

ABA Supervision Intake Questionnaire for Supervisees

Thank you for your interest in receiving ABA supervision from me! Please complete this intake packet in its entirety and send to me prior to our first supervision meeting. Your responses will allow for us to have a functional first meeting and to plan your supervision together to maximize your training and supervision.

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____

1. What is your preferred pronoun? (Not sure what I mean by this, please visit these websites to learn more: <https://www.ccsu.edu/lgbt/files/PreferredGenderPronounsForFaculty.pdf>; <https://lgbtqia.ucdavis.edu/educated/pronouns>)
2. Is there anything about yourself that you would like me to know about you including cultural backgrounds, beliefs, etc. that I may need to be mindful of when we are working together or that I should learn more about to be a more culturally aware and culturally sensitive supervisor?
3. What type of ABA supervision are you seeking?
 - Registered Behavior Technician (RBT)
 - Board Certified Assistant Behavior Analysts (BCaBA)
 - Board Certified Behavior Analyst (BCBA)
 - Board Certified Behavior Analyst – Doctoral (BCBA-D)
4. Do you currently have any experience in working in the field of Applied Behavior Analysis (ABA)?
 - Yes
 - No

*If yes, please talk about your work experience using ABA.

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5. Have you had supervision before for the level of credential you selected above?

Yes

No

*If yes, how many hours did you accrue?

_____ Restricted Hours

_____ Unrestricted Hours

_____ Supervision Hours

_____ Total Hours

*If yes, what type of setting did you accrue hours in (check all that apply)?

Home Programming

School (public, private, charter, residential, etc.)

Clinic

Agency

Day Program

Hospital

Other (please specify): _____

6. What graduate program in ABA are you currently enrolled in?

7. Have you completed or are enrolled in your first ABA course?

Currently enrolled in (started course on [specify date here: _____])

Completed my first ABA course (specify date here: _____)

Registered for first ABA course, but have not started the course yet (begin date for course is [specify date here: _____])

8. When are you looking to start your supervision? _____

9. How are you looking to complete your supervision?

In-Person

Remote

Combination of both

10. What are you hoping to get out of the supervision process?

11. Are there any specific areas of specialization within ABA that you would like to get as part of your supervision (e.g., feeding, OBM, ACT/RFT, etc.)?

12. Is there anything else you would like to share with me about your supervision needs?