The Learning Plan and Progress Report (LPPR) is a living document that should be updated as needed during monthly IL case management meetings. The LPPR needs to be completed in partnership with the youth after assisting them in completing the Casey Life Skills Assessment (CLSA). Using the CLSA scores, create goals that the youth would like to work on and discuss the youth’s plans and what is needed to successfully launch into adulthood.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IL Provider Information** | | | | | | | | | | | | | | | | | | | | | | | |
| Provider: | | | | | | | | | | | IL Worker: | | | | | | | | | Date: | | | |
| **Section 1 – Report Information** | | | | | | | | | | | | | | | | | | | | | | | |
| IL Referral Date: | | | | | | | | IL Services Begin Date: | | | | | | | | | | | | | | | |
| **Section 2 – Youth Information** | | | | | | | | | | | | | | | | | | | | | | | |
| Youth Name: | | | | Preferred Name: | | | | | | | | Pronouns: | | | | Date of Birth: | | | | | | FamLink Person ID: | |
| Youth Address: | | | | | | | | | | | | | | | | | | | | | | | |
| Youth Cell Phone: | | Youth E-mail Address: | | | | | | Caregiver Name: | | | | | | | | | | Caregiver Telephone Number: | | | | | |
| **Section 3 – Casey Life Skills Assessment (CLSA)** | | | | | | | | | | | | | | | | | | | | | | | |
| Date Standard CLSA Completed: | | | | Standard Score: | | | | | Others who completed the assessment with the youth: | | | | | | | | | | | | | | |
| Date Supplemental Assessments Completed: | | | | | | | Supplemental Assessments Taken: | | | | | | | | | | | | Supplemental Score: | | | | |
| **Section 4 – Standard Assessment Scores by Domain** | | | | | | | | | | | | | | | | | | | | | | | |
| **Life Skill Domain** | | | **Current Score:** | | | **Life Skill Domain** | | | | | **Current Score:** | | | | | **Life Skill Domain** | | | | | | | **Current Score:** |
| Daily Living Skills | | |  | | | Housing, Money Management & Transportation | | | | |  | | | | | Civic Engagement | | | | | | |  |
| Self-Care Skills | | |  | | | Work and Study Life | | | | |  | | | | | Navigating the Child Welfare System | | | | | | |  |
| Relationship and Communication | | |  | | | Career/Education Planning | | | | |  | | | | | Looking Forwards | | | | | | |  |
| **Section 5 – Learning Plan** | | | | | | | | | | | | | | | | | | | | | | | |
| Use the CLSA results to help youth create goals that are attainable, time limited and measurable. Include activities and learning opportunities needed to meet each goal, document who is involved and provide a possible completion date. Goal activities should be reviewed monthly and span no more than 6 months. If the main goal takes longer than 6 months to complete breakdown the main goal into smaller goals to ensure success. | | | | | | | | | | | | | | | | | | | | | | | |
| **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.  New Goal | | |
| 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.  New Goal | | |
| 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.  New Goal | | |
| 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.  New Goal | | |
| Progress Update: | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 6 – Completed Goals** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | |
| **Section 7 – Youth Status Update** | | | | | | | | | | | | | | | | | | | | | | | |
| EDUCATION STATUS OF YOUTH  **High School**  On track to graduate  Status uncertain  Obtained High School Diploma | | | | | **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 Part-Time Job  Past/Present Volunteer Work Experience | | | | | | | | | | | | | Not currently employed  Other (explain): | | | | | | |
| **Section 8 – Vital Documents Provided to Youth** | | | | | | | | | | | | | | | | | | | | | | | |
| Birth Certificate  Death Certificate of Deceased  Parent  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 9 – Youth Transition Plan** | | | | | | | | | | | | | | | | | | | | | | | |
| Help youth create a transition plan that documents where they are currently and their desires for the future. A well-thought-out transition plan can provide support and guidance during a time of stress and uncertainty. | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | |
| Employment / Source of Income | | | | | | | | | | | | | | | | | | | | | | | |
| Housing | | | | | | | | | | | | | | | | | | | | | | | |
| Health Insurance | | | | | | | | | | | | | | | | | | | | | | | |
| Health Needs (Physical Health, Mental Health, Substance Abuse, Etc.) | | | | | | | | | | | | | | | | | | | | | | | |
| Local opportunities for mentors and continuing support network | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 10 – General Overall Comments** | | | | | | | | | | | | | | | | | | | | | | | |
| COMMENTS ON YOUTH’S PROGRESS / ADDITIONAL COMMENTS | | | | | | | | | | | | | | | | | | | | | | | |
| COMPLETED BY | | | | TELEPHONE NUMBER | | | | | | | | | | | | E-MAIL ADDRESS | | | | | | | |