

YSB Case Status Form

Student Name: _____ Date of Birth: _____ Age: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Name: _____ Relationship: _____

School: _____ Grade: _____ Student ID #: _____

Referral made by: (specific school name) _____

Select from list Reason for Referral: _____ Referral Type: _____

<input type="checkbox"/> Positive Youth Development	<input type="checkbox"/> Physical/Sexual Abuse/Neglect
<input type="checkbox"/> Delinquent behavior	<input type="checkbox"/> Bullying
<input type="checkbox"/> Truancy	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Defiance of School Rules	<input type="checkbox"/> Pregnant/Teen Parent
<input type="checkbox"/> Indecent/Immoral Conduct	<input type="checkbox"/> Homelessness/At risk of
<input type="checkbox"/> Running Away	<input type="checkbox"/> Parenting/Family Issues
<input type="checkbox"/> Beyond Control	<input type="checkbox"/> School Issues
<input type="checkbox"/> Non-School Issues	<input type="checkbox"/> Internet related
<input type="checkbox"/> Depression	<input type="checkbox"/> Dating Violence
<input type="checkbox"/> Suicidal Behavior	<input type="checkbox"/> Other

Case Accepted? _____ Yes _____ No

If No, Reason case not Accepted:

For Truancy/Defiance of School Rules Cases:

_____ Incomplete school referral- Form not completely filled out

_____ Parent/Guardian did not agree to participate

_____ School did not intervene/document interventions

_____ No Capacity

_____ Ineligible- Reason ineligible: _____

_____ Contact could not be made with the family

_____ Withdrawn by Referral Source

For all other YSB cases:

Parent did not agree to participate

No Capacity

Withdrawn from referral source

Ineligible – Reason: _____

Contact could not be made with the family

CONTACT:

Date of Initial Phone Contact: _____

Intake scheduled for: _____

Comments: _____

YSB Intake Form

For ALL referrals to the YSB:

YES NO

- Are there any language barriers? _____
- Does the family have access to transportation? _____
- Is the child/youth currently without a safe or stable living arrangement? _____
- In the past 3 months, has the child/youth been without a safe or stable living arrangement? _____
- Does the youth/family have access to basic needs such as food, medical care? _____
- Have there been times in the last 12 months where the family has not had enough money to buy food for their family? _____
- Does the child/youth have health insurance? _____
- Has the child/youth ever mentioned that they don't feel safe in their community? _____
- Has the child/youth complained about being bullied/harassed? _____
- Is the child/youth currently exposed to domestic violence? _____
- Has the child/youth been exposed to domestic violence in the past? _____
- Has the child/youth ever been in trouble at school? _____
 - If yes, please explain. _____
- Has the child/youth ever been suspended from school? _____
 - If yes, please explain. _____
- Has the child/youth ever been expelled from school? _____
 - If yes, please explain. _____
- Has the child/youth ever had contact with the police? _____
 - If yes, please explain. _____
- Has the child/youth ever run away from home? _____
 - If yes, when? _____
- Has the child/ youth been diagnosed with a medical condition? _____
- Has the child/youth been diagnosed with a mental health condition? _____
- Does the child/youth take medication for a mental health condition? _____

YSB Packet of Forms

YES NO

- Has the child/youth received mental health or behavioral health treatment in the past? _____
- Is the child/youth currently receiving mental or behavioral health treatment? _____
- Has the child/youth experienced an issue with Alcohol/Substance use? _____
 - If yes, have they received treatment or intervention services and when?

- Is the child/youth exposed to a family member with a mental health disorder? _____
- Has the youth been exposed to alcohol/substance abuse of a family member or close friend? _____
- Are there other siblings in the home? _____
 - If yes, what ages? _____
- Are there any other stressors affecting the family? _____
 - If yes, please explain _____
- Are there other supports, providers or programs involved with the family? _____
 - If yes, please explain. _____
- Has the child/youth/family worked with other supports, providers or programs in the past? _____
 - If yes, please explain. _____
- Are there additional family challenges? _____
 - If yes, please explain. _____
- Has the youth had "system" involvement (Court, DCF, DMHAS, DSS, etc.)? _____
 - If yes, please identify and explain.

Strengths Questions:

- Are there supports in place either in the community or in the school that help you or your child?

- What structured activities does the child/youth participate in outside of school?

- Is there an adult, other than a parent, that the child/youth can go to with a problem or for support?
_____ Yes _____ No
- Does your child/youth have specific interests (sports, arts, academics, etc.)? _____ Yes _____ No

Parent Packet of Forms

If yes, please list: _____

- What is currently working well for your child/youth?

- What are you most proud of about your child/youth?

- What are your goals for your child/youth?

If referral is for Truancy/Defiance of School Rules:

Please identify the reasons why your child has reached this level of absenteeism	YES	NO
• Does the child/youth have medical issues that make it difficult to attend school?	_____	_____
• Is there an issue with lack of sleep?	_____	_____
• Are there issues with transportation to school?	_____	_____
• Does the child/youth have a hard time getting to school in the morning?	_____	_____
• Is the child/youth being bullied/harassed at school?	_____	_____
• Has the child/youth ever mentioned that they don't feel safe at school?	_____	_____
• Does the child/youth have an issue with a teacher or an administrator?	_____	_____
• Are there academic issues?	_____	_____
• Does the child/ youth struggle with reading or writing?	_____	_____
• Has the child/youth been evaluated for special education services?	_____	_____
• Are there behavioral issues at school?	_____	_____
• Does the child/youth receive any behavior intervention services at school?	_____	_____
• Does the child/youth receive the necessary or required support for his/her needs at school (i.e. services that a part of a 504 plan or an IEP or other support services)?	_____	_____
• Does the parent feel that they get adequate support from school staff (teachers, support staff, administration)?	_____	_____
• Does the child/youth find school to be boring?	_____	_____
• Does the child/youth report their own specific reason for not wanting to go to school?	_____	_____
○ If so, what is it? _____		
• Other Reasons: _____		

YSB Intervention Plan

Intake complete? ____ Yes ____ No If no, Reason: _____

Screening Tool Complete? ____ Yes ____ No If no, Reason: _____

INTERVENTIONS/SUPPORTS/REFERRALS MADE BY YSB:

1. _____

a. Agency to provide services: _____

- Flyer/info given to parent: _____ Referral made by YSB, parent will contact: _____
- Referral made by YSB, the agency will contact parent _____
- YSB/parent contacted together, parent will follow up _____
- YSB/parent contacted together, agency will follow up _____
- Parent and agency connected _____

2. _____

a. Agency to provide services: _____

- Flyer/info given to parent: _____ Referral made by YSB, parent will contact: _____
- Referral made by YSB, the agency will contact parent _____
- YSB/parent contacted together, parent will follow up _____
- YSB/parent contacted together, agency will follow up _____
- Parent and agency connected _____

3. _____

a. Agency to provide services: _____

- Flyer/info given to parent: _____ Referral made by YSB, parent will contact: _____
- Referral made by YSB, the agency will contact parent _____
- YSB/parent contacted together, parent will follow up _____
- YSB/parent contacted together, agency will follow up _____
- Parent and agency connected _____

YSB Packet of Forms

4. _____

a. Agency to provide services: _____

- Flyer/info given to parent: _____ Referral made by YSB, parent will contact: _____
- Referral made by YSB, the agency will contact parent _____
- YSB/parent contacted together, parent will follow up _____
- YSB/parent contacted together, agency will follow up _____
- Parent and agency connected _____

Plan for follow up:

Weekly Check Ins: _____

Monthly Check Ins: _____

Period of time case will be monitored: _____

Comments:

YSB Case Notes

Contact # 1 Date: _____ Contact with: _____ Parent _____ Youth _____ Provider

Finding: _____

Recommendation: _____

Contact # 2 Date: _____ Contact with: _____ Parent _____ Youth _____ Provider

Finding: _____

Recommendation: _____

Contact # 3 Date: _____ Contact with: _____ Parent _____ Youth _____ Provider

Finding: _____

Recommendation: _____

Contact # 4 Date: _____ Contact with: _____ Parent _____ Youth _____ Provider

Finding: _____

Recommendation: _____

Contact # 5 Date: _____ Contact with: _____ Parent _____ Youth _____ Provider

Finding: _____

Recommendation: _____

YSB Packet of Forms

Contact # 6 Date: _____ Contact with: _____ Parent _____ Youth _____ Provider

Finding: _____

Recommendation: _____

Contact # 7 Date: _____ Contact with: _____ Parent _____ Youth _____ Provider

Finding: _____

Recommendation: _____

Contact # 8 Date: _____ Contact with: _____ Parent _____ Youth _____ Provider

Finding: _____

Recommendation: _____

Contact # 9 Date: _____ Contact with: _____ Parent _____ Youth _____ Provider

Finding: _____

Recommendation: _____

Contact # 10 Date: _____ Contact with: _____ Parent _____ Youth _____ Provider

Finding: _____

Recommendation: _____

Appendix F- YSB Case Closure Form

Connection made with services? Yes No Minimal

Services completed? Yes No Partially/Still in progress

Comments: _____

If No above, Reason for Non-completion/Lack of Connection:

- Relocation
- Noncompliance/Refusal
- Declined
- No Contact/No Show
- Beyond Capacity of YSB
- Lack of subsequent contact by YSB

Services Currently Being Provided:

By YSB directly: _____

By other provider(s): _____

Further recommendations/ follow up recommended: _____

Case Outcome: _____

Date Case Closed: _____

