

STRATEGIES FOR MANAGING CHALLENGING BEHAVIORS
RELATED TO ORAL CARE VISITS

Form to be completed by caregiver prior to bringing the individual with mental retardation to the oral care visit.

NAME:

DATE OF BIRTH:

CHALLENGING BEHAVIOR:

STRATEGY USED FOR CHALLENGING BEHAVIOR:

STRATEGIES THAT HAVE BEEN TRIED AND **ARE NOT EFFECTIVE**:

OTHER APPLICABLE INFORMATION:

CONSUMER'S LIKES/DISLIKES: