



## ABAT Guidelines and Competency Assessment

### Outline:

ABATs must demonstrate the ability to competently perform tasks of an ABAT-level clinician. Practical experience is vital to developing mastery and a collaborative supervisory culture.

### Assessors:

Qualified Professional/Assessor must meet the following criteria:

- Must be a licensed/certified professional with ABA in their scope of practice, and must have completed the 8-hour supervision training.
- Direct assessment and interaction may be delegated to a mid-level certified professional (QASP-S, BcaBA) under the oversight of the master’s level or above professional.
- All assessment is subject to all QABA policy rules related to eligible supervision.
- It is the assessor’s responsibility to maintain a record of all assessments conducted and ensure that standards and qualification are met.

### Assessment:

- Requires a minimum of 15 hours with a minimum of 5 hours performed in a ‘live’ environment (candidate and assessor both present with a client).
- A portion of the assessment (no more than 10 hours) can be done thorough video observation or role-play. (Both assessor and candidate present but a video or contrived scenario is used as the learning opportunities)
- Completed in 1:1 with the ABAT and not in a group setting
- The assessor should provide supervisory feedback during and after the assessment. If any corrective actions are identified, those skills should be re-assessed during additional supervisor sessions.

Please review the ABAT competencies and supervision guidelines in the ABAT Candidate Handbook on the website [www.qababoard.com](http://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.

| Autism Core Knowledge  | Assessor Initials | Assessment Delivery Methods   |
|--|-------------------|---|
| Candidate demonstrates understanding of the core aspects of ASD through response to questions or |                   | <input type="checkbox"/> Live with client<br><input type="checkbox"/> Role Play/video |



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| initiates description related to a specific client or skill |  |  |
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| Legal and Ethical Considerations  | Assessor Initials | Assessment Delivery Methods   |
|---|-------------------|---|
| Candidate acknowledges they have read and understand the QABA Code of Ethics; QABA policies and procedures; and candidate handbook  |                   | <input type="checkbox"/> yes<br><input type="checkbox"/> no                           |
| Candidate can identify risks to confidentiality and privacy in intervention, record keeping, Supervision, tele-help, written materials, social media, etc. in a specific case/example |                   | <input type="checkbox"/> Live with client<br><input type="checkbox"/> Role Play/video |
| Candidate can identify risks to professional boundaries in a specific case/example  |                   | <input type="checkbox"/> Live with client<br><input type="checkbox"/> Role Play/video |

| Core Principles of ABA  | Assessor Initials | Assessment Delivery Methods   |
|---|-------------------|---|
| Candidate can identify antecedents, setting events, and consequences of a specific behavior         |                   | <input type="checkbox"/> Live with client<br><input type="checkbox"/> Role Play/video |
| Candidate can describe a behavior in a measurable and objective manner                              |                   | <input type="checkbox"/> yes<br><input type="checkbox"/> no                           |
| Candidate can identify the MO in a specific example or situation                                    |                   | <input type="checkbox"/> Live with client<br><input type="checkbox"/> Role Play/video |
| Candidate can identify the primary and/or secondary reinforcer in an example or situation           |                   | <input type="checkbox"/> Live with client<br><input type="checkbox"/> Role Play/video |
| Candidate can maintain an established schedule of reinforcement                                     |                   | <input type="checkbox"/> Live with client<br><input type="checkbox"/> Role Play/video |
| Candidate can identify components of verbal behavior (mand, tact, echoic, IV) in a specific example |                   | <input type="checkbox"/> Live with client<br><input type="checkbox"/> Role Play/video |

| Antecedent Intervention | Assessor Initials | Assessment Delivery Methods |
|-------------------------|-------------------|-----------------------------|
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| Candidate can identify the components of an existing positive behavior support plan, such as visual supports, FCT, etc. |  | <input type="checkbox"/> Live with client<br><input type="checkbox"/> Role Play/video |
|---|--|---|

| Skill Acquisition   | Assessor Initials | Assessment Delivery Methods   |
|---|-------------------|---|
| Candidate demonstrates skills to initiate pairing with a specific client  |                   | <input type="checkbox"/> Live with client<br><input type="checkbox"/> Role Play/video |
| Candidate demonstrates ability to accomplish discrete trail sessions in a structured setting and in the natural environment |                   | <input type="checkbox"/> Live with client<br><input type="checkbox"/> Role Play/video |
| Candidate demonstrates appropriate prompt and prompt fading procedures  |                   | <input type="checkbox"/> Live with client<br><input type="checkbox"/> Role Play/video |

| Behavior Reduction Interventions   | Assessor Initials | Assessment Delivery Methods   |
|--|-------------------|---|
| Candidate can identify the components of an existing BIP as related to functions of behavior:  |                   | <input type="checkbox"/> yes<br><input type="checkbox"/> no                           |
| Candidate can demonstrate implementation of components an existing BIP (provides reinforcement in timely scheduled manner, ignores inappropriate behaviors, etc.). |                   | <input type="checkbox"/> Live with client<br><input type="checkbox"/> Role Play/video |

| Data Collection   | Assessor Initials | Assessment Delivery Methods   |
|---|-------------------|---|
| Candidate accurately records data for both skill acquisition and Behaviors for reduction (duration, frequency): |                   | <input type="checkbox"/> Live with client<br><input type="checkbox"/> Role Play/video |

| Professionalism                                   | Assessor Initials | Assessment Delivery Methods                                 |
|---|-------------------|---|
| Candidate demonstrated professional communication |                   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |



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| and skills to work as part of an interdisciplinary team  |  |   |
| Candidate has demonstrated a willingness to learn and utilize feedback   |  | <input type="checkbox"/> yes<br><input type="checkbox"/> no                           |
| Candidate can identify situations in which continuity of care may be compromised and a need to consult with a supervisor is needed (dual relationship, novel behaviors, etc) |  | <input type="checkbox"/> Live with client<br><input type="checkbox"/> Role Play/video |

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

Assessor(s) Name(s): \_\_\_\_\_

Assessors Credential: \_\_\_\_\_ Certification # \_\_\_\_\_

Assessors License # (if applicable): \_\_\_\_\_ Assessors License State (if applicable) \_\_\_\_\_

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.

Assessor(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_