



# Therapy Connections

of South Texas

*Specializing in Direct & Consultation*

**Music Therapy & Applied Behavior Analysis Services**

*for individuals with autism and other developmental disabilities*

## Application for Supervision

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Month/Year Started BCBA coursework? \_\_\_\_\_

University where courses are being or were taken: \_\_\_\_\_

Anticipated graduation/completion date: \_\_\_\_\_

What fieldwork will you be doing for your supervision? \_\_\_\_\_

How many supervision hours do you anticipate receiving weekly? (.5hrs, 1hr, 1.5hrs) \_\_\_\_\_

Best Day / Time for Meetings: \_\_\_\_\_

Describe your experience in ABA (area of specialization, work roles held, type of behavioral or educational issues you have dealt with, teaching courses, etc.)

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What are your special interests in the field of ABA? \_\_\_\_\_

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What topics in ABA would you like to learn more about? \_\_\_\_\_

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Please print this form, complete and fax with resume to: Robin Blue – 361-853-7216