



Parent/Caregiver Guidance and Training Consent Form

Gulf Breeze Behavior Analytic Services and Consultation LLC or Gulf Breeze ABA believes that Parent and Caregiver guidance and training is the key to a child's long term success in the generalization of skills. Gulf Breeze ABA is also committed to creating an atmosphere of community and support, to assist parents and caregivers as they navigate the often difficult journey of parenting a child with special needs. Focus of this service will include, but is not limited to: discussions on self-care, building community, seeking out resources, IEP advocacy, token economies, development of visuals and social stories, and training on behavior analytic techniques for behavior reduction, guidance on implementing replacement behaviors for functional communication, social skills, hygiene, and other independent living skills.

Participation may involve team meetings, data collection, and implementation and involvement of recommended techniques and strategies.

Consultations will include progress monitoring, data analysis, discussions and planning for any changes in behavior, and evaluation of needed level of service.

At any time, if the Gulf Breeze ABA provider or parent/caregiver feels that virtual service is not appropriate, termination of service may occur. With the implementation and participation of Parent/Caregiver Guidance and training, we strive for positive, effective and long-lasting results. In order to accomplish this, consistency will be crucial. Gulf Breeze ABA will provide a recommendation of parent/caregiver guidance and training hours, but it will ultimately be up to the parent/caregiver to ensure appointments are scheduled and followed through with. Presence of the child is NOT required for parent training. In fact, for some sessions, it will be recommended that they are not present, particularly when discussing sensitive information or specifics on strategies and responses.

Gulf Breeze ABA recommends, at minimum, 1 parent training session per month.

CONSENT

I/We are agreeing to _____ Parent training sessions per month.

I/We understand and agree that parent/caregiver involvement and consistency are necessary _____ (initial).

Child's Name

the Client/Parent/Caregiver Signature

Print Name

Date

*The signature of the the client/parent/caregiver must be obtained unless the patient is a minor unable to give consent or otherwise lacks capacity.

I hereby certify that I have explained the nature, purpose, benefits, risks of and alternatives to (including to treatment) the proposed procedure, have offered to answer any questions and have fully answered all such questions. I believe that the client/parent/caregiver fully understands what I have explained and answered.

Provider's Signature

Date