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