

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: \_\_\_\_\_

Medication Review Date \_\_\_\_\_ Time: \_\_\_\_\_

Group: Date \_\_\_\_\_ Time: \_\_\_\_\_

	Youth	Parent
<b>SCHOOL</b> (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.		
<b>FOLLOWED PARENT EXPECTATIONS/HOUSE RULES?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, what was the struggle? Parent and Youth respond.		
<b>MET PERSONAL GOALS?</b>		
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?		
<b>TETHER OR SURVEILLANCE VIOLATIONS?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ABSTAIN FROM DRUGS/ALCOHOL/VAPING?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TOOK PRESCRIBED MEDICATIONS EVERYDAY?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, what was the struggle?		

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

Youth Name: \_\_\_\_\_

Parent Signature (printed or signed): \_\_\_\_\_

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

Submit to [nikeidra.battle-debarge@kentcountymi.gov](mailto:nikeidra.battle-debarge@kentcountymi.gov) each Monday by 5:00 PM

May 2023

# JTASC Weekly Log

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
<b>Enter Subjects Across</b>						
<b>Teachers Last Name</b>						
<b>Attended full class each day as scheduled?</b>	<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
<b>Behavior was respectful and cooperative?</b>	<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
<b>Teachers Initials</b>						

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