The Learning Plan and Progress Report (LPPR) is to be completed after the youth takes the Casey Life Skills Assessment (CLSA) each year and updated monthly as needed. The LPPR needs to be completed in partnership with the youth and includes goals that they would like to work. Goals need to be attainable, time limited and measurable. There also needs to be a discussion around the youth’s current transition plan and what is needed to successfully launch.

|  |
| --- |
| **IL Provider Information** |
| Provider:  | IL Worker:  | Date:  |
| **Section 1 – Report Information** |
| Date of Report:  | IL Referral Date:   | IL Begin Date:  |
| **Section 2 – Contact Information** |
| Youth Name:  | Date of Birth:  | FamLink Person ID: |
| Youth Address:  |
| Youth Cell Phone: | Youth E-mail Address: | Caregiver Name: | Telephone Number:  |
| Case Worker: | Telephone Number: | E-mail Address: |
| **Section 3 – Casey Life Skills Assessment (CLSA)** |
| Date CLSA Completed: | Assessment Completed: | Date Completed: |
| Supplemental Assessments Taken: | Supplement Mastery Score: |
| Others who completed the assessment with the youth: |
| **Section 4 – Standard Assessment Scores**  |
| **Life Skill Domains** | Previous Score: | Current Score: | Current Mastery Score: |
| Daily Living Skills |       |       |       |
| Self-Care Skills |       |       |       |
| Relationship and Communication |       |       |       |
| Housing, Money Management & Transportation |       |       |       |
| Work and Study Life |       |       |       |
| Career and Education Planning |       |       |       |
| Civic Engagement |       |       |       |
| Navigating the Child Welfare System |       |       |       |
| Looking Forwards |       |       |       |
| **Section 5 – Learning Plan**  |
| **Help youth create goals that are attainable, time limited and measurable. Include activities needed to meet each goal, who is involved and possible completion date. Goal activities should span no longer than 6 months.** |
| **LIFE SKILL DOMAIN:** |
| Goal #1 | Activities | Responsible Parties | Planned Completion Date | Progress Status |
|       |       |       |       | [ ]  Met Goal Date [ ]  Satisfactory Progress[ ]  Needs more time or assistance.[ ]  Goal needs updating.      |
| PROGRESS UPDATE:      |
| **LIFE SKILL DOMAIN:** |
| Goal #2 | Activities | Responsible Parties | Planned Completion Date | Progress Status |
|       |       |       |       | [ ]  Met Goal Date [ ]  Satisfactory Progress[ ]  Needs more time or assistance.[ ]  Goal needs updating      |
| Progress Update:  |
| **LIFE SKILL DOMAIN:** |
| Goal #3 | Activities | Responsible Parties | Planned Completion Date | Progress Status |
|       |       |       |       | [ ]  Met Goal Date [ ]  Satisfactory Progress[ ]  Needs more time or assistance.[ ]  Goal needs updating      |
| Progress Update:       |
| **LIFE SKILL DOMAIN:** |
| Goal #4 | Activities | Responsible Parties | Planned Completion Date | Progress Status |
|       |       |       |       | [ ]  Met Goal Date [ ]  Satisfactory Progress[ ]  Needs more time or assistance.[ ]  Goal needs updating      |
| Progress Update:       |
| **Section 6 – Youth Status Update**  |
| EDUCATION STATUS OF YOUTH**[ ]**  **High School** **[ ]**  On track to graduate **[ ]**  Status uncertain **[ ]**  High School Diploma (obtained) | **[ ]**  **GED** **[ ]**  Attending GED Prep Program **[ ]**  GED (obtained) | **[ ]**  **Post Secondary** **[ ]**  Attending Trade / Vocational School **[ ]**  Attending Community College **[ ]**  Attending 4 Year College |
| **[ ]**  **Not Attending any Educational program****[ ]**  Other (explain):  |
| EMPLOYMENT STATUS OF YOUTH**[ ]**  Current Part-Time Job**[ ]**  Prior Work Experience | **[ ]**  Current Full-Time Job**[ ]**  Past/Present Volunteer Work Experience | **[ ]**  Not currently employed**[ ]**  Other (explain):  |
| **Section 7 – Vital Documents Provided to Youth** |
| **[ ]**  Birth Certificate**[ ]**  Death Certificate of DeceasedParent**[ ]**  Dependency Orders**[ ]**  Driver’s License**[ ]**  Education Records**[ ]**  Health Records**[ ]**  IEP or 504**[ ]**  Immunization Records | **[ ]**  Juvenile Delinquency Documents**[ ]**  Legal Name Changes**[ ]**  Letter Verifying Dependency Status (for financial aid)**[ ]**  Medical / Provider One Card**[ ]**  Official Photo ID – Other**[ ]**  Other Court Documents**[ ]**  Passport**[ ]**  Selective Service Registration (males only) | **[ ]**  Social Security Card**[ ]**  SSI / SSA Benefits Documentation**[ ]**  State ID**[ ]**  Tribal Enrollment Documents**[ ]**  Tribal ID**[ ]**  US Citizenship, Immigration and/or Naturalization Status Documents**[ ]**  Voter Registration Card**[ ]**  Other:  |
| **Section 8 – Youth Transition Plan**  |
| Education Plan (including supports and services)      |
| Employment / Source of Income (including work force supports and employment services)      |
| Housing (including supports and services)      |
| Health Insurance (including supports and services)      |
| Other Health Needs (Mental Health, Substance Abuse, Etc.)      |
| Local opportunities for mentors and continuing support network      |
| **Section 9 – General Overall Comments NTS** |
| COMMENTS ON YOUTH’S PROGRESS / ADDITIONAL COMMENTS       |
| COMPLETED BY      | TELEPHONE NUMBER      | E-MAIL ADDRESS      |