|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SERVICE TRACKING FORM BIRPCINS/FINS CDS Family & Behavioral Health Services, Inc. | | | | | | | | |
| Participant Name: Service Date: Start Time: End Time:  Other Family Members Receiving Services: | | | | | | | | |
| B. Behavior- Counselor observation and participant statement.  I. Intervention- Counselor’s methods used to address goals and objectives, observation, participant statement.  R. Response- Participant’s response to intervention and progress made toward individual plan goals and objectives.  P. Plan- Document what is going to happen next.  Y Refers to the youth participating in services F/G. Refers to the Family/Guardian participating in services  ✔ Indicates that an Intervention and/or Plan item was used.  Only note the primary services provided. A service lasting for less than 15 minutes would not be considered primary | | | | | | | | |
|  | Time | Alcohol & Other Drug Prevention Services | Time | Phone Services | Time | Case Management cont. | Time | Life Skills Training cont. |
|  | Education / Information |  | Crisis Counseling |  | Advocacy |  | Other |
|  | Refusal Skills |  | Information and Referral |  | Legal Documentation |  | Assertiveness |
|  | Substance Abuse Screening |  | Advocacy |  | Court |  | Conflict Resolution |
|  | Other |  | Other |  | Opening Case |  | Goal Setting / Life Planning |
| Time | Counseling/Therapy Services | Time | Case Management Service |  | Closing Case |  | Budgeting |
|  | Crisis Intervention |  | Assessment |  |  |  |  |
|  | Individual (Youth) |  | Transportation |  | Communication Skills |  | Consumerism |
|  | Individual (Parent) |  | Case Staffing / Review |  | Parenting Skills |  | Hygiene |
|  | Family |  | Planning |  | Nutrition |  | Sex Education |
|  | Group (Youth) |  | Linking / Referring |  | Leisure Skills |  |  |
|  | Group (Parent) |  | Monitoring |  | Household Management |  |  |
|  |  |  |  |  |  |  |  |
| Y/F/G | Behavior | ✔ | Intervention | Y/F/G | Response | ✔ | Plan |
|  | Seemed interested |  | Social Skills |  | Fully Participated |  | Make Referral |
|  | Interacted positively w/ facilitator |  | Solution focused |  | Somewhat Participated |  | Continue Services |
|  | Interacts positively w/each other |  | Person centered |  | Minimally Participated |  | Follow-up on session topic |
|  | Stayed on task |  | Systems Theory |  | Did not Participate |  | Follow-up with external counselor(s) |
|  | Utilized Social skills |  | Motivational Interviewing |  | Provided Input |  | Disposition |
|  | Understood objectives |  | Reflective Listening |  | Refused Services |  | Schedule family session |
|  | Expressed how they are feeling |  | Assertive Listening |  |  |  | Schedule furlough |
|  | Oriented x 3 |  | Active Listening |  |  |  |  |
|  |  |  | Objective completed |  |  |  |  |
|  |  |  |  |  |  |  |  |
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Llds;jkls Additional Comments:

­­­­­­­­­­­­Counselor Signature Title

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