NEWMEADOW

PERMISSION FOR ASSESSMENT

I understand that my child, **Child's Full Name**, has been referred to Newmeadow, Inc. and that Newmeadow, Inc. has arranged for an ABA assessment.  This assessment will assist the BCBA in determining the appropriate treatment plan and weekly treatment hours.

I understand that this assessment will be comprehensive and may include the areas of motor development, speech and language development, cognitive ability, adaptive and self-help skills, maladaptive behavior, and social development.

I understand that, upon completion of the assessment, I will receive a report with the results and treatment plan. I will be entitled to participate in a family session to determine how my child’s needs can be met.  I also understand results will be shared with my insurance company in order to receive approval for continued services.

I understand that no assessment of my child will take place without my written consent.

I give my permission for my child, **Child's Full Name**, to be assessed by Newmeadow for the purpose stated above.

PARENT/GUARDIAN SIGNATURE

DATE