

QRTP Assessment and Recommendations

<i>Child's name:</i>		<i>Birthdate:</i>		<i>Age:</i>		<i>Biological Sex:</i>	
<i>Date of QRTP assessment request:</i>		<i>Date QRTP assessment completed:</i>		<i>Assessor:</i>			
<i>Complete the items below, if applicable.</i>							
<i>Name of QRTP placement:</i>		<i>Date of QRTP placement:</i>		<i>Due date for court review:</i>			

Recommendation Regarding QRTP Placement:

<input type="checkbox"/>	QRTP placement IS recommended.
<input type="checkbox"/>	QRTP placement IS NOT recommended.

QRTP Recommendation Summary:

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QRTP Short and Long-term Mental and Behavioral Health Goals for Child:

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QRTP Assessment Sources of Information:

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Child's Name		Birthdate:	
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NOT FOR SUBMISSION TO COURT
The information in this section of the report is intended to inform case planning and treatment. Please share with the child's treating provider.

QRTP Assessment Findings

Background (including trauma history)	
Family considerations	
Strengths	
Emotional/behavioral functioning and risk behaviors (including substance use)	
Mental Health Diagnoses	
Medical Health Diagnoses	
Medications	
Developmental/Intellectual Functioning	
Treatment/Intervention History	
Education	
Supervision needs	