



BEHAVIORAL PROGRAM REVIEW AND APPROVAL

Name of Consumer/Student: _____

Program Summary: _____

Reviewed and Approved By:

Consumer/Student - Date

Parent/Guardian - Date

Program Supervisor/Activity Coordinator/PDS - Title - Date

Person Responsible for Implementation - Title - Date

Assistant Program Director - Date

Social Worker/Case Worker/Rehab. Counselor - Date

Program Director - Date

Psychologist - Date

Chairperson,
Behavior Management Committee - Date

Chairperson,
Human Rights Committee - Date