

ROBERTSON COUNTY JUVENILE COURT
YOUTH SERVICES AND INTERVENTIONS AGREEMENT (YSIA) REVIEW
AND REPORTING FORM

Child's Name: _____ Date: _____

Upon review of the Intervention Goals as outlined in the YSIA the following progress was noted:

The following issues or barriers to progress were identified:

Action Steps to address issues/barriers:

Individual Service Tasks were also reviewed and:

- ___ Child is currently compliant with all tasks and has not violated the terms of the YSIA.
- ___ Child is non-compliant with the following task(s): _____

Consequence(s) of non-compliance: _____

Incentives to achieve or maintain compliance: _____

Other Pertinent Information or Reminders: _____

Child's Signature: _____ Parent's Signature: _____

YSO Initials: _____

Next Meeting with YSO: _____ @ _____ AM/PM