

Exceptional Learners Behavioral Services



**PO Box 3476
Olathe, KS 66063
720-331-1419**

www.ExceptionalLearners.com
Hillary@ExceptionalLearners.com

EXCEPTIONAL LEARNERS BEHAVIORAL SERVICES, LLC
Entry Information

Name: _____ Date: _____

Relationship to Child: _____

Child's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E mail: _____ Phone: _____

What are your priority goals for an ABA/VB program?

What other therapies/activities is your child involved in?

What motivates your child? What does he/she choose to do during down time?

How many hours a week will therapy be implemented? Do you have a team in place?

Does your child have any allergies?

Is your child on any type of special diet?

Is there any other information you would like ELBS to know?

Exceptional Learners Behavioral Services, LLC
Confidentiality and Limits on Confidentiality

Ethically and legally I am bound to keep all information you share with me confidential. Written permission is required to release information to any party. There are certain exceptions to this, in which a behavior analyst is legally bound to act even if doing so should breach confidentiality:

1. Child, adult or domestic abuse. If a therapists believes that a child under the age of 18 has suffered, is suffering, or is in danger of suffering physical, emotional or sexual abuse, a report must be made to the proper social services agency or other public authority. The same holds true for an incapacitated adult who may be suffering or have died due to abuse or neglect.
2. If a state or federal investigation is being conducted.
3. If a behavior analyst believes that you are threatening immediate harm to yourself (or your child), through a plan of action or inaction, s/he is required to cease services and refer to a doctoral level therapist.

You have the right to informed consent about assessment, intervention, rationale and risks and benefits associated with applied behavior analysis procedures. You are free to terminate our work at any time without penalty.

All client information is contained in my personal office, not at the business location. Conduct guidelines regarding confidentiality and behavioral intervention are defined by the Behavior Analyst Certification Board and can be found at www.bacb.com.

I understand and agree to the above confidentiality terms.

(Print Name)

(Date)

(Sign Name)

Intervention:

Assessment protocols and program goals vary from student to student. All procedures used to address program goals will be based on the principles of Applied Behavior Analysis and adhere to the ethical conduct guidelines of the Behavior Analyst Certification Board. Conduct guidelines can be viewed on the Behavior Analyst Certification Board’s website at www.BACB.com. ABA uses only scientifically validated protocols with evidence-based results.

An electronic copy of goals will be e mailed to parents/guardians after updates are made. A copy of raw data can be provided upon request. It is recommended that parents/guardians ‘carry over’ therapy goals to allow for more frequent practice and generalization of skills. Consistency is key with all behavior acquisition and reduction goals!

Cancellations:

A 24 hour notice is required for all cancellations. A \$50 fee will be assessed for all cancellations made with less than 24 hour notice.

Filing Complaints:

A complaint form can be found at BACB.com and can be mailed to 1929 Buford Boulevard Tallahassee, FL 32308. Licensure Number: 1-08-4710.

Informed Consent:

I, _____, give Hillary Masters permission to provide assessment, treatment goals and treatment intervention for _____. The purposes of assessment and treatment are to: increase language acquisition, increase functional living skill and decrease maladaptive behaviors. All assessment and treatment procedures are in alignment with the ethical and conduct guidelines required by the Behavior Analyst Certification Board.

I have read and agree to the above terms.

(Print Name)

Staff (Print Name)

(Sign Name)

(Sign Name)

(Relationship to Consumer)

(Date)

(Date)