

The Starlight Program
Client Quarterly Progress Report

CLIENT NAME _____ Quarter/Date _____

Summary of community activities client was involved in:

(ex:community service, scouts, sports, clubs, babysitting, spending time with neighborhood friends)

Any Extracurricular or Fun Activities Child has done in past 3 months

Time with friends/neighbors

Community Service

Supervision Level: *(Line of Sight, Some freetime, house arrest, etc.,)*

Describe the amount of supervision child has needed:

Summary of discipline techniques: *(loss of privilege, time-outs, sentences, grounding, extra chores)*

Describe consequences over the past 3 months: What they did and What the consequences were

Case Involvement Summary *(team meetings, court, family visits, medical appointments, school, cw interaction)*

Team Meetings:

Family Visits:

Court:

School Progress:

Describe any Health or Medical issues during past 3 months