

# Unapproved Behavior Support Form

Please complete this form and send electronically (via email when possible) to the County Board as directed.

<b>NAME OF INDIVIDUAL/MUI#:</b>
<b>NAME AND TITLE OF PERSON COMPLETING FORM:</b>
<b>CONTACT INFORMATION OF REPORTER/AGENCY:</b>
<b>DATE AND TIME OF UNAPPROVED BEHAVIOR SUPPORT:</b>
<b>WHAT LED TO THE UNAPPROVED BEHAVIOR SUPPORT:</b> Please provide as many details as possible and a timeline of events
<b>PLEASE DESCRIBE THE INTERVENTION THAT WAS USED IN DETAIL</b> Please provide not only name of program but specific technique utilized (See Reference List) Use as many details as possible to describe the position of the individual body, location, how individual responded to intervention and staff's body relative to the individual.
<b>PLEASE PROVIDE LENGTH OF TIME EACH INTERVENTION WAS USED</b> Please include minutes and seconds if known

<b>DID THE INDIVIDUAL SUSTAIN ANY INJURIES? IF SO PLEASE DESCRIBE</b>
<b>DOES THE INDIVIDUAL HAVE A BEHAVIOR SUPPORT PLAN? Yes/No/ Pending Approval</b>
<b>IF YES, WHY WAS IT NOT FOLLOWED</b> Did interventions exceed plan limits or was an intervention used that was not part of the approved plan
<b>WHY WAS INTERVENTION USED?</b>
<b>WHAT, IF ANY, OTHER MEASURES WERE USED FIRST?</b>
<b>CAUSES AND CONTRIBUTING FACTORS:</b>
<b>PREVENTION PLAN:</b>
<b>NOTES:</b>

**THE LIST BELOW IS A REFERENCE OF INTERVENTIONSTHAT HAVE BEEN USED IN PAST**  
**Please note if one of these does not fit the intervention(s) used,**  
**please write “other” in Intervention Used section above and provide a full description**

**Physical Restraint:**

- **Basket hold**
- **Multiple Person Carry**
- **Multiple Person Escort**
- **One Person Carry**
- **One Person Escort**
- **Other Restraint**
- **Physically Prompted Hands down with resistance**
- **Prone**
- **Restraint of Multiple Appendages**
- **Restrain or One Appendage**
- **Seated Restraint**
- **Side Restraint**
- **Standing Restraint**
- **Supine**
- **Other: Full Description is required**
- **Time-Out List details of time-out, including length of time**

**Chemical:**

- **Anti-Anxiety**
- **Anticonvulsant**
- **Antidepressant**
- **Antipsychotic**
- **Mood Stabilizer**
- **Other: Full Description is required**

**Mechanical:**

- **Full Body-papoose board wrap**
- **Full Body-seated position**
- **Full Body-supine position**
- **Gait Belt**
- **Helmet**
- **Locked Seat Belt/vest-not during transportation**
- **Mitts**
- **Others**
- **Splints**
- **Transportation-locked seatbelt/vest/others**
- **Wheelchair controls disabled**
- **Wheelchair for individual who does not use normally**
- **Other: Full Description is required**