



CSUN Behavioral Clinical Psychology (BCP)

Practica Handbook

* Adopted from CSUN Purchasing & Contract Administration Documents

**Adopted from CSUN Office of Insurance & Risk Management Documents

***Adopted from CSUN CIELO Documents

Last Revised 9.9.12

Table of Contents

I. <u>Introduction to CSUN University-Based Practica</u>	2
<u>Purpose of University-Based Practica</u>	
<u>Goals of University-Based Practica</u>	
<u>BACB[®] Requirements</u>	
<u>Students' Practica Options and Eligibility Criteria</u>	3
II. <u>Internship Learning Plan*</u>	6
III. <u>Student Internship Application</u>	7
<u>Practicum Option I – Lab Applications</u>	11
<u>BCP Internship Student Agreement</u>	12
<u>Student Internship Guidelines**</u>	14
<u>Waiver of Liability and Hold Harmless Agreement**</u>	16
IV. <u>Internship Site & Supervisor Application Information</u>	17
V. <u>Site Supervisor Application Form & Contract</u>	19
<u>BCP Site Supervisor Agreement</u>	22
VI. <u>Internship Site Application Form & Contract</u>	25
<u>Internship Site Self-Assessment and Acknowledgement of Risks*</u>	30
<u>BCP Internship Site Agreement</u>	31
VII. <u>Evaluation Forms</u>	
<u>Evaluation of Intern</u>	34
<u>BACB[®] Experience Supervision Form</u>	36
<u>Evaluation of Site Supervisor</u>	37
<u>Evaluation of Internship Site</u>	39
VIII. <u>Sample Forms From Structured Supervision Folder</u>	
<u>Folder Index: List of Competencies</u>	41
<u>Sample Tab: Task Analysis for Each Competency</u>	44
<u>Sample Performance Monitoring Sheet</u>	45
IX. <u>Other Related University Forms or Samples</u>	
<u>Outline of the Two-Day Workshop for Approved Site Supervisors</u>	46
<u>Orientation Confirmation Form</u>	48
<u>Sample Supervisor-Supervisee Contract</u>	49
X. <u>Appendix</u>	
<u>FBA Rubric</u>	53
<u>Consent to List Name & Credentials</u>	59

Introduction to CSUN University-Based Practica

The Purpose of University-Based Practica

The Behavioral Clinical Psychology (BCP) graduate program at California State University, Northridge (CSUN) is approved, by Behavior Analyst Certification Board (BACB®), to offer university-based experience program. The purpose of the CSUN University-Based Practica is to offer BCP students access to high quality in-vivo experiences during which students apply the skills acquired in their educational course-work:

Goals of University-Based Practica

To complete University-Based Practica, students are expected to meet the following minimum competencies (see the CSUN Structured Supervision Folder for detailed task analysis for each competency)

- I. Use the professional and ethical guidelines with colleagues and clients
- II. Develop and use behavior measurement methods and record and analyze data
- III. Conduct behavior assessments (e.g., Functional Behavior Assessment, Preference Assessment, Reinforcer Assessment)
- IV. Develop evidence-based intervention plans based on assessment results and baseline data
- V. Design and implement skill acquisition procedures based on initial assessment (e.g., design a language acquisition program based on VB-MAPP results)
- VI. Design and implement behavior reduction procedures
- VII. Program and probe for generalization and maintenance
- VIII. Conduct ongoing assessment of interventions
- IX. Train another individual to conduct a procedure
- X. Develop and present a training module to individuals who are not familiar with behavior analysis

BACB® Requirements

As a university approved Practicum Site by BACB® to offer graduate students supervised experience, all of the CSUN University-Based Practica Options adhere to the following BACB® guidelines (see.bacb.com).

Students must complete 1,000 hours of Practicum. The distribution of hours must be at least 10 hrs/week but no more than 25 hrs/week, for a minimum of 3 weeks per month. All approved university experience must be completed for graduate academic credit with a passing grade (i.e., XBEH 903). Students must be supervised *at least* weekly for 10% (7.5% *minimum*) of the total hours they spend in University Practicum. Total supervision must be *at least* 100 hours (75 *minimum*), and the supervisory period is one week.

Students' Practica Options and Eligibility Criteria

As a BCP graduate student, you are eligible to apply for University-Based Practica (options shown below) to obtain supervision (see www.bacb.com under categories of supervised experience). The following practica options, a professional requirement of the program, are offered by the CSUN BCP graduate program at this time.

I. University-Based On-site Practica

This practica option provides direct supervision by BCP Faculty. Currently, there are three tenure-track faculty members conducting clinical work and behavior analytic research:

A. *Faculty member:* Dr. Debra Malmberg

Website: www.csun.edu/wellbeing/centers/csun-autism-center/

Research & Clinical Interests: The Autism Research Lab focuses on developing and evaluating behavioral interventions to promote socio-communicative skill development of children with autism and conducts parent education research.

Setting: Autism Clinic at CSUN

Clients: Young children with autism and their caregivers.

B. *Faculty member:* Dr. Tara Fahmie

Website: [www.csun.edu/~tfahmie/Tara A. Fahmie/Taking Steps Together.html](http://www.csun.edu/~tfahmie/Tara_A._Fahmie/Taking_Steps_Together.html)

Research & Clinical Interests: Dr. Fahmie's research interests include the assessment, prevention, and treatment of behavior disorders in children and adults with disabilities (intellectual, developmental, physical). In addition, Dr. Fahmie conducts research to enhance the efficacy and efficiency of skill (social, academic, self-care, etc.) acquisition programs. Most of Dr. Fahmie's research is conducted in a clinical context and the results of her research are used to help inform teachers, parents, and caregivers, and ultimately, to improve the independent functioning of individuals with special needs.

Setting: Ventura County Office of Education (Current school sites: Douglas Penfield School, San Miguel Preschool).

Clients: Individuals (ages 3-8) with disabilities who engage in problem behaviors or who have skill deficits; Parents, teachers, and caregivers of individuals with disabilities.

C. *Faculty member:* Dr. Ellie Kazemi

Website: www.csun.edu/~klab/

Research & Clinical Interests: Dr. Kazemi's research interests involve methodological and conceptual issues in applied behavior analysis. Currently, she conducts research that leads to improvements in education, training, and supervision of staff and caregivers who implement behavior plans.

Setting: Training & Supervision Laboratory, CSUN and Applied Behavioral Research with Community Research Partners.

Clients: In this lab, students conduct translational research. To accrue supervised experience hours, students are required to select the off-site practica option in addition to their work in lab.

Therefore, this lab is only appropriate for BCP students interested in pursuing doctoral training in ABA.

II. University-Based Off-site Practica

- A. Students work directly at one of the CSUN-approved internship sites under the direct supervision of a CSUN-approved site supervisor.
 - 1. CSUN-approved internship sites are local ABA service providers who obtain **formal CSUN Internship Site approval as well as Site- Supervisor approval status**. The approval process is initiated by the local agency or a current BCP student. Applications are reviewed and approved/denied by BCP review committee.

III. Off-site Practica (Independent Fieldwork Model)

- A. Students must work at one of the CSUN-approved internship sites under the direct supervision of a site supervisor who is a BACB® approved supervisor. For this practica option, it is the intern's responsibility to seek and secure a qualified site-supervisor (see www.bacb.com).
 - 1. CSUN-approved internship sites are local ABA service providers who obtain formal CSUN Internship Site approval. The approval process is initiated by the local agency or a current BCP student. Applications are reviewed and approved/denied by BCP review committee.

Differences among the three options:

	UNIVERSITY-BASED ON- SITE PRACTICA: OPTION 1	UNIVERSITY-BASED OFF-SITE PRACTICA: OPTION 2	OFF-SITE PRACTICA: OPTION 3
Direct Supervisor	Dr. Fahmie, Dr. Malmberg, Dr. Kazemi	CSUN Approved Off-site Supervisor	BCBA in good standing
Practica Group Supervision	Dr. Fahmie, Dr. Malmberg, Dr. Kazemi	CSUN Practicum Supervisor	CSUN Practicum Supervisor
Students must enroll in 3-CE units of XBEH 903 practicum course each semester	X	X	X
Students must attend weekly supervision meeting	Weekly - Specific to each faculty	Bi-weekly	Bi-weekly
Students must attend once a month individual meetings with CSUN Practicum Supervisor			X
Students must adhere to the course syllabus & "BCP Internship Student Agreement"	X	X	X

	UNIVERSITY-BASED ON- SITE PRACTICA: OPTION 1	UNIVERSITY-BASED OFF-SITE PRACTICA: OPTION 2	OFF-SITE PRACTICA: OPTION 3
Total required supervised experience by BCBA	1000 hours (About 15 hours per week for 2 years)	1000 hours (About 15 hours per week for 2 years)	1500 hours (About 20 hours per week for 2 years)
Commitment to Internship	2 years to Faculty	1 year to Internship Site	1 year to Internship Site
Student must submit to practicum supervisor, monthly evaluations from their site-supervisor.			X

To be **eligible** for CSUN-approved University-Based Practica experience, the student must meet the following criteria.

1. Be in good academic standing (i.e., a 3.0 or above cumulative GPA).
2. Submit "BCP Internship Application & Agreement" by specified deadlines announced by BCP Program Director.
3. Interview for the on-site or off-site position(s).
4. Be matched or selected for the University-Based Practica experience.
5. Enroll in 3-CE units of the XBEH 903 Practicum Course each semester. Estimated cost for practica each semester is \$1,300.

Internship Learning Plan*

Learning Objectives: To meet the supervision competencies outlined by the CSUN BCP Program in the Structured Supervision Folder (which are based on the BACB®'s latest edition of the Task List) and to accrue supervised experience hours to become eligible to sit for the Board Certification Exam.

1. I will devote _____ hours (based on the off-site internship options) per week, commit at least 1 year to the Internship Site (or follow the guidelines laid out by the Internship Site), and agree to complete all paperwork required by the BCP Academic Director, the CSUN Practicum Supervisor, the approved Site Supervisor and Internship Site as part of this internship
2. I will use the CSUN Structured Supervision Folder to meet the competencies listed.
3. I understand and acknowledge that there are potential risks (for which CSUN is absolved of responsibility) associated with my selected internship, some of which may arise from (a) my assigned tasks and responsibilities, (b) the location of the Internship Site, (c) the physical characteristics of the Internship Site, (d) the amount and type of criminal activity or hazardous materials at or near the location of the Internship Site, (e) any travel associated with the internship, (f) the time of day when I will be present at the Internship Site, and (g) the criminal, mental, behavioral, and social backgrounds of the individuals I will be working with or serving. I further understand and acknowledge that my safety and well-being are primarily dependent upon my acting responsibly to protect myself from personal injury, bodily injury, or property damage.
4. I agree to act in a responsible manner while representing the BCP Program at CSUN at the Internship Site and abide by all the rules and regulations that govern the site in which I am interning.
5. I understand the connection between the course (i.e., XBEH practicum course) and the learning objectives to be fulfilled at the Internship Site.

Intern's Signature _____ Date _____

Site Supervisor's Signature _____ Date _____

Internship Site's Clinical/Executive Director _____ Date _____

**CSUN Behavioral Clinical Psychology (BCP)
Student Internship Application**

Please complete the following information in preparation of an interview:

1. Name

a. Last name _____ First name _____ Middle initial _____

2. Gender: Female _____ Male _____

3. Street address _____

4. City, state, zip _____

5. Home telephone number _____

6. Cell phone number _____

7. CSUN E-mail address _____

8. Emergency contact _____

9. Emergency contact phone number _____

10. Bachelor's in _____ **From** _____ **Year** _____

11. Other degrees _____ **From** _____ **Year** _____

12. Cumulative GPA, bachelors _____ **Cumulative GPA, other** _____

13. Citizen of the United States? Yes ☐ No ☐

14. Which practica option (See Practica Handbook page 3-5) do you wish to select (please rank your choices, faculty will contact you based on the information you provide)?

Option I – _____ **(Write in the faculty name)** **Option II** _____ **Option III** _____

15. Agency preferences/Internship Site (*Review the list of CSUN-BCP Approved Internship Sites and read the Internship Site Self-Assessment and Acknowledgement of Risk. By selecting a particular Internship Site, you are indicating you read, understand, and acknowledge the potential risks involved with working at your preferred site)

16. For Option III Internship Sites: Please indicate if your agency name is on our approved list.

Yes ☐ **No** ☐ – Please provide the name of your agency _____

17. What language other than English do you speak frequently? _____

a. Could you provide assessment or deliver services in that language?

Yes ☐ **No** ☐

18. What populations have you worked with in a clinical setting for at least 3 months - 1 year?
check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Developmental disabilities |
| <input type="checkbox"/> Toddlers | <input type="checkbox"/> Emotional disturbance/mental illness |
| <input type="checkbox"/> Pre-school age | <input type="checkbox"/> Typically developing |
| <input type="checkbox"/> Elementary school age | <input type="checkbox"/> None |
| <input type="checkbox"/> Middle school age | <input type="checkbox"/> Other _____ (specify) |
| <input type="checkbox"/> High school age | |
| <input type="checkbox"/> Adults | |
| <input type="checkbox"/> Seniors | |

19. In what clinical settings have you worked for at least 3 months?

<input type="checkbox"/> Homes	<input type="checkbox"/> Clinics
<input type="checkbox"/> Schools	<input type="checkbox"/> Group homes
<input type="checkbox"/> Camp settings	<input type="checkbox"/> After- school programs
<input type="checkbox"/> Other _____ (specify)	<input type="checkbox"/> None

20. What is your schedule of availability for internship (Please list all availability)?

a. Days available (e.g., M-F)

b. Times available (e.g., mornings until 2pm)

*Internships typically occur Monday-Friday, in the mornings or evenings

21. What is your schedule of availability for Practica group meetings? These typically occur in the mornings or evenings M-F. Please provide all availability.

22. How many hours a week would you be able to devote to this internship? *check all that apply*

- ☐ 15 hours a week ☐ Up to 20 hours a week ☐ Above 20 hours a week

23. In what geographical locations do you hope to intern?
24. Do you have a reliable form of transportation? Yes ☐ No ☐
25. Briefly describe your academic background and coursework that is relevant to the internship(s) you selected:
26. Briefly describe your clinical experiences and any positions held that relate to the internship(s) experience you selected:
27. Briefly describe why you are interested in the internship(s) experience(s) you selected:
28. In a few sentences, indicate your long range professional plans and how the internship(s) you selected will help you attain these goals:

29. What are some skills that you feel you would bring to the Internship Site(s) you selected:

30. In addition to your graduate curriculum, what additional commitments do you have or anticipate to have this next year:

31. Tell us other information that would facilitate assessment of your qualifications for this Internship:

Practicum Option I - Lab Applications

If you are interested in being considered for a faculty member's research lab (Practicum Option I), fill out the form below. For each faculty member's lab that you would like to apply for, rank the faculty member's lab and provide one paragraph describing a) why you are interested in the lab and b) what makes you a good fit for the lab.

Dr. Malmberg (Autism Clinic/Autism Research Lab)

Rank: _____

Paragraph:

Dr. Fahmie (Taking Steps Together, VCOE collaboration)

Rank: _____

Paragraph:

Dr. Kazemi (Training, Supervision, and Performance Management)

Rank: _____

Paragraph:

BCP Internship Student Agreement

Please read the following statements carefully and sign at the bottom of the page:

- A. I hereby certify that the statements contained in this completed BCP Student Internship Application Form & Learning Plan are true and correct. I agree that and understand that any misrepresentation or omission of any material facts on my part may be cause for delay in internship evaluation, separation from the internship, and/or can initiate immediate review by the BCP Academic Director or the CSUN Practicum Supervisor.
- B. I am responsible for meeting all the requirements agreed upon with my Site Supervisor and CSUN Practicum Supervisor.
- C. I hereby give permission to the CSUN BCP Program, the BCP Academic Director, the CSUN Practicum Supervisor, and any of the approved Site Supervisors and Internship Sites to verify any and all information contained within this application. This can include contacting former employers, clinical internship/practicum sites, and/or reviewing graduate school records, etc.
 - *Please be advised that if any information should come to our attention that can affect your professional student status and/or internship role, and thus the internship experience, the program shall be authorized to assess and discuss the significant information with the appropriate parties.*
- D. I understand that any information contained in this Student Internship Application & Learning Plan packet and/or any pertinent information relating to my professional student role can be discussed between the BCP Academic Director, the CSUN Practicum Supervisor, and the approved Site Supervisors and Internship Sites.
- E. I understand that most Internship Sites request security background investigations, fingerprint checks, random drug screens, physical examinations, TB tests, immunization verification, and a valid Driver's License, etc. as requirements for their placement interview process and for Internship Site confirmation. Internship Sites may also require random drug screening(s) at any time during the year. If you are an International student, please consult with the CSUN Office of International Students and the BCP Coordinator for further assistance.
 1. I am willing to participate in these additional screenings/evaluations and give permission for any results that affect my internship status to be provided to the BCP Academic Director and CSUN Practicum Supervisor. I also understand that if I fail these screenings, I will not be confirmed at the specified Internship Site, can become ineligible for school-based internships, and therefore not interviewed for an internship for an entire academic year. I also understand that if I fail a screening during the year, I will be removed from the internship and not able to interview for another internship for the remainder of the academic year. The BCP Academic Director or CSUN Practicum Supervisor will review my case to determine whether I am eligible to continue the program, and if so, the timeline for returning to the internship site. In addition, I understand that engaging in activities that result in severing my relationship with the intern site can result in a failing grade in my practicum course. **I understand that my grade in the practicum course is contingent on my successful completion of the internship hours and competencies in the internship practicum.**

- F. I understand that I may be financially responsible to pay for clearances, health screenings, and trainings (e.g., CPR) if the Internship Site does not cover the cost.
- G. At all times, I shall maintain professional conduct in accordance with the school's academic standards, the BACB® Code of Ethics, professional work values, and laws regulating behavioral health providers.
- H. I understand that I am responsible to seek, interview, and secure an Internship Site. I am aware that as an intern at a CSUN-approved Internship Site, working under the supervision of a CSUN BCBA approved Site Supervisor, I am required to enroll in 3-CE units of XBEH 903 each semester and adhere to the practicum course syllabus.
 - 1. I understand my site supervisor evaluates me on a weekly or bi-weekly basis dependent on your practica option. My evaluations include direct observations of my professional conduct (e.g., on time and consistent attendance to meetings or appointments), in-vivo performance assessments, and rating scales (see Evaluation of Student Intern form and Sample Performance Assessment form). I understand my grade in my practicum course is highly influenced by these evaluations (see XBEH 903 course syllabus).
- I. I understand that I am opting to obtain my experience hours through a University-Based Practicum (see www.bacb.com) or independent fieldwork. To become eligible to sit for the BACB® examination, a minimum of 1,000 hours of experience is required for Options I and II and 1,500 hours is required for Option III; therefore, I acknowledge that my internship hours, depending on my hours of commitment and duration of services, may not be sufficient for me to fulfill all 1,000 hours. I recognize that it is my responsibility to keep track of my hours and ensure those hours are sufficient to sit for the BACB® examination.
- J. If the situation arises and I need to terminate the internship before fulfilling my internship commitment, I shall terminate in an appropriate, professional manner as designated by the school and assigned Internship Site and provide written and verbal notice as required by the BCP Academic Director, the CSUN Practicum Supervisor, and the Internship Site (e.g., provide at least 30 days notice). I understand that any such termination will be done only with the written approval of the BCP Academic Director, the CSUN Practicum Supervisor, and the Internship Site. **If I terminate prematurely, I am aware that I may not be accepted in the same internship setting; I may need to reapply for internship and disclose my premature discontinuation or termination during the interview process of the new internship in order to participate in the university-based practicum to accrue my experience hours.**
- K. I shall fulfill the responsibilities of the student intern role and be in compliance with all policies and procedures as outlined in the Student Intern Application Form and Contract.

I have reviewed and understand The BCP Student Intern Agreement which specifies my role as an intern and I agree to comply with all of the above. If I am not in compliance with the school's policies and procedures, I understand that I can be considered ineligible to participate in the university-based practicum to accrue my experience hours.

Student Name (Print) _____ Student Signature _____
Date: _____

Student Internship Guidelines**

The student agrees to abide by the following Guidelines and Limitations:

GUIDELINES:

- Ask for help when in doubt: Your site supervisor understands the issues at your site and you are encouraged to approach him/her with problems or questions as they arise. He/she can assist you in determining the best way to respond to difficult or uncomfortable situations. Feel free to contact your professor with questions concerning your placement.
- Be punctual and responsible: Although you are volunteering your time, you are participating in the organization as a reliable, trustworthy, and contributing member of the team. Both the administrators and the person whom you serve rely on your punctuality and commitment to completing your service hours/project throughout your partnership.
- Call if you anticipate lateness or absence: Call the site supervisor if you are unable to come in or if you anticipate being late. Be mindful of your commitment; people are counting on you.
- Respect the privacy of all clients: If you are privy to confidential information with regard to the persons with whom you are working (i.e. organizational files, diagnostics, personal stories, etc.), it is vital that you treat it as privileged information. **Whenever you are referring to your clients or information that could identify the client, supervisor, or colleagues, in class or outside class, you should use pseudonyms.**
- Show respect for the partnership organization you work for: Placement within community programs is an educational opportunity and a privilege. Keep in mind, not only are you serving the community, the community is serving you by investing valuable resources in your learning.
- Be appropriate: You are in a work situation and are expected to treat your supervisor and others with courtesy and kindness. Dress comfortably, neatly, and appropriately. Use formal names unless instructed otherwise. Set a positive standard for other students to follow as part of CSU's ongoing internship programs.
- Be flexible: The level or intensity of activity at a service site is not always predictable. Your flexibility to changing situations can assist the partnership in working smoothly and producing a positive outcome for everyone involved.

MAXIMIZE THE EXPERIENCE:

DO participate in orientation for your internship experience.

DO make sure you know who to contact at the site and at the university in case of an emergency.

DO make sure you know how to exit your service site in case of an emergency.

DO ask for help from your supervisor or another staff member at your service site when in doubt.

DO call your site supervisor if you know you will be late or not able to come in at all.

DO show respect for your service site, its staff, and its clients.

DO be aware that you are representing your university.

DO know that if you are having trouble at your service site, you can talk with your faculty member about it.

DO sign-in at your service site every time you are there, and record your service hours on your student service log. This will ensure you receive credit for the hours you have served.

DO know that you can request an alternative service site if you are not comfortable with your current site.

LIMITATIONS:

DON'T report to your service site under the influence of drugs or alcohol.

DON'T give or loan a client money or other personal belongings.

DON'T make promises or commitments you cannot keep to a client.

DON'T give a client or agency representative a ride in a personal vehicle.

DON'T tolerate verbal exchange or engage in behavior that might be perceived as discriminating against an individual on the basis of his/her age, race, gender, sexual orientation, ability, or ethnicity.

DON'T tolerate verbal exchange of a sexual nature or engage in behavior that might be perceived as sexual with a client or community organization representative.

DON'T engage in any type of business with clients during the term of your service.

DON'T enter into personal relationships with a client or community partner representative during the term of your service.

TRANSPORTATION:

Student understands and agrees that transportation to and from the internship site shall be the sole responsibility of each participating student. Neither the University nor the Internship site shall assume responsibility or liability for student transportation.

If you feel that your rights have been or may be violated, or that any of the above-stated limitations have been violated, please contact the CSUN Practicum Supervisor and/or the BCP Academic Director.

I have reviewed and understand the Student Internship Guidelines and I agree to comply with all of the above. If I am not in compliance with the school's policies and procedures, I understand that I can be considered ineligible to participate in the university-based practicum to accrue my experience hours.

Student Name (Print) _____ ***Student Signature*** _____

Date: _____

Waiver of Liability and Hold Harmless Agreement**

I, the undersigned participant, am requesting participation in the CSU, Northridge,

Name of department and College: Behavioral Clinical Psychology Graduate Program with the College of Social and Behavioral Sciences, Department of Psychology

Activity: Practica Experience

that begins on: _____ **and ends on:** _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Northridge and their employees, officers, directors, volunteers and agents (collectively “University”) from any and all claims, **including claims of the University’s negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney’s fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant’s Signature

Date

Print Participants Name

Phone Number

CSUN Behavioral Clinical Psychology (BCP) Internship Site & Supervisor Application Information

Thank you for your interest in becoming a CSUN Approved Internship Site and/or Supervisor offering BCP students internship opportunities. As an approved BACB® program, we are obligated to document that students accruing experience at a CSUN University-Based Practica receive supervision in accordance with BACB® Code of Conduct (see www.bacb.com). You will receive a letter regarding the approval/denial of your application. Below we have provided some detailed information regarding site/supervisor applications and the review process.

1. All submissions for consideration for the Fall cohort **must be received by July 7th**. Once submissions are received by our BCP review committee, they will review and **provide feedback and final decisions by end of August** provided no unforeseen circumstances. You will receive a second letter regarding the approval/denial of your application from the BCP review committee.
 - a. We will only review sites/supervisors for each incoming Fall cohort during the Spring/Summer prior to their start. If there are special circumstances requiring reviews at other times, those will be approved by the BCP review committee.
2. **BCP Committee Review Process** – Below is information regarding the general review process:
 - a. Applications are received and reviewed for completeness
 - b. Applications are sent to BCP Faculty Review committee
 - c. Reviewed applications are sent to the BCP Academic Director for final approval
 - d. Letters are sent to applicants with decision

A specific review process for site and/or supervisor application is below. This is not an exhaustive list but provides a general guideline:

e. Site Application Review Process:

- i. Look at site website and review for:
 1. Evidence-Based Treatments advertised
 2. If your website or other advertising includes testimonials from clients, are they **ONLY** from clients for whom you no longer provide services?
 3. Does your website & job description use correct behavior analytic terminology? For example “Applied Behavior Analysis” is incorrect; the name of the discipline is “Behavior Analysis”.
- ii. Look at the application to see if fully complete
 1. Specifically ‘Self-Assessment and Acknowledgement of Risk’ and that items indicated as “no” offer further explanations.
 - a. i.e. if you provide training like crisis management or explain how you mitigate harm to personnel and interns
- iii. Look at mission statement and website to show evidence that your agency or organization uses only scientifically proven interventions.

f. Supervisor Application Review Process:

- i. Completed application which includes the following:
 1. Supervisor Application form

2. Cover Letter stating interest in supervising CSUN interns and offering structured supervision
 3. Curriculum Vitae detailing clinical experience and experience with supervision
 4. De-identified sample of a written Functional Behavior Assessment and Intervention Plan
 5. De-identified Permanent Product that reflects feedback given to supervisees or a sample of supervisee work.
- ii. Minimum of one year of clinical experience
 - iii. FBA and BIP adhere to the dimensions of ABA
 1. Please see sample rubric used to review FBA/BIP (page 53)
3. **Site Applicants** - We will provide details of the review and decision only to the Clinical/Executive Director of the site and we will keep information regarding the approval/denial of your application confidential. However, if you are approved, we will post your application on our CSUN BCP Practica Course Website to provide BCP students with information regarding approved sites each year. Therefore, we advise community partners to not prematurely tell prospective or incoming BCP students about their application submission to protect the review process and confidentiality of the outcome of the review.
 - i. To be approved as Option II, you may request that your site supervisors, who are eligible to supervise experience hours of BCP students, submit supervisor applications for BCP Committee review. We advise that this process be optional for your supervisors as it is an exhaustive review and not intended for any purpose other than selection of CSUN in-field supervisors. If you are seeking to become an Option II practica provider, please see the information below regarding supervisor reviews.
 4. **Supervisor Applicants** - We will provide details of the review and decision only to you, the supervisor, using the contact information you provided in your supervisor application. If you are approved as a supervisor, we will notify you of the BCP review committee's decision and it will be your responsibility to notify the Clinical/Executive Director of the site for which you work. The BCP supervisor review process should not be used beyond the scope of the BCP Internship Program.
 - i. We will also ask you to disclose the information indicated on the Consent to List Names & Credentials (see page 59)
 5. BCP Review Committee is released of any liability for the feedback and review we conduct of your site and/or supervisor application. Our reviews are conducted for the purpose of the BCP Internship Program alone.
 6. There is no appeal process for site and/or supervisor applications. We provide feedback and revisal information as we deem appropriate for those sites and/or supervisors we determine.
 - a. If a revision is requested of a site and/or supervisor application it is expected that the revisions will be sent in full. If resubmitted applications are sent back incomplete and/or do not fully address the changes requested, we reserve the right to not review these items.

**CSUN Behavioral Clinical Psychology (BCP)
Site Supervisor Application Form & Contract**

To be considered for CSUN approval, please complete the following form:

1. Name

a. Last name _____ First name _____ Middle initial _____

2. Gender: Female _____ Male _____

3. Street address _____

4. City, state, zip _____

5. Work phone number _____

6. Cell phone number _____

7. E-mail address (work) _____

8. E-mail address (alternative) _____

9. Master's in _____ **From** _____ **Year** _____

10. Bachelor's in _____ **From** _____ **Year** _____

11. Other degrees _____ **From** _____ **Year** _____

12. Citizen of the United States? Yes ☐ No ☐

13. BACB® certification number _____ **Issue date** _____
Expiration Date _____

14. Other professional licenses certifications and numbers

15. Internship Site at which you will provide supervision. (please be reminded that Internship Site applications must be completed and approved) _____

16. Current position title _____

17. Years of experience as a behavior analyst _____

18. What language other than English do you speak frequently? _____

a. Could you provide assessment or deliver services in that language?

Yes ☐ No ☐

19. What population(s) have you worked with in a clinical setting for at least 6 months? *check all that apply*

- | | |
|--|---|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Developmental disabilities |
| <input type="checkbox"/> Toddlers | <input type="checkbox"/> Emotional disturbance/mental illness |
| <input type="checkbox"/> Pre-school age | <input type="checkbox"/> Typically developing |
| <input type="checkbox"/> Elementary school age | <input type="checkbox"/> None |
| <input type="checkbox"/> Middle school age | <input type="checkbox"/> Other _____ (specify) |
| <input type="checkbox"/> High school age | |
| <input type="checkbox"/> Adults | |
| <input type="checkbox"/> Seniors | |

20. In what clinical settings have you worked for at least 6 months – 1 year?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Homes | <input type="checkbox"/> Clinics |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Group homes |
| <input type="checkbox"/> Other _____ (specify) | <input type="checkbox"/> None |

21. What types of clinical settings do you currently provide supervision in?

22. What is your schedule of availability?

- Please note that we require CSUN Supervision Workshop attendance prior to starting work with interns. These typically occur on a weekend, so please provide weekend availability as well*

a. Days available (e.g., M-F) _____

b. Times available (e.g., mornings until 2pm) _____

23. What geographical area do you supervise in?

24. Describe the reasons you are interested in becoming a Site Supervisor who provides structured supervision to CSUN University-Based Practicum students:

25. Briefly describe your clinical experiences

26. Briefly describe your experience with supervision:

27. Please provide your areas of expertise within ABA?

28. Tell us other information that would facilitate assessment of your qualifications for this supervision position.

29. **Please attach a cover letter stating interest in supervising CSUN interns and offering structured supervision, a Curriculum Vitae detailing clinical experience and experience with supervision, a de-identified sample of a written Functional Behavior Assessment and Intervention Plan, and a de-identified permanent product that reflects feedback given to supervisees or a sample of supervisee work. Your application and supplemental materials will be reviewed by the BCP Review Committee.

BCP Site Supervisor Agreement

Please read the following statements carefully and sign at the bottom of the page:

- A. I hereby certify that the statements contained in this completed BCP Site Supervisor Application Form & Contract are true and correct. I agree and understand that any misrepresentation or omission of any material facts on my part may be cause for removal of my application and/or can initiate immediate review by the BCP Academic Director or the CSUN Practicum Supervisor. This can include contacting former employers, clinical internship/practicum sites, and/or reviewing graduate school records, etc.
- B. I hereby give permission to the CSUN BCP Program, the BCP Academic Director, and the CSUN Practicum Supervisor to verify any and all information contained within this application.
- C. I agree to supervise according to high ethical, legal, and professional standards as outlined by the BACB[®] and to work with my intern(s) toward professional growth and competence.
- D. I agree to seek consultation/support on best practices in supervision and on topics/issues outside of my scope of expertise.
- E. I agree to allow the CSUN Practicum Supervisor to shadow me when supervising CSUN interns or to probe some supervision meetings. Such sessions and probes would be discussed with the Site Supervisor and be determined on a case-by-case basis.
- F. I agree that as a Site Supervisor, I, and not the CSUN Practicum Supervisor, am solely responsible for the assessment, recommendations, and treatment provided to the site's consumers. The CSUN Practicum Supervisor does not serve as a clinical consultant and is not liable for any suggestions, feedback, or recommendations provided to interns and site supervisor. It is ultimately my responsibility to approve and monitor any services provided to the approved site's consumers.
- G. I understand that the Internship Site agrees that the CSUN Practicum Supervisor's main role is to monitor the quality of supervision offered to CSUN interns. Should the CSUN Practicum Supervisor determine that the intern is not meeting the desired competencies (reasons related to the site, the site supervisor, or the intern); the CSUN Practicum Supervisor will meet with the site supervisor and the agency contact person to resolve the determined barriers. If the barriers cannot be resolved, the CSUN BCP Program holds the right to terminate the students' internship or place the intern at a different approved site.
- H. I recognize that the CSUN Practicum Supervisor will meet a group of interns (i.e., 8-9 interns) once every 2 weeks for 2 hours to discuss ethics and professionalism, data collection, data interpretation, case formulations, evidence-based interventions, and other case consultations. Interns may present cases under my supervision for consultation and review during these meetings.
- I. I agree to take the supervision time seriously, be on time, and be prepared to address questions/concerns that arise during the supervision process. I agree to be available to address crises related consumers served by the interns under my supervision during non-supervisory times.

- J. I agree to supervise 10% of the experience hours of the intern per BACB® requirements (e.g., intern working 15 hours a week would be provided with supervision for 1.5 hours a week.)
- K. I recognize that my supervision will consist of weekly direct in-field supervision, which includes in-field observations, modeling, and offering feedback.
- L. I agree to conduct any/all Internship Site-related training, modeling of assessment and procedures, and observation of my intern's first attempts at any behavioral work. I agree to guide my intern's work with direct verbal and written feedback and to submit a brief monthly and final evaluation of his/her performance. I agree to discuss any concerns about the intern's performance with the intern directly, and with the BCP Academic Director and CSUN Practicum Supervisor when necessary.
- M. I acknowledge that my intern(s) will be asked to rate their satisfaction with supervision by completing an evaluation form and results from such evaluations will be shared with other interns that I will supervise.
- N. I agree to complete 12 hours of supervision training with CSUN during which CSUN will discuss Behavioral Skills Training and literature on evidence-based methods to train and supervise individuals conducting assessment and implementing intervention plans.
- O. I agree to adhere to CSUN's competency-based structured supervision model by using the supervision folder which includes conducting in-vivo performance assessment and providing feedback based on performance assessment results.
- P. I agree to comply with all documentation and correspondence/external communication requirements (specified by BACB®), including documenting supervision and signing off on clinical records and external correspondences.
- Q. I shall fulfill the responsibilities of the supervision role and be in compliance with all policies and procedures as outlined in the Site Supervisor Application Form.
- R. If the situation arises and I need to terminate the internship before fulfilling my supervision commitment, I shall terminate in an appropriate, professional manner as designated by the school and assigned Internship Site, and provide written and verbal notice to CSUN and the Internship Site (e.g., provide at least 30 days notice).
- S. I understand that approval of the Internship Site does not result in automatic approval of the Site Supervisor, and both the Internship Site AND the Site Supervisor working at the Internship Site need to be approved BEFORE a CSUN student can schedule an interview. If the Site Supervisor leaves the Internship Site, the Internship Site can continue to be approved; however, the Site Supervisor will need to submit another application before supervising CSUN students at their new site as well as inquire if the site is approved by CSUN.
- T. I agree to provide, to my site, if I am approved as a supervisor after hearing from the BCP Review Committee.
- U. I understand that the BCP Review Committee is released of any liability for the feedback and review conducted of my supervisor application. Their reviews are conducted for the purpose of the BCP Internship Program alone and should not be used beyond the scope of the BCP Internship Program.

- V. I consent to my name, credentials, area(s) of expertise, and geographical location (or specific site) to appear on the CSUN BCP Practica Course Website, as an “Option II CSUN Approved Supervisor” if I am approved.
- W. Site Supervisor read and agrees with the “Internship Learning Plan” (page 6 of this document).

I have reviewed and I agree with all of the above statements.

Supervisor Name (Print) _____

Supervisor Signature _____ *Date:* _____

CSUN Behavioral Clinical Psychology (BCP) Internship Site Application Form & Contract

Thank you for your interest in becoming a CSUN Approved Internship Site and offering BCP students internship opportunities. The BCP program offers BACB® approved course-work, which meets BACB®'s educational requirements to sit for the BCBA exam. We also are approved to offer BACB® university experience. As an approved program, we are obligated to document that students accruing experience at a CSUN University-Based Practica receive supervision in accordance with BACB® Code of Conduct (see www.bacb.com). To become a CSUN approved internship site, please submit the following application to the BCP Coordinator who will submit your application for review by the BCP Review Committee. The review process will take up to four weeks (potentially longer depending on time of submittal) after which you will receive a letter regarding the approval/denial of your application. We will provide details of the review and decision only to the Clinical/Executive Director of the site and we will keep information regarding the approval/denial of your application confidential. However, if you are approved, we will post your application on our CSUN BCP Practica Course Website to provide BCP students with information regarding approved sites each year.

You are seeking to become an approved site for <input type="checkbox"/> Practica Option II <input type="checkbox"/> Practica Option III <input type="checkbox"/> Both			
Name and Position of the Person Applying for Site Approval:			
Phone:		E-mail:	
Agency Name:			
Address:			
City:		State:	Zip:
Phone:			
Website:		Hours of operation:	
If you will not serve as the main contact, please provide the name & title of the main contact person for Internships:			
Main Contact phone:		Main Contact Email:	
Auspice of agency (check all that apply):		<input type="checkbox"/> Public Organization <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> For-Profit Organization	

- Please provide instructions for how interested students may apply for internships with you (e.g., send a cover letter and CV to contact person for interview).**

2. List the locations where interns will be able to receive on-site supervision/and/or locations where intern(s) work will be located (e.g., Northridge, Torrance):

3. To which populations will students be providing services? (*check all that apply*):

- | | |
|--|---|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Developmental disabilities |
| <input type="checkbox"/> Toddlers | <input type="checkbox"/> Emotional disturbance/mental illness |
| <input type="checkbox"/> Pre-school age | <input type="checkbox"/> Typically developing |
| <input type="checkbox"/> Elementary school age | <input type="checkbox"/> Other _____ (specify) |
| <input type="checkbox"/> Middle school age | |
| <input type="checkbox"/> High school age | |
| <input type="checkbox"/> Adults | |
| <input type="checkbox"/> Seniors | |

4. Settings in which student(s) will be providing services (check all that apply):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Homes | <input type="checkbox"/> Clinics |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Group homes |
| <input type="checkbox"/> Other _____ (specify) | |

5. Logistics:

6.

a) Able to provide supervised experiences for:

- | | | |
|--|--|-------------------------------|
| <input type="checkbox"/> 1st year students | <input type="checkbox"/> 2nd year students | <input type="checkbox"/> Both |
|--|--|-------------------------------|

b) Internship Site provides:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Paid internships | <input type="checkbox"/> Unpaid internships | <input type="checkbox"/> Mileage reimbursements | <input type="checkbox"/> Other (e.g. stipends, academic scholarships) |
|---|---|---|---|

c) Morning hours are:

- | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Optional | <input type="checkbox"/> Possible | <input type="checkbox"/> Required | <input type="checkbox"/> Available | <input type="checkbox"/> Not Available |
|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|--|

d) Afternoon hours are:

☐ Optional ☐ Possible ☐ Required ☐ Available ☐ Not Available

e) Evening hours are:

☐ Optional ☐ Possible ☐ Required ☐ Available ☐ Not Available

f) Weekend hours are:

☐ Optional ☐ Possible ☐ Required ☐ Available ☐ Not Available

g) Home visits are:

☐ Required ☐ Not Required

h) Internship Site requires the following before internship placement (mark only those that apply):

Paid for by Internship Site

<input type="checkbox"/> Orientations	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> CPR training	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fingerprinting	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> TB tests	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: _____ (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. What are the opportunities our interns will have at your site?

<input type="checkbox"/> Implementation of behavior change procedures (appropriate for first year MA students)	<input type="checkbox"/> Monitoring intervention plans and making data-based decisions
<input type="checkbox"/> Data Collection and Behavior Measurement	<input type="checkbox"/> Training staff using evidence-based procedures
<input type="checkbox"/> Graphing and Visual Inspection of Data	<input type="checkbox"/> Training and consultations with others (e.g., parent, aide, teacher, etc)
<input type="checkbox"/> Indirect Assessment (e.g., use and interpret findings from checklists, questionnaires, & interviews)	<input type="checkbox"/> Monitoring, management, and supervision of direct staff
<input type="checkbox"/> Skills Assessment (e.g., VB-MAPP, ABLIS)	<input type="checkbox"/> Staff training

- ☐ Functional Analysis Use group contingencies (e.g., class wide or school wide plans)
- ☐ Writing comprehensive assessment reports ☐ Other _____ (specify)
- ☐ Writing comprehensive behavior intervention plans

8. Describe the general demographics of the Internship Site's consumers:

9. List the skills necessary for this internship:

10. List the primary responsibilities of the student intern at the Internship Site:

11. Describe the training opportunities available to students including staff development:

12. Describe your new employee orientation process (please note, interns must complete your new employee orientation):**

13. Are there any special conditions that need to be considered when placing students in your Internship Site?

14. Mission Statement: Please provide a brief description about how you want your Internship Site described to our graduate students*.

15. Often, students are current employees at the site they wish to obtain BCBA supervision. Please describe your terms and conditions for individuals who are employees of your agency and wish to accrue experience hours as CSUN interns.

16. As you complete your Site Application, please conduct the following self-assessment:

a. Are treatments advertised on your website or other forms of advertising evidence-based?

☐ Yes

☐ No

b. If your website or other advertising includes testimonials from clients, are they only from clients for whom you no longer provide services?

☐ Yes

☐ No

c. Does your website & job descriptions use correct behavior analytic terminology and make appropriate reference to behavior analyst's services or behavior analytic positions? For example, "Applied Behavior Analysis" is incorrect, the name of the discipline is "Behavior Analysis".

☐ Yes

☐ No

d. Look at the application to see if fully complete

i. Specifically 'Self-Assessment and Acknowledgement of Risk' and that items indicated as "no" offer further explanations

1. i.e. if you provide training like crisis management or explain how you mitigate harm to personnel and interns

e. Look at mission statement and website to show evidence that your agency or organization uses only scientifically proven interventions.

Internship Site Self-Assessment and Acknowledgement of Risks*

(We will provide interns with this information and ask them to sign an agreement stating they acknowledge the risks reported below)

1. Inherent Risks: Please list all known risks inherent to the internship environment associated with your organization (facility hazards, location concerns, personal issues, etc.)*
2. Please self-assess the following:

<u>Yes</u>	<u>No</u>	<u>N/A</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the site considered an “office exposure” only site?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are emergency plans current?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are hazardous materials or hazardous chemicals controlled?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all manufacturing tools and equipment guarded?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are interns provided with safety training prior to starting work?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will interns wear personal protective equipment, if necessary?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are working conditions and general environment safe?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there adequate employee parking on site?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are parking areas well lit as necessary?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is site accessible by public transportation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will interns be restricted from interacting with potentially violent clients?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is management and supervisory oversight adequate?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving is not required as a part of intern’s responsibilities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interns’ duties do not include heavy manual labor.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the site location you indicated on this application the only place the intern will work?

3. Please provide further information for any items above for which you indicated “No”. (e.g. If you provide training, such as crisis management, or how you mitigate harm to personnel & interns)

BCP Internship Site Agreement

Please read the following statements carefully and sign at the bottom of the page:

- A. Internship Site certifies that the statements contained in this completed BCP Internship Site Application & Contract are true and correct. I agree and understand that any misrepresentation or omission of any material facts on my part can initiate immediate review and possible rejection of my application by the BCP Academic Director.
1. I hereby give permission to the CSUN BCP Program, the BCP Academic Director, and the CSUN Practicum Supervisor to verify any and all information contained within this application.
- B. The Internship Site agrees to provide the intern with an explicit written agreement outlining the following before onset of the internship.
- 1) Field Experience.
 - 2) Internship Site Designee.
 - 3) Access to Facilities.
 - 4) Records and Evaluations.
 - 5) Withdrawal of Students.
 - 6) Emergency Health Care/First Aid/General Student Safety.
 - 7) Orientation.
- C. Internship Site agrees that as interns, students shall be considered members of Internship Site's "workforce," as that term is defined by the HIPAA regulations at 45 C.F.R. § 160.103, and shall be subject to Internship Site's policies respecting confidentiality of medical information. In order to ensure that students comply with such policies, Internship Site shall provide students with the same training that is provided to regular employees.
- D. Internship Site agrees, for Practica Option II, to allow the CSUN Practicum Supervisor to shadow the Site Supervisor at the Site when supervising CSUN interns or probe some supervision meetings. Such sessions and probes would be discussed with the Site Supervisor and be determined on a case-by-case basis.
- E. Internship Site agrees that, for Practica Option II, the CSUN Practicum Supervisor's main role is to monitor the quality of supervision offered to CSUN interns. Should the CSUN Practicum Supervisor determine that the intern is not meeting the desired competencies (reasons related to the site, the site supervisor, or the intern); the CSUN Practicum Supervisor will meet with the site supervisor and the agency contact person to resolve the determined barriers. If the barriers cannot be resolved, CSUN BCP program holds the right to terminate the students' internship or place the intern at a different approved site.

- F. Internship Site agrees that Site Supervisor, and not the CSUN Practicum Supervisor, is solely responsible for the assessment, recommendations, and treatment provided to the site's consumers. For Practica Options II & III, The CSUN Practicum Supervisor does not serve as a clinical consultant and is not liable for any suggestions, feedback, or recommendations provided to interns and site supervisor. It is ultimately the site supervisor's responsibility to approve and monitor any services provided to the approved site's consumers.
- G. Internship Site must inform students of the need for a background check, fingerprinting and/or a tuberculosis test; obtain the student's fingerprints, background check and/or tuberculosis test; and maintain the confidentiality of any results as required by federal and state law. Internship Site must provide student with a written description of the student's tasks and responsibilities.
- H. Internship Site understands that, for Practica Option II, approval of the Internship Site does not result in automatic approval of the Site Supervisor, and both the Internship Site AND the Site Supervisor working at the Internship Site must be approved BEFORE a CSUN student can schedule an internship interview. If the Site Supervisor leaves the Internship Site, the Internship Site can continue to be a CSUN approved site by having another qualified supervisor submit a "BCP Site Supervisor Application & Agreement" form to replace the previous approved site supervisor.
- I. Internship Site acknowledges that the Site cannot advertise itself as a CSUN-approved Site without the active approval of both the Site and Site Supervisor for Option II and Site approval for Option III.
- J. Internship Site understands that they are responsible to interview and accept CSUN students enrolled in a University-Based Practicum.
- K. Internship Site agrees that a contact person must be available to CSUN students and will answer all inquiries within 24-hours.
- L. Internship Site understands that CSUN students will be asked to evaluate their supervision experience at the Internship Site and that this information will be available to all CSUN interns.
- M. Internship Site acknowledges that they must notify the BCP Academic Director and CSUN Practicum Supervisor (within 30 days) of any changes to the Internship Site which may affect the CSUN student internship.
- N. Internship Site acknowledges that this Agreement shall be effective as of the date first written below and shall remain in effect for 1-year. This Agreement may be renewed by mutual agreement. This Agreement may be terminated at any time by written agreement or upon 30 days advance written notice by one party to the other, PROVIDED, HOWEVER, that in no event shall termination take effect with respect to currently enrolled students, who shall be permitted to complete their training for any semester in which termination would otherwise occur.
- O. This written agreement may not be altered unless both parties agree in writing. The parties agree to follow all applicable federal, state, and local laws and regulations, including but not limited to laws prohibiting discrimination and harassment.

- P. The parties expressly understand and agree that BCP student interns provide clinical services for educational purposes, and such students are not considered employees of the university or of the Internship Site for any purpose, including, but not limited to, compensation for services, welfare and pension benefits, or workers' compensation insurance. Students are considered members of Internship Site's "internship program" for purposes of HIPAA compliance.
- Q. Internship Site read and agrees with the "Internship Learning Plan" (page 6 of the CSUN Handbook).
- R. I understand that the BCP Review Committee is released of any liability for the feedback and review conducted of the site application. Their reviews are conducted for the purpose of the BCP Internship Program alone and should not be used beyond the scope of the BCP Internship Program.
- S. I consent to my company name being disclosed to CSUN students as a CSUN Practica approved site.

I have reviewed and I agree with all of the above statements.

Internship Site Name _____

Clinical/Executive Director Name (Print) _____

Clinical/Executive Director Signature _____ ***Date:*** _____

**Please note these documents will be sent to CSUN Purchasing and Contracts who will send you an Internship/Service-Learning Agreement to read, review, sign and return for formal CSUN agreement in addition to formal agreement with BCP program.*

Evaluation of Intern (BCP; CSUN)

This is a monthly summary of performance that will be taken into account in student's practica grade.

Due to Option II CSUN Supervisor = 1st Practica Meeting of the Month

Supervisee: _____

Site of Practicum: _____

Site Supervisor: _____

Date: _____

Hours of Direct Supervision: _____

On which Competency (from the CSUN Supervision Folder) are you currently working?

Please rate the following in regards to the supervisee's performance:

S – satisfactory NI - needs improvement- but acceptable U – unsatisfactory N/A – not applicable

	S	NI	U	N/A
1. Adheres to BACB [®] Ethical Guidelines (e.g., confidentiality or conflict of interest)				
2. Seeks supervision when appropriate (e.g. when supervisee faces novel situation, they will contact you with ideas and obtain your approval prior to implementation.)				
3. Is receptive to corrective feedback				
4. Modifies behavior based on performance feedback				
5. Remains within his/her scope of practice				
6. Comes prepared for supervision (e.g., brings forms, HW)				
7. Complies with company policies & procedures				
8. Looks for opportunities to advance behavior analytic experience				
9. Takes initiative in improving existing programs				
10. Arrives on time for sessions				
11. Maintains professional communication with co-workers				
12. Maintains professional communication with clients/consumers				
13. Maintains professional communication with supervisor				

14. Maintains professional communication with other service providers				
15. Communicates effectively both in written and oral methods				
16. Arrives on time for supervision and training				
17. Submits work on time (e.g., reports, time sheets)				
18. Takes initiative in advancing supervised experience				

Candidate continues to meet criteria as stated in the CSUN Supervision Competency Folder

(circle one): S NI U

Other notes or comments:

Signature of Supervisee: _____

Signature of Site Supervisor: _____

Official Position/Title of Supervisor: _____

Contact Information of Supervisor: _____

*******Please attach completed performance monitoring forms for this evaluation period**

The following is the form provided by BACB®. The BACB® Experience Supervision Form is to be completed alongside the BCP Evaluation of Intern Form. The form can be found at www.bacb.com. BACB Experience Supervision Form should be completed for each supervisory period (i.e., once every 2 weeks).

BACB Experience Standards – ver. 1/13/2014

BACB Experience Supervision Form

This form (or equivalent) must be completed at least once during each supervisory period.

Supervisee: _____ Supervisor: _____

Supervisory Meeting Date(s) & Duration(s): _____

Supervisory Meeting Format (check all that apply): _____ individual _____ group

This document covers the supervisory period from ____/____/____ to ____/____/____

Experience Hours Accumulated During This Supervisory Period (complete all four lines)

A) Number of independent experience hours accumulated (excluding time spent with supervisor): _____
Of the hours listed above, state the number spent in direct implementation of behavioral programs: _____

B) Number of individual supervision hours accumulated: _____

C) Number of small-group supervision hours accumulated: _____

D) Total experience hours accumulated (add lines A through C): _____

Characteristics of Supervision Conducted During This Supervisory Period (check all that apply)

- _____ BACB Task List skills covered (list Task numbers): _____
- _____ Specific client(s) discussed
- _____ Client privacy protected
- _____ Observation of supervisee (video)
- _____ Observation of supervisee (in-person)
- _____ Supervisory discussion & feedback (in-person)
- _____ Supervisory discussion & feedback (remote)
- _____ Readings: _____

Evaluation of Supervisee Performance:

S – satisfactory NI – needs improvement U – unsatisfactory N/A – not applicable

	S	NI	U	N/A
Arrives on time for supervision				
Maintains professional and courteous interactions with:				
Clients/consumers				
Other service providers				
Coworkers				
Maintains appropriate attire & demeanor				
Initiates professional self-improvement				
Accepts supervisory feedback appropriately				
Seeks supervision appropriately				
Timely submission of written reports				
Communicates effectively				
Written				
Oral				
Demonstrates appropriate sensitivity to nonbehavioral providers				
Supervisee self-detects personal limitations				
Supervisee self-detects professional limitations				
Acquisition of target behavior-analytic skills				

Overall evaluation of supervisee performance during this period (circle one): S NI U

Supervisee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

DO NOT SUBMIT THIS FORM TO THE BACB WITH THE EXAM APPLICATION
SUPERVISOR AND SUPERVISEE MUST EACH RETAIN A COPY OF THIS FORM FOR AT LEAST 7 YEARS

Page 6 of 7

Evaluation of Site Supervisor (BCP; CSUN)
To be completed each semester by intern

Supervisee: _____

Site of Practicum: _____

Site Supervisor: _____

Date: _____

Duration of Supervision: _____

Please rate the following in regards to the Site Supervisor's Performance:

S – satisfactory **NI** - needs improvement- but acceptable **U** – unsatisfactory **N/A** – not applicable

	S	NI	U	N/A
1. Adheres to BACB [®] Ethical Guidelines (e.g., keeps confidentiality, minimizes conflicts of interest, remains within his/her scope of practice)				
2. Is a knowledgeable and competent behavior analyst				
3. Prepares me for supervision by explaining our roles, his/her expectations, and methods of evaluations				
4. Looks for opportunities to advance my behavior analytic experience				
5. Defines tasks clearly				
6. Plans and organizes work (establishes appropriate priorities)				
7. Determines appropriate action and follows through in a timely and decisive manner				
8. Recognizes when I do not understand information being presented and accommodates to my level of experience and style of learning				
9. Can be reached in case of emergencies				
10. Provides timely information on my performance and frequent verbal and written feedback				
11. Uses a variety of ways of providing feedback to me about my performance (e.g., videotape of the session, modeling, etc.)				
12. Allows me to work independently, yet provides adequate support and supervision when necessary				
13. Keeps appointments with me and arrives on time (or re-schedules missed appointments within 24 hours)				
14. Supervises a minimum of 10% of my weekly experience hours				
15. Is professional and approachable				

	S	NI	U	N/A
16. Is genuinely interested in my learning and performance				
17. Considers my needs, interests, goals				
18. Recognizes my efforts				
19. Includes me in his/her decision making				

What did you like MOST about your Site Supervisor?

What did you like LEAST about your Site Supervisor?

Would you recommend this Site Supervisor to another intern?

☐ **Yes** ☐ **No**

On which Competency from the CSUN Supervision Folder are you currently working?

Other notes or comments:

Signature of Supervisee: _____

Signature of Site Supervisor: _____

- *This evaluation will only be used for BCP CSUN purposes. This information will remain confidential*

Evaluation of Internship Site (BCP; CSUN)
To be completed once a year by intern

Supervisee: _____

Site of Practicum: _____

Site Supervisor: _____

Date: _____

Hours interned per/week: _____

Please rate the following in regards to the Internship Site, you will have the opportunity to respond about your site supervisor elsewhere:

S – satisfactory **NI** - needs improvement- but acceptable **U** – unsatisfactory **N/A** – not applicable

	S	NI	U	N/A
1. Site's staff are helpful (e.g., human resources, administrative staff)				
2. Provides adequate orientation and training				
3. Assigns opportunities to perform meaningful tasks				
4. Recognizes my efforts				
5. Nurtures adherence to BACB [®] ethical guidelines				
6. Provides opportunities to acquire competencies and skills				
7. Provides opportunities for me to apply what I am learning in my classes				
8. Has a professional atmosphere				
9. Treats interns with respect and in a professional manner				
10. Experiences meet my training goals and interests				
11. Provides me with opportunities to accrue the minimum number of direct experience hours required by BACB [®] within a specified timeframe				
12. Requires a manageable workload				
13. Provides me with materials so that I can be successful in my internship setting and resources to meet my learning objectives				
14. Provide behavior analytic services that are conceptually systematic with science of behavior				
15. Company is aware that at least 50% of supervisee hours must be outside of direct implementation and provides, or will provide opportunities, for such experiences				

What did you like MOST about your Internship Site?

What did you like LEAST about your Internship Site?

What training/experience opportunities could the Internship Site improve upon?

Would you recommend this Internship Site to another intern?

☐ **Yes** ☐ **No**

Do you plan on working at this Internship Site after completing the BCP Program?

☐ **Yes** ☐ **No**

Given your experience at this site, what additional information do you think would be beneficial to future students considering a practicum at this site?

Other notes or comments:

Signature of Supervisee: _____

Signature of Internship Site Clinical Director: _____

- *This evaluation will only be used for CSUN BCP purposes. This information will remain confidential.*

SAMPLE FORM FROM FOLDER
STRUCTURED SUPERVISION FOLDER
CSUN BCP Program
FOLDER INDEX

Materials/Documents		Tabs
• Contracts & Important Forms		Important Documents
• BACB® Documents & Guidelines		BACB® Guidelines
I. Use the professional and ethical guidelines with colleagues and clients		Ethics & Professionalism
	Demonstrate knowledge of ethical, responsible, professional and disciplinary guidelines	Tab 1*
	Demonstrate knowledge of HIPPA and Confidentiality rules	Tab 2*
II. Develop and use behavior measurement methods, record and analyze data		Behavior Measurement
	Select & define target behavior for change	Tab 3*
	Measure target behaviors using various direct observation measurement methods to collect baseline data	Tab 4*
	Assess quality of behavioral measurement (Accuracy & Reliability)	Tab 5*
	Graph & analyze gathered information	Tab 6*
III. Conduct behavior assessments (e.g., Functional Behavior Assessment, Preference Assessment, Reinforcer Assessment)		Behavior Assessment
	Conduct comprehensive functional behavior assessments	Tab 7*
	Conduct preference assessments (I-07)	Tab 8*
	Conduct reinforcer assessments	Tab 9*
	Design & conduct parametric analyses (B-12)	Tab 10
IV. Develop evidence-based intervention plans based on assessment results and baseline data		Intervention Planning
	Obtain, summarize, and evaluate research articles as part of recommendations & development of intervention plans	Tab 11*
	Recommend intervention strategies based on the assessment results and the best available scientific evidence	Tab 12*

V. Design and implement skill acquisition procedures based on initial assessment		Skill Acquisition
	Conduct formal assessment using VB-MAPP or ABLLS-R	Tab 13*
	Skill Acquisition Programs	Tab 14*
	<ul style="list-style-type: none"> Implement skills acquisition programs to teach verbal behavior, imitation and discrimination using direct instruction (e.g. DTT), precision teaching and/or natural environment/incidental teaching 	14A*
	<ul style="list-style-type: none"> Develop skills acquisition programs to teach verbal behavior, imitation and discrimination using direct instruction (e.g. DTT), precision teaching and/or natural environment/incidental teaching 	14B*
	Daily Living Skills	Tab 15*
	<ul style="list-style-type: none"> Implement daily living skills programs based on formal assessment results 	15A*
	<ul style="list-style-type: none"> Develop daily living skills programs based on formal assessment results 	15B*
	Social and Play Skills	Tab 16*
	<ul style="list-style-type: none"> Implement social and play skills programs based on formal assessment results 	16A*
	<ul style="list-style-type: none"> Develop social and play skill programs 	16B*
VI. Design and implement behavior reduction procedures		Behavior Reduction
	Antecedent-Based Interventions	Tab 17*
	<ul style="list-style-type: none"> Implement antecedent based interventions 	17A*
	<ul style="list-style-type: none"> Develop antecedent-based interventions 	17B*
	Consequent Based Interventions	Tab 18*
	<ul style="list-style-type: none"> Implement consequence-based interventions 	18A*
	<ul style="list-style-type: none"> Develop consequence-based interventions 	18B*
	Group Contingencies	Tab 19
	<ul style="list-style-type: none"> Implement group contingences 	19A
	<ul style="list-style-type: none"> Develop group contingences 	19B
	Self-Management	Tab 20
	<ul style="list-style-type: none"> Implement self-management strategies and contingency contracts 	20A
	<ul style="list-style-type: none"> Develop self-management strategies and contingency contracts 	20B

VII. Program and probe for generalization and maintenance		Generalization & Maintenance
	Program and probe for stimulus and response generalization	Tab 21*
	Program and probe for maintenance	Tab 22*
VIII. Conduct ongoing assessment of interventions		Ongoing Assessment
	Evaluate the effectiveness of the behavioral programs (K-07)	Tab 23*
	Conduct treatment fidelity checks	Tab 24*
	Evaluate effectiveness of components of an intervention package	Tab 25
	Compare effectiveness of different treatments	Tab 26
IX. Train another individual to conduct a procedure		Training
	Design and use competency based training for persons who are responsible for carrying out behavior change procedures	Tab 27*
X. Develop and present a training module to individuals unfamiliar with behavior analysis		Dissemination
	Develop and present a training module to individuals unfamiliar with behavior analysis	Tab 28*
	Explain behavioral concepts using non-technical language	Tab 29*
Supplemental Materials		Supplement Materials
	• Supplemental Documents (e.g. Performance Monitoring Tools, Contracts etc.)	Supplemental Documents

*competencies must be met to pass CSUN practica coursework

SAMPLE FORM FROM FOLDER

Sample Tab: Task Analysis for Each Competency

II. Develop and use behavior measurement methods, record and analyze data

Tab 3: Select & define target behavior for change

(Click to see sample of a Performance Monitoring Tool)		1 st Year Students	2 nd Year Students
I. Review BACB® ethical guidelines			
A. Review and discuss with supervisor	<ul style="list-style-type: none"> Ethical practices in selecting and assessing potential target behaviors 		
II. Develop and use worksheets to prioritize target behaviors			
A. Evaluating the social significance of potential target behaviors			
B. Prioritizing potential target behaviors			
III. Define target behaviors in observable and measurable terms (I-01)			
A. Define behavior topographically (define at least 10 different behaviors) in measurable and observable terms			
1. Discuss definitions with supervisor and make necessary changes			
2. Include the final written operational definitions in this tab			
B. Define behavior functionally (define at least 10 different behaviors) in measurable and observable terms			
1. Discuss definitions with supervisor and make necessary changes			
2. Include the final written operational definitions in this tab			
C. Describe and explain behavior, including private events, in behavior-analytic (non-mentalist) terms (G-05)			
➤ Suggested Readings			
<ul style="list-style-type: none"> Bailey, J., & Burch, M. (2011). <i>Ethics in Behavior Analysis</i> (2nd ed). New York, NY: Routledge. Cooper J.O, Heron T.E, Heward W.L. (2007). <i>Applied Behavior Analysis</i> (2nd ed.). Upper Saddle River, NJ: Pearson. O'Neil, R. E., Horner, R. H., Albin, R. W., Sprague, J. R., Sorey, K., Newton, J. S. (1997). <i>Functional Assessment and Program Development for Problem Behavior: A Practical Handbook</i>. Pacific Grove, Ca.: Brooks/Cole Publishers Umbreit, J., Ferro, J., Liaupsin, C. J., & Lane, K. L. (2006). <i>Functional Behavioral Assessment and Function-Based Intervention: An Effective, Practical Approach</i>. Englewood Cliffs, NJ: Prentice Hall. Wolf M.M., (1978). Social Validity: The Case for Subjective Measurement or How Applied Behavior Analysis is Finding its Heart. <i>Journal of Applied Behavior Analysis</i>, 11, 203-214. 			

SAMPLE FORM FROM FOLDER

Sample Performance Monitoring Sheet

Supervisee: _____		Supervisor: _____	
Performance Monitoring			
Tab 3: Select and Define Target Behaviors for Change			
Competency	Criterion	Rating	Performance Feedback
I. Review BACB® ethical guidelines 2.0 and 3.0 and discuss with supervisor			
A. Ethical practices in assessing and selecting potential target behaviors	<ul style="list-style-type: none"> Presented a written summary of ethical practices in selection of target behaviors that included: <ul style="list-style-type: none"> Definition of client Responsibility to client and others Consultation and third party requests for services Client rights 	<input type="checkbox"/> Met the criterion as it is written <input type="checkbox"/> Did not meet the criterion as it is written	Given on ____/____/____
B. Include a written summary of ethical practices in selection of target behaviors in this tab			
II. Show competency developing and using worksheets to prioritize target behaviors			
A. Evaluating the social significance of potential target behaviors	<ul style="list-style-type: none"> Developed a worksheet for evaluation of social significance of potential target behaviors. The worksheet included: <ul style="list-style-type: none"> All the questions provided in the sample worksheet Identifying information Rating scale Comments section 	<input type="checkbox"/> Met the criterion as it is written <input type="checkbox"/> Did not meet the criterion as it is written	Given on ____/____/____
	<ul style="list-style-type: none"> Correctly used the worksheet to evaluate social significance of potential target behaviors at least on two different occasions 	<input type="checkbox"/> Met the criterion as it is written <input type="checkbox"/> Did not meet the criterion because the worksheet was not completed correctly	Given on ____/____/____
B. Prioritizing potential target behaviors	<ul style="list-style-type: none"> Developed a worksheet for prioritizing potential target behaviors. The worksheet included: <ul style="list-style-type: none"> Prioritization criteria provided in the sample worksheet Identifying information Rating scale and Comment section 	<input type="checkbox"/> Met the criterion as it is written <input type="checkbox"/> Did not meet the criterion as it is written	Given on ____/____/____
	<ul style="list-style-type: none"> Correctly used the worksheet to evaluate social significance of potential target behaviors at least on two different occasions 	<input type="checkbox"/> Met the criterion as it is written <input type="checkbox"/> Did not meet the criterion because the worksheet was not completed correctly	Given on ____/____/____

Ethical Competency-Based Supervision of Emerging Behavior Analysts A Two-Day Workshop for CSUN-Approved Supervisors CSUN University-Based Practica

This two-day workshop is appropriate for experienced BCBAs involved in the supervision of individuals accruing supervised experience hours to become eligible to sit for the BCBA Exam. *This workshop is based on the BACB[®] Supervisor Training Curriculum Outline but is offered independent of the BACB[®].*

Continued Education Credits

Board Certified Behavior Analysts: CSUN College of Social & Behavioral Sciences is a BACB[®] Approved Continuing Education (ACE) provider with Dr. Kazemi as the ACE instructor. Attendees of this workshop will accrue 10 CE credits [Type 2]; we will not issue partial credit. Attendees must attend both days to receive certificate of completion of CE credits.

Workshop Format

The format of the workshop will include presentation on the *purpose of the supervision, outcomes of effective and ineffective supervision, rationale for and the use of structured supervision folder, and research-evidence for effective supervision*. There will be group exercises in developing and using contractual agreements, setting and evaluating performance expectations, behavior skills training and providing performance feedback. The workshop will also include discussions of specific concerns shared by the attendees.

Day 1 (Presentations)		Day 2 (Group work)	
8:30 – 9:00	Registration	8:30 – 9:00	Sign-in
9:00 – 10:30	<ul style="list-style-type: none"> Evaluating your own supervision BACB[®] New Requirements BACB[®] Supervisor Training Curriculum Ethical Considerations Purpose of the supervision 	9:00 – 10:30	<ul style="list-style-type: none"> Behavioral Skills Training (BST) Develop and use BST
10:30 – 10:45	<ul style="list-style-type: none"> Break 	10:30 – 10:45	<ul style="list-style-type: none"> Break
10:45 – 12:00	<ul style="list-style-type: none"> Important Features of supervision Evidence-based supervision <ul style="list-style-type: none"> Clear Expectations Competency-based Example Contracts 	10:45 – 12:00	<ul style="list-style-type: none"> Develop and use BST Collect data on performance Give performance feedback
12:00 – 1:00	<ul style="list-style-type: none"> Lunch on your own 	12:00 – 1:00	<ul style="list-style-type: none"> Lunch on your own
1:00 – 3:00	<ul style="list-style-type: none"> Develop and use performance checklists Assessing initial skills Monitor performance Provide performance feedback 	1:00 – 3:00	<ul style="list-style-type: none"> Give performance feedback Evaluate supervisory effectiveness Ongoing professional development
3:00 – 3:30	<ul style="list-style-type: none"> Sign-out/Obtain Homework Obtain 	3:00 – 3:30	<ul style="list-style-type: none"> Sign-out Complete evaluation form Pick-up certificate

Workshop Objectives:

After the workshop, the participants will be able to:

- ☐ Explain the BACB® New Requirements
- ☐ Describe the BACB® *Experience Standards*
- ☐ Describe reasons for effective, evidence-based supervision
- ☐ Describe potential outcomes of ineffective supervision
- ☐ Describe important features of supervision
- ☐ Describe how to establish clear performance expectations for both the supervisor and supervisee
- ☐ Demonstrate how to develop contractual agreements for supervision
- ☐ Explain what is meant by competency-based supervision and training
- ☐ Describe the purpose of using performance checklists during supervision
- ☐ Develop and use performance checklists
- ☐ Explain how to assess initial skills of supervisee
- ☐ Set performance goals based on the results obtained from performance checklists
- ☐ Use performance checklists to give constructive feedback
- ☐ Describe effective methods to provide feedback
- ☐ Identify the common training procedures used in evidence-based effective training packages
- ☐ Identify key components of Behavior Skills Training (BST) and how they are used in training
- ☐ Describe methods to evaluate supervisory effectiveness
- ☐ Describe methods for ongoing professional development

Payment: The two-day 10-hr workshop is offered by the Behavioral Clinical Psychology (BCP) program for free to candidates approved as site-supervisors for CSUN Practica Option II. However, donations to the BCP program are much appreciated and needed! Checks can be made to CSUN Foundation in the suggested amount of \$500 for the structured supervision folder, both days of continued education workshops and materials, and on-going individualized support from a doctoral level BCBA. Funds will be used for advancement of emerging behavior analysts by covering costs such as student tuition, conference travel, and research expenses. Contributions are tax deductible as permitted by law. Donations can be sent to BCP Program directly at Department of Psychology (376 Sierra Hall) 18111 Nordhoff St, California State University, Northridge 91330-8255 or to Anne Robinson in the College of Social and Behavioral Sciences at 18111 Nordhoff St, California State University, Northridge 91330-8255. Please write “BCP” in the notes line on the check.

ORIENTATION CONFIRMATION**

This form is to be completed as soon as possible once the student has participated in an internship orientation. This is a confidential internal document and should not be given to unauthorized persons. The BCP Internship Coordinator will process, follow-up, and maintain this document in the student's file.

Name (Please print)

Student ID No.

Address

Telephone No.

The internship student should check these items as confirmation that the department has discussed these issues with the student and that the student understands and accepts the general risks and expectations associated with internship participation.

- ☐ Know that you (the intern) can contact the Internship Coordinator whenever you need help.
- ☐ The student intern is responsible for transportation to and from the internship site and should carry automobile liability insurance as required by state law.
- ☐ If you take public transportation, select the safest route to the Internship Site.
- ☐ If driving your personal car, be sure to park close to the site in a safe, well- lighted area.
- ☐ In case of a breakdown or a mix up with transportation, carry enough money for an alternate ride home.
- ☐ Familiarize yourself with people, places and things in the area that can be of assistance in times of emergency (i.e. know the location of phones, 24-hour stores, police station, etc.).
- ☐ Abide by any other terms of employment and regulations required by the Internship Site.
- ☐ Make sure you know how to exit the Internship Site in case of an emergency.
- ☐ Keep all information about clients you work with confidential.
- ☐ Know that you can request an alternative site if you are not comfortable with your current site.
- ☐ You should not report to the Internship Site while under the influence of alcohol or drugs.
- ☐ You should not give or loan a client money or other personal belongings.
- ☐ You should not give a client or site representative a ride in a personal vehicle.
- ☐ Do not tolerate verbal exchange of a sexual nature or engage in behavior that might be perceived as sexual with a client or site representative.
- ☐ Do not tolerate verbal exchange or engage in behavior that might be perceived as discriminating against an individual on the basis of his/her age, race, gender, sexual orientation, ability, or ethnicity.
- ☐ Avoid any type of business arrangement with clients during your internship period.
- ☐ Avoid any personal relationships with a client or site representative during the internship.
- ☐ You are reminded that your own personal choices in any situation can affect your safety and well-being, and you are responsible for those choices.
- ☐ Use common sense and conduct yourself in a professional manner at all times. Every Internship Site has its own rules, policies, procedures, protocol and expectations, for which you are responsible. Familiarize yourself with the workings of the Internship Site.

I have discussed the above items with my Site Supervisor and understand the risks associated with my internship.

Student Signature

Date

SAMPLE

CONTRACT BETWEEN SUPERVISEE & SUPERVISOR EXPERIENCE AS BEHAVIOR ANALYST

This agreement defines a relationship of supervision between

_____ and _____
(name of supervisee) (name of supervisor)

Category of Supervised Experience: _____

Amount of Supervised Experience Required: _____

Amount of Supervision Required: _____

Supervisor's Qualifications (see below): _____

Site(s) of Supervision: _____

Nature of the Contract:

This contract is to establish a supervisor-supervisee relationship between the parties named above. Should either party not adhere to their responsibilities, this contract may be terminated by either party upon written notice, immediately.

Standards of Conduct:

Both parties attest to adhere to the BACB® Guidelines for Responsible Conduct. The supervisor is to be considered the client of the applicant. Parties should pay particular attention to Sections 1 (Responsible Conduct of a Behavior Analyst), 2 (The Behavior Analyst's Responsibility to Clients), and 3 (Assessing Behavior) of the Guidelines set by BACB®.

Onset of Experience (from www.bacb.com):

Supervisee may not start accumulating experience until they have begun the coursework required to meet the BACB® coursework requirements. The supervisee will provide proof of coursework upon the written request of the supervisor. Additionally, the supervisee must complete a registration process with the BACB® in which they must pass an online, competency-based training module on BACB® experience standards by no later than **December 31, 2014. After December 31, 2014**, supervisees must complete the registration process with BACB® and begin coursework before beginning to accumulate experience.

Appropriate Activities (from www.bacb.com):

The supervisee's primary focus should be on learning new behavior analytic skills related to the BACB® Fourth Edition Task List. Activities must adhere to the dimensions of applied behavior analysis identified by Baer, Wolf, and Risley (1968) in the article *Some Current Dimensions of Applied Behavior Analysis* published in the *Journal of Applied Behavior Analysis*. Supervisees are encouraged to have experiences in multiple sites and with multiple supervisors.

Appropriate experience activities include:

1. Direct implementation of behavior programs may not count for more than 50% (BACB® will monitor and audit)
2. Supervisees are strongly encouraged to have multiple experiences (e.g., sites, populations) and multiple supervisors
3. Conducting assessment activities related to the need for behavioral interventions (e.g., Functional Behavior Assessments, preference assessments)
4. Designing, implementing, and monitoring behavior analysis programs for clients
5. Overseeing the implementation of behavior analysis programs by others
6. Training and managing others
7. Other activities normally performed by a behavior analyst that are directly related to behavior analysis such as case consultation, attending planning meetings regarding the behavior analysis program, researching the literature related to the program, talking to individuals about the program; plus any additional activities related to oversight of behavioral programming such as behavior analyst supervision issues, or evaluation of behavior analysts' performance. The supervisor will determine if activities qualify.

Examples of activities that are not appropriate as experience activities include: attending meetings with little or no behavior analytic content, providing interventions that are not based in behavior analysis, doing non-behavior analytic administrative activities, or any other activities that are not directly related to behavior analysis.

Temporal Distribution of Experience

Supervisees may accrue no fewer than 10 hours, no more than 30 hours, each week. Start-date and end-date of supervision may not be more than 5 years apart (effective as of December 31, 2014; see www.bacb.com).

Appropriate Clients (from www.bacb.com):

Clients may be any persons for whom behavior analysis services are appropriate. However, the applicant may not be related to the client or the client's primary caretaker. Applicants must work with multiple clients during the experience period.

Supervisor Qualifications (from www.bacb.com):

During the experience period, the supervisor must be:

A Board Certified Behavior Analyst in good standing and the supervisor may not be the applicant's relative, subordinate or employee during the experience period. The supervisor will not be considered an employee of the applicant if the only compensation received by the supervisor from the applicant consists of payment for supervision.

New BACB® Requirements as of December 31, 2014 require that BCBAs supervising individuals pursuing certification must:

- a) Complete a post-certification, competency-based training program on supervision (i.e., minimum of 8-hr supervision training) AND
- b) Pass an online, competency-based training module on BACB® experience standards (at www.bacb.com; scheduled for release September 30, 2013) AND
- c) Obtain 3 hours of CE in supervision each certification cycle

Nature of Supervision (from www.bacb.com):

The supervisor must observe the applicant engaging in behavior analytic activities in the natural environment at least once every two weeks. The supervisor must provide specific feedback to applicants on their performance. During the initial half of the total experience hours, observation should concentrate on applicant-client interactions. This observation may be conducted via web-cameras, videotape, videoconferencing, or similar means in lieu of the supervisor being physically present. Supervision may be conducted in small groups of 10 or fewer participants for no more than half of the total supervised hours in each supervisory period. The remainder of the total supervision hours in each supervisory period must consist of direct one-to-one contact. Supervision hours may be counted toward the total number of experience hours required.

Acceptable activities include

- Development of performance expectations
- Observations, BST, and delivery of PF
- Modeling technical, professional, & ethical behavior
- Guiding behavioral case conceptualization repertoires
- Review of written materials
- Oversight and evaluation of the effects of behavioral service delivery
- Ongoing evaluation of the effects of supervision

Acceptable structure

- Supervisor must observe and provide feedback to supervisee on behavior-analytic activities with a client in natural environment during each supervisory period
- Supervision may be conducted in small groups for half of the total supervised hours.
 - Small groups 2-10 supervisees
 - If non-supervisees are present, their participation should be limited

Documentation of Supervision (from www.bacb.com):

Supervisors are responsible for providing documentation for each supervisory period on a [feedback form](#) provided by the BACB®. The feedback form will require documentation of number of hours of experience, number of supervised hours, feedback on the applicant's performance, the supervisor for each supervisory period, and signatures of the applicant and supervisor. The supervisor must review the completed feedback forms with the applicant and provide a copy for the applicant each supervisory period. The supervisor and the applicant are responsible for retaining their copies of the forms (in the event of a disagreement regarding experience, the BACB® will need documentation from each party). The BACB® reserves the right to request this documentation at any time following an individual's application to take the certification exam. In addition, the supervisor will be required to verify the applicant's supervision on the Experience Verification Form that is provided within the application for examination.

I have read the above and agree to the provisions set forth in this contract.

Supervisor's Signature

Date

Supervisee's Signature

Date

Below, please see the general guide we developed for writing FBAs. We recognize the formatting of FBAs may differ based on the requirements of third party payees. We also recognize that assessments and interventions will differ based on the referral problem. However, we expect the assessment procedures, interpretations, and intervention recommendations to meet BACB® Guidelines for Responsible Conduct for Behavior Analysts (e.g., 1.01. Reliance on Scientific Knowledge, 2.10. Treatment Efficacy, etc.).

Functional Behavior Assessment

Criteria for Components of the FBA
<ul style="list-style-type: none"> Identifying information Reason for Referral <ul style="list-style-type: none"> a. Source of referral clearly stated (teacher, parent, Regional Center) b. The reason child/adolescent was referred, which includes general description of problem (target) behaviors (e.g. elopement or tantrum). c. If the target behaviors have been present in the past, included information on worsening or improvement in target behavior to justify the need for assessment The purpose of the FBA <ul style="list-style-type: none"> a. Gather baseline (e.g. frequency, duration) data on target behavior(s) b. Identify setting events that could support occurrence of the problem behavior(s) c. Identify antecedents that evoke the target behavior(s) d. Identify the function(s) of the target behavior(s) e. Recommend intervention strategies that address necessary environmental changes, function based interventions and also teaching strategies that will increase occurrence of socially acceptable behaviors and decrease occurrence of the problem behaviors
Reason for referral sentence structure
BACKGROUND INFORMATION
<ul style="list-style-type: none"> Includes information about the methods used to obtain background information: <ul style="list-style-type: none"> If records are available <ul style="list-style-type: none"> Record review and interviews with parents and or teacher(s) must be included as methods in this section
Format of Family History
Content of Family History <ul style="list-style-type: none"> a. Family members with whom the child/adolescent lives b. Primary care taker and their availability for parent training c. History of household changes including changes in family members d. Recent moves e. Home Language f. Regional Center involvement <ul style="list-style-type: none"> Home base behavior services g. Department of Child and Family Services (DCFS) Involvement <ul style="list-style-type: none"> Placement in Foster home
Format of Medical History
Medical History (In a paragraph format) <ul style="list-style-type: none"> a. Any health, vision and hearing issues that might impact learning and current behaviors b. Relevant medication information c. History of hospitalizations and recent injuries
Format of Educational History
Educational History (In a paragraph format) <ul style="list-style-type: none"> a. History of schools attended b. Date of initial IEP and Eligibility (if applicable) c. Instructional setting(s) and past and current services d. History of specific behavior difficulties (e.g. difficulties that are documented in school records) <ul style="list-style-type: none"> Frequency, duration and intensity of each behavior

<ul style="list-style-type: none"> • Include all problem behaviors documented in school records with appropriate references <ul style="list-style-type: none"> ○ Example: according to IEP dated 11/14/2011 John exhibited aggressive behaviors towards peers and adults. • Discipline history <ul style="list-style-type: none"> ○ Office Discipline Referrals (ODR) ○ Suspensions or expulsions • Include a graph, if there is available data, to visually show the occurrence of problem behaviors over time. <p>e. Brief discussion on current achievement history to document impact of behavior on access to academic curriculum:</p> <ol style="list-style-type: none"> a. Report card information (if available) b. Current work samples and classroom test performance (if available)
Intervention history
Summary of Indirect Assessments
<ul style="list-style-type: none"> • Includes information about the methods used to obtain indirect assessment information: <ul style="list-style-type: none"> • If records are available <ul style="list-style-type: none"> ▪ Record review and interviews with parents and or teacher(s) must be included as methods in this section ▪ Use of a structured interview and/or rating scales (e.g., FAI, FAST, MAS, QABF) or unstructured interview (provide a sample of questions) ▪ Relevant dates of interviews included
<ul style="list-style-type: none"> • The table for identification of the problem behaviors must include: <ol style="list-style-type: none"> a. Behavior (general description is ok) b. Occurrence (could have a range) c. Duration d. Severity
<ul style="list-style-type: none"> • Possible response class hierarchy is described if the indirect assessment results show that the parents or the teachers observe sequence of behaviors ranging from less severe to more severe.
<ul style="list-style-type: none"> • Appropriate behaviors <ol style="list-style-type: none"> a. Appropriate behaviors in the child's repertoire (including any basic verbal operant, adaptive and social skills) are clearly described
<ul style="list-style-type: none"> • Immediate Antecedents • The table for identifying possible antecedents must include: <ol style="list-style-type: none"> a. Behavior (from indirect assessment) b. Immediate antecedents (from indirect assessment)
<ul style="list-style-type: none"> • Possible Maintaining Consequences • The table for identifying possible consequences must include: <ol style="list-style-type: none"> a. Behavior (from indirect assessment) b. Consequences (from indirect assessment)
<ul style="list-style-type: none"> • <u>Setting Events Effecting Problem Behavior</u> <ol style="list-style-type: none"> a. The setting events are described using language that is not technical
<ul style="list-style-type: none"> • <u>Setting Events Effecting Problem Behavior</u> <ol style="list-style-type: none"> a. If specific setting events are identified the report should address the following for each setting event: <ol style="list-style-type: none"> I. List the setting events identified and possible factors that could have evocative effect on the behavior II. The possible relationship between the setting event and the target behavior is addressed (e.g. poor sleep: On days when John gets less than 8 hours of sleep, the frequency and duration of tantrums have been reported to increase) <ol style="list-style-type: none"> I. Setting events are possible correlates. Without an experimental test, authors should refrain from making causal statements.
<ul style="list-style-type: none"> • Summary of Indirect Assessments and Hypothesized Predictor(s) (setting events and immediate antecedents) and potential function(s) of problem behavior(s) table must include for each target behavior: <ol style="list-style-type: none"> a. Setting events related to each target behavior b. Immediate antecedents that could evoke the target behavior c. Possible function(s) (from indirect assessments)
DIRECT ASSESSMENT

<ul style="list-style-type: none"> • The table describing direct observation session must include: <ol style="list-style-type: none"> a. The observer b. The dates and times of each observation session
<ul style="list-style-type: none"> • Operational Definition of Target Behaviors <ol style="list-style-type: none"> a. Definition is objective, clear, and discriminates between what is and what is not an instance of Target Behavior b. Definitions are observable and measurable. Definitions are situation specific and individualized <ol style="list-style-type: none"> I. Target behaviors are defined topographically or functionally
<ul style="list-style-type: none"> • Baseline Data for Target behaviors <ol style="list-style-type: none"> a. Average level is reported b. References to graphs included c. Graphs are present and axes are correctly labeled (based on data collection method) d. Data is correctly plotted
DESCRIPTIVE ASSESSMENT (DA)
<ul style="list-style-type: none"> • Description of DA method (e.g., ABC data, event recording) is technological
<ul style="list-style-type: none"> • Results <ol style="list-style-type: none"> a. Data is summarized using an appropriate measure (e.g., conditional probabilities for ABC data) b. Graphs of results are included and correctly labeled
<ul style="list-style-type: none"> • Summary <ol style="list-style-type: none"> a. Summary statements are relevant to the Indirect Assessment and the data collected in the DA b. Hypotheses about function are tentative
FUNCTIONAL ANALYSIS (FA)
The procedures for FA are technological <ol style="list-style-type: none"> a. You can act out the procedure without having any questions about how to do it b. Procedure includes a reference to an article that was used as a reference for the assessment
If parametric analysis is used the procedure is technological <ol style="list-style-type: none"> a. You can act out the procedure without having any questions about how to do it b. The materials used during the analysis are clearly described c. Procedure includes a reference to an article that was used as a reference for the assessment
For severe problem behaviors (e.g. self injury, elopement, aggression) the FA procedure describes how the child's safety was addressed. Also, the assessor lists that consent was obtained and by whom.
Results of Functional Analysis (see task analysis for sample) <ul style="list-style-type: none"> • For each Target behavior: <ol style="list-style-type: none"> a. Reference to the graph is made b. Function is stated and matches the results shown on the graph c. Antecedent evoking the TB is stated (antecedent manipulated during the FA)
FA graph <ol style="list-style-type: none"> a. All axis are correctly labeled b. Data is correctly plotted c. All graphing requirements (see Cooper) are met (e.g. black data points, conditions are labeled...)
SUMMARY of FUNCTIONAL BEHAVIOR ASSESSMENT
Summary has three separate paragraphs
First paragraph includes the following: <ol style="list-style-type: none"> a. Referral question b. School of attendance, grade and class c. Eligibility of special education and current services d. Current academic performance e. Previous and current interventions and their effectiveness f. Medical history
Second paragraph includes the following: <ol style="list-style-type: none"> a. Reported setting events match the setting events included in the report. b. Reported Baseline data matches the baseline data included in the report.
Third paragraph includes the following:

<ul style="list-style-type: none"> • For each behavior <ul style="list-style-type: none"> a. Antecedents that have most control over the behavior b. Consequence that maintains the behavior
RECOMMENDATION
<ul style="list-style-type: none"> • Recommended antecedent interventions are evidence-based
<ul style="list-style-type: none"> • Recommendations for antecedent interventions do not need to be technological but have to meet the following criteria: <ul style="list-style-type: none"> a. For each setting event there is an antecedent intervention that addresses the setting event b. For each problem behavior there is a recommended antecedent intervention c. All antecedent interventions include specific details (does not have to be technological) that will help in development of the intervention plans. <ul style="list-style-type: none"> i. Procedure for initial implementation ii. Use of prompts (if needed) iii. How to fade in and out the antecedent stimulus (criteria for fading)
<ul style="list-style-type: none"> • Recommended Consequence interventions are evidence-based
<p>Consequence based interventions do not need to be technological but have to meet the following criteria:</p> <ul style="list-style-type: none"> a. For each problem behavior there is a recommend function based consequence based intervention b. Least intrusive interventions is recommended c. If recommending punishment strategies (time out or response cost) <ul style="list-style-type: none"> I. There is a statement as to why the assessor recommends a more restrictive intervention (e.g., research evidence that the intervention is most effective with the presenting problem or evidence that evidence-based less restrictive interventions were used but were ineffective) II. Punishment procedures are combined with reinforcement procedures (i.e., research based interventions that combined punishment strategies with reinforcement procedures). d. All consequence based interventions must include specific details that will help in development of the intervention plans. <ul style="list-style-type: none"> I. The initial schedule of reinforcement (based on the baseline data) II. Specific items or actions to be used as possible reinforcers (from preference assessment) III. Use of prompts IV. When to thin the schedule of reinforcement
Data collections and analysis
<ul style="list-style-type: none"> a. How often data should be collected b. Data collection forms (include sample in the Appendix) c. Person responsible for data entry and analysis d. Clear criterion for review of effectiveness of the plan is set

We suggest reviewing the following selected references:

1. Baer, D. M., Wolf, M. M., & Risley, T. R. (1968). Some current dimensions of applied behavior analysis. *Journal of Applied Behavior Analysis*, 1, 91-97.
2. Bijou, S. W., Peterson, R. F., & Ault, M. H. (1968). A method to integrate descriptive and experimental field studies at the level of data and empirical concepts. *Journal of Applied Behavior Analysis*, 1, 175-191.
3. Bloom, S. E., Iwata, B. A., Fritz, J.N., Roscoe, E.M.& Carreau, A. B. (2011). Classroom application of trial-based functional analysis. *Journal of Applied Behavior Analysis*, 44(1), 19-32.
4. Broussard, C. D., & Northup, J. (1995). An approach to functional assessment and analysis of disruptive behavior in regular education classrooms. *School Psychology Quarterly*, 10, 151-164.
5. Camp, E. M., Iwata, B. A., Hammond, J. L., & Bloom, S. E. (2009). Antecedent vs. consequent events as predictors of problem behavior. *Journal of Applied Behavior Analysis*, 42, 469-483.
6. Carr, E. G. (1977). The motivation of self-injurious behavior: A review of some hypotheses. *Psychological Bulletin*, 84, 800-816.
7. Carr, E.G., & Durand, V.M. (1985). Reducing behavior problems through functional communication training. *Journal of Applied Behavior Analysis*, 18, 111-126.

8. Durand, V. M., & Crimmins, D. B. (1988). Identifying the variables maintaining self-injurious behavior. *Journal of Autism and Developmental Disorders*, 18, 99-117.
9. Gable, R. A. (1996). A critical analysis of functional assessment: Issues for researchers and practitioners. *Behavioral Disorders*, 22, 36-40.
10. Hanely, G.P. (2012). Functional assessment of problem behavior: Dispelling myths, overcoming implementation obstacles, and developing new lore. *Behavior Analysis in Practice*, 5(1), 54-72.
11. Hanley, G.P., Iwata, B.A., & McCord, B.E. (2003). Functional analysis of problem behavior: A review. *Journal of Applied Behavior Analysis*, 36(2), 147-185.
12. Iwata, B. A & Dozier, C.L. (2008). Clinical Application of Functional Analysis Methodology, *Behavior Analyst in Practice*, 3-9.
13. Iwata, B. A., Dorsey, M. F., Slifer, K. J., Bauman, K. E., & Richman, G. S. (1994). Toward a functional analysis of self-injury. *Journal of Applied Behavior Analysis*, 27, 197-209. *Reprinted from Analysis and Intervention in Developmental Disabilities*, 1982, 2, 3-20.
14. Iwata, B. A., Pace, G. M., Dorsey, M. F., Zarcone, J. R., Vollmer, T. R., Smith, R. G., Rodgers, T. A., Lerman, D. C., Shore, B. A., Mazaleski, J. L., Goh, H., Cowdery, G. E., Kalsher, M. J., & Willis, K. D. (1994). The functions of self-injurious behavior: An experimental-epidemiological analysis. *Journal of Applied Behavior Analysis*, 27, 215-240.
15. Kahng, S., Iwata, B. A., Fischer, S. M., Page, T. J., Treadwell, K. R. H., Williams, D. E., & Smith, R. G. (1998). Temporal distributions of problem behavior based on scatter plot analysis. *Journal of Applied Behavior Analysis*, 31, 593-604.
16. Lerman, D. C., & Iwata, B. A. (1993). Descriptive and experimental analyses of variables maintaining self-injurious behavior. *Journal of Applied Behavior Analysis*, 26, 293-319.
17. Marion, S.D., Touchette, P.E., & Sandman, C.A. (2003). Sequential analysis reveals a unique structure for self-injurious behavior. *American Journal on Mental Retardation*, 108, 301-313.
18. Matson, J. L., Bamburg, J. W., Cherry, K. E., & Paclawskyj, T. R. (1999). A validity study on the Questions About Behavioral Function (QABF) scale: Predicting treatment success for self-injury, aggression, and stereotypies. *Research in Developmental Disabilities*, 20, 163-176.
19. Pence, S. T., Roscoe, E. M., Bourret, J. C., & Ahearn, W. H. (2009). Relative contributions of three descriptive methods: Implications for behavioral assessment. *Journal of Applied Behavior Analysis*, 42, 425-446.
20. Smith, R. G., & Churchill, R. M. (2002). Identification of environmental determinants of behavior disorders through functional analysis of precursor behaviors. *Journal of Applied Behavior Analysis*, 35, 125-136.
21. Sturmey, P. (1994). Assessing the functions of aberrant behavior: A review of psychometric instruments. *Journal of Autism and Developmental Disorders*, 24, 293-304.
22. Thomason-Sassi, J. L., Iwata, B. A., Neidert, P. L., & Roscoe, E. M. (2011). Response latency as an index of response strength during functional analyses of problem behavior. *Journal of Applied Behavior Analysis*, 44, 51-67.
23. Thompson, R. H., & Iwata, B. A. (2001). A descriptive analysis of social consequences following problem behavior. *Journal of Applied Behavior Analysis*, 34, 169-178.
24. Touchette, P. E., MacDonald, R. F., & Langer, S. N. (1985). A scatter plot for identifying stimulus control of problem behavior. *Journal of Applied Behavior Analysis*, 18, 343-351.
25. Vollmer, T. R., Borrero, J. C., Wright, C. S., Van Camp, C., and Lalli, J. S. (2001). Identifying possible contingencies during descriptive analyses of severe behavior disorders. *Journal of Applied Behavior Analysis*, 34, 269-287.
26. Vollmer, T. R., Marcus, B. A., Ringdahl, J. E., & Roane, H. S. (1995). Progressing from brief assessments to extended experimental analyses in the evaluation of aberrant behavior. *Journal of Applied Behavior Analysis*, 28, 561-576.
27. Worsdell, A. S., Iwata, B. A., Connors, J., Kahng, S., & Thompson, R. H. (2000). Relative influences of establishing operations and reinforcement contingencies on self-injurious behavior during functional analyses. *Journal of Applied Behavior Analysis*, 33, 451-461.

28. Zarcone, J. R., Rodgers, T. A., Iwata, B. A., Rourke, D., & Dorsey, M. F. (1991). Reliability analysis of the Motivation Assessment Scale: A failure to replicate. *Research in Developmental Disabilities, 12*, 349-360.

In addition to the above, we strongly recommend the Special Issue of JABA, Spring 2013,
<http://onlinelibrary.wiley.com/doi/10.1002/jaba.v46.1/issuetoc>

Consent to List Name & Credentials

The internship site, at which you will provide supervision, will be listed on the CSUN BCP Practica Course website as a CSUN-Approved Internship Site. If you consent for us to release your name and location to BCP students, your name, approval status, and credentials will appear with a list of other approved supervisors.

☐ **I consent to my name, credentials, area(s) of expertise, and geographical location (or specific site) appearing on the CSUN BCP Practica Course website as an Option II CSUN Approved Supervisor. Please complete the information below.**

☐ **I decline to have my name and credentials appear on the CSUN BCP Practica Course website as an Option II CSUN Approved Supervisor. Please note if you select this option, we will not be able to inform our students of your approval status.**

Approved Supervisor's Name (as it is to appear on our course website)

Credentials (e.g., degrees and certifications or licenses; as it is to appear on our course website)

Areas of Expertise (as it is to appear on our course website)

Specific Site/Geographic Supervision Area (as it is to appear on our course website)

Approved Supervisor's Signature

Date
