

Form YT10 Treatment Report Template

File details	
File number:	
Full name of child or young person:	
Date of birth:	
Gender:	
Ethnicity:	
Report required by:	Within 5 business days after the conclusion of the treatment

<p>Instructions:</p> <p>An order was made for treatment of a child under Part 7A of the <i>Controlled Substances Act 1984</i>.</p> <p>Please provide the Court with a report within 5 business days of the treatment of the Child by completing the details requested in this form.</p> <p>The completed report will need to be provided to the Court by emailing youthcourt@courts.sa.gov.au and quoting 'YTO Treatment Report – File number and child's name'. It will then be provided to the applicant and the child (or person representing the child) by the Court.</p> <p>Please be available on the date and time of the next hearing in case the Court wish to speak to you about any aspects of the report.</p>

Dates treatment received	
Material considered in preparing this report	
<p>Treatment received</p> <p>Please explain the treatment provided to the child.</p>	
<p>Child's progress towards treatment goals</p> <p>Please provide details about the child's progress towards treatment goals as detailed in the treatment and care plan.</p>	

<p>Compliance with the Treatment Order</p> <p>Please explain whether child has complied with the Treatment Order and what actions have occurred to ensure compliance with Treatment Order.</p>	
<p>Recommendations</p> <p>Please explain recommendations regarding continuity of care, harm reduction and relapse prevention planning.</p>	

Details of person who completed the Treatment Report	
Full Name	
Title	
Employment Address	
Email address	
Phone Number	

<p>Signature of Person who completed the Treatment Report:</p> <p>I confirm that I have discussed the Treatment Report with the child.</p> <p>..... Signature</p> <p>..... Date</p>
--