**Behavior Specialist Services Questionnaire**

**Applicant Name:** Click here to enter text. **Agency/Organization:** Click here to enter text.

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| 1. **Describe what experience you have in implementing positive behavior restrictions that are temporary in nature.** |
| Click here to enter text. |
| 1. **Explain your experience with risk assessments and functional behavioral analysis.** |
| Click here to enter text. |
| 1. **Describe your understanding, experience, and implementation of Ohio Admin Code 5123-2-06 in a county board setting.** |
| Click here to enter text. |
| 1. **Describe your relationship with DCBDD. Provide examples of how you intend to further our mission and vision through this partnership?** |
| Click here to enter text. |

**Signature:**Click here to enter text. **Date:**Click here to enter a date.