

**SPECIAL PLACEMENT FORM
XIII.7 Attachment A**

YOUTH _____ DATE PLACED IN UNIT _____
POD _____ TIME PLACED IN UNIT _____
PERSON REFERRING _____
SHIFT SUPERVISOR AUTHORIZATION _____

REASON FOR ADMISSION:

- 1. () Precautionary Status or Safety Alert
- 2. () Observation for Mental Health Issues
- 3. () Due Process Isolation
- 4. () Request for Protection

THE STUDENT IS:

- 1. () Indifferent
- 2. () Cooperative
- 3. () Resistive
- 4. () Irrational
- 5. () Violent
- 6. () Depressed

EXPLANATION:

NOTE: THE ABOVE IS TO BE COMPLETED ONLY BY THE SHIFT SUPERVISOR

.....
1st 24 Hours

Shift Supervisor _____ Counselor _____

QMHP _____ JCW _____

Special Placement Evaluation _____

Date of Evaluation _____ Time of Evaluation _____

2ND 24 Hours

Shift Supervisor _____ Counselor _____

QMHP _____ JCW _____

Special Placement Evaluation _____

Date of Evaluation _____ Time of Evaluation _____

3RD 24 Hours

Shift Supervisor _____ Counselor _____

QMHP _____ JCW _____

Special Placement Evaluation _____

Date of Evaluation _____ Time of Evaluation _____

DATE OF RELEASE _____ TIME OF RELEASE _____ POD _____

RELEASE AUTHORIZED BY _____

(Form to be used only until youth is sent back to originating POD or officially transferred by the treatment team to AMU or other appropriate placement.)