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**ABA Provider Interview Questionnaire for Parents**

This tool is designed to help parents and caregivers evaluate and compare ABA providers to ensure the best fit for their child and family. Use it during phone calls, intake meetings, or consultations. Feel free to print and take notes.

**1. Agency Information**

* Name of Provider/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Credentials & Staffing**

* Is therapy supervised by a Board Certified Behavior Analyst (BCBA)? ☐ Yes ☐ No
* How many BCBAs are on staff? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are the direct service staff Registered Behavior Technicians (RBTs)? ☐ Yes ☐ No
* How are staff trained and supervised? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What is the average experience level of therapists? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Availability & Scheduling**

* Do you have a waitlist? If yes, how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How many therapy hours per week can be offered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What days/times are sessions typically available? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is therapy provided in-home, in-clinic, or both? ☐ Home ☐ Clinic ☐ Both
* Is telehealth an option for parent training or sessions? ☐ Yes ☐ No

**4. Insurance & Financial**

* Do you accept AHCCCS? ☐ Yes ☐ No
* Which AHCCCS health plans are in-network? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you accept private insurance? Which plans? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are there any out-of-pocket costs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you help with prior authorizations and insurance paperwork? ☐ Yes ☐ No

**5. Therapy Approach & Individualization**

* How are goals selected for my child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What types of assessments are used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How often is the treatment plan reviewed/updated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What therapy models are used? (e.g., DTT, PRT, ESDM) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Can you describe a typical ABA session? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Will my child have a consistent therapist or team? ☐ Yes ☐ No

**6. Parent Involvement & Communication**

* How often will I meet with the BCBA to review progress? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are parent training sessions included in the plan? ☐ Yes ☐ No
* Do I get session notes or data updates regularly? ☐ Yes ☐ No
* Can I contact the BCBA with questions or concerns? ☐ Yes ☐ No

**7. Environment & Philosophy**

* What is your approach to challenging behaviors? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How do you incorporate my child’s interests and preferences? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are sensory needs considered in therapy planning? ☐ Yes ☐ No
* What is your philosophy on discipline or redirection? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Red Flags or Clarifications**

* Are there high staff turnover rates? ☐ Yes ☐ No ☐ Not Sure
* Are you currently under review or complaint by the state or DDD? ☐ Yes ☐ No
* Is the agency BHCOE-accredited? ☐ Yes ☐ No ☐ In Process
* Anything else I should know as a parent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes:**

This form is provided by Parent Pathways to empower families with the tools to make informed choices about their child’s care.