

MONITORING SHEET FOR YOUTH IN INDEPENDENT LIVING PLACEMENTS

Youth's Name _____ Admission Date _____ Anticipated Discharge Date _____
Contact Date(s) _____

Health Status Excellent Good Fair Poor

Date of last physical exam _____ Date of last dental exam _____

Education School Name: _____

Attendance: Regular Irregular On grade level? Yes No

As applicable, identify barriers to regular school attendance and barriers to being on grade level:

Employment Employer _____

Part-time employed or Full-time employed # of hours per week _____

Financial Status Income Source(s) _____

Is the income stable and/or on-going? Yes No Is the income sufficient to meet the youth's expenses? Yes No Savings \$ _____

Comments: _____

Placement Setting

General Condition: _____

Smoke Detector Operable: Yes No Stove Operable: Yes No

Furniture Needed: _____

Repairs Needed: _____

Interventions (Life skills activities – include date and type) _____

Life Skills Completed (Areas of skill in which the youth has reached competence as of this date)

Significant Problems/Incidents (Any that have occurred including those of concern to the program provider)

Action(s) To Be Taken _____

Comments _____

Staff Member's Signature _____ Date _____