



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

A Member of The Baylor University Center for Developmental Disabilities

Applied Behavior Analysis Intervention Programs Information & Application Packet

Baylor CARE offers several intervention programs utilizing assessments and treatments based upon the science, principles, and concepts of applied behavior analysis. All programs are conducted in-person and require at least 4 hours of sessions per week. In most cases, sessions are scheduled in alignment with the Baylor University academic calendar.

Baylor university graduate students studying applied behavior analysis serve as therapists and are supervised by Baylor University faculty members. Baylor CARE is a research clinic whose mission is to contribute to the growing body of knowledge regarding the best educational and behavioral practices for individuals with intellectual and developmental disabilities. As a result, many clients will be asked to participate in ongoing research activities.

Our programs include:

Communication & Language: The purpose of this program is to improve communication, language, and social communication skills. An individual treatment program will be developed to target skills such as requesting preferred items, identifying familiar objects and people, asking and answering questions, and much more. Sessions are one-on-one, meaning the client will work individually with one or more therapists. This program is designed for individuals 18 months to adulthood diagnosed with an intellectual or developmental disability (e.g., autism, Down syndrome, intellectual disability).

Social Skills: The purpose of this program is to improve social and play skills. An individual treatment program will be developed to target skills such taking turns, sharing, playing games, and interacting with peers. Sessions may include both one-on-one and group sessions in which two or three clients meet collaboratively to target similar skills. This program is designed for individuals 3 years to adulthood diagnosed with an intellectual or developmental disability (e.g., autism, Down syndrome, intellectual disability).

Transition Skills: The purpose of this program is to improve daily living and vocational skills. An individual treatment program will be developed to target skills such as meal preparation, grooming, housekeeping, completing job applications, and job-specific skills. Sessions may include both one-on-one and group sessions in which two or three clients meet collaboratively to target similar skills. This program is designed for individuals 14 years to adulthood diagnosed with an intellectual or developmental disability (e.g., autism, Down syndrome, intellectual disability).



Problem Behavior Support: The purpose of this program is to support caregivers in understanding and managing their child's problem behavior. An individual assessment and treatment program will be developed to target a reduction in problem behavior. Sessions will include one-on-one sessions and caregiver training/consultation. This program is designed for individuals 2 – 10 years old diagnosed with an intellectual or developmental disability (e.g., autism, Down syndrome, intellectual disability) who engage in aggression, self-injury, property destruction, tantrums, and stereotype (e.g., hand flapping, body rocking) at a rate or intensity that negatively impacts their learning and functioning. Children who exhibit problem behavior that has resulted in injury to self or others that required medical treatment in the past six months will likely be referred to another program that can offer more intensive support.

Feeding Support: The purpose of this program is to support caregivers in understanding and managing their child's problem behavior associated with feeding and meal time. An individual assessment and treatment program will be developed to target a reduction in problem behavior during meals. Sessions will include one-on-one sessions and caregiver training/consultation. This program is designed for individuals 2 – 10 years old diagnosed with an intellectual or developmental disability (e.g., autism, Down syndrome, intellectual disability) who exhibit meal refusal behavior such as crying, tantrums, turning away from food, and aggression. Children with medical causes likely influencing problem behavior during meal time (e.g., reflux, food allergies, swallowing difficulties) will likely be referred to other treatment programs.

To apply for any ABA program, 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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care@baylor.edu

Disclaimer: our programs are not intended to replace existing in-home, school-based, or clinic-based ABA programs, but instead to supplement such programs and other therapy programs that the client may be receiving.



Application Date: _____

Client Demographic Information

Name: _____

Address: _____

Gender: _____ Date of Birth: _____

Grade Level (if applicable): _____ School: _____

Race and/or Ethnicity: _____

Diagnoses: _____

With whom does the client live?: Two Parents ___ One Parent ___ Grandparent ___ Other

Names and ages of other people in the home

Name: _____ Age: _____ Relationship to Client: _____

Name: _____ Age: _____ Relationship to Client: _____

Name: _____ Age: _____ Relationship to Client: _____

Name: _____ Age: _____ Relationship to Client: _____

Name: _____ Age: _____ Relationship to Client: _____

Primary Guardian's Information

Name: _____

Relationship to the client: _____

Home Number: _____ Mobile Number: _____

Email Address: _____

Additional Guardian Information

Name: _____

Relationship to client: _____

Home Number: _____ Mobile Number: _____

Email Address: _____

Preferred method of communication: ___ Phone ___ Email

Client Information

Favorite foods, activities, toys, and leisure items:



Please Choose One:

Toileting:

- Independent
- Needs Reminders
- Needs Physical Guidance
- Wears Diapers
- Other (please explain): _____

Dressing:

- Independent
- Needs Instructions
- Needs Physical Guidance
- Other (please explain): _____

Hand washing:

- Independent
- Needs Reminders or Instructions
- Needs Physical Guidance
- Other (please explain): _____

Communication & Language 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 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. If yes, approximate number of buttons: _____

Describe any communication goals you have for the client:



Social Skills: *(These describe how the client spends their free time.)*

Please identify the client'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 games that require turn taking.

Describe any social skills goals you have for the client:

Play Skills: *(These describe how your child spends his/her free time.)*

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

- The client does not play with toys or games.
- The client plays with toys designated for younger children.
- The client plays with age-appropriate toys alone.
- The client plays with age-appropriate toys with other children.

Describe any play skill goals you have for the client:

Transitions Skills: *(Please describe the client's daily living and vocational skills, relative to same-age peers. Check the option that best describes the client.)*

- The client is capable of taking care of his/her self-care needs.
- Needs instructions or reminders.
- Needs physical guidance.
- Other. If other, please explain: _____
- Not applicable.

Please describe any transition skill goals you have for the client:



Problem Behavior:

Aggression: *(Check the description that best applies to the client.)*

- Does not exhibit.
- Exhibits but with minimal impact on overall functioning.
- Exhibits with moderate impact on overall functioning.
- Exhibits with significant impact on overall functioning.

Property destruction: *(Check the description that best applies to the client.)*

- Does not exhibit.
- Exhibits but with minimal impact on overall functioning.
- Exhibits with moderate impact on overall functioning.
- Exhibits with significant impact on overall functioning.

Self-injury: *(Check the description that best applies to the client.)*

- Does not exhibit.
- Exhibits but with minimal impact on overall functioning.
- Exhibits with moderate impact on overall functioning.
- Exhibits with significant impact on overall functioning.

Tantrums: *(Check the description that best applies to the client.)*

- Does not exhibit.
- Exhibits but with minimal impact on overall functioning.
- Exhibits with moderate impact on overall functioning.
- Exhibits with significant impact on overall functioning.

Stereotype:*(e.g., hand flapping, body rocking) (Check the description that best applies to the client.)*

- Does not exhibit.
- Exhibits but with minimal impact on overall functioning.
- Exhibits with moderate impact on overall functioning.
- Exhibits with significant impact on overall functioning.



Other Problem Behavior: _____

Please describe problem behavior:

- Does not exhibit.
- Exhibits but with minimal impact on overall functioning.
- Exhibits with moderate impact on overall functioning.
- Exhibits with significant impact on overall functioning.

Other Problem Behavior: _____

Please describe problem behavior:

- Does not exhibit.
- Exhibits but with minimal impact on overall functioning.
- Exhibits with moderate impact on overall functioning.
- Exhibits with significant impact on overall functioning.

Mealtime and Feeding Problem Behavior: *(Check the option that best describes the client.)*

- The client does not exhibit mealtime problem behavior.
- Exhibits occasional mealtime problem behavior.
- Exhibits frequent mealtime problem behavior.
- Other. Please explain: _____

Please describe any mealtime & feeding skill goals you have for the client:



List the top 7 goals for the client, beginning with the most important:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Select the program in which you have interest in enrolling the client:

- Communication & Language
- Social Skills
- Transition Skills
- Problem Behavior Support
- Feeding Support

Is there anything else we should know about the client?