MDHS/DYS Oakley Youth Development Center
Form VII.9.C Special Accomodations

Youth Name: ___________________________ Date of Violation: ____/____/____
Rule Violation Tracking #: ___________________________ Incident #: ___________________________

Recommendations for addressing the misconduct of youth with special needs

Mental Health

☐ Address misconduct via formal due process hearing. Youth is capable of assisting with his/her defense.

☐ Address misconduct via formal due process hearing. However, youth requires a staff representative familiar with issues related to serious mental illness or cognitive impairment.

☐ Based on the evaluation and recommendation of a qualified mental health professional (QMHP), the youth in violation will have specific consequences applied to address his or her behavior (see attached document):

QMHP: ___________________________ Counselor: ___________________________
Due Process Hearing Officer ___________________________ Date: ___________________________

Special Education

Input required: ☐ Yes ☐ No Name: ___________________________ Title: ___________________________
Issues/Challenges:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Recommendations:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Special Education Representative: ___________________________ Date: ___________________________

DHO: ___________________________ Date: ___________________________

Witness Requested: ☐ Yes ☐ No Name ___________________________ ☐ Staff ☐ Youth
Statement(s) attached ☐ Yes ☐ No

Form VII.9.C Special Accomodations Effective Date: 4/7/10 Revised Date: 06/30/12