# **Court Report- Template**

**Submitted by** \_\_\_(Name and Credentials)\_\_\_\_, Therapist

# **IDENTIFYING INFORMATION**

**Client Name:** (First, Middle, and Last Name)

**Age:**

**Date of Birth:** (Be consistent in the way you document dates throughout the COURT REPORT; e.g., May 10, 1990 or 05/10/1990—either written out or numerical but not mixed)

**Referral Source:** (Be specific. Use abbreviation after full name of referral source; e.g., Indiana Department of Education (DOE) and then, from that point, use the abbreviation)

**Choices Care Coordinator:** (Formal name and credentials—with appropriate prefix—e.g., Dr., Mr., Mrs., Ms., Miss)

**Date of Initial Contact:** (Again, be consistent in the way you document dates throughout the COURT REPORT—either written out or numerical but not mixed)

**Date of Court Report**:

## BACKGROUND INFORMATION AND REASON FOR REFERRAL

(Brief summary of pertinent information that led to referral to Choices)

# **SITUATION UPDATE**

**Current Placement:** (Be specific e.g., Instead of “Lutherwood”, it would be “Residential Treatment at Lutheran Child and Family Services, Indianapolis, IN”)

**Current Global Assessment of Functioning:** Current GAF Score from DSM-V

**Permanency Plan:** (Be specific—with target date of completion, if possible)

**School:** (Be specific. Rather than “IPS #57”, it would be George W. Julian Elementary School and then in parenthesis IPS #57)

**Grade:** (After the grade include whether the student has been identified as having a disability; e.g., **Grade:** 6th; Emotional Disability

**Strengths of the Child and Family:** (When referring to adults, always use appropriate prefix—Dr., Mr. Mrs. Ms., Miss.)

**Current Needs:** (Be specific about the current needs or difficulties that the child is experiencing and problems that must be addressed in order to reach Permanency Plan.)

# **DSM-V DIAGNOSES**

**AXIS I:**

**AXIS II:**

**AXIS III:**

**AXIS IV:**

**AXIS V:** Current GAF: Highest GAF for Past Year:

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