

MONTH/YEAR: _____

YOUTH NAME: _____

TOPIC: _____

WHAT SKILLS/GOALS ARE YOU WORKING ON OR IS RECOMMENDED BY A THERAPIST?

WHAT SIGNIFICANT ACTIVITIES DID YOU DO FOR ONE OR ALL OF THE LISTED SKILLS/GOALS

WHAT PROGRESS IS MADE AND WHAT ARE YOUR RECOMMENDATIONS?

SIGNATURE OF PROCTOR: _____

ALLOWANCE DOCUMENT

FORWARD BALANCE:	DATE RECEIVED:	AMOUNT:	END BALANCE:
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TOTAL MONTH FUNDS: _____

DATE	TRANSACTION	WITHDRAWAL	DEPOSIT	TOTAL END BALANCE
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YOUTH SIGNATURE OF FUNDS RECEIVED: _____

PROCTOR SIGNATURE OF FUNDS RECEIVED: _____