

**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: \_\_\_\_\_

DHO: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Requested:  Yes  No Name \_\_\_\_\_  Staff  Youth  
*Statement(s) attached*  Yes  No