I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to receive behavior analytic services through the Educational Service Center of Central Ohio.

Behavior analysis uses behavioral methods to decrease challenging (inappropriate) behaviors, and replace them with more socially appropriate adaptive behaviors. This is done by providing reinforcement for desired behaviors and minimizing or eliminating reinforcement for challenging behaviors. A skill-based approach is used to teach the child the skills needed in order to achieve the desired outcome. Individual plans are developed based on the specific needs of each child.

I understand that these services may include but are not limited to:

• Classroom observation and data collection

• Function-based problem solving

• Criterion-based or curriculum-based assessment

• Academic and behavioral program support

• Implementation of evidence-based interventions

• Functional Behavior Assessment (FBA)

• A functional analysis/practical functional analysis

• Development and implementation of Behavior Intervention Plan (BIP)

• On-going data collection, progress Monitoring and team meetings

• Consultation with staff

I understand that the purpose of these services is to promote the academic and behavioral success of my child within the Educational Service Center of Central Ohio. At times, the challenging behaviors may increase temporarily when beginning new treatments. The ultimate goal of these services is to enable a child to participate successfully in the school environment without the need of additional support. As appropriate, support will be faded as the child’s need for them decreases.

I understand that as the parent or guardian, I am an important part of the team to support my child’s school success, and am encouraged to share any questions or concerns that may arise with my child’s case manager or classroom teacher. I may request that these services be discontinued at any time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature                  Date

Note: If a Practical Functional Analysis is conducted, I GIVE/ DO NOT GIVE (please circle) permission for the analysis to be captured on video. I understand that the video will not be shared with anyone but my student’s school team and myself.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_