Diversion Assessment Team Assessment Tool - Shelby County

Family Name: Onset of Services:

Child’s Name & Age:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life Functioning/Independent Living Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Strengths:

Behavioral /Emotional Needs:

Developmental Needs:

Currently has IEP? Yes \_ No \_ Working to create one \_

Child Risk Behaviors:

Traumas Indicated:

Substance Abuse Needs:

Juvenile Justice Needs:

Currently involved with Juvenile Court? Yes \_\_ No \_\_\_

 Probation Officer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vocational/Employment Needs:

Date of Initial Assessment \_\_\_\_\_\_\_\_\_\_\_\_

90 day update \_\_\_\_\_\_\_\_\_\_\_\_

90 day update \_\_\_\_\_\_\_\_\_\_\_\_

90 day update \_\_\_\_\_\_\_\_\_\_\_\_

Case Closure date \_\_\_\_\_\_\_\_\_\_\_\_