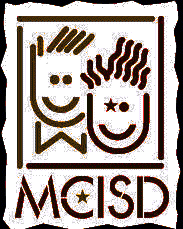
Monroe County Intermediate School District



Informed Consent Form for Level 3 Behavior Intervention Plans

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIP Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Age:\_\_\_\_\_\_\_ Student Grade:\_\_\_\_\_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIP Members:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Level 3 Checklist**

* Background information is adequate (ABC analysis)
* The FBA of the problem behavior appears adequate
* The BIP appears adequate
* The data collection and review procedures are adequate
* The procedures proposed in the plan appear safe and humane for the student
* The required elements of this students FBA/BIP are complex and appear adequate

**Parental Consent and Administrative Approval**

1. The objectives and procedures of the intervention plan were clearly explained to me
2. I was informed about possible discomforts or risks that could result from this intervention plan
3. I was informed about the benefits to be expected from this plan
4. I was informed about possible alternative strategies to this plan, with their advantages and disadvantages
5. Any questions I had were fully answered
6. I understand that I may withdraw my consent for this plan at any time by providing the school with a written notice to that effect
7. I understand that in the event of an emergency where there is a risk of injury to self or others staff may use physical management to maintain safety of all persons

I agree with the above statements and give my consent for the attached behavioral intervention plan to be implemented.

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Parent/Guardian Date

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Parent/Guardian Date

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Program Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavior Review Representative Date