Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
RESIDENTIAL HABILIATION CENTER

Restraint / Support Evaluation

RESIDENT'S NAME	RESIDENCE
DATE OF BIRTH	DSHS NUMBER
DATE	EVALUATION BY:

Restraint(s) and/or Secondary Postural Support System

Restraint / secondary postural:

Support system:

Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

Reduction plan:

Restraint(s) and/or Secondary Postural Support System

Restraint / secondary postural:

Support system:

Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

Reduction plan:

Restraint(s) and/or Secondary Postural Support System

Restraint / secondary postural:

Support system:

Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

Reduction plan:

Restraint(s) and/or Secondary Postural Support System

Restraint / secondary postural:

Support system:

Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

Reduction plan:

SIGNATURE OF THERAPIST COMPLETING EVALUATION	DATE	TITLE