**Child Contextual Summary**

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Gender:</th>
<th>Child’s Age:</th>
</tr>
</thead>
</table>

Describe this child’s interpersonal functioning. (Include information regarding multiple placements since detention, relationships with parents/caregivers, siblings, extended family members, peers, natural supports, etc.):

Changes in this child’s placement since detention (include available information regarding child’s functioning in previous placement, reasons for change, length in each placement, and child’s reaction to changes):

Describe this child’s mental health functioning:

Describe this child’s physical health (include vision/hearing).

Describe this child’s dental health.

<table>
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Describe this child’s developmental functioning/status (include language, self-care, gross/fine motor, adaptive skills, etc.).

Describe this child’s educational functioning.

Describe this child’s interests and/or vocational functioning (if applicable).
## FINDINGS FOR CHILD

Indicate any services and service Providers that are currently in place.

<table>
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<th>Gender:</th>
<th>Child’s Age:</th>
</tr>
</thead>
</table>

**Strengths of the child:**

1. **Need:**

**Recommended Activities:**
A.
B.
C.
D.

**Referrals (include contact information):**

<table>
<thead>
<tr>
<th>Address:</th>
<th>Telephone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
</tr>
</tbody>
</table>

**Linkage / Status:**

2. **Need:**

**Recommended Activities:**
A.
B.
C.
D.

**Referrals (include contact information):**

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</tbody>
</table>

**Linkage / Status:**
MAT CASE NAME | DCFS CASE# | MAT REF #
---|---|---
Child’s Name: | Gender: | Child’s Age: |

3. Need:

**Recommended Activities:**
A. 
B. 
C. 
D. 

**Referrals (include contact information):**

1) 
2) 

**Address:** Telephone #: 

**Linkage/ Status:**

4. Need:

**Recommended Activities:**
A. 
B. 
C. 
D. 

**Referrals (include contact information):**

1) 
2) 

**Address:** Telephone #: 

**Linkage/ Status:**

*Please list any additional information, needs, resources, referrals, or barriers to accessing referrals:*