

CASE CLOSURE FORM

ADOLESCENT PARENTING PROGRAM

Program ID: _____

Participant ID: _____

First Name: _____

Last Name: _____

Date of Case Closure: ____/____/____

Reason for Closing Case: (Check only one)

- Graduated from high school, or earned GED
- Experienced a subsequent pregnancy
- Has not been enrolled in school or educational program for more than 60 days
- Relocated out of program service area
- Reports lack of time due to employment or another program
- Experienced a miscarriage
- Infant or child died
- Participant died
- No longer desires to be in APP
- Reports lack of time due to other responsibilities or commitments
- Lack of participation in program activities (coordinator initiated termination)
- Lack of progress toward one or more program goals (coordinator initiated termination)
- Lost custody of child
- Released child for adoption
- Was involuntarily committed to an institution
- Parent/guardian withdrew consent
- Unable to contact participant
- Other _____

What is the last grade the participant completed?

- Ungraded School
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- GED

What are participant's plans for the next year? (Check only one)

- Attend 4-year college
- Attend 2-year college
- Trade School/Technical School
- Enlist in Military
- Work
- Other _____
- Not sure

Indicators <i>Behaviors that the participant should demonstrate in order to achieve the overall goal. Add additional indicators as needed.</i>	Assessment <i>Indicate level at which participant has demonstrated each indicator at case closure.</i>						Progress <i>Indicate the amount of progress participant has made since date of enrollment.</i>					
	Excellent	Satisfactory	Poor				A lot	Some	None			
GOAL 1-A: Participant Will Delay a Subsequent Pregnancy												
Participant will consistently and correctly utilize a birth control method. Method Used: (check all that apply) <input type="checkbox"/> Abstinence <input type="checkbox"/> Birth Control Pills <input type="checkbox"/> Condom (Female) <input type="checkbox"/> Condom (Male) <input type="checkbox"/> Contraceptive Patch <input type="checkbox"/> Diaphragm <input type="checkbox"/> Hormonal Implant <input type="checkbox"/> Hormonal Injection <input type="checkbox"/> IUD (ParaGard, Mirena) <input type="checkbox"/> Pregnant <input type="checkbox"/> Spermicides <input type="checkbox"/> Sponge <input type="checkbox"/> Vaginal Ring <input type="checkbox"/> None	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Participant will decrease frequency of unprotected vaginal/penile sex.	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Participant will decrease frequency of sex.	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Other:	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Other:	5	4	3	2	1	N/A	5	4	3	2	1	N/A

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	Excellent	Satisfactory			Poor		A lot	Some			None	
GOAL 1-B: Participant Will Graduate from High School or Earn a GED												
Participant will remain enrolled in school or an equivalent education program.	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Participant will attend school according to school policy.	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Participant will maintain passing grades in all courses.	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Other:	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Other:	5	4	3	2	1	N/A	5	4	3	2	1	N/A
GOAL 1-C: Participant Will Successfully Transition to Adulthood.												
Participant will demonstrate good planning skills and the ability to make responsible decisions.	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Participant will demonstrate ability to manage stress and anger in a healthy way.	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Participant will create and access a safety net of family, community and professional resources.	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Other:	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Other:	5	4	3	2	1	N/A	5	4	3	2	1	N/A

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	Excellent	Satisfactory	Poor				A lot	Some	None			
GOAL 2-A: Participant Will Maintain Good Health Practices (Pregnant Teens Only)												
Participant will make and keep regular healthcare appointments including prenatal healthcare.	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Participant will engage in regular physical activity.	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Participant will make healthy food choices at peer group meetings.	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Other:	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Other:	5	4	3	2	1	N/A	5	4	3	2	1	N/A
GOAL 2-B: Participant Will Improve Discipline and Nurturing Skills (Parenting Teens Only)												
Participant will use age-appropriate parenting techniques.	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Other:	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Other:	5	4	3	2	1	N/A	5	4	3	2	1	N/A

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	Excellent	Satisfactory			Poor		A lot	Some			None	
GOAL 2-C: Participant Will Facilitate Improved Developmental Outcomes (Parenting Teens Only)												
Participant will make and keep regular healthcare appointments for child and ensure that child receives all immunizations.	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Participant will provide for child's basic needs, including a healthy diet for child.	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Participant will read to child.	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Participant will demonstrate a safe environment for the child, including child-proofing in the home and proper car seat use.	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Other:	5	4	3	2	1	N/A	5	4	3	2	1	N/A
Other:	5	4	3	2	1	N/A	5	4	3	2	1	N/A