



## **New Client Welcome Packet**

**Clinical Practitioner:** Lindsay E. Day *MS, BCBA, LBA, IBA, RMT*

**Services Offered:** Holistic & Clinical Behavior Consultation; Reiki, Mindfulness & Spiritually-Based Coaching

**Contact Information:** 555 Highland Ave Cheshire CT 06410 Office:(203) 447-0434.

[LINDSAY@DAYBREAKHOLISTICS.COM](mailto:LINDSAY@DAYBREAKHOLISTICS.COM) [www.daybreakholisticwellness.com](http://www.daybreakholisticwellness.com)

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### Mission Statement:

Daybreak Holistic Wellness is dedicated to providing a holistic and integrative approach for accessible wellness practices across the lifespan. By tailoring supports, providing community referrals and maintaining integrity in our services, we craft wellness routines centered around the client care and community integration. Our trusted relationships allow us to co-create a nurturing and empowering space for individuals to explore how well-being shows up for them, right here; right now. Our approach honors client's internal landscape and environment (thoughts, feelings, emotions, sensations) and how this can relate to our external behaviors, experiences and present-day. We honor both movement and stillness and can develop sensory-friendly routines along with naturalistic teaching and experiential learning to assist you in finding the right balance and integration that feels supportive. )

### Company Values in Action:

*Accessibility ~ Compassion~Integration~ Integrity*

Virtual platforms (i.e. Zoom or Google Meet) for consultation & mentorship sessions, energy therapeutics and other services is an available option. We prioritize groups, workshops & events in the local community as much as possible. This practice radically recognizes the complexities of the lived experiences, the struggles associated with living, managing and working in uncertain times. As allies for a more just and welcoming community, we feel the weariness with you. Our values rest on making wellness practices adaptable & accessible. Sliding scale for service fees (BIPOC; LGBTQ; Chronic illness/disability; Teachers, Veterans; First Responders, Experiencing Financial Hardship)

### Understanding Holistic & Clinical Behavior Analysis

Think of holistic behavior analysis as looking at the "big picture" of a person's behavior. It considers not just the actions/behaviors themselves but also the broader context—like present context, communities, physical health/wellness; access to resources; upbringing and family history; spirituality/religious traditions; and our present emotions, thoughts, feelings and internal landscape.

Clinical behavior analysis zooms in on applying behavior analysis principles to address specific psychological issues, such as anxiety, phobias, depression, stress, relationships or trauma. It often involves structured interventions and therapies, like Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy, Systematic Desensitization among others.

Holistic and Clinical Behavior Analysis are rooted in Radical Behaviorism and Contextual Behaviorism. Radical Behaviorism founded by B.F. Skinner views behavior as a result of environmental interactions. Although it recognizes thoughts, feelings, memories, sensations as valuable, it does not attribute them as the sole cause of a person's behavior, however they are worthy of study just as understanding behavior through observable actions and their interactions with the environment. Thoughts, feelings and sensations known as private events can impact observable behaviors by motivating us to continue to pursue a life worth living in line with our values or move away from various settings, environments and conditions. Applying applied behavior analysis in this manner naturally lends to highly individualized and person-centered approaches. Fostering strong rapport acts as a roadmap for gentle behavior change by aligning the client and their values to the present moment. From here we can cultivate

meaningful change by adjusting our internal or external environments to promote adaptive, positive and pleasurable experiences that support the individual's wellbeing across multiple contexts.

Scholarly Articles for Further Reading:

Baum WM. What is Radical Behaviorism? A Review of Jay Moore's Conceptual Foundations of Radical Behaviorism. *J Exp Anal Behav*. 2011 Jan;95(1):119–26. doi: 10.1901/jeab.2011.95-119. PMID: PMC3014776.

Dougher, Michael. (2002). This Is Not B. F. Skinner's Behavior Analysis: A Review Of Hayes, Strosahl, And Wilson's Acceptance And Commitment Therapy.. *Journal of Applied Behavior Analysis*. 35. 10.1901/jaba.2002.35-323.

Vilardaga, Roger & Hayes, Steven & Levin, Michael & Muto, Takashi. (2009). Creating a Strategy for Progress: A Contextual Behavioral Science Approach. *The Behavior analyst / MABA*. 32. 105-33. 10.1007/BF03392178.

## Overview of Confidentiality, Privacy Practices and Relevant Disclaimers

### Confidentiality

In Connecticut, clients and their therapists are entitled to a confidential and privileged relationship. This means, I do not disclose anything that is observed during session, discussed within our work together and/or related to my clients. In addition, I limit the information that is recorded in your file to protect your privacy.

Limits to confidentiality are stipulated by the law to include:

- I have your written consent to release information (release of information) to another care provider for the purpose of clinical collaboration
- I am verbally directed by you to tell someone else about the situation (release of information)
- I determine that you are a danger to yourself or others (risk of imminent danger)
- I have reasonable grounds to suspect abuse or neglect of a child, disabled adult, or an elder adult. (risk of harm)
- I am ordered by a judge to disclose information (state and local laws)

### Privacy Policy & HIPAA

Federal law sets rules for health care providers and health insurance companies about who can look at and receive our health information. This law, called the Health Insurance Portability and Accountability Act of 1996 (HIPAA), gives you rights over your health information, including the right to get a copy of your information, make sure it is correct, and know who has seen it.

When Your Health Information Can be Shared: Under HIPAA, your health care provider may share your information face-to-face, over the phone, or in writing. A health care provider or health plan may share relevant information if:

- You give your provider or plan permission to share the information.
- You are present and do not object to sharing the information.
- You are not present, and the provider determines based on professional judgment that it's in your best interest (see above: limits to confidentiality)

Please see the attached Notice of Privacy Practices for a detailed description.

### Disclaimers:

Reiki Sessions, Spiritually Based Coaching, & Group Wellness Events, are not substitute for medical treatment. These services are complimentary in nature and aim to assist with stress relief, promote regular and proactive self-management wellness routines. They are not a replacement for medical, psychological or clinical treatment; and should not be used in an emergency medical or crisis situation. If you are experiencing a medical or psychological crisis, please call 911, 211 or go to your nearest emergency room. Additionally, these services are not covered by insurance or under existing board-certifications. By booking any appointments for the above, you acknowledge this understanding and do not hold the company liable. \_\_\_\_\_ (*Initial*)

Behavior Analytic Services (Assessment, Intervention, Therapeutic Consultation, School Consultation, Caregiver Training, Holistic & Clinical Behavior Analysis, Journal Clubs & Remote Supervision/Fieldwork) are the only services authorized under existing board and public health licensing credentials (BCBA; IBA; LBA). \_\_\_\_\_ (*Initial*)

Texting, emailing and online communication with the clinical provider involve inherent risks to confidentiality. By engaging in these forms of communication, you understand the benefits and risks involved. \_\_\_\_\_ (*Initial*)

*Declaration of Professional Practices and Procedures For Behavior Analysts*

**Lindsay E. Day**

**M.S., BCBA, LBA, IBA**

Board Certified Behavior Analyst™

DAYBREAK HOLISTIC WELLNESS LLC

**For My Prospective Client/Client's Family**

*This document is designed to inform you about my background and ensure that you understand our professional relationship.*

**1. AREAS OF EXPERTISE**

I have been working with learners of varied abilities since 2018 across the home and school settings. Although I have been working in the field of behavior analysis for four years, I am currently within my third year as a practicing behavior analyst. Prior to entering the field of behavior analysis, I held a position as a preschool teacher. This allowed me to work directly with parents and families across key developmental milestones such as: toileting procedures, teething, sleep training while working on receptive and expressive language, joint attending with peers and various life-skills necessary before entering elementary school.

My educational background includes: A bachelor's degree in Psychological Science with a minor in Sociology completed in 2017. Following this, I continued my graduate education at the University of Saint Joseph where I received my Masters of Science in Applied Behavior Analysis in 2022. During that time I worked heavily in the research sector (i.e. relapse prevention, adaptive functioning in various contexts etc.) which allowed me to understand the conceptual basis between clinical practice and essential theories of behavior analysis. Between my practicum experience, continuing education and volunteer activities, I have been able to focus intensely on social skills training and tailor programming for adolescents with

In addition to a generalist-level training, I also hold competencies in the following sub-specialties:

- Caregiver training (e.g., educating parents, teachers and support staff on behavior assessment, interventions, de-escalation strategies and implementation of individualized behavior plans etc.).
- Clinical Behavior Analysis: using RFT and ACT (Acceptance & Commitment Therapy) for clients experiencing psychological symptoms and/or comorbidities such as PTSD, Anxiety, Major Depressive Disorder and similar.
- Holistic Behavior Analysis: incorporating mindfulness, physical exercise and body-movements to address the interplay between biological bases of behavior and presentation. I regularly collaborating with additional treatment providers such as occupational therapists, speech pathologists, naturopathic physicians;
- Social Skills Training with adolescents and pre-adolescents (5th grade-high school)
- Functional Communication Training: request making

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- Relapse prevention using a trauma-informed and values driven approach
- Naturalistic teaching modalities using play-based behavior analytic service delivery
- Staff training and morale: assessing and improving workplace performance, values to action based
- School consultation and educational collaboration: MTSS teams, PBIS models, IEP and behavior consultation, FBA/BIPs for educational settings with staff training, Professional Development lectures for educators and general behavior/classroom management trainings.

*Behavior Analyst Certification Board. (2020). Ethics code for behavior analysts. Codes 1.04; 1.05*

## 2. PROFESSIONAL RELATIONSHIP, LIMITATIONS AND RISKS

### *Service Agreement*

#### What I Do

Behavior analysis is a unique method of intervention based on the idea that most important human behavior is learned over time and that it is currently maintained by variables within the environment. My job as a behavior analyst is to work with behavior you would like to change and teach replacement behaviors. With your input, I can help you discover what is maintaining a behavior, discover more appropriate replacement behaviors, and then set up a plan to teach those behaviors.

As part of my services, I may complete the following assessments:

- Functional Behavior Assessment (i.e. FBA): Functional Behavior Assessments are considered the foundational assessment within a behavior-analysts toolbox. We use indirect and direct assessment measures to conceptualize *why* a person might be behaving in the manner in which they currently operate. These assessments look at the various environmental causes and features currently in effect which account for behavior rather than attributing behavior to be of a person’s “Free will”; “choice” or “personality”. Doing so allows for replacement behaviors to be taught which can then be maintained across various social contexts and conditions and better assist the client overtime.
- AFLS, ABLLS, VB-MAPP and other skill-based assessments to look at current levels of adaptive functioning. These assessments can tailor programming for skill development in the areas of activities of daily living, self-care, social and verbal exchanges and other adaptive behaviors.

I can also develop a plan to help you acquire a new behavior or improve your current skill level of a behavior/skill you would like to maintain (i.e. Behavior Intervention Plans). Assessment measures would be used to guide the intervention plan and we would work collaboratively on your goals. Some of the time I will be treating you directly and at other times I may be training significant others as well (i.e. parent/caregiver training). If you would like me to attend any additional meetings or trainings on you/your child’s behalf such as: PPTs (Parent Planning and Placement Team meetings), consultation meetings and intakes with other providers (e.g. mental health clinicians, psychiatrists, medical providers, etc.) or with legal counsel, these services are available and can be arranged into your individualized service agreement plan.

## How I Work

### *Expectations of me:*

As a behavior analyst I do not make judgments about behavior. Rather, I try to understand behavior as an adaptive response (a way of coping) and suggest ways of adjusting and modifying the environment to reduce behaviors which continue any forms of pain and suffering while increasing effectiveness and adaptive responding. Collecting behavior data, and using objective writing within reports is a way to reduce any subjectivity or judgemental stance.

As my client, having buy-in and strong collaboration is extremely important. Therefore, you will be consulted at each step in the process. I will ask you about long term and short term goals, assessment procedures I would like to use, rationales for each and the corresponding data/results. Following the assessment procedures, I will be able to work with you on intervention procedures. During this time, I will describe my plan for intervention or treatment and ask for your approval of that plan. If at any point you have concerns, I will explain how to reach me and be in communication. Additionally, should you wish to discontinue behavior analytic services under my practice and wish to terminate our professional relationship, I will cooperate fully.

Please know that it is impossible to guarantee any specific results regarding your goals. However, together we will work to achieve the best possible results. If I believe that my consultation has become non-productive, I will discuss terminating it and/or providing referral information as needed.

## 3. CLIENT RESPONSIBILITIES

### *What I expect of my clients*

I can only work with clients who fully inform me of any and all of their concerns. I will need your full cooperation as I try to understand the various behaviors that are problematic for you. I will be asking a lot of questions and making a few suggestions and I need your total honesty with me at all times. I may ask for your participation within sessions in the following ways: conferencing, data collection, completion of surveys/questionnaires and implementation of strategies discussed.

One of the most unique aspects of behavior analysis as a form of treatment is that decisions are made based on objective data that are collected on a regular basis. I will need to take baseline data to first determine the nature and extent of the behavior problem that we are dealing with; then I will devise an intervention or treatment plan while continuing data collection. This will allow me to monitor the effectiveness of the intervention and make any adjustments along the way should we need. I will continue to keep communication open and will show you these data as our guide to intervention.

Under my code of ethical conduct I am not allowed to work with you in any other capacity outside the behavior analyst/consultant role. This means, if I am providing home-based services, I will need you to remain at your residence and be available during session time (i.e. it is not appropriate for you to leave the premises at any time or to ask me to take your child to some other location that is not directly related to my services). *Behavior Analyst Certification Board. (2020). Ethics code for behavior analysts. Codes 1.11-1.14*

To provide the most comprehensive service delivery, I will need a list of any prescribed or over-the-counter medications and/or supplements taken. During the intake process, we may review some personal information related to medical or mental health conditions which may be sensitive in nature. As such, this information will be kept confidential. Additionally, should you/your family use other services (e.g. chiropractic, occupational therapy, speech, naturopathic, etc.) please be advised that collaboration and communication among service providers will be needed to ensure the quality of behavior analytic service delivery remains intact. *Behavior Analyst Certification Board. (2020). Ethics code for behavior analysts. Code 2.19; 3.06; 3.12;*

Communication policy: I expect that *if you need to cancel or reschedule your appointment that you call as soon as you are aware of the change. If I do not receive 24-hour notification* of your cancellation or you fail to show for an appointment, then you may be charged for the appointment. If at any time you have questions about assessments, interventions or current behaviors outside of the informed consent procedures and/or sessions, please record them and address them with me directly.

#### 4. CODE OF CONDUCT

I assure that my services will be rendered in a professional and ethical manner consistent with accepted ethical standards. I am required to adhere to the *Professional and Ethical Compliance Code for Behavior Analysts* issued by the Behavior Analyst Certification Board®. A copy of this Compliance Code is available upon request.

Although our relationship involves very personal interactions and discussions, I need you to realize that we have a professional relationship rather than a social one. According to my professional code of ethics, it is not appropriate for me to accept large gifts or extravagant meals and it is not appropriate for me to be involved with your personal activities such as family birthday parties, or family outings unless clinically relevant to immediate treatment goals.

If at any time and for any reason you are dissatisfied with our professional relationship, please let me know. If I am not able to resolve your concerns, you may report these to the following: Behavior Analyst Certification Board, Inc., 8051 Shaffer Parkway, Littleton, CO 80127, USA. 1-720-438-4321, [info@bacb.com](mailto:info@bacb.com), <http://bacb.com>

#### 5. Confidentiality

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Limits to confidentiality are stipulated by the law to include:

- I have your written consent to release information (release of information)
- I am verbally directed by you to tell someone else about the situation (release of information)
- I determine that you are a danger to yourself or others (risk of imminent danger)
- I have reasonable grounds to suspect abuse or neglect of a child, disabled adult, or an elder adult. (risk of harm)
- I am ordered by a judge to disclose information (state and local laws)



6. APPOINTMENTS, FEES, AND EMERGENCIES

Communication policy: I expect that if you need to cancel or reschedule your appointment that you notify me as soon as you are aware of the change. If I do not receive 24-hour notification of your cancellation or you fail to show for an appointment, then you may be charged for the appointment. All appointments will be scheduled directly with you and a written confirmation will be provided (email/text).

Fees: Unless otherwise agreed upon, the current fee for my services are: \$150 per hour. Direct observation, clinical work and report writing will be billed at this rate. All fees are expected to be rendered within a timely fashion (i.e. upon receipt of monthly invoice). Current Fee Schedule is attached below.

Billing & Insurance: Payment is accepted via online through WIX upon booking your session. Invoices may also be used if a payment plan and/or sliding scale is being used. We also accept Venmo, personal and/or bank issued checks. Payments for packaged services are due at the signing of the service agreement. Services provided by the hour may be billed bi-weekly or monthly. I acknowledge that the *Fee for Service Agreement* has been received. My signature below indicates all financial policies and reimbursements have been discussed and agreed upon between myself (Client) and Lindsay E. Day, M.S., BCBA, LBA, IBA.

Emergencies: I do not provide on-call services. Should you or your family be experiencing an imminent and life threatening emergency, please go to your nearest emergency room or call 911. To maintain integrity of our work together, you may be asked to keep a written log of the behavioral incident which resulted in emergency care and/or communicate the incident directly to myself. Measures will be taken to avoid and prevent behavioral escalation, and proactive plans will be discussed with you/your family at the onset of clinical treatment. Additionally, covering providers and/or referrals to outside agencies, clinics or programs may be incorporated during our work together for continuity of care and to prevent lapses in treatment.

This document is for your records. Please sign below indicating that you have read and understand the information in this declaration.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
BEHAVIOR ANALYST

\_\_\_\_\_  
DATE

**AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED  
HEALTH INFORMATION**

THIS IS A LEGAL DOCUMENT AND WILL NOT BE HONORED UNLESS IT IS COMPLETED IN FULL

**Client Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**I AUTHORIZE**

Lindsay E. Day (Daybreak Holistic Wellness)  
555 Highland Ave  
Cheshire, CT 06410

- To release information to the person/organization listed below
- To obtain information from exchange information with the person/organization listed below

**ORGANIZATION/INDIVIDUAL INFORMATION**

Facility/Organization Name: \_\_\_\_\_

And/or Person Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**INFORMATION TO BE RELEASED** Specific dates/years of treatment:

- \_\_\_\_\_
- All health information (excludes information from a chemical dependency program & psychotherapy notes) OR indicate the specific categories to be released:
  - Diagnosis  Psychological Evaluations  Discharge Summary  Treatment Plans/Notes  Social History
  - Provider/Hospital Records  School/Criminal Records  Other: \_\_\_\_\_

**PURPOSE FOR DISCLOSURE:**  Coordination of Care  Legal/Court Order  Personal Request  
 Emergency Contact  Other: \_\_\_\_\_

**I UNDERSTAND THAT:** § My health information is protected by federal regulation (Alcohol & Drug Abuse Patient Records, 42 CFR Part 2; and/or HIPAA 45 CFR) and state privacy laws, and disclosure is allowed only with my authorization except in limited circumstances described in Daybreak Holistic Wellness' Privacy Notice. § I can revoke this authorization at any time except to the extent that action has been taken in reliance on it. Daybreak Holistic Wellness' Privacy Notice outlines the procedure for revocation. This authorization will expire in one year from the date I sign or unless I request an earlier expiration in writing. § For disclosures other than for treatment, payment and healthcare operations purposes, treatment may not be conditioned on my agreement to sign and authorization (unless I am receiving care solely to create protected health information for disclosure to a third party) (45 CFR & 164.508 (b)(4)(III)) § Communications resulting from this authorization will reveal that I receive services

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at Daybreak Holistic Wellness. § Federal confidentiality regulations (42 CFR Part 2) prohibit re-disclosure of information from alcohol & drug abuse patient records. However, HIPAA requires Daybreak Holistic Wellness to notify me of the potential that information disclosed pursuant to this authorization might be re-disclosed by the recipient and is no longer protected by HIPAA. § This authorization may be used by Daybreak Holistic Wellness owned or managed programs upon transfer of my care to them.

I understand that refusal to sign this authorization form will in no way affect my right to obtain present and future treatment, except where disclosure of such communications and records is necessary for treatment. I also understand that I may revoke this authorization at any time by signing the “CANCELLATION/REVOCATION” section below, except to the extent that action has been taken in reliance on it. I further understand that the confidentiality of psychiatric, substance abuse and HIV/AIDS records are protected under State and Federal Laws and cannot be disclosed without my written authorization unless otherwise provided for by law. The information disclosed by this facility pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal law. I understand that this authorization is voluntary and that information to be released/obtained may include Medical, Psychiatric, Substance Abuse and/or HIV/AIDS treatment information unless otherwise specified above.

**Signature of Patient/Client/Authorized (Legal) Representative**

\_\_\_\_\_ Date \_\_\_\_\_

A copy of this authorization will be provided to the Patient/Client/Authorized Representative as requested.

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**CANCELLATION/REVOCATION:**

\*If this form has been signed by the patient’s/client’s Authorized (Legal) Representative, a copy of the legal appointment must be attached. Conservator/Guardian Executor of Estate Other (specify):

File only  Ongoing verbal communication Send attention to: \_\_\_\_\_

**NOTE:** Confidentiality of psychiatric, drug and/or alcohol abuse and HIV records is required and no information from these specific records shall be transmitted to anyone else without written consent or authorization as provided under Connecticut General Statutes, Chapters 899c and 368x and Federal Regulations 42 CFR 2. These laws prohibit you from making any further disclosure without specific written consent of the person to whom it pertains. A general authorization for the release of information is NOT sufficient for this purpose.

**SIGNATURE** Patient’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR Authorized Representative’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative’s Name (printed): \_\_\_\_\_

Representative’s Relationship to Patient: \_\_\_\_\_

## Fee for Service & Financial Agreement

*This document is designed to inform you about my current practice rates, fees for service and outlines our professional relationship.*

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Initial connection call: 30 mins, *Complimentary*

Consultation rate: \$150/hour \*

Unless otherwise arranged, this hourly rate will be used under the following tasks: intake appointment, consultation sessions, direct observations, report writing, attendance at additional meetings (i.e. reviewing findings of FBA or FBA/BIP and/or consultation with school team, medical professionals, legal counsel etc.), caregiver interview/coaching, 1:1 direct client work; direct consultation.

### Caregiver Consultation & Behavioral Skills Training

Sessions generally focus on applying the interventions within a corresponding FBA/BIP, additionally environmental manipulations and caregiver education will occur. 1-2 hours will be spent per session tailoring to current goals/needs, strengths and opportunity gaps as identified within the FBA/BIP. Parents are expected to be present and may be asked to engage in activities, utilize teaching tools, and record skill observations outside of sessions. Homework may be assigned to assist with skill development and maintenance of skills from prior sessions.

*\$150/hour; Sliding Scale & Packages available*

### Functional Behavior Assessment with Behavior Intervention Plan

FBA: Includes Caregiver Interview, 3-4 direct observations, standardized assessments/questionnaires, environmental assessment, and record review. Results are prepared in a formal report with goals and objectives and recommendations for ongoing skill development included. The addition of a comprehensive Behavior Intervention Plan includes a specific intervention unique for your child based on reducing maladaptive behaviors and increasing functional/adaptive behaviors (i.e. skill acquisition goals with step by step instructions).

Behavior Intervention Plans require ongoing treatment monitoring and data collection

*\$1000 for initial reports, 10 hrs of assessment (completed within 4-6 weeks); hourly rate for any ongoing direct service work and treatment monitoring.*

### Functional Behavior Assessment \*

Includes Parent Interview, 3-4 direct observations, standardized assessments/questionnaires, environmental assessment, and record review. Results are prepared in a formal report with goals and objectives and recommendations for ongoing skill development included. 10 hrs of assessment.

*\$500 (completed within 4-6 weeks)*

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### Professional Development Seminar

Working with school administration we will identify a relevant topic to address within a 1-2hr professional development workshop for teachers, support staff and/or population of your choosing. Topics can range from: *Trauma Informed De-Escalation Techniques; Preventing and Mitigating Behavioral Concerns; Introduction to Behavior; Commonly Used Assessments and Functional Interventions, among others*; After an initial 1 hr. consultation, a presentation including didactic and activity based lessons will be developed and reviewed with the administration team prior to dissemination of the presentation. Following the presentation a debriefing session can be arranged to review feedback from participants with school administrators. The Consultation rate will be used for all indirect and direct hours billed.

### Social Skills Workshops/Groups

Based upon an intake and initial assessment your child can attend a 12 week group with peers to practice and develop social skills in a cultivated setting. We will use contrived and natural teaching opportunities within the peer group that foster skill development and maintenance across varied settings. *Intake and initial assessment are billed at hourly rate; group rate with sliding scale is available. 12 week commitment to the group will be contracted at outset.*

### Parent & Caregiver Group

Parents/Caregivers are invited to attend a group with other navigating behavioral challenges. Sessions are 1 hour in length and are bi-monthly. Topics are varied based on group interest and need and can include a combination of: behavior education, behavior skills training, mentorship, community and aligning values to action in a cultivated setting. *Initial intake will be billed at hourly rate; group rate with sliding scale is available for sessions. 12 week commitment to the group will be contracted at outset.*

### Supervision: RBT's and/or BACB trainees

Per the BACB ethics code, a separate contract will be generated to fit your unique training and educational needs. Supervision for initial certifications is available remotely or in-person dependent on current caseload and geographical location. Sliding scale eligible; fee schedule will be discussed and worked on collaboratively.

**New Client Intake Questionnaire**

Please complete the following information to help guide our work together. We will review this information together at your Intake Appointment scheduled for: \_\_\_\_\_ (day/time), at \_\_\_\_\_ (location)

Full name	
Date of Birth & Age	
Address	
Gender	
Emergency Contact/ Primary Caregiver Name	
Email	
Availability	
Family Composition (who do you/your child live with and/or consider family)	
Relevant Cultural or Religious Practices	

**Focus for Consultation/Coaching:** What 3 specific behaviors, concerns or skills are you seeking assistance with? Please list in order of priority:

- Priority 1: \_\_\_\_\_
- Priority 2: \_\_\_\_\_
- Priority 3: \_\_\_\_\_

**Strengths:** Please list 3-5 strengths for yourself/client

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**Current Interventions or Supports:** Have you/your child received any prior behavioral therapy or interventions? If yes, please provide a brief history/timeline of the services received and efficacy. Include school services such as 504, IEP and any relevant records.

<b>Date/Time Period</b>	<b>Service or Intervention</b>	<b>Level of Efficacy</b> <i>(Helpful- Somewhat Helpful- Not Helpful)</i>	<b>Status</b> <i>(Current/Discontinued)</i>

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**Medical, Psychiatric or Psychological Disorders:** Are there any medical, developmental, or psychological diagnoses that we should be aware of and/or medications (e.g., Autism Spectrum Disorder, ADHD, anxiety, allergies, asthma, PTSD etc.). Include the most recent FBA/BIP if completed.

<b>Condition</b>	<b>Current Medication or Treatment</b>

*Additional notes:*

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**Session type:** What type of support would you like to receive from our work together ?  Client/Caregiver Coaching  Behavioral Assessment  Functional Living Skills Assessment  Community Integration, Leisure & Recreation Skills  Develop systems & routines (Environmental Modifications/Supports)  Other

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**Preferences:** Do you/your child have any preferences or aversions to specific activities, environments, or people? Are there preferred TV Shows, characters, games or places we should be aware of? Are there

strong aversions/dislikes we should be aware of?

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**Activities of Daily Living:** What is the current level of independence in activities of daily living (ADLs)

<b>Life Skill</b>	<b>Level: Independent- Verbal/Visual Reminders Only- Adult Supported Needed</b>
Following a morning/evening routine	
Dressing: Picking out clothes to wear that match the weather, putting clothes on correctly, changing clothes	
Grooming & Personal Hygiene: Toileting, shaving, washing hands, etc.	
Mealtime: Identifying items to eat, understanding hunger/satiety cues, preparing meals or snacks	
Social Skills: personal boundaries, conversation starters/topics, making/keeping friends, making a phone call/text	
Community Integration: Attending events in community, holding/keeping a job or volunteer job; completing tasks within the community (grocery store, post-office etc)	
Safety Skills: Identifying emergencies: fire/flood etc; making a 911 call with emergency information; using a crosswalk/sidewalk etc.	
Executive Functioning: Following sequential procedures, cleaning, organizing	
Reading & Comprehension	

**Adaptations & Accessibility:** Do you need any adaptations or modifications to make our work accessible?

large print  wheelchair accessibility  dietary or allergen sensitivity  remote/telehealth  visual aides/cue cards  Other

*Is there any additional information or concerns that would be important for us to know to better support our work together?*