|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Specify reason(s) for the adaptation** | **Identify any specific concerns about the adaptation** | **How will concerns be addressed?** | **Specify how the adaptation will be made** | **Who will carry out the adaptation?** |
| * System-level factors (e.g., funding/resources, internal or contracted services, politics, policies) | 🗆 No concerns  🗆 Specific concerns include: | 🗆 No concerns  🗆 Proceed with adaptation plan  🗆 Seek further consultation  🗆 Address concern |  | 🗆 Treatment Developer  🗆 Researcher  🗆 Agency Leader  🗆 Supervisor  🗆 Direct Provider  🗆 Implementation Team  🗆 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Organization-level factors (e.g., training space and resources, session time, treatment duration, agency philosophy/fit) |
| * Provider factors (e.g., education level, discipline, experience, receptivity to innovation, attitudes towards innovation) |
| * Client characteristics (e.g., age, developmental age, ASD diagnosis, severity, culture, language, comorbid problems) |
| * Other factors: |

XXX

* No longer planning to conduct this adaptation