

**WHIMSPIRE  
Youth Case Notes**

FCP: \_\_\_\_\_

YOUTH: \_\_\_\_\_

REFERRING AGENCY: \_\_\_\_\_

MONTH/YEAR: \_\_\_\_\_

Instructions: Please submit this report to your Treatment Coordinator by the fifth of the month following the report month. The Treatment Coordinator will forward copies to the DSS worker and GAL. Please attach a medication table (if youth is taking medication), reports from doctors or dentists, and school reports. Injury/accident/illness and incident reports are to be forwarded as they occur.

1. **APPOINTMENTS.** List below all appointments for this youth including medical, therapy, school conferences, court hearings, DSS reviews, and so forth.

<u>Date</u>	<u>With</u>	<u>Purpose</u>	<u>Note follow-up needed</u>
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**PHYSICAL HEALTH:**

Medication: Is youth taking medication? Yes \_\_\_\_\_; No \_\_\_\_\_  
If prescribed, is youth compliant with taking medication?

Please note if any injury/accident/illness reports have been issued this month.

**MENTAL HEALTH, SUBSTANCE ABUSE, THERAPY.** Describe youth's attitude toward therapy, if applicable. If provider was involved in the session(s), please note general content.

Have you noticed any significant changes in mood?

**2. TARGET BEHAVIORS:**

What behaviors have been identified?

What interventions will be used to address these areas?

How will progress be recognized?

Has there been improvement in any of the identified areas since last month? If so, please be specific.

**3. BELONGING:** Please comment on the extent youth's social involvement; peers, foster family, family of origin (if applicable), religious activities or other cultural connections, community service

**4. INDEPENDENCE:**

What opportunities are being encouraged that build on the youth's ability to care for him/herself? Please include areas such as hygiene, household responsibilities and employment.

5. **MASTERY:** What opportunities are being provided to increase the youth's ability to master a skill?

Has the youth made any progress in this area since last report?

**EDUCATION:** Please note progress toward mastery in academics, extracurricular activities, or social competence?

Areas needing improvement (i.e. attendance, grades, attitude):\_\_\_\_\_

6. **GENEROSITY:** How is the youth giving back in terms of spirit or self (to the family, peers, community)

Have you noticed any benefits from this generous behavior?

**RECOMMENDATIONS. Your recommendations for improved service to the youth.**

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**Family Care Provider Signature**

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**Date**

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**Whimspire Staff Signature**

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**Date**