

**Behavior Management Committee (BMC) Review
Signature Page**

Name:

Date:

The following information was reviewed during the meeting:

- ☐ Informed Consent for Medications
- ☐ Psychotropic Medication / Behavior Support Plan
- ☐ Review of frequency and objective severity of targeted behaviors

Concerns identified during the review:

☐ Plan approved

☐ Plan not approved

If plan is not approved, please indicate changes that need to be made:

Signature of Behavior Management Committee members involved in the review:

Name	Committee Role	Date

Behavior Management Committee is made up of a selected number of individuals receiving services, legal guardians, family members, interested citizens, and community service provider; at least 1/3 of whom shall not be associated with the provider.

K.A.R. 30-63-23 and SCDDO G-08 Behavior Management Committee