

BALANCED AND RESTORATIVE JUSTICE REPORTING FORM
for
Residential and Non-Residential Treatment Settings

Agency Name: _____ Name of Juvenile: _____

Program/Unit: _____ Social Security #: _____ - _____ - _____

Date of Arrival: ____/____/____ County: _____

Completed by: _____ Title: _____

Type of Report: _____ Report Period: _____

Monthly Progress Report

Quarterly Progress Report

Final/Discharge Report

GENERAL INFORMATION

- Did the program/unit receive a victim impact statement? Yes No NA
- Does the juvenile's Treatment Plan/Individual Service Plan contain Balanced and Restorative Justice goals? Yes No
- Did the program receive information concerning the restitution/cost/fines/community service/etc. ordered for the juvenile? Yes No

ACCOUNTABILITY

♦ **VICTIM/COMMUNITY AWARENESS**

- Was there an opportunity for the juvenile to participate in an established victim/community awareness curriculum? Yes No
- Did the youth participate in the victim/ community awareness curriculum?
 - If yes, did the juvenile satisfactorily complete the curriculum? Yes No
 - If yes, please identify the curriculum: _____
- Was there a measure for success during the juvenile's participation? Yes No NA
 - If yes, was it assessed that the juvenile's participation was successful? Yes No NA
- Please list other accountability measures:

◆ **RESTITUTION**

- Did the juvenile owe restitution on date of arrival? Yes No Unknown
- Amount of restitution owed? \$ _____
- Was there an opportunity to pay restitution? Yes No NA
- Amount paid during this report period: \$ _____
- Amount paid since admitted to the program: \$ _____
- Amount remaining: \$ _____

◆ **COSTS and FINES**

- Did the juvenile owe costs and fines on date of arrival? Yes No Unknown
- Amount of costs and fines owed? \$ _____
- Was there an opportunity to pay these costs? Yes No N/A
- Amount paid during this report period: \$ _____
- Amount paid since admitted to the program: \$ _____
- Amount remaining: \$ _____

◆ **RESTORATIVE COMMUNITY SERVICE:**

- Is there an order of community service? Yes No Unknown
- Was there an opportunity for the juvenile to complete community service? Yes No NA
 - If yes, was the juvenile presented with information of how the community service relates to his/her offense? Yes No NA
- Number of hours of community service ordered on date of arrival? _____ hours
- Number of hours of community service performed during this report period: _____ hours
- Number of hours of community service performed since admitted to program: _____ hours
- Number of hours of community service remaining: _____ hours
- The community service was performed in: the juvenile's home community and/or the program's community

COMPETENCY DEVELOPMENT

Did the juvenile participate in competency development activities? Yes No

COMPETENCY **included in TX. Plan** **attending** **completed**

SKILL BUILDING:

- Educational Yes No Yes No Yes No
- Vocational Yes No Yes No Yes No
- Job readiness skills Yes No Yes No Yes No
- Other: _____ Yes No Yes No Yes No

SOCIAL ADJUSTMENT:

- Peer/family Yes No Yes No Yes No
- Substance abuse Yes No Yes No Yes No

COMPETENCY **included in TX. Plan** **attending** **completed**

SOCIAL ADJUSTMENT (cont.):

- Interpersonal Skills Yes No Yes No Yes No
- Problem Solving Yes No Yes No Yes No
- Anger/Conflict Mgmt. Yes No Yes No Yes No
- Cognitive/behavioral Yes No Yes No Yes No
- Life Skills Yes No Yes No Yes No
- Parenting skills Yes No Yes No Yes No
- Other: _____ Yes No Yes No Yes No

ENHANCING TALENTS:

- School based extra-curricular activities Yes No Yes No Yes No
- Personal interest development Yes No Yes No Yes No
- Recreation (formal and informal) Yes No Yes No Yes No
- Other: _____ Yes No Yes No Yes No

COMMUNITY PROTECTION

- Was the juvenile charged with an additional offense while in the program? Yes No
- Did the juvenile abscond from the facility/program during the reporting period? Yes No
- Did the juvenile engage in additional behaviors that has threatened the safety of the program and/or community? Yes No
- If applicable, did the juvenile abide by Homepass Standards and expectations during the reporting period? Yes No N/A
- Did the juvenile abide by his/her curfew during the reporting period? Yes No N/A
- If applicable, did the juvenile abide by sanctions imposed for the purpose of ensuring the victim's safety? Yes No N/A
- Has the family been engaged in the treatment process? Yes No N/A
- Have the juvenile and his/her family participated in aftercare planning prior to his/her discharge from your program? Yes No NA
 - If yes, is the aftercare plan in place? Yes No

Specifying Comments (if applicable):