Baylor Clinic for Assessment, Research, and Education

Baylor University Center for Developmental Disabilities
Applied Behavior Analysis (ABA) Therapy Program

Information & Application Packet
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 (MM/DD/YYYY) Grade Level (if applicable): ____________________

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:

<table>
<thead>
<tr>
<th></th>
<th>Independent</th>
<th>Needs Reminders/Instruction</th>
<th>Needs Physical Assistance</th>
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</thead>
<tbody>
<tr>
<td>Toileting</td>
<td></td>
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<tr>
<td>Hand Washing</td>
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<tr>
<td>Dressing</td>
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</tr>
</tbody>
</table>

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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Waco, TX  76708  
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Phone: 254-537-1042