## Baylor CARE

**Clinic for Assessment, Research, and Education**

A Member of The Baylor University Center for Developmental Disabilities

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Dear Parents & Guardians:

Congratulations and welcome to the Baylor Clinic for Assessment, Research, and Education (CARE). We hope that this handbook will answer some of your questions and open a line of communication between your family and ours.

As you will learn from reading this handbook, our program is a unique evidence-based program that serves individuals from birth to adulthood with a one-to-one or two-to-one child to therapist ratio, using the Applied Behavior Analysis approach.

Successful treatment requires the involvement of our therapists and parent/caregiver cooperation. The Baylor CARE is dedicated to providing your child with specialized therapeutic treatment through the development and implementation of an effective and individualized behavior treatment plan. Parent feedback and collaboration is a necessary component in your child’s effective treatment plan.

We look forward to working with you and your child!
Mission Statement

Baylor CARE has three missions:

- To provide a unique hands-on training environment for Baylor University students seeking careers working with individuals with developmental disabilities.

- To improve the education and treatment of individuals with developmental disabilities by conducting and disseminating research that contributes to the enhancement of our field.

- To enhance the lives of individuals with developmental disabilities by providing evidence-based therapeutic interventions, assessment, and other supports that are based on the science and principles of Applied behavior Analysis and aimed at improving communication, socialization, adaptive skill, and other related needs.
Faculty & Staff

Baylor CARE Director
Tonya Davis, Ph.D., BCBA-D

Dr. Davis oversees all programs at Baylor CARE. She provides supervision and training to CARE therapists and coordinates all research projects conducted at Baylor CARE.

Baylor University Center for Developmental Disabilities (BCDD)
Director of Behavioral and Educational Services
Kristen Mainor, Ed.S., LSSP

Ms. Mainor coordinates all Baylor CARE services and serves as the parent liaison. She is the main contact for questions and concerns.

Baylor CARE Supervisors
Focus Behavioral Associates (FBA)

FBA provides direct supervision to our therapists. FBA supervisors are Board Certified Behavior Analysts with years of experience.

Baylor CARE Therapists
Baylor University ABA Graduate Students

All services are provided by highly trained graduate students pursuing a specialization in ABA.

Baylor CARE Volunteers
Baylor University Students

Baylor University Center for Developmental Disabilities Director
Eric Robinson, Ph.D.
Guidelines

In order to provide the best service to our clients, Baylor CARE requests collaboration with caregivers within the following guidelines.
Health Policies

- Clients with a body temperature above 99 degrees Fahrenheit may not attend the session.

- If the client has had a fever (body temperature above 99 degrees Fahrenheit), he or she must be fever free for at least 24 hours before attending a therapy session.

- Sessions may be cancelled for clients who appear ill. This will be at the discretion of the individual therapist and/or supervisor.

- Parents or guardians will be responsible for the administration of any medications, vitamins, or supplements.
Health Policies

• It is preferred that parents or guardians be responsible for diaper changes and toileting for clients who are in need of assistance. However, in the situation that parents are unavailable, a minimum of two adults will be present during diapering and toileting.

• Parents are advised to bring a change of clothes to the clinic in case of toileting or related accidents. One change of clothes may be stored in the child’s personal container throughout the semester to ensure clean clothes are available if needed.
All paperwork must be submitted prior to the first session, including

- Parent/Guardian Release
- Medical Information
- Learning Lab Acknowledgement
- Confidentiality Protection Form
- Video Consent Form
- Approved Client Pick-Up List
- Receipt of Parent Handbook
- Photo Release Form (optional)
- Request to Release Confidential Information (optional)

- All clients should arrive on time for their sessions. Sessions will be cancelled if the client arrives more than 15 minutes late without prior contact with the therapist.

- Clients will be dismissed from the Baylor CARE program if 10% of sessions are missed without contacting the therapist at least 24 hours in advance. The dismissal procedures can be modified at any point for extenuating circumstances at the discretion of the Baylor CARE Director.
Therapy will begin and end promptly at the time identified by the therapist. Caregivers and clients arriving early to therapy may wait in the designated lobby. Parents/guardians must wait in the lobby to supervise their child until the therapist retrieves the child. At the end of each session, therapists will meet caregivers in the same seating area.

Caregivers are expected to arrive for pick-up 10 minutes prior to the end of the therapy session. Up to 10 minutes of the session may be spent in conversation between the caregiver and therapist concerning the client’s progress.

For caregivers arriving for pick-up over 5 minutes past the end of the session, a late fee will ensue. For each minute over 5 minutes that the caregiver arrives for pick-up, $1 will be charged (i.e. 6 min. late = $1 fine; 7 min. late = $2 fine; 8 min. late = $3 fine; etc.). Fines must be paid in full before therapy can continue.
Parent-cancelled or missed sessions will not be rescheduled under any circumstances. Due to the high quality of supervision provided to Baylor CARE therapists, we are unable to reschedule any missed session.

There will be no credit or reimbursement given for any of the following:
- Parent-cancelled session (including, but not limited to child illness, inclement weather, family vacation, etc.).
- Inclement weather closings.
- Emergency closings.

In the event that a therapist must cancel a session due to illness or emergency, the family may be credited for the session. In order to receive credit for a therapist-cancelled session, the parent must request the credit in writing to Kristen Mainor at care@baylor.edu within 14 days of the missed session. Credit will be applied to the next payment.
If caregivers choose to leave the building during the session he or she must (a) notify the therapist that he/she will leave the building, (b) have a cell phone available and provide CARE therapists with that number, and (c) remain within a 15 minute travel radius in case of an emergency.

It is the parent’s or guardian’s responsibility to ensure that someone is available to pick up the client on time and that the therapist is aware of who is permitted to pick up the client.

Parents or guardians will provide an approved list of individuals that are permitted to pick up the client from therapy. Any individual picking up a client may be asked to present a valid form of identification to permit pick-up.

Changes to the approved list of individuals permitted to pick up a client from therapy may only be made in person and will require a parent or guardian signature.
Clients should dress in seasonable appropriate and comfortable clothing.

Parents or guardians should include any food allergies in admissions paperwork and discuss these concerns with therapists.

Food items are often used as a reward in therapy. Any food items not supplied by Baylor CARE should be brought by the caregivers.

Parents or guardians are permitted and encouraged to bring the client’s favorite toys or other items from home to be used during the session. However, please label all personal items with the client’s first and last name. Also, parents are asked to keep these items concealed from the child until they arrive to the therapy session.

It is encouraged that caregivers provide a change of clothing to remain at the clinic at all times in case of accidents.
Restraint Policy

Baylor CARE has adopted the following policy regarding the use of restraint. This policy has been adapted from the Texas Administrative Code within Part Two of the Texas Education Agency, which applies to public school districts.
Use of Restraint

A Baylor CARE therapist may use restraint only in an emergency (as defined below) and with the following limitations.

1. Restraint shall be limited to the use of such reasonable force as is necessary to address the emergency.

2. Restraint shall be discontinued at the point at which the emergency no longer exists.

3. Restraint shall be implemented in such a way as to protect the health and safety of the client and others.

4. Restraint shall not deprive the student of basic human necessities.
Restraint Policy

Definitions

1. Emergency means a situation in which a client’s behavior poses a threat of:
   A. imminent, serious physical harm to the client or others; or
   B. imminent, serious property destruction

2. Restraint means the use of physical force or a mechanical device to significantly restrict the free movement of all or a portion of the client’s body.
Clarification Regarding Restraint
The provisions adopted under this policy do not apply to the use of physical force or a mechanical device which does not significantly restrict the free movement of all or a portion of the student's body. In addition, restraint does not include:

1. Physical contact or appropriately prescribed adaptive equipment to promote normative body positioning and/or physical functioning;

2. Limited physical contact with a student to promote safety (e.g., holding a student’s hand), prevent a potentially harmful action (e.g., running into the street), teach a skill, redirect attention, provide guidance to a location, or provide comfort;

3. Limited physical contact or appropriately prescribed adaptive equipment to prevent a student from engaging in ongoing, repetitive self-injurious behaviors, with the expectation that instruction will be reflected in the therapy plan to promote learning and reduce and/or prevent the need for ongoing intervention.

4. Seat belts and other safety equipment used to secure students during transportation.
Documentation and Notification on use of Restraint

In a case in which restraint is used, therapists shall implement the following documentation requirements.

1. Written documentation of the use of restraint must be placed in client’s CARE file folder, which remains in a locked filing cabinet.

2. On the day restraint is utilized, a good faith effort shall be made to notify the parent(s) regarding the use of restraint verbally, in writing, via phone, or via email. Such notification will include:
   
   A. Name of therapists administering the restraint
   B. Date of the restraint and the time the restraint began and ended
   C. Nature of restraint
   D. A description of the activity in which the student was engaged immediately preceding the use of restraint
   E. The behavior that prompted the restraint
   F. The efforts made to de-escalate the situation and alternatives to restraint that were attempted.
Training on use of restraint
All Baylor CARE lead therapists receive training on how to manage problem behaviors without the use of physical restraint. This training includes de-escalation techniques and techniques to promote alternative adaptive behaviors.

In order to ensure the safety of our clients and therapists, Baylor CARE therapists receive training in properly administering physical restraint in emergency situations throughout the year. However, we cannot guarantee that all therapists on-site will have received training prior to working with clients. In the case in which a therapist must provide restraints, all efforts will be made to provide that therapist with restraint training in a timely manner.

If a therapist believes that he/she may be required to use restraint, at no time will that therapist be left alone with the client in question.
Parent Code of Conduct

In order to ensure appropriate behavior towards the CARE therapists and staff and around our CARE clients, the following Code of Conduct should be followed by all client caregivers.
Parents or guardians of enrolled clients should behave in a manner consistent with decency, courtesy, and respect at all times.

No parent or adult is permitted to curse or use other inappropriate language at the clinic at any time, whether in the presence of a client or not.

Threats of any kind will not be tolerated and will be reported to the appropriate authorities.

Parents or guardians should follow all safety procedures in order to protect the welfare and best interest of the therapists, clients, and other caregivers.

While it is understood that caregivers will not always agree with the therapists or parents of other clients, it is expected that all disagreements be handled calmly and respectfully. Confrontational interactions are not appropriate and strictly prohibited.

Under the Child Protective Services Act, therapists are required to report any suspicion of abuse or neglect to the appropriate authorities. Therapists are not required to discuss their suspicions with caregivers prior to reporting the matter to the appropriate authorities.
Baylor CARE
Clinic for Assessment, Research, and Education
A Member of The Baylor University Center for Developmental Disabilities

Programs & Fees

Baylor CARE programs, related fees and payment procedures are outlined.
Program Description

The ABA program is a unique evidence-based program that serves individuals from birth to adulthood using the Applied Behavior Analysis approach. The program aims to provide individuals with developmental disabilities with evidence-based therapeutic interventions aimed at enhancing communication, social, adaptive, behavioral, and other needs.

Individuals receiving ABA services will receive extensive educational assessment using the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) to best determine individualized therapy goals and setting (1-to-1 or small group) that best suits the needs of the client.
Intake Process & Therapy Planning

Clients entering the ABA program will be required to complete a parent interview with the CARE faculty. This interview ensures that the client’s needs can be reasonably addressed with this program.

After the completion of the parent interview, CARE therapists will conduct the VB-MAPP with the client. This process may range from 1—4 hours depending on the age and developmental level of the child.

Therapy goals will be selected based on parent interview and VB-MAPP reports. Parent will receive a written therapy plan at the beginning of the semester.
Fees & Payment Options

• There is a $25 registration fee and $25 supply fee per client that should be paid in full prior to the first therapy session.

• There is a $10 fee per one hour session of therapy. This fee will be paid monthly, in which the month must be paid in full prior to the first therapy session of that month.

• Caregivers may pay for the entire semester of therapy in full before the client’s first therapy session and receive a $25 discount off of the $50 registration and supply fee.

• Failure to submit payment on time may result in dismissal from the program.
Program Description

The purpose of this program is to identify your child’s strengths and weaknesses in order to provide an individualized treatment program at home or school.

The assessment program will begin with an in-depth parent interview. Then, the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) will be implemented.

The results of the interview and VB-MAPP will be used to identify 10—20 individualized, specific, measurable educational goals that can be shared with your child’s IEP team or private therapy provider.

While the VB-MAPP is conducted for children receiving ABA therapy, this program is offered as a stand-alone service for families wanting to identify additional educational goals to target outside of therapy provided at CARE.
Intake & Assessment

Parents interested in the educational assessment and goal planning program will first be interviewed by CARE faculty over the phone. This interview ensures that the client’s needs can be reasonably addressed with this program.

After the completion of the in-depth parent interview and VB-MAPP a meeting will be scheduled with the parents to discuss results and educational goals.

Parents will receive a printed and electronic copy of the VB-MAPP results and educational goals.
Fees & Payment Options

- $125 for a stand-alone assessment process (i.e., clients not currently participating in the ABA program).

- $75 for clients currently participating in the ABA program.

- Fees must be paid in full prior to the first day of parent interview.

- Failure to submit payment on time may result in dismissal from the program.
Program Description

The purpose of the FBA and BIP program is to support caregivers in understanding and managing their child’s problem behaviors in the home.

This two-part program consists of assessment and interventions based in applied behavior analysis (ABA) theory and practice. The purpose of the FBA is to determine the reason a behavior is occurring (i.e., the function).

Based on the results of the FBA, an individualized BIP is created to reduce the problem behavior and promote replacement adaptive behaviors.
**Intake & Assessment Process**

Parent will first be interviewed by CARE faculty over the phone. This interview ensures that the client’s needs can be reasonably addressed with this program.

This FBA & BIP programs consist of weekly meetings for approximately 3 months. The process includes the following:

- In-depth family interview
- Direct observation and assessment with child
  - Parent meeting to discuss FBA results
- Direct therapy with child to introduce behavior plan
  - Parent meeting to discuss BIP
- Parent follow-up meetings to monitor BIP implementation in-home

Parents will receive a printed and electronic copy of the FBA results and BIP.
Fees & Payment Options

- $200

- The cost reflects both the FBA and BIP programs. FBA and BIP programs must be conducted in conjunction with one another.

- Fees must be paid in full prior to the first day of parent interview.

- Failure to submit payment on time may result in dismissal from the program.
Program Description

The purpose of the Challenging Behavior Clinic is to support caregivers in understanding and managing their child’s problem behaviors in the home.

This two-part program consists of assessment and interventions based in applied behavior analysis (ABA) theory and practice. The purpose of the FBA is to determine the reason a behavior is occurring (i.e., the function).

Based on the results of the FBA, an individualized BIP is created to reduce the problem behavior and promote replacement adaptive behaviors.

This program is offered by invitation only to current ABA clients during the summer months. This program represents an abbreviated version of the FBA & BIP program.
Intake & Assessment Process

Families will be contacted by Baylor CARE faculty in May to extend an invitation to the Challenging Behavior Clinic. There is no application process for this program.

The Challenging Behavior Clinic takes place across 3 weeks in June and consists of the following:

- Family interview
- Direct observation and assessment with child
- Direct therapy with child to introduce behavior plan
  - Parent meeting to discuss BIP
  - Parent follow-up meetings to monitor BIP implementation in-home

Parents will receive a printed and electronic copy of the FBA results and BIP.
Fees & Payment Options

- $100

- Fees must be paid in full prior to the first day of parent interview.

- Failure to submit payment on time may result in dismissal from the program.
In order to meet the needs of all families, scholarships may be available to assist with the cost of available programs.
In order to be considered for a scholarship to cover some or all of the fees associated with your child’s program, you must indicate a desire to be considered for scholarship at the time of application. Scholarships cannot be granted during or after the completion of a program. Requests for scholarships must be made in writing to Kristen Mainor at care@baylor.edu or on the application form.

Scholarships are funded solely by donations to Baylor CARE. Scholarships are made available only when the funds are available to do so.

To support our scholarship program, please contact Kristen Mainor to make a donation. Kristen can be reached at care@baylor.edu.
Forms

REQUIRED
Parent/Guardian Release
Medical Information
Learning Lab Acknowledgement
Confidentiality Protection Form
Video Consent Form
Approved Client Pick-Up List
Receipt of Parent Handbook

OPTIONAL
Photo Release Form
Request to Release Confidential Information
MINOR (Under Age 18 Years) PARTICIPANT’S NAME: ________________________________
DATE OF BIRTH: __ / __ / __________

PARENTAL/LEGAL GUARDIAN RELEASE FOR MINOR PARTICIPANT

BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS. READ CAREFULLY BEFORE SIGNING.
PLEASE COMPLETE FORM IN BLUE OR BLACK INK

GENERAL RELEASE AND INDEMNIFICATION AGREEMENT

I hereby represent that I am the parent or legal guardian of “PARTICIPANT”, who is under the age of 18. For and in consideration of Baylor University permitting PARTICIPANT to participate voluntarily in the BAYLOR CLINIC FOR ASSESSMENT, RESEARCH, AND EDUCATION to be held during the fall, spring, and summer semesters on Baylor University campus in Waco, Texas, hereafter referred to as “THE CLINIC”, I hereby expressly assume all the risks associated with THE CLINIC, and I release Baylor University, its regents, officers, employees, students, and agents from all claims, demands, suits, causes of action, or judgments which PARTICIPANT or I ever had, now have, or may have in the future or which our heirs, executors, administrators, or assigns may have, or claim to have against Baylor University, its regents, officers, employees, students, or agents, arising out of or in any way connected with THE CLINIC, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the ACTS, OMISSIONS OR NEGLIGENCE of Baylor University, its regents, officers, employees, students, or agents. I understand this waiver does not apply to injuries caused by Baylor University’s intentional or grossly negligent conduct. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS BAYLOR UNIVERSITY, ITS REGENTS, OFFICERS, EMPLOYEES, STUDENTS, AND AGENTS FROM ALL CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, OR JUDGMENTS WHICH PARTICIPANT OR I EVER HAD, NOW HAVE, OR MAY HAVE IN THE FUTURE OR WHICH OUR HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS MAY HAVE, OR CLAIM TO HAVE AGAINST BAYLOR UNIVERSITY, ITS REGENTS, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE CENTER FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN, PROPERTY DAMAGES (INCLUDING LOST OR STOLEN PROPERTY), OR CLAIMS FOR WRONGFUL DEATH, CAUSED BY THE ACTS, OMISSIONS OR NEGLIGENCE OF BAYLOR UNIVERSITY, ITS REGENTS, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, AND ON BAYLOR’S BEHALF AND IN BAYLOR’S NAME DEFEND AT MY OWN EXPENSE ANY SUCH CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION OR JUDGMENTS DESCRIBED ABOVE. I ALSO AGREE TO BE RESPONSIBLE FOR ANY PROPERTY DAMAGE OR PERSONAL INJURIES THAT PARTICIPANT OR I MAY CAUSE BY INTENTIONAL OR NEGLIGENT ACTS WHILE PARTICIPATING IN THE CENTER.

I have read and executed this document with full knowledge of its legal significance.

By: ________________________________ Date: ________________________________

PARENT/LEGAL GUARDIAN SIGNATURE

Parent/Legal Guardian’s Name Printed

Participant’s mailing address: ________________________________
Street Address ________________________________ City/State Zip ________________________________

*If you are a Baylor employee or a dependent of a Baylor employee, this release shall not be construed to deny any valid direct or first party insurance claims which you may have relating to possible death or to any injuries you may sustain while participating in THE CLINIC.
NAME: ____________________________
   (LAST) ____________________________
   (FIRST) ____________________________
   (MIDDLE) ____________________________
ADDRESS: ____________________________
   (STREET) ____________________________
   (CITY) ____________________________
   (STATE) ____________________________
   (ZIP) ____________________________
DATE OF BIRTH: ____________________________
   (MONTH) ____________________________
   (DAY) ____________________________
   (YEAR) ____________________________
HEALTH INSURANCE CARRIER: ____________________________
POLICY NO: ____________________________
GROUP NO: ____________________________
PERSONAL PHYSICIAN: ____________________________
ADDRESS: ____________________________
   (STREET) ____________________________
   (CITY) ____________________________
   (STATE) ____________________________
   (ZIP) ____________________________
PHYSICIAN’S PHONE NUMBER: ____________________________
   (AREA CODE) ____________________________
   (NUMBER) ____________________________
PARENT, LEGAL GUARDIAN, OR OTHER PERSON WHO HAS LEGAL AUTHORITY TO AUTHORIZE MEDICAL TREATMENT TO PARTICIPANT IN CASE OF EMERGENCY. PLEASE CONTACT:
NAME: ____________________________
ADDRESS: ____________________________
   (STREET) ____________________________
   (CITY) ____________________________
   (STATE) ____________________________
   (ZIP) ____________________________
HOME TEL: ____________________________
   (AREA CODE) ____________________________
   (NUMBER) ____________________________
WORK TEL: ____________________________
   (AREA CODE) ____________________________
   (NUMBER) ____________________________
CELL TEL: ____________________________
   (AREA CODE) ____________________________
   (NUMBER) ____________________________
PREFERRED METHOD OF CONTACT: ____________________________
please list and explain any chronic or acute medical problems (Continue on back if needed): ____________________________
List any allergies to food, pollen, or medications: ____________________________
List any medications being taken at present: ____________________________
I ACKNOWLEDGE THE PARTICIPANT’S IMMUNIZATIONS ARE CURRENT: YES ______ NO ______
I or MY CHILD plan to attend The Baylor Clinic for Assessment, Research, and Education hereinafter referred to as “the clinic." I fully realize that injury or illness could result from or during MY or MY CHILD’S participation in the clinic. In case of accident or illness, I give my permission to receive medical treatment as deemed appropriate. I will assume responsibility for any medical bills.

(ADULT PARTICIPANT or PARENT/LEGAL GUARDIAN’S SIGNATURE)
IF MINOR, PLEASE PRINT PARENT’S NAME: ____________________________
Learning Lab Acknowledgement

An important part of training graduate students to become successful behavior analysts is to provide them with various field experiences. The Baylor Clinic for Assessment, Research, and Education (CARE) is designed to provide a hands-on learning lab for graduate student pursuing specialization in applied behavior analysis.

All CARE therapists are graduate students. CARE therapists are not Board Certified Behavior Analysts and may never become Board Certified Behavior Analysts. However, all CARE therapists have received graduate training in applied behavior analysis and are supervised by Board Certified Behavior Analysts in good standing.

By participating in this program, you acknowledge that your child’s CARE therapist(s) are not Board Certified Behavior Analysts. You further agree to allow CARE-contracted field experience supervisors to observe sessions and provide feedback to improve your child’s assessment and/or therapy session. You also agree to allow your CARE therapist to share information regarding your child’s therapy session and progress with classmates and supervisors for the purpose of receiving constructive feedback. This confidential information will be limited to that which is necessary to improve therapy sessions and will only be shared with CARE therapists and supervisors.

You should interpret any discussions with caution because CARE therapists are still in training. If you desire more information, please contact the Director of Behavioral and Educational Services, Kristen Mainor (254) 537-1042 at the MacArthur Clinic.

___ I acknowledge the mission, structure, and qualification of therapists affiliated with Baylor CARE and agree to allow my child to participate in the Baylor CARE program.

Participant Name __________________________________________________________

Parent/Guardian Printed Name ______________________________________________

Parent/Guardian Signature ___________________________________________________
An important part of training graduate students to become successful behavior analysts is to provide them with various field experiences. Specifically, this request is to allow a graduate student from Baylor University to provide therapeutic services to your child, under the supervision of a faculty and/or staff member. Please note, that supervision consists of informal collaboration and intermittent observation; therefore, a supervising faculty member will not be present at all sessions.

Baylor CARE is a learning lab clinic in which various Baylor University graduate student therapists and volunteers may have access to working with your child under the supervision of a faculty and/or staff member. Due to the nature of this learning experience, your child’s therapy sessions and their progress may be discussed between therapists, volunteers, and supervisors informally, and during graduate class meetings and supervision meetings. These discussions are held only for the purpose of improving the quality of services the therapist provides for your child. Discussions about your child are limited only to information that assists colleagues and supervisors in providing helpful feedback.

Occasionally potential students and collaborating ABA clinics, may come to observe therapy sessions for educational purposes. At this time, such approved visitors may observe a portion of your child’s session, but information about your child will not be shared.

You should also know that the graduate students are educated on ethical responsibility and the importance of confidentiality. Therefore, the name(s) of you, your child, your family, or your child’s school will not be used in any written documents. In addition, the outcomes of the program will not be placed in your child’s school files, discussed with teachers or your principal, and will have no direct effect on your child’s education.

___ I agree to allow my child to participate in the Baylor CARE program.

Parent Signature ________________________________

Participant Signature ________________________________

Graduate Student Signature: ________________________________
Baylor Clinic for Assessment, Research, and Education
A Member of The Baylor University Center for Developmental Disabilities

Video Consent Form

In order for the Baylor CARE graduate student therapist to improve his/her skills, it is imperative that both self-evaluation and instructor evaluation occur. To facilitate this supervision and feedback process, it is helpful for the therapist to videotape therapy sessions demonstrating his/her ability to implement best practices. Moreover, this also gives the therapist the opportunity to share the video with other CARE therapists/Baylor graduate students to seek guidance from peers.

Please be aware that your name, the name of any member of your family, or the name of your child’s school or service provider will not be used in any written or oral report. However, the client’s first name may be audible on the video. The videotape will be destroyed at the end of the semester after the supervision feedback is complete.

I agree to have my assigned graduate student therapist from the Baylor Clinic for Assessment, Research, and Education, video tape assessment and/or therapy session with my child. I agree to allow the graduate student to share these videos with the following people for the purpose of supervision and feedback: (a) Director of Baylor CARE, Dr. Tonya Davis; (b) Director of Behavioral and Educational Services, Ms. Kristen Mainor, (c) contracted Baylor CARE field experience supervisors, (d) graduate student classmates that serve as CARE therapist and are pursuing a graduate specialization in applied behavior analysis (during private supervision meetings only).

I have read and agreed to the terms outlined in this document with full knowledge of its legal significance.

By: ____________________________

PARENT/LEGAL GUARDIAN SIGNATURE Date

______________________________

Parent/Legal Guardian’s Name Printed Client Name Printed

Minor Participant’s mailing address:____________________________________

Street Address

_________________________________

City/State Zip
Client Name: _______________________________________________________

Parent/Guardian Name: ____________________________________________

The following individuals may pick up the client from therapy:

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<th>Name</th>
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* The list of individuals that are approved to pick up the client from therapy may only be altered in person, with the CARE Director, Dr. Tonya Davis, Baylor University Center for Developmental Disabilities, Ms. Kristen Mainor, or the client’s therapist.

_________________________  ___________
Parent/Guardian Signature  Date
Agreement

I have read and agree to the policies and procedures outlined in this handbook.

_________________________________________  _____________
Parent/Legal Guardian Signature              Date
PARTICIPANT AND I hereby grant to Baylor University the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of university related photographs or videotaped images of PARTICIPANT for use in connection with the activities of the university or for promoting, publicizing or explaining the school or its activities. This grant includes, without limitation, the right to publish such images in the university’s student newspaper, alumni magazine, on the university’s Web site, and public relations / promotional materials, such as marketing and admissions publications, advertisements, fund-raising materials and any other university-related publication. These images may appear in any of the wide variety of formats and media now available to the school and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media. All photos taken are without compensation to PARTICIPANT. All electronic or non-electronic negatives, positives, and prints are owned by the university.

I have read and executed this document with full knowledge of its legal significance.

By:__________________________________________

PARENT/LEGAL GUARDIAN SIGNATURE             Date

__________________________________________

Parent/Legal Guardian’s Name Printed           Client Name Printed

Minor Participant’s mailing address: __________________________________________

Street Address

__________________________________________

City/State             Zip
Client name: ____________________________________________

Date of birth: ________________________________

To Whom It May Concern:

I hereby grant permission for ________________________________ to disclose and deliver any information requested by ________________________________ concerning my son/daughter ________________________________.

This may include verbal or written information regarding case history, results of examination, impressions, and recommendations that might benefit ________________________________ in treating the client.

☐ Yes  ☐ No I have been fully informed and understand the center's request for my consent, as described above. This information will be released/requested upon receipt of my written consent.

☐ Yes  ☐ No I understand that my consent is voluntary and may be revoked at any time, except where information has already been released.

☐ Yes  ☐ No I understand that Baylor University, its employees, and officers are released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

______________________________________________
Signature

______________________________________________
Date

______________________________________________
Relationship