

# Application for Stage Change

Your Name \_\_\_\_\_

Your Counselor's Name \_\_\_\_\_

Your QMHP's Name (if you have one) \_\_\_\_\_

Your Doctor's Name (if you have one) \_\_\_\_\_

What is your current stage? \_\_\_\_\_

Stage changes are based on your ability to identify and maintain your personal values and goals, identify and handle your emotions, and work on obtaining educational and vocational skills.

When your stage changes, you can make some decisions, have greater freedom, and earn opportunities to participate in activities scheduled on the unit, in the institution, or off campus in the community.

If you do not continue to participate in your treatment and educational program and to make progress in reaching your goals, you will not be considered for a stage change. Your treatment team will tell you what you must do in order to apply for a stage change.

*Please answer the following questions before you request a stage change from your treatment team:*

What are some goals from your Service Plan and Daily Point Sheets? Did you achieve them? If not, why not?

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Have you participated in counseling and therapy groups to which you have been assigned? What worksheets have you completed?

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Have you been making progress in your rehabilitation and education? How do people know that you are changing your behavior?

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\_\_\_\_\_  
Youth's Signature/ Date

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### COUNSELOR'S SECTION

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How many Positive Behavior Bucks has the youth earned in the last 14 days?  
\_\_\_\_\_...in the last 21 days? \_\_\_\_\_

How many times has youth had a Due Process Hearing in the last 14 days?  
\_\_\_\_\_...in the last 21 days? \_\_\_\_\_

How many minor incidents were on the youth's point sheets in the last 14 days?  
\_\_\_\_\_...in the last 21 days? \_\_\_\_\_

*If your request for stage change is disapproved, please complete the following before re-applying for stage change consideration:* \_\_\_\_\_

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\_\_\_ Approved \_\_\_ Disapproved (check one)

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Counselor's Signature/ Date