



Shelby's Behavior Solutions Inc.
5307 Technology Dr. Tampa FL 33647
813-433-4138 cell
813-994-2735 fax

Agreement of Time

Name: _____

Date: _____

Date of Birth: _____

To insure that observation occurs in the natural environment I understand that I will be observed in my natural environment/environments and this will occur over several observation periods in each setting.

I understand that my behavior analyst will include me in developing times to conduct observations and these appointments will occur at times that are convenient to me.

I understand that in accordance with core assurance that I will see my provider and if I need to at any point change appointment times or days that I may contact my provider to reschedule the appointment.

Consumer Signature: _____

Date: _____

Parent Guardian Signature: _____

Date: _____