



Hello Agency Representative,

Thank you for giving us the opportunity to support your agency. Below, you'll find some key questions that will help us understand your unique needs. Your answers will be crucial in creating a personalized proposal just for you.

We look forward to the chance to work with you in the future.

Best regards,

A & D Behavioral Solutions

Question					
Service requested (circle all that apply)	IDD waiver behavior consultation ☐	Staff training and professional development ☐	Assessment and treatment plan development ☐	Audit and review (FBA, BSP, and Behavioral Recommendations) ☐	Content development ☐
Number of staff (circle the number best represents your needs)	0-10 Staff ☐	10-20 Staff ☐	20-30 Staff ☐	30-40 Staff ☐	40 or More Staff ☐
Number of Individuals needing support (Clients)	1-5 Individuals ☐	5-10 Individuals ☐	10-15 Individuals ☐	15-20 Individuals ☐	20 or More Individuals ☐
Number of Individuals receiving behavior support funding	1-5 Individuals ☐	5-10 Individuals ☐	10-15 Individuals ☐	15-20 Individuals ☐	20 or More Individuals ☐
Number of identified trainers as staff	1-5 Trainers ☐	5-10 Trainers ☐	10- 15 Trainers ☐	15 to 20 Trainers ☐	Unknown ☐
Average number years of experience your staff has with behavior management or applied behavior analysis	No experience ☐	1-2 years ☐	3 to 4 years ☐	4 to 5 years ☐	Unknown ☐
List desired start and end date	Date:				
Length of services (please provide time period that best represents your needs)	6 months ☐	9 months ☐	1 years ☐	2 years ☐	Unknown ☐
Name of Your Organization and Address for Contract Proposal:					
Anticipated monthly budget for services	1,500 ☐	5,000 ☐	10,000 ☐	15,000 ☐	20,000 or more ☐
Contact Person: Name, Title, Phone, Email					