

KEEPING KIDS SAFE, INC.
DAILY DOCUMENTATION

5101:2-5-36(R) & 5101:2-7-16(F)

Child's Name: _____

Month, Year & Date: _____

School Issues: No problems Homework issues Detention Suspension
 Trouble waking up for school Bus issues N/A not in school

Explain: _____

Medication: Took meds w/no problems Refused meds N/A not on meds

Explain: _____

Food: Ate meals w/ no problems Refused meals

Explain: _____

Family Visits: No visits Visit canceled Had behaviors before visit Had behaviors after visit
 No change before / after visit.

Explain: _____

Court: N/A no court Probation Appts. Drug Testing -Clean/Dirty Probation Violation JDC

Explain: _____

Medical Appts: N/A no appts. Cooperative during appt. Uncooperative during appt.

Explain: _____

Counseling Appts: N/A Individual Group FP attended FP did NOT attend
 Behaviors before counseling Behaviors after counseling

Counselor's name: _____

How often? weekly Bi-weekly Monthly Emergency Other _____

Explain: _____

Independent Living: N/A searching for a job Has a job savings account (how much) _____
 working on IL skills Not working on IL skills

Explain:

Behaviors: No behaviors Aggression towards others Aggression towards self
 temper tantrum Property damage lying Stealing AWOL Improved behavior

Explain above behaviors & consequences & rewards: :

Activities: N/A no activities this week.

Family Activity Explain: _____

Individual Activity – Sports Boy / Girl Scouts Musical 4-H VB S youth group
 Swimming Camps other _____

Explain:

Individual Treatment Goals:

Treatment Goal #1 _____
 No Change Improved Regressed Achieved

Treatment Goal #2 _____
 No Change Improved Regressed Achieved

Treatment Goal #3 _____
 No Change Improved Regressed Achieved

Treatment Goal #4 _____
 No Change Improved Regressed Achieved

Treatment Goal #5 _____
 No Change Improved Regressed Achieved

Any other pertinent information: _____

