

**APPLIED BEHAVIOR ANALYSIS [ABA] – Service Continuation**

<b>Referring Person Name:</b>		<b>Position:</b>		<b>District:</b>	
<b>Student/Program Name:</b>			<b>D.O.B.:</b>		<b>Date:</b>
<b>Teacher:</b>			<b>Grade/Program:</b>		
<b>Name of School: Address:</b>			<b>Parent/Guardian Name: Address:</b>		
<b>Phone Number:</b>		<b>Email:</b>		<b>Home Number:</b>	
<b>Fax Number:</b>				<b>Cellular Number:</b>	

**\*\*\*This student is to receive these services (please circle one):**    School Year    School Year and ESY    All Year Round  
 We assume all students have the same density of services during ESY/non-school dates unless otherwise noted.

**Student Specific Information – Case cannot begin without IEP and other necessary information/documents**

<b>Please list the referral need, areas of concern or other important information.</b>

**Requests for Services**

<b>Service provided by BCBA</b>	<b>Density of Services</b> <small>Indicate per week, per month or total</small>	<b>Target Start Date</b>	<b>End Date</b>	<b>Member/ Non-Member Rates</b>
<input type="checkbox"/> Attend TEAM Meeting	___ hrs/			\$115/hr / \$140/hr
<input type="checkbox"/> Parent Consultation/Training	___ hrs/			\$115/hr / \$140/hr
<input type="checkbox"/> Student/Classroom Consultation	___ hrs/			\$115/hr / \$140/hr
<input type="checkbox"/> BCBA Mentoring/Supervision	___ hrs/			\$115/hr / \$140/hr
<input type="checkbox"/> Professional Development Training	___ hrs/			\$115/hr / \$140/hr
<b>Service provided by ABA Home Therapist</b>	<b>Density of Services</b> <small>Indicate per week, per month or total</small>	<b>Target Start Date</b>	<b>End Date</b>	<b>Member/ Non-Member Rates</b>
<input type="checkbox"/> Direct Service/ Discrete Trial Teaching (DTT)	___ hrs/			\$70/hr / \$85/hr
<input type="checkbox"/> Direct Service/ Activities of Daily Living (ADL)	___ hrs/			\$70/hr / \$85/hr
<input type="checkbox"/> Direct Service Other (explain)	___ hrs/			\$70/hr / \$85/hr
For each hour of direct service the home ABA Therapist receives 0.2 hours of supervision and program oversight by the behavior analyst				
<b>Service provided by BCBA</b>	<b>Density of Services</b> <small>Indicate per week, per month or total</small>	<b>Target Start Date</b>	<b>End Date</b>	<b>Member/ Non-Member Rates</b>
<input type="checkbox"/> Direct Service/ Discrete Trial Instruction (DTT)	___ hrs/			\$115/hr / \$140/hr
<input type="checkbox"/> Direct Service/ Activities of Daily Living (ADL)	___ hrs/			\$115/hr / \$140/hr
<input type="checkbox"/> Direct Service Other (explain)	___ hrs/			\$115/hr / \$140/hr
	___ hrs/Supervision		<b>TOTAL COST</b>	

**All services are subject to the department cancellation policy**

Please  applicable documents included - Please note that it is important to send updated IEPs, evals, etc. with a continuation referral.

- Individual Education Plan (IEP)
- Student Schedule
- Current Behavior Plans/Program
- Previous Behavior Plans/Program
- Completed Assessments/Reports
- Behavioral data (if applicable)

**TO BE COMPLETED BY SEEM ADMINISTRATOR**

Date Received: \_\_\_\_\_  
 Date Assigned: \_\_\_\_\_  
 BCBA Assigned: \_\_\_\_\_  
 Therapist Assigned: \_\_\_\_\_

\_\_\_\_\_  
 District Administrator Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
 SEEM Administrator Date: \_\_\_/\_\_\_/\_\_\_

**Please note that rates are subject to change with each fiscal year, July 1. You will be notified in advance of any rate changes before they take effect.**

PRICING FOR REFERRAL SERVICES

CONSULTATION	Notes	COST
<input type="checkbox"/> ABA Consultation – by BCBA Individual, student, or classroom specific; program set up, training and/or on-going or predetermined consultation	All consultation services are provided at an hourly rate	<b>Member district:</b> \$115/hour <b>Out of district:</b> \$140/hour

ABA HOME SERVICES	Notes	COST
<input type="checkbox"/> Conducted by Certified Behavior Analyst	All training services are provided at an hourly rate	<b>Member district:</b> \$115/hour <b>Out of district:</b> \$140/hour
<input type="checkbox"/> Conducted by an ABA Home Therapist and supervised by Board Certified Behavior Analyst.	For each hour of direct service the ABA Home Therapist receives 0.2 hours of supervision and program oversight by the behavior analyst (i.e. 5 hrs of direct services requires 1 hr of paid supervision and oversight)	<b>Member District:</b> \$115/hour for BCBA \$70/hour for ABA Home Therapist <b>Out of District:</b> \$140/hour for BCBA/ \$85/hour for ABA Home Therapist

**For non-member districts, travel will also be billed at the hourly rate  
 For member districts, travel is billed at the travel rate of \$30.00/hr**

**Referrals expire one year from the date received unless otherwise noted.**