

Recommendation Checklist

Revised: February 15, 2019

CHILD'S NAME:	DATE OF EVALUATION:
AS A RESULT OF THE CURRENT ASSESSMENT	
<input type="checkbox"/> RESIDENTIAL PLACEMENT FOR MENTAL HEALTH TREATMENT IS RECOMMENDED BECAUSE: <ul style="list-style-type: none"> • The child appears to have an emotional disturbance serious enough to require residential treatment and is reasonably likely to benefit from the treatment. • The child has been provided with a clinically appropriate explanation of the nature and purpose of the treatment. • All available modalities of treatment less restrictive than residential treatment have been considered, and a less restrictive alternative that would offer comparable benefits to the child is unavailable. 	
LEVEL OF RESIDENTIAL PLACEMENT IS RECOMMENDED: <input type="checkbox"/> <u>Psychiatric Residential Services in a facility licensed under Chapter 395, F.S. or Chapter 65E-9, F.A.C. that is not a Specialized Therapeutic Group Home:</u> Features of this level of care include: <ul style="list-style-type: none"> • Staff, including nursing staff, available 24 hours per day. • The possible use of seclusion and/or restraint to control aggressive or self-injurious behavior • Educational needs met in a secure setting provided by the residential provider. OR <input type="checkbox"/> <u>Specialized Therapeutic Group Home</u> Features of this level of care include: <ul style="list-style-type: none"> • Educational needs may be met in the community. • Neither seclusion nor mechanical restraint may be used at this level of care. 	

AS A RESULT OF THE CURRENT ASSESSMENT
<input type="checkbox"/> Residential placement for mental health treatment is NOT recommended.

 Evaluator Signature

 Date