

REQUEST TO TERMINATE TBS DURING ASSESSMENT SERVICES

Participant Name: _____

1. Reason for requesting termination of TBS during TBS Assessment Services:

- ☐ Client is not a member of the class
- ☐ Client is not currently receiving specialty mental health services
- ☐ Mental Health Provider not willing to collaborate with TBS
- ☐ Client does not have a need for TBS
- ☐ In the clinical judgment of the primary mental health provider the child/youth's behavior or symptoms ARE NOT jeopardizing placement in current residential facility as documented in progress note dated:
- ☐ In the clinical judgment of the primary mental health provider there is NO expectation of a change in behavior or symptoms that will jeopardize the stability of the transition of the child/youth to a lower level of residential placement as documented in progress note dated:
- ☐ Parent requested to terminate TBS

The need for TBS is solely:

- ☐ for the convenience of the family or other caregivers, physician or teacher
- ☐ to provide supervision or to assure compliance with terms and conditions of probation
- ☐ to ensure the child/youth's physical safety or the safety of others, e.g. suicide watch
- ☐ to address conditions that are not part of the child/youth's mental health condition
- ☐ Client can sustain non-impulsive self-directed behavior and handles him or herself appropriately in social situations with peers and can appropriately handle transitions during the day.
- ☐ Client is an inpatient of a hospital, PHF or IMD
- ☐ Client is in juvenile hall without a placement order
- ☐ Other (brief description):
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2. Parties made aware of termination:

Participant/caregiver/guardian are aware of the reasons TBS are being terminated:

- ☐ Yes
- ☐ No

Primary Therapist/SMHP are aware of the reasons TBS are being terminated:

- ☐ Yes
- ☐ No

If no, indicate the reason:

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Date of progress note(s) documenting notification of termination: _____

TBS Coach Signature

Date

TBS Supervisor Signature

Date

TO BE COMPLETED IN URC:

☐ Chart is reviewed and documents the need to terminate TBS.

☐ Client is eligible for TBS and it is appropriate for TBS to continue.

An extension for TBS Assessment Services are approved until _____.

Please address the following issues:

Andrea Kiefer, LCSW
ACBH TBS Administrator

Date

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