



**BEHAVIOR MANAGEMENT PROGRAM
ANNUAL REVIEW SUMMARY**

Date of Review: _____

Consumer's Name: _____

Program for: Day: _____ Residential: _____

Implementation Date: _____

Revision Date: 1st: _____

2nd: _____

3rd: _____

4th: _____

Target Behaviors:

Psychotropic Medications:

Reasons:

_____	_____
_____	_____
_____	_____
_____	_____

Revisions Made/With Dates:

Percentage of Implementation (if other than 100%, please explain):

Progress on Fading Procedure:

Progress on Behaviors to Increase:

Progress on Meeting Criteria: _____

General Notes on Progress of Program: _____

Proposed Revisions: _____

Program Specialist's Name: _____

Approved As Is _____ Revision Needed: _____

Chairperson, Behavior Management Committee *Date*

Approved As Is _____ Revision Needed: _____

Chairperson, Human Rights Committee *Date*