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| Student: |  Date: |
| Documenter(s): |

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| **TIME** | **PROCEDURE** | **STAFF** | **STUDENT ACTIONS/STATEMENTS** | **STAFF ACTION/STATEMENTS** | **STUDENT PHYSICAL STATUS** |
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| **Assisted Transport Code:** | **Immobilization Type:** |
| 1PT | 1-Person Transport | 1AW | 1 Arm Wrap |
| 2PT | 2-Person Transport | 2PV | 2-Person Vertical |
|  |  | 3PV | 3-Person Vertical (legs)Behavior/PCM Data Documentation Form10/20/15 |
|  |  | 2-3PV | First 2-, becomes 3-Person Vertical (legs) |