

MAT CASE NAME

DCFS CASE#

MAT REF #

CHILD CONTEXTUAL SUMMARY

Child's Name:

Gender:

Child's Age:

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.

Child's Name:

Gender:

Child's Age:

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).

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FINDINGS FOR CHILD

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

Child's Name:

Gender:

Child's Age:

Strengths of the child:

1. Need:

Recommended Activities:

- A.
- B.
- C.
- D.

Referrals (include contact information):

Address:

Telephone #:

- 1)
- 2)

Linkage/ Status:

2. Need:

Recommended Activities:

- A.
- B.
- C.
- D.

Referrals (include contact information):

Address:

Telephone #:

- 1)
- 2)

Linkage /Status:

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Child's Name:	Gender:	Child's Age:
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3. Need:

Recommended Activities:

- A.
- B.
- C.
- D.

Referrals (include contact information): Address: Telephone #:

- 1)
- 2)

Linkage/ Status:

4. Need:

Recommended Activities:

- A.
- B.
- C.
- D.

Referrals (include contact information): Address: Telephone #:

- 1)
- 2)

Linkage/ Status:

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