

Field Experience Form

Please **complete ALL sections**. Failure to do so could result in a delay in site approval.

Course #:

Course Semester & Year:

(Note: If 683-clients must have ASD diagnosis)

Date:

Name:

BSU ID#:

Program Start Date:

Estimated Graduation Date:

Do you currently plan to pursue BCBA?

Field Experience Information

(if multiple sites, please complete a separate form for each site)

Site Name:

Site Address:

Site Phone Number:

What best describes your site:

Site Description:

Check one:

Field-Based Experience ABA (638):

I confirm that I will be working with two or more clients during this class.

Field-Based Experience Autism (683):

I confirm that I will be working with two or more clients diagnosed with ASD during this class.

Description of Student Tasks & Activities: (Include **specific** activities that you will engage in while at your site placement. Please include specific behavior analytic principles in your description, with examples of procedures you anticipate implementing on site. Please refrain from using broad terms such as “conducting one-on-one ABA therapy,” “implementing behavior plans,” “collecting and graphing data,” etc. Failure to do so will result in a request to provide more detail in your description, and a delay in approval for the course.)

Start Date (mm/dd/yr):

End Date (mm/dd/yr):

These dates should coincide with the start and end of the semester. Please do not place the following: “ongoing,” “start of the semester to end of the semester,” or dates outside of the semester.

Estimated # of biweekly site hours (10 min – 65 max, per two week period):

Please note:

**Hours cannot exceed 65 hours in a two week period, despite your work schedule. For example, if you are working 80 hours every two weeks, you may not count or list more than 65 hours for this course.*

**Students can receive hours for this course concurrently with BACB Supervised Fieldwork/Concentrated Fieldwork hours. However, it is the student's responsibility to seek a BACB-approved supervisor and manage their BACB Supervised Fieldwork/Concentrated Fieldwork hours separate from the documentation required for the Ball State course.*

Primary On-Site Supervisor:

Supervisor Name:

Title:

Phone:

E-Mail:

BCBA Certificate Number (if applicable):

Additional On-Site Supervisor: (If more than two supervisors, please list additional on a separate Word document)

Supervisor Name:

Title:

Phone:

E-Mail:

BCBA Certificate Number (if applicable):

The BACB states that multiple relationships and conflicts of interest should be avoided (*Professional and Ethical Compliance Code for Behavior Analysts, code 1.06*). For example, if you are receiving supervision from a relative/friend, you are in violation of this code. By checking the "I agree" box below, both you and your supervisor(s) state that you are not in violation of this code. If you are found to be in violation of this code, you may be asked to withdraw from the course.

I agree that my supervisor and I are not in violation of the BACB's multiple relationships and conflict of interest guidelines

Experience Activities: Please review the BACB Task List.

I have reviewed the BACB Task List. This site and supervisor provide opportunities for me to engage in activities on the BACB Task List? **Initial here:**

On-Site Requirements: To gain and maintain site placement for the entire semester, it is the student’s responsibility to comply with background screenings, and other such policies and procedures which may apply at the site. The safeguarding of client information should be a priority of the student; consent forms and all appropriate measures to protect the client should be used. Please explain the actions, if any, which must be taken by the student to fulfill such requirements of the site.

Was a background check completed?
Please explain:

Are safeguards for consumer information and documents in place?
Please explain:

Do you agree to safeguard information about the clients, to use only first names, and only that information which is pertinent, and to attain appropriate consent in writing for site activities? **Initial here:**

Leave of Absence Policy: Site hours missed during the course will **not** be able to be made up, **unless specified in the syllabus**. Incompletes will be given for emergency leaves only.

I have read and understand the above Leave of Absence Policy. **Initial here:**

Completion of this form indicates your agreement and compliance with class guidelines.

Instructions for submitting form for review:

Please complete this form electronically and save as a PDF and email the form to abaautismpra@bsu.edu. Do not use the Adobe EchoSign feature for signing/saving the document.
