



**College of Education and Human Development
Division of Special Education and disAbility Research**

Summer 2013

EDSE 790 6N2: Internship: Applied Behavior Analysis
CRN: 41940, 1 - Credit(s)

ABA Practicum Kristy Lee Park, Ph.D., BCBA-D Coordinator: 703.993.5251 kparkc@gmu.edu GMU Fairfax Campus 102F Finley	BCBA supervisor: Phone: Email:
Meeting Dates: 5/20/2013 – 8/3/2013	Meeting Location: Schedule with BCBA Supervisor
Meeting Day(s): Schedule with BCBA Supervisor	Meeting Times: Schedule with BCBA Supervisor (90 mins/ 1x week)
Office Hours: Email to set an appointment	

***Note:** This syllabus may change according to class needs. Students will be advised of any changes immediately through George Mason e-mail and/or through Blackboard.*

Course Description

Supervised internships that apply university course work to instruction of children and their families in school and community settings.

Prerequisite(s): Passing scores on Praxis I prior to final internship, and permission of advisor

Co-requisite(s): Passing scores on Praxis I prior to final internship, and permission of advisor

Advising Contact Information

Please make sure that you are being advised on a regular basis as to your status and progress through your program. Mason M.Ed. and Certificate students should contact the Special Education Advising Office at (703)993-3145 for assistance. All other students should refer to their faculty advisor.

Nature of Course Delivery

Learning activities include the following:

1. Demonstration and discussion

2. Application activities
3. Video and other media supports
4. Research activities
5. Electronic supplements and activities via Blackboard

Learner Outcomes

Upon completion of the course, students will:

- Demonstrate understanding of development and the ability to plan and execute curriculum appropriate to the chronological ages, developmental and functional levels of the students being taught.
- Demonstrate the integration of the theoretical methodology with the practical applications in the field.
- Demonstrate positive and appropriate interactions with students, families and other professionals. This includes the ability to manage the classroom/resource room, co-teach in a general education setting, develop and enforce classroom expectations, develop strategies to anticipate behaviors and deal with them, and work through transitions during the day. This also includes demonstration of confidentiality when communicating about students with disabilities.
- Develop and implement developmentally and functionally appropriate intervention activities within a variety of settings, including those that enhance and support integration and/or inclusion as well as those activities that are therapeutically based. This includes demonstration of a positive learning environment geared to the individual as well as the group. This may also be demonstrated in the general classroom environment as well as special education settings.
- Demonstrate the ability to work collaboratively as part of a team including but not limited to general and special educators and therapists, parents and other related/support staff.
- Demonstrate the ability to be lead teacher by overseeing the entire classroom while also meeting the individual needs of students, directing/teaming with assistants, and monitoring the ongoing activities and tone of the class. If working with students on an individual basis, demonstrate the ability to plan for that child based on goals and objectives and provide on-going assessment for both the child and the intervention sessions.
- Demonstrate support within an integrated environment, as appropriate. This includes knowledge of general curriculum specific to the ages and grades of students, ability to modify the general education curriculum as needed, ability to work with general education staff in a manner which enhances the education of the student(s) with disabilities by providing direct or indirect support and the knowledge of how to work with groups of students demonstrating mixed abilities and needs (whether identified as disabled or not).
- Select and utilize assessment and/or monitoring tools and strategies, including but not limited to county-wide assessments, SOLs, VAAP (as assessed for individual students), etc.
- Develop developmentally, educationally and functionally appropriate IEPs.
- Select and utilize workable and useful data/record keeping strategies.

- Monitor and analyze teaching performance.
- Demonstrate additional competencies contained in personal goals statement or delineated by the cooperating teacher and/or university supervisor.

Required Textbooks

To be determined by BCBA supervisor

Recommended Textbooks

(download resources from www.bacb.com)

1. BACB Task List (3rd edition if planning on taking the BCBA exam 2013-2014; 4th edition if taking the BCBA exam in 2015)
2. Guidelines for Responsible Conduct Professional Disciplinary Standards
3. Autism Task List

Course Relationship to Program Goals and Professional Organizations

This course is part of the George Mason University, Graduate School of Education (GSE), Special Education Program for teacher licensure in the Commonwealth of Virginia in the special education areas of Special Education: Students with Disabilities who Access the General Curriculum K-12. This program complies with the standards for teacher licensure established by the Council for Exceptional Children (CEC), the major special education professional organization. The CEC Standards are listed on the following website:

<http://www.cec.sped.org/Content/NavigationMenu/ProfessionalDevelopment/ProfessionalStandards/>. The CEC standards that will be addressed in this class include Standard 4: Instructional Strategies, Standard 5: Learning Environments and Social Interactions, Standard 6: Language, Standard 7: Instructional Planning, Standard 8: Assessment, Standard 9: Professional and Ethical Practice, and Standard 10: Collaboration.

GMU POLICIES AND RESOURCES FOR STUDENTS:

- a.* Students must adhere to the guidelines of the George Mason University Honor Code [See <http://oai.gmu.edu/honor-code/>].
- b.* Students must follow the university policy for Responsible Use of Computing [See <http://universitypolicy.gmu.edu/policies/responsible-use-of-computing/>].
- c.* Students are responsible for the content of university communications sent to their George Mason University email account and are required to activate their account and check it regularly. All communication from the university, college, school, and program will be sent to students solely through their Mason email account.
- d.* The George Mason University Counseling and Psychological Services (CAPS) staff consists of professional counseling and clinical psychologists, social workers, and counselors who offer a wide range of services (e.g., individual and group

counseling, workshops and outreach programs) to enhance students' personal experience and academic performance [See <http://caps.gmu.edu/>].

- e.* Students with disabilities who seek accommodations in a course must be registered with the George Mason University Office of Disability Services (ODS) and inform their instructor, in writing, at the beginning of the semester [See <http://ods.gmu.edu/>].
- f.* Students must follow the university policy stating that all sound emitting devices shall be turned off during class unless otherwise authorized by the instructor.
- g.* The George Mason University Writing Center staff provides a variety of resources and services (e.g., tutoring, workshops, writing guides, handbooks) intended to support students as they work to construct and share knowledge through writing [See <http://writingcenter.gmu.edu/>].

PROFESSIONAL DISPOSITIONS

Students are expected to exhibit professional behaviors and dispositions at all times.

CORE VALUES COMMITMENT

The College of Education & Human Development is committed to collaboration, ethical leadership, innovation, research-based practice, and social justice. Students are expected to adhere to these principles. [See <http://cehd.gmu.edu/values/>]

For additional information on the College of Education and Human Development, Graduate School of Education, please visit our website [See <http://gse.gmu.edu/>].

Course Policies & Expectations

Attendance.

- You are expected to attend each supervision meeting scheduled with your BCBA supervisor (or supervisor designee for those participating in group supervision). You may miss no more than three of these meetings in the 15 week semester, with prior notice of at least 6 hours given for each. Should circumstances necessitate your being late, you are expected to phone your supervisor and notify her or him of this. You will be responsible for making up any time lost due to absence or tardiness. Should you miss no more than three supervision meetings (with prior notification for each), and should you notify your BCBA supervisor of each instance of tardiness, you will pass this component of the course.

Late Work.

- At the beginning of the semester, you must sign and submit the Practicum Supervision contract, Confidentiality policy, and Declaration of Professional Practicum no later than the end of the second week of the academic semester. Consent forms must be obtained prior to disclosing information or audio/video recording sessions. Failure to obtain proper consent forms may result in removal from the practicum placement.

- At the end of each semester, you must submit the Summary of Experience Verification form along with each Session Experience Supervision Forms to Taskstream by the last day of the semester. Failure to submit forms will result in an incomplete for the practicum.

1. Initial Documentation and Consent Forms

- During the first week of practicum:
 - Meet with practicum site contact and BCBA supervisor to review responsibilities and agree to the terms on the practicum supervision contract
 - Review and sign to the terms on the Confidentiality policy and Declaration of Professional Practice
 - Arrange a working schedule with the practicum site personnel and BCBA supervisor within 5 days, and updating that schedule when changes are made.
- No later than the end of your second week of practicum: Obtain consent forms
 - If you are working in a home setting at any point of your practicum, obtain authorization to share information and/or record session through these consent forms:
 - Authorization to Disclose
 - Audio/Video consent
 - Adult in-home policy
 - If you are working in a school setting at any point of your practicum, obtain authorization to share information and/or record session through these consent forms:
 - Authorization to Disclose
 - Audio/Video consent
- Upload these forms onto Taskstream no later than the end of your second week of practicum

2. Ongoing Documentation

- After each BCBA supervision session, complete the Session Practicum Experience Supervision form (Appendix G) with your supervisor
 - 3credit students meet a minimum of 70 minutes on a weekly basis for 15 hours worked
 - 6 credit students meet 60 minutes twice a week (120 min weekly) for 20 hours worked
- Maintain your log of hours on a weekly basis for the entire 15 weeks of the semester

3. Summary Documentation

- Meet with your BCBA supervision to review summary of total hours and supervised hours on the Summary Practicum Verification Experience form (Appendix H). Include all the Session Practicum Verification Experience form and the Summary Practicum Experience Verification form onto Taskstream.
- Complete evaluation of the practicum site and your BCBA supervisor.

TaskStream Submission

Every student registered for any Special Education course with a required performance-based assessment is required to submit this assessment, Clinical Experience Continuum AND Log of Hours (All Programs) Functional Behavior Assessment and Behavior Intervention Plan (Adapted Only) to TaskStream (regardless of whether a course is an elective, a onetime course or part of an undergraduate minor). Evaluation of the performance-based assessment by the course instructor will also be completed in TaskStream. Failure to submit the assessment to TaskStream

will result in the course instructor reporting the course grade as Incomplete(IN). Unless the IN grade is changed upon completion of the required TaskStream submission, the IN will convert to an F nine weeks into the following semester.

Grading Scale

Practicum is graded on a Pass / Fail system. To obtain a passing grade, the following must be complete...or on the Session Practicum Supervision form.

Satisfactory (S)

1. Receive a Satisfactory rating on more than 80% of the Session Experience Verification forms during individual supervision sessions.
2. Initial documents (i.e., Practicum Supervision Contract, Confidentiality policy, Declaration of Professional Practice, and necessary consent forms) must be uploaded onto Taskstream.
3. End of the semester documents (ie., Summary experience verification form and Session experience verification forms) must be uploaded onto Taskstream.

Assignments

NCATE/TaskStream Assignments.

Summary experience verification form and copies of each Session experience supervision form uploaded onto Taskstream.

Common Assignments.

Students are responsible for maintaining a log of hours, which may be requested by the BCBA supervisor to determine if progress is being made toward the total hours for the semester

Other Assignments.

Students are responsible for maintaining a log of hours, which may be requested by the BCBA supervisor to determine if progress is being made toward the total hours for the semester.

Schedule

Date	Topics/Objectives	Assignments	Readings
1 Week of 5/19/2013	<ul style="list-style-type: none"> • Meet with BCBA supervisor, practicum site personnel, clients • Review Initial Documentation Packet 	<ul style="list-style-type: none"> • Complete Initial Documentation Packet with BCBA supervisor & Practicum Site • Obtain Home/School Consent forms • Develop practicum schedule 	As assigned by the BCBA supervisor
2 Week of 5/26/13	<ul style="list-style-type: none"> • Meet with BCBA supervisor, clients • Complete on-going documentation • Maintain log of hours 	<ul style="list-style-type: none"> • Upload Initial Document Packet with Consent forms onto Taskstream 	As assigned by the BCBA supervisor
3 Week of 6/2/13	<ul style="list-style-type: none"> • Meet with BCBA supervisor, clients • Complete on-going documentation • Maintain log of hours 	As assigned by the BCBA supervisor	As assigned by the BCBA supervisor
4 Week of 6/9/13	<ul style="list-style-type: none"> • Meet with BCBA supervisor, clients • Complete on-going documentation • Maintain log of hours 	As assigned by the BCBA supervisor	As assigned by the BCBA supervisor
5 Week of 6/16/13	<ul style="list-style-type: none"> • Meet with BCBA supervisor, clients • Complete on-going documentation • Maintain log of hours 	As assigned by the BCBA supervisor	As assigned by the BCBA supervisor
6 Week of 6/23/13	<ul style="list-style-type: none"> • Meet with BCBA supervisor, clients • Complete on-going documentation • Maintain log of hours 	As assigned by the BCBA supervisor	As assigned by the BCBA supervisor
Spring Break			
7 Week of 7/7/13	<ul style="list-style-type: none"> • Meet with BCBA supervisor, clients • Complete on-going documentation • Maintain log of hours 	As assigned by the BCBA supervisor	As assigned by the BCBA supervisor
8 Week of 7/14/13	<ul style="list-style-type: none"> • Meet with BCBA supervisor, clients • Complete on-going 	As assigned by the BCBA supervisor	As assigned by the BCBA supervisor

	documentation • Maintain log of hours		
9 Week of 7/21/13	• Meet with BCBA supervisor, clients • Complete on-going documentation • Maintain log of hours	As assigned by the BCBA supervisor	As assigned by the BCBA supervisor
10 Week of 7/28/13	• Meet with BCBA supervisor, clients • Complete on-going documentation • Maintain log of hours	As assigned by the BCBA supervisor	As assigned by the BCBA supervisor
11 Week of 8/4/13	Meet with BCBA supervisor to verify summary of total hours worked and BCBA supervision time	Upload Summary and Session Practicum Experience Verification forms onto Taskstream	

Practicum Supervision Contract
 GEORGE MASON UNIVERISTY
 APPLIED BEHAVIOR ANALYSIS PRACTICUM

Practicum Student:

Address:	Phone: e-mail:
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BCBA Supervisor:

BCBA#

Address:	Phone: e-mail:
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Practicum Site and Contact:

Address:	Phone: e-mail:
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BCBA Supervisor Responsibilities. By signing below, I agree to abide by the following:

- Meet with practicum site personnel and practicum student to discuss responsibilities, sign ABA supervision contract, determine practicum schedule, and discuss ABA practicum goals that will help the student acquire new behavior analytic skills related to the BACB Task list.
- Ensure BCBA supervisory time equivalent to 7.5% of the intern’s hours worked if the intern is participating in Standard Practicum, or equivalent to 10% of the intern’s hours worked if the intern is participating in Intensive practicum.
 - a. This time will be regularly scheduled and conducted throughout the semester (i.e., 15 weeks), which is at least once a week for Standard Practicum and twice a week if participating in Intensive practicum.
 - b. For 3 credits, GMU recommends 225 total hours worked, 17 hours of BCBA supervision, and no more than 6 hours in group supervision for each semester.
 - c. For 6 credits, GMU recommends 300 total hours worked, 30 hours of BCBA supervision, and no more than 12 hours in group supervision for each semester.
- Provide verbal and written feedback to the practicum student during and after every supervision encounter, using the Session experience verification form.
- Maintain confidentiality with regard to the intern and to the internship site, disclosing only information necessary for training purposes, and only to the intern, site personnel, or appropriate university personnel, unless otherwise required by law.

Driving Policy

No Student who is enrolled in the ABA Practicum at George Mason University may operate a motorized vehicle of any kind in which a student, client, or other service recipient at the Practicum Student’s internship site, under any circumstances.

Practicum Site Responsibilities. By signing below, on behalf of _____

I agree to abide by the following: _____ (site name)

- Meet with BCBA supervisor and practicum student to discuss responsibilities, sign ABA supervision contract, determine practicum schedule, and discuss ABA practicum goals that will help the student acquire new behavior analytic skills related to the BACB Task list.
- To provide safe working conditions for the practicum student when he/she is on-site.
- To require of the practicum student only work that is consistent with developing their skills and repertoire in behavior analytic skills and related to the Task List items
- Provide at least 15 - 20 hours per week of activities that will help the practicum student expand behavior analytic experiences with clients.
- To provide working materials unique to the client served by the practicum student

- To provide regular spoken and/or written feedback to the student with regard to her or his performance on-site.
- To fulfill all financial and other commitments made to this intern as part of this internship.
- To maintain confidentiality with regard to this intern, disclosing only information necessary for training purposes to appropriate university personnel, or as required by law.

Practicum Student Responsibilities. By signing below, I agree to abide by the following:

Professionalism

- To arrive at my practicum site and at all supervision meetings with necessary materials and prepared to work.
- To abide by all attendance, confidentiality, and conduct policies put forth as part of this practicum, by George Mason University, and by the practicum site.
- To refrain from participating in any dual relationship, other than a pre-existing employment relationship with the practicum site contact or supervisor during the semester for which I am registered as a student.

Attendance

- To arrange a working schedule with the practicum site personnel and my supervisor within 5 days of beginning my practicum, and updating that schedule when changes are made.
- To adhere to the practicum schedule, and provide prior notice of all instances of tardiness and absence to both my BCBA supervisor and to my practicum site personnel, by phone or other preferred method of communication.
- I will follow-up by providing in writing with my BCBA supervisor and practicum site personnel, the dates and length of time hours will be rescheduled.

Documentation

- Meet with practicum site personnel and BCBA supervisor to discuss responsibilities, sign ABA supervision contract, determine practicum schedule, and discuss ABA practicum goals that will help the student acquire new behavior analytic skills related to the BACB Task list.
- Upload supervision contract onto Taskstream within 10 days of the start of the semester.
- To maintain my own log of hours and other records that demonstrate my progress
- Complete a Session experience verification form with the BCBA supervision after each session
- Complete the Summary experience verification form at the end of the semester
- Submit the Summary and Session experience verification forms onto Taskstream.

Driving Policy

- I understand that I may not operate a motorized vehicle of any kind in which a student, client, or other service recipient at my practicum site is a passenger.

Insurance

- To present documentation of liability insurance to my supervisor and to the site contact prior to beginning my work at that site. (*see student insurance options at http://kihd.gmu.edu/training/aba_internship_opportunities/*)

Practicum Student's Signature and Date: _____

BCBA Supervisor's Signature and Date: _____

Practicum Site Contact's Signature and Date: _____

Confidentiality Policy

I, _____ (*practicum student name*) understand that, with regard to confidentiality, the Behavior Analyst Certification Board's *Guidelines for Responsible Conduct* states the following:

2.05 Rights and Prerogatives of Clients.

(c) Permission for electronic recording of interviews is secured from clients and all other settings. Consent for different uses must be obtained specifically and separately.

2.06 Maintaining Confidentiality.

(a) Behavior analysts have a primary obligation and take reasonable precautions to respect the confidentiality of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional or scientific relationships.

(b) Clients have a right to confidentiality. Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) In order to minimize intrusions on privacy, behavior analysts include only information germane to the purpose for which the communication is made in written and oral reports, consultations, and the like.

(d) Behavior analysts discuss confidential information obtained in clinical or consulting relationships, or evaluative data concerning patients, individual or organizational clients, students, research participants, supervisees, and employees, only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

2.07 Maintaining Records.

Behavior analysts maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. Behavior analysts maintain and dispose of records in accordance with applicable federal or state law or regulation, and corporate policy, and in a manner that permits compliance with the requirements of these Guidelines.

2.08 Disclosures.

(a) Behavior analysts disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose, such as: 1) to provide needed professional services to the individual or organizational client, 2) to obtain appropriate professional consultations, 3) to protect the client or others from harm, or 4) to obtain payment for services, in which instance disclosure is limited to the minimum that is necessary to achieve.

(b) Behavior analysts also may disclose confidential information with the appropriate consent of the individual or organizational client (or of another legally authorized person on behalf of the client), unless prohibited by law.

By signing below, I indicate that I understand and accept the following:

- I may only disclose information pertaining to the students I am serving and the families in whose home I'm working to my supervisor and to my supervision group when prior written authorization to disclose information from a parent or guardian in the family is given. In the context of individual or group supervision, only information pertinent to the service being provided or to the practicum student's training will be discussed.
- Information may be disclosed to others provided that:
 - It is done consistent with the practicum student's or BCBA supervisor's duty as a mandated reporter;
 - A family member with legal authority to do so has provided written authorization to disclose the information. This written authorization will specify: 1) the particular information that is to be disclosed, 2) the party to whom the information may be disclosed (and must include the name of the party to whom the information is disclosed),

- 3) the purpose for which the disclosed information may be used, and the date (no later than the end of the current semester) on which the authorization expires.
- This written authorization must be signed by a family member with legal authority to give the authorization, and reviewed and signed by the ABA Practicum coordinator before the disclosure
 - The student will log all disclosures on the log of hours, and in the record book of the child served.
- I also understand these stipulations apply to all information seen, heard, or otherwise received in the context of group supervision, pertaining both to children, families, or organizations served, and to other students in the practicum or group supervision.
 - I will refrain from disclosing information pertaining to my classmates, and the families, children, and organizations served by myself or others in the context of the practicum for which I am registered, without first obtaining written authorization, as specified above, that is reviewed and approved in writing by my BCBA supervisor, except in the event of a mandated reporting event.
 - I understand that failure to abide by this policy would represent a violation of the Guidelines for Responsible Conduct, and may result in disciplinary action as determined appropriate by George Mason University, to include options up to expulsion from the graduate training program and/or George Mason University.

Practicum Student's Signature and Date:

Declaration of Professional Practice*

(Your Name, Highest Degree)

Practicum Student, Applied Behavior Analysis, George Mason University

(your e-mail address and telephone number)

For those I serve in the capacity of Applied Behavior Analysis Intern

I am in training to become a Behavior Analyst. I am enrolled in the Graduate Certificate Program in Applied Behavior Analysis at George Mason University, and my supervisor for this internship is _____. She / he can be reached at _____. The highest degree I hold is in _____, from _____.

Professional Relationships, Limitations, and Risks

Behavior analysis is a science that considers much of the behavior we exhibit to be learned, whether we knew we were learning it or not. Behavior is influenced by what happens before it, around it, and after it. When important events that happen before, around, or after behavior change, the behavior changes. My job as a behavior analysis intern will be to help you discover what those important events are, how to change them, and to accomplish those changes. I will ask you to change things and will need your participation. I will collect data, and will ask you to collect data. We will use those data to determine whether or to what extent the changes we're making are influencing the behavior in the direction we need it to go. I will consult with you and with my supervisor at each stage of the behavior change process (e.g., assessment, intervention, evaluation, and revision of intervention). I will ask about and incorporate your goals. I will explain my assessments, assessment results, and procedures in plain English. I will not participate in any assessment or intervention without your consent. If, at any point, you wish to terminate our relationship, I will cooperate fully. I cannot guarantee any particular result, or that progress will be made by any particular date. I will make no guarantees. Instead, I will put forth my best effort, and I trust that you will put your best effort forth.

If I believe that my work has become non-productive, I will discuss the situation with you and with my supervisor as soon as possible, with an eye toward resolving the situation in a way that is most helpful to all. Possible actions taken may include my receiving additional training or supervision, requesting that my work be altered in some way, or discussion of terminating or providing referral information, as is appropriate. I can only work with clients and practicum site personnel who fully inform me of any and all of their concerns, as early as the concerns arise as is possible. I will need your full cooperation as I try to understand the various behaviors that are problematic for you. I will ask questions and make suggestions and will need your total honesty with me at all times. I will show you data as part of my work, and expect that you will pay attention to the data, ask questions if you do not understand the data, and give me your true evaluation of how things are going.

I will make my decisions primarily, and to a great extent, on the data that are collected as part of our work together. (I will also consider ethical and other technical factors, and will consider the needs of the recipients of my services, when making evaluations and decisions.) I will need to collect data (with your help) before an intervention begins, and continue throughout the intervention. This will permit us to evaluate how or whether the intervention is helping. We'll need to continue data

collection after the intervention has ended to determine whether the behavior changes are durable. We will stop taking data when it is ethically and technically okay to do so.

Under my code of ethical conduct, I'm not allowed to have a relationship or work with you in any way other than as an intern under supervision of my faculty supervisor. Since I am a student, I cannot be left alone in a building responsible for a child or other vulnerable person without a responsible person (e.g., parent, guardian, or parent's or guardian's designee) present. I cannot drive you, your child, or others connected to the internship anywhere, and cannot babysit, or provide non-internship services. I cannot meet with you or interact with you except as part of this practicum for the duration of my internship. Our relationship is purely professional, and I will not be able to have a personal relationship with you. I may not accept gifts regardless of value, and may not accept meals. I cannot attend family or site events such as birthday parties, weddings, funerals, religious services, etc., unless doing so explicitly for the purpose of providing assessment, treatment, or instructional services during those events, and has been approved by my supervisor in advance.

I will need a list of medications (prescription and over the counter) and diagnosed medical conditions for your child or for the student or client with whom I am working. I will keep this information (and all other information I get during the internship) confidential. I am trusting you to tell me when medications or dosages change. If the person(s) I serve at your site participate in other therapies or forms of instruction, please let me know. If other therapies or forms of instruction change, or you are thinking about adding new ones, please let me know. I will share with you information I have regarding how to measure effects of those treatments or instructional procedures on the student's or client's behavior, and will ask you to measure with me.

If you need to cancel or reschedule an appointment, please contact me as soon as far enough in advance as you can before the appointment. I will call you, as well, if I must cancel or be tardy to an appointment, and will do so as far enough as I can before the appointment. I am a student intern, in training to become a behavior analyst. My supervisor is a Board Certified Behavior Analyst who is employed by George Mason University to provide my supervision. Both my supervisor and I will behave in accordance with the professional and ethical standards set forth in the Behavior Analyst Certification Board's **Guidelines for Responsible Conduct**. If you would like a copy of these guidelines, please let me know, and I will provide you with one.

If, at any time and for any reason you are dissatisfied with our professional relationship, please do not hesitate to discuss the situation with me, with my supervisor, or with the ABA Practicum Coordinator, Dr. Kristy Park (703.993.5251). If, after this discussion, the situation has not been resolved to your satisfaction, you may contact the ABA Director, Dr. Michael Behrmann at 703.993.3670. Should Dr. Behrmann be unable to resolve the situation to your satisfaction, you may contact the Behavior Analyst Certification Board at 850.765.0902, or through their website at www.bacb.com.

By signing below, you indicate that you have received this document, have read it, understand its contents, and have had any questions answered or concerns addressed to your satisfaction.

_____, Practicum Student Signature & Date
_____, BCBA Supervisor Signature & Date
_____, Practicum Site Personnel Signature & Date

Authorization to Disclose Information
GEORGE MASON UNIVERSITY
ABA PRACTICUM

I, _____, parent / guardian of _____ (child/client),
hereby authorize _____ (practicum student's name) to disclose the
following information pertaining to my child or family:

Name:
Address:
Organization:
Phone:
e-mail:
Fax:

in this medium / these media (i.e., video/audio recordings, pictures):

for this purpose / these purposes:

for information gathered by the student beginning on _____ (must be on or later than the date this document is signed) and I wish for this authorization to end on (last day of the current semester)
_____.

I understand that I may revoke authorization this authorization of disclosure of information at any time and for any reason, without penalty.

Parent / Guardian Signature _____ Date _____

Practicum Student Signature _____ Date _____

Consent to Audio/Video Record in Home and Schools
GEORGE MASON UNIVERSITY
APPLIED BEHAVIOR ANALYSIS PRACTICUM

I, _____, the parent / guardian of _____, hereby give consent for _____ to audio-record and video-record her / his work with my child, and to present these recordings in individual or group supervision meetings conducted by a GMU faculty supervisor, for purposes of assisting in the training of this GMU student.

- I authorize recording only for this purpose. I understand that the student, faculty supervisors, and other supervision group members will maintain confidentiality regarding the contents of the recording. I understand that the student will provide me with a copy of the recording at my request, or will permit me to copy the recording from her or his recording equipment to a device of my own.
- I understand that neither the student nor George Mason University will use any recording of my child for any purpose other than this without my expressed, written consent, unless compelled to do so by law.
- I understand that the student's recording of her or his work with my child will be destroyed or erased no later than the end of the semester for which the recording was made.

By signing below, I indicate that I consent to audio-recording and video-recording of this GMU Practicum student's work with my child, and that I understand and agree to the terms listed above.

Parent / Guardian Signature _____ Date _____

GMU Practicum Student Signature _____ Date _____

ABA Practicum Signature _____ Date _____

School Systems:

By signing below, I indicate that I approve of this school employee's audio-recording and video-recording of her or his work with this student, for use in individual or group supervision overseen by a George Mason University faculty or adjunct faculty member.

Principal / Administrator Signature _____ Date _____

Responsible Adult In Home Policy
GEORGE MASON UNIVERISTY
HOME-BASED APPLIED BEHAVIOR ANALYSIS PRACTICUM

No practicum student may be alone in a client's home without the client's parent, guardian, or other responsible adult designated by the parent or guardian. At no point will the student be left alone in the home with the client.

The child's parent, guardian, or other responsible adult designated by the child's parent or guardian will be present at all sessions and activities conducted outside of the home by or with the practicum student. At no point will the student be left alone in a non-home location with the child.

I understand that a parent, guardian, or other responsible adult designated by the parent or guardian must be present in the home or other location during all service provided to the child.

Practicum student's signature _____ Date _____

I understand that the Practicum Student working with my child may not conduct instruction or otherwise be present in my home or elsewhere with my child, unless my child's parent, guardian, or other adult whom I appoint to be responsible for my child and my property (and who is not a student registered for EDSE 790) is in the home or other location at all times during the appointment.

Parent or Guardian Signature _____ Date _____

Session Experience Supervision Form

Complete after each supervision session

Practicum Student: _____ BCBA Supervisor: _____

Supervisory Meeting Date(s): ____/____/____ Duration: _____

Supervisory Meeting Format (check all that apply): _____ individual _____ group

This document covers the weekly supervisory period from ____/____/____ to ____/____/____

Experience Hours Accumulated During This Supervisory Period (complete all four lines)

A) Number of independent experience hours accumulated this week: _____

B) Number of individual supervision hours accumulated this week: _____

C) Number of small-group supervision hours accumulated this week: _____

D) Total experience hours accumulated this week (add lines A through C):	_____
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Characteristics of Supervision Conducted During This Supervisory Period (check all that apply)

_____ BACB Task List skills covered (list Task numbers): _____

_____ Specific client(s) discussed

_____ Client privacy protected

_____ Observation of supervisee (video)

_____ Observation of supervisee (in-person)

_____ Supervisory discussion & feedback (in-person)

_____ Supervisory discussion & feedback (remote)

_____ Readings: _____

Evaluation of Supervisee Performance:

S – satisfactory NI - needs improvement U - unsatisfactory N/A – not applicable

	S	NI	U	N/A
Arrives on time for supervision				
Maintains professional and courteous interactions with:				
Clients/consumers				
Other service providers				
Coworkers				
Maintains appropriate attire & demeanor				
Initiates professional self-improvement				
Accepts supervisory feedback appropriately				
Seeks supervision appropriately				
Timely submission of written reports				
Communicates effectively				
Written				
Oral				
Demonstrates appropriate sensitivity to nonbehavioral providers				
Supervisee self-detects personal limitations				
Supervisee self-detects professional limitations				
Acquisition of target behavior-analytic skills				

Overall evaluation of supervisee performance during this period (circle one): S NI U

Practicum student signature: _____ Date: _____

BCBA Supervisor signature: _____ Date: _____

RETAIN FOR AT LEAST 7 YEARS

BACB Experience Verification Form

SECTION A

Use one form per experience. Applicants may accrue only one type of experience at a time.

Applicant's Name: _____

Experience Hours Accumulated (complete all three lines):

A) Number of independent experience hours accumulated: _____

B) Number of supervision hours accumulated: _____

C) Total experience hours accumulated (add lines A and B): _____

Experience Type Obtained (check only one):

Supervised Independent Fieldwork

BACB Approved University Practicum (transcript must show passing grade in approved courses)

BACB Approved University Intensive Practicum (transcript must show passing grade in approved courses)

Experience Time-Frame:

Starting date (MM/DD/YYYY) ___ / ___ / _____ - Ending date (MM/DD/YYYY) ___ / ___ / _____
(Must NOT be prior to April 1, 2005) (Indicate specific date; do not write "present")

Supervisor's Name: _____

Supervisor's Title: _____ Telephone: _____

Experience Setting: _____ City: _____ State/Country: _____

SECTION B

Must be completed by supervisor

By signing below, I hereby attest that:

- The applicant completed the experience as specified in this policy document under my supervision and in compliance with all of the stated requirements.
- I am the responsible supervisor designated in the supervision contract with this supervisee.
- During the applicant's experience I was a Board Certified Behavior Analyst # _____

Supervisor: By signing below, you attest that ALL of the information contained on this Experience Verification Form is true and correct to the best of your knowledge.

Printed Name of Supervisor: _____

Signature: _____ Date: _____

This document must bear the original signature of the supervisor. Photocopies, faxed, or emailed copies of this document will not be accepted. Original documents that have been altered (white-out, strike-through, etc.) will not be accepted. Incomplete documents will not be accepted.

