#  checklist

|  |  |
| --- | --- |
| **Name** |  |
| **Agency** |  |
| **Address** |  |
|  |  |
| **Email** |  |
| **Phone** |  |
|  | **REQUEST** |
|  | I would like the Steering Committee to :* Review PPI
* Comment on FBA and/or BSP
* Generate ideas for Support
 |
|  | **IN PREPARATION** |
|  | Include this completed checklist as a cover page with packet |
|  | Identifying information should be **blocked out or redacted for privacy/confidentiality** |
|  | If this request involves medical alerts for the use of the technique, physician’s approval must be attached. |
|  | Have all information to the OIS Data Coordinator at least 10 days prior to the OIS-SC meeting. |
|  | **INCLUDE** |
|  | Presentation Request |
|  | Documentation of ISP Team Approval for the Plan |
|  | Functional Behavioral Assessment (including raw data from observation) |
|  | Summary of previous intervention efforts |
|  | Summary or actual PBSP including* Baseline data (or relevant data from prior year for re-authorization requests)
* Pro-Active components
* Reactive/Responsive components
* Crisis components
* Recovery components
 |
|  | Specific intervention requested (include copies of photos if necessary) |
|  | Any relevant data |
|  | Safeguards that are in place for monitoring |
|  | Copy of the PBSP page (**not redacted**) that contains the modification information |

# OIS Contact information

Requests should be made **either** by:

* Mail to OIS/Scott Steering Committee 7165 SW Fir Loop, Suite 200 Tigard OR 97223
* Email to ois@asioregon.org