|  |  |
| --- | --- |
| Date of Summary: | Provider Name: |
| Name of Youth: | DOB of youth: |
| Biological Sex:  Male  Female | *Only complete if youth gives permission to share with potential providers*  Gender Identity: |
| Admission Date: | Planned Discharge Date: |

|  |  |  |
| --- | --- | --- |
| Social Worker: | Social Worker Email:  @dcyf.wa.gov | Date Transition Summary Provided: |
| Other: | Email:  @dcyf.wa.gov | Date Transition Summary Provided: |

**Summary of Placement** *(reason for placement, length of stay, overall summary of how youth did at placement, what went well, what did they enjoy, etc.)*:

**Youth Strengths** *(both youth and provider identified):*

**Youth Goals and Preferences** *(placement goals and preferences, short term and long-term goals identified by youth):*

**Youth Cultural or Ethnic Needs and Desires:**

**Provider Observations on the following domains:**

**Behavioral** *(to include both positive and challenging, any safety or supervision plans that were in place at the program, summary of any incident reports, self-harm, assaultive behaviors, runs, etc.).*

**Communication** *(what communication style worked best for the youth, observations on having positive productive communication with youth, what is needed for transitions or changes to expectations or routines, etc.)*

**Routine Tasks** *(hygiene needs or challenges, eating habits and preferences, sleep routine, transitions, etc.)*

**Interpersonal Relationships with Peers and Adults** *(how do they get along with others, observations around demeanor and any personality connections or conflicts, etc.)*

**Current Needs:**

**Education (***describe what education/school looked like during stay, what is youth’s desires around school, program observations around education plan, etc.)*

Are there educational needs that require follow up?  No  Yes

**Provide detail if marked “yes” above:**

**Health and Medical (***describe any health and medical issues or concerns that were noted during stay, summary of appointments attended or that are scheduled, illnesses or injuries that required medical attention, etc.)*

**Current Medications and Inventory:**

Are there medical or health needs that require follow up?  No  Yes

**Provide detail if marked “yes” above:**

**Visitation/Family Time** *(describe what visitation/Family Time looked like during stay, what is youth’s desires around visitation/family time, etc.)*

Are there visitation/family time needs that require follow up?  No  Yes

**Provide detail if marked “yes” above:**

**Services** *(describe any identified services needs (mental health, substance use, DDA, etc.) that were noted during stay, summary of appointments attended or that are scheduled, etc.)*

Are there youth service needs that require follow up?  No  Yes

**Provide detail if marked “yes” above:**

Provide detail for anything else that would be beneficial in transitioning the youth to their next placement:

|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| Signature |  | Print Name |  | Title |  | Date |