

Behavioral Support Services HRC Review Checklist

Individual's Name		Individual's DOB	
Behavioral Consultant		Agency	
Phone #		Email	
Support Administrator		Email	
Current ISP Span			
Date of HRC Review			
Effective Dates of Restrictive Measures			

Proposed Restrictive Measure(s):

Rule Requirements	Yes	No	Notes
Informed consent provided?			
ISP provided?			
Are proposed restrictive measures necessary to reduce risk of harm or likelihood of legal sanctions?			
Do the behavioral strategies promote physical, emotional and psychological wellbeing?			
Are restrictive measures temporary and only used when there is risk of harm or likelihood of legal sanctions?			
Are behavioral strategies that include restrictive measures designed to enable the individual to feel safe, respected, and valued while emphasizing choice, self-determination and an improved quality of life?			
Is the committee requesting any additional information or evidence to support the restrictive measure? (Doctor's order, research, etc.)			
Are there any other corrections, updates, revisions needed?			

Committee Approval Process			
Committee members present:			
Committee members not present / Non-voting members:			
# Votes to Approve		Approved	
# Votes to Reject		Not Approved	
Specific Committee Feedback / Dissenting Opinions:			
If strategies are not approved, provide reason based on ORC 5123:2-2-06:			
Restrictive Measures Notification / Date			
HRC Representative Signature / Date			