



## Southlake Autism and Behavior Services, PA

355 Citrus Tower Blvd, Suite 116

Clermont, FL 34711

Phone: 352.223.1999 © Fax: 352.600.3119

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

### WELCOME

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Welcome to Southlake Autism and Behavior Services (SABS). SABS is a full service ABA agency helping children, adults and families develop the necessary skills to function successfully in society. We are thankful for the opportunity to work with you. Before services begin, we would like you to know what to expect.

- A complete evaluation of your child will be completed. The evaluation will aid in determining the cause of the concern and set a preliminary course of action.
- Objectives will be targeted and treatment goals will be set.
- A treatment and intervention plan will be developed to meet the treatment goals.
- A behavior analyst will be assigned to your case.
- The services will be provided in the best or natural environment such as your home, your child's school, clinic and community settings.

In order for our services to be successful, your participation is critical. It is important to understand that in order for the behavior of your loved one to change, the behavior, habits and practices of all the individuals in his/her environment will also have to change. Therapy that is behavior analytic driven is an active process and is vastly different from other types of therapy. Your help in collecting data, participating in parent or staff training during sessions and following through in implementing the programs, even when our staff is not there will be an important part of the overall success of this intervention.

We look forward to working with you and your family as we strive to reach the set behavior goals. Please sign this statement of understanding to indicate that you have read this letter and agree to participate in behavioral services.

#### STATEMENT OF UNDERSTANDING

I, \_\_\_\_\_, parent/caretaker of \_\_\_\_\_, have read this letter of understanding regarding provision of behavioral services. I understand that my participation in training during sessions, and in the implementation of the treatment plan is critical to the success of my son or daughter, and therefore, is required. The staff has also explained the company policies to me regarding services. I understand these policies as well.

Parent/Caretaker Signature \_\_\_\_\_ Date \_\_\_\_\_

Behavior Analyst \_\_\_\_\_ Date \_\_\_\_\_