Texas Juvenile Probation Commission
CASE FILE MONITORING FORM

PID Number	First Name	Last Name	Date of Birth (00/00/0000)

Enrollment Date* [IV(G)(5)]	DSM Diagnosis* [IV(A)]	Supervision Type [IV(A)(1)]

Assessment Date *(within 90 days/signed by LMHP)*	Suitability Interview Occurred [IV(C)]	Yes	No
	Family Member Participant [IV(C)]	Yes	No
GAF Score*	Was juvenile in an out-of-home placement	Yes	No
	If yes and longer than 45 days, was juvenile terminated from SNDP by 45th day [IV(E)]	Yes	No
	Crisis contact info provided to juvenile and parent [IV(G)]	Yes	No

CONTACTS

Weekly Contacts in the First 30 Days [IV(G)(3)]

If multiple in-home contacts in a week, reviewer will select one contact.

Date	Juvenile Present	Adult Present	Subsequent Contact
	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No

Notes

Contacts Post First 30 Days [IV(G)(4)]

At least one contact with juvenile every 7 days.

Date	Date	Date	Date
Date	Date	Date	Date

Notes

Weekly Team Communications [IV(G)(7)]

Month	Weekly Date	Weekly Date	Weekly Date	Weekly Date
Month	Weekly Date	Weekly Date	Weekly Date	Weekly Date

Notes

CASE PLAN

Developed within 72 hours of enrollment [IV(H)(1)]	Yes	No	Juvenile and family input [IV(H)(2)]	Yes	No

Case Plan Content [IV(H)(3)]

a. Areas of need identified	Yes	No	e. How activities are to be conducted	Yes	No
b. Activities / interventions to be completed	Yes	No	f. Services of juvenile / family identified	Yes	No
c. Reasonable party for activities	Yes	No	g. Required contacts	Yes	No
d. When activities are to be conducted	Yes	No	h. Long-term community support	Yes	No

Notes

Reviewed case file documentation to determine if the case plan is being implemented by SNDP officer?	Yes	No

Notes

Copy to juvenile and parent within 7 days of enrollment?	Yes	No	Date Provided	

Case Plan Review [IV(H)(5)]

Month				Month			
Updated?	Yes	No	N/A	Updated?	Yes	No	N/A
Copy within 7 days?	Yes	No	N/A	Copy within 7 days?	Yes	No	N/A
Case Plan Review implemented by SNDP officer?	Yes	No					

Notes

Transition plan incorporated into case plan/review within 30 days of discharge? [IV(H)(6)]	Yes	No	N/A

Exit Plan [IV(I)]

Completed at time of discharge?	Yes	No	N/A
Identifies support system, resources and linkages?	Yes	No	N/A
Copy provided to juvenile and parent at discharge?	Yes	No	N/A

* Data Elements

Technical Assistance Notes