

## Behavioral Support Services Assessment & Strategies

<b>Individual's Name</b>		<b>Individual's DOB</b>	
<b>Behavioral Consultant</b>			
<b>Phone #</b>		<b>Email</b>	
<b>Effective Dates of Behavioral Support Strategies</b>			

**Restrictive Measures for which Committee review is requested:**  
*Be specific. List the type of restrictive measure for which approval is being requested (i.e. Mechanical, Manual, Chemical Restraints, Time-Out, or Rights Restrictions) as well as a brief description (i.e. Manual Restraint –Two Person Basket Hold, Rights Restriction –Limited Access to Money, Mechanical Restraint –Child Safety Locks) for each measure the committee is being asked to review.*

-

**Current Behavioral Concerns / Behavioral History**  
*Describe frequency and intensity, and describe how the behavior poses a risk of harm or likelihood of legal sanction. Identify environments (places, people, activities) in which the behavior occurs. Identify relevant medical and psychiatric diagnoses. Consider past experience, trauma, and patterns of behavior. **\*This information will be included in the individual's ISP***

**Target Behaviors**  
*Clearly define the target behavior(s) to decrease, and what each target behavior looks like when it is occurring. Based on an assessment within the last 12 months, describe why each behavior is occurring. Include interpersonal, environmental, medical, mental health, emotional, and/or other motivational factors that may be contributing to the behavior. Then, clearly define the desired or replacement behavior(s) to increase. **\*This information will be included in the ISP***

**Baseline Data**  
*Provide the original data for each target behavior to decrease and to increase.*

Dates	Target Behavior	Location	Total #	Average #

**Program Data**  
*Provide a summary of data for each target behavior to decrease and to increase, for previous years, if applicable.*

Dates	Target Behavior	Location	Total #	Average #

## Behavioral Support Services Assessment & Strategies

<b>Restrictive Measures Used</b>				
<i>Provide a summary of restrictive measures used during the previous year, if applicable.</i>				
Dates	RM Used	Location	Total #	Average Duration

<b>Non-Restrictive Measures Tried</b>
<i>List non-restrictive measures that have been employed and have been determined ineffective.</i>
<b>Procedures</b>
<b>Proactive / Prevention Strategies</b>
<i>Explain how to incorporate individual strengths and alter environmental factors to promote success. <b>*This information will be included in the ISP</b></i>
<b>Skill Development / Reinforcement Strategies</b>
<i>Explain how desired or replacement behaviors will be taught and reinforced. <b>*This information will be included in the ISP</b></i>
<b>Restrictive Measures</b>
<i>Explain specific situations where restrictive measures may be used and provide step-by-step directions for implementation. <b>*The HRC may request additional information supporting the use of specific restrictive measures. *This information will be included in the ISP</b></i>

<b>Data Collection</b>
<i>Explain how the team will collect data and how data will be reported (Who collects it, when it is collected, and why it is reported a given way – per minute, per day, etc.)</i>

<b>Safety Measures</b>
<i>Explain safety concerns and possible outcomes of implementing the strategies. Describe how the team will ensure the safety of the individual and team members.</i>