Comparing Treatment Methods & Providers

Adapted from: Does My Child Have Autism? By Wendy L. Stone, Ph.D. with Theresa Foy DiGeronimo

ABOUT THE PROGRAM

Name of Program/Provider	
Method	
Location	
Phone Number	
Email	
Website	
Hours per Week	
Cost	
Reimbursement	
Recommended by	

PROGRAM CONTENT

What are the developmental areas of focus? (language, communication, peer play, social interactions, behavior, pre-academic skills, parent training, etc.)	
How specific are the goals identified for each child?	
How are behaviors and skills prioritized?	
What kind of teaching is used?	
How are behaviors managed?	

MEASURING PROGRESS

How will I know if my child is making progress?	
How long will it be before I see changes?	
What types of improvements should I expect?	

How often will you assess progress and how is it measured?	
What will happen if my child doesn't make progress with this treatment?	

THERAPIST QUALIFICATIONS

How many children with autism have you worked with? What ages?	
Do you serve children over three years old?	
What are your qualifications? What type of training do you have?	
Do you have a professional degree or certificate? (Ask for details.)	
Are you affiliated with a professional organization? (Ask for details.)	
What do you see as your strongest skill in working with children with autism?	
Are there issues or problems you consider to be outside of your realm of expertise?	

SCIENTIFIC EVIDENCE OF EFFECTIVENESS

Is there research to support the effectiveness of this type of treatment? (Ask for details as well as copies of published articles.)	
Has research shown this treatment to be better than other types of treatment?	

PROFESSIONAL INVOLVEMENT

Who will be providing the direct intervention with my child?	
What type of training does he/she have?	
Who will be supervising him/her and how?	
How often will you see my child personally?	

PARENT INVOLVEMENT

Will I be able to participate in the treatment?	
Will you teach me how to work with my child? How?	
What skills will you teach me? (Ask for examples.)	

COMPATIBILITY WITH OTHER TREATMENTS

How many hours per week of your treatment will my child need?	
Is your treatment compatible with other interventions my child is participating in?	
How do you collaborate with other therapy providers on my child's team? (Get examples.)	

Service Provider Planner

Agency & Contact	Phone #	Date Called	Requested Services	Requested # of Sessions and Duration	Availability	Status	Follow-Up	Other Info

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Agency & Contact	Phone #	Date Called	Requested Services	Requested # of Sessions and Duration	Availability	Status	Follow-Up	Other Info

CONTACTS: MEDICAL

Specialty	
Name of Contact	
Name of Practice	
Phone Number	
Address	
Email Address/ Website	

Specialty	
Name of Contact	
Name of Practice	
Phone Number	
Address	
Email Address/ Website	

Specialty	
Name of Contact	
Name of Practice	
Phone Number	
Address	
Email Address/ Website	

Specialty	
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Name of Practice	
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Specialty	
Name of Contact	
Name of Practice	
Phone Number	
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Email Address/ Website	

CONTACTS: THERAPY

Specialty	
Name of Contact	
Name of Practice	
Phone Number	
Address	
Email Address/ Website	

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Name of Contact	
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CONTACTS: SUPPORT

Specialty	
Name of Contact	
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CONTACTS: OTHER

Specialty	
Name of Contact	
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PHONE LOG

NAME OF CONTACT: _____

PHONE NUMBER: _____

Date/Time	
Summary of Call	
Follow-up Required	

Date/Time	
Summary of Call	
Follow-up Required	

Date/Time	
Summary of Call	
Follow-up Required	

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Follow-up Required	

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Follow-up Required	

ASSESSMENT TRACKING

Type of Therapy _____

Date	Test Administered	Evaluator	Standard Score	Age Equivalent	Change in Standard Score	Change in Age Equivalent

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Type of Therapy _____

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GOAL TRACKING: IFSP GOALS

Date	Comments	Goals Mastered	Goals Making Progress	Goals Just Started	Goals Not Started

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Date	Comments	Goals Mastered	Goals Making Progress	Goals Just Started	Goals Not Started

Safety Log

In the chart below, include any wandering incidents, attempts or interactions that put your child at risk. Keep track of what was going on before, during and after the incident to try and determine antecedents, triggers and possible prevention methods. Ask your child's behavioral team, teachers and other caregivers to complete the log as needed.

Date	Location	Description	Possible Triggers	Changes Noted	Suggested Next Steps