

BEHAVIOR INTERVENTION (BI) PLACEMENT AND RELEASE REPORT

YOUTH'S NAME: _____ **JETS#:** _____ **HOUSING UNIT:** _____
SMI/MR: Yes No
REASON FOR PLACEMENT: _____

SECTION I: BEHAVIOR INTERVENTION PLACEMENT INFORMATION				
Date Placed on BI: _____		Time Placed on BI: _____ AM/PM		
Authorized By: _____ <small>(Name / Title)</small>		Approved By: _____ <small>(Name/Title)</small>		
Reason for Placement on the Behavior Intervention Unit: (Be specific) _____ _____ _____				
Was Youth Issued a Code of Conduct Report: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		If Yes, Specify Rule # and Title of Violation Code: _____		
SECTION II: SOCIAL SERVICES NOTIFICATION				
Was Social Service Staff Notified of Placement: <input type="checkbox"/> YES <input type="checkbox"/> NO		Social Service Staff Contacted At: _____ AM / PM		
Time of Assessment: _____ AM / PM		Assessment Conducted By: _____		
SECTION III: SERIOUS MENTAL ILLNESS / MENTAL RETARDATION ASSESSMENT <small>(to be completed if youth is seriously mentally ill or mentally retarded) (if not-applicable write N/A across this section)</small>				
<input type="checkbox"/> Serious Mental Illness		<input type="checkbox"/> Mental Retardation		
Was There a Need to Contact Mental Health Staff Due to Youth's Classification (SMI/MR): <input type="checkbox"/> YES <input type="checkbox"/> NO				
Mental Health Staff Contacted at: _____ AM / PM				
JJS Signature: _____ (Name/Title)				
Time of Youth Interview, Assessment and Treatment by Mental Health Staff: _____ AM / PM				
If Assessed by Qualified Nurse - Was the Qualified Mental Health Professional Contacted via Telephone: <input type="checkbox"/> YES <input type="checkbox"/> NO		Was There a Need for a Face-to-Face Assessment by the Qualified Mental Health Professional: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Assessment Conducted By: _____ (Name/Title)				
SECTION IV: RESULTS OF CODE OF CONDUCT/DUE PROCESS COMMITTEE				
Date of Hearing: _____		Disposition/Penalty: _____		
		Results: _____		
SECTION V: RELEASE FROM BEHAVIOR INTERVENTION				
Date Released From BI: _____		Time Released From BI: _____ AM / PM		
Youth Released From BI By: _____ (Releasing Authority Name/Title or Committee Title/Name of Chairman)				
JJS Signature: _____ (Name/Title)				
ARE THE FOLLOWING REPORTS ATTACHED	YES	NO	N/A	COMMENTS
Copy of Incident/Code of Conduct Report				
SDTO, if applicable				
Interim Behavior & Activity Documentation Sheet(s)				
Daily Assessment of BI Youth				

Unit Supervisor's Signature: _____ (Name/Title) Date: _____