

Evaluation Feedback Form for Creating a Skill Acquisition Program

Supervisee:

Overseeing BCBA:

| Date Start: Program Name: | Date End: | Yes | No | N/A | Comments |
|--|---------------------|-----|----|-----|----------|
| Obtains at least one relevant research article to support program development (if yes, include article title): | | | | | |
| Completes draft in timely fashion (defined as no longer than 5 business days from request to draft program) | | | | | |
| Objective passes the Behavioral Objective Checklist (see additional check list) | | | | | |
| Program sheet includes the following necessary components (only check yes if ALL boxes are checked) | | | | | |
| <input type="checkbox"/> Objective <input type="checkbox"/> Prerequisite skills <input type="checkbox"/> Materials <input type="checkbox"/> Data sheet explained <input type="checkbox"/> Sets/Phases <input type="checkbox"/> Set up <input type="checkbox"/> Implementation <input type="checkbox"/> Response to correct responding and error correction <input type="checkbox"/> Phase/set change and Mastery Criterion <input type="checkbox"/> Set lists of targets <input type="checkbox"/> References | | | | | |
| Sends Draft to BCBA via email | | | | | |
| Sends Draft data sheet to the BCBA via email | | | | | |
| Excluding aesthetics (e.g., font size, indents, bulleting) or other minor changes such as minor grammatical errors, there are less than 3 changes that need to be made to the document | | | | | |
| Sends reminder email if applicable | | | | | |
| Makes necessary changes to the program provided by the BCBA within 3 business days | | | | | |
| Finalizes document <ul style="list-style-type: none"> • Prints program and data sheets and adds to client's binder • Sets up training with all technicians | | | | | |
| To calculate score, add all the "yes" checked boxes out of a possible total of 10. A score of 100% is necessary to get signed off for competency for 3 skill acquisition programs across 3 different domains/skill areas | Score: _____/10 = % | | | | |

SKILLS TO MAINTAIN AND/OR SKILLS IMPROVED/CHANGED FROM LAST EVALUATION (if applicable)

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

SKILLS TO WORK ON

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

BCBA Signature: _____

Date: _____

Supervisee Signature: _____

Date: _____