ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities

PRC DISPOSITION

Date of PRC Presentation: The Behavior Plan for the above-named individual has been submitted by the Planning Team and reviewed by the Program Review Committee and agree to the following: Final Approval Date: PRC Chair Signature: Approved with required changes due within 10 days on Disapproved with required changes due within 30 days on Disapproved with required changes due within 30 days on Required changes, including any specific monitoring instructions: Required changes, including any specific monitoring instructions: Required changes, including any specific monitoring instructions: PROGRAM REVIEW PANEL MEMBERS Name/Signature Title Name/Signature Title	Member's Name:		Assists ID:	
Program Review Committee and agree to the following: Final Approval Date:	Date of PRC Presentation:			
Approved with required changes due within 10 days on			submitted by the Planning Team and	reviewed by the
Disapproved with required changes due within 30 days on	Final Approval Date:	PRC Chair S	ignature:	
Required changes, including any specific monitoring instructions: As a PRC panel member, by signing below, I agree that the interventions approved on this date present the least intrusive ind least restrictive alternative. PROGRAM REVIEW PANEL MEMBERS Name/Signature Title	Approved with required changes	due within 10 days on		
Required changes, including any specific monitoring instructions: As a PRC panel member, by signing below, I agree that the interventions approved on this date present the least intrusive ind least restrictive alternative. PROGRAM REVIEW PANEL MEMBERS Name/Signature Title Name/Signature Title BEHAVIOR PLAN TEAM Name/Signature Title Name/Signature Title Name/Signature Title Name/Signature Title For a signature Title Name/Signature Title Name/Signature Title Name/Signature Title Name/Signature Title Name/Signature Title	Disapproved with required change	ges due within 30 days	on	
As a PRC panel member, by signing below, I agree that the interventions approved on this date present the least intrusive and least restrictive alternative. PROGRAM REVIEW PANEL MEMBERS Name/Signature Title Name/Signature Title BEHAVIOR PLAN TEAM Name/Signature Title Name/Signature Title For changes are required, submit the changes and a copy of this disposition to the District where the PRC was held.	Next PRC review date:			
Name/Signature Title Name/Signature Title Name/Signature BEHAVIOR PLAN TEAM Name/Signature Title Title Name/Signature Title Title Name/Signature Title	Required changes, including any spe	cific monitoring instruct	ions:	
Name/Signature Title Name/Signature Title Name/Signature BEHAVIOR PLAN TEAM Name/Signature Title Title Name/Signature Title Title Title Name/Signature Title	As a PRC panel member, by signing by	pelow. I agree that the in	nterventions approved on this date p	resent the least intrusive
BEHAVIOR PLAN TEAM Name/Signature Title Name/Signature Title f changes are required, submit the changes and a copy of this disposition to the District where the PRC was held.	and least restrictive alternative.	-	·	
Name/Signature Title Name/Signature Title F changes are required, submit the changes and a copy of this disposition to the District where the PRC was held.	Name/Signature	Title	Name/Signature	Title
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Name/Signature Title Name/Signature Title F changes are required, submit the changes and a copy of this disposition to the District where the PRC was held.				
f changes are required, submit the changes and a copy of this disposition to the District where the PRC was held.		BEHAVIOR	PLAN TEAM	
	Name/Signature	Title	Name/Signature	Title
the plan was disapproved, complete this section when submitting the changes.				
	If changes are required, submit the ch	nanges and a copy of th	is disposition to the District where th	e PRC was held.
confirm that all changes were completed as required: Yes No Writer's Initials:Please highlight changes or indicate on disposition which pages changes are found.	If the plan was disapproved, complete	e this section when subr	mitting the changes.	

See page 3 for EOE/ADA disclosures

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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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Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities Customer Service Center at 1-844-770-9500; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local