On The Spectrum
420 Brittania Rd East Suite 200A, Mississauga, Ontario. L4Z3L5
Phone: 888-784-5880 Fax 866-302-7358
info@onthespectrum.ca

Consent for Individualized Treatment Protocol & Implementation

The following consent is in relation to diverse treatment aspects that may be medically appropriate for your child as it pertains to ABA service delivery to address skill deficit areas. This consent is specific to more "in-depth" treatment aspects that would require consistent implementation in and/or outside of direct 1:1 ABA sessions. Any protocol developed will not replace identified skill deficit areas in your child's treatment plan. Instead, the protocol developed is in addition to identified skill deficit areas and individualized protocol is required for proper implementation.

Consent provided will address OTS Staff implementation in addition to any areas the parent/legal guardian would be expected to fulfill to ensure consistency and accuracy of protocol.

Development and implementation will occur as a collaborative process with the child's legal guardian(s) or parent(s). Protocol will not be developed without caregiver participation to ensure efficacy and fidelity of predicted treatment outcome.

The following consists of, but is not limited to:

- Toileting Protocol
- Feeding Schedules/Recommendations
- Community Aspects
- Functional Communication Training
- Any other explicit protocol developed to address any skill deficit areas

Consent for Treatment Aspects *(identify specific treatment protocols for consent)*	**Treatment Includes Implementation by** *(list correlating individuals)*
_____	_____
_____	_____
_____	_____
_____	_____

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Treatment Consent:

I have read the above outline and consent for the development and implementation of the abovementioned protocol. I understand I will receive a more formal outline of the expectations as it pertains to my/my family's expectations with involvement.

The treatment aspects have been explained to me including all potential risks and benefits of the proposed treatment outcome. I agree to implement the proposed aspects as written (on the formal outline) and agree to communicate any concerns or interferences of the treatment protocol with my child's case supervisor.

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 for the development and implementation (by self and ABA staff) of the above mentioned protocol for my child

_____ I do not give consent for the development and implementation (by self and ABA staff) of the above mentioned protocol for my child

_____

Parent(s) / Legal Guardian(s) **Date**

_____

OTS Supervising Analyst **Date**