Florida Institute of Technology
The Scott Center
for Autism Treatment

COMPETENCY CHECKLIST

Name_____

Orientation Date_____ Start Date_____

Faculty Adviser _____

Introduction and General Instructions:

The competency checklist describes supervised experiences and activities that underlie the foundation of practical experience in applied behavior analysis. To prepare for board certification and successful independent practice, The Scott Center strives to offer opportunity for all clinicians to come into contact with these experiences. All clinicians are expected to appropriately and successfully engage in these activities.

The competency checklist is used throughout the practical training at The Scott Center. First, it is used as a self-evaluation to document experience and activities. It should be discussed with the faculty supervisor and director(s) at The Scott Center to determine initial goals. It is also used at the end of each semester. At semester end evaluations, the items should be reviewed with the program director and/or faculty supervisor to review progress toward goals. Competency ratings should be used to establish subsequent objectives and additional experiences. The faculty adviser can use narrative to describe the clinician's competencies and experiences. An objective evaluation is also submitted by the field supervisor (i.e., Scott Center BCBA). Copies of the checklist are retained in the clinician's personnel file, faculty supervisor and clinician. A final copy of ratings for all semesters is retained in the employee file at The Scott Center.

Dimensions and Ratings:

There are two dimensions on which skills and experiences are rated:

1. Experience rating [LOE]: reflects the level of experience, exposure and opportunity to practice the skill on the dimension rated.
2. Proficiency [LOP]: reflects the level of skill attainment and performance for that dimension.

The two aforementioned categories are intended to measure both the exposure and experience level across programmatic areas. As level of experience increases, skills should be more fluent and proficient. These ratings are also suggestive that clinicians engage in ongoing professional development during the course of their academic career at Florida Tech and The Scott Center. Consequently, the highest level of proficiency is not expected, but is strongly encouraged!

The two dimensions are rated as follows:

Level of experience (or opportunity):

4 High level of experience and opportunity; student had much opportunity to use and demonstrate skill area *(for EI, 5 or more clients)*

3 Moderate level of experience and opportunity; student has had moderate level of opportunity to use or demonstrate skill area *(3 or more clients)*

2 Minimal level of experience and opportunity; student has had only minimal opportunity to use or demonstrate the skill area *(1–2 clients)*

1 No experience or opportunity; student has not yet had the opportunity to use or demonstrate the skill area. If this rating is given, include a plan or suggestions to gain opportunities or experience

Proficiency:

4 Highly proficient/outstanding performance in skill area

3 Proficient/effective performance in skill area

2 Less than proficient/needs continued improvement in skill area to demonstrate proficiency

1 Not proficient/unsatisfactory performance in skill area

NEI Not enough information

Documentation of Skills:

The level of skills attained should be documented by permanent products in the personnel file where possible. There products serve as evidence for proficiency ratings. Products to be included to documents skill attainment for major skill areas within services delivery. Reports, semester end and monthly evaluations are examples of permanent products.

Annual Plans:

Annual plans can be completed at the beginning of the academic year to reflect goals for that upcoming year. These plans should be developed collaboratively between the graduate student, faculty supervisor, and Director(s) at the Scott Center.

Administrative Duties and Procedures

I. Policies and Procedures	Date(s)
Orientation	
Pre-practicum	
Manual and Policies	
Billing (Client and Staff)	

II. Intakes and Evaluations	Initial Rating	Year 1	Year 2
Review Documents			
Child Observation			
Parent Interviews			
Data Collection			

III. Criterion Assessments	Initial Rating	Year 1	Year 2
BLA (short-form; intake)			
Observed Assessment			
Assisted in Conducting Assessment			
Conducted Assessment as Primary			
Visual Analysis (grid) and Interpretation			
VB-MAPP or ABLLS			
Barriers Assessment			
Transition Assessment			

IV. Monthly Review/Parent Meeting	Initial Rating	Year 1	Year 2
Graphing Programs			
Observed Parent Meeting			
Assisted in Leading Meeting			
Conducted Meeting			

V. Reports and Documentation	Initial Rating	Year 1	Year 2
Weekly Checklist			
Program Development			
Session or Treatment Summary			
Intake Treatment Note			
Criterion Assessment (VB-MAPP or ABLLS)			
Treatment Note			
Quarterly Review (i.e., semester end)			
Behavior Plan			

Standard Operating Procedures

I. Mand Training	Initial Rating	Year 1	Year 2
Vocal			
Sign			
Sign with Vocal			
PECS			
PECS with Vocal			
Data Collection			
Graphing			

II. Echoic Training	Initial Rating	Year 1	Year 2
Assessment			
Teaching Sounds			
Data Collection			

III. Compliance Training	Initial Rating	Year 1	Year 2
Basic Procedures (2-step, 3-step)			
Transitioning (may include restrictive proc)			
Data Collection			
Graphing			

IV. Problem Behavior	Initial Rating	Year 1	Year 2
ABC Recording (checklist or narrative)			
Frequency Recording			
Duration Recording			
Latency Recording			
Graphing			

V. Functional Analysis	Initial Rating	Year 1	Year 2
Conducted Session as Therapist			
Data Collection (Primary or IOA)			
Graphing of Conditions or Treatment			
Treatment Evaluation			

VI. Small Group Instruction (or Social Skills)	Initial Rating	Year 1	Year 2
Observe Session			
Assists Session			
Leads Session			
Set Up/Break Down			
Data Collection			

VII. Miscellaneous Procedures	Initial Rating	Year 1	Year 2
Circle Time			
Feeding/Snack Protocols			
Stimulus Pairing			
Intensive Toilet Training			
Token Economy			
Direct Instruction			
Reading Programs (e.g., Headsprout)			
Other Academic			
Parent Training Sessions			
Other:			
Other:			

Meeting review comments and goal setting:

Initial Rating _____

_____

_____

1. _____
2. _____
3. _____

Year One (end of second semester) _____

_____

_____

1. _____
2. _____
3. _____

Thesis option: ☐ Yes ☐ No If yes, faculty adviser: _____

Year Two (end of IPT) _____

_____

_____

1. _____
2. _____
3. _____

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COMPETENCY CHECKLIST

Final Evaluation of Practicum Student

Name_____

Date_____ Completed By_____

Faculty Adviser _____

Directions: Please rate the student with whom you have been working using the following scale:
1 = strongly disagree 2 = disagree 3 = neutral 4 = agree 5 = strongly agree NEI = not enough information

Administrative duties						
Made adequate progress on cases	1	2	3	4	5	NEI
Responded to case demands in a timely manner	1	2	3	4	5	NEI
Maintains all paperwork appropriately	1	2	3	4	5	NEI
Assessment skills						
Assessments were appropriately administered	1	2	3	4	5	NEI
Assessments were administered in a timely manner	1	2	3	4	5	NEI
Assessments were appropriately interpreted	1	2	3	4	5	NEI
Treatment goals were linked to assessment	1	2	3	4	5	NEI
Writing skills						
Supervisor feedback was incorporated into subsequent documents	1	2	3	4	5	NEI
Made reasonable interpretations of data	1	2	3	4	5	NEI
Writing style utilizes active voice, is clear, free of jargon, and uses technical terms	1	2	3	4	5	NEI
Made practical, functional recommendations, which were empirically based	1	2	3	4	5	NEI
Service delivery and clinical skills						
Demonstrated sensitivity to caregivers and other team member concerns	1	2	3	4	5	NEI
Addressed questions appropriately to caregivers	1	2	3	4	5	NEI
Planned days off in advance and made session arrangements	1	2	3	4	5	NEI
Established good relationships with team members and handled conflict responsibly	1	2	3	4	5	NEI
Professionalism and general demeanor						
Was easy to supervise and prepared for meetings	1	2	3	4	5	NEI
Responded appropriately and professionally to supervisor feedback	1	2	3	4	5	NEI
Worked well with multiple supervisors, open to suggestions, and was flexible	1	2	3	4	5	NEI
Followed professional ethical standards of service delivery and showed good professional judgment	1	2	3	4	5	NEI

The above mentioned student has received _____ hours of intensive practicum experience during the period of _____ at The Scott Center for Autism Treatment as defined by the policies and procedures of the ABA master's degree program.

Upon signing, I am agreeing that I have reviewed and understand the feedback on this form.

Student _____ Date_____

Scott Center Supervisor _____ Date_____

Faculty Adviser _____ Date_____