

JTASC Weekly Reporting LOG

Youth's Name: _____ Week: _____ to _____

Youth check in with Probation Officer? no yes Date: _____

Parent check in Probation Officer? no yes Date: _____

Treatment *(check if attended and provide name, date and time)*

Support	Date of contact	Provider Initials to verify attendance
Therapist		
Group Therapy		
Case Management or Wrap Coordination		
Youth Peer Support		
Parent Support Partner		
Psychiatrist or doctor		

Drug Test:

I am required to drug test _____ times per week Date(s) tested: _____ result (circle) + -

JTASC assignment ordered by Judge:

None assigned Assigned but not completed Assigned and ready to present to team

School: Please indicate below how this student performed behaviorally and academically in your class this week.
Thank you for your cooperation!

Subject _____ Teacher _____

Student was on time and attended full class each day scheduled? Yes No initial _____

Student's behavior was respectful and cooperative? Yes No initial _____

Student completed all homework and received a satisfactory grade? Yes No initial _____

If you answered No to any of the above please provide brief explanation: _____

Signature: _____ Date: _____

Subject _____ **Teacher** _____

Student was on time and attended full class each day scheduled? Yes No initial _____

Student's behavior was respectful and cooperative? Yes No initial _____

Student completed all homework and received a satisfactory grade? Yes No initial _____

If you answered No to any of the above please provide brief explanation: _____

Signature: _____ Date: _____

Subject _____ **Teacher** _____

Student was on time and attended full class each day scheduled? Yes No initial _____

Student's behavior was respectful and cooperative? Yes No initial _____

Student completed all homework and received a satisfactory grade? Yes No initial _____

If you answered No to any of the above please provide brief explanation: _____

Signature: _____ Date: _____

Subject _____ **Teacher** _____

Student was on time and attended full class each day scheduled? Yes No initial _____

Student's behavior was respectful and cooperative? Yes No initial _____

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Signature: _____ Date: _____

Subject _____ **Teacher** _____

Student was on time and attended full class each day scheduled? Yes No initial _____

Student's behavior was respectful and cooperative? Yes No initial _____

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Signature: _____ Date: _____