Community-Based Instruction Error and Risk Event Consent Form

Beginning on _____ (date), your child will be participating in a regular schedule of community-based instruction (CBI) as part of their skill-acquisition programming.

The location of the CBI will be: _____

As included in the IEP/Treatment Plan, the specific goals for CBI will be:

1. _____
2. _____
3. _____

As increased levels of independence are documented, staff are expected to systematically fade their proximity (i.e., stand farther away) to promote increasingly greater levels of independence. As staff proximity fades, the potential for errors or other "risk events" may occur. You will be informed at different points as staff decrease proximity, including when staff are able to fade from line-of-sight observation.

Although every effort will be made to minimize errors/risk events while promoting independence, no assurance can be made regarding the elimination of errors/risk events. As such, given the CBI location and instructional goals, the possible errors/risk events that may occur include:

4. _____
5. _____
6. _____

I have read the above description of my son/daughter's CBI programming and understand the potential for errors/risk events associated with increasingly greater levels of independence. I also understand that

_____ (insert school/clinic/agency name) staff will keep me informed about changes to staff proximity and the occurrence of any significant error or risk event. As such, my signature below indicates my consent for the implementation of CBI as indicated above.

_____
Parent Name

_____ _____
Parent Signature Date