**Human Rights Committee Submission Form**

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| --- | --- |
| Individual Name (HIPAA format): | Date of Birth: |
| Guardian/Individual consent:  Yes  No  (If no, specify reasoning why) | Date of Initial Submission: |
| Submitter: | |
| List of Diagnoses: | |
| **Reason for HRC Review:**  Annual/Initial Behavior Support Plan  Restriction/Modification  Psychotropic Medication(s)  Medical Procedure  Adaptive Equipment  Other: (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Target Behavior** (list all) | **Definition of Target Behavior** |
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**Restrictive Intervention Overview**

**Mild Restriction:** Escape ExtinctionExclusionary Time Out

Mobility Restriction Modified Clothing

Required Relaxation Response Cost

Withholding Reinforcers Restriction of Personal Property

Satiation  Community Access Restriction

Search of Person or Possessions

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

**Elevated Restriction:** Alarms Intense Staffing

Locks Physical Restraint

Protective Restraint Psychotropic Medication

Restriction of Mail Restriction of Visitors

Restriction of Calls

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

*Justification and timelines for all restrictive measures are outlined in the Behavior Support Plan, section 12 Restrictive Components and Modifications. For all submissions not including a Behavior Support Plan completed by a Paladin Clinician, justifications and timelines are listed in the summary/narrative.*

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| --- | --- | --- | --- |
| **Psychotropic Medication** | **Current Dosage/Frequency** | **Approved Range** | **Diagnosis or Behavior(s) Intended to Treat** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Less intrusive methods utilized:** Non-Exclusionary Time out Planned Ignoring

Contingent Observation RedirectionResponse Interruption

Debriefing Restitution  Self-Monitoring

Specialized Diet Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary/Narrative**: