

Name: _____ Phase _____ Week (M-SU) _____

Community Service Hours # due _____ # completed this week _____

Volunteer Hours (Phase 3 and Phase 4) #completed this week _____

JTASC assignment ordered by Judge McNabb? Due Date: _____

No assignment Assigned but incomplete Assigned and submitted (Tuesdays at noon)

TREATMENT Write in day and time you had the below meetings. If you didn't meet, write **NS** (not scheduled), **M** (Missed), **C** (cancelled by service provider)

Therapy: Date _____ Time: _____

Case Manager/Wrap Coordinator: Date _____ Time: _____

Youth Peer Support: Date _____ Time: _____

Group: Date _____ Time: _____

	Youth		Parent	
SCHOOL (attend every day/all day)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, what days were missed and why.				
FOLLOWED PARENT EXPECTATIONS/HOUSE RULES?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, what was the challenge? Parent and Youth respond.				
MET PERSONAL GOALS?				
1.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, what was the struggle?				
TETHER OR SURVEILLANCE VIOLATIONS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ABSTAIN FROM DRUGS/ALCOHOL/VAPING?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Prepared to update Judge Wednesday? What went well? Challenges? Questions?

Youth Name: _____

Parent Signature (printed or signed): _____

Submit to nikeidra.battle-debarge@kentcountymi.gov each Monday by 5:00 PM

May 2023

JTASC Weekly Log

SCHOOL VERIFICATION (to be completed if directed by the JTASC Judge or Probation Officer)

If you are required to provide verification of your school attendance and behavior, please have each teacher answer the below questions at the end of each week. Teachers will verify the below for the full week indicated on the front page (top right).

	SUBJECT	SUBJECT	SUBJECT	SUBJECT	SUBJECT	SUBJECT
Enter Subjects Across						
Teachers Last Name						
Attended full class each day as scheduled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavior was respectful and cooperative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Teachers Initials						

Teachers, please use this space to share celebrations, concerns, or ask questions: