



Internal Transfer Assessment Tool

Client Name

Client Behavioral Percentage (*Attach Report*)

Recommended Action:

- Level of Care (*Increase*)
- Level of Care (*Step Down*)
- Level of Care (*Lateral Move*)

Behavioral Questions	Yes	No	Comments
1. Has the client displayed any concerning physical aggression towards others?			
2. Has the client presented any elopement concerns?			
3. Does the client have any pending charges and/or DJJ Involvement?			
4. Does the client have any history of "Bullying" others?			
5. Does the client have any concerns with following house rules or staff prompts?			
6. Does the client have any facility-based Incidents? Please comment and/or cross reference?			
7. Does the client have any concerns relative to screen time addictions or electronics related behaviors?			
8. Does the client have any substance abuse concerns?			
9. Does the client present any behavioral concerns that have not been discussed in the questions above?			

Hygiene Questions	Yes	No	Comments
1. Does the client present a clean appearance?			
2. Does the client have any concerns with taking daily showers?			
3. Does the client keep his personal space in neat and tidy?			
4. Does the potential resident have dental concerns or concerns with proper oral hygiene?			

Academic Questions	Yes	No	Comments
1. Does the client participate in school with success?			
2. What school is the client currently attending?			



Professional Review

This form was completed by the Qualified Professional signing below:

Qualified Professional Signature

Date

Forwarded for Clinical Review ----->

Clinical Document Description	YES	NO	Clinician Signature
Comprehensive Clinical Assessment (Minimum of last 12 months)			<i>As the clinician making this level of care recommendation, I have reviewed prior clinical documents, evaluated current behaviors and APPROVE this internal transfer of facility.</i> YES <input type="checkbox"/> NO <input type="checkbox"/>
Comprehensive Clinical Assessment Addendum (Recommending Level of Care within 30 Days)			
Person Centered Plan with Signed Service Order			
CALOCUS (Within 2 Weeks)			

Licensed Clinician

Date