

Behavior Management Isolation Extension

Youth Name: _____ Unit: _____ Room Number: _____
Date of BMI: _____ Time of BMI: _____ Signature: _____

Youth Name: _____ Unit: _____ Room Number: _____
Date BMI Extension Ended: _____ Time BMI Extension Ended: _____ Signature: _____

EXTENSION: 2 through 4 hours
Reason for Extension: _____

Supervisor Signature: _____ Date: _____

EXTENSION: 4 through 6 hours
Reason for Extension: _____

Supervisor Signature: _____ Date: _____

EXTENSION: 6 through 8 hours
Reason for Extension: _____

Supervisor Signature: _____ Date: _____

EXTENSION: 8 through 10 hours
Reason for Extension: _____

Supervisor Signature: _____ Date: _____

Behavior Management Isolation Extension (continued)

Youth Name: _____ Unit: _____ Room Number: _____
Date of BMI: _____ Time of BMI: _____ Signature: _____

EXTENSION: 10 through 12 hours
Reason for Extension: _____

Supervisor Signature: _____ Date: _____

EXTENSION: 12 through 14 hours
Reason for Extension: _____

Supervisor Signature: _____ Date: _____

EXTENSION: 14 through 16 hours
Reason for Extension: _____

Supervisor Signature: _____ Date: _____

EXTENSION: 16 through 18 hours
Reason for Extension: _____

Supervisor Signature: _____ Date: _____