

Promotion/Prevention Discharge

YOUTH DEMOGRAPHICS

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

DISCHARGE INFORMATION

*Discharge Date: _____

*Discharge Reason (pick one):

Successful Completion

Unsuccessful Completion

Cased Closed

Other (moved away/death/etc.)

Youth/Parent refused

EB-NE Follow Up Assessment Completed

Yes

No

If no, why not?

Youth refused

Not appropriate for youth (too young,
language barrier, etc.)

Youth left program early

Date completed: _____