**Initial Assessment for General Therapy Services**

**Provider name:** Click or tap here to enter text.

**Youth name:** Click or tap here to enter text.

**JPPO name:** Click or tap here to enter text.

**Youth’s JJIS #:** Click or tap here to enter text.

**Date of service referral:** Click or tap to enter a date.

**Reason for referral:** (OYA/RNA and case plan should be addressed here. What treatment needs exist? What are the goals identified for services on the 3400?) Click or tap here to enter text.

**Documentation/information reviewed:** (e.g. previous evaluations, police reports, discharge summaries) Click or tap here to enter text.

**Youth information:** (e.g. age, sexual orientation, gender identity, pronouns, race/ethnicity, youth’s perception of why they were referred for treatment) Click or tap here to enter text.

**Family history/information:** (e.g. family culture, parental involvement, out-of-home placements, extended family support) Click or tap here to enter text.

**Education and employment:** (e.g. is youth on a 504 plan or IEP, any suspensions or expulsions in school, grade level) Click or tap here to enter text.

**Medical/physical needs:** (e.g. prior hospitalizations or injuries, medications, etc.)Click or tap here to enter text.

**Relevant developmental history:** (e.g. speech/language, motor skills, cognitive/intellectual, sensory, behavioral, emotional, social)Click or tap here to enter text.

**Relevant trauma history:** Click or tap here to enter text.

**Substance use history/current concerns:** Click or tap here to enter text.

**Intersectional identity and history:** (e.g. religious or spiritual beliefs, gender expression, race, ethnicity, class, disability, etc. and the impact on youth now and in the past) Click or tap here to enter text.

**Mental health history/current concerns:** (e.g. prior diagnosis, treatments)Click or tap here to enter text.

**Social supports/peer group:** Click or tap here to enter text.

**Safety concerns:** (suicidal or homicidal behavior, aggression, gang involvement, human trafficking, etc.) Click or tap here to enter text.

**Strengths/protective factors:** Click or tap here to enter text.

**Clinical summary/formulation:** Click or tap here to enter text.

**Recommendations for services:** Click or tap here to enter text.

**Recommendation for further testing/assessment:** Click or tap here to enter text.

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**Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap to enter a date.

**Date document sent to JPPO:** Click or tap to enter a date.

**Via: Fax Email Postal Service Other**