

# ABA Provider Evaluation Scorecard

## Instructions

Enter the name of the ABA Provider you are evaluating. You will need a separate form for each Provider. Circle the answer in each row that most closely corresponds to the ABA Provider's response to each question. In the far right column enter the point value of each circled answer as follows:

- Column 1: Fails to Meet Expectations = 0 Points
- Column 2: Meets Expectations = 1 Point
- Column 3: Exceeds Expectations = 3 Points

Fields with NA (Not Applicable) have no point value.

Total the score and enter the result in the space provided.

We recommend only providers achieving a minimum qualifying score of 45 be considered.

**ABA Provider:** \_\_\_\_\_

**Total Score:** \_\_\_\_\_

Treatment Questions	Fails to Meet Expectations = 0 Points	Meets Expectations = 1 Point	Exceeds Expectations = 3 Points	Score
How many home visits will the BCBA provide during the first month of treatment?	Fewer than 1 visit per week	1 visit per week	2 or more visits per week	_____
How many home visits will the BCBA provide each month after the first month?	1 visit per month	1 visit every 1-2 weeks	1 or more visits per week	_____
Is the BCBA a Full-Time employee, a Part-Time employee or 1099 Contractor of the Agency?	1099	Part-Time	Full-Time	_____
Is the ABA therapist(s) a Full-Time employee, a Part-Time employee or a 1099 Contractor of the Agency?	1099	Part-Time	Full-Time	_____
Describe the training/evaluation system for staff?	Does not have one	Minimal/Informal training and evaluation with a few simple steps	Robust training and evaluation with many defined steps	_____
Are behavior plans based on the function (e.g., purpose) of the behavior?	Not Function-based	Functional Behavior Assessment (Indirect Assessment)	Functional Analysis (Direct Assessment)	_____
Is Community Programming offered (going to: Doctor's office, Dentist, Barber, Restaurant or Store)?	No	Somewhat	Yes	_____
Is the Data available digitally?	NA	No, just paper and pencil	Yes	_____
How many hours of indirect service (e.g., treatment planning, data analysis) will the BCBA provide per week during the first month of treatment?	No Indirect Service	1-2 hours per week	3 or more hours per week	_____

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Treatment Questions	Fails to Meet Expectations = 0 Points	Meets Expectations = 1 Point	Exceeds Expectations = 3 Points	Score
How many hours of indirect service will the BCBA provide per week after the first month of treatment?	No indirect service	1 hour per week	2 or more hours per week	_____
How many different students has the BCBA worked with through your company?	2 or less	3 - 5	6 or more	_____
How many different students has the ABA therapist worked with through your company?	2 or less	3 - 5	6 or more	_____
Wait time for acceptance?	6 months or less	2 - 4 months	0 - 2 months	_____
How much input will parents have in selecting goals?	None	Some	A great deal	_____
How will parents be taught to replicate strategies?	No clear plan	Minimal/informal system	Robust system	_____
Cancellation policy?	Do not have one	Minimal/informal cancellation policy with a few simple steps	Robust cancellation policy with many carefully defined steps	_____
Early Termination (or suspension) of service policy?	Do not have one	Minimal/Informal with a few simple steps	Robust termination with many carefully defined steps	_____
<b>Billing Questions</b>				
Are you in my network?	No	Yes	NA	_____
Will you help me understand my benefits and manage costs?	No	Yes	NA	_____
How long have you been in network?	NA	Within the last year	More than a year	_____
<b>Total Score</b>				_____
<b>Minimum qualifying score = 45 Pts</b>				_____