



# UNIVERSITY of MISSOURI

THOMPSON CENTER FOR AUTISM & NEURODEVELOPMENTAL DISORDERS

## TRAINING EXPERTS IN AUTISM FOR MISSOURI (TEAM)

ECHO Autism: Behavior Analysis Series Application

Please complete the following application to be considered to participate in the Thompson Center's ECHO Autism for Behavior Analysts series. *Please include your resume with this application and submit to [trainings@missouri.edu](mailto:trainings@missouri.edu).*

**Submit by August 10, 2018**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Position: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Certification level (mark all that apply):

- BCBA-D
- BCBA
- LBA
- BCaBA
- RBT

Years at current certification level:

- 1-5 years
- 5-10 years
- 10-15 years
- 15+ years

Areas Served (mark all that apply):

- Urban
- Suburban
- Rural

Ages served (mark all that apply):

- 2-5 years
- 5-10 years
- 10-15 years
- 15-20 years
- 20+ years

Current Practice Environment (check all that apply):

- Home/residential
- School
- Clinical
- Other: \_\_\_\_\_

Time spent working with clients directly (weekly):

- Less than an hour
- 1-5 hours
- 5-10 hours
- More than 10 hours

Time spent conducting BCBA related tasks (i.e., writing reports, notes, protocols, analyzing data, etc.) weekly:

- 1-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 10+ hours



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Select the category of CE event you typically participate:

- |   |   |
|---|---|
| <input type="checkbox"/> In-person didactic | <input type="checkbox"/> In-person practice with feedback |
| <input type="checkbox"/> Online didactic    | <input type="checkbox"/> Online videos with lecture       |

Select the category of CE event you prefer:

- |   |   |
|---|---|
| <input type="checkbox"/> In-person didactic | <input type="checkbox"/> In-person practice with feedback |
| <input type="checkbox"/> Online didactic    | <input type="checkbox"/> Online videos with lecture       |

Have you participated in the Thompson Center ECHO Autism ABA series in the past?

- Yes. When (year): \_\_\_\_\_
- No

Select topics of interest for additional training (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> FBAs                          | <input type="checkbox"/> Preference assessments          |
| <input type="checkbox"/> Data collection               | <input type="checkbox"/> Parent training                 |
| <input type="checkbox"/> Staff training                | <input type="checkbox"/> Naturalistic teaching           |
| <input type="checkbox"/> Sleep concerns                | <input type="checkbox"/> Feeding concerns                |
| <input type="checkbox"/> Decreasing aggression/SIB     | <input type="checkbox"/> Increasing communication skills |
| <input type="checkbox"/> Decreasing self-stim          | <input type="checkbox"/> Puberty and sexuality in ASD    |
| <input type="checkbox"/> Teaching adaptive skills      | <input type="checkbox"/> Work/Post-secondary readiness   |
| <input type="checkbox"/> Skill acquisition assessments |  |

ECHO Autism ABA sessions will be held on the following Fridays from 8:15am-9:30am CST:  
9/7/18, 10/5/18, 11/2/18, 12/7/18, 1/4/19, 2/8/19, 3/1/19, 4/5/19

- I understand that in order to earn the continuing education credit for my participation in this series I need to attend at least 7 of the 8 sessions.  
Initial here: \_\_\_\_\_
- By initialing here I am expressing an interest in presenting a case for discussion within the ECHO Autism ABA series.  
Initial here: \_\_\_\_\_

Briefly describe why you are interested in participating in the Thompson Center ECHO Autism ABA series:

