THERAPEUTIC BEHAVIORAL SERVICES (TBS) TERMINATION REPORT

NAME / MRN

TBS Agency    TBS Specialist/Coach    Termination Date

(Closing Status)

☐ Goals Met ☐ Goals Partially Met ☐ Refused Services ☐ Moved Out of Area

☐ TBS Inappropriate (explain why):

☐ Other (describe):

Residence/Placement:

Residence at time of termination:

Placement changes during TBS:

Psychiatric emergency/psychiatric hospitalizations during TBS:

Goal (Exactly as it appears in the treatment plan):

Summary of Services

Result (Describe progress in terms of data on frequency, duration, and severity of target behavior(s). Add information about the use of adaptive skills in a narrative format.):
Adaptive Behaviors and Interventions (Discuss what adaptive/replacement behaviors/skills were used and how they were taught. Briefly describe successful interventions and how these supported client in meeting the goal. Discuss caregiver and involvement. It must match the treatment plan): 

Barriers to Success (List any barriers to success that were evident during services. Discuss how these barriers were addressed): 

Process of Termination & Transition (Discuss treatment changes during fade-out, including systematic reduction in service hours, changes in interventions and rewards systems to promote independence, etc. Describe participation of the child and caretakers):
Teamwork During TBS *(Document contacts with caregivers, point person, therapists, school personnel, etc):*

Future Recommendations *(Examples of services include therapeutic services wraparound, medication evaluation, parenting classes, mentoring, respite for caregivers, academic support, life skills training, etc. If you have recommended something before, comment on progress here.)*

Initial Authorization/Assigned Date: ______________

Total Number of Hours of TBS: ______________

Total Number of Weeks of TBS: ______________