

KITTITAS COUNTY JUVENILE COURT SERVICES

FFT Status Report

For the Month of:

Youth Name: **DOB:** **Juvis Number:**

Probation Counselor:

Therapist:

FFT Start Date: **Projected FFT End Date:**

Number of Sessions Scheduled:

Number of Sessions Attended:

Current FFT Phase: Engagement/Motivation

Theme:

Behavior Change Targets:

Generalization Links:

Comments:

☐ **Check if family has been terminated from therapy**

Date of Termination:

☐ **Completed**

☐ **Dropped Out, reason:**

☐ **Never Began, reason:**

* See below for full description of reason codes

☐ **Unable to serve this referral Reason:**

If case does not meet FFT criteria, describe:

CC:

Kittitas County Juvenile Court