

Baylor Clinic for Assessment, Research, and Education

Baylor University Center for Developmental Disabilities



**Applied Behavior Analysis (ABA) Therapy
Program
Information & Application Packet**

The Clinic for Assessment, Research, and Education (CARE) Applied Behavior Analysis (ABA) Therapy Program

Baylor University graduate students in the ABA specialization program will provide ABA therapy to selected participants under the supervision of Board Certified Behavior Analysts.

The ABA program is a unique evidence-based program that serves individuals from birth to adulthood using the Applied Behavior Analysis approach. The program aims to provide individuals with developmental disabilities with evidence-based therapeutic interventions aimed at enhancing communication, social, adaptive, behavioral, and other needs.

Individuals receiving ABA services will receive extensive educational assessment using the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) to best determine individualized therapy goals and setting (1-to-1 or small group) that best suits the needs of the client.

One-hour therapy sessions will be provided twice per week to each client at Baylor CARE at the Baylor University Center for Developmental Disabilities.

Please note that this program is NOT intended to replace an in-home or clinic-based ABA program, but instead to supplement such programs and other therapy programs that the client may be receiving.

Applicants must have a diagnosis of a developmental disability, including, but not limited to autism, PDD-NOS, intellectual disability (i.e., mental retardation), Down Syndrome, or Rett Syndrome. The program has limited openings.

Applications will be reviewed upon receipt. Accepted applicants will be placed with an available therapist or on the waitlist on a first come, first serve basis. Clients will be notified of acceptance and/or placement after application review.

Cost: \$25 registration fee, \$25 supply fee, \$10 per session**

**Fees subject to change

For more information, email care@baylor.edu or call
254-537-1042

Application Instructions

The following document must be completed in full and submitted by email or mail.

Desiree Ramirez
2201 MacArthur Dr, Suite 101
Waco, TX 76708
care@baylor.edu
Phone: 254-537-1042

**Clinic for Assessment, Research, and Education (CARE)
Applied Behavior Analysis (ABA) Therapy Program Application**

Application Date: _____

Participant's Name: _____
(LAST) (FIRST) (MIDDLE)

Guardian's Name: _____
(LAST) (FIRST) (MIDDLE)

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Gender: _____ Ethnicity: _____ Date of Birth _____ Grade Level (if applicable): _____
(MM/DD/YYYY)

Parent/Caregiver Phone Number (cell phone, if available): _____

Home Phone Number: _____ Work Phone Number: _____

Parent/Guardian Email: _____

Preferred Method of Contact: _____

Diagnosis: _____

Participant Lives with: _____ Mother & Father _____ Mother _____ Father
_____ Other/Legal Guardian (please specify): _____

List other children in the household:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

How did you hear about the ABA therapy program? _____

Which days of the week and times do you prefer for your child to attend? Please note that daytime appointments are available and highly encouraged. _____

Identify participant's favorite foods, activities, items, etc.: _____

Please identify participant's current skill level. Check one:

Adaptive Behavior Skills:

| | Independent | Needs Reminders/Instruction | Needs Physical Assistance |
|--------------|-------------|-----------------------------|---------------------------|
| Toileting | _____ | _____ | _____ |
| Hand Washing | _____ | _____ | _____ |
| Dressing | _____ | _____ | _____ |

Communication Skills (check all that apply):

- _____ No Speech sounds _____ Babbles (non-words) _____ Says 1 – 10 recognizable words
- _____ 10+ 1-word phrases _____ 2 – 3 word phrases _____ Short sentences or more
- _____ Imitates words & sounds _____ Echolalia (nonfunctional repeating of sounds)
- _____ Primary mode of communication is verbal language
- _____ Primary mode of communication is sign language. If yes, approximate number of signs: _____
- _____ Primary mode of communication is pictures/PECS. If yes, approximate number of pictures: _____
- _____ Primary mode of communication is electronic communication device. If yes, approx. # of buttons: _____

Challenging or Problem Behaviors of Concern (list and rate):

| | | | |
|----------|------|----------|--------|
| 1. _____ | Mild | Moderate | Severe |
| 2. _____ | Mild | Moderate | Severe |
| 3. _____ | Mild | Moderate | Severe |
| 4. _____ | Mild | Moderate | Severe |
| 5. _____ | Mild | Moderate | Severe |
| 6. _____ | Mild | Moderate | Severe |
| 7. _____ | Mild | Moderate | Severe |
| 8. _____ | Mild | Moderate | Severe |

Identify current therapies the participant currently receives (including other ABA therapy). _____

Has the participant received ABA therapy in the past? Provide explanation if desired. _____

Identify and describe five high-priority goals that you would like to see your child meet during ABA therapy. _____

OPTIONAL: Describe any unique financial needs that influence your need for scholarships to assist with program fees. Please note that scholarships are granted only when available: _____

Applications may be submitted by email or mail.

For questions or more information, please contact Desiree Ramirez.

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Phone: 254-537-1042