**CONSENT FOR FUNCTIONAL BEHAVIOR ASSESSMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Board Certified Behavior Analyst (BCBA), requests permission to work with (name of client), in order to conduct a Functional Behavior Assessment (FBA).

The reason to request your permission to assess your child is because they have demonstrated patterns of:

[ ]  Task Refusal [ ]  Throwing Objects [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Ignoring Requests [ ]  Physical Harm to Others [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Incomplete Tasks [ ]  Physical Harm to Themselves [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Whining/Crying [ ]  Elopement from Designated Area [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The procedures to be considered for your child’s FBA are indicated below. The extent of the assessment will depend upon the severity of the problem behavior.

[x]  Records Review (Educational, Medical & Psychological)

[x]  Functional Behavior Interviews with parents, staff & child

[x]  Observations in home and community

[x]  Behavior Data Recordings

[x]  Functional Analysis (Conditional Analysis of Environment Variables)

[x]  Analysis and Graphical Displays of Behavior Data

[x]  Review Behavior Data with Relevant Professionals

[x]  Development of Behavior Intervention Plan (BIP)

[x]  Staff Training of Behavior Intervention Plan (BIP)

[x]  Treatment Fidelity of Behavior Intervention Plan (BIP)

Please sign this form and return it. Your signature will not be construed as consent for placement in any other program. When the assessment has been completed, you will be invited to a meeting in order to discuss the findings, determine your child’s need for additional services and, review of the recommended Behavior Intervention Plan.

Please check one of the following:

[ ]  I give permission for an individual Functional Behavior Assessment (FBA)

[ ]  I do not give permission for an individual Functional Behavior Assessment (FBA)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_