

**Behavioral Consultation Services of Northern Arizona (BCSNA)**  
**906 W. University Avenue**  
**Suite 120**  
**Flagstaff, AZ 86001**  
**(928) 556-9935**

**Consent for Behavioral Assessment and Intervention**

I understand that \_\_\_\_\_ will receive behavioral services as a client through BCSNA. Behavioral assessment will involve discussing, observing and monitoring problem behaviors. The assessment process may take several weeks, during which time problem behaviors will be allowed to occur. Every effort will be made to minimize the risk of injury. I understand that this assessment period is necessary in order to understand and evaluate the problem behavior and develop an intervention. Once the assessment is completed, intervention options will be discussed with me. In most cases the initial intervention evaluation will be conducted during behavior therapy sessions only. The treatment will not be in effect outside of these sessions until it is determined to be effective.

I understand that I may be asked to participate in assessment sessions, and that I will be involved in the process of selecting a treatment. I will be provided with training on how to carry out the treatment and will be asked to participate in treatment sessions in the clinic or in my home.

I understand that these behavioral services will be provided by a trained applied behavior analyst. I will be kept informed of progress with assessment and intervention, and can request a meeting at any time. All behavioral interventions that will be used are based on existing research findings and best practices.

\_\_\_\_\_  
Parent, Legal Guardian or Self  
(If applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Behavior Analyst

\_\_\_\_\_  
Date