

# Interventions Protocol – Assistive Technology and Environmental Interventions (AT-EI)

Individual's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please specify AT-EI being utilized:  Safety  Health  Limiting Autonomy  
If it limits autonomy please refer to the Restrictive Procedures Protocol section in Policy & Procedure Manual.

1. Will it improve independence in daily living, help individuals gain control over their environment, and/or promote inclusion in community settings?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If limiting autonomy, have the AT-EI interventions been assessed and authorized by the appropriate qualified professional? If yes, by whom?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Signature of Professional making recommendation:* \_\_\_\_\_

3. Explain the AT-EI intent and use. Please be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has informed consent been given for the use of AT-EI intervention by the guardian? \_\_\_\_\_

5. When and how will this AT-EI intervention be reviewed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature – Guardian

\_\_\_\_\_  
Date (mm/dd/yy)

\_\_\_\_\_  
Signature –CBIGHH Representative

\_\_\_\_\_  
Date (mm/dd/yy)