

JUVENILE JUSTICE CASE REVIEW / CLOSING NARRATIVE

Name - Youth		Birthdate - Youth	
Name - Worker		County	
Type of Supervision	Supervision Expiration Date / /	Reporting Period From / / To / /	
Contacts (Date / Location / Who Attended)			
Significant Events			
Previous Risk Classification		Current Risk Classification	



I. REVIEW OF TREATMENT GOALS AND OBJECTIVES, INTERVENTIONS OR TASKS

Goal 1
 Meet established rules and conditions of supervision and behaviors. participate in services needed or change relationships

Comments / Progress

Goal 2

Comments / Progress

Goal 3

Comments / Progress

4

Comments / Progress

5

Comments / Progress

6

Comments / Progress

II. ANALYSIS AND RECOMMENDATION

Indicate any changes in available resources, recommendations for extension or discharge, and closing status, if applicable.



III. SIGNATURES

SIGNATURE - Youth

Date Signed

SIGNATURE - Parent / Guardian

Date Signed

SIGNATURE - Parent / Guardian

Date Signed

SIGNATURE - Worker

Date Signed