

## Form YTO9 Assessment Report Template

<b>File details</b>	
File number:	
Full name of child or young person:	
Date of birth:	
Gender:	
Ethnicity:	
Report required by:	<b>Within 7 business days following the making of an Assessment Order</b>

### **Instructions:**

An order has been made for assessment of a child under Part 7A of the *Controlled Substances Act 1984*.

The Court requests that you read the application and affidavit provided and assess the child. Please provide the Court with your assessment of the child by completing the details requested in this form within 5 business days of receiving the report request.

The completed report will need to be provided to the Court by emailing [youthcourt@courts.sa.gov.au](mailto:youthcourt@courts.sa.gov.au) and quoting 'YTO Assessment – 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.

<b>Assessment and interview dates</b>	
<b>Material considered in developing this assessment</b>	
<b>Child's history</b>  Record relevant biological, physiological, psychological, social history including any history of dependency on controlled drugs.	

<p><b>Controlled drug</b></p> <p>Please explain what controlled drug/s the child is using and its likely impact on the young person.</p>	
<p><b>Frequency of use</b></p> <p>Please explain the frequency of use of the drug/s. Please specify if you are of the view that the child is habitually using.</p>	
<p><b>Assessment/outcome tool used</b></p> <p>Please explain whether the child has been assessed as being dependent on 1 or more controlled drugs in accordance with the diagnostic criteria for a dependence syndrome specified in the International Classification of Diseases and Health Problems published by the World Health Organization.</p>	
<p><b>Risk assessment</b></p> <p>Please note any identified risks, including risks of self-harm, danger to self and others.</p>	
<p><b>Voluntary assessment</b></p> <p>Please explain whether the child refused to voluntarily seek an assessment.</p>	

<p><b>Less restrictive means</b></p> <p>Please explain if there is any other appropriate or less restrictive means available to ensure the child receives a relevant assessment.</p>	
<p><b>Likely impact of continued use on the child's life</b></p> <p>Please explain the likely impact of continued use of the controlled substance on the child.</p>	
<p><b>Recommended Treatment and Care Plan</b></p> <p>Please attach recommended treatment and care plan including the time, duration and frequency of treatment recommended.</p>	

<b>Details of person who completed the Assessment Report</b>	
Full Name	
Title	
Employment Address	
Email address	
Phone Number	

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