

MENTAL HEALTH/WELLNESS GOAL

Obtain HIPPA Consent

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

STEPS: COMPLETE WITHIN 30 DAYS OF PROGRAM ENTRY	COMPLETED?	DATE	PROGRESS NOTES
<input type="radio"/> Obtain HIPPA consent to communicate with mental health providers regarding treatment progress.	<input type="radio"/> YES <input type="radio"/> NO		

ONCE GOAL IS COMPLETED: Proceed to "Assess weekly for compliance with treatment 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: _____	<input type="checkbox"/> NO NOTES: _____	NEW GOAL: _____
	END DATE: _____	NOTES:

For additional space, please see reverse side.

ADDITIONAL NOTES