**Participant Name: Date:**

**BSP**  Yes  No

**Restrictive Practice/s Authorised:**

Chemical  Mechanical  Environmental  Seclusion  Physical

|  |  |  |
| --- | --- | --- |
| **List the strategies used to reduce and eliminate restrictive practices? eg. drink of water, distraction, active listening** | **How often is each strategy used?**  **eg. hourly, daily, weekly, monthly** | **Were the strategies effective?**  **eg. often, usually, rarely, not at all** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Have workers, and with the participants consent, their support network, and the behaviour support practitioner been informed of the effectiveness of the strategies used to reduce and eliminate the use of restrictive practices?**

Yes  No



|  |  |  |
| --- | --- | --- |
| **Who has been informed?** | **How were they informed?**  **eg. email, meeting minutes, letter** | **Date informed** |
| Support workers |  |  |
| Support network eg. family |  |  |
| Behaviour support practitioner |  |  |

 File all relevant documents in the participants electronic and hardcopy file

**Name of person who completed this form: Date:**