

Psychopharmacology Webinar Series Module 7:
Psychopharmacology: Diagnosis & Assessment

ABA Intake Outline and Checklists
Service Implementation,
Initial Assessments, Bi-Annual
Re-Assessment for Continuation
of Services



SL Global



ABA Intake Outline and Checklists

Service Implementation, Initial Assessments, Bi-Annual Re-Assessment for Continuation of Services

Efficient Service Implementation

Maintaining consistency, client protection, and compliance with relevant ethics codes

General Timeline/Process

Action	Date Complete	Initials
Before Assessment – Family or resource coordinator registers for services, waitlist process 1. Website or phone call 2. Operations – gather initial referral information, pre-auth as necessary 3. Clinical – pre-assessment information (primary client-child, secondary client-family)		
Assessment Process – Operations and Clinical match clinical staff to client		
Clinical	Operations	
1. BCBA (and LABA if available) to do direct observation and assessment (ABLLS-R, VBMAPP) 2. BCBA to send online assessments (PDDBI, Vineland, etc.) 3. Gather other outside reports (e.g., IEPs, diagnostic evaluations, etc.) 4. Data analysis 5. Treatment Draft 6. Present to family 7. Submit to operations for authorization, peer review as necessary	1. Recruiting for BTs 2. Setting up billing and insurance/payor information 3. Setting up preliminary schedule 4. Safety and Client Rights Booklets 5. Consent forms, Release of Information 6. Submit final treatment plan for authorization 7. Share approved auth to team to initiate services	
Within 30 days of initial pre-assessment, services start with BT and BCBA/BCaBA		
BCBA/BCaBA to go over treatment plan with BT on or before first session		
BCBA/BCaBA to supervise BT within first 4 sessions with client		
BT to engage in regular therapy schedule, adjust as necessary. All canceled sessions to be rescheduled in same week as able.		
BCBA/BCaBA to provide 10% supervision to BT and family, Clinical Supervisor to see BT no less than once per month or 5% of therapy schedule		
4-6 weeks prior to auth expiration, begin bi-annual (6-month) re-assessment process		
BCBA to send out any necessary online assessments to be updated BCBA to update any skills assessments as necessary		
BCBA to gather all data and update, incorporate into updated treatment plan		
Draft treatment plan and present to family		
Submit final updated treatment plan a week before authorization expires		
Maintain services without any interruptions		
Review updated treatment plan with BT and family, continue schedule as appropriate		



Pre-Assessment/Intake Assessment Parent Interview

General Information

Date of Interview:

Person Completing:

Child's Name:

Child's Diagnosis:

Child's Date of Birth:

Medical Information

Date of Diagnosis:

Who gave diagnosis:

Does your child currently go to school and/or receive any therapies or special services:

If yes, please indicate name of school, provider, frequency of therapy, IEP minutes:

Current medication:

Allergies:

Special Diet/restrictions:

Describe eating and drinking patterns. Please indicate if child can feed self, what texture/types of foods he/she eats. Also list if bottle or sippy cups are used:

Describe sleeping patterns:

Describe toileting issues:

Language Information

Does your child use words to communicate:



Does your child babble or make sounds throughout the day:

If your child does not easily use words to communicate, please briefly summarize child's language abilities (known words, known sounds, amount of words said each day, etc.):

Manding/Requesting Assessment

Can your child ask for things he/she wants with words? Cookie, juice, ball, push me, etc?

If yes, please list the items/activities the child can request with words:

If your child cannot ask for things he/she wants or needs, how does he/she usually let you know what they want? Crying, tantrums, gestures, pulling an adult, pointing, sign language, etc.

Tacting/Labeling Assessment

Can your child label things in a book or on flashcards:

Can your child label common items in their environment? Couch, TV, shoe, etc?

If yes, please estimate the number of things your child can label and give some examples:

Echoic Assessment

Can your child imitate single words you say? For example, if you say, "Say ball" will he/she say "ball?" Will he/she imitate phrases:

Does your child say things he/she has memorized from movies or things he/she has heard you say in the past? If yes, please describe:



Intraverbal Assessment

Can your child fill in the blanks to songs? For example, if you sing “Twinkle twinkle little ___ will your child say “star”?

Please list songs or words, phrases your child can fill in:

Will your child fill in the blanks to fun and/or functional phrases such as filling in “pooh” when he/she hears “Winnie the ___” or “Bed” if asked what do you sleep in?

Will your child answer WH questions (with no picture or visual cue) such as “What files in the sky?” “What goes in the kitchen?”

Can your child name at least 3 color or animals if asked?

Receptive Assessment

Does your child respond to his/her name when you call it? Always? Sometimes? Never?

If you tell your child to get his/her shoes or pick up his/her cup, does he/she follow your direction without gesture? Always? Sometimes? Never?

If you tell your child to sit down or clap their hands, will they follow the direction?

Will your child touch his/her body parts, if yes please list:



Imitation Assessment

Will your child copy your actions with toys if you tell him/her “Do this?” For example, if you take a car and roll it back and forth and tell your child, “do this” will your child copy you?

Will your child copy motor movement such as clap hands, stomp feet if you say “do this?”

Gross motor

Fine Motor

Oral Motor

Vocal

Visual Skills Assessment

Will your child match identical objects, pictures to pictures, and picture to objects if you tell him/her to “match”?

Can your child complete age appropriate puzzles?

Behavior Assessment

Is your child currently able to sit at a table or on the floor and do simple tasks with an adult?

Please list any problem behaviors (crying biting, hitting kicking, self injury, property destruction, etc.) that your child displays that you are concerned about?

Please estimate the number of times these behavior happen (100 times a day, 10 times a week, 1 time per hour, etc.) as well as a few examples of when the behavior occurs:

Describe what strategies you have tried to control behaviors and whether or not the strategies were successful:



Additional Notes and Discussion



Date Completed:

Evaluator Signature:
