

MENTAL HEALTH/WELLNESS GOAL

Review Intake and Mental Health Evaluation

If young person has long-term therapeutic treatment plans (AXIS I, Psychotic Diagnoses)

STEP: COMPLETE WITHIN 30 DAYS OF PROGRAM ENTRY	COMPLETED?	DATE	PROGRESS NOTES
<i>Complete 1 Step Below:</i>			
<input type="radio"/> Review Mental Health Evaluation using 1020E Form	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Review Mental Health Evaluation Completed by In-House Mental Health Practitioner	<input type="radio"/> YES <input type="radio"/> NO		
<input type="radio"/> Review Mental Health Evaluation Completed by Referral to Mental Health Site	<input type="radio"/> YES <input type="radio"/> NO		

ONCE GOAL IS COMPLETED: Proceed to “Develop Safety Plan” goal on Mental Health / Wellness Roadmap

GOAL TRACKING		
START DATE: _____	GOAL COMPLETED	<input type="checkbox"/> GOAL CHANGED
YOUTH NAME: _____	<input type="checkbox"/> YES NOTES: _____	DATE: _____
COACH: _____	DATE COMPLETED: _____	NEW GOAL: _____
	<input type="checkbox"/> NO NOTES: _____	NOTES: _____
	END DATE: _____	

For additional space, please see reverse side.

ADDITIONAL NOTES: