1a. Select PRIMARY reason for case closure (choose only ONE response)

☐ Family Moved  ☐ Aging Out of System  ☐ Goal Achievement  ☐ Court Closed for Other Reason  ☐ Other

If case is closed—DO NOT complete the following section.

2. Since the most recent conference, have there been substantiated/founded or indicated reports of child abuse/neglect for this child/youth?  Yes ☐ No ☐

2a. If YES, select one:

☐ Physical Abuse  ☐ Mental/Emotional  ☐ Serious Physical Neglect  ☐ Imminent risk: Physical

☐ Student Abuse  ☐ Neglect  ☐ Sexual Abuse  ☐ Imminent risk: Sexual

2b. Have there been adjudicated reports of delinquent offenses for this child/youth?  Yes ☐ No ☐

2c. If YES, crime type:

☐ Misdemeanor  ☐ Felony  ☐ Other

3. Of the services identified in the most recent conference, which services were involved with the family? (check ALL that apply)

☐ Parent substance abuse services  ☐ Parent mental health services  ☐ Parent intellectual disability services

☐ Child substance abuse services  ☐ Child mental health services  ☐ Child intellectual disability services

☐ Family support  ☐ Family housing support  ☐ Family finding

☐ Family food support  ☐ Family energy assistance  ☐ Family therapy

☐ Family debt assistance  ☐ Cash assistance  ☐ Foster care

☐ Kinship support  ☐ Child Intellectual Disability services  ☐ Kinship care

☐ Parent Intellectual Disability services  ☐ Juvenile Probation  ☐ Residential treatment facility

☐ Adult Probation  ☐ Early Intervention  ☐ Recreational services

☐ Literacy services  ☐ Family Finding  ☐ After-school services

☐ Family therapy  ☐ Foster Care  ☐ Transportation services

☐ Kinship Care  ☐ Respite  ☐ Employment/pre-employment

☐ Faith based support  ☐ Independent living services or aftercare  ☐ Family income support assistance

☐ Juvenile Probation  ☐ Residential treatment facility  ☐ Other

☐ Job Corp  ☐ Specialized foster care  ☐ Youth correction facility (YDC)

☐ Foster care  ☐ Therapeutic foster care  ☐ Juvenile detention facility

☐ Therapeutic group home services  ☐ Intensive treatment or inpatient psychiatric unit

☐ Group home  ☐ Intensive treatment or inpatient psychiatric unit  ☐ Homeless

☐ Shelter  ☐ Intensive treatment or inpatient psychiatric unit  ☐ Jail

☐ State psychiatric hospital  ☐ Intensive treatment or inpatient psychiatric unit  ☐ Wilderness camp

4. If a placement option was identified at the time of the most recent conference, is the child/youth still living in the planned placement?  Yes ☐ No ☐ N/A

4a. If NO, then check the environment that best describes where the child is now living most of the time.

☐ Independently (Older Youth 16 & older)  ☐ Job Corp  ☐ Residential treatment facility

☐ Parent's home (Older Youth 16 & older)  ☐ Specialized foster care  ☐ Youth correction facility (YDC)

☐ Parent's home (youth 15 & younger)  ☐ Foster care  ☐ Juvenile detention facility

☐ School dorm  ☐ Therapeutic foster care  ☐ Intensive treatment or inpatient psychiatric unit

☐ Supervised independent living setting  ☐ Group home  ☐ Homeless

☐ Relative's home  ☐ Shelter  ☐ Jail

☐ Adoptive home  ☐ State psychiatric hospital  ☐ Wilderness camp