



Shelby's Behavior Solutions Inc.
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Functional Behavior Assessment Informed Consent

I _____ give my behavior analyst Shelby Dowd permission to do a functional behavior assessment on _____.

I _____ understand that at any time I withdrawal from this agreement with no penalties to myself. I _____ understand that a functional behavior

assessment may include my behavior analyst Shelby Dowd talking to my circle of supports. My circle of supports Include _____,

_____, _____. I _____ understand that information gathered from my circle of supports may be used to develop the functional behavior assessment.

I _____ understand that if I have any questions or concerns that I need to notify my behavior analyst as soon as possible by email, phone, or in person.

Consumer Signature: _____ Date: _____

Parent signature: _____ Date: _____

BCBA Signature:

Date: _____