



Delaware County Board of Developmental Disabilities

To inspire, empower, and support people to achieve their full potential.

Behavior Specialist Services Questionnaire

Applicant Name:

Agency/Organization:

1. Describe what experience you have in implementing positive behavior restrictions that are temporary in nature.

2. Explain your experience with risk assessments and functional behavior assessments.

3. Describe your understanding, experience, and implementation of Ohio Admin Code 5123-2-06 in a county board setting.

4. Describe your relationship with DCBDD. Provide examples of how you intend to further our mission and vision through this partnership?

Signature:

Date: