

**MDHS/Division of Youth Services
Treatment Team Meeting Form**

Youth Name: _____ Date: _____

Housing Unit: _____ Counselor: _____

Risk Level: _____ Current Stage: _____

Commitment Number: _____

Reason for Treatment Team Meeting (Choose only one): Initial Service Plan

Service Plan Revision

Service Plan Review Only

Other: _____

Service Plan Goals: _____

Progress in Reducing Risk Areas: _____

Youth Self-Assessment: _____

Parental Involvement: _____

Community Counselor Involvement: _____

Group Participation: _____

Incident Reports/Disciplinary Issues: _____

Suicide Prevention: _____

Medication Management: _____

Progress in Resolving Mental Health Issues Substance Abuse Issues: _____

Academic Progress: _____

Transitional Needs/Planning: _____

Recommendations of Treatment Team: _____

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Signature Page**

Youth: _____

Date: _____

Treatment Team Member Signatures:

Youth Signature:
