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 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 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 | | | | | | | |