



ABA Therapy Parent Cheat Sheet

Therapy Basics

- **Provider Name:** _____
 - **Therapist(s) Assigned:** _____
 - **Start Date:** _____
 - **Location (Home/Center/Virtual):** _____
 - **Session Schedule:** _____
 - **Session Length:** _____ minutes/hours per session
 - **Total Sessions Per Week:** _____
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Financial Details

- **Full Cost Per Session:** \$ _____
 - **Insurance Coverage:** _____
 - **Copay or Out-of-Pocket Cost Per Session:** \$ _____
 - **Total Out of Pocket:** \$ _____
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Therapy Goals and Focus Areas

- **Main ABA Techniques Being Used:** (e.g., DTT, NET, PRT, Functional Communication Training)
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- **Primary Areas Being Worked On:**
 - 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. _____
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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?
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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.