

Assessment Contact Attempts

YOUTH DEMOGRAPHICS

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

CONTACT

Begin Date: _____

End Date: _____

*Number of occurrences: _____

Date of Contact: _____

Type of Contact (pick one): _____

Face to Face

Phone

Email

Text

Results of Contact (pick one): _____

Successful contact

Unsuccessful Attempt

Parent/Youth (pick one): _____

Youth

Parents

Both

Notes: _____