



**Integrated Behavioral Health Solutions, Inc.**

[www.behavioralhealthscience.com](http://www.behavioralhealthscience.com)

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**CONSENT FORM**

The undersigned \_\_\_\_\_ confirm that I (we) have requested Integrated Behavioral Health Solutions, Inc., (Daniel Alongi M.S., BCBA) to conduct an evaluation of my (our) child's (Name: \_\_\_\_\_) current developmental delays and/or behavior problems. I (we) authorize Integrated Behavioral Health Solutions to conduct such evaluations as are deemed necessary to evaluate our child, including but not limited to an Analogue Functional Analysis, Functional Assessments, Assessment of Basic Language and Learning Skills (ABLBS), VB-MAPPS direct observation in any location, psychological testing, or interviews with any staff or teachers. The risks and benefits of such diagnostic procedures have been properly explained.

Finally, we consent to the use of the data gathered from these evaluations to be used in a professional manner, including but not limited to the education of other professionals, professional presentations, publications, etc., so long as the identity of our child is protected. This consent is subject to my (our) right to withdraw my (our) consent at any time.

\_\_\_\_\_  
(Parent / guardian name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent / guardian signature)