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Group Participation Consent Form

Dear Parents,

Addressing deficits in developing, maintaining, and understanding relationships is an important component of Applied Behavior Analysis. As such, Autism180 would like to look toward incorporating small group interactions among other kiddos. In order for us to integrate these opportunities into your child's treatment we want to first get your permission. The information compiled will be used to group children accordingly.

Please read below and check all that apply.
Thank you.

I,.....parent and/or guardian of.....hereby grant permission for my child to participate in the following activities at Autism180 LLC.

Please check all that apply:

- Participate in small groups with other children
- Opt out of small group participation

Parent/Guardian Signature: