

Sample Youth Competency Assessment Follow-Up Form

Counselor's Name: _____ Date of Review: _____

Youth's Name: _____ Youth's I.D. # _____

These questions are a follow-up to the Youth Competency Assessment.

1. How would you rate the youth's competencies at completion compared to at assessment?

- Youth developed new skills or competencies
- Youth built on existing competencies
- No change in competencies
- Youth's behavior or situation worsened
- Other _____

2. Youth's skill(s)/competency(ies)/strength(s) that were developed:

3. Progress made toward competency development/skill-building goal(s):

4. Efforts made/accomplishments or improvements

a. Repairing Harm:

b. Creating a Healthy Identity:

c. Connecting to Family, Peers and Community:

5. Youth's future competency development/skill building goal(s):