Juvenile Justice Services
Specialized Intervention Plan

Youth Name: ____________________________  Case #: __________________________
Date: __________________________

Intervention Team Members Identified by APD (when possible utilize clinician and medical staff):

1. Team Leader ____________________________  3. __________________________
2. ____________________________  4. __________________________

Identified Behavior

Expected Behavior Change

Intervention Plan

Next Review: ____________________________

Re-Evaluation

Date and Time ____________________________ 1. Team Leader

2. ____________________________
3. ____________________________

Juvenile’s Behavior Update

4. ____________________________

Intervention Plan:  Successful  □  Progress □  Unsuccessful □

Re-Evaluation of Intervention Plan

Next Review: ____________________________
Re-Evaluation

Date and Time __________________________
Team ________________________________

Juvenile’s Behavior Update

__________________________________________________________________________

Intervention Plan:  Successful □  Progress □  Unsuccessful □

Re-Evaluation of Intervention Plan

__________________________________________________________________________

Next Review: __________________________

Re-Evaluation

Date and Time __________________________
Team ________________________________

Juvenile’s Behavior Update

__________________________________________________________________________

Intervention Plan:  Successful □  Progress □  Unsuccessful □

Re-Evaluation of Intervention Plan

__________________________________________________________________________

Next Review: __________________________

Re-Evaluation

Date and Time ________________Team ________________________________

Juvenile’s Behavior Update

__________________________________________________________________________

Intervention Plan:  Successful □  Progress □  Unsuccessful □

Re-Evaluation of Intervention Plan

__________________________________________________________________________

Next Review: __________________________