

SERVICES PLAN UPDATE
(SEE INSTRUCTIONS)

1. Participant Name/I.D. No.	2. Date of Admission
3. PRU No. and/or Site Name	4. Date Initial Plan Completed
5. Results Achieved to Date:	
6. Present Behavioral Indicators:	
7. Results/Outcomes Expected:	
8. Type of Counseling and Frequency Type: <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Family Frequency: _____ _____ _____	
9. Supportive Services:	

Signature of Prevention Specialist _____ Date _____

Signature of Supervisor _____ Date _____

Yes
 Check "yes" to indicate that the student participated in the service planning update process

____ - ____ - ____ Date the service plan update was discussed with the student

INSTRUCTIONS

Participant Services Plan

PURPOSE

The Participant Services Plan (PAS-65A) is utilized to document a participant's progress toward achieving the projected behavioral changes as previously indicated in the initial Participant Services Plan (PAS-65). The PAS-65A must be completed within ninety (90) calendar days of the date the PAS-65 was completed, and updated every ninety (90) calendar days thereafter until the participant is discharged. If additional updates are needed, use another PAS-65A.

ENTRIES

Items 1- 4 - Heading

Self-Explanatory

Item 5 – Results Achieved to Date

Specifically address the status of each behavior that appears on the PR-65. Summarize the participant's progress or lack of progress toward each of the projected results in behavioral and measureable terms.

Item 6 – Present Behavioral Indicators

Specify current behaviors to be addressed during the next 90 day period of service. Include all previously stated behaviors which are still being addressed. Also include any new behaviors which have been identified since the PAS-65 was developed. Again, state behaviors in measurable terms, where applicable.

Item 7 – Results/Outcomes Expected

Indicate expected behavioral change(s) (results expected) in reference to the above stated behaviors.

Item 8 – Type and Frequency of Counseling

Check the type of counseling to be undertaken in the next 90 days. For each type of counseling checked, indicate the frequency in which counseling will be offered.

Item 9 – Supportive Services

Enter other steps in the process that the participant will take to achieve the results/outcomes. Also indicate other critical actions that the Prevention Specialist will take which are directly related to achieving the results/outcomes.

Signature

Upon completion, the Prevention Specialist and supervisor must sign and date the PAS-65A.

NOTE: PROVIDERS MUST USE PAS-65A FOR CONSECUTIVE UPDATES AND ENSURE UPDATES ARE FILED IN THE PARTICIPANT CASE RECORD.