

## Printable Guide

### Applied Behavior Analysis Provider Checklist

To help you find the best ABA therapy match for your child, here is a guide to use when touring and interviewing providers. From questions to ask providers to extra notes to consider for yourself, record all of it here.

#### ABA ENVIRONMENT

Therapy setting / model:  Center  Home  School  Other

Number of years provider has been in service: \_\_\_\_\_

How long before my child can start services? \_\_\_\_\_

How often will my child need therapy? \_\_\_\_\_

Travel time from home: \_\_\_\_\_

What is the ratio of staff to child? \_\_\_\_\_

How many therapists will my child have in a \_\_\_\_\_/day \_\_\_\_\_/week?

What kind of special equipment and materials are available for therapy?

Gross motor equipment like swings, trampolines, ball pits, slides, small bikes, etc.)

Small therapy workstations

Arts and crafts area

Sensory area

Lunch & meal area

Bathrooms equipped for toilet training

Will my child participate in group activities?  Yes  No

Is the therapy environment clean?  Yes  No

Was interaction with the staff positive?  Yes  No

## SERVICES AND PROGRAM

**Which services does this provider offer?**

ABA  Diagnostic evaluations  Speech Therapy  Occupational Therapy  AAC Device

**What ages does provider primarily work with?** \_\_\_\_\_

**What areas does program specialize in:**

- |   |   |
|---|---|
| <input type="checkbox"/> Early intervention   | <input type="checkbox"/> Speech and language acquisition        |
| <input type="checkbox"/> Toilet Training      | <input type="checkbox"/> Social Skills/peer-to-peer interaction |
| <input type="checkbox"/> Feeding skills       | <input type="checkbox"/> Vocational skills                      |
| <input type="checkbox"/> Social skills groups |   |

**How does provider get children to communicate?**  Signs  PECS  Verbally  Other

**Am I able to observe my child with the therapist?**  Yes  No If yes, how frequently? \_\_\_\_\_

**Is parent training offered?**  Yes  No If yes, how frequently? \_\_\_\_\_

**Will provider collaborate with my child's other service providers, if applicable?**  Yes  No

**Is provider open to integrating skills as recommended by my child's other providers, if needed?**  
 Yes  No

## THErapy TEAM AND ADDITIONAL SUPPORTS

**Is there an on-site Board-Certified Behavior Analyst?**  Yes, multiple BCBA's  Yes, one BCBA  No

**Are therapists certified as Registered Behavior Technicians (RBTs)?**  Yes  No

**Does provider do background checks on all of your staff?**  Yes  No

**What process does this provider use to pair children with therapists?** \_\_\_\_\_  
\_\_\_\_\_

**Does team complete the insurance authorization and billing processes?**  Yes  No