



Consent For Use of Restrictive Procedures Requiring an ETP

CLIENT NAME	DATE OF REQUEST
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Target Behavior(s). Describe specific behaviors the plan is intended to address:

Proposed Restrictive Procedure(s):

In the attached Positive Behavior Support Plan (PBSP), clearly describe how and when the procedure(s) will be used, the criteria for termination of the procedure(s), the plan for recording the use and effectiveness of the procedure(s), and how the continued need for the procedure(s) will be assessed.

Risks of proposed restrictive procedure(s):

Risks of not using restrictive procedure(s):

Why less restrictive procedures are not recommended:

What alternatives exist to the proposed procedure(s):

Approval of Program Administrator		
PRINT LEGAL NAME	EMPLOYEE SIGNATURE	DATE
Consent to Use Procedures		
PRINT CLIENT'S LEGAL NAME	CLIENT SIGNATURE	DATE
PRINT LEGAL REPRESENTATIVE'S NAME	LEGAL REPRESENTATIVE SIGNATURE	DATE
This consent is valid for _____ months (not to exceed 12 months).		

Comments of client / legal representative: