



Provider Questionnaire

1. Agency Name/Site: _____
 -Address: _____
 -Phone Number: _____

2. Services Provided:

Type of Service	# of Persons Served	# of Persons w/ Significant Behavioral Challenges
CILA – 24-Hour		
CILA Intermittent		
ICF-DD		
Day Program/Dev Training		
Supported Employment		

3. Do you serve? Adults Children Both

4. Do you have access to a Behavior Analyst? Yes No Is he/she employed by your agency? Yes No

5. Do you have a Behavior Analyst on contract? Yes No
 -How many hours does he/she work per week? _____

6. Do you have a regular meeting of a human rights committee? Yes No
 -What is the frequency of the meetings? _____

7. Do you have a behavior management committee? Yes No

8. At the present time, the most difficult category/type of behavior problems for the people we serve and our staff is:

9. If your organization has a high degree of success in serving people with challenging behavior, would you be willing to share your experience with others? Yes No

- ___ via individual consultation
 - ___ via counselors and therapists
 - ___ via program consultation
 - ___ other - _____
- _____
- _____
- _____

10. Does your agency have access to/utilize video conferencing? Yes No



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11. Staff of our agency would be interested in attending seminars regarding:

- ___ training in applied behavior analysis for QDDP's
 - ___ managing aggressive behavior
 - ___ structuring day programs for people who are dually diagnosed
 - ___ understanding behavior plans
 - ___ engaging direct support staff
 - ___ basic counseling skills for QDDP's and direct care staff
 - ___ other – please identify _____
- _____
- _____
- _____

12. At the present time, our agency would appreciate receiving informative materials related to:

13. Contact Information

- Name: _____
 - Phone Number
 - Office: _____
 - Cell: _____
 - Address: _____
- _____