## Questions to Ask Providers

These are some questions to ask behavioral or developmental intervention providers, or other service providers to help determine the best fit for your child. Use this sheet to guide conversations when looking for providers for your child.

- What type of model of intervention and philosophy does the program provide? Does the Provider have additional training or certification in a specific intervention?

- Can you describe what kinds of teaching is used in this program? Is the program using more table learning or natural environment? Is there a social skills component to this program?

- Is most of the time spent 1 on 1 or in a group with peers and staff? Does the program incorporate peers? How are sessions structured?

- How are goals developed? Are parents allowed to have input for goals? How long will a goal be attempted before it is decided there is no progress? How many goals or programs are going to be done in a session?

- What research or evidence based is there to show that this will work with my child?

- Is there a parent training component to this program? Is this offered at a separate time than my child’s sessions? How often will I meet with the supervising provider?

- Are you able to coordinate with other providers (for instance school, occupational therapy, speech therapy, physical therapy)?

### Data Collection

- How is data taken? Am I allowed to see data?

- When do we address progress?

- How often are you analyzing data and how do you measure outcomes?

### Costs

- What is the cost of this program?

- What insurances are accepted?

- Is there any cost out of pocket not covered by insurance?

- What documentation is needed from my doctor to begin these services?
Staff Experience and Qualifications

☐ Who is the clinician overseeing the program? How many cases are they overseeing? What are their qualifications and their credentials? _______________________________________________________

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☐ What about the staff working directly with the child? What credentials do they possess? What are their backgrounds? _______________________________________________________

_____________________________________________________________________________________

☐ How often are staff alternated with a child? __________________________________________________

☐ Has the lead clinician worked with a child like mine? Do they have specialized training?

_____________________________________________________________________________________

☐ What is your program's crisis management training? How do you manage behaviors such as self-injury or aggression? _______________________________________________________

Scheduling (This will look different depending if it is In-home or an In-Clinic service)

☐ Where are services provided? Do you provide in home? In community? In clinic? __________________

_____________________________________________________________________________________

☐ Can I opt to participate in community programming? 2 _________________________________________

☐ How long is each session? _______________________________________________________________

☐ How many sessions per week? ____________________________________________________________

☐ How am I notified of schedule changes? 2 _________________________________________________

☐ How often are schedules changed? _______________________________________________________

☐ Is there a waitlist for your program? _____________________________________________________

Notes:

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References:
