Print Form

THE NATIONAL PROFESSIONAL DEVELOPMENT CENTER ON
AUTISM SPECTRUM DISORDERS

Contact Form

Your Name: _____ **Date of Contact:** _____

Your Role on the NPDC on ASD Project

◯ State TA Provider (in state working with model sites) ◯ NPDC University Staff (at FPG, Waisman, or M.I.N.D.)

What state and model site were you working with? _____

Who is the primary person you worked with? _____

What were the role(s) of the people you worked with?

◯ Special Ed. Teacher ◯ Related Services ◯ Paraprofessional ◯ Family Member
◯ Regular Ed. Teacher ◯ State TA Provider ◯ Administrator ◯ Other _____

How did you contact/interact?

◯ In person/site-visit ◯ Phone ◯ Email ◯ Other _____

How much time did you and each of the other TA providers spend during this contact?

TA Provider (name or initials)	Time (in hours and minutes)

Check any of the following that were a focus of your contact:

☐ GAS ☐ Implementing EBPs ☐ EBP Training ☐ General Quality of Instruction
☐ APERS ☐ Modeling/Coaching ☐ EBP Fidelity Check ☐ Summer Inst/State Training
☐ Families ☐ Classroom Management ☐ Other _____

What EBPs were focused on during this contact? Check all that apply.

☐ Computer-aided instruction ☐ Differential reinforcement ☐ Discrete trial training
☐ Extinction ☐ Functional behavior assessment ☐ Functional communication training
☐ Naturalistic interventions ☐ Parent-implemented interventions ☐ Peer-mediated instr./intervention
☐ PECS ☐ Pivotal response training ☐ Prompting
☐ Reinforcement ☐ Response interruption/redirection ☐ Self-management
☐ Social narratives ☐ Social skills training groups ☐ Speech generating devices/VOCA
☐ Stimulus control ☐ Structured work systems ☐ Task analysis
☐ Time delay ☐ Video modeling ☐ Visual supports
☐ None—This contact was focused on something that does not directly relate to EBPs.

Type/write notes below, or attach notes separately. ☐ My notes are on an attached page