ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

PRC DISPOSITION

Member's Name: _____ Assists ID: _____

Date of PRC Presentation: _____

The behavior-building plan for the individual named above has been submitted by the ISP team and has been reviewed by the Program Review Committee. The following status was agreed upon:

*Approved: _____

*Recommended changes due within 10 days: _____

*Disapproved with recommendations due within 4 weeks: _____

Next PRC review will be: _____

Recommendations, including any specific monitoring instructions are:

_____
_____
_____
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_____

As a PRC member, by signing below, I agree that the interventions approved on this date are the least intrusive and present the least restrictive alternative.

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

BEHAVIOR PLAN PRESENTERS

Name	Signature	Title	Phone No.

Support Coordinator: _____

If changes are recommended, please submit changes and all correspondence to District where the PRC was held.

North:
DDDNorthPRC@azdes.gov

South:
DDDD2PRC@azdes.gov

East:
DDDEastRegionPRC@azdes.gov

Central:
DDDCentralRegionPRC@azdes.gov

West:
DDDWESTPRC@azdes.gov

See page 3 for EOE/ADA disclosures

Member's Name: _____ Assists ID: _____

Date of PRC Presentation: _____

Continuation of recommended changes:

Member's Name: _____ Assists ID: _____

Date of PRC Presentation: _____

Continuation of recommended changes:

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