



RECEIPT AND ACKNOWLEDGMENT OF Innovations In Learning, PC

ABA CLINIC HANDBOOK

**Understanding and Acknowledging Receipt of Innovations In Learning, PC
ABA CLINIC HANDBOOK**

I have received and have been given an opportunity to read a copy of the Innovations In Learning, PC ABA CLINIC HANDBOOK, and I understand that it is my obligation to be aware of and follow the policies contained therein. I understand that the policies described in it are *subject to change at any time* at the sole discretion of the company.

PARENT/GUARDIAN SIGNATURE

DATE

WITNESS

DATE