

**SPECIAL LEARNING, INC.**Registered Behavior Technician (RBT) Competency Assessment Intake Form

Student Information						
Last Name First Name						
Street Address Apartment/Unit #						
City		State	ZIP			
Country		Phone Skyp e ID				
Time Zone		Personal eMail				
		Work eMail				
Work History						
Company Name		Title	Credential			
Street Address						
City		State	ZIP			
Country		Phone	Fax			
Time Zone		Website				
Scope of Responsibility						
How do you interact with individuals with Autism?						
What do you hope to achieve upon becoming an RBT?						

Other relevant info							
EDUCATION							
College1		Degree					
BACB YES NO approved?	Did you graduate?	YES	NO	G	PA		
College2		Degree					
BACB YES NO approved?	Did you graduate?	YES	NO	G	РА		
RBT TRAINING COURSEWORK INFORMATION							
Where did you take the RBT Training? When did you begin your RBT Training? When did you complete your RBT Training?							
CAREER ASPIRATIONS							
What are your career aspirations? Do you have any plans to pursue BCBA?							
BACB COURSEWORK (IF APPLICABLE)							
Have you taken any BACB-approved courses to become a BCBA (or BCaBA or BCBA-D)?  If yes, list the courses and the name of college							
PREVIOUS SUPERVISION EXPERIEN	ICE						
Have you completed any previous supervision	experience?		YES		NO		
If you answered yes, please proceed with answering the following questions.							
a. How many direct supervision hours have you completed?							
b. Do you have documentation of your previous supervision experience hours?							
DISCLAIMER AND SIGNATURE							
I certify that my answers are true and complete to the best of my knowledge.							
I understand that false or misleading information in my intake form or interview may result in course termination.							
Signature				Date			

## **Additional Requirements:**

- 1. Resume / CV
- 2. Photocopy of State/Country Approved I.D.
- 3. Background Check Info
- 4. RBT Training Proof of Completion Certificate or Letter