

Division of Youth Services

COMPREHENSIVE SERVICE PLAN

Date: Plan: Initial Service Plan
Youth Name: DOB:
Cottage/POD: Girls Commitment Date:
Risk Level Score: Commitment Number:
Community Counselor: County:
Committing Offense:

Diagnosis:

Protective Factors/Strengths:

Summary of Counseling:

Summary of Risk Factor 1:

Goal:

Measurable Objective:

Intervention: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date
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Summary of Risk Factor 2:

Goal:

Measurable Objective:

Intervention: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date
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Summary of Risk Factor 3:

Goal:

Measurable Objective:

Intervention: None Meeting 0 X Weekly to .

Person Responsible	Start Date	Target End Date	Actual End Date
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Signatures of Team Members:

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Youth's Signature:
