

Caregiver Involvement Agreement

Client Name: _____

Caregiver Name(s): _____

Date: _____

Purpose of the Agreement

At Thrive Therapeutic Services, we believe that caregiver involvement is a vital component of a client's success in Applied Behavior Analysis (ABA) therapy. This agreement outlines the expectations and responsibilities for active participation in the therapy process.

Caregiver Responsibilities

By signing this agreement, you acknowledge and agree to the following responsibilities as part of your child's treatment team:

1. Attend Scheduled Meetings with the BCBA:

- Caregivers are required to attend meetings with the assigned BCBA at least once every 30 days. These meetings are essential to: review the treatment plan, discussing progress, train/learn behavior intervention strategies, and address any questions, concerns, or curiosities.
- Meetings may be conducted in person or via telehealth (after 6 months of services), depending on availability and preference.

2. Participate in Parent Training:

- Caregivers must participate in parent training sessions to ensure the implementation of ABA strategies outside of therapy sessions. Parent training helps generalize skills across environments and promotes long-term success.

3. Implement Strategies at Home:

- Caregivers are expected to practice and reinforce therapy strategies as instructed by the BCBA or therapy team to support skill generalization and progress.

4. Communicate Regularly:

- Share updates, concerns, or observations about your child's behavior or progress with the BCBA or therapy team. Open communication helps us tailor therapy to your child's evolving needs.

5. Adherence to the Attendance Policy:

- Provide timely notice if you need to reschedule caregiver meetings or training sessions. Repeated cancellations or missed meetings may result in termination of services.

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Thrive Therapeutic Services' Responsibilities

- We will provide consistent communication about your child's progress.
- We will schedule, at minimum, 1 caregiver training session every 30 days.
- We will equip caregivers with the knowledge, tools, and techniques required to implement the treatment plan effectively.

Acknowledgment and Agreement

I understand that my active involvement is not only required, but also critical, for the success of my child's therapy. I agree to participate in at least one parent training session, every 30 days with the assigned BCBA and fulfill the responsibilities outlined above to support my child's growth and development.

I acknowledge that failure to adhere to this agreement will impact the effectiveness of therapeutic services and will likely result in an involuntary discharge from services.

Caregiver Signature: _____ Date: _____

BCBA Signature: _____ Date: _____
