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Functional Analysis and Treatment of Behavior Disorders Consent Form

I, _____, (guardian name) give permission for
_____ (participant name) to participate in a functional analysis of
current problem behavior.

The purposes of this assessment are to identify:

- (a) Situations in which problem behavior is most likely to occur
- (b) Strategies that might be effective as treatment

During the assessment, we will observe the individual for brief periods of time (_____ minutes) in several situation that have been known to produce problem behavior:

- (a) When attention is unavailable unless problem behavior occurs
- (b) When tasks are presented but breaks are given following problem behavior
- (c) When leisure activities and attention are unavailable

(d) _____

(e) _____

We will also observe the individual when attention and leisure activities are freely available because we have found that this situation is unlikely to produce problem behavior.

We expect that problem behavior will occur more often during one of the above conditions. This information will be helpful in developing an individualized treatment plan. The primary risk of the assessment may be self inflicted injuries (only for those individuals who have self-injury as a behavior problem), which may be as serious as those caused previously by the individual and may require medical treatment. To prevent serious injuries, it may be necessary to have the individual wear protective devices (e.g. gloves, hat) during sessions. Also, sessions may be stopped, and emergency procedures, such as manually holding the individual briefly, may be required to prevent injuries.

There is also a risk that problem behavior may increase in other environments (e.g. home, community) following the assessment.

I have read the procedure described above and agree to allow participation. I have been given a copy of this statement. I am free to ask any questions or to express any concerns that I have about the program. I am free to withdraw consent at any time, and this will have no effect on other services provided to the participant.

_____ (guardian signature) _____ (date)

_____ (staff signature) _____ (date)