



## The Baylor Clinic for Assessment, Research, and Education (CARE)

A Member of The Baylor University Center for Developmental Disabilities

### **Skill Building Program Information & Application Packet**

The purpose of the Skill Building Program is to enhance client's communication, social, adaptive, play, vocational, and pre-academic skills. Clients receiving ABA services will receive extensive educational assessment using an assessment such as 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.

*Disclaimer: this program is not intended to replace an in-home, school, or clinic-based ABA program, but instead to supplement such programs and other therapy programs that the client may be receiving.*

Target Behaviors: The Skill Building Program will target a variety of behaviors in which parents or caregivers hope to see increased. These include increasing and/or improving communication skills, social skills, adaptive behaviors, independent living behaviors, play skills, vocational skills, and pre-academic behaviors (e.g., matching, sorting, puzzles).

Client Requirements: The Skill Building Program is designed for individuals of all ages diagnosed a developmental disability (e.g., autism, Down syndrome, intellectual disability). Both children and adults are welcome to participate in the program. Clients who will benefit from this program are those who would benefit from learning new skill and/or improving skills.

Program Staff: The Skill Building Program is staffed by graduate students studying applied behavior analysis. Graduate students are supervised by Baylor CARE faculty and staff.

Research Center: Baylor CARE is a research clinic. As a result, many clients will be asked to participate in ongoing research activities.

Schedule: Clients will receive 4 to 8 hours of therapy per week. Sessions are held during Baylor University fall, spring, and summer one semesters.

Cost: The cost of the Skill Building Program is \$10 per hour. Fees are subject to change. Payment plans and scholarships may be available. Please contact [care@baylor.edu](mailto:care@baylor.edu) for more information.

Application Process: To apply for the program, please complete the attached application and return to the Baylor CARE. Applications will be reviewed upon receipt. Accepted applicants will be placed with an available therapist or on the wait list on a first come, first serve basis.

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## Skill Building 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 Skill Building Program?

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

**Adaptive Behavior Skills:** *These are daily living skills like grooming, preparing meals, etc.*

Please identify your child's current skill level. Check one:

Independent    Needs Reminders    Needs Physical Guidance

Toileting

Hand Washing

Dressing

Describe any adaptive behavior goals you have for your child:

**Communication Skills:** *This is how your child communicates his wants and needs.* Please identify your child's current skill level. Check all that apply:

Makes no speech sounds

Babbles (non-words)

Says 1-10 recognizable words

10 or more 1-word phrases

2-3 word phrases

Imitates sounds and words

Echolalia (nonfunctional repeating sounds or words)

Primary mode of communication is talking/vocal.

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 an electronic device. If yes, approximate number of buttons:

Describe any communication goals you have for your child:

**Social Skills:** *These describes how your child interacts with others.*

Please identify your child's current skill level. Check all that apply:

Prefers to play alone.

Prefers to play near other children, but not with them.

Prefers to play with other children.

Is capable of engaging in a conversation.

Plays game that require turn taking.

Describe any social skills goals you have for your child:

**Play Skills:** *These describes how your child spends his free time.*

Please identify participant's current skill level. Check all that apply:

My child does not play with toys or games.

My child plays with toys or games designed for younger children.

My child plays with age-appropriate toys alone.

My child plays with age-appropriate toys with other children.

Please describe any play skill goals you have for your child:

Please describe any other goals you have for your child:

My child currently receives ABA therapy.

My child does not currently receive

If yes, please describe your child's current ABA services:

My child has never received ABA therapy.

My child has previously received ABA therapy

If yes, please describe past ABA services: