

**MDHS/DYS Oakley Training School
Service Plan Audit Form (XIII.5.B)**

Youth: _____

File #: _____

Auditor: _____

Date of Audit: _____

Areas of Risk/Need

(Do the assessment results support the areas of risk/need that were identified and prioritized for treatment goals and interventions?)

Treatment Goals

(Are the treatment goals relevant to the areas of risk/need to be addressed, and will they alleviate and/or reduce the related area of risk/need.)

Interventions

(Are there clear and achievable interventions - actions steps - for each goal that has been established? Are they realistic?)

Sections of the Plan

(Is the information that is needed in each section of the service plan to have a comprehensive service plan provided? Is it complete?)

Time Table

(Was the plan developed within the specified time frames? If events or additional information have made it advisable to revise the treatment goals and the service plan, has that been done?)

Comments

(Any general remarks about the completeness of the service plan, the feasibility of its being completed during the stay at the training school, whether or not the plan is up to date, and/or other relevant comments.)

Signed (Auditor)

Date