

Individual's Initials _____ DOB _____ Agency _____ Reviewer _____

These guidelines must be met for a plan to be considered by the IASC; incomplete packets will be returned to the sender:

- ✓ Required IASC forms must be fully complete
- ✓ Person's name is confidential – plan and supporting documents must contain only initials
- ✓ IASC forms with plan and supporting documentation must be mailed to Committee members a minimum of 14 days prior to the date of the IASC meeting in order to be reviewed at that time
- ✓ Someone who is familiar with the plan and the person who's plan is to be reviewed must be present for the review

- | | YES | N/A |
|--|-----|-----|
| A. IASC Forms are Complete | | |
| 1. Cover Sheet | | |
| 2. Section A – Use of Restrictive Measure | | |
| a) Targeted behaviors clearly identified | | |
| b) All questions answered satisfactorily | | |
| c) Indicates informed consent | | |
| 3. Section B – Behavior is Mediated with Psychoactive Drug | | |
| a) Targeted behaviors clearly identified | | |
| b) All questions answered satisfactorily | | |
| c) Indicates informed consent | | |
| d) Physician's Statement satisfactorily completed | | |
| 4. Section C – Potential Financial Restitution | | |
| a) Targeted behaviors are clearly identified | | |
| b) All questions answered satisfactorily | | |
| c) Indicates informed consent | | |
| B. Behavior Support Plan | | |
| 1. Developed by a licensed professional (COMAR 10.22.10.05) | | |
| a) <input type="checkbox"/> Psychologist <input type="checkbox"/> Psych Associate <input type="checkbox"/> Physician <input type="checkbox"/> LCSW <input type="checkbox"/> Licensed Counselor | | |
| 2. Functional analysis for each targeted behavior | | |
| 3. Applicable across all service environments | | |
| 4. Specifies criteria for meeting plan objectives | | |
| 5. Accounts for any relevant medical condition(s) | | |
| 6. Describes staff responsibilities in adequate detail | | |
| 7. Interventions start with least restrictive | | |
| 8. Clear emergency procedures for behavior that is dangerous to self/others | | |
| 9. Introduces adaptive skills to supplant targeted behaviors of concern | | |
| 10. Procedure and criteria to fade use of restrictive measures | | |
| 11. Specifies data collection methods | | |
| 12. Documents staff training completed or scheduled | | |
| C. Supporting Documentation | | |
| 1. Most recent 3 months data (minimum) summarized/graphed | | |
| 2. Brief history of behavioral support services provided over past 2 years | | |
| 3. History of behavior modifying drugs used over the past 2 years (minimum) | | |

Notes: