

Declaration of Professional Practices and Procedure

Date:	Name:		_ (parent/guardian name)
Your child's treatment is importan this treatment and to make sure y with members of The Shafer Cent	ou are aware of the bo	•	
The BCBA or BCaBA working with with children and adults with autis appropriate skills and reducing proare strongly encouraged to attend	sm and will be able to oblem behaviors. Parer	work with your child and famint training will be held through	ly on increasing hout the year and you
You will be consulted throughout assessments to you. We will desorplan. If at any point you want to	ribe our plan for interv	rention to treatment and ask	
Please know it is impossible to gu work to achieve the best possible involves consistent and timely atto your control, if more than 30% of 3 month period a meeting with yo should continue or if it is non-pro- reason, we will discuss terminatin	results. A large part of endance. Although we sessions are missed of BCBA and the Prograductive. If we believe of	f making sure we achieve the are aware that there are son rinclude more than 10 minute am Director will occur to detent of the consultation has become reconsultation has become reconsultation.	best possible results netimes issues outside of es of late arrival with in a ermine if treatment
We assure that our services will be ethical standards. We are required Certification Board. Copies of the	d to adhere to the Guid	leline for Responsible Conduc	
Although our relationship involves professional relationship rather th accept gifts or meals and it is not birthday parties or family outings. We will leave it to you to approact have in this context. If we antiduscuss this with you and put a planticuss this with you and put a planticus in the second s	an a social one. Accor appropriate for me to If we see you during h us and we will follow cipate having consisten	ding to our code of ethics it is be involved with your persona non-TSC related functions we your lead in terms the amou t contact outside of our TSC	s not appropriate for us al activities such as e will not approach you. nt of interaction you wish
We will try to answer all calls duri If we are going to be away outsid email. If we can not be reached, safety related emergencies.	e of this time frame we	e will make sure to have an a	utomatic alert on our
Please do not hesitate to contact your family.	us with any questions.	We are excited to begin wor	king with your child and
Name	Signature		Date

Document Number: ADM000049

Revision: A

Effective Date: 12/30/15

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