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ABA Consent and Confirmation of First Date of Attendance

Dear Provider,

Please review the following in regards to the first date of attendance with your current child and complete the form with a parent or guardian. Finalized schedule of services must be provided and signed by a parent before submitting to Achieve Beyond Provider Relations.

Send completed form back to Tiffany Stephenson via email: tstephenson@achievebeyondusa.com or fax: **(646) 839-5789**

"I, _____, have thoroughly read and understand all of the goals and services
(Provider)
for _____, in which I agree to follow and abide by.
(Child)

Provider confirms that on ____/____/____ the first session of ABA services was provided for the above mentioned child. Below is the finalized schedule, in which the parent/guardian has approved as suitable for the child, and the family is able to maintain the schedule set forth.

In the event, any schedule adjustments must be made, a new Schedule Request will be submitted to Achieve Beyond Provider Relations.

Schedule Request for Child: _____

Total Authorized HOURS per WEEK: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Provider: _____

Date: _____

Parent/ Guardian: _____

Date: _____