

Staff Input and Assessment Form is to be completed and turned in to the Group Leader by 6:00 PM prior to the day of the Team Meeting.

Staff Input and Assessment Form

Housing Unit _____

******Due Day Before Team Meeting******

Staff Name: _____ Date: _____

Housing Unit: _____

Staff Concerns/Requested Time Off: _____

Facility/Maintenance Concerns: _____

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

Individual Assessments:

To be completed by each Juvenile Justice Specialist on the youth they mentor. Teachers, mental health/substance abuse and/or sex offender treatment providers should complete this form, and turn into the Group Leader if they are unable to attend the weekly team meeting. This weekly synopsis outlines positive progress made, goals achieved and area of improvement. The Weekly Assessment Notes are presented during the Group Leader Team Meeting. Absent members should indicate their recommendation for a youth who may be petitioning for a stage advancement. (*Start with a couple of strengths then areas of improvement. Overview of youth's performance by stage, treatment goal accomplishments, Educational, Medical, and Mental Health concerns*), and make recommendations for any youth petitioning for stage advancement).

Youth: _____

Youth: _____

Recommendations and Goals for Group:
