



## **Consent for FBA & BIP**

**FBA:** Functional Behavioral Assessment. This type of assessment is conducted by the supervising analyst of your child's case (BCBA, BCaBA, QASP-S) to identify interventions to support your child's behavioral excesses or deficits.

**BIP:** Behavior Intervention Plan. This is the formal plan put in place by the supervising analyst that outlines steps to take when defined behaviors occur, how to implement, and what to gauge. This is a working document tailored to fit your child's individual needs and can/will be updated or modified as medically necessary.

### **FBA consists of, but is not limited to:**

- Identify the specific target behaviors to be addressed
- Identifying the "function" or reason a behavior is happening
- Identify the contingencies surrounding the behavior
- Interview with parent(s)/guardian(s)
- Record Review (IEP, previous reports, etc.)
- Data Collection: collect baseline data recorded by parent(s)/guardian(s) or ABA staff (if applicable)
- Observations in alternative settings (i.e. school)
- "Contrived" Scenarios/Circumstances
  - Your child's supervising analyst may create circumstances that would typically illicit the behavior(s) being evaluated for intervention. During this process the supervising analyst will only observe the outcome and not provide any intervention at this time. This will permit an objective analysis of the behaviors and naturally occurring circumstances surrounding it

### **BIP consists of, but is not limited to:**

- Defined behaviors (can be categorized as low/high level)
- Intervention aspects: antecedent (to prevent the behavior), replacement behavior (appropriate behavior to teach), and/or consequence outcomes (reinforcement or punishment aspects)
  - Punishment procedures would be a last resort to implement in a BIP based on the severity of the behavior, consultation with parent(s)/guardian(s), informed consent, and risk/benefit outcome
- Ongoing data collection: evaluate effectiveness, modify aspects, etc.
- Safety/Crisis Plan (if necessary)



## On The Spectrum

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### Treatment Consent:

I have read the above outline and consent to my child receiving a formal FBA for evaluation of a BIP. The aspects of the FBA process have been explained to me including all potential risks and benefits of conducting an FBA. Upon completion of the FBA, I understand I will have to formally consent to development and implementation of the BIP as it pertains to OTS staff and myself as the parent(s)/guardian(s) of the abovementioned child. As the legal guardian/parent of the documented child, I understand I may revoke my consent at any time, however, I cannot revoke consent for action that has already taken place.

\_\_\_\_\_ I give consent to conduct a Functional Behavior Assessment (FBA) towards development of a Behavior Intervention Plan (BIP) for my child

\_\_\_\_\_ I do not give consent to conduct a Functional Behavior Assessment (FBA) towards development of a Behavior Intervention Plan (BIP) for my child

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Parent(s) / Legal Guardian(s)

Date

OTS Supervising Analyst

Date