

CONNECTICUT STATE DEPARTMENT OF EDUCATION
YOUTH SERVICE BUREAU PROGRAM

a. INDIVIDUAL SERVICE REPORT

Name: _____

- Birth to Age 8
- Ages 9 to 16
- Ages 17 to 21

Section I: PROFILE

Gender: Male: Female: D.O.B: _____ / Age: _____ Current Grade Level: _____

School District (State Code) _____ School Attending (State Code) _____ Program Code _____ Town Code _____

ETHNICITY

- Hispanic/Latino
- Not Hispanic/Latino
- Unknown

RACE

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Multiracial
- White
- Other
- Unknown

FAMILY CONSTELLATION

- Two birth/adoptive parents
- Step and birth parent
- Single parent (female)
- Single parent (male)
- Grandparents
- Relative/Guardian
- DCF Guardianship
- Foster parent(s)
- On own
- Joint Custody
- Other

Section II: REFERRAL SOURCE

- Police
- School
- Parent/Guardian
- Department of Children and Families
- Superior Court, juvenile matters
- Social Service Agency
- Juvenile Review Board
- Self
- Other

Section III: REASON FOR REFERRAL

- Positive youth development
- Delinquent behavior
- Truancy from school
- Defiance of school rules
- Indecent/immoral conduct
- Running away
- Beyond control
- Nonschool issues
- FWSN

- Special issues:
 - Depression
 - Suicidal behavior
 - Physical/Sexual Abuse/Neglect
 - Bullying
 - Substance abuse
 - Pregnancy/teen parent
 - Homelessness/At Risk of
 - Parenting/family issues
 - School issues
 - Internet Related
 - Dating Violence
 - Other

Section IV: SERVICES PROVIDED

Juvenile Justice Programs

- Court-Ordered Community Service Programs
- Juvenile Review Board Programs
- Detention/Suspension/Expulsion Programs
- Diversion Programs
- Other

Mental Health Services

- Individual therapy
- Family therapy
- Group therapy
- Crisis intervention
- Case management
- Other

- Child Welfare
- Teen Pregnancy Prevention
- Teen Parent Education

Youth Development Programs

- After school programming
- Employment/training
- Leadership development
- Mentoring
- Life Skills Training
- Community Service
- Service Learning
- Summer Programs
- Other

Name of Person Completing Form: _____ Date: _____

Signature: _____