PREVENTION COUNSELING & TEEN INTERVENE
COMPLETION/DISCHARGE FORM
2020-2021

Directions: ***1.*** Complete page 1 and 2. ***2.*** Submit a copy of page 1 with monthly stats (by the 3rd of the month following the date of discharge) ***3.*** Place original in case/Ten Intervene file.

Month_____ Year_____ Counselor_____

Location:	**Participant Identifier Code:** _____ _____ _____ _____ _____ _____ _____
1. Date of 1st Session Following Admission: ___ ___--___ ___--___ ___ ___ ___	
2. Date of Discharge or Completion: ___ ___--___ ___--___ ___ ___ ___ (Last face to face contact, or date *within 30* ***calendar*** *days of last face to face contact)*	
3. Total # Individual Sessions: _____ Total # Group Sessions: _____ Total # Family Sessions: _____	

4. Completion/Discharge Reason: (Select one)	
☐ Services Completed (Achieved all/majority of objectives)	☐ Non-Compliance
☐ Services Achieved Maximum Benefit	☐ No Contact Due to COVID-19
☐ School Year Ended	☐ Refuses Counseling or Early Intervention Service
☐ Extended Illness or transfer out of building/district	☐ No Face-to-Face Contact
5. Referral to Service at Completion: (Select the most significant)	
☐ None	☐ Family Counseling Services
☐ Crisis Services	☐ Mental Health Services
☐ Substance Abuse Treatment	☐ Developmental Disability Services
☐ Other Substance Abuse Early Intervention	☐ Health Care Service
☐ Problem Gambling Services	☐ Vocational and/or Educational Services
☐ Provider-Developed Intervention	☐ HIV Education and Risk Assessment

6. 30-Day Use at Discharge: (Check substances reported in past 30 days, or since Admission if less than 30 days & # of days used)

☐ None Reported ___	☐ Crack ___	☐ Marijuana/hashish ___	☐ LSD/Hallucinogens ___
☐ Alcohol ___	☐ Ecstasy (MDMA) ___	☐ Tobacco/Nicotine ___	☐ Other Drug Use ___
☐ Binge Drinking ___	☐ Heroin/other Opiates ___	☐ Smoking (vaping-cig) ___	☐ OTC Stimulants ___
☐ Cocaine ___	☐ Inhalants ___	☐ Prescription Pain Meds___	☐ Problem Gambling ___
☐ OTC Cough/Cold medicine ___			

Data Entry Signature: _____ Date Entered: _____

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7. Participant Name/I.D. No.	8. PRU No. and/or Site Name	9. Date of Discharge

10. Discharge Reason (Individuals admitted having a summer break longer than 30 days are expected to be discharged before that break. Any anticipated extended interval for which services cannot be provided should be a part of the Service Plan). (Select only one)

1. ☐ Completed Service Plan – Accomplished most or all objectives
2. ☐ Service Plan Not Completed – Participant received maximum benefit
3. ☐ Service Plan Not Completed- Due to (Selections below assume that the services were not completed primarily due to the stated reason)
   a. ☐ Extended illness
   b. ☐ Transfer out of school/district
   c. ☐ Disruptive behavior/non-compliance with Service Plan
   d. ☐ Active refusal of services (Purposeful/Voluntary: dropped out, left counseling)
   e. ☐ No face-to-face in past 30 calendar days

11. Discharge Summary (Complete within 20 calendar days of discharge date)

Prevention Counselor Signature: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

Follow-Up (Within 90 days of case closing except for June discharge/completion)

12. Initial F/U Date:	13. Contact Person:	14. Telephone No.

15. Method: _____ (i.e. Telephone, face–to-face, etc.)

Status:

Prevention Counselor Signature: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____