**E. DISCHARGE RECORD**

*(SEE INSTRUCTIONS ON REVERSE)*

<table>
<thead>
<tr>
<th>1. Participant Name/I.D. No.</th>
<th>2. PRU No. and/or Site Name</th>
<th>3. Date of Discharge</th>
</tr>
</thead>
</table>

**4. Discharge Reason** [Individuals admitted to counseling programs having a summer break longer than 30 days are expected to be discharged before that break. Any anticipated extended interval for which services cannot be provided should be a part of the Service Plan.]

(Select Only One)
1. ☐ Completed Service Plan – Accomplished most or all objectives
2. ☐ Service Plan Not Completed – Participant received maximum benefit
3. ☐ Service Plan Not Completed – Due to (Selections below assume that the services were not completed primarily due to the stated reason)
   a. ☐ Extended illness
   b. ☐ Transfer out of school district/building
   c. ☐ Disruptive behavior/non-compliance with Service Plan
   d. ☐ Active refusal of services (Purposeful/Voluntary: dropped out, left counseling, etc.)
   e. ☐ No face-to-face contact in past 30 calendar days

**5. Discharge Summary**

Signature of Prevention Specialist ________________________________ Date ____________________

Signature of Supervisor ________________________________ Date ____________________

PAS-64B (9/09)
INSTRUCTIONS
Discharge Record

At the conclusion of counseling services to an admitted participant, a Discharge Record (PAS-64B) is to be completed.

**Items 1-3**

Self-explanatory

**Item 4**

Select only one

(Individuals admitted to counseling programs having a summer break longer than 30 days are expected to be discharge before that break. Any anticipated extended interval for which services cannot be provided should be a part of the Service Plan.)

**Item 5**

Clearly summarize the status of the participant at the time of discharge. The summary should reflect the participant’s progress in relation to the reason(s) he/she was admitted to the program and in relation to the results that were outlined in the individual’s initial and updated Services Plan. Upon completion, the Prevention Specialist and supervisor must sign and date the Discharge Record.