**CONFIRMATION OF KNOWLEDGE AND SKILLS TO PROVIDE APPLIED BEHAVIORAL ANALYSIS**

**To Individuals that are providing Behavioral Specialist Consultant services that include Applied Behavioral Analysis (ABA) to a child with Autism Spectrum Disorder (ASD) or who otherwise oversee the implementation of a treatment plan that includes ABA:**

Please read the following statements and sign the bottom of the form to confirm that all of the following statements are true.

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| I understand the elements of a variety of ABA programs (such as Verbal Behavior, Competent Learner Model, Lovaas Model, Denver Model). |
| I have received training in and am able to use the ABA procedures and techniques (e.g., modeling, prompting and fading, mand, tact and echoic training, shaping, chaining, Premack principle, conditioned reinforcement, differential reinforcement) needed to develop and adjust individualized treatment plans addressed to meet the needs of the children I serve. |

I have knowledge and skills in completing comprehensive assessments at the beginning of treatment that will inform my selection of targeted behaviors or skill deficits to establish treatment goals, including:

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| * Selecting behaviors or skill deficits to target that are developmentally and age- appropriate, socially significant, and strengths-based. |
| * Describing behavior in precise terms so that it can be observed and measured. |
| * Collecting indirect and direct data on the targeted behaviors. This may include completing standardized supplementary assessments as necessary that match the skill deficit or behavioral need, such as social deficits, communication deficits or deficits in self-regulation, adaptive or self-help areas of development. |
| I also have knowledge and skills in the following:   * Describing and prioritizing, with team input, the current and future value (or social importance) of behavior(s) or deficits targeted for treatment. |
| * Collecting, quantifying, and analyzing direct observational data on behavioral or deficit targets during treatment to maximize and maintain progress toward  treatment goals. |

* Designing treatments for problem behaviors that link the function of (or the reason for) the behavior with the intervention strategies and develop appropriate replacement and/or desired behaviors, including:
  + Designing individualized, evidence-based treatment plans that utilize elements of behavior change.
  + Designing treatment plans that encourage the child or adolescent to participate in treatment, using an understanding of their likes and dislikes, as well as natural motivators and reinforcements available in natural settings.

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| * Designing treatment methods that can be implemented repeatedly, frequently, and consistently across environments, including natural settings. |
| * Conducting ongoing assessment (including data collection and visual display) to quantify changes in behavior. |
| * Adjusting and changing interventions based on the results of the ongoing assessment. |
| * Delivering direct support and training to family members and other individuals that implement the treatment plan to promote optimal behavioral changes. |

Please check which of the following apply:

\_\_\_\_\_\_\_ I provide Behavioral Specialist Consultant Services that include ABA to a child with Autism Spectrum Disorder

\_\_\_\_\_\_\_I oversee the implementation of a treatment plan(s) that includes ABA

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| Signature |
| Name (Printed) |
| License Type and Number |
|  |
| Date |