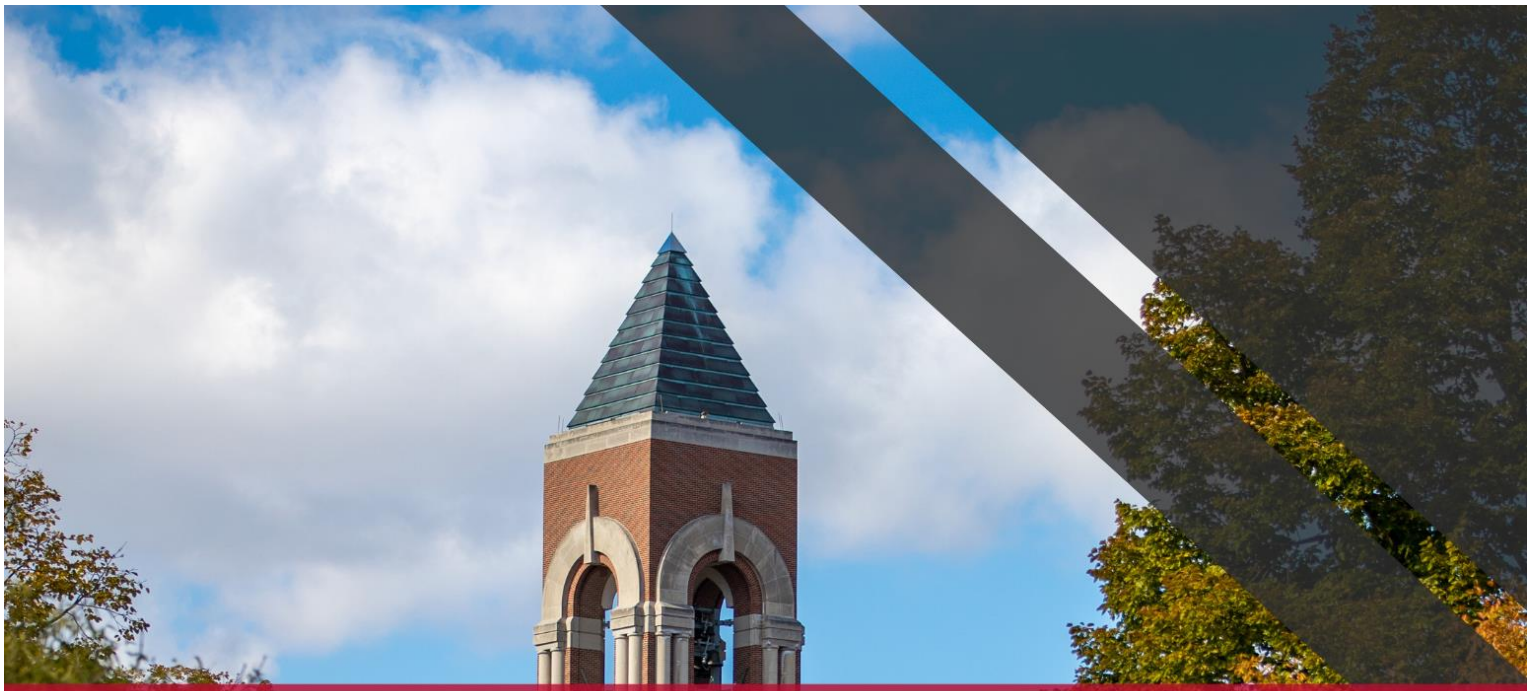

Capstone Manual for Master's Students

Applied Behavior Analysis *with Emphasis in Autism*

BALL STATE
UNIVERSITY
Department of
Special Education

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Project Overview

Ball State University requires graduate level students enrolled in the Applied Behavior Analysis with an Emphasis in Autism program to complete a Capstone Project. The purpose of the Capstone Project is to allow you to demonstrate mastery of behavior analytic concepts learned throughout the master's degree program. Each Capstone Project is comprised of three components. Part 1 involves a portfolio of materials completed in each course. Part 2 tests readiness for the BCBA® exam through the completion of a mock-BCBA® exam. Part 3 includes a demonstration of clinical skills. If you are admitted in Fall 2025 or later, you must successfully complete all three components throughout each course to graduate from the master's degree program.

Note: Any violations of academic integrity (e.g., posting information on Course Hero, sharing content with peers, plagiarism, unauthorized distribution of content, falsifying documentation of clinical skills, use of Artificial Intelligence) will result in failing the Capstone project. A passing grade for each Capstone component in every course is required for graduation.

Capstone Project Objectives:

- State, define and apply behavior analytic terminology.
- Demonstrate fluency with behavior analytic concepts, principles, and terminology.
- Design study materials in preparation for the Board Certified Behavior Analysts® Exam, including study guides, practice questions, and visual aids.
- Demonstrate mastery on a Mock Board Certified Behavior Analyst® Exam.
- Demonstrate competency in an applied setting through a Clinical Skills Assessment.

Capstone Project Components

Capstone Part 1: Portfolio Overview

You will submit a Capstone Portfolio in each of the following courses:

- SPCE 609
- SPCE 610
- SPCE 611
- SPCE 619
- SPCE 630
- SPCE 638/SPCE 683
- SPCE 680
- SPCE 682
- SPCE 689
- SPCE 691

The Capstone Portfolio will consist of the following elements:

- Part A: Say All Fast a Minute Each Day Shuffled (SAFMEDS) + standard celeration chart,
- Part B: Comprehensive study guide of BACB® Test Content Outline items in the course,
- Part C: 1-page infographic of course content that is relevant to the course.

The instructor for the course will grade each portfolio component based on the rubrics provided. The percentage of this assignment is weighted to account for up to 30% of the grade in each class. Therefore, the total number of points varies based on the course. **You must earn a passing**

grade on each above of the above portfolio components to successfully complete the course. Comprehensive grades will be entered by instructors into a practicum database.

Capstone Part 1 Portfolio Part A: SAFMEDS + Standard Celeration Chart

Overview: In each course, you will be given a list of key terms and definitions (see Appendix A). You will create 3x5 inch index cards of these definitions and will use the SAFMEDS procedure to build accuracy and fluency with the terms.

Rationale: The purpose of this assignment is for you to learn and build fluency with technical definitions of key terms related to behavior analysis.

TIP: We recommend purchasing an index card box to store all index cards so that you can use them after graduation when you study for the BCBA® exam.

Canvas Assignment Instructions:

Step 1: Make Flashcards

- In each course, you will be provided with a list of 60 terms and definitions.
- During week 1, you will create flashcards using 3x5 index cards. On one side of the index card, you should write the term as it is provided using pen/ink. On the other side of the index card, you should write the definition as it is provided. On the bottom corner you should write your initials. Cards may not be highlighted, underlined, or marked in any way other than as previously described.
- Digital SAFMEDS are not accepted.

Step 2: Practice Flashcards

- By now, you should have completed your SAFMEDS Deck. That means you have 60 handwritten 3 x 5 index cards that include the terms/definitions for this course. Now comes the fun part. You are going to practice this deck every single day this semester so that you improve your accuracy and fluency throughout the semester. It's nearly impossible to be great at anything the first time. Remember being a little kid and trying to learn to ride a bicycle? How many times did you fall before you got it right?
- For this assignment, you don't have anything to submit to your instructor...YET. But it's important that you begin practicing and charting your SAFMEDS each day. When it is time to submit SAFMEDS+ Standard Celeration Check Point 1, you should have several days charted on your standard celeration chart. At the end of the semester, you will submit a chart showing your DAILY progress. See the below rubric for the minimum frequency that is required, based on the current semester.
- Your goal with SAFMEDS is to get faster...this builds fluency. During your one-minute timed trials, if you don't know a card, skip it and move on quickly. You want to get to as many cards as possible.
- So, let's break out that SAFMEDS Deck and get practicing! There are two options for practicing your SAFMEDS deck. Both involve 10-15 minutes of practice per day followed by a 1-minute timed probe that is charted. Pick the one that you think will help you the most!

- **SAFMEDS + Standard Celeration Practice Option 1: Whole Deck Practice**
  - Every day, you should practice at least five 1-minute timings (i.e., practice 10-minutes/day) in each direction
    - SEE term/SAY definition
      - e.g., See term: “Continuous Measurement”/ Say definition: “A measurement procedure that captures all occurrences of behavior.”
    - SEE definition/SAY term
      - e.g., See definition: A measurement procedure that captures all occurrences of behavior”/ Say term: “Continuous Measurement.”
  - When Practicing….
    - Shuffle your deck of cards three times.
    - Cut the deck in half. (For those of you who don't love a good game of Poker, this means you split the deck in half and put the bottom half on top. You should be practicing all 60 cards).
    - Set a 1-minute timer and press “Start.”
    - If you do not know a term or definition, you may say “Pass” and skip to the next card.
    - As you go through the flashcards, separate them into piles of “Correct” and “Incorrect” responses.
    - Repeat this process until the 1-minute timer goes off.
    - After the 1-minute time goes off, review the incorrect responses prior to the next timing.
    - After practicing for 10-15 minutes, complete a final 1-minute timing using See definition/Say term and chart the number of correct terms and incorrect terms during this 1-minute attempt using a standard celeration chart. Any cards that you “Passed” or got wrong are scored as incorrect. You will chart your data daily for each course throughout the semester. <-- This final timed probe is the only one that you will chart!
      - Example: Let's say you got through 12 cards in 1 minute. You had 9 correct and 3 incorrect. You will chart 9 correct with circles and 3 incorrect with X. The next day, try to beat this score!
        - NOTE: You might be asking yourself, "What should I do with the 48 cards I didn't get to?" Nothing. These are not counted for or against you (i.e., they are not charted), but let you know you have more practice to do.
- **SAFMEDS + Standard Celeration Practice Option 2: Folding-in**
  - Every day, you should practice your SAFMEDS deck for approximately 10-minutes/day. Vary the direction of your cards each day. On odd days, for example, you may choose to use the See term/Say Definition process, and on even days, use the See definition/Say term process.
    - See term/Say definition
      - e.g., See term: “Continuous Measurement”/ Say definition: “A measurement procedure that captures all occurrences of behavior.”
    - See definition/Say term

        - e.g., See definition: A measurement procedure that captures all occurrences of behavior"/ Say term: "Continuous Measurement."
- When Practicing….
    - Shuffle your deck of cards three times.
    - Cut the deck in half. (For those of you who don't love a good game of Poker, this means you split the deck in half and put the bottom half on top. You should be practicing all 60 cards).
    - Go through the entire deck of cards. As you go through the flashcards, separate them into piles of "Known" and "Unknown" responses. A known response is one in which you said the term (or definition) correctly within 3 seconds. An unknown response is one that you did not know or took longer than 3 seconds to recognize.
    - Next, you should take 7 cards from your "Known" pile and 3 cards from your "Unknown" pile. Practice going through these 10 cards until they are all known (i.e., you get through the whole deck 3 times with all correct responses). Once you meet this mastery criterion, remove 3 cards from your deck that came from the original "Known" pile and add in 3 new "Unknown" cards. NOTE: In the beginning of the semester, you might not have 7 "Known" cards. That's ok. Practice one card until you get it. This is just practice. It doesn't need to be perfect!
    - Practice your cards for 10-15 minutes each day.
    - After practicing for 10-15 minutes, complete a final 1-minute timing using See definition/Say term and chart the number of correct terms and incorrect terms during this 1-minute attempt using a standard celeration chart. Any cards that you "Passed" or got wrong are scored as incorrect. You will chart your data daily for each course throughout the semester. <-- This final timed probe is the only one that you will chart!
        - Example: Let's say you got through 12 cards in 1 minute. You had 9 correct and 3 incorrect. You will chart 9 correct with circles and 3 incorrect with X. The next day, try to beat this score!
            - NOTE: You might be asking yourself, "What should I do with the 48 cards I didn't get to?" Nothing. These are not counted for or against you (i.e., they are not charted), but let you know you have more practice to do.
            - You might be asking yourself, "If I am only charting the last 1-minute probe, why should I be spending 10 minutes each day going through these cards in two different ways?" Great question! We want you to practice these terms so that you can improve your accuracy and fluency! Consider the instructional hierarchy of learning. When you are accurate and fluent with a task, only then can comprehension, adaptation, and generalization occur. We want to set you up for success in mastering the content that you will use for your future career!
- Reminder: Do not chart practice trials. Only chart your 1-minute trial.

- **Charting**
  - After practicing for 10-15 minutes, complete a final 1-minute timing using **See definition/Say term** and chart the number of correct terms and incorrect terms during this 1-minute attempt using a standard celeration chart. Any cards that you "Passed" or got wrong are scored as incorrect. You will chart your data daily for each course throughout the semester.
- **Scoring Guidelines for Card Responses**
  - When assessing student responses, the following criteria will be used to determine correctness:
    - Correct Responses: A response is considered correct when you state the term exactly as it is written on the card.
    - Incorrect Responses: A response will be deemed incorrect if you:
      - State "pass"
      - State the term in a way that differs from its exact wording on the card
    - Note: If you have cards remaining at the end of your 1-minute timed trial, remaining cards are **not** scored as incorrect or correct. These remaining cards will not be displayed on the Standard Celeration Chart.
  - Timing and Charting: At the end of the one-minute timing session:
    - Only the total number of correct and incorrect responses will be recorded on the standard celeration chart.
    - Any cards not addressed by you during this time will not be counted as either correct or incorrect and will not be included in the charting process.
  - These guidelines ensure a consistent and fair evaluation of student performance.

Step 3: Video Checkpoints

- Video: (**See Definition/Say Term**)
  - During the semester you will create **4** videos practicing SAFMEDS that are spread out throughout the semester.
  - Start the video recording. State your name, the course, the section number, your instructor, and the semester. (e.g., "Joe Smith, SPCE 630 Section 800, Dr. Jones, Spring 2024")
  - In the view of the recording shuffle your deck of cards three times.
  - Cut the deck in half (split the deck evenly, the top half will now be moved to the bottom).
  - Set a 1-minute timer and show the camera your timer as you press "Start."
  - Hold your stack of cards in front of you with the TERM facing the camera so the instructor can see the stack and the TERM. You may not hold the deck in a way that allows you to see the term.
  - After reading the definition (do not read aloud), say the TERM from memory.
  - After saying the TERM, show the back of the card to the camera, and place the card aside.
  - If you do not know a TERM, you may say "pass" and skip to the next card.
  - Repeat this process until the 1-minute timer goes off.
  - After the 1-minute time goes off, say "Time," but continue recording and finish going through all remaining cards.

  - On your standard celeration chart, chart the cards that were completed within one minute. Chart the number of correct and incorrect terms. Any cards in which you said "Pass" or got wrong are scored as incorrect.
- Review your own video for accuracy before uploading it to Canvas. You may practice as many times as you need to get the score you like. You may need to complete several recordings before uploading one for grading. You will submit your standard celeration chart showing all daily data up to that point when submitting your video.
- It is critical to practice daily to achieve mastery of this skill.
- Your goal is to complete all terms by your final video.
- Video checkpoints are graded as complete/incomplete.

Grading Rubrics:

Part A Rubric 1:

SAFMEDS + Standard Celeration Chart (Deck)		
Criteria	**Complete**	**Incomplete**
Index Cards	Student submitted a complete set of handwritten index cards (term/definition) for at least 50 assigned terms. Cards are legible, organized, and include student initials.	Student submitted fewer than 50 cards or used an unapproved method.

Part A Rubric 2:

SAFMEDS + Standard Celeration Chart (Check Points 1-3)			
Criteria	**Exceeds Expectations**	**Meets Expectations**	**Does Not Meet Expectations**
Standard Celeration Chart (Required)	Student accurately charted SAFMEDS data on a standard celeration chart, including all required elements (name, instructor/course/section, date, correct/incorrect data points, and record floor).	Student charted SAFMEDS data on a standard celeration chart with minor charting errors (missing section number or slight misalignment of data points and dates).	Student did not submit a final standard celeration chart or the chart contains significant errors (missing required elements, inaccurate data reporting, or illegible).
Video Submission (Required)	Student submitted a video demonstrating a 1-minute timed SAFMEDS session including required elements (student introduction, visible cards, and accurate demonstration of the SAFMEDS procedure (shuffle, timing, results shown)).	Student submitted a complete video that meets most requirements but includes a minor omission or error (i.e., missing the section number, cards somewhat difficult to see, or results not shared at the end of the timing).	Video missing, incomplete, contains major errors, or does not demonstrate the SAFMEDS procedure accurately (no introduction, cards not visible, or timing not shown).
	Progress Observed		**Progress Concerns**
Fluency (Feedback Only)	Data suggests that student is making progress toward 20 or more correct responses per minute.		Data suggests that student is at risk for not meeting criteria for at least 20 correct responses per minute; adjust or increase practice!
Consistency (Feedback Only)	Data suggests that student is making improvement over time.		Data suggests that student is at risk for not demonstrating improvement in performance over time; adjust or increase practice!

Participation (Feedback Only)	Data suggests that student is engaging in regular practice.	Data suggests that student is at risk for not meeting minimum daily practice requirements; increase practice!

Part A Rubric 3:

SAFMEDS + Standard Celeration Chart (Final Check Point 4)			
Criteria	**Exceeds Expectations**	**Meets Expectations**	**Does Not Meet Expectations**
Index Cards	Student has created handwritten index cards (definition/term) for the 60 terms assigned in the course. Cards must have student initials.	Student has created handwritten index cards (definition/term) for 50-59 of the terms assigned in the course with student initials.	Student has created handwritten index cards (definition/term) for fewer than the 50 of the terms assigned in the course or did not include student initials or used a method that was not approved by the instructor.
Standard Celeration Chart	Student accurately charted SAFMEDS data on a standard celeration chart, including all required elements (name, instructor/course/section, date, correct/incorrect data points, and record floor).	Student charted SAFMEDS data on a standard celeration chart with minor charting errors (missing section number or slight misalignment of data points and dates).	Student did not submit a final standard celeration chart or the chart contains significant errors (missing required elements, inaccurate data reporting, or illegible).
Fluency	Student has completed at least 40+ correct responses per minute.	Student has completed 20-39 correct responses per minute.	Student has completed fewer than 20 correct responses per minute.
Consistency	Data shows consistent improvement over sessions.	Data shows fluctuating performance with some improvement.	Data shows no improvement or a decline in performance.
Participation	The student submitted a final standard celeration chart documenting more than the minimum required data points of daily practice (70 for 16-wk courses; 50 for 10-week courses, 35 for 8-week courses).	The student submitted a final standard celeration chart documenting the minimum required data points of daily practice (70 for 16-wk courses; 50 for 10-week courses, 35 for 8-week courses).	The student submitted a final standard celeration chart documenting less than the minimum required data points of daily practice (70 for 16-wk courses; 50 for 10-week courses, 35 for 8-week courses).
Video	Student submitted a complete final video that fully meets all requirements: data align with the standard celeration chart; the student is visible and clearly introduces themselves (name, course, section, instructor, semester, and date); cards are visible throughout; and the video accurately demonstrates the full SAFMEDS protocol (shuffle, practice, 1-minute timing, results recorded).	Student submitted a complete final video that meets most requirements but includes a minor omission or error (missing the section number, cards somewhat difficult to see, or results not shared at the end of the timing).	Student did not submit a complete final video or the submission contains major errors (data do not match the standard celeration chart, student introduction elements or visible cards are missing, or the video fails to demonstrate the SAFMEDS protocol).

Adherence to the procedures	The student successfully submitted four complete SAFMEDS Check Points.	The student successfully submitted three complete SAFMEDS Check Points.	The student successfully submitted fewer than three complete SAFMEDS Check Points.
Scoring Criteria **PASS:** You will earn a passing score if 5/7 criteria are "Meets expectations" or above. **DOES NOT PASS**: You will not earn a passing score if 3 or more criteria fall under "Does not meet expectations."			

Capstone Part 1: Portfolio Part B Comprehensive Study Guide

Overview: In each course, you will develop a comprehensive study guide that relates to the BACB® Test Content Outline items that are covered in the course.

Rationale: The purpose of this Capstone component is for you to develop a portfolio that will serve as a study guide when studying for the BCBA® exam.

Canvas Assignment Instructions:

Step 1: Review Test Content Outline Items

- In each course, you will be provided with a list of BACB® Test Content Outline items that are covered in the course. During the first week of the course, you should review all items that are covered in the course.
- You may not work together to complete study guides.
- All study guides will be submitted to plagiarism detection software.

Step 2: Complete 4 Checkpoints

- At 4 points during the semester, you will submit progress on your study guide. This is to ensure that you are making progress toward completing your study guide and that your study guide has adequate detail. At each checkpoint you will:
  - Create an outline of the Test Content Outline items that have been covered
  - Write 5 original multiple-choice questions that include the correct answers and rationale for the correct answer
  - Provide 1 visual aid to enhance understanding of a complex topic (e.g., chart, diagram, table, illustration). These must be completed by you and may not be taken from the Internet.
  - Submit two references from your course modules that enhance your understanding of complex material. Choose assigned readings, such as peer-reviewed journal articles or book chapters, that you can reference beyond the program.
- Checkpoints will be graded as complete/incomplete

Step 3: Submit Final Study Guide

- By the end of the semester, you will complete a comprehensive study guide/outline covering all Test Content Outline items that were covered in the course.
- The comprehensive study guide will include the following:
  - Outline of key concepts

- At least 20 multiple choice questions with 5 choices (A, B, C, D, E). The correct choice must be indicated with a rationale explaining why the choice is correct.
- At least 4 visual aids are incorporated to enhance understanding of complex topics (e.g., chart, diagram, table, illustration). These must be completed by you and may not be taken from the Internet.
- At least 8 references for further study.

Grading Rubrics:

Part B Rubric 1:

Comprehensive Study Guide: Check Points 1-4			
Criteria	**Exceed Expectations**	**Meets Expectations**	**Does Not Meet Expectations**
Outline Content	Student submitted an organized outline that includes all required items for this checkpoint based on BACB Test Content Outline items listed at the top. Each item is represented by key points and examples derived from course materials and accurate information.	Study guide includes required TCO items, with no more than one item missing or underdeveloped. Each item includes key concepts or examples derived from course materials and accurate information.	Student did not include an outline or is missing more than one required item, lacks clear alignment with BACB Test Content Outline items, is not in outline format, does not included content from course materials, or is inaccurate.
Organization	Sections and subheadings clearly match the TCO items. Formatting (e.g., headers, numbering, spacing) allows for easy navigation and reference. Content flows logically throughout.	Content is generally organized with section headings but may contain minor inconsistencies or formatting issues that slightly hinder navigation.	Organization is unclear or inconsistent, making it difficult to locate key sections or follow the flow of information.
Clarity	Writing is clear, concise, and uses professional behavior-analytic language. All terms are defined accurately. Sentences are grammatically correct and free of major errors.	Writing is understandable and generally clear, with occasional wording or grammatical issues that do not significantly hinder comprehension.	Writing is unclear, imprecise, or contains multiple grammatical or conceptual errors that impede understanding.
Visual Support	Student created one original visual support (e.g., diagram, chart, mnemonic, or table) that enhances understanding. The visual is labeled, legible, and demonstrates an assigned BACB Test Content Outline item. It is hand-drawn, digitally created, or formatted in Word or PowerPoint.	Student created one visual support (e.g., diagram, chart, mnemonic, or table) that demonstrates an assigned BACB Test Content Outline item. The visual is clear and mostly labeled, though minor formatting or clarity issues may be present.	Student did not provide 1 original visual support (e.g., table, chart, mnemonics) or the visual is copied from another source, does not demonstrate the assigned content, or lacks clarity/labels.
Multiple Choice Questions	Student included 5 original multiple-choice questions aligned with assigned BACB Test Content Outline items. There are 5 answer choices (i.e., A, B, C, D, E), the correct answer is accurate and clearly identified, and a rationale for the correct answer is provided.	Student included 5 original multiple-choice questions aligned with assigned TCO items. Each question includes 5 answer options, an accurate correct answer, and a rationale, though one or two questions may lack detail or clarity.	Student included fewer than 5 multiple choice items, OR did not include 5 potential answers, OR did not clearly identify the correct choice or identified an incorrect item OR did not provide a rationale for the correct choice.
References	Student included two APA-formatted references relevant to the assigned BACB Test Content	Student included two references related to assigned BACB Test Content Outline items.	Student provided fewer than two references, references not in APA format, sources are

	Outline items and derived from credible academic sources directly from course materials (e.g., assigned readings, faculty lecture video, etc.).	References are credible and academic sources directly from course materials, though may have minor APA formatting errors.	unrelated to the assigned BACB Test Content Outline item, and/or sources are not directly from course materials.
Scoring Criteria **COMPLETE:** You will earn a passing score if 6/6 criteria are "Meets expectations" or above. **INCOMPLETE:** You will not earn a passing score if 1 or more criteria fall under "Does not meet expectations."			

Part B Rubric 2:

Comprehensive Study Guide Final Submission			
Criteria	**Exceeds Expectations**	**Meets Expectations**	**Does Not Meet Expectations**
Outline Content	Student submitted an organized outline that includes all required items for this course based on BACB Test Content Outline items listed at the top. Each topic is represented by key points and examples derived from course materials and accurate information.	Study guide includes required TCO items, with no more than one item missing or underdeveloped. Each area includes key concepts or examples derived from course materials.	Student did not include an outline or is missing more than one required item, lacks clear alignment with BACB Test Content Outline items, is not in outline format, does not included content from course materials, or is inaccurate.
Organization	Sections and subheadings clearly match the TCO items. Formatting (e.g., headers, numbering, spacing) allows for easy navigation and reference. Content flows logically throughout.	Content is generally organized with section headings but may contain minor inconsistencies or formatting issues that slightly hinder navigation.	Organization is unclear or inconsistent, making it difficult to locate key sections or follow the flow of information.
Clarity	Writing is clear, concise, and uses professional behavior-analytic language. All terms are defined accurately. Sentences are grammatically correct and free of major errors.	Writing is understandable and generally clear, with occasional wording or grammatical issues that do not significantly hinder comprehension.	Writing is unclear, imprecise, or contains multiple grammatical or conceptual errors that impede understanding.
Visual Aids	Includes 4 original, student-created visuals (e.g., diagrams, tables, mnemonics, or charts) that are accurate, clearly labeled & legible, and directly enhance understanding of TCO items. They are hand-drawn, digitally created, or formatted in Word or PowerPoint.	Includes at least 3 visuals (e.g., diagram, chart, mnemonic, or table) that demonstrate assigned BACB Test Content Outline items. The visuals are clear and mostly labeled, though minor formatting or clarity issues may be present.	Fewer than 3 visuals provided, (e.g., table, chart, mnemonics) or the visuals are copied from another source, do not demonstrate the assigned content, or lack clarity/labels.
Multiple Choice Questions	Includes 20 original multiple-choice questions aligned with assigned BACB TCO items. There are 5 answer choices (i.e., A, B, C, D, E), the correct answer is accurate and clearly identified, and a rationale for the correct answer is provided.	Includes at least 18 original multiple-choice questions aligned with assigned TCO items. Each question includes 5 answer options, an accurate correct answer, and a rationale, though one or two questions may lack detail or clarity.	Student included fewer than 18 multiple choice items, OR did not include 5 potential answers, OR did not clearly identify the correct choice or identified an incorrect item OR did not provide a rationale for the correct choice.
References	Includes at least 8 APA-formatted references relevant to the assigned BACB Test Content Outline items and derived from credible academic sources directly from course materials (e.g., assigned readings, faculty lecture video, etc.).	Includes at least 8 references related to assigned BACB Test Content Outline items. References are credible and academic sources directly from course materials, though may have minor APA formatting errors.	Student provided fewer than 8 references, references not in APA format, sources are unrelated to the assigned BACB Test Content Outline item, and/or sources are not directly from course materials.

Checkpoints	Student earned "Complete" on all 4 Check Points, each submitted by its original or approved resubmission deadline.	Student earned "Complete" on at least 3 Check Points, each submitted by its original or approved resubmission deadline.	Student earned fewer than 3 Check Points as "Complete" or missed submission deadlines without approval.
Scoring Criteria **PASS:** You will earn a passing score if 5/7 criteria are "Meets expectations" or above. **DOES NOT PASS**: You will not earn a passing score if 3 or more criteria fall under "Does not meet expectations."			

Capstone Part 1: Portfolio Part C: Infographic

Overview: In each course, you will develop a 1-page infographic covering content in the course that was challenging for them to understand. You are encouraged to be creative. This portion of the project may take several different formats (e.g., hand drawn, computer generated). You are encouraged to use a format that will work best for them to master the content that you find most challenging (see Appendix B)

Rationale: The purpose of this assignment is to present complicated information in a visual manner that is easy for you to remember.

Instructions:

- Complete a 1-page infographic covering content related the course materials.
- The infographic submitted must be unique to the course and may not be submitted in more than one course.
- The infographic must be created by you and may not be taken from the Internet, textbooks, or other students' materials.

Grading Rubric:

Portfolio Part C: Infographic		
Criteria	**Meets Expectations**	**Does Not Meet Expectations**
Infographic	Student submitted a 1-page infographic.	Student did not submit a 1-page infographic
Content	Content in the infographic was related to the BACB Test Content Outline topics covered in the course.	Content in the infographic was not related to the BACB Test Content Outline topics covered in the course.
Student Generated	The student independently developed an original infographic.	The student submitted an infographic with content that was previously submitted or the infographic included content that was not developed by the student.

Scoring Criteria

PASS: You will earn a passing score if 3/3 criteria are "Meets expectations."
DOES NOT PASS: You will not earn a passing score if 1 or more criteria fall under "Does not meet expectations."

Capstone Part 2: Mock BCBA® Exam

You will purchase access to the Vizi BCBA® Exam Preparation Program in each course. We have negotiated a discounted rate with the publisher. The rate is $37 per course. You will have access to the Vizi BCBA® Exam Preparation Program for 12 months following graduation to assist with studying for the BCBA® examination (APPENDIX C for how to get access post-graduation).

Vizi Content: In each course, you should complete the Vizi modules that are associated with the course content (see Appendix D). Some instructors may have specific assignments related to the Vizi modules that are linked in Canvas; however, if they do not, you are encouraged to complete the Vizi modules associated with the course when enrolled in that course.

Vizi Pre-Exam: You will complete the Vizi BCBA® Exam Pre-Exam in SPCE 638/SPCE 683. This exam will provide you with an indication of areas in which you require further studying. You should continue to practice the content areas in which you require additional supports. You are encouraged to complete SPCE 609, SPCE 610, SPCE 611, SPCE 619, and SPCE 630 prior to attempting the pre-test.

Vizi Post-Exam One: This is your opportunity to take a practice version of the BCBA® Examination. Plan for four uninterrupted hours to simulate actual exam conditions. While completing the exam in one sitting is recommended, your progress will be saved if you need to stop and return later. You can flag questions to review later; flagged items will appear on the final review screen before submission. You may complete Post-Exam One as many times as you would like for additional practice.

Vizi Post-Exam Two: Post-Exam Two follows the same format as Post-Exam One and can be completed any time after the pre-exam. It simulates actual BCBA® exam conditions, so plan for four uninterrupted hours, though progress will be saved if you need to pause. You'll receive feedback on any items answered incorrectly, and you may retake Post-Exam Two as often as you'd like for additional practice. You can also flag questions to review later, which will appear on the final review screen.

Vizi Final Exam: Vizi Final Exam access will remain locked until you are registered for SPCE 638 or SPCE 683. During the course, you will be required to complete and pass the Vizi Final Exam. You may take the exam as many times as needed while enrolled to meet the passing criterion. A minimum score of 83% is required to pass; scores of 82.99% or below are

considered not passing. Please note that feedback is not provided on incorrect items, and each administration includes different questions.

TIP: It is advised that you take SPCE 638 or SPCE 683 at the end of the academic program and allow ample time to practice the Vizi BCBA® Exam Prep Modules prior to registering for this course.

Capstone Part 3: Demonstration of Clinical Skills

You will be expected to demonstrate clinical skills commensurate with those expected of a behavior analyst-in-training. Part 3 of the Capstone project includes the "Demonstration of Clinical Skills." You will complete this component when taking SPCE 638 or SPCE 683. The Demonstration of Clinical Skills serves as an assessment designed to evaluate your proficiency in various clinical skills (e.g., manual or verbal manipulation of data, quantity and quality of performance, concepts, skills, abilities, problem solving) within a practical setting that are essential for behavior analysis. You should review Appendix D for the Demonstration of Clinical Skills Handbook prior to enrolling in SPCE 638 or SPCE 683.

Individuals seeking enrollment in SPCE 638/SPCE 683 are required to identify a qualified supervisor prior to obtaining permission to register for the course. During this class, you will complete a series of guided tasks designed to enhance your behavior analytic skills. The ABA Student Clinical Skills Evaluation Form will be completed by your supervisor, who will rate you on a series of clinical skills that are in alignment with the BACB® Test Content Outline as well as other essential skills (e.g., manual or verbal manipulation of data, quantity and quality of performance, concepts, skills, abilities, problem solving). This assignment requires you to solicit feedback from your supervisor regarding performance in these areas and create a plan of action for any areas in need of improvement (i.e., those skills scoring 1 or 2 on the rating scale). This assessment should be completed at the end of the semester; however, you are encouraged to review it with your supervisor early in the semester to ensure that you are obtaining experiences that will help strengthen your skills in these areas.

Rationale: This assignment is designed to foster self-awareness, skill development, and professional growth in the field of Applied Behavior Analysis. By actively engaging in the feedback process and taking proactive steps to address identified areas of improvement, you will strengthen your clinical competencies and readiness for future practice in behavior analysis.

There are three components for Capstone Part 3: Demonstration of Clinical Skills:

- Applied Behavior Analysis Student Clinician Evaluation Form
- Applied Behavior Analysis Student Clinician Evaluation Form Checklist
- Supervisee Plan of Study for each item receiving a score below 3 (i.e., scores of 1 or 2)

Assessment: To complete the Demonstration of Clinical Skills, you must earn an average score of 3 across all ratings.

Capstone Timeline

Part 1 (Portfolio):
In each course, you are required to submit a portfolio consisting of Part A (SAFMEDS + SCC), Part B (Comprehensive Study Guide), and Part C (Infographic), demonstrating competency in the Test Content Outline items covered in that course. You must earn a passing grade on each component (Part A, Part B, and Part C) in every course to successfully meet the Capstone portfolio requirements.

Part 2 (Comprehensive Mock Exam):
You will complete Part 2 of the Capstone Assignment when you are registered for SPCE 638 or SPCE 683. The Vizi Final Exam will be available in the Canvas modules during the course.

Part 3 (Demonstration of Clinical Skills):
You will complete Part 3 of the Capstone Assignment when you are registered for SPCE 638 or SPCE 683.

Transfer Credit

Students who have transferred credits from other universities will have those courses reviewed for equivalency. If a course is approved for transfer credit, the corresponding Capstone requirements for that course will be considered met, and the student will not be required to complete that portion of the Capstone project.

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Appendix A

Example SAFMEDS Terms by Course*
Terms are subject to change per semester

Course	Terms
SPCE 609	• ABC • Anecdotal Observation • Arbitrary Reinforcers • Attention From Others • Automatic Reinforcement • Escape • Avoidance • Access to tangibles • Behavioral Assessment • Behavior Checklist • Brief Functional Analysis • Conditioned Probability Analysis • Criterion-Referenced Tests • Culture • Descriptive FBA • Ecological Assessment • Forced-Choice • Function • Functional Analysis • Function-Based Definition • Topography-Based Definition • Functional Behavior Assessment (FBA) • Functionally Equivalent • Habituation • Indirect Assessment Methods • Indirect Functional Assessment • Interview Informed Synthesized Contingency Analysis (IISCA) • Modifications • Monitoring Progress • Multiple Stimulus Presentation • Multiple Stimulus Without Replacement • Multiple Stimulus with Replacement • Narrative Observation • Norm-Referenced Tests • Organize

	• Paired Stimulus Preference Assessment • Permanent Product • Pinpointing and Design of Intervention • Pivotal Responses or Behaviors • Preferences • Punishment • Punisher Assessment • Rating Scales and Checklists • Reactivity • Record Review • Reinforcer Assessment • Reinforcement • Relevance of Behavior Rule • Responsivity to Multiple Cues • Satiation • Scatterplot Recording • Setting Events • Social Significance • Standardized Test • Stimulus Preference Assessment (SPA) • Trial Based Stimulus Preference Assessment • Undifferentiated Responding • Behavioral interview • Behavior Rating Scales • Maintenance
SPCE 610	• ABC • Anecdotal Observation • Arbitrary Reinforcers • Attention From Others • Automatic Reinforcement • Escape • Avoidance • Access to tangibles • Behavioral Assessment • Behavior Checklist • Brief Functional Analysis • Conditioned Probability Analysis • Criterion-Referenced Tests • Culture • Cultural Humility • Descriptive FBA • Ecological Assessment • Forced-Choice

	• Function • Functional Analysis • Function-Based Definition • Topography-Based Definition • Functional Behavior Assessment (FBA) • Functionally Equivalent • Habituation • Indirect Assessment Methods • Indirect Functional Assessment • Interview Informed Synthesized Contingency Analysis (IISCA) • Modifications • Monitoring Progress • Multiple Stimulus Presentation • Multiple Stimulus Without Replacement • Multiple Stimulus with Replacement • Narrative Observation • Norm-Referenced Tests • Organize • Paired Stimulus Preference Assessment • Permanent Product • Pinpointing and Design of Intervention • Pivotal Responses or Behaviors • Preferences • Punishment • Punisher Assessment • Rating Scales and Checklists • Reactivity • Record Review • Reinforcer Assessment • Reinforcement • Relevance of Behavior Rule • Responsivity to Multiple Cues • Scatterplot Recording • Setting Events • Social Significance • Standardized Test • Stimulus Preference Assessment (SPA) • Trial Based Stimulus Preference Assessment • Undifferentiated Responding • Behavioral interview • Behavior Rating Scales • Maintenance

SPCE 611	• Abative Effect • Abolishing Operation (AO) • Antecedent Intervention • Backward Chaining • Backward Chaining with leap aheads • Behavior-Altering Effect • Behavior Chain • Behavior Chain Interruption Strategy • Behavior Chain Limited Hold • Behavioral Momentum • Behavior Trap • Chaining • Contingency Contract • Contingency Reversal • Contingency Space Analysis • Contrived Contingency • Contrived Mediating Stimulus • Enriched Environment • Escape Extinction • Evocative Effect • Extinction Burst • Extinction-Induced Variability • Fixed-Time Schedule • Function-Altering Effect • Dependent (group contingency) • Differential Reinforcement • Differential Reinforcement of Alternative Behavior (DRA) • Differential Reinforcement of High Rates of Behavior (DRH) • Differential Reinforcement of Incompatible Behavior (DRI) • Differential Reinforcement of Low Rates (DRL) • Differential Reinforcement of Other Behavior (DRO) • Discrete Trial Training (DTT) • Establishing Operation (EO) • Extinction • Forward Chaining • Generalization Strategies • High-Probability (high-p) • Imitation Training • Incidental Teaching • Independent (group contingency) • Indiscriminable Contingency

	• Interdependent (group contingency) • Level Systems • Multiple-Exemplar Training • Shaping • Modeling • Teach Loosely • Total-Task Chaining • Spontaneous Recovery • Successive Approximation • Token Economy • Delayed Discounting • Response Cost • Back-Up Reinforcer • Motivating Operation (MO) • Self-Management • Surrogate Conditioned Motivating Operation (CMO-S) • Reflexive Conditioned Motivating Operation (CMO-R) • Transitive Conditioned Motivating Operation (CMO-T)
SPCE 619	• Ableism • Accountability • Addressing Interfering Conditions • Advocating for Appropriate Services • Assent • Assent Withdrawal • Bias • Client • Client's Rights • Coercion • Core Principles • Conflict of Interest • Confidential • Compliance • Continuity of Services • Cultural Humility • Cultural Responsiveness • Discontinuation of Services • Diversity • Decision-Making Capacity • Documentation Protection • Documentation Retention • Exploitation • Ethics • Ethical Decision-Making Model

	• Equity • Fraud, Waste & Abuse • Family Educational Rights and Privacy Act (FERPA) • Gifts • Hancock v Avery (1996) • Health Information Portability and Accountability Act (HIPAA) • Identifying Stakeholders • Inclusion • Integrity • Informed Consent for Services • Informed Consent for Sharing or Using Information • Laws and Regulations • Least Restrictive • Legally Authorized Representative • Limitations of Confidentiality • Maintaining Competence • Multiple Relationship • Non-Discrimination • Non-Harassment • Performance Monitoring • Plagiarism • Public Statements • Research • Research Participant • Responsibility to Clients • Risk-Benefit Analysis • Service Agreement • Scope of Competence • Stakeholder • Supervisee • Testimonial • Third Party • Transition of Services • Trainee • Wyatt v. Stickney (1972)
SPCE 630	• Adaptation • Baseline Data • Baseline Logic • Basic Effect • Between-Group Research • Carryover Effects • Case Study

	• Changing Criterion Design • Clinical Significance • Comparison Research Question • Component Analysis • Confounding Variables • Continuous Measurement • Correlational Research • Cumulative Record • Cyclical Variability • Demonstration Research Question • Dependent Variable • Discontinuous Measurement • Duration • Equal Interval Graph • External Validity • Frequency • Functional Relation • History • Immediacy of Effect • Independent Variable • Instrumentation • Inter Response Time (IRT) • Internal Validity • Latency • Level • Line Graph • Maturation • Momentary time sampling. • Multielement Design • Multiple Baseline Design • Multiple Probe Design • Overlap • Parametric Research Question • Partial Interval Recording • Percentage of Non Overlapping Data Points (PND) • Higher PND = Stronger Effect • Permanent Products • PLA-CHECK • Rapid Iterative Alternation Designs • Rate • Reliability • Research • Semilogarithmic Charts

	• Sequence Effects • Sequential Introduction and Withdrawal Designs • Single Case Research Design • Time Lagged Designs • Treatment Fidelity • Trend • Trials to Criterion • Validity • Variability • Whole interval recording • Withdrawal Design
SPCE 638/SPCE 683	• Setting • Empathy • Sequential Modification • Introduce Natural Maintaining Contingency • Train Sufficient Exemplars • Mediate Generalize • Train "To Generalize" • Planned Models • Unplanned Models • Indirect Preference Assessments • Direct Preference Assessments • Positive Outcomes Associated with Evidence Based Supervision • Negative Outcomes Associated with Failure to Provide Evidence Based Supervision • Supervisee Goal Setting • Supervisee Expectations • Supervisor • Alternative Behaviors • Potential Reinforcers • Restricted Activities • Thin Reinforcement • Supervisee Initial Assessment • Upward Evaluations • Self-evaluation • Compliance code • Disciplinary standards • Ethical codes of behavior

	• Naive observer • Overshadowing • Schedule Thinning • Cost-Benefit Ratio • Horizontal Axis • Vertical Axis • Axis Labels • Condition Change Line • Condition Labels • Countercontrol • Professional Standards • Profesional Certification • License • Unrestricted activities • Ratio Strain • Matching Law • Scatterplot • Habit Reversal • Lag reinforcement • Chained schedule • Concurrent schedule • Use of Intellectual Property • Environmental Enrichment • Vocal Nonverbal • Vocal Verbal • Professional Development • Group Supervision • Individual Supervision • Graduated Guidance • In-Situ Assessment • Primary Unconditioned Punishers • Primary Unconditioned Reinforcers • Socially Mediated Punishment • Socially Mediated Reinforcement
SPCE 680	• AB Design • Alternating Interventions Design • Apraxia

	• Augmentative and Alternative Communication (AAC) • Autism Diagnostic Interview (ADI-R) • Autism Diagnostic Observation Scale (ADOS) • Autism Spectrum Disorder (ASD) • Behavioral Contrast • Collaborating with Colleagues • Collecting and Using Data • Comorbid Conditions • Considering Medical Needs • Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5) • Differential Diagnosis • Echolalia • Epilepsy • Quality of Life • Intellectual Disability • Intervention • Intervention Acceptability • Joint Attention • Learning • Medication • Mental Health • Motor Imitation • Neurodiversity • Operational Definition • Pica • Picture Exchange Communication System (PECS) • Predatory Journal • Person centered care • Prevalence • Primacy Criterion • Procedural Accuracy Data • Progress Monitoring • Prompt Dependency • Randomization • Repertoire • Response • Restrictive Repetitive Behaviors (RRBs) • Ritualistic Behavior • Scope of Practice • Selective Mutism • Self-injurious Behaviors (SIBs) • Self-determination

	• Self-Stimulatory Behavior • Sensory Defensiveness • Single Case Design • Social Stories • Social Support • Subjectivity • Support Needs • Systematic Review • Target Client • Temporal Extent • Temporal Locus • Testable Behaviors • Three-Term Contingency • Treatment Integrity
SPCE 682	• Cultural Match • Emotional regulation • Evidence-based interventions • Errorless Learning • Executive functioning • Least-to-Most Prompting • Mastery Criteria • Treatment Goal • Ecological validity • Most-to-Least Prompting • Functional skills • Treatment Acceptability • Timeout • Peer-Mediated Interventions • Pivotal Behavior • Feasibility • Positive Behavior Support • Precision Teaching • Prompt • Stakeholder Clients • PLA-Check • Self-Determination • Stimulus Discrimination • Stimulus Generalization • Structured Play Groups • Symbolic Play • Pre-requisite Skills • Nonverbal mirroring • Visual Supports

	• Preference Assessment • Functional Communication Training (FCT) • Planned Ignoring • Generalization • Theory of mind • Program Common Stimuli • Parallel Play • Methodological Rigor • Critical learning period • Practice Guidelines • Massed Trials • Listener Responding • Mand Training • Intraverbal Training • Service Agreement • Communicating About Services • Selecting, Designing, and Implementing Assessments • Selecting, Designing, and Implementing Behavior-Change Interventions • Fading • Onlooker behavior • Good Behavior Game • Mystery Motivator • Train Loosely • Parallel play • Interprofessional Practice (IPP) • Task Interspersal • Positive Practice Overcorrection • Regression • Premack Principle • Functional Play • Plateau
SPCE 689	• Description • Prediction • Control • Behaviorism • Radical Behaviorism • Methodological Behaviorism • Experimental Analysis of Behavior • Science • Selectionism • Determinism

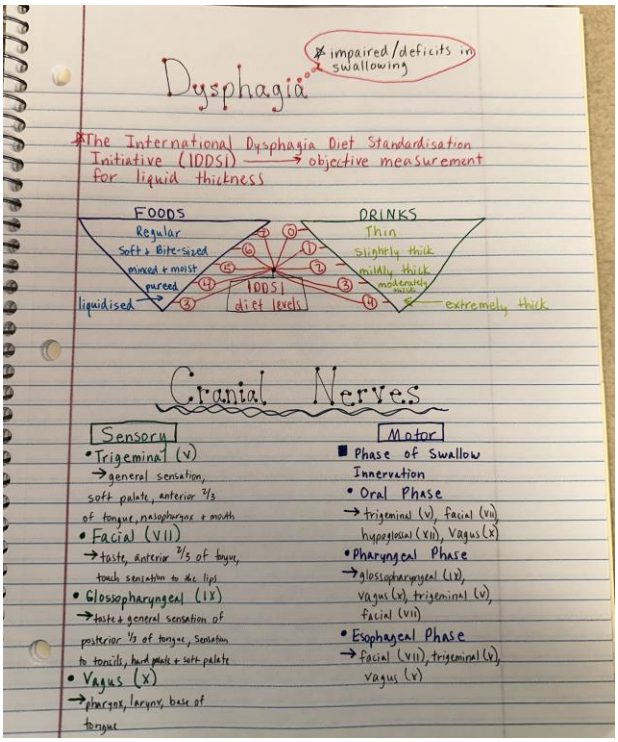
	• Empiricism • Parsimony • Pragmatism • Behavioral • Applied • Technological • Conceptually Systematic • Analytic • Generalizable • Effective • Verbal Behavior • Public/Overt Event • Private/Covert Behavior • Stimulus Class • Verbal Stimulus • Stimulus Control • Audience/ Verbal Community • Socially Mediated Reinforcement • Verbal Episode • Hypothetical Construct • Explanatory Fiction • Topography Based Behavior • Selection Based Behavior • Matching to Sample • Transfer of Function • Verbal Operant • Formal Control • Thematic Control • Mand • Tact • Intraverbal • Autoclitic • Duplics: Echoic, Motor Imitation, Copying Text • Codics: Textual behavior, taking dictation • Multiple Control • Formal Similarity • Point-to-Point Correspondence • Multiple Exemplar Training • Contextual Control • Bidirectional Naming • Functional Contextualism • Stimulus Equivalence • Relational Frame Theory

	• Derived Relation • Relational Responding • Arbitrarily Applicable Relational Responding • Mutual Entailment • Combinatorial Entailment • Transformation of Stimulus Functions • Rule Governed Behavior
SPCE 691	• 4:1 Rule • Accountability in supervision • Assessing supervision environment • Behavior-based Safety (BBS) • Behavioral Skills Training (BST) • Behavioral Systems Analysis (BSA) • Behaviorally Anchored Rating Scale (BARS) • Burnout • Coaching • Collaboration • Communicating with stakeholders about third-party contracted services • Competition • Considerations to supervise • Corrective performance feedback • Culturally responsive performance management • Decision to supervise • Discretionary Effort • Documenting professional activity • Evaluating effects of supervision and training • Evidence-based supervision • Facilitating continuity of supervision • Feedback • Forced distribution • Formal review • Formative augmental • Goal setting • Graphic feedback • Informal review • Job aid • Job mission • Maintaining supervision documentation • Management by Perception • Management by Exception

	• Motivative augmental • Participative management • Performance Diagnostic Checklist - Human Services (PDC-HS) • Performance Diagnostic Checklist (PDC) • Performance Expectations • Performance Feedback (in BST) • Performance Management Models • Performance Matrix • Performance Practice (Rehearsal in BST) • PIC/NIC analysis • Pinpoint • Pyramidal Training • Psychological Safety • Reinforcer survey • Results • Sandwich Method • Self-monitoring • Skill deficit (supervisee) • Soft skills • Stretch goal • Sub-goal • Supervision • Supervisory competence • Supervisory volume • Tangible reinforcer • Task Clarification • Training acceptability

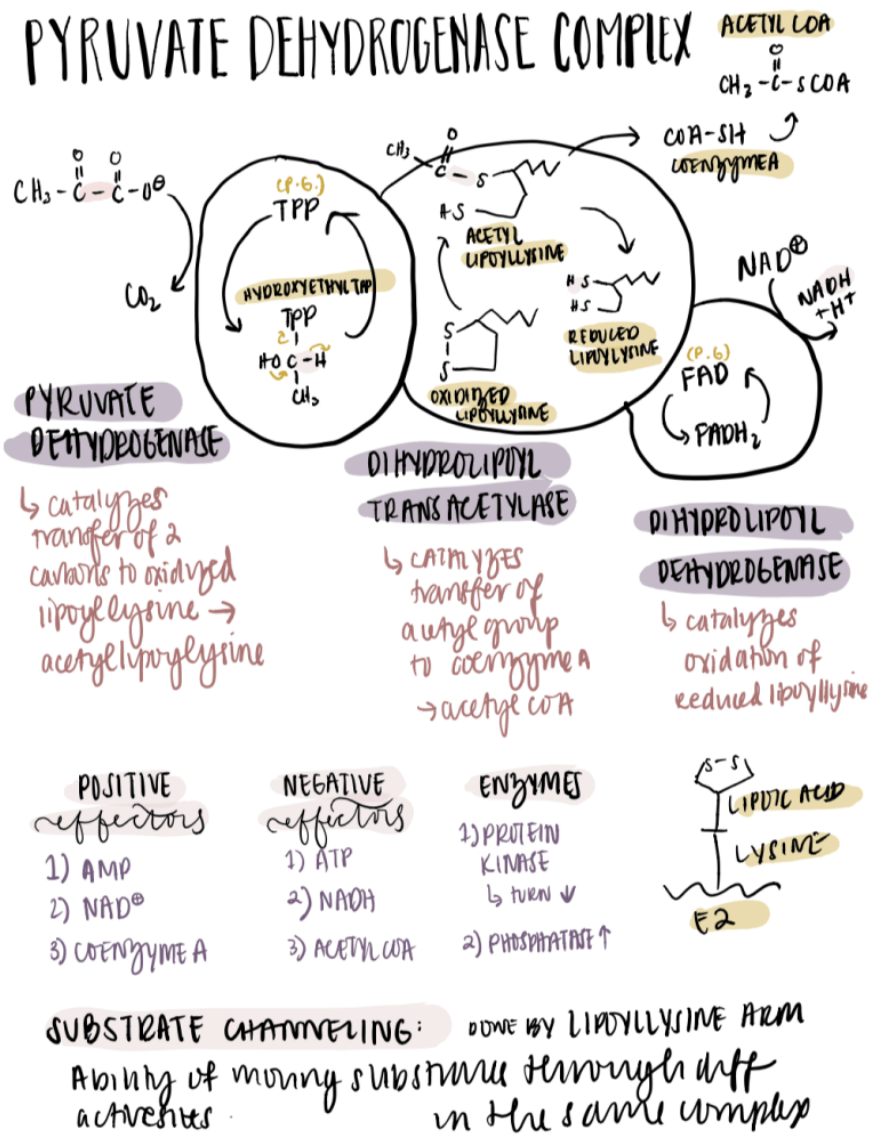
Appendix B

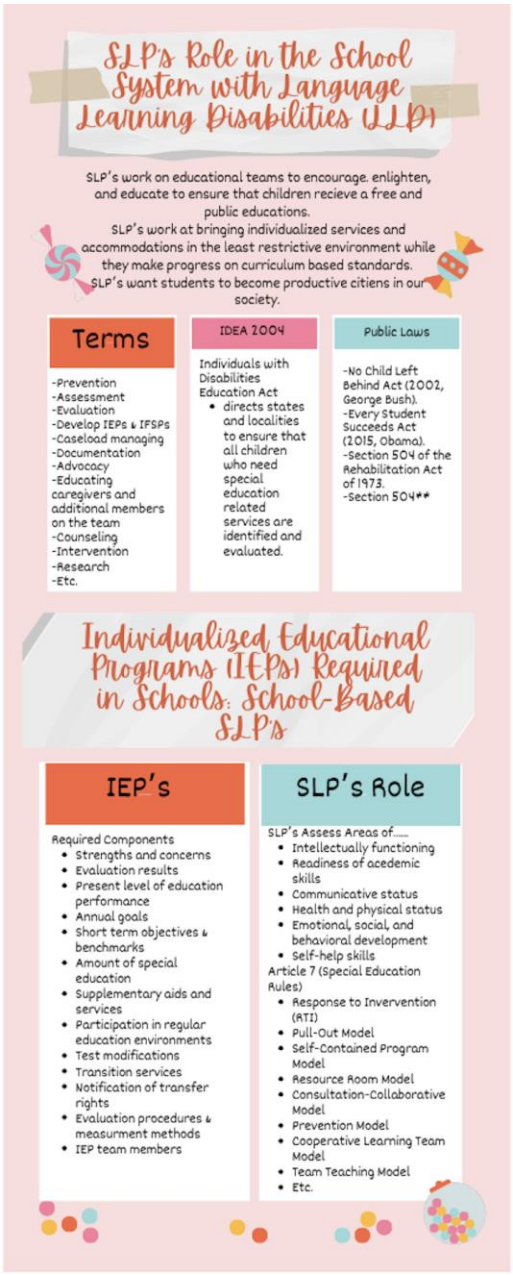
Example Infographics



Be creative when developing your infographic. This one is hand drawn by the student. That's perfectly ok. Pay attention to the different colors, use of lines, and diagrams.

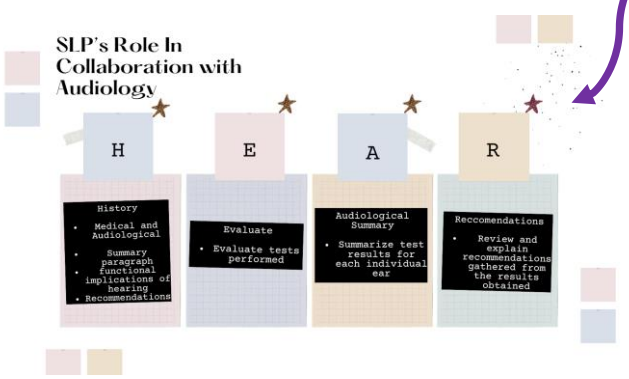
Here is another hand-drawn infographic. Notice how important information is highlighted and visual supports are incorporated.





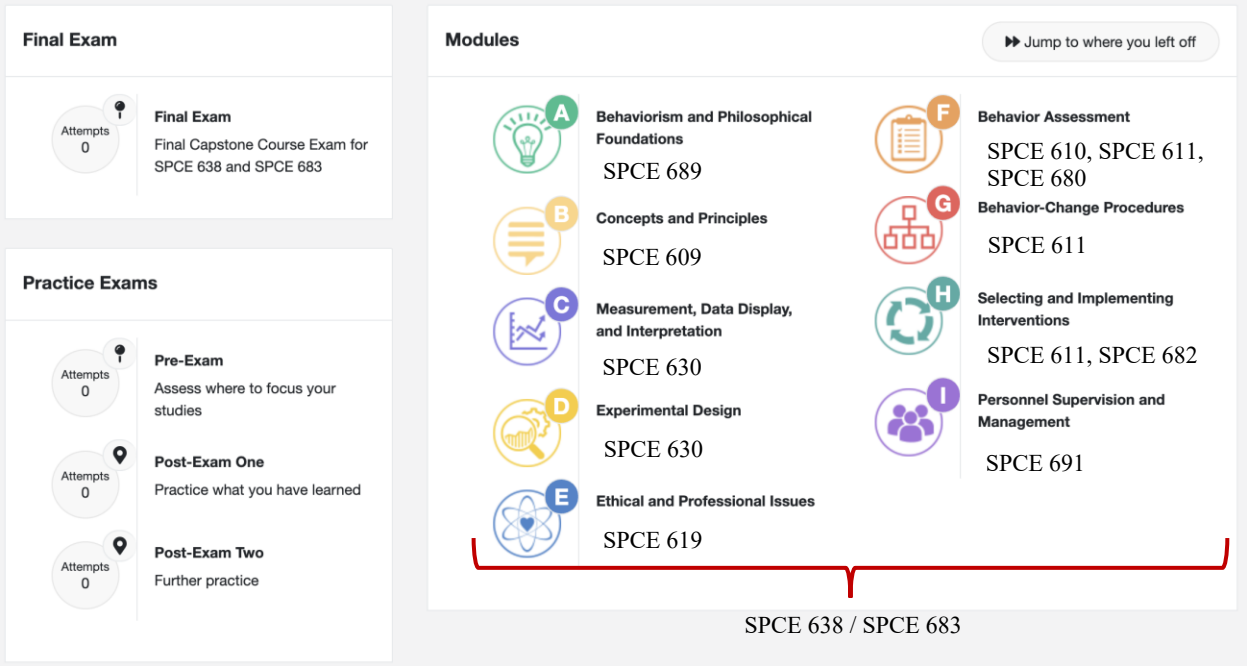
This infographic was created using Canva. This one is a little more high-tech than a hand-drawn version. Notice how the boxes are used to help categorize information.

Notice how this infographic uses a mnemonic, "HEAR" to help the student to remember important information!



Appendix C

Vizi Content by Course



Appendix D

Demonstration of Clinical Skills Student Handbook

Capstone Part 3: Demonstration of Clinical Skills

Overview: Capstone Part 3: Demonstration of Clinical skills serves as an assessment designed to evaluate students' proficiency in various clinical skills that are essential for behavior analysis. The ABA Student Clinical Skills Evaluation Form will be completed by your supervisor, who will rate you on a series of clinical skills that are in alignment with the BACB® Test Content Outline. This assignment requires you to solicit feedback from your supervisor regarding your performance in these areas and create a plan of action in areas in need of improvement. This assessment should be completed at the end of the semester; however, you are encouraged to review it with your supervisor early in the semester to ensure that you are obtaining experiences that will help strengthen your skills in these areas.

Rationale: This assignment is designed to foster self-awareness, skill development, and professional growth in the field of Applied Behavior Analysis. By actively engaging in the feedback process and taking proactive steps to address identified areas of improvement, you will strengthen your clinical competencies and readiness for future practice in behavior analysis.

Assignment Components:

1. **Form Distribution and Completion:**
    - Download the "ABA Student Clinical Skills Evaluation Packet."
    - Provide the packet to your supervisor, ensuring they complete the rating based on your clinical performance over the semester.
    - The form will utilize a Likert scale ranging from 1 to 5, where:

        - **5—Excellent**
        - **4—Above Average**
        - **3—Satisfactory**[1]
        - **2—Developing**
        - **1—Unsatisfactory**

1. **Review and Discussion:**
    - Prior to the end of the semester, schedule a meeting with your supervisor to review the completed form and discuss the ratings.

- Gain insights into strengths and areas needing improvement based on the feedback provided.
- Complete the ***Supervisee Plan of Study*** for all areas in areas in need of improvement (i.e., any item receiving a score of 1 or 2).

2. **Areas Requiring Improvement:**
   - If any individual score falls **below 3 on any item**, you are required to write a brief description outlining how you plan to enhance your knowledge and experience in that specific area (See Appendix A)
   - This description should detail what actions you will take to gain additional information or practical skills relevant to the lower-rated competency.
3. **Development Plan for Developing/Unsatisfactory Performance:**
   - In the event that your score falls **below 3 on any item**, collaborate with your supervisor to complete the ***Supervisee Plan of Study*** (See Appendix D).
   - The ***Supervisee Plan of Study*** should clearly outline strategies for improving performance in the areas where scores were deficient.
   - It should include specific goals, learning objectives, and activities aimed at enhancing your competencies.
   - You will submit the ***Supervisee Plan of Study*** in addition to the ***ABA Student Clinical Skills Evaluation Form***.

6. **Form Checklist Completion:**
   - Once all materials are completed, you will fill out the checklist form at the beginning of the document.

Note: Ensure to adhere to all deadlines and guidelines outlined in the assignment description. It may be best to give this to your supervisor at the beginning of the semester and reference these clinical skills throughout your supervision period. Please take note that this assignment involves multiple conversations with your supervisor, so you should plan accordingly to ensure that you are able to meet the assignment deadlines (i.e. don't wait until the last supervision to give this to them – and expect to successfully complete it). Your active participation and commitment to improvement are crucial for successful completion of this assessment

Grading: This assignment is graded as complete/incomplete. The assignment is worth 100 points. To earn a score of complete, you must submit the following by the due date:

- Applied Behavior Analysis Student Clinician Evaluation Form (Completed and signed by your supervisor)
- Applied Behavior Analysis Student Clinician Evaluation Form Checklist
- Supervisee Plan of Study for each item receiving a score below 3 (i.e., scores of 1 or 2)

Applied Behavior Analysis Student Clinician Evaluation Form Checklist

Ball State University

PLEASE FILL OUT THE FOLLOWING CHECK-LIST BASED ON SCORES FROM: APPLIED BEHAVIOR ANALYSIS STUDENT CLINICIAN EVALUATION FORM.

Student: Supervisor:

Course and Section Number: Date:

Description	✓
Supervisee scored an average rating of 3 or above on this evaluation Average Item Score: (Total Score/43)	
Supervisor provided justification for any individual scores rated **5** or **2 and below**.	
For item ratings of 1 or 2:	
Identify each item scored **2 or below** (e.g. A.i, D.ii,…). Provide these below or mark N/A:	
Supervisee completed the ***Plan of Study*** for every rating **below 3** and the plan is attached.	

_____ _____
Supervisee Signature Date

_____ _____
Supervisor Name (Print) Date

_____ _____
Supervisor Signature Date

Supervisor's BACB® #_____

Applied Behavior Analysis Student Clinician Evaluation Form

Ball State University

Please rate the supervisee using the following performance scale on each of the following items. Indicate the level which best reflects the supervisee's knowledge and/or skills in that particular competency area. **If there are skills/competencies the supervisee has not had the opportunity to directly observe/intervene on, please use a scenario-based discussion to help assess clinical application**. Please provide additional comments on the ratings in the spaces provided.

- If any individual score falls at 2 or below, please guide your supervisee to write a brief description outlining steps they will take to enhance their knowledge and experience in that specific area. This description should detail what actions they will take to gain additional information or practical skills relevant to the lower-rated competency. This description should be included in the additional comments section under each category.
- In the event the **average** of the scores for the supervisee are below a 3, they will be required to **also** submit an additional plan of study and experience. This plan of study will be a detailed outline of actions they will take to gain additional knowledge, information, experience, and practical skills relevant to their overall understanding of the principles and applications of ABA. They will additionally address each individual lower-rated competency.
- **Please note that ratings of 5, or 2 and below must be justified in the comments section.**

Level of Mastery: **5—Excellent**
4—Above Average
3—Satisfactory[1]
2—Developing
1—Unsatisfactory

[1] Rating of 3 or higher is required in all areas to demonstrate minimal levels of achievement.

A. Philosophical Underpinnings

Part A of the BACB® Test Content Outline delves into the philosophical foundations that underpin the practice of behavior analysis. These foundations are essential as they shape the theoretical framework and ethical considerations that guide behavior analysts in their work. Understanding these philosophical underpinnings are crucial for behavior analysts to effectively apply principles and techniques in diverse settings, ensuring ethical practice and meaningful outcomes for clients. This section of the checklist provides a comprehensive exploration of the principles of behaviorism, ethical standards, and the scientific basis that form the bedrock of behavior analysis, equipping practitioners with the necessary foundation to navigate complex behavioral challenges with diligence and integrity.

i. Supervisee has demonstrated a well-rounded understanding of the philosophical underpinnings of behaviorism, how it is applied to the field, and how these concepts are guided by the science and ethics of applied behavior analysis. Supervisee is able to distinguish this from other forms of therapy and discuss both the benefits and shortcomings of behaviorism.

1 2 3 4 5

Please provide any additional comments and justifications for ratings below:

B. Concepts and Principles

Part B of the BACB® checklist focuses on the essential concepts and principles that define behavior analysis. These concepts are fundamental to understanding and effectively applying behavior analytic techniques in practical settings. They encompass a range of theoretical frameworks, including reinforcement, punishment, stimulus control, and behavioral assessment, among others. Mastery of these concepts equips behavior analysts with the tools necessary to analyze, assess, and modify behavior systematically, ensuring precision and efficacy in interventions. Part B of the checklist serves as a comprehensive guide to navigating the complexities of behavior analysis, emphasizing the scientific rigor and evidence-based approach that underpin effective behavior change strategies.

i. Supervisee has demonstrated a well-rounded understanding of the concepts and principles of behaviorism, how they are applied to the field, and how the application of these concepts is guided by the ethics of applied behavior analysis.

1 2 3 4 5

Please provide any additional comments and justifications for ratings below:

C. Measurement, Data Display, and Interpretation

Part C of the BACB® checklist focuses on the critical aspects of measurement, data display, and interpretation within behavior analysis. These components are essential for behavior analysts to accurately assess and monitor behavior change over time. Measurement involves the systematic collection of data using reliable and valid procedures, ensuring consistency and precision in observational and experimental contexts. Data display techniques enable behavior analysts to organize and present data effectively, facilitating clear communication of findings and progress to stakeholders. Interpretation involves analyzing data to evaluate the effectiveness of interventions and make informed decisions based on empirical evidence. Part C of the checklist emphasizes the importance of rigorous measurement practices and proficient data analysis skills in advancing the field of behavior analysis, promoting evidence-based practices that contribute to meaningful outcomes for individuals and communities.

i. Supervisee has demonstrated a well-rounded understanding of measurement, data display, and interpretation.

1 2 3 4 5

ii. Supervisee is able to readily distinguish between the various forms of measurement and weigh which forms of measurement best capture the target behavior.

1 2 3 4 5

iii. Supervisee demonstrates an ability to develop data systems that fully capture the target behavior, addressing the referral concern, assessment needs, and intervention while also weighing ethical and cultural considerations.

1 2 3 4 5

iv. Supervisee demonstrates an ability to interpret data in a way that is both meaningful and accurate, as well as culturally relevant, and is able to develop targeted recommendations and alterations in treatment.

1 2 3 4 5

Please provide any additional comments and justifications for ratings below:

D. Experimental Design

Part D of the BACB® checklist addresses the foundational principles and application of experimental design within behavior analysis. Experimental design plays a pivotal role in systematically evaluating the effectiveness of interventions and identifying variables that influence behavior change. This section emphasizes the importance of designing studies that adhere to rigorous scientific standards, including control of extraneous variables, randomization, and replication. Mastery of experimental design principles equips behavior analysts with the ability to conduct controlled experiments, analyze causal relationships between variables, and contribute to the evidence base supporting behavior analytic interventions. Part D underscores the significance of methodological rigor and empirical research in advancing the field of behavior analysis, ensuring practitioners are equipped to implement effective and ethical interventions based on sound experimental principles.

i. Supervisee has demonstrated a well-rounded understanding of experimental design. They are able to readily distinguish between various aspects of experimental design, allowing an understanding of the science of behaviorism.

1 2 3 4 5

ii. Supervisee demonstrates knowledge of peer-reviewed literature and is able to access material relevant to their clients and accurately interpret findings (applying them to clinical practice).

1 2 3 4 5

Please provide any additional comments and justifications for ratings below:

E. Ethics

Part E of the BACB® checklist centers on the ethical considerations that guide behavior analysts in their professional practice. Ethics are fundamental to maintaining the integrity, responsibility, and accountability of behavior analysts as they work with individuals, families, and communities. This section emphasizes adherence to the BACB® Professional and Ethical Compliance Code, which outlines principles such as beneficence, autonomy, justice, and integrity. Understanding and applying ethical guidelines are essential for behavior analysts to navigate complex ethical dilemmas, ensure client welfare, and uphold professional standards. Part E underscores the commitment to ethical behavior analysis practices, promoting trust, respect, and ethical decision-making in all aspects of behavior analytic work.

i. Supervisee has demonstrated a well-rounded understanding of the ethical codes as outlined by the BACB®.

1 2 3 4 5

ii. Supervisee has demonstrated an understanding of relevant federal and state laws and regulations related to their practice of ABA.

1 2 3 4 5

iii. Supervisee has demonstrated an ability to conduct themselves in an ethical manner.

1 2 3 4 5

iv. Supervisee has demonstrated an ability to recognize an ethical dilemma and shows an ability to think in a nuanced way when faced with an ethical dilemma.

1 2 3 4 5

v. When faced with an ethical mistake, supervisee is able to take appropriate legal and ethical steps to rectify. ***IF OTHER THAN n/a/ PLEASE EXPLAIN IN COMMENTS***

1 2 3 4 5 N/A

Please provide any additional comments and justifications for ratings below:

F. Behavior Assessment

Part F of the BACB® checklist focuses on behavior assessment, a critical process in behavior analysis that informs intervention strategies and decision-making. Behavior assessment involves systematic gathering and analysis of information to understand the factors influencing behavior and to develop effective treatment plans. This section emphasizes the use of various assessment methods, including direct observation, interviews, and standardized assessments, to collect comprehensive data about behavior patterns and environmental variables. Mastery of behavior assessment techniques enables behavior analysts to conduct thorough assessments, identify functional relationships, and formulate individualized interventions that promote meaningful behavior change. Part F underscores the importance of rigorous assessment practices in providing accurate identification, guiding intervention strategies, and promoting evidence-based practice within behavior analysis.

i. Supervisee has demonstrated a well-rounded understanding behavior assessment and has implemented multiple forms of assessment (e.g. FBA, FA, formal/informal assessment, interviewing, preference assessment).

1 2 3 4 5

ii. Supervisee is able to readily distinguish between the various forms of assessment and weigh which forms of assessment best capture the target behavior. They are able to discuss the strengths and weaknesses of various forms of assessment.

1 2 3 4 5

iii. Supervisee is able to use relevant assessment data to develop meaningful behavioral programming for target behaviors.

1 2 3 4 5

Please provide any additional comments and justifications for ratings below:

G. Behavior-Change Procedures

Part G of the BACB® checklist focuses on behavior change procedures, which are fundamental to the practice of behavior analysis. These procedures encompass a range of evidence-based strategies and techniques designed to modify behavior effectively and ethically. Part G emphasizes the application of principles such as reinforcement, punishment, extinction, and differential reinforcement to establish or reduce target behaviors. Mastery of behavior change procedures enables behavior analysts to design and implement interventions tailored to individual needs, promote adaptive behavior, and achieve meaningful outcomes for clients. This section underscores the importance of skillfully applying behavior change procedures within a systematic and data-driven approach, ensuring ethical practice and positive behavior change in diverse settings.

i. Supervisee has demonstrated a well-rounded understanding behavior change procedures and has implemented multiple forms in an applied setting (e.g. token economies, group contingencies, differential reinforcement, response cost, shaping, chaining).

1 2 3 4 5

ii. Supervisee is able to readily distinguish between the various forms of behavior change procedures and weigh which form best addresses the target behavior. They are able to discuss the strengths and weaknesses of various forms of behavior change procedures.

1 2 3 4 5

Please provide any additional comments and justifications for ratings below:

H. Selecting and Implementing Interventions

Part H of the BACB® checklist focuses on the process of selecting and implementing interventions within behavior analysis. This section addresses the critical steps involved in choosing evidence-based strategies tailored to the needs of individuals or groups. Behavior analysts must skillfully match interventions to identified behavioral goals, considering factors such as client preferences, environmental influences, and empirical support. Part H emphasizes the importance of collaboration with stakeholders, including clients and caregivers, to ensure interventions are feasible, culturally sensitive, and aligned with ethical guidelines. Mastery of this process equips behavior analysts with the ability to design and deliver effective interventions that promote meaningful behavior change and improve quality of life. Part H underscores the commitment to evidence-based practice and client-centered care in behavior analysis, emphasizing the systematic

approach to intervention selection and implementation for optimal outcomes. Please rate the following individual Test Content Outline items, as well as skill overall.

H-1. Supervisee can state intervention goals in observable and measurable terms.

1 2 3 4 5

H-2. Supervisee can identify potential interventions based on assessment results and the best available scientific evidence.

1 2 3 4 5

H-3. Supervisee can recommend intervention goals and strategies based on such factors as client preferences, supporting environments, risks, constraints, and social validity.

1 2 3 4 5

H-4. When a target behavior is to be decreased, supervisee can select an acceptable alternative behavior to be established or increased.

1 2 3 4 5

H-5. Supervisee can plan for possible unwanted effects when using reinforcement, extinction, and punishment procedures.

1 2 3 4 5

H-6. Supervisee can monitor client progress and treatment integrity.

1 2 3 4 5

H-7. Supervisee can make data-based decisions about the effectiveness of the intervention and the need for treatment revision.

1 2 3 4 5

H-8. Supervisee can make data-based decisions about the need for ongoing services.

1 2 3 4 5

H-9 Supervisee can collaborate with others who support and/or provide services to clients.

1 2 3 4 5

i. Supervisee has demonstrated a well-rounded understanding of interventions and has developed a nuanced approach to picking behavioral interventions.

1 2 3 4 5

ii. Supervisee is able to readily distinguish between different interventions. They are able to discuss the strengths and weaknesses of various forms of intervention and discuss why one intervention may be best suited for the target behavior over the other.

1 2 3 4 5

iii. Supervisee is able to take relevant data and knowledge of behavioral intervention to alter or adjust programming where necessary.

1 2 3 4 5

Please provide any additional comments and justifications for ratings below:

I. Personnel Supervision and Management

Personnel supervision and management, outlined in Part I of the BACB® checklist, are critical components in ensuring effective implementation of behavior analytic practices. This section emphasizes the importance of overseeing and guiding the professional development of behavior analysts and other personnel within the field. Supervision involves providing ongoing support, feedback, and mentoring to ensure adherence to ethical standards, competency in clinical skills, and professional growth. Effective management encompasses organizational leadership, resource allocation, and coordination of services to optimize client outcomes and operational efficiency. Part I underscores the role of supervisors and managers in fostering a culture of excellence, collaboration, and continuous improvement within behavior analytic settings. Mastery of personnel supervision and management skills enables behavior analysts to lead teams, navigate organizational challenges, and promote the highest standards of care and professional conduct in behavior analysis.

i. Supervisee has demonstrated an understanding of the professional and ethical guidelines related to supervision and has adhered to these standards while obtaining supervision.

1 2 3 4 5 N/A

ii. Supervisee has demonstrated an ability to select supervision goals that are targeted and relevant.

1 2 3 4 5 N/A

iii. Supervisee has had an opportunity to provide supervision to others.

1 2 3 4 5 N/A

iv. Supervisee – while acting as a supervisor as demonstrated a well-rounded understanding of professional and ethical guidelines related to supervision and management.

1 2 3 4 5 N/A

v. While acting as a supervisor, the supervisee has demonstrated an ability to include performance monitoring and feedback and has demonstrated an ability to use function-based strategies to improve personnel performance.

1 2 3 4 5 N/A

Please provide any additional comments and justifications for ratings below:

J. Clinical Skills Related to Diversity and Inclusion

i. Supervisee demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people, including clients, trainees, and consultees, who are different from themselves.

1 2 3 4 5

ii. Supervisees demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in professional activities

including: assessment, intervention, research, training, supervision, consultation, and service

1 2 3 4 5

iii. Supervisee demonstrates an ability to integrate awareness and knowledge of individual and cultural differences in provision of professional services. This includes the ability to apply a framework for working effectively within areas or with individual and cultural diversity not previously encountered over the course of a career. It also includes the ability to work effectively with individuals whose group membership, demographic characteristics or worldview is highly dissimilar

1 2 3 4 5

Please provide any additional comments and justifications for ratings below:

K. Professional values, attitudes, beliefs and behaviors

i. Supervisee behaves in ways that reflect the values and attitudes of applied behavior analysis, including integrity, deportment, professional identity, accountability, and concern for the welfare of others.

1 2 3 4 5

ii. Supervisee recognizes a need to participate in professional development activities to maintain knowledge of current research and practice related to the field of applied behavior analysis.

1 2 3 4 5

iii. Supervisee demonstrates an ability to respond professionally in increasingly complex situations with a greater degree of independence as you progress across levels of training and advance in supervision.

1 2 3 4 5

iv. Supervisee demonstrates an adherence to basic professional courtesies including: timeliness, adherence to deadlines, professionalism in communication both in speech and written form.

1 2 3 4 5

v. Supervisee demonstrates an ability to work within a team of various persons, stakeholders, and professionals and is able to communicate clearly and effectively.

1 2 3 4 5

vi. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

1 2 3 4 5

vii. Actively seek and demonstrate openness and responsiveness to feedback and supervision.

1 2 3 4 5

Please provide any additional comments and justifications for ratings below:

Please list the supervisee's overall clinical strengths:

Please list the supervisee's overall areas for development:

++

Score:

Please calculate the supervisee's average item score. Supervisee's must earn an average score of at least 3.0.

Total number of points earned (add scores for all 43 items): _____

Average Item Score: (Total points earned/43) = _____

++

Student/Supervisee:

- ☐ I agree with my supervisor's assessment of my clinical skills
- ☐ I disagree with my supervisor's assessment of my clinical skills

Student Comments:

++

_____ _____
Supervisee Signature Date

_____ _____
Supervisor Name (Print) Date

_____ _____
Supervisor Signature Date

Supervisor's BACB® #_____

Supervisee Plan of Study

In the event that the scores for ***any item*** are below a 3 (i.e., 0-2), the supervisee will be required to **also** submit an additional ***Plan of Study***. This plan of study will be a detailed outline of actions they will take to gain additional knowledge, information, experience, and practical skills relevant to their overall understanding of the principles and applications of ABA.

Please attach your ***Plan of Study*** with your submission of the ABA Student Clinical Skills Evaluation Form. All goals should be written as SMART Goals.

YOU DO NOT HAVE TO COMPLETE THIS FORM IF YOUR SCORE ON AN ITEM IS 3 OR ABOVE

Clinical Skills Items	Area in Need of Growth	Goals	Study Plan Outline
Philosophical Underpinnings (A)	***Example:*** *Limited understanding of behavioral principles*	***Example:*** *1. Gain understanding of behaviorism and application of behavior analysis. 2. Increase fluency of application of behavioral principles to clinical practice.*	***Example:*** *1. Review the Cooper text and create a study guide describing the guiding principles of ABA within the next 14 days.* ***And/or….*** *2. Increase accuracy and fluency for basic terminology by completing SAFMEDs each day and charting data using a standard celeration chart.* ***And/or….*** *3. Discuss application of concepts with supervisor for 10 minutes during each supervision.*

			And/or…. *4. Attend 2 seminars and webinars related to behaviorism through APBA Behavior Live on Demand within the next 2 months.*
Concepts and Principles (B)	***Example:*** *Need to improve selection and implementation of behavior change strategies.*	***Example:*** *1. Enhance proficiency in applying behavior change techniques effectively.* *2. Improve skill in modifying behavior through reinforcement and punishment procedures.*	***Example*** *1. Create a 1-page "How to" on various behavior change techniques (e.g., shaping, chaining) and review with supervisor during next supervision.* ***And/or….*** *2. Role-play 1-2 scenarios each week with supervisor to practice implementing strategies with simulated clients.* ***And/or….*** *3. Read 1 article per week from a peer reviewed journal about effective behavior change procedures and their applications. Discuss article(s) with supervisor*

			during next supervision meeting.
Measurement, Data Display, and Interpretation (C)			
Experimental Design (D)			
Ethics (E)			
Behavior Assessment (F)			
Behavior Change (G)			
Selecting and Implementing Interventions (H)			
Personnel Supervision and Management (I)			
Clinical Skills Related to Diversity and Inclusion (J)			

Professional Values, Attitudes, Beliefs, and Behaviors (K)			