _____

Period Covering: _____

Probation Officer: _____

Current Placement: _____

Social Worker: _____

Summary of Changes:						
# of Placement Changes Since Disposition:	_____					
# of Treatment Changes Since Disposition:	_____					
# of School Changes Since Disposition:	_____					
Summary of Contacts:						
Approximately how many contacts have you had with each of the following during the past three months?	_____ # In Person with youth _____ # Other types of contacts with youth (e.g., phone) _____ # Youth's social worker _____ # Youth's primary caregiver _____ # Youth's school _____ # Youth's treatment provider					
Functioning:						
Please rate the youth's <u>current</u> state of progress in each of the following categories using the following scale:	1	2	3	4	5	
	Poor	Below Average	Average	Above Average	Excellent	
<u>General Functioning</u>						
Alcohol or Other Drug Use	1	2	3	4	5	
Mental Health Problems	1	2	3	4	5	
Interaction with Others Generally	1	2	3	4	5	
Compliance with Court Orders	1	2	3	4	5	
<u>School Functioning</u>						
School Attendance	1	2	3	4	5	
School Behavior	1	2	3	4	5	
School Performance	1	2	3	4	5	
<u>Treatment Functioning</u>						
Attendance at Treatment	1	2	3	4	5	
Participation in Treatment	1	2	3	4	5	
Responsiveness to Treatment	1	2	3	4	5	
<u>Placement Functioning</u>						
Behavior (i.e., following rules)	1	2	3	4	5	n/a
Relationship with caregiver	1	2	3	4	5	n/a
General stability	1	2	3	4	5	n/a
<u>Overall Functioning</u>						
Overall Functioning/Improvement	1	2	3	4	5	
Did youth exhibit noticeable improvements in any of these areas in the past three months?	<ul style="list-style-type: none"> • No • Yes: Which areas? _____ 					
Did youth exhibit regression in any of these areas during the past three months?	<ul style="list-style-type: none"> • No • Yes: Which areas? _____ 					

Please complete the other side of this sheet.

<u>Family Relationships</u>						
Contact with biological parent	1	2	3	4	5	n/a
Parent Participation in Family Treatment	1	2	3	4	5	n/a
Relationship between Youth & Parent	1	2	3	4	5	n/a
Overall Progress toward Family Plan	1	2	3	4	5	
Were there any noticeable improvements in youth's family relationships during the past three months?	<ul style="list-style-type: none"> • No • Yes: In what way? _____ 					
Were there any noticeable regressions in youth's family relationships during the past three months?	<ul style="list-style-type: none"> • No • Yes: In what way? _____ 					

Comments: _____

Thank you for your assistance.