**\*Please complete the template below and send to** [**reports@speakupnow.org**](mailto:reports@speakupnow.org) **and your Advocacy Supervisor\* Your Supervisor will review and edit the report before reaching out to you with follow up questions.**

**Youth’s Name:**

**JCM Number:**

**Youth’s Date of Birth:**

**Hearing Date:**

**Placement History:** If you’ve already written a history section in your previous report, you can skip this section unless the placement has changed. Please write in complete sentences.

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| 1. Describe the youth’s placement history from initial detention until current placement. Include overall number of placements, types of placements, and any significant reasons for removal, if known.   *Tip: The placement history can usually be found in probation reports* |  |

**Current Situation:** Include only current, factual information that has occurred since the last court report. **Please do not copy any information from your last report, and please remember to follow up on any issues identified in the last report. Always remember: record WHO provided you with the information you are describing, and WHEN you spoke with that person. Please write in complete sentences.**

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| 1. List the ***full names*** of all persons contacted during ***this reporting*** ***period***. Include their titles or roles, e.g. caregiver, teacher, probation officer. |  |
| 1. Write at least 2-3 sentences describing youth (age, interests, personality, positive attributes, goals, etc.). This section should be positive! |  |
| 1. What, if any, extracurricular activities or hobbies is the youth active in? |  |
| 1. Ask your case child if they have a preferred name, pronoun, or gender that they identify with as an LGBTQIA+ youth. If they do, how would they like us to refer to them in the report?   Note: You must inform them that this report is going to their social worker/probation officer, the attorneys, the judge, and their parents (if applicable). **Ensure they feel safe and comfortable with us using their preferred pronouns/gender/name.** |  |
| 1. How many visits have you had with the youth since your last report or how often do you visit him/her (if you have a set schedule, i.e. twice a month)? 2. What kinds of things do you do during visits? 3. How is youth’s behavior and/or interactions with you during visits? |  |
| ***PLACEMENT:***  ***This information should be largely based on your observations and conversations with the caregiver(s) and youth. ALWAYS REMEMBER: WHEN? And ACCORDING TO WHOM?*** |  | |
| 1. Where is the youth placed and on what date were they placed there? **Please include all placements over the last reporting period starting with the one they were placed in at the beginning of the reporting period.** |  |
| 1. How is the youth doing there? Describe the home/placement. Who lives there? 2. Describe the youth’s interactions with their caregivers/staff and any other family /peers in the home/placement. 3. Describe any concerns with the living arrangement, if applicable.   *Please include all placements over the last reporting period.* |  |
| 1. If the placement is a resource family placement, are you aware of any relatives or nonrelative extended family members (NREFM) willing to take placement of the youth? |  |
| ***CONTACT WITH PARENTS, SIBLINGS, AND RELATIVES, IF IN OUT OF HOME CARE:***  ***Speak with the caregiver and youth to gather this information.*** |  |
| 1. Does the youth have any contact with parents, siblings, or relatives? If so, describe. 2. If known, comment on the parents’ current ability and willingness to provide care for the youth. |  |
| 1. Describe the youth’s feelings about the visits (if they have shared those feelings with you). |  |
| 1. Has the youth expressed wanting to visit with any family members or nonrelative extended family members that they do not currently have contact with? |  |
| 1. Please describe any healthy relationships or long-term connections the youth has with other adults or family members. |  |
| 1. What are the biological family’s strengths? 2. Tip: What’s working well for the family? This information can come from a CFT meeting, feedback from the youth/caregiver, or your direct observations or conversations. |  |
| ***MEDICAL & THERAPEUTIC INFORMATION FOR THE YOUTH:*** |  |
| 1. Is the youth up to date with medical and dental exams? 2. Does the youth have any medical or dental concerns? **Please state who provided the information.** 3. If youth is prescribed medication, ask youth and caregiver if there are any concerns or general feedback they have regarding the medication. 4. Ask the youth and caregivers if they would like the Court to know anything specific about the health of the youth.   *Tip: Speak to the caregiver and youth about this section and follow up with the doctors if the youth has any significant medical issues, if appropriate.* |  | | |
| 1. Is the youth in therapy? If so, when did you speak with the therapist? 2. According to the therapist, when did therapy begin, how often does the youth attend, and has participation/attendance been consistent? 3. According to the therapist, what are the youth’s therapeutic goals and what progress has the youth made towards meeting those goals? 4. According to the therapist, does the youth have any positive coping mechanisms? 5. Describe any concerns or positive feedback provided by the therapist. 6. Do the youth and caregivers think therapy has been beneficial? |  |
| 1. Is the youth receiving any other services, such as wraparound, youth partner, Probation support program? (*ask PO if unknown*) 2. If so, when did you speak with the provider(s)? Describe the services the youth is receiving and the progress that they are making. Include any concerns or positive feedback from the provider(s). |  |
| ***EDUCATIONAL INFORMATION:***  ***This information should be largely based on your conversations with teachers and school staff.*** |  |
| 1. Where do the youth go to school? What grade are they in?   *Tip: please include all schools attended this reporting period, in chronological order.* |  | |
| 1. Does the youth have an IEP (individualized education program) or receive other special education services? If so, what is the qualifying disability? 2. Describe the services the youth is receiving. 3. When was the IEP last reviewed? |  |
| 1. When did you speak with the youth’s teacher(s) or school staff? Describe the youth’s academic performance (including grades, attendance, behavior, and interaction with peers). Describe any positive comments or concerns from the teacher. |  |
| 1. How many credits does the youth have and are they on track to graduate? 2. Is the youth on a diploma track or a certificate of completion track?   *Tip: Talk to the youth’s school counselor and ask for a copy of their most recent report card/transcript and attendance record.* |  |
| 1. Who holds educational/developmental rights?   Is that person communicating with the school and addressing the youth’s educational needs, according to school staff and/or teachers? |  |
| ***ADDITIONAL INFORMATION FOR YOUTH 16 YEARS AND OLDER:***  ***This information should be mostly based on your conversations with the youth. Check in with caregivers and probation officer for additional information if needed.*** |  |
| 1. Does the youth have a California identification card, Social Security card, and copy of their birth certificate? If no, why not? |  | |
| 1. Does the youth have a job or do they want to start looking for a job? |  |
| 1. Does the youth have a checking and/or savings account? |  |
| 1. Is the youth participating in independent living skills (ILS) training? If so, when did you speak with the ILS worker? Describe the services the youth is participating in. |  |
| ***PROBATION INFORMATION:***  ***This information should be based on your conversations with the probation officer and youth.*** |  |
| 1. Comment on any progress the youth has made towards the terms of probation-i.e. community service, letters of apology, etc. |  |
| 1. Is the youth participating in any Court or Probation mandated programs? (i.e. substance abuse treatment, day-treatment program like Reflections, a specialized probation court like RISE or JFAST, etc.) 2. If so, when did you speak with the provider(s)? Describe the services the youth is receiving and the progress that they are making. Include any concerns or positive feedback from the provider(s). |  |
| 1. What is the probation officer recommending at the upcoming hearing? |  |
| 1. Comment on the youth’s maturity level, ability to self-advocate, and ability to access and use community resources. Be factual and use specific examples. |  |
| 1. Is there any other information that you would like to include that is not captured in the table above? |  |
| 1. Ask the youth if there is anything they would like you to tell the Court. |  |

**Needs of the Youth:** These are your *opinions*, which can be expressed in “I feel” and “I believe” statements, and should be based on the facts presented above. Write a brief summary and give opinion/list concern for each **unmet need** listed in the current situation above. Please write in complete sentences and do not present any new factual information that was not mentioned in the Current Situation section.

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| 1. Highlight something positive about the youth. |  |
| 1. Are there any placement concerns? |  |
| 1. Are there any needs regarding extracurricular activities or items you feel the youth needs in order to further thrive in day-to-day living? |  |
| 1. Are there any family visitation concerns? |  |
| 1. Are there any unmet health needs? |  |
| 1. Are there any unmet therapeutic needs? |  |
| 1. Are there any unmet educational needs? |  |
| 1. Are there any concerns regarding any probation-related services or requirements? |  |

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| Do you have a picture of the youth we can attach to your Court report? (The photo may include your face and the youth’s face as the report is only being shared with the judge and courtroom attorneys; however, it cannot include anyone else.) |