How to check your own ABA provider, by hand.

What it is. Ten questions you can ask any ABA company about your child's program. The sources below explain the standards and research behind the questions. Record what was shown, what needs clarification, and what has not been discussed. This is a discussion worksheet, not a validated rating of a company or your child's care.

Why it matters. A specific question and a record of the answer can make a conversation easier to follow. Keep the provider's explanation alongside the document or example they showed you. A missing answer is something to clarify; it does not by itself establish what care was provided.

BEFORE YOU START

Three studies, with their limits.

1. **Evidence depends on the intervention and outcome.** The 2018 Cochrane review examined early intensive behavioral intervention (EIBI) for young autistic children: five studies with 219 children. It found possible gains in adaptive behavior, IQ and language, with low to very low certainty. Findings for autism symptom severity and problem behavior were inconclusive. Adverse effects were not reported; that does not establish safety. This review does not evaluate every kind of ABA service. (Reichow et al., 2018.)
2. **Retention, delivered hours and outcomes are different questions.** Choi et al. (2022) studied 334 referrals in one Southern California health system. At 24 months, 154 children (46%) remained in ABA; 28% of those 154 received at least 80% of prescribed hours or sessions. Outcome analyses concerned those 154 children. The

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lowest-baseline group showed gains. In the adjusted longitudinal model, time and full-dose receipt were not significantly associated with overall adaptive-behavior scores. An observational study cannot establish the right hours for an individual child or prove that hours caused an outcome.

3. **Parent training improved average ratings in one trial, with limits.** Bearss et al. (2015, *JAMA*) randomized 180 children aged 3 to 7 to parent training or parent education. At 24 weeks, parents' ratings of their children on the ABC-Irritability scale fell 47.7% versus 31.8%. These are rating-scale changes, not counts of behaviors or percentages of children helped. Neither primary between-group difference met the trial's prespecified threshold for clinical importance; parents knew their group assignment. At 48 weeks, average ratings among returning training responders remained below baseline, but follow-up excluded some groups and was not the full randomized comparison.

Every claim above is in the Sources at the bottom, with a link. If your provider disagrees with one, ask them for their source; that is a fair conversation to have.

THE TEN CHECKS

What to ask, what the sources say, and what to record.

For each question, write the answer and use one of three labels: **Shown** means you saw the document, data or explanation; **Needs clarification** means an answer is incomplete or unclear; **Not discussed** means you have not asked yet. These labels describe your notes, not the quality or compliance of a service.

CHECK 1 · DATA

Does every goal have two numbers: where it started, and where it is now?

Ask: “For each goal in the plan, what was the baseline and what is the current level?”

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The standard: BACB Ethics Code 2.17, *Collecting and Using Data*: behavior analysts must collect data and use it to make treatment decisions. Words such as "improving" or "doing great" do not show you the underlying measurements; ask where those data are recorded. Under the HIPAA right of access you may request a copy of your child's record, including the data; the provider has 30 days to give it to you.

Ask for clarification: goals with adjectives and no numbers; a report you are read aloud but not given.

CHECK 2 · GRAPHS AND DECISIONS

Can you see the graph, and what changed the last time a line went flat?

Ask: "Show me the graph for one goal. The last time progress stalled for a month, what did you change?"

The standard: Code 2.18, *Continual Evaluation of the Behavior-Change Intervention*: the program must be evaluated on an ongoing basis and modified when the data say it is not working. Visual analysis of graphed data is the field's own method for that decision (Cooper, Heron & Heward, 2020).

Ask for clarification: a goal carried across two or more authorization periods with the same target and no documented change in teaching.

CHECK 3 · CONSENT AND ASSENT

What happens when your child says no?

Ask: "How do you tell whether my child is willing to take part in a session, and what do you do when they are not? Which procedures did I sign consent for, and when?"

The standard: Code 2.11, *Obtaining Informed Consent*, requires written consent before assessment and treatment and says behavior analysts "are responsible for obtaining assent from clients when applicable." Assent means the child's own agreement, shown in whatever way they can show it. Peer-reviewed

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guidance on measuring and honoring assent exists (Morris, Detrick & Peterson, 2021; Rajaraman et al., 2022).

Ask for clarification: "We work through it" with no description of what withdrawal looks like or how it is honored.

CHECK 4 · LEAST RESTRICTIVE

Do they use restraint, seclusion, or punishment, and is the policy in writing?

Ask: "Give me your written policy on physical management, restraint, seclusion and punishment-based procedures. Has any of it been used with my child?"

The standard: Code 2.14, *Selecting, Designing, and Implementing Behavior-Change Interventions*, requires the least restrictive effective procedures and reinforcement-based procedures first; Code 2.15, *Minimizing Risk of Behavior-Change Interventions*, requires that restrictive or punishment-based procedures be used only when less restrictive ones have failed, with consent, with ongoing review, and with a plan to stop them.

Ask for clarification: no written policy; anything restrictive that you were not told about the same day.

CHECK 5 · HOURS

Why this many hours, and what would make it fewer?

Ask: "What in my child's data justifies the hours you requested? What result would lead you to recommend fewer? What criteria have you used to reduce hours, without identifying other families?"

The standard: The historical 2014 BACB guidelines for funders say intensity must be based on "the medical necessity of the treatment for each individual client," not on age or how long the child has been in services, and that dose "should reflect ... response to treatment." They describe focused treatment as

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10–25 hours a week and comprehensive treatment as 30–40. The research on dose is mixed: see the three facts at the top of this page.

Ask for clarification: the requested hours are not explained by the data, or the criteria for changing them are unclear.

CHECK 6 · SUPERVISION

How much BCBA supervision does your child's case get?

Ask: “How many hours of BCBA supervision did my child get last month, and how many direct-treatment hours? How many clients does my BCBA carry?”

The source and its limits: The clarifications to the 2014 BACB guidelines describe two hours of case supervision per ten direct-treatment hours as an individualized general parameter, not a rigid ratio for every child. Clinical direction includes activities beyond watching sessions and is additional to direct-treatment hours. Separately, the June 2026 RBT Handbook requires supervision for at least 5% of each RBT's monthly behavior-analytic service hours at each organization, with two face-to-face real-time contacts, observation of service delivery during at least one, and one individual contact. Those are RBT credential rules, not a per-child clinical-direction percentage or proof of overall care quality.

Ask for clarification: they cannot give you the two numbers; the BCBA has not been in a session with your child in over a month.

CHECK 7 · PARENT TRAINING

Are you being taught to do this, with a curriculum and hours in the plan?

Ask: “Which goals in the plan are parent-training goals? What is the curriculum? How many parent-training hours were authorized and how many were delivered?”

The standard: The BACB guidelines describe parent training as a systematic, individualized curriculum, and Code 2.09, *Involving Clients and Stakeholders*,

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requires involving caregivers in planning. Bearss et al. (2015) is one randomized comparison of structured parent training and parent education; its rating-scale findings and limits are described above.

Ask for clarification: parent training is a line in the plan with no curriculum, no data, and hours that are authorized but never delivered.

CHECK 8 · THE EXIT

What has to happen for your child to be discharged, in writing?

Ask: “Show me the discharge criteria and transition plan in my child’s treatment plan. How many children did you discharge last year because they met their goals?”

The standard: The BACB guidelines say transition objectives and plans should be set early in treatment and that discharge planning should involve the family. Code 3.15, *Appropriately Discontinuing Services*, lists meeting the goals as a reason services end, and requires a written plan for it.

Ask for clarification: “We’ll know when we get there”; no transition section in the plan; nobody can give a discharge number.

CHECK 9 · THE PEOPLE

How many different technicians has your child had, and how are they trained?

Ask: “How many technicians have worked with my child in the past 12 months? How is a new one trained on my child’s plan before the first session?”

The standard: Every RBT must hold the BACB credential and be supervised as in Check 6. The published research on technician turnover is thin; a 2019 review found no study that measured actual turnover, and one survey in which 38% of technicians said they were likely to resign (Novack & Dixon, 2019). So the company’s own number is the only number that exists for your child. Ask for it.

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Ask for clarification: they do not track it; a new technician starts with no overlap or training on the plan.

CHECK 10 · WHOSE GOALS

Are the goals the ones your family and your child actually want?

Ask: "Which goals did I choose? Which did my child choose or show a preference for? How do you measure whether the goals matter to us?"

The standard: *Social validity*, whether the goals, methods and results matter to the people living with them, has been a core measure in this field since Wolf (1978). Code 2.09 requires involving clients and stakeholders in selecting goals. A plan whose goals were written before anyone asked you has skipped this.

Ask for clarification: goals that are only about compliance ("follows instructions," "sits quietly") with no goals about communication, choice or things your child enjoys.

READING YOUR NOTES

Keep the evidence and the unanswered questions together.

- **Shown.** Note what you saw, its date, and the explanation you were given. Seeing a document does not establish that everything in it is correct.
- **Needs clarification.** Write the exact question that remains and ask the team to explain it. Keep their answer with your notes.
- **Not discussed.** Bring the question to a conversation with the team. An unasked question is not evidence of a missing service.

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A blank or uncertain entry is a clarification need, not a finding of harm or noncompliance. This worksheet has no validated total or pass/fail threshold. Keep each question and its evidence separate; the worksheet does not determine treatment, complaints or whether to change providers.

A WORKED EXAMPLE

Mateo, a made-up five-year-old.

Mateo is not a real child, and his company is not a real company. His mother brought the ten questions to a progress-report meeting.

- Check 1: every goal had a baseline and a current number in the report she was handed. **Shown:** the report.
- Check 2: the BCBA pulled up a graph; one goal had been flat for eight weeks. **Needs clarification:** what teaching changes were considered, and why?
- Check 3: consent forms were on file. **Needs clarification:** how Mateo shows that he does not want to take part, and what the team does then.
- Check 4: a written policy was emailed the same afternoon. **Shown:** the policy, kept with her notes.
- Check 5: the request was 30 hours “because that’s comprehensive.” **Needs clarification:** which data supported the request and what would support a change.
- Check 6: she was given 112 direct hours and 9 supervision hours for last month. **Needs clarification:** how those hours were defined and which requirements applied.
- Check 7: parent training was on the plan; 24 hours authorized and 3 delivered. **Needs clarification:** the curriculum and the difference between the two numbers.
- Check 8: she could not find a transition section in the copy she had. **Needs clarification:** where the transition plan and discharge criteria were documented.
- Check 9: the office tracked four technicians in twelve months. **Not discussed:** how each new technician was trained on the plan.

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- Check 10: Mateo’s mother had chosen two goals. **Needs clarification:** how Mateo's preferences were considered.

She kept the report and policy with her notes, then brought the unanswered questions to the team. The notes identify what she still wants explained. They do not give the company a grade.

PRACTICE

Try this question yourself.

The report says: “Mateo is making wonderful progress with requesting and is much more engaged this quarter.” The meeting is tomorrow. What evidence does Check 1 still need, and what do you ask?

▼ Answer, and why

Needs clarification. This sentence does not give a baseline or a current number. It does not establish whether those data exist elsewhere in the report or records. Ask: “Requesting: how many per hour at baseline, how many per hour now, and can I have the graph?” Record the answer and what you were shown.

Printable

The ten-question discussion worksheet.

Child: _____ Provider: _____ Date: _____

Use Shown, Needs clarification, or Not discussed. Record the answer, source and date. These are notes for a conversation, not a company rating.

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#	Check	Status	What they said / what I was given
1	Every goal has a baseline and a current number		
2	I saw a graph; a flat line led to a documented change		
3	They can describe how my child says no, and what they do then; consent is on file		
4	Written policy on restraint, seclusion and punishment; nothing used without telling me		
5	Hours are justified by my child’s data; they can say what would make it fewer		
6	Record direct hours, case-supervision hours and observations; ask how supervision was individualized		
7	Parent training has a curriculum, goals, and delivered hours		
8	Discharge criteria and a transition plan are written in the plan		

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#	Check	Status	What they said / what I was given
9	They know how many technicians my child has had, and how new ones are trained		
10	Goals were chosen with me and reflect my child's preferences		
Questions to clarify next			

Lesson and sources: dragen.cloud/learn-provider-check · free to copy and share

SOURCES

Where every check comes from.

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Examples on this page are made up. They contain no client, student or family information. This lesson teaches a method for asking questions; it does not diagnose, does not replace your child's care team, and is not legal advice. Source check: October 16, 2026. Study findings have limits, and the 2014 guidelines are historical. Check current sources and

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