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SEMI ANNUAL REPORT – BEHAVIOR SUPPORT
Time Period

Consumer Name:	Last 4 of SS#:
Jackson Class Member:	DOB:
Consumer Address:	Vocational Agency:
Consumer Phone Number:	CCS:
Residential Provider:	Annual ISP Date:
Guardian:	Date of Report:
Region of Residence:	
Case Management Agency:	
Case Manager:	
Other Waiver and Ancillary Providers:	

A. SIGNIFICANT LIFE EVENTS FROM THIS TIME PERIOD

- a.
- b.
- c.

B. MEDICATION CHANGES FROM THIS TIME PERIOD

- a.
- b.
- c.

C. GENERAL SUPPORT

- a. **Goals, Progress, and Possible Barriers**
 - i.
 - ii.
- b. **Suggestions for Alterations to PBSP and/or ISP**
 - i.
 - ii.

D. COMMUNITY INTEGRATION

- a. **Goals, Progress, and Possible Barriers**
 - i.
 - ii.
- b. **Suggestions for Alterations to PBSP and/or ISP**
 - i.

ii.

E. SKILL DEVELOPMENT

a. Goals, Progress, and Possible Barriers

i.

ii.

b. Suggestions for Alterations to PBSP and/or ISP

i.

ii.

F. CHALLENGING BEHAVIOR

a. Goals, Progress, and Possible Barriers

i.

ii.

b. Suggestions for Alterations to PBSP and/or ISP

i.

ii.

G. INTERDISCIPLINARY TEAM FUNCTIONING

a. Goals, Progress, and Possible Barriers

i.

ii.

b. Suggestions for Alterations to PBSP and/or ISP

i.

ii.

H. USE OF EMERGENCY PHYSICAL RESTRAINT IN THIS TIME PERIOD

a.

I. USE OF PRN MEDICATION IN THIS TIME PERIOD

a.

J. ONGOING INTERVENTIONS REQUIRING HUMAN RIGHTS COMMITTEE REVIEW

a.

K. NARRATIVE SUMMARY

BSC Signature, LPCC
BSC , LPCC
Behavior Support Consultant

November 12, 2021
Date