CAPTAIN - Training & Confidence Survey

Name: _____ Position: _____ Date:_____

Training Received	Self Evaluation of Confidence
No Training: never had a training **Introduction/Overview**: have had content training only **Hand-on training**: received coaching and hands on support from a master or mentor	**Low:** Minimal skills or knowledge on topic **Medium:** Some skills or knowledge on topic **High:** Confident implementing with a variety of students **Master:** Feel I could train, coach and support others

	Training Received			Level of Confidence			
	No Training	**Intro/ Overview**	**Hands On**	**Low**	**Med**	**High**	**Master**
Autism Spectrum Disorder: Characteristics, learning styles and how disability is identified							
Evidence Based Practices: What Are EBPs, Overview of the EBPs for ASD							
Antecedent Based Interventions (ABI)							
Behavioral Momentum Procedures (BMP)							
Comprehensive Behavioral Treatments for Young Children/Intensive Behavioral Intervention							
Differential Reinforcement (DRO/DRI/DRA)							
Discrete Trial Training (DTT)							
Extinction/Behavioral Extinction							
Functional Behavior Assessment (FBA)							
Functional Communication Training (FCT)							
Modeling and Scripting							
Naturalistic Behavioral Strategies (e.g. PRT)							
Parent Implemented Intervention and Parent Training (PII)							
Picture Exchange Communication System (PECS)							
Peer Mediated Interventions (PMI)							
Prompting and Prompt Fading (Including Time Delay and Prompt Hierarchies)							
Reinforcement (R+)							
Response Interruption and Redirection							
Self Management Training (SMT)							
Social Narratives							
Social Skills Groups							
Task Analysis							
Technology Assisted Instruction (TAI)							
Video modeling							
Visual Strategies (Schedules, Work Systems, Physical Structure of the Environment or Activity to Support Independence)							