

Form YT10 Treatment Report Template

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| 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 |

Instructions:

An order was made for treatment of a child under Part 7A of the *Controlled Substances Act 1984*.

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.

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.

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.

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

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| <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 | |

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| <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> |
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