



GREYSTOKE

Homes & Support Services Inc.



**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 – Greystoke Representative

Date (mm/dd/yy)