SPECIAL PLACEMENT FORM
XIII.7 Attachment A

YOUTH ___________________________ DATE PLACED IN UNIT ___________________________
POD ___________________________ TIME PLACED IN UNIT ___________________________
PERSON REFERRING ___________________________
SHIFT SUPERVISOR AUTHORIZATION ___________________________

REASON FOR ADMISSION: ___________________________
THE STUDENT IS: ___________________________
1. ( ) Precautionary Status or Safety Alert 1. ( ) Indifferent 5. ( ) Violent
2. ( ) Observation for Mental Health Issues 2. ( ) Cooperative 6. ( ) Depressed
3. ( ) Due Process Isolation 3. ( ) Resisitive 4. ( ) Irrational
4. ( ) Request for Protection

EXPLANATION: ___________________________

NOTE: THE ABOVE IS TO BE COMPLETED ONLY BY THE SHIFT SUPERVISOR

1ST 24 Hours

Shift Supervisor ___________________________
Counselor ___________________________
QMHP ___________________________
JCW ___________________________
Special Placement Evaluation ___________________________

Date of Evaluation ___________________________
Time of Evaluation ___________________________

2ND 24 Hours

Shift Supervisor ___________________________
Counselor ___________________________
QMHP ___________________________
JCW ___________________________
Special Placement Evaluation ___________________________

Date of Evaluation ___________________________
Time of Evaluation ___________________________

3RD 24 Hours

Shift Supervisor ___________________________
Counselor ___________________________
QMHP ___________________________
JCW ___________________________
Special Placement Evaluation ___________________________

Date of Evaluation ___________________________
Time of Evaluation ___________________________

DATE OF RELEASE ___________________________
TIME OF RELEASE ___________________________
POD ___________________________
RELEASE AUTHORIZED BY ___________________________

(Form to be used only until youth is sent back to originating POD or officially transferred by
the treatment team to AMU or other appropriate placement.)