

## Classification Form

<b>Student's Name</b> _____	<b>Date:</b> _____
<b>DOB:</b> _____	<b>Date of Commitment:</b> _____
<b>Commitment Number:</b> _____	
<b>Committing Offense:</b> _____	
<b>Present Unit:</b> _____	<b>Approved Unit:</b> _____

### A. Summary of Input from Classification Committee

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### B. Special Mental Health Concerns and Accommodations

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QMHP Signature: \_\_\_\_\_

### C. Recommended Classification Level

\_\_\_ High \_\_\_ Moderate \_\_\_ Low

Override to: \_\_\_ BMU \_\_\_ AMU \_\_\_ Other (specify \_\_\_\_\_)

Rationale for override of scored level, \_\_\_ Elopement \_\_\_ Safety Alert \_\_\_ Mental Health Issues \_\_\_ Aggressive/Assaultive Behavior \_\_\_ Other (specify) \_\_\_\_\_

Explain Rationale: \_\_\_\_\_

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Administrative Approval: \_\_\_ Approved \_\_\_ Disapproved \_\_\_ Pending

Facility Administrator Signature: \_\_\_\_\_