



# Therapeutic Behavioral Services (TBS) Termination Report

NAME / MRN \_\_\_\_\_

\_\_\_\_\_  
TBS Agency

\_\_\_\_\_  
TBS Specialist/Coach

\_\_\_\_\_  
Point Person

Date of opening: \_\_\_\_\_

Date TBS

Plan Approved: \_\_\_\_\_

Date of closing: \_\_\_\_\_

### Reason for Termination:

- Sufficient progress to terminate
- Some progress; TBS no longer appropriate
- No progress made
- Other: \_\_\_\_\_

**Residence/Placement:**  Immediate Family     Extended Family     Foster Home     STRTP

Other: \_\_\_\_\_

Total number of placement changes during TBS: \_\_\_\_\_

Total number of 5150s or hospitalizations: \_\_\_\_\_

Total number of psychiatric emergency room visits without hospitalization: \_\_\_\_\_

### **Additional information:**

### **Services/supports that will continue after TBS terminates:**

### **Target Behavior:**

- Behavioral goal achieved
- Progress made
- No progress
- Regression

### **Measurable Goal:**

**Summary of progress:**

**Replacement behaviors and interventions:**

**Collaboration:**

NAME / MRN

**Barriers to success:**

**Justification for termination:**

**Other service recommendations:**

\_\_\_\_\_  
TBS Agency

\_\_\_\_\_  
TBS Specialist Signature

\_\_\_\_\_  
Print Name/Licensure/Designation

\_\_\_\_\_  
Date

\_\_\_\_\_  
TBS Clinical Supervisor Signature

\_\_\_\_\_  
Print Name/Licensure/Designation

\_\_\_\_\_  
Date