

**CARDINAL CUSHING CENTERS, INC.
Hanover, MA 02339**

BEHAVIOR MANAGEMENT FORM

Student's name: _____ **DOB:** _____

Dear Parent/Guardian,

In order to keep our campus safe for everyone and to promote social and emotional growth in our students, we find it helpful to use various proven behavioral support procedures such as token economies, positive and negative reinforcement, behavioral coaching/practicing, restrictions from selected activities, and various "time-out" procedures. Seclusion time out or physical restraint [using only the CPI(Crisis Prevention Institute)-approved techniques], the most restrictive of these procedures, are utilized only when a student is so out of control as to be a significant danger to himself/herself or others.

Our Therapeutic Behavior Management Program is approved and monitored by the Massachusetts Department of Early Education and Care, the Massachusetts Department of Early and Secondary Education and by our own internal Behavior Management Committee, comprised of qualified professional staff from each Department of the program. We internally review all restraints for compliance with CPI protocols and all staff are recertified yearly.

State law requires parent/guardian consent for a student to participate in this type of Behavior Management Program, so with your signature on this page, you are consenting to your student participating in our Behavior Management Program.

Mary R Bettley MSW, LICSW
Director of Clinical and Student Services

Parent/Guardian Signature/Consent

Date