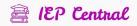


ABA Therapy Parent Cheat Sheet

Therapy Basics		
•	Provider Name:	
•	Therapist(s) Assigned:	
٠	Start Date:	
•	Location (Home/Center/Virtual):	
•	Session Schedule:	
•	Session Length: minutes/hours per session	
•	Total Sessions Per Week:	
Finand	cial Details	
•	Full Cost Per Session: \$	
•	Insurance Coverage:	
•	Copay or Out-of-Pocket Cost Per Session: \$	
•	Total Out of Pocket: \$	
Thera	py Goals and Focus Areas	

- Main ABA Techniques Being Used: (e.g., DTT, NET, PRT, Functional Communication Training)
- Primary Areas Being Worked On:
 - o Communication Skills
 - Behavior Reduction
 - Social Skills
 - Self-Help Skills (toileting, dressing, etc.)
 - Play and Leisure Skills
 - Emotional Regulation
 - Academic/School Readiness
 - Other: _____

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Parent Priorities

(List your current biggest concerns — These should directly influence what ABA works on!)

1.	
2.	
3.	
5.	

Important Questions to Ask Your Provider

- What data are you collecting on my child's progress?
- How often will I get progress updates?
- Can I review my child's Behavior Intervention Plan (BIP)?
- How is generalization (applying skills outside therapy) being worked on?
- How can I support at home to reinforce therapy goals?

Mini Progress Log (Optional - Fill in during or after sessions, see the monthly sheet)

Date Session Focus Child's Behavior (1–5) Parent Notes

(Behavior Scale: 1 = Struggled a lot, 5 = Did Excellent)

Quick Tip:

If you don't see your top concerns being addressed within 1–2 months, request a team meeting to adjust the therapy plan. ABA should be **personalized**, **data-driven**, and **adjustable** based on your child's changing needs.