

# Interventionist Contacts

## YOUTH DEMOGRAPHICS

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## REASON FOR CONTACT

\*Begin Date: \_\_\_\_\_ \*End Date: \_\_\_\_\_

\*Primary Reason for Contact (pick one): \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Grades                            | <input type="checkbox"/> Missing assignments/<br>homework | <input type="checkbox"/> Truancy              |
| <input type="checkbox"/> School Engagement                 | <input type="checkbox"/> Behavior Issues                  | <input type="checkbox"/> Check-in Appointment |
| <input type="checkbox"/> Personal/Family/<br>Social Issues | <input type="checkbox"/> Goal Setting                     | <input type="checkbox"/> Other                |

Secondary Reason for Contact (if applicable, pick one): \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Grades                            | <input type="checkbox"/> Missing assignments/<br>homework | <input type="checkbox"/> Truancy              |
| <input type="checkbox"/> School Engagement                 | <input type="checkbox"/> Behavior Issues                  | <input type="checkbox"/> Check-in Appointment |
| <input type="checkbox"/> Personal/Family/<br>Social Issues | <input type="checkbox"/> Goal Setting                     | <input type="checkbox"/> Other                |

Additional Reason for Contact (if applicable, pick one): \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Grades                            | <input type="checkbox"/> Missing assignments/<br>homework | <input type="checkbox"/> Truancy              |
| <input type="checkbox"/> School Engagement                 | <input type="checkbox"/> Behavior Issues                  | <input type="checkbox"/> Check-in Appointment |
| <input type="checkbox"/> Personal/Family/<br>Social Issues | <input type="checkbox"/> Goal Setting                     | <input type="checkbox"/> Other                |

Attendees (pick all that apply): \_\_\_\_\_

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Youth                     | <input type="checkbox"/> Victim             | <input type="checkbox"/> Parents of<br>Youth | <input type="checkbox"/> Parents of<br>Victim |
| <input type="checkbox"/> School<br>Interventionist | <input type="checkbox"/> Counselor          | <input type="checkbox"/> Teacher             | <input type="checkbox"/> Support<br>Person    |
| <input type="checkbox"/> School<br>Administrator   | <input type="checkbox"/> Law<br>Enforcement | <input type="checkbox"/> Student             | <input type="checkbox"/> Therapist            |
| <input type="checkbox"/> Social worker             | <input type="checkbox"/> Other              |  |   |

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Facilitator Name:

Problem Identified:

\*Intervention Attempted:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Attendance hearing                    | <input type="checkbox"/> Attendance plan set/reviewed                      | <input type="checkbox"/> Behavior plan set/reviewed             |
| <input type="checkbox"/> Contact other supports                | <input type="checkbox"/> Contact parents                                   | <input type="checkbox"/> Discussion/reminders                   |
| <input type="checkbox"/> Future planning (college, employment) | <input type="checkbox"/> Helped meet basic needs (transport, hygiene, etc) | <input type="checkbox"/> Meeting with youth                     |
| <input type="checkbox"/> Program referral                      | <input type="checkbox"/> Reward/incentive                                  | <input type="checkbox"/> Set/reviewed goals                     |
| <input type="checkbox"/> Social skills                         | <input type="checkbox"/> Team Meeting                                      | <input type="checkbox"/> Worked together on assignments/studied |

\*Outcome (pick one):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Behavior Contract    | <input type="checkbox"/> Apologies                    | <input type="checkbox"/> Restitution       |
| <input type="checkbox"/> Personal Reflection  | <input type="checkbox"/> Pro-social instruction       | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> No Agreement Reached | <input type="checkbox"/> Referred to outside services |  |

\*Number of occurrences:

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Notes: