ACHIEVE BEYOND
Pediatric Therapy & Autism Services

Informed Consent

I, _____, agree to have my child _____ and the behavior therapist, _____ complete goals in the community setting through Achieve Beyond. The Board Certified Behavior Analyst (BCBA), behavior therapist, and I will decide together on the locations and goals to be worked on prior to the community outing. All community outings must be tied into goals on my child's assessment. I will provide transportation for my child to the designated area and at no time will a behavior therapist or BCBA drive my child. Below is a list of places I give permission for my child and the behavior therapist (and BCBA) to attend:

1. _____
2. _____
3. _____

I understand that if I would like to add or subtract locations, I must contact my child's BCBA. My BCBA's contact information is:
_____.

I understand that the community outings may involve risk, and I accept that risk. I do hereby release and hold harmless Achieve Beyond and its employees from any liability or accident that may occur during therapy sessions provided outside my home or the Achieve Beyond facility.

BT Name: _____ BT Signature and Date: _____

Parent Name:_____Parent Signature and Date:_____

BCBA Name:_____BCBA Signature and Date:_____

Clinical Director Name:_____

Clinical Director Signature and Date:_____