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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Consent For Use of Restrictive Procedures**  **Requiring an ETP** | |
| CLIENT NAME | | DATE OF REQUEST |
| Target Behavior(s). Describe specific behaviors the plan is intended to address: | | |

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| Proposed Restrictive Procedure(s): |

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| The attached Positive Behavior Support Plan (PBSP)clearly describes: 1) how and when the procedure(s) will be used; 2) the criteria for termination of the procedure(s); (3) the plan for recording the use and effectiveness of the procedure(s); and 4) how the continued need for the procedure(s) will be assessed.  Risks of using proposed restrictive procedure(s): |

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| Risks of not using restrictive procedure(s): |

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| Why less restrictive procedures are not recommended: |

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| What alternatives exist to the proposed procedure(s): |

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| Why are alternatives outlined not effective in eliminating the need for the proposed restrictive procedures: |

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| **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: | | |