

DO NOT ALTER OR CHANGE THIS FORM
SEXUALLY ABUSIVE YOUTH MONTHLY PROGRESS REPORT

Report Period: _____ **Appointment:** _____

Juvenile's Name: _____ **DOB:** _____ **JPO:** _____

Program: _____ **Therapist:** _____ **Phone:** _____

1. Attendance:

Groups:	_____	Recommended	_____	Attended	_____	Missed	_____
Individual:	_____	Recommended	_____	Attended	_____	Missed	_____
Family	_____	Recommended	_____	Attended	_____	Missed	_____

Parent's group attended by: _____

Explanation of missed sessions: _____

2. Treatment Progress: _____

Completed: _____ **Which is** _____ **of** _____

Daily Logs are up-to-date: _____ **Yes** _____ **No**

If not, why not and identify plan to rectify the situation: _____

3. Factor exhibited by youth this report period that increase the risk of re-offending or violation of probation:

Alcohol	_____	Yes	_____	No	_____	Unknown
Around younger children or potential victims	_____	Yes	_____	No	_____	Unknown
Depressed mood	_____	Yes	_____	No	_____	Unknown
Change in school performance	_____	Yes	_____	No	_____	Unknown
Change in health	_____	Yes	_____	No	_____	Unknown
Family Conflict	_____	Yes	_____	No	_____	Unknown
Curfew violation	_____	Yes	_____	No	_____	Unknown
Exposure to Pornography	_____	Yes	_____	No	_____	Unknown
Revealed additional victims	_____	Yes	_____	No	_____	Unknown
Missing appointments/late groups	_____	Yes	_____	No	_____	Unknown
Contact with others on probation outside of treatment	_____	Yes	_____	No	_____	Unknown
Change in motivation or participation	_____	Yes	_____	No	_____	Unknown
Behavioral problems in School	_____	Yes	_____	No	_____	Unknown

If yes response provide a brief synopsis of the event and plan to address the identified issue(s): _____

4. Treatment goals for this month, listed in order of priority:

_____ **Accepting Responsibility**
_____ **Victim Empathy**

_____ **Factors related to commission of SO**
_____ **Relapse prevention**

Other: _____

5. Youth's overall progress toward all goal completion:

___ **1. No Progress** ___ **2. Minimal** ___ **3. Working on Goals** ___ **4. Some Goal completion** ___ **5. Goals completed**

**Synopsis of progress/Lack of progress
and Explanation to address issue(s):**

6. Participation of family support system:

_____ **1. Very Poor** _____ **2. Poor** _____ **3. Average** _____ **4. Good** _____ **5. Excellent**

**Specific comments about member(s) of support
systems:**

Projected Completion Date:

7. Factors that impede overall progress:

_____ **Intellectual/Academic**
_____ **Oppositional/Defiant**

_____ **Lack of Parent(s) support**
_____ **Lack of youth motivation**

☐ **Psychological/Emotional Issues**

Explanation on how are identified factors being address:

**8. Additional Information/resources needed from the treatment team/JPD for the youth to be more
successful
in his/her treatment:**

**9. Other programs recommended for either the youth or the
family**

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Date:

Therapist signature

Date:

Youth signature

Date:

Parent(s) signature

Date:

Guardian signature