

***Indiana Juvenile Mental Health Screening, Assessment and Treatment Pilot Project***

**RECORD OF YOUTH NOT ADMINISTERED MAYSI-2\***

Juvenile's Name: \_\_\_\_\_ Date Admission: \_\_\_\_\_

**REASON(S) FOR MAYSI-2 NOT ADMINISTERED WITHIN 24 HOURS OF  
ADMISSION:**

- \_\_\_\_\_ Youth Intoxicated
- \_\_\_\_\_ Youth Emotionally Distraught
- \_\_\_\_\_ Youth Too Violent
- \_\_\_\_\_ Youth Mentally Handicapped
- \_\_\_\_\_ Youth Physically Ill
- \_\_\_\_\_ Youth Refused
- \_\_\_\_\_ Administrative Problem

**EXPLANATION** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attempt 1: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Staff Member

Attempt 2: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Staff Member

Attempt 3: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Staff Member

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Administrator

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Site Coordinator

**MAYSI Completed:**

By: \_\_\_\_\_ Date: \_\_\_\_\_

\*This is a sample form suggested for internal use. Site coordinators will report aggregate information for Youth Not Administered MAYSI-2 to the project director on a monthly basis by a form to be designated by the pilot project.