



**Report Period:** \_\_\_\_\_ to \_\_\_\_\_

<b>Parent(s) Name</b>	
<b>Child(ren)</b>	
<b>Provider Name:</b>	
<b>Child Advocate Name:</b>	

*Log each interaction with the client over the reporting period using the table below.*

[illegible]

\*Method includes such things as Face to Face (FF), Phone (PH), Collateral Contacts (CC), DCS Contacts (DCS), CFTM Attendance (CFTM), Court Testimony (CT).  
Add more lines as appropriate.

<b>Number of Appointments cancelled by Family</b>	
<b>Number of Appointments cancelled by Provider</b>	
<b>No Shows</b>	



Hope Inspires Possibility

**Use the following pages to describe the youth's needs and corresponding goals and objectives for the reporting period, based on the Choices referral.**

**Need 1:**

**Goal 1:**

**Objective 1:**

Complete the following based on the strategies in place for Need/Goal/Objective 1.

**Please describe the services provided and/or activities completed for each strategy in the plan of care:**

**What was the youth's response to each strategy?**

**How did the family/caregiver engage with each strategy?**

**What were the strengths and successes for each strategy?**

**Please describe the progress made on each strategy, using the date of each interaction to organize the progress:**

**What is your recommendation regarding each strategy? (Please state whether you recommend that services continue or end. Explain why.)**



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**Need 2:**

**Goal 2:**

**Objective 2:**

Complete the following based on the strategies in place for Need/Goal/Objective 2.

**Please describe the services provided and/or activities completed for each strategy in the plan of care:**

**What was the youth's response to each strategy?**

**How did the family/caregiver engage with each strategy?**

**What were the strengths and successes for each strategy?**

**Please describe the progress made on each strategy, using the date of each interaction to organize the progress:**

**What is your recommendation regarding each strategy? (Please state whether you recommend that services continue or end. Explain why.)**

**Do the youth and/or family have needs that are not currently being addressed? If so, please explain.**

A handwritten signature in blue ink that reads 'Michael Ray'. The signature is fluid and cursive, with the first name 'Michael' and last name 'Ray' clearly visible.

**Signature**

**Date**