

Juvenile Supervision Plan

Initial Date:
Juvenile:
Supervision Type:

Review Date:
Supervision Officer's Name:
Supervision Level:

Court Case No. Committing Offences Defense Attorney Court of Sentence

Domain: Family Circumstances and Parenting
Domain Score:

Problems Relating To Treatment:
Treatment Goals:

Objective(s): Duration: Responsibility: Completed: S/U

Strengths:
Responsivity:

Domain: Education/Employment
Domain Score:

Problems Relating To Treatment:
Treatment Goals:

Objective(s): Duration: Responsibility: Completed: S/U

Strengths:
Responsivity:

Domain: Peer Relations
Domain Score:

Problems Relating To Treatment:
Treatment Goals:

Objective(s): Duration: Responsibility: Completed: S/U

Strengths:
Responsivity:

Domain: Substance Abuse
Domain Score:

Problems Relating To Treatment:
Treatment Goals:

Objective(s): Duration: Responsibility: Completed: S/U

Strengths:

Responsivity:

Domain: Leisure/Recreation

Domain Score:

Problems Relating To Treatment:

Treatment Goals:

Objective(s):	Duration:	Responsibility:	Completed:	S/U
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Strengths:

Responsivity:

Domain: Personality and Behavior

Domain Score:

Problems Relating To Treatment:

Treatment Goals:

Objective(s):	Duration:	Responsibility:	Completed:	S/U
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Strengths:

Responsivity:

Domain: Attitudes/Orientations

Domain Score:

Problems Relating To Treatment:

Treatment Goals:

Objective(s):	Duration:	Responsibility:	Completed:	S/U
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Strengths:

Responsivity:

Domain: Other

Domain Score:

Problems Relating To Treatment:

Treatment Goals:

Objective(s):	Duration:	Responsibility:	Completed:	S/U
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Strengths:

Responsivity:

II. IDENTIFYING INFORMATION

Juvenile

Last Name _____ First _____ Middle _____

AKA(s) _____

Date of Birth _____ Age _____ SSN _____ Race _____

Height _____ Weight _____ Hair _____ Eyes _____ Gender: M or F

Address _____

Phone(s): Home _____ Work _____ Other _____

Family Contact

Name (last, first, middle) _____

Address _____

Phone(s): Home _____ Work _____ Other _____

Removal Home Y or N Relationship to Youth _____

Family Contact

Name (last, first, middle) _____

Address _____

Phone(s): Home _____ Work _____ Other _____

Removal Home Y or N Relationship to Youth _____

Family Contact

Name (last, first, middle) _____

Address _____

Phone(s): Home _____ Work _____ Other _____

Removal Home Y or N Relationship to Youth _____

III. MEDICAL SECTION
(applicable only for CR, CM, ICJ, JCF)

Insurance: Y or N

Insurance Name and Address: _____

Policy #: _____

Medicaid Card: Y or N ID # _____ Check if received copy of immunization record in case file

Allergies: _____

Juvenile's identified medical problems: _____

Physician(s) (name and address): _____

Diagnosis (s): _____

Medication(s): _____

Physician(s) (name and address): _____

Diagnosis (s): _____

Medication(s): _____

IV. MENTAL HEALTH
(applicable only for CR, CM, ICJ, JCF)

Provider(s) Name: _____

Medication(s): _____

Documented Diagnosis: _____

Treatment(s): _____

Provider(s) Name: _____

Medication(s): _____

Documented Diagnosis: _____

Treatment(s): _____

V. EDUCATIONAL/VOCATIONAL SECTION

(applicable only for CR, CM, ICJ, JCF)

Attending School: Y or N Name of School: _____ USD # _____

Grade: _____ Address: _____

Contact Person: _____ Graduated: Y or N GED: Y or N

Expected Graduation/GED Date: _____ Working on GED: Y or N Drop-out: Y or N

Current Individual Educational Plan: Y or N If Yes, what type: _____

Current 504 Plan: Y or N

VI. EMPLOYMENT SECTION

(applicable only for CR, CM, ICJ, JCF)

Employed: Y or N Employer Name _____

Address: _____

Phone: _____ Supervisor Name _____

VII. ASFA REQUIREMENTS

Does the juvenile meet the criteria for being in an extended out-of-home placement (placed with neither parent for 15 of the most recent 22 months)? Yes No

If out-of-home placement occurred after 7-1-98, has the juvenile been in out-of-home placement 11 months?
 Yes No

If yes, are there compelling reasons NOT to proceed with termination of parental rights? Yes No

If yes, indicate the compelling reason(s):

- Juvenile is living in a stable placement with a relative
- Services in the case plan have not been made available to the parents
- Other (please explain): _____

Are there concurrent case planning efforts included in this case plan? Yes No NA

Does the service plan document reasons why efforts to reunify the family are not required? Yes No NA

If yes, indicate the reason(s) and attach supporting documentation:

- A parent has committed murder of a juvenile.
- A parent has aided or abetted, attempted, conspired or solicited murder of a juvenile.
- A parent has committed felony battery that resulted in bodily injury to the juvenile or another juvenile.
- A parent has subjected the juvenile or juvenile to abandonment, torture, chronic abuse, sexual abuse or chronic life threatening neglect of a child.
- Parent rights to another juvenile have been involuntarily terminated.
- Other (please explain): _____

Is the permanency goal for this juvenile guardianship? Yes No NA

If yes, does the service plan document efforts to obtain guardianship? Yes No NA

Is the permanency goal for this juvenile adoption? Yes No NA

If yes, has the adoption contractor been notified? Yes No NA

Have parental rights been terminated by a court order or has relinquishment occurred on one or both parents?

Yes No If yes, has the juvenile been referred to the adoption contractor? Yes No

If yes, has the juvenile been entered in the adoption registry? Yes No

If no, explain: _____

If the permanency goal has changed from reintegration to another goal, has information for Permanency Hearing been provided to the court? Yes No

If yes, enter the date the information was provided to the court: _____

VIII. INDEPENDENT LIVING PLAN

(applicable only for CR, CM, ICJ, JCF)

Check here if there are no independent living needs that need to be addressed in this supervision plan

Complete at the time of each supervision plan, on all custody juveniles 16 years of age and over, unless the juvenile refuses to be involved. This refusal is to be documented in the supervision plan.

SUMMARY: (includes achievement, progress and services since last review, and current needs):

NEEDS ASSESSMENT: Mark (X) the following areas in which the juvenile has a need to develop additional skills or competencies in order to assist the juvenile to prepare for the transition from foster care to independent living.

- | | |
|---|--|
| <input type="checkbox"/> Consumer Awareness | <input type="checkbox"/> Knowledge of Resources |
| <input type="checkbox"/> Money Management | <input type="checkbox"/> Interpersonal Skills |
| <input type="checkbox"/> Hygiene & Health | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Educational Planning | <input type="checkbox"/> Job Seeking Skills |
| <input type="checkbox"/> Job Maintenance Skills | <input type="checkbox"/> Emergency & Safety Skills |
| <input type="checkbox"/> Other (explain) _____ | |
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SERVICES: Mark (X) below programs and services, which will help the youth prepare for transition from foster care to independent living which must be incorporated within the juvenile's supervision plan.

- Assistance in continuing in high school educational program
 - Assistance in participating in a post-secondary education program
 - Assistance related to preparation for General Equivalency Diploma (GED)
 - Assistance related to job readiness, search and placement
 - Assistance related to basic living skills
 - Assistance from relatives and/or foster parents
 - Assistance related to parenting skills
 - Assistance related to management of health care
 - Assistance related to improved self-esteem, self-confidence and/or social skills
 - Referral to other state/federal programs (explain) _____
 - Participating in approved independent living plan (attach copy)
 - Assistance related to decision-making, time management
 - Other (explain) _____
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IX. PLACEMENT

(applicable only for CR, CM, ICJ, JCF)

Permanency Goal: (check one) **1.** Reintegration **2.** Adoption **3.** Permanent Guardianship
4. Kinship Placement **5.** Other Planned Permanent Living Arrangement

Current Placement Name: _____

Current Type of Placement: Home Emergency Shelter YRC PRTF AWOL Kinship/Non-Relative
Kin Care Residential Maternity Transitional Living program Community Integration Program
 Emergency Family Resource home Specialized Family Resource Home Satellite Family Resource Home
 Therapeutic Family Resource Home Relative Resource Home Family Resource Home
 Juvenile Justice Foster Care
 Maternity Resource Home Other (explain): _____

Placement Start Date: _____ Projected Reintegration Date: _____

What is the proximity of the juvenile's current placement to their parents or other planned permanent caregiver?

Community County Adjoining County State Out of State

Yes No NA Did the placement necessitate a change in school? (NA=juvenile is not in school)

Yes No NA Was placement with relatives considered? (NA = no relatives available)

Yes No NA Was the placement least restrictive (most family like) setting available and consistent with best interest and special needs of the juvenile?

If any are checked No, explain:

Services Offered to Prevent Removal from Home:

Safety & Appropriateness of Placement/Services:

Describe the visitation/contact plan for the juvenile and family:

Justification for continued Placement or change in placement: (review only):

X. PLACEMENT HISTORY
(applicable only for CR, CM, ICJ, JCF)

Name	Type of Placement	Start Date	End Date	Reason for Move

XI. Visitation

(applicable only for CR, CM, and JCF)

Visitation Relations

Name	Relationship	Frequency
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Visitation Others

Name	Relationship	Frequency
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Visitations

Date	Type	Place of Visit
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XII. SIGNATURES

A. Juvenile _____
Name Signature

B. Parent(s)/Guardian(s)	Participation Code *
_____	_____
Name Signature	
_____	_____
Name Signature	
_____	_____
Name Signature	

C. Community Supervision Officer (Name and Title)

Name /Title Signature

D. Third Party _____

Name Signature

E. Other Participants (Name and Status)

* Participation Codes: 01=participated; 02=invited, did not attend; 03=invited, neither attended or provided input; 04=provided opportunity to provide input; 05=not invited (parental rights terminated or whereabouts unknown or other).
Distribution: Juvenile, Parent/Guardian(s), court, provider, file
Note: Attach any supporting documentation such as reports from providers, schools, etc.

* * This person is NOT responsible for the case management of, or delivery of services to, either the juvenile or parents who are the subject of the review. Required for any juvenile in state custody.

Note: Signatures for A,B,C,D are for juveniles in custody. Signatures for A,C are for ISP only.