



STATE OF FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Performance Plan

Youth Name: Train, Brenda R **DJJ ID:** 1581142

Plan Developed: 04/20/2020 **Plan Revised:** 04/23/2020 **Last Modified:** 04/23/2020

SVP eligible: Yes No **Foster Care:** Yes No **Sex Offender Registration Required:** Yes No

Program Name: Santa Rosa Juvenile Res Facility **Program Address:** 12364 Environmental Center Road
Phone Number: (850) 957-3600 **Holt, FL 32654**
Provider:

JPO Name: Jpo Test **JPO Phone Number:** (850) 488-8888
JPO Email: **JPO Address:** 2737 Centerview Drive
JPO Circuit/Unit: Circuit 2 / C02 H Q - M I S Unit Test **Tallahassee, FL 32399-3100**

Judge's Name: Cooper, John **Circuit:** 2

Performance Summary: 30 Days 90 Days Other

Charges:

	DATE	TIME	CHARGE	COURT DOCKET #	UNIT/JPO	LEGAL STATUS	DISP DATE	ADJ	DISP
X	2/9/2013	12:00:00 PM	RESIST OFFICER - OBSTRUCT WO VIOLENCE (M1)	09-193CJA	C02 H Q - M I S Unit Test J. Test	Commitment	02/20/2013	Y	Commitment to DJJ-JJP (Mod)

Parent/ Legal Guardian's Name: Train, Michelle **Phone Number:** (850) 666-9999
Address: 4525 3rd Ave **Work Number:**
Tallahassee, FL 32399- **Other Number:**

ASSESSMENT RESULTS

Domains	Risk Factors					Protective Factors				
	0%	25%	50%	75%	100%	0%	25%	50%	75%	100%
Domain 8: Alcohol and Drugs	18%	<div style="width: 18%; background-color: black;"></div>				0%	<div style="width: 0%; background-color: black;"></div>			
Domain 7: Family	11%	<div style="width: 11%; background-color: black;"></div>				25%	<div style="width: 25%; background-color: black;"></div>			
Domain 3A: School	30%	<div style="width: 30%; background-color: black;"></div>				50%	<div style="width: 50%; background-color: black;"></div>			
Domain 9: Trauma and Mental Health	0%	<div style="width: 0%; background-color: black;"></div>				20%	<div style="width: 20%; background-color: black;"></div>			
Domain 6: Relationships	0%	<div style="width: 0%; background-color: black;"></div>				28%	<div style="width: 28%; background-color: black;"></div>			
Domain 5: Employment	0%	<div style="width: 0%; background-color: black;"></div>				50%	<div style="width: 50%; background-color: black;"></div>			
Domain 12A: Skills	0%	<div style="width: 0%; background-color: black;"></div>				53%	<div style="width: 53%; background-color: black;"></div>			
Domain 3B: Vocational Training	0%	<div style="width: 0%; background-color: black;"></div>				57%	<div style="width: 57%; background-color: black;"></div>			
Domain 11: Aggression	0%	<div style="width: 0%; background-color: black;"></div>				66%	<div style="width: 66%; background-color: black;"></div>			
Domain 10: Attitudes and Behaviors	0%	<div style="width: 0%; background-color: black;"></div>				70%	<div style="width: 70%; background-color: black;"></div>			
Domain 4: Use of Free Time	0%	<div style="width: 0%; background-color: black;"></div>				100%	<div style="width: 100%; background-color: black;"></div>			

Active Goals

Domain: Domain 8: Alcohol and Drugs **Risk Factor:** Believes occasional drug use is ok.
Goal: Indicate how the youth will proceed in addressing this risk factor

Interventions	Start Date	Projected Completion/ End Date	Frequency	Status
Staff				
Indicate what steps the staff will take to assist the youth in achieving the intervention	07/13/2020	10/13/2020	1x Week	In Progress-On Track
Youth				
Indicate what steps the youth will take to address the goal	07/13/2020	10/13/2020	1x Week	In Progress-On Track

For the Performance Plan Creation

The user will select at least one risk factor for each domain indicated in Step 19 of the YNAS

This will assign a Goal to the Youth

The user will then assign at least one intervention for the youth and one intervention for the staff person responsible for monitoring the goal

ACKNOWLEDGEMENT STATEMENT/SIGNATURES:

This Performance Plan has been prepared with : _____ to meet her individualized needs. We the undersigned, agree that we have taken a part in negotiating the Performance Plan and we agree to make every effort to meet our responsibilities toward the success of Amalia in meeting these goals and objectives. Amalia understands that her release date is directly related to the accomplishment of these goals, as well as, satisfaction of Alachua Academy Non-Secure rules and standards indicated in the Youth Handbook. We understand that this plan will be regularly reviewed; goals may be considered for renegotiation through a consensus of Amalia and the treatment team.

Summary of Overall Youth Progress

Type a detailed narrative describing how the youth is progressing in the program since admission. Tell the reader of the report a story including good and not so good things. You must type a minimum of 100 characters in order to save the form.

Comments/Additional Information(i.e. Including Family, JPO contacts etc.,)

Type a detailed narrative describing all contacts made with the family since admission. Indicate all contacts made with the Juvenile Probation Officer and all other relevant parties since admission.

Youth	Date	Parent/ Gaurdian	Date	Treatment Team leader	Date
Program Administrator	Date	Direct Care Staff	Date	Education/Vocation	Date
Medical	Date	Mental Health	Date	Other	Date

Performance Plan Review

Date	Youth Initials	Parent / Guardian Name & Initials	Case Manager's Name & Initials	Treatment Staff Name & Initials	Living Unit Rep. Name & Initials	Program Adm. Name & Initials	Education Rep. Name & Initials	Medical Rep. Name & Initials	Other Attendee Name & Initials