



INFORMED CONSENT FOR BOARD CERTIFIED BEHAVIOR ANALYST/BEHAVIOR SPECIALIST SERVICES

This document provides information about Zumbro Education District (ZED) behavior analytic services to allow parents/guardians to make an informed decision in regard to accessing applied behavior analysis (ABA) services available by a Board Certified Behavior Analyst (BCBA) or a behavior specialist.

At _____, behavior analytic (BA) services are accessed through ZED. School administrators and staff have the ability to refer students for BA services. I understand that the specific activities, goals, and potential outcomes of BA services will be disclosed and I will have the opportunity to ask questions. I understand that when the BCBA or Behavior Specialist is providing student specific supports, my child/dependent, _____, is the primary recipient of these services, which are individualized to promote and benefit my child/dependent.

I understand that the BA Services may consist of the following:

- A. Assessment of skills and behavior which may consist of direct observation, data collection, interviews and records review.
- B. Implementation of evidence based interventions focusing on areas such as, but not limited to, communication, social relationships, play, and independent skills.
- C. individual or group staff training on proposed interventions which may include demonstrating recommended behavior change procedures

During behavior change procedures I understand that:

Intervention effectiveness will be measured and data informed modifications will be made if necessary. In addition, initial increases in the duration, frequency, or intensity of problem behaviors due to the "Extinction Burst" may occur.

Treatment Termination

You have the right to stop treatment at any time. If you make this choice, referrals to other therapists may be provided (if available).

As services are arranged by ZED, I am aware that ZED has the following rights: determination of services, implementation of services, access to documentation of visits for observation or intervention implementation and access to assessment results and written reports.

Please note: the Behavior Analyst or Behavior Specialist will not diagnose, treat, or advise on problems outside the recognized boundaries of her competencies.

Your signature below will verify that you have read all of the information contained in this Informed Consent and that you asked questions about anything you have not understood up to this point. By signing, you freely acknowledge your consent to access Behavioral Analytic services.

I understand that this authorization takes effect the day that it is signed, and it expires one year from the date of my signature.

If there are any questions about the assessment and intervention process, please contact Zumbro Education District, 507-634-2108 and request Amy Rice regarding behavior services. For more information on Behavior Analysts Certification Board, please visit www.bacb.com.

Signatures

Check this box if you would like the Board Certified Behavior Analyst to contact you to review this form and answer any questions you may have. Contact info: _____

Parent/Guardian signature

Date

School representative signature

Date

Behavior Analyst/Behavior Specialistst signature

Date

I refuse/revoke my consent for my child/dependent to receive ABA services.

Parent/Guardian signature

Date