Guidelines and Competency Assessment (Pre-certification)
Applied Behavior Analysis Technician (ABAT)

Outline:
ABATs must prove the ability to competently perform tasks of an ABAT-level clinician. Practical experience is vital to developing mastery and a collaborative culture. This assessment should be performed during the 15 hours of supervised fieldwork prior to certification.

Assessors:
Qualified Professional/Assessor must meet the following criteria:

- Direct assessment and interaction may be conducted by a mid-level certified professional (QASP-S or BCaBA) under the oversight of a licensed/certified professional with ABA in their scope of practice (QBA or BCBA) and must have completed the 8-hour supervision training.
- It is the assessor's responsibility to keep a record of all assessments conducted and ensure that standards and qualifications are met.

Assessment:

- A part of the assessment can be done through video observation (pre-recorded or live) or role-play.
- Completed in 1:1 with supervisor and supervisee, or in a group setting with the ABAT as outlined below
- The assessor should provide supervisory feedback during and after the assessment. If mastery was not achieved, skills should be re-assessed.

Please review the ABAT competencies and supervision guidelines in the ABAT Candidate Handbook on the website www.qababoard.com.

ABAT Competency Assessment

ABAT Candidate Name_____

Instructions: For all competency areas, **assessors should initial to show they have observed the ABAT fully demonstrating competency in that area**. Additionally, the delivery method in which this competency was observed should be noted by a check mark.

Professionalism	Assessor Initials	Completed Yes-No
Candidate demonstrated professional communication and skills to work as part of an interdisciplinary team such as respect and adaptability.		☐yes ☐no
Candidate demonstrated a willingness to learn and utilize feedback.		☐yes ☐no

Candidate identified situations in which continuity of care may be compromised and a need to consult with a supervisor is needed (dual relationship, novel behaviors, etc.).		☐yes ☐no

Legal and Ethical Considerations	Assessor Initials	Completed Yes-No
Candidate acknowledged they have read and understood the QABA Code of Ethics; QABA policies and procedures; and candidate handbook.		☐yes ☐no
Candidate identified risks to confidentiality and privacy in intervention, record keeping, supervision, telehealth, written materials, social media, etc. in a specific case/example.		☐yes ☐no
Candidate identified risks to professional boundaries in a specific case/example.		☐yes ☐no

Autism Core Knowledge	Assessor Initials	Completed Yes-No
Candidate showed understanding of the core aspects of ASD through response to questions or initiates description related to a specific learner or skill.		☐yes ☐no
Core Principles of ABA	**Assessor Initials**	**Assessment Delivery Methods**
Candidate identified what the words applied, behavior, and analysis mean in the context of the field of Applied Behavior Analysis.		☐Live with learner ☐Role Play/video ☐Group setting
Candidate identified antecedents, setting events, and consequences of a specific behavior.		☐Live with learner ☐Role Play/video ☐Group setting
Candidate described a behavior in a measurable and objective manner.		☐Live with learner ☐Role Play/video ☐Group setting
Candidate identified the motivating operation (MO) in a specific example or situation.		☐Live with learner ☐Role Play/video ☐Group setting
Candidate identified the primary and/or secondary reinforcer in an example or situation.		☐Live with learner ☐Role Play/video ☐Group setting
Candidate maintained an established schedule of reinforcement.		☐Live with learner ☐Role Play/video ☐Group setting
Candidate identified components of verbal behavior (mand, tact, echoic, etc.) in a specific example.		☐Live with learner ☐Role Play/video

		☐Group setting

Skill Acquisition	Assessor Initials	Assessment Delivery Methods
Candidate demonstrated skills to initiate pairing with a specific learner.		☐Live with learner ☐Role Play/video ☐Group setting
Candidate demonstrated ability to accomplish discrete trial sessions in a structured setting and in the natural environment.		☐Live with learner ☐Role Play/video ☐Group setting
Candidate demonstrated appropriate prompt and prompt fading procedures.		☐Live with learner ☐Role Play/video ☐Group setting

Behavior Reduction Interventions	Assessor Initials	Assessment Delivery Methods
Candidate identified the basic components of an existing behavior intervention plan (BIP) as related to functions of behavior.		☐Live with learner ☐Role Play/video ☐Group setting
Candidate demonstrated implementation of basic components an existing BIP (provides reinforcement in timely scheduled manner, ignores inappropriate behaviors, etc.).		☐Live with learner ☐Role Play/video ☐Group setting

Data Collection	Assessor Initials	Assessment Delivery Methods
Candidate accurately recorded data for both skill acquisition and behaviors for reduction (duration, frequency, etc.).		☐Live with learner ☐Role Play/video ☐Group setting

Additional Comments	Assessor Initials	Comments:
Specific areas of achievement or topics/skills to review for further training and mastery		

Assessment Oversight: Please complete the ABAT Competency Assessment attestation online when requested by QABA. Please maintain this form in the candidate's record for 7 years or in alignment with state and local requirements. Records are subject to annual audits.

By signing below, I am attesting that the assessment above was completed and the ABAT demonstrated competencies in the areas initialed by this assessor.

Full Name of Mid-Level Supervisor (e.g., QASP-S/BCaBA)/LABA) if applicable:

Supervisors Signature: _____ Date: _____

Supervisor's Credential and/or License Information:_____

Certifying Board or Licensure State/Board: _____

Certification/Licensure Number: _____

Certification/Licensure Expiration Date: _____

Supervisor's Email _____ and Phone number_____

Full Name of Master's Level Certified Supervisor (e.g., QBA/BCBA/LBA): REQUIRED

Supervisor's Signature: _____ Date: _____

Supervisor's Credential and/or License Information:_____

Certifying Board or Licensure State/Board: _____

Certification/Licensure Number: _____

Certification/Licensure Expiration Date: _____

Supervisor's Email_____ and Phone number_____