

Staff Input and Assessment Form is to be completed and turned in to the Group Leader

JJS Staff
INPUT AND ASSESSMENT FORM

**** DUE DAY BEFORE TEAM MEETING****

Staff Name: _____ Date: _____

Staff Concerns:

Recommendations and Goals for group: _____

Group Assessment (how is the group going as a whole): _____

Individual Assessments:

(Start with a couple of strength then areas for improvement. Overview of youth's performance be stage, treatments, goal accomplishments, Educational, Medical, and Mental Health concerns)

Please record observations of the individual youth. This will serve as a record of all events. (Brief statement Includes, Circle up, issues, number and type of violations.

Youth Name: _____

Youth Name: _____

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