**Submitted date:** Fax  Affiliate link

|  |  |  |
| --- | --- | --- |
| Patient Name: | DOB: | Kaiser Permanente Member Number: |
| Patient Address: | Age: | Male:  Female: |
| Caregivers: | Phone number: | Email: |

|  |  |  |
| --- | --- | --- |
| Primary Diagnosis: | Comorbidities: | Medications: |
| Diagnosing Provider: | Date of first diagnosis: | Current PCP: |

|  |  |  |
| --- | --- | --- |
| ABA agency: | BCBA: *(name & BACB number)* | RBT/CBT team: |
| Report date: | Current authorization dates: | Requested Authorization Dates: |
| Home based:  Center based: Telehealth: | | Comprehensive  Focused  Caregiver-Lead: Other: |
| BCBA contact: (email & phone number) | | Administrative contact: (email & phone number) |
| **ABA session schedule:** | | |

|  |
| --- |
| Monday |
| Tuesday |
| Wednesday |
| Thursday |
| Friday |
| Saturday & Sunday |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Services** | | | |
| **Education** | | **Teacher’s name** | **Schedule** |
| (school name)  IEP:  504:  Other: | (Type of Classroom) |  |  |
| SLP | (facility name) | Therapist name: |  |
| OT | (facility name) | Therapist name: |  |
| Other: | (facility name) | Therapist name: |  |
| Past ABA services | (facility name) | (dates of service) | Reason for termination |

**TRANSITION OF SERVICES**

|  |  |
| --- | --- |
| **Current ABA provider** | **Number of hours per week** |
|  |  |
| **New services** | **Number of hours per week** |
|  |  |
|  |  |
|  |  |

**UPDATE REPORT**

(Update and summary: current living situation, updates to medical condition and/or medications, cultural and environmental changes to be taken into considerations for treatment planning, reason for ending ABA services)

*Examples: The mouse family has decided to end ABA services. They have conveyed that they feel confident in generalizing and maintaining skills Mikey has learned over the last 2 years with ABA sessions.*

**Developmental/Norm based assessment:**

**ASSESSMENT RESULTS**

**Indirect – Norm reference assessment & results (**note these are required annually)

|  |  |  |
| --- | --- | --- |
| Assessment tool | Date completed | Evaluator (s) |
| Vineland: |  |  |
| ABAS |  |  |
| :  (other) |  |  |

*(insert assessment results tables)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(Assessment name)** | | | | | |
|  | **Assessment scores** | **Update (date)** | **Update (date)** | **Update (date)** | **Update (date)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*(insert assessment results tables from current and prior assessments)*

**Direct/Curriculum based assessment & results**

|  |  |  |
| --- | --- | --- |
| **Assessment tool** | **Date completed** | **Evaluator (s)** |
| VB MAPP: |  |  |
| EFLs: |  |  |
| PEAK: |  |  |
| AIM: |  |  |
| AFLS: |  |  |
| ABBLS: |  |  |
| Carolina Curriculum: |  |  |
| SSRS: |  |  |
| Socially Savvy: |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:  (other) |  |  |

(insert assessment results tables)

**GOALS UPDATE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Targeted Goals** | **Goals in Progress** | **Goals Met** | **Goals Not Met** | **Goals in regression** |
| Program goals: |  |  |  |  |
| Behavior goals: |  |  |  |  |
| Caregiver goals: |  |  |  |  |
| #total: |  |  |  |  |

**CUMULATIVE MATERED GOALS:**

**(cumulative bar graph of mastered goals)**

**PROPOSED GOALS**

**Receptive Communication:**

1. **Goal:**

**Baseline:**

**Date introduced:**

**Estimated Mastery date:**

**Teaching modality/data:**

**Mastery criteria:**

**Generation & Maintenance criteria:**

1. ***Goal:*** *Mikey Mouse will follow 5 safely instructions across 80% of opportunities.*

***Baseline:*** *2/1/21; Mikey was observed to follow 1 out of 5 instructions (“come here”) with 30% independence during a 2 hours home assessment visit.*

***Date introduced:*** *Upon the start of ABA services.*

***Estimated Mastery date:*** *5 months*

***Teaching modality/data:*** *Natural Environment Teaching*

***Mastery criteria:*** *Across 3 people (1 caregiver) and 3 environments with 90% independence.*

***Generation & Maintenance criteria:*** *Safety instructions will be generalized and maintained with family across daily living routines at home.*

**Expressive Communication Goals:**

**Socialization Goals:**

**Self Help and Daily Living Skills Goals:**

**Pragmatic Skills:**

**Behavior Goals:**

**Indirect assessment & conditional probably results**

|  |  |  |
| --- | --- | --- |
| Assessment tool | Date completed | Evaluator (s) |
| QABP: |  |  |
| MAS: |  |  |
| FAST: |  |  |
| :  (other) |  |  |

**Behavior Intervention Plan**

Maladaptive behaviors – (operational definition, rate, intensity, etc.)

Coping skills

Replacement skills

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Behaviors | Baseline *(Initial date:9/1/21)* | Update  *2/1/2021* | Update | Update |
| *SIB: Head banging* | *20 occurrences per session hour* | *10 occurrences per session hour* |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Crisis plan

**CAREGIVER PARTICIPATION IN PROGRAM**

*Compliance with treatment recommendations and active caregiver/parent participation are imperative for service to continue. Treatment is designed to be meaningful and sustainable by empowering caregiver(s)/parent(s) to generalize and maintain skills in their daily lives.*

**Plan for Family Participation**

**Attendance in meetings: (# of meetings completed/ # of meetings scheduled) = %**

**Participation during sessions:** (goals generalized and maintained by family)

**Sustaining Interventions outside of ABA sessions:**

**Other:**

**Caregiver Education:**

1. **Goal:**

**Baseline:**

**Date introduced:**

**Teaching modality/data:**

**Mastery criteria:**

**Generation & Maintenance criteria:**

1. ***Goal:*** *Mr.**Mouse will attend 4 monthly caregiver training meetings with the BCBA across the 6-month term.*

***Baseline:*** *2/1/21; Mr. Mikey is the main caregiver for his son, he has not received ABA services in the past. was*

***Date introduced:*** *Upon the start of ABA services.*

***Teaching modality/data:*** *Caregiver training materials will come from the RUBI curriculum/permanent product.*

***Mastery criteria:*** *4 meetings per month across a 6-month term.*

***Generation & Maintenance criteria:*** *Training materials will be applied to Mikey’s daily routines as well as completion of other assignment based on the RUBI curriculum.*

**PLAN FOR GENERALIZATION OF SKILLS:**

**PLAN FOR MAINTENCE OF SKILLS:**

**SUMMARY OF PROGRESS IN THIS REPORT PERIOD**

**Client progress**

**Behavioral and adaptive strengths and concerns**

**Family participation and family adherence to family participation plan and program requirements**

**Barriers to progress or provision of services**

**Summary of objectives**

**RECOMENDATIONS**

**Summary**

**Strengths**

**Adaptive and Behavioral Concerns**

**TRANSITION PLAN:**

**DISCHARGE CRITERIA**

BCBA signature and date:

Clinical director signature and date:

Parent signature and date: (date it was reviewed with the family)