**Date of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client age\_\_\_\_\_\_\_\_\_\_\_**

**Persons and resources utilized in this assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Presenting problem**:**

**Select areas of impact and indicate the level of severity: none-0, mild-10, moderate-20, or severe-30**

[ ] **Home problems:\_\_\_\_\_** [ ] **Mood/Emotional Stability: \_\_\_\_\_**

[ ] **School problems: \_\_\_\_\_** [ ] **Thoughts: \_\_\_\_\_\_\_\_**

[ ] **Community problems:\_\_\_\_\_\_\_\_** [ ] **Behavior toward others: \_\_\_\_\_\_\_\_**

[ ] **Substance use: \_\_\_\_\_\_\_\_** [ ] **Primary caregiver support: \_\_\_\_\_\_\_\_**

[ ] **Self-harm behavior: \_\_\_\_\_\_\_\_** [ ] **Secondary caregiver support (2):\_\_\_\_\_\_\_\_\_\_**

**Onset of problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Risk assessment**:**

 **Suicidal behavior:** [ ] **yes** [ ] **no Access to weapons:** [ ] **yes** [ ] **no**

**Homicidal behavior:** [ ] **yes** [ ]  **no Potentially aggressive pets:** [ ] **yes** [ ] **no**

**Anger management issues:** [ ]  **yes** [ ] **no Illegal activities in home:** [ ] **yes** [ ] **no**

 **Self-abuse:** [ ] **yes** [ ] **no Family violence:** [ ]  **yes** [ ] **no**

 **Is client currently at risk of harm toward self or others?** [ ] **yes** [ ]  **no**

**If yes include an explanation of behavior and a safety plan with this assessment.**

# Previous attempts to solve problems and their results:

[ ] **individual therapy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ] **helpful**

[ ] **family therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

[ ] **medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

[ ] **by client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_** [ ]

[ ] **psychiatric hospitalization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

 **number of times hospitalized in past two years \_\_\_\_\_\_\_**

[ ] **self-help group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

[ ] **substance abuse treatment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

[ ] **other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

# Desired results of treatment:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Stage of Change: **by Client Caregiver**

|  |  |  |
| --- | --- | --- |
| **I do not need to make any changes** |  |  |
| **I have thought about making some changes** |  |  |
| **I am thinking about making changes** |  |  |
| **I am making changes**  |  |  |
| **I have made changes and things are going well** |  |  |

# Screenings:

 **Has the client been screened for ADHD**?

 [ ] yes [ ] no

 **Has the client been screened for Depression?**

[ ]  **yes** [ ]  **no**

**Has the client been screened for Substance Abuse**

[ ]  **yes** [ ]  **no**

Trauma:  **Does the client have a history of traumatic experience? \_\_no \_\_yes**

**\_\_\_ physical abuse \_\_\_ physical neglect \_\_\_ sexual abuse \_\_\_ emotional abuse**

**\_\_\_ witnessed abuse \_\_\_ family violence \_\_\_ community violence \_\_\_ own violence**

**\_\_\_ murder of family member or friend \_\_\_ suicide of family member or friend**

**\_\_\_ adopted \_\_\_illness of parent \_\_\_change in primary caregiver \_\_\_ pregnancy**

**\_\_\_ death of loved one \_\_\_ foster care \_\_\_incarcerated parent \_\_\_multiple moves**

Relationships and attachments **(include family and natural supports to client and family)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Relationship to client** | **Name** | **Lives with child?** | **Age** | **Quality of relationship** |
| **mother** |  |  |  |  |
| **father** |  |  |  |  |
| **step-parent** |  |  |  |  |
| **sibling** |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

# Health

 **Prenatal exposure to \_\_cigarettes \_\_ drugs \_\_alcohol \_\_ violence \_\_ no report/unknown**

 **Developmental milestones: \_\_ normal range \_\_ delays \_\_\_ early \_\_unknown**

 **Chronic illness: \_\_ yes \_\_no Surgeries: \_\_yes \_\_\_no**

 **Immunizations up to date: \_\_\_ yes \_\_ no Head injury: \_\_\_ yes \_\_\_not reported**

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

Medications

 **\_\_prescribed psychotropic medications \_\_\_ compliant \_\_\_ non-compliant**

**\_\_ prescribed medications for health care \_\_\_compliant \_\_\_ non-compliant**

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

# Bio-rhythms

 **Sleep: \_\_normal range \_\_ inadequate \_\_\_ excessive**

 **Diet: \_\_ healthy diet \_\_over eats \_\_ under eats \_\_ family eats healthy**

 **Exercise: \_\_\_ regular activity \_\_\_prefers passive activities \_\_\_ athletic lifestyle**

# Substance Use

 **Cigarette/tobacco use: \_\_\_ yes, recent \_\_\_ past use \_\_ no history**

 **Substance use: \_\_\_ yes, recent \_\_\_ past use \_\_ no history**

 **Alcohol use: \_\_\_ yes recent \_\_\_ past use \_\_ no history**

 **Text box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Sexuality

 **Gender Expression: \_\_male \_\_ female \_\_ transgender**

 **Sexual Orientation: \_\_ heterosexual \_\_ homosexual \_\_bisexual \_\_asexual**

 **Puberty Onset: \_early \_late \_normal range**

 **Sexually active: \_\_unknown \_\_\_ no \_\_\_ yes**

 **Access to birth control: \_\_ yes \_\_ no**

# Education

 **Performance: \_\_ on grade level \_\_ below grade level \_\_ advanced \_\_\_ passing grades**

 **Learning disabilities: \_\_\_ yes \_\_\_ none reported \_\_ wants an evaluation**

 **\_\_\_has an IEP \_\_\_utilizes ECE \_\_\_\_ truancy/attendance**

**\_\_\_\_ suspension/disciplines \_\_\_alternate placements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Language and Communication

**\_\_\_ hearing needs \_\_\_ vision needs \_\_English as a second language**

 **\_\_translator needed \_\_\_ communication aids \_\_\_\_ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_ shares thoughts and feelings \_\_ communicates needs respectfully**

# Vocational/employment

 **\_\_\_ employed \_\_would benefit from vocational training \_\_has career goals**

# Legal

**\_\_ N/A \_\_custody order \_\_\_DJJ involvement \_\_\_CDW \_\_\_ DCBS custody \_\_ legal offenses**

# Financial

**\_\_adequate to meet needs of child \_\_\_would benefit from resource assistance \_\_\_ housing needs**

# Social relationships

**Identifies with \_\_\_prosocial peer group \_\_\_ problem peer group \_\_\_withdrawn**

**\_\_\_\_Bully/victim interactions with peers \_\_\_ identifies having a close friend**

# Leisure and recreation skills

 **\_\_identifies special interests and hobbies \_\_ loss of interest**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Culture and Ethnicity

 **\_\_ client identifies with a specific culture or ethnicity \_\_ identifies with majority culture**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Spirituality and Religion

 **\_\_ active with a religious organization \_\_\_reports spiritual interests or beliefs**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Community/neighborhood

 **\_\_\_ stable \_\_\_\_ distressed \_\_\_ threatening**

# Diagnosis:

 **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **II\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **III\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **IV\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **V** GAF: current \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 GARF current \_\_\_\_\_\_\_\_\_\_\_\_\_

# Strengths and Problems that may affect the treatment process:

[ ]  **Barriers to treatment**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ] **Supports to treatment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Intensity and Level of care recommendations: Trauma System Therapy Assessment Grid Social-Environmental Stability

|  |  |  |  |
| --- | --- | --- | --- |
|  | **\_\_Stable:** caregiver is stable and has the capacity to help manage emotion and to protect from stressors | **\_\_Distressed** : caregiver has difficulty helping child manage emotion or difficulty protecting from stressors | **\_\_Threatening:** caregiver has difficulty helping child manage emotion or protect from stressors and there is a threat of harm to the child |
| **\_\_Regulated:** has pretty good control over emotional states and spends most of time in a regulated emotional state | **Level 5****Beyond Trauma** | **Level 4****Beyond Trauma** | **Level 3****Safety Focused** |
| **\_\_Dysregulation of Emotions:** has difficulty controlling emotional states, limited ability to self-soothe, reinstate calmness, and engage with environment**.** | **Level 4****Regulation Focused** | **Level 3****Regulation Focused** | **Level 2****Safety Focused** |
| **\_\_Dysregulation of Behavior:** has difficulty controlling emotional states, and is expressed in potentially dangerous behaviors | **Level 3****Regulation Focused** | **Level 2****Safety Focused** | **Level 1** **Safety Focused** |

**Regulation of Emotion and Behavior**

[ ]  **Level 5:** outpatient therapy: 1x week or less that helps client transcend trauma, find meaning, and hope for the future. (Non-SED)

[ ]  **Level 4**: outpatient therapy with goal of establishing therapeutic communication between family and child so that they are no longer consumed by trauma history. Emotional regulation skills should already be in place so that the child can utilize cognitive therapy to process trauma.

[ ]  **Level 3**: outpatient care with additional intensive/supportive services with goal to develop skills to manage emotion and establish safe social environment. The child and family should be taught skills to help endure the impact of trauma and minimize behavior. The caregivers work to create a safe home environment. Medication therapy may be beneficial at times.

[ ]  **Level 2:** intensive, community based services, some may require acute residential with goal to create a safe social environment. The family disorganization or stressors may trigger the child. School, peer, and neighborhood may also be unstable and triggering. Treatment will focus on emotional regulation skills to cope with the difficult environment. Consider wrap around and assess for medication therapy.

[ ]  **Level 1:** very intensive services: crisis management/residential/in-patient with goal to protect the child from threats and dangerous impulses. Home and community based services should be intensive and coordinated with community services (CPS, jail, hospitals, DJJ, domestic violence, gangs, social services). Assess for medication therapy.

**Does this client meet the criteria for SED?** [ ] **yes** [ ] **no**

**Does this client meet the criteria for case management services?** [ ] **yes** [ ] **no**

# Provider summary and recommendations for care:

# Treatment Plan and Service Referrals:

|  |  |  |
| --- | --- | --- |
| **Problems** | **Goals** | **Interventions and modalities**  |
|  |  | **☐medication therapy ☐case management services ☐community support associate ☐substance abuse treatment☐group therapy ☐self-help groups☐psychological testing☐art therapy☐individual therapy☐family therapy**  |

**Releases were obtained and referrals were made to the following:**

**Case Management criteria 907 KAR 15:040E, 907KAR 15:050E, and 907KAR 15:060E:**

**Type I: for individuals with Serious Emotional Disability (SED) or Serious Mental Illness (SMI)**

The client must have one of the following conditions:

1. \_\_\_\_\_ a serious mental illness (SMI) with DSM diagnosis or exhibits significant symptoms for 2 years; or
2. \_\_\_\_\_ been hospitalized for mental illness more than once with in the past 2 years and be impaired to function both socially or occupationally or both; or
3. \_\_\_\_\_\_ a severe emotional disability (SED) that was based on the DSM and presents substantial limitation that have persisted for 1 year in at least 2 of the following areas:
4. \_\_\_\_\_\_ Self-care
5. \_\_\_\_\_\_ Interpersonal relationships
6. \_\_\_\_\_\_ Family life
7. \_\_\_\_\_\_ Self-direction and education
8. \_\_\_\_\_\_ The individual has been removed from the home by DCBS and has been unable to maintain in a stable setting due to a behavioral or emotional disturbance
9. \_\_\_been judged by a mental health professional to be

1.\_\_\_\_\_\_ a high risk for being substantially limited in at least 2 of the areas listed above for 1 year without professional intervention and have

2. \_\_\_\_\_\_ not be between the ages of 22 and 64 years while receiving services in an institution for mental diseases; or an inmate in a public institution;

And need assistance with access to:

1. \_\_\_\_\_\_Housing
2. \_\_\_\_\_\_Vocational medical social educational or other community services or supports and
	1. \_\_\_\_\_\_Have been involved with at least one child welfare agency or criminal justice agency or
	2. \_\_\_\_\_\_In the custody of DCBS, or
	3. \_\_\_\_\_\_At risk of impatient mental health treatment
	4. \_\_\_\_\_\_At risk of out of home placement

**Type II: for individuals with co-occurring Mental Health or Substance Use Disorders (SUD) and chronic complex physical health issues**

The client must have one of the following conditions:

1. \_\_\_\_\_\_ a serious mental illness (SMI) with DSM diagnosis or exhibits significant symptoms for 2 years; or
2. \_\_\_\_\_\_ been hospitalized for mental illness more than once with in the past 2 years and be impaired to function both socially or occupationally or both; or
3. \_\_\_\_\_\_ a severe emotional disability (SED) that was based on the DSM and presents substantial limitation that have persisted for 1 year in at least 2 of the following areas:
4. \_\_\_\_\_\_ Self-care
5. \_\_\_\_\_\_ Interpersonal relationships
6. \_\_\_\_\_\_ Family life
7. \_\_\_\_\_\_ Self-direction and education
8. \_\_\_\_\_\_ The individual has been removed from the home by DCBS and has been unable to maintain in a stable setting due to a behavioral or emotional disturbance
9. \_\_\_\_\_\_been judged by a mental health professional to be

1.\_\_\_\_\_\_ a high risk for being substantially limited in at least 2 of the areas listed above for 1 year without professional intervention and have

 2.\_\_\_\_\_\_a chronic complex physical health issue;

3. \_\_\_\_\_\_ not be between the ages of 22 and 64 years while receiving services in an institution for mental diseases; or an inmate in a public institution;

And need assistance with access to:

1. \_\_\_\_\_\_Housing
2. \_\_\_\_\_\_Vocational medical social educational or other community services or supports and
	1. \_\_\_\_\_\_Have been involved with at least one child welfare agency or criminal justice agency or
	2. \_\_\_\_\_\_In the custody of DCBS, or
	3. \_\_\_\_\_\_At risk of impatient mental health treatment
	4. \_\_\_\_\_\_ At risk of out of home placement

 **Type III: for individuals with Substance Use Disorder (SUD)**

The client must have one of the following conditions**:**

1. \_\_\_\_\_\_ shall have a Substance Use Disorder (SUD) or a co-occurring SUD and a DSM diagnosis; and
2. \_\_\_\_\_\_ have lack of access to recovery supports; or need assistance with access to housing, vocational, medical, social, educational, or other community services and supports; or involvement with one or more child welfare or criminal justice agencies but not be an inmate of a public institution;
3. \_\_\_\_\_\_ not be between the ages of 22 and 64 years while receiving services in an institution for mental diseases;
4. \_\_\_\_\_\_ or not be an inmate of a public institution;

Does this client meets the criteria for targeted case management services under the 907 KAR 15:040E, 15:060 E, and 15:060E \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Signature and credentials of provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(SED) Seriously Emotionally Disabled Criteria KRS 200.501 to 200.509**

A child (0 to 18 years) with a severe emotional disability means a child with a clinically significant disorder of thought, mood, perception, orientation, memory or behavior that is listed in the current edition of the American Psychiatric Associations Diagnostic and Statistical Manual of Mental Disorders and that:

a.\_\_\_\_\_ presents substantial limitation that have persisted for a least one (1) year or

b.\_\_\_\_\_ are judged by a mental health professional to be a high risk of continuing for one (1) year without professional intervention in at least two (2) of the following (5) areas:

1. \_\_\_\_\_\_ self-care, defined as the ability to provide, sustain, and protect his or herself at a level appropriate to his or her age
2. \_\_\_\_\_\_ interpersonal relationships, defined as the ability to build and maintain satisfactory relationships with peers and adults
3. \_\_\_\_\_\_ family life , defined as the capacity to live in a family or family type environment
4. \_\_\_\_\_\_self-direction, defined as the child’s ability to control his or her behavior and to make decision in a manner appropriate to his or her age
5. \_\_\_\_\_\_ education, defined as the ability to learn social and intellectual skills from teachers in available educational settings, or

c. \_\_\_\_\_\_ Is a Kentucky resident and is receiving residential treatment for emotional disability through the interstate compact; or

d. \_\_\_\_\_\_ The Department for Community Based Services has removed the child from the child’s home and has been unable to maintain the child in a stable setting due to

1.\_\_\_\_\_\_ behavioral or emotional disturbance; or

2.\_\_\_\_\_\_ is a person under twenty-one (21) years of age meeting the criteria of paragraph (a) of this subsection and who was receiving services prior to age eighteen (18) that must be continued for therapeutic benefit.

\_\_\_\_\_\_\_Yes, This client does meets the KRS criteria for a severe emotional disability.

\_\_\_\_\_\_\_No, This client does not meet the KRS criteria for a severe emotional disability.

Signature and credentials of the provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_