

South Carolina Department Of Juvenile Justice

OFFICE OF COMMUNITY JUSTICE

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Child Development-Community Policing,
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The TASC Database Guide

The Teen After School Center database guide has been developed to provide you with the information you need to collect and use the data from your program. Please use this tool to collect information on all children in your program. A report should be sent to the Columbia office on a monthly basis. If you have any questions or comments please free to contact us at dfello@scdjj.net

Site:

Juvenile TASC Record

[Add Record](#)

[Find Record](#)

Juvenile/Family Information

TASCId: County:

First Name: Last Name:

Date of Birth:

Gender: Ethnicity:

Limiting Physical/Psychological Conditions

Living Arrangement:

Parental Status:

Youth Suspended from School while in TASC?

Date: Days:

Reason:

Enter Scores for each Report Card

Change	TascId	Date	Behavior	GPA	Absences from School	Social Skills
<input type="checkbox"/>	<input type="text" value="nber"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Record: of 1

Parent/Guardian Contact Information

Title: First Name: Middle Initial: Last Name: Suffix:

Relationship to Juvenile:

Address:

Address 2:

City:

State: Zip:

Home Phone: Cell Phone: Work Phone:

School Information

Pre TASC Grade Average: Grade Level:

School Name:

School District:

Special Ed. Needs / Conditions: Individual Academic Plan:

504: IEP:

TASC Exit Information

Date Out:

Termination Status:

Post TASC Grade Average:

Number of TASC Absences:

Comments

Record: of 2

Referral Information

Date In: Referral Source:

If DJJ or Court Referred then:

MIS Nbr: Most Severe Offense:

Reason for Referral

Suspended/Expelled from School:

Acting Out Behavior:

Unsupervised after School:

Needs Tutoring/Mentoring:

Needs Skill Development:

Other Reason (specify):

Hobbies or Interests:

Juvenile's Strengths:

ALERTS

Date of Alert:

Other Supportive Services Required:

Has Youth Re-offended while in TASC?

Date:

Offense:

On-Site Education/Activities

Community Service Project:

Tutoring:

Cultural Awareness /Enrichment:

Life Skills:

Entrepreneurship:

Victim Awareness:

Law Related Education:

Parenting Classes for Parents:

Parenting Classes for Students:

Mentoring:

Alcohol Drug Education/Counseling:

Family Financial Counseling:

Advocacy Training for Parents:

Recreation:

Spiritual Development:

Other: (specify)

Services Referred

Mental Health Counseling:

Health Screening:

Vocational Training:

Parenting Classes for Parents:

Parenting Classes for Students:

Driver Education:

Alcohol Drug Education/Counseling:

Family Financial Counseling:

Advocacy Training for Parents:

Prison Tour:

Morgue Tour:

Job Placement:

Advanced Tutoring:

Other Service: (specify)

Make sure your site is here and is correct

Site: **Juvenile TASC Record**

Juvenile/Family Information

TASC Id County:

First Name Last Name

Birth:

Ethnicity

Limiting Physical/Psychological Conditions

Referral Information

Date In Referral Source

If DJJ or Court Referred then:

MIS Nbr Most Severe Offense

Reason for Referral

Suspended/Expelled from School

The number here will added automatically

From this drop down box choose the county the juvenile resides in

Site: **Juvenile TASC Record**

Juvenile/Family Information

TASC Id County:

First Name Last Name

Date of Birth:

Gender Ethnicity

Limiting Physical/Psychological Conditions

Living Arrangement:

Parental Status:

Referral Information

Date In Referral Source

If DJJ or Court Referred then:

MIS Nbr Most Severe Offense

Reason for Referral

Suspended/Expelled from School

Acting Out Behavior

Unsupervised after School

Needs Tutoring/Mentoring

Needs Skill Development

Other Reason (specify):

ALERTS

Date of Alert:

Other Supportive Services Required:

Site: **Juvenile TASC Record**

Juvenile/Family Information

TASC Id: County:

First Name: Last Name:

Date of Birth:

Gender: Ethnicity:

Limiting Physical/Psychological Conditions:

Referral Information

Referral Source:

If DJJ or Court Referred then:

MIS Nbr: Most Severe Offense:

Reason for Referral

Suspended/Expelled from School:

ALERTS

The child's first name here and last name here

Place the child's date of birth here

Site: **Juvenile TASC Record**

Juvenile/Family Information

TASC Id: County:

First Name: Last Name:

Date of Birth:

Gender:

Ethnicity:

Limiting Physical/Psychological Conditions:

Living Arrangement:

Referral Information

Date In: Referral Source:

If DJJ or Court Referred then:

MIS Nbr: Most Severe Offense:

Reason for Referral

Suspended/Expelled from School:

Acting Out Behavior:

Unsupervised after School:

Needs Tutoring/Mentoring:

ALERTS

Date of Alert:

From this drop down box choose the child's gender

Site: **Juvenile TASC Record**

Juvenile/Family Information

TASC Id: County:

First Name: Last Name:

Date of Birth:

Gender:

Ethnicity:

Limiting Physical/Psychological Conditions:

Living Arrangement:

Parental Status:

Referral Information

Date In: Referral Source:

If DJJ or Court Referred then:

MIS Nbr: Most Severe Offense:

Reason for Referral

Needs Tutoring/Mentoring:

Needs Skill Development:

Other Reason (specify):

ALERTS

Date of Alert:

Other Supportive Services Required:

The child's race is chosen from this drop down box

Site: **Juvenile TASC Record**

Juvenile/Family Information

TASCId: County:

First Name: Last Name:

Date of Birth:

Gender:

Limiting Physical/Psychological Conditions:

Living Arrangement:

Parental Status:

Youth Suspended

Date:

Reason:

Enter Scores for each Report Card

Referral Information

Date In: Referral Source:

If DJJ or Court Referred then:

MIS Nbr: Most Severe Offense:

Reason for Referral

Suspended/Expelled from School:

Acting Out Behavior:

Unsu...

Need...

Need...

Other:

Hobbies or Interests:

Juvenile's Strengths:

Any limiting conditions are placed here

Living Arrangements are chosen from this drop down box

ALERTS

Change Tascd Date Behavior GPA Absences Social Skills

Has Youth Re-offended

Site: **Juvenile TASC Record**

Juvenile/Family Information

TASCId: County:

First Name: Last Name:

Date of Birth:

Gender: Ethnicity:

Limiting Physical/Psychological Conditions:

Living Arrangement:

Parental Status:

Youth Suspended

Date:

Reason:

Enter Scores for each

Referral Information

Date In: Referral Source:

If DJJ or Court Referred then:

MIS Nbr: Most Severe Offense:

Reason for Referral

Needs Tutoring/mentoring:

Needs Skill Development:

Other Reason (specify):

Hobbies or Interests:

Juvenile's Strengths:

Parental Status is chosen from this drop down box

ALERTS

Change Tascd Date Behavior GPA Absences from School Social Skills

Has Youth Re-offended while in TASC?

Site: **Juvenile TASC Record**

Juvenile Information

TASC Id:

First Name: Last Name:

Date of Birth:

Gender: Ethnicity:

Limiting Physical/Psychological Conditions:

Referral Information

Date In: Referral Source:

If DJJ or Court Referred then:

MIS Nbr: Most Severe Offense:

Reason for Referral

Suspended/Expelled from School

Acting Out Behavior

Unsupervised after School

Other Reason (specify):

Hobbies or Interests:

Juvenile's Strengths:

Other Supportive Services Required:

ALERTS

This is for the date the child was referred to your program

The source of the referral is chosen from this box

Site: **Juvenile TASC Record**

Juvenile Information

TASC Id:

First Name: Last Name:

Date of Birth:

Gender: Ethnicity:

Limiting Physical/Psychological Conditions:

Living Arrangement:

Parental Status:

Referral Information

Date In: Referral Source:

If DJJ or Court Referred then:

MIS Nbr: Most Severe Offense:

Reason for Referral

Suspended/Expelled from School

Acting Out Behavior

Unsupervised after School

Needs Tutoring/Mentoring

Needs Skill Development

Other Reason (specify):

Hobbies or Interests:

Juvenile's Strengths:

Other Supportive Services Required:

ALERTS

Juveniles in the DJJ system will have a MIS number. It needs to go here

Their most Severe Offense is placed here. The offences are in alphabetic order

The reason the referral was made (check all that apply)

Add as many other reasons a necessary

This alert area is for anything that would need to be conveyed to the centers staff.

Examples are:

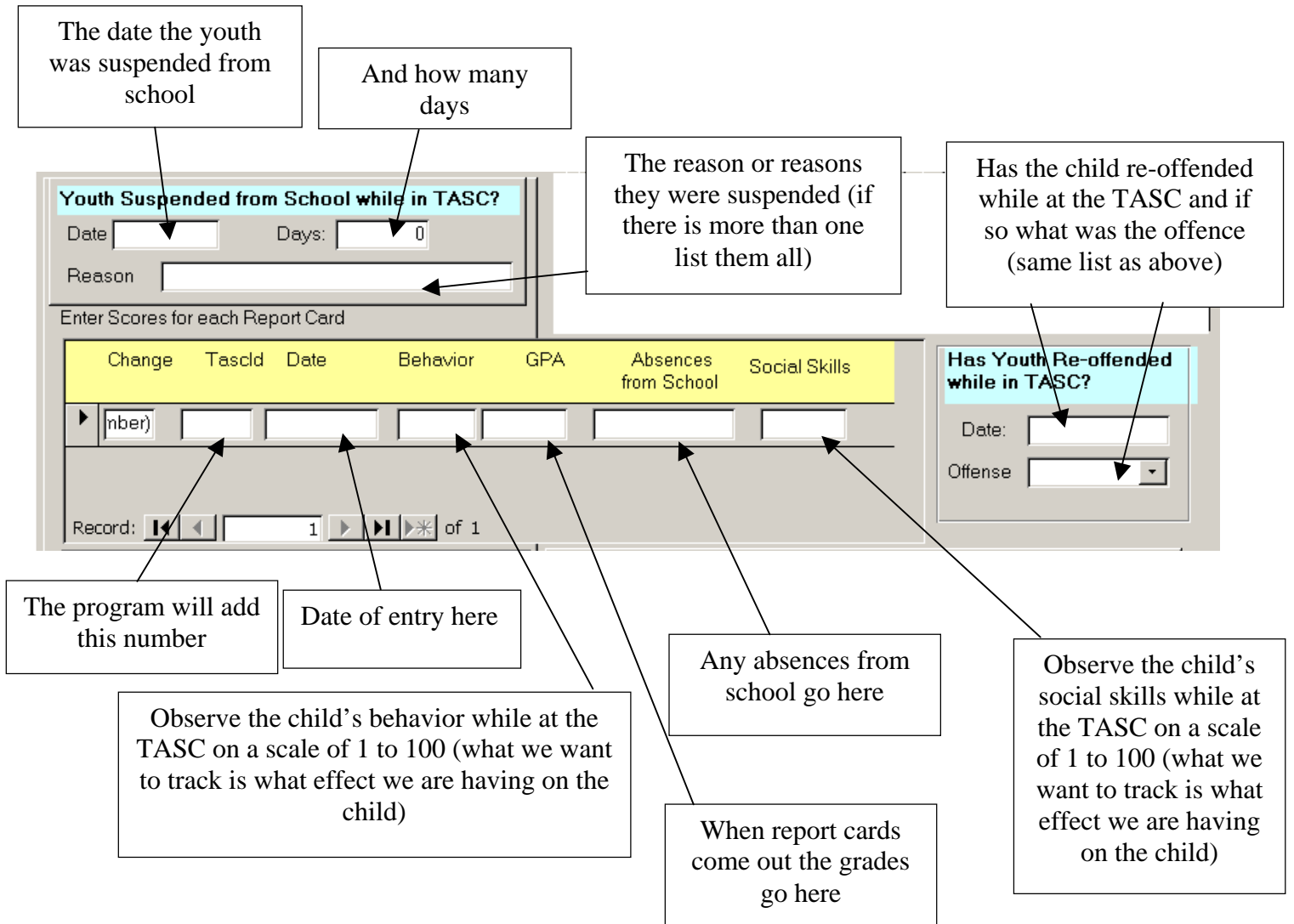
- Medical Issues
- Custody Issues
- Mental Health Issues
- and other issues

Any hobbies or special interests here

Any other services here

The child's strengths here

We need this section sent to us every month in the form of a report (Juvenile Progress Report found in the reports area) When this section is filled out for each student the information will be reported on that form and will need to be sent to the state coordinator. This information is VERY important to the program.



Parent/Guardian Contact Information

Title: First Name: Middle Initial Last Name: Suffix

Relationship to Juvenile:

Address:

Address 2:

City:

State: Zip:

Home Phone: Cell Phone: Work Phone:

School Information

Pre TASC Grade Average: Grade Level:

School Name:

School District:

Special Ed. Needs / Conditions: Individual Academic Plan

504 IEP

The information here is mainly for use by the center staff

On-Site Education/Activities	Services Referred
Community Service Project <input type="checkbox"/>	Mental Health Counseling <input type="checkbox"/>
Tutoring <input type="checkbox"/>	Health Screening <input type="checkbox"/>
Cultural Awareness /Enrichment <input type="checkbox"/>	Vocational Training <input type="checkbox"/>
Life Skills <input type="checkbox"/>	Parenting Classes for Parents <input type="checkbox"/>
Entrepreneurship <input type="checkbox"/>	Parenting Classes for Students <input type="checkbox"/>
Victim Awareness <input type="checkbox"/>	Driver Education <input type="checkbox"/>
Law Related Education <input type="checkbox"/>	Alcohol Drug Education/Counseling <input type="checkbox"/>
Parenting Classes for Parents <input type="checkbox"/>	Family Financial Counseling <input type="checkbox"/>
Parenting Classes for Students <input type="checkbox"/>	Advocacy Training for Parents <input type="checkbox"/>
Mentoring <input type="checkbox"/>	Prison Tour <input type="checkbox"/>
Alcohol Drug Education/Counseling <input type="checkbox"/>	Morgue Tour <input type="checkbox"/>
Family Financial Counseling <input type="checkbox"/>	Job Placement <input type="checkbox"/>
Advocacy Training for Parents <input type="checkbox"/>	Advanced Tutoring <input type="checkbox"/>
Recreation <input type="checkbox"/>	Other Service: (specify) <input type="text"/>
Spiritual Development <input type="checkbox"/>	
Other: (specify) <input type="text"/>	

What services, activities, and educational opportunities does your center provide for the children (list all that apply and add any not listed under other)

TASC Exit Information

Date Out

Termination Status

Post TASC Grade Average

Number of TASC Absences

Comments

ord: of 2

Date child leaves the center

What was the grade average when the child left the center

How many times were they absence from the center

Enter the status upon leaving

Choose from the drop down box

TASC Exit Information

Date Out

Termination Status

Post TASC Grade Average

Number of TASC Absences

Comments

Record: 1 of 1

- Successful
- Unsuccessful
- Incomplete

This area is for any comments you wish to make. Case notes can be entered here

As you enter new records this number will get bigger. Remember if you sort this file these numbers can change. After a sort the child that was number 100 may become number 3. It is normal for these numbers to change due to a pack or a sort.

NOTES: