

IHT PROGRESS INDICATORS FOR TRANSITION



Instructions for Families: Throughout your involvement with IHT, we want to have regular conversations with you to gather your feedback on progress, experience with IHT, and when would be an appropriate time to start the process of transitioning/closing IHT services, as well as create a plan with you for a smooth and successful ending with IHT.

1.	I feel my y	feel my youth/family has made progress in the last three months.								
	1 Disagree	2	3	4	5	6	7	8	9	10 Strongly Agree
2.	I am ready	m ready to continue working on my current treatment plan.								
	1	2	3	4	5	6	7	8	9	10
	Not ready		Little		Modera	ate		Significant		Fully ready
3.	B. I feel the treatment plan is helpful in addressing our youth/family's n							y's need areas/concerns.		
	1	2	3	4	5	6	7	8	9	10
	Unhelpful		Little		Moderate			Significant		Fully helpful
4. I/My family is ready to start the closing phase of treatment.										
	1	2	3	4	5	6	7	8	9	10
	Not ready		Little		Modera	ate		Significant		Fully ready
5.	5. I and my youth/family can manage and express big feelings appropriatel						ropriately.			
	1	2	3	4	5	6	7	8	9	10
	Not		Little		Modera	ate		Significant		Completely
6.	As a caregiver, I can manage challenging behaviors with my youth in the home.						ıth in the home.			
	1	2	3	4	5	6	7	8	9	10
	Not		Little		Modera	ate		Significant		Completely
7.	I/My famil	family can manage safety concerns with my youth.								
	1	2	3	4	5	6	7	8	9	10
	Not		Little		Moderate		Significant			Completely
8.	I/My youth	youth can follow through on plans/routines/tasks.								
	1	2	3	4	5	6	7	8	9	10
	Not		Little		Modera	ate		Significant		Completely



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9. I am confident that my youth/family can continue to make progress towards our goals.



	1 Not	2	3 Little	4	5 6 Moderate		8 Significant	9	10 Completely				
10. I am confident that my family can maintain progress made without IHT involvement.													
	1 Not	2	3 Little	4	5 6 Moderate		8 Significant	9	10 Completely				
11. I am confident in my abilities to access supports and resources without IHT.													
	1 Not	2	3 Little	4	5 6 Moderate		8 Significant	9	10 Completely				
12. I am confident in being able to maintain my family's support system.													
	1 Not	2	3 Little	4	5 6 Moderate		8 Significant	9	10 Completely				
Additional Comments for Transition Planning (current needs/concerns, supports/resources needed, etc):													