

Family Support Contacts

YOUTH DEMOGRAPHICS

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

CONTACT INFORMATION

*Begin Date: _____

*End Date: _____

*Type of Contact (pick one):

Face to face

Phone

Email

Text

*Reason for Contact (pick one):

Youth Mental Health/
Behavior Issues

Parent Mental Health/
Behavior Issues

Family Mental Health/
Behavioral Issues

Attendees (select all that apply):

Youth

One Parent

Both Parents

Other Guardian

Other Family Member

Other Support Person

ACTIVITY INFORMATION

*Primary Type of Activity (pick one):

Behavioral Contact

Developed Behavioral Goals

Advocacy

Referral to Service

Developed Education Goals

Developed
Employment Goals

Assisted in Other Skills

Assisted Family in Parenting Skills

Family Therapy

Developed Meaningful
Sanctions/Rewards for
Youth with Family

Individual Therapy

Culture-based activity

Secondary Type of Activity (if applicable, pick one):

Behavioral Contact

Developed Behavioral Goals

Advocacy

Referral to Service

Developed Education Goals

Developed
Employment Goals

Assisted in Other Skills

Assisted Family in Parenting Skills

Family Therapy

Developed Meaningful
Sanctions/Rewards for
Youth with Family

Individual Therapy

Culture-based activity

*Duration in Hours: _____

*# Occurrences: _____