

**Mississippi Department of Human Services
Division of Youth Services
Oakley Youth Development Center
XIII.13.A**

HONORS PROGRAM APPLICATION

Date:

Name of Student:

Stage:

Risk Level:

Counselor Making Recommendation:

Reason for Recommendation (include progress made toward treatment goals):

- | | |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> No History of Violent Crime | <input type="checkbox"/> No history of escape in last 2 years or Escape Plan written |
| <input type="checkbox"/> No Major Violations in Past 30 days | <input type="checkbox"/> At facility at least 4 weeks |
| <input type="checkbox"/> 4 weeks or more left on current Commitment | |

Selection Committee Meeting Date:

Selection Committee Comments:

Approved by Majority Vote of Selection Committee **YES** **NO**

Selection Committee Signatures:

Approval of Facility Administrator or Designee:

Date: