Therapies 4 Kids
Exceptional Care For Exceptional Children

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☐ **PEMBROKE PINES**
10261 Pines Blvd
Pembroke Pines, FL 33026

☐ **WESTON**
1495 North Park Drive
Weston, FL 33326

☐ **CORAL SPRINGS**
1750 N. University Drive
Coral Springs, FL 33071

☐ **MIAMI**
2955 Coral Way
Miami, FL 33145

☐ **BOCA RATON**
5970 SW 18th Street
Boca Raton, FL 33433

☐ **WELLINGTON**
Opening Soon

ABA CONSENT FORM AND AGREEMENT TO EVALUATE

Services Offered

- Services will focus on the development and implementation of a functional behavior assessment and an ABA treatment plan. ABA services will be provided by a Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA) or a highly trained Behavior Specialist under the supervision of a BCBA.

- We, at Therapies 4 Kids, provide services based on the individualized needs of our clients.

- Behavioral assessment results are available to the client and/or family, and a preliminary treatment plan upon request.

- The contents of both the assessment and treatment plan will be explained to the client and/or family, and staff will willingly answer any related questions about the assessment or proposed service. We understand that this information is confidential, and will abide by established confidentiality policies and procedures.

- In addition to direct ABA treatment, ABA services also include training and ongoing consultation in the principles of applied behavior analysis as they pertain to the client's treatment plan with family, educators, and any related service providers.

Assessment and Evaluation Consent

Your signature below indicates that you have received and read the information in this document. Consent by all parents/legal guardians is required prior to an **ABA evaluation**.

I hereby agree and give my consent for Therapies 4 Kids to evaluate my child:

_____
(child's name)

_____   _____   ___ / ___ / _____
(Parent / Guardian)   (Please Print)   Signature   Date   (Mo./Day/Year)

_____   _____   ___ / ___ / _____
(Parent / Guardian)   (Please Print)   Signature   Date   (Mo./Day/Year)