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## BEHAVIOUR ANALYST – TRANSITIONAL ROUTE 2: PEER ASSESSMENT FORM

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### INSTRUCTIONS FOR COMPLETING THE PEER ASSESSMENT FORM

In accordance with [D – Registration Process](#) of the *Behaviour Analyst Autonomous Practice: Transitional Route 2 Registration Guidelines*, a peer assessment is a requirement for applicants with more than 10 years of experience working within the scope of practice of applied behaviour analysis (ABA), but who have had no formal, graduate-level education in ABA.

An appropriate peer assessor is someone who holds one of the following professional credentials: Board Certified Behavior Analyst® (BCBA® or BCBA-D®), Registered Behaviour Analyst in Ontario (after July 1, 2024) or a Psychologist or Psychological Associate, registered with the College of Psychologists of Ontario who has expertise in ABA; and **has at least three (3) years of experience practicing within the scope of practice of ABA.**

The peer assessment may be conducted in-person or virtually (any confidential documentation shared must be via a secure platform with the consent of the client or anonymized). The peer assessment must include direct observation of the applicant's work. It is expected that the peer assessment will take approximately 3-4 hours to complete. However, some peer assessors may determine that more or less time is required. The peer assessment form must be filled out by the peer assessor and signed by both the peer assessor and the applicant. Applicants and peer assessors should retain a copy of this form for their records. The College will accept forms submitted by the applicant or by the peer assessor. Completed forms can be uploaded in the application portal or sent via e-mail to [cpo@cpo.on.ca](mailto:cpo@cpo.on.ca) with the subject line "Transitional Route 2 Peer Assessment Form - Last Name of Applicant, First Name of Applicant".

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Name of Applicant:

Peer Assessor's E-mail:

Name of Peer Assessor:

Peer Assessor's Phone No.:

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**UNDERTAKING, AGREEMENT AND ATTESTATION OF A PEER ASSESSOR (must be completed by the peer assessor)**

I,  undertake that I am willing to act as a peer assessor for the purpose of conducting a Peer Assessment. Further,

I undertake and agree to:

1. Maintain confidentiality, as required by s.36 of the *Regulated Health Professions Act, 1991, S.O. 1991, c. 18*, or other relevant legislation in the jurisdiction that the applicant practices.
2. Familiarize myself with the Legislation and Regulations relevant to the practice I will be assessing.

I attest that:

I hold at least one of the following credentials: active BCBA® or BCBA-D®, R.B.A (Ont.) (after July 1, 2024), or current registration as a Psychologist or Psychological Associate with the College of Psychologists of Ontario with expertise in Applied Behaviour Analysis (mark all that apply):

Board Certified Behavior Analyst® (BCBA® or BCBA-D®)

Certification Number:

Registered Behaviour Analyst (R.B.A. (Ont.))

Registration Number:

Registered Psychologist or Psychological Associate with demonstrated expertise in ABA

Registration Number:

I have at least three (3) years of experience practicing within the scope of practice of ABA.

I have directly observed the applicant in their practice.

I will not act in a conflict of interest or in a situation where I hold a bias, or any appearance of either, with respect to this peer assessment.

I will ensure that neither myself nor the individual I will be reviewing is in a position of power with respect to the other.

***The College reserves the right to reject a peer assessment form if it appears to come from an inappropriate source (e.g., business partner, friend, or family).***

## AREAS OF PROFESSIONAL PERFORMANCE AND COMPETENCY IN APPLIED BEHAVIOUR ANALYSIS

Using the chart below, the peer assessor is to evaluate the applicant’s professional performance and competency in each of the eight (8) core areas of practice. There is a list of indicators and a selection of sample questions for each core area of practice. There is no minimum score required. Peer assessors must use their professional judgement to determine whether an applicant is competent for autonomous practice as a Behaviour Analyst, at a minimum of entry-level. The sample questions are not mandatory but are offered to assist the peer assessor in evaluating whether the applicant meets the indicators.

Areas for Rating Professional Performance and Competency ABA	List of Indicators	Check box if indicator is met
<b>1. Overall awareness and knowledge of jurisprudence and ethics</b>	a) Demonstrates a good knowledge of applicable jurisprudence and applies this knowledge appropriately, seeking consultation when needed.	<input type="checkbox"/>
	b) Demonstrates knowledge and skills in an ethical decision-making process.	<input type="checkbox"/>
	c) Identifies potential ethical and legal issues and address them proactively.	<input type="checkbox"/>
	d) Actively seeks consultation when treating complex cases and when working with individuals who present with unfamiliar symptoms.	<input type="checkbox"/>
	e) Demonstrates knowledge and skills in dealing with informed consent and confidentiality in a specific situation (i.e., taking into account family members, third parties such as insurance companies and mandatory reporting obligations).	<input type="checkbox"/>
	f) Demonstrates an understanding of one’s responsibilities to client, public, profession, and colleagues.	<input type="checkbox"/>
	g) Demonstrates adherence to professional Standards and ethical expectations. These would include, where applicable, billing, and administrative (office management) practices.	<input type="checkbox"/>
	<b>Has the applicant demonstrated a minimum of entry level competence in this area?</b>	<b>YES</b>
<p><b>*Sample question(s) to ask the Applicant regarding their overall awareness and knowledge of jurisprudence and ethics:</b></p> <ul style="list-style-type: none"> <li>• What legislation/jurisprudence is relevant for your practice?</li> <li>• Do you follow any codes of conduct?</li> <li>• How do you obtain consent from clients and explain the limits of confidentiality?</li> <li>• Describe an example of a case that posed an ethical dilemma or a problem of an ethical nature. How did you address the issues?</li> <li>• Have you encountered a “duty to warn” type of situation? What were the circumstances? What did you have to consider? What actions did you take?</li> <li>• Do you understand mandatory reporting obligations for yourself, and, if applicable, for your supervisees? What were the circumstances? What did you have to consider? What actions did you take?</li> <li>• Have you had any experience with dual relationships? How did you handle them?</li> </ul> <p><b>Continued on next page..</b></p>		

<ul style="list-style-type: none"> <li>Do you provide telepractice (e.g., virtual) services? If so, do you do so in accordance with best practice standards?</li> <li>Do you engage in multidisciplinary work? If so, which other disciplines are involved and how are applied behaviour analysis services integrated with other services in terms of such things as clinical decision making, report writing, signing of reports, and file storage?</li> <li>Do you bill clients? If so, do billing and receipt documents conform to the best practice standards?</li> </ul>			
2. Awareness of limits of competence	a) Demonstrates an awareness of when they need to consult with others with regard to client groups, client issues, or client complexity.		
	b) Demonstrates an understanding of the limits of competency and the importance of referring clients to other professionals when necessary.		
	<b>Has the applicant demonstrated a minimum of entry level competence in this area?</b>	<b>YES</b>	<b>NO</b>
<p><b>*Sample question(s) to ask the Applicant regarding their awareness of limits of competence:</b></p> <ul style="list-style-type: none"> <li>What types of presenting problems do you work with? (e.g., skills/increasing and decreasing behaviours/diagnosis)</li> <li>Do you consult with colleagues? What kinds of issues do you consult on?</li> <li>Who do you refer clients to and under what circumstances?</li> <li>Do you have a process to identify when clients should be referred or when a case is out of your scope of competence?</li> </ul>			
3. General maturity of professional attitude	a) Demonstrates an awareness of their personal and professional stressors and challenges that may interfere with the effectiveness of their professional work and takes appropriate steps in response to these challenges.		
	b) Demonstrates efficiency in accomplishing tasks without prompting or reminders.		
	c) Demonstrates excellent time management skills regarding appointments, meetings, and leave.		
	<b>Has the applicant demonstrated a minimum of entry level competence in this area?</b>	<b>YES</b>	<b>NO</b>
<p><b>*Sample question(s) to ask the Applicant regarding their general maturity of professional attitude:</b></p> <ul style="list-style-type: none"> <li>What arrangements have been made in the event of vacation leaves, or sudden illness or incapacity?</li> </ul>			
4. Interpersonal Relationships	a) Demonstrates effective communication skills by establishing and maintaining rapport with clients and colleagues.		
	b) Demonstrates the ability to establish and maintain trust and respect in the professional relationship.		
	c) Demonstrates professional and appropriate interactions with treatment teams, peers, and supervisees.		
	d) Demonstrates the ability to handle differences openly, tactfully, and effectively.		

4. Interpersonal Relationships (continued)	e) Demonstrates knowledge of self, such as motivation, personal resources, values, personal biases, and other factors that may influence the professional relationship (e.g. boundary issues).	
	f) Acknowledges and respects differences that exist between self, clients, and colleagues in terms of race, ethnicity, culture, and other individual difference variables.	
	<b>Has the applicant demonstrated a minimum of entry level competence in this area?</b>	<b>YES</b> <b>NO</b>
<p><b>*Sample question(s) to ask the Applicant regarding interpersonal relationships:</b></p> <ul style="list-style-type: none"> <li>Describe a situation that led to a conflict or disagreement with a colleague (e.g., power gradients, goal differences). What steps did you take to address it?</li> <li>Describe a challenging situation with a client/family of a client, and what steps you took to address it.</li> <li>Describe how you establish healthy working relationships with colleagues, supervisees, clients, and families of their clients. Describe how you would mediate for cultural or racial differences between yourself and your clients/families of the clients.</li> </ul>		
5. Assessments	a) Assesses behaviour and its functions using formal or informal (direct or indirect) observations and measurement and interpretation of results (e.g., stimulus preference assessment, functional behaviour assessment, experimental functional analysis, staff performance assessment).	
	b) Determines client goals based on factors such as client preferences, supporting environments, risks, constraints, and social validity.	
	c) Considers other interventions and professional involvement and potential effects on recommendations. Collaborates with colleagues in the best interests of the client and stakeholders.	
	d) Discusses assessment results, goals, service options and progress with clients/mediators/caregivers.	
	e) Selects appropriate interventions based on assessment results, supporting environments, risks, constraints, social validity, clinical experience, and supported by currently accepted scientific evidence.	
	<b>Has the applicant demonstrated a minimum of entry level competence in this area?</b>	<b>YES</b> <b>NO</b>
<p><b>*Sample question(s) to ask the Applicant regarding assessments:</b></p> <ul style="list-style-type: none"> <li>Describe how you approach assessment.</li> <li>Describe what sort of baseline data you collect before you implement a skills training program. Are there any exceptions to when baseline data is not required to be collected for long periods of time/multiple sessions?</li> <li>Walk me through the functional behaviour assessment process.</li> <li>Do you identify relevant sources of information in records (e.g., educational, medical, historical) at the outset of a case?</li> <li>Do you integrate relevant cultural and contextual variables and client preference in the assessment process?</li> </ul>		
6. Interventions	a) Designs, implements, and systematically monitors the effectiveness and acceptability of skill-acquisition and/or behaviour reduction programs.	
	b) Delivers ABA interventions directly to individuals who present with a range of skills, levels of functioning, and ages.	

<b>6. Interventions (continued)</b>	c) Conducts mediator (e.g., caregivers, direct support professionals) training using ABA procedures.	
	d) Plans for and identifies unwanted effects of the recommended interventions.	
	e) Implements a full range of scientifically validated, behaviour analytic procedures (e.g., reinforcement, extinction, incidental teaching, and use of naturalistic teaching methods).	
	f) Utilizes ABA procedures through direct, caregiver mediated and/or group intervention formats.	
	g) Trains staff and/or caregivers as they deliver new or revised behavioural services.	
	h) Reviews the applicable literature on scientifically validated procedures.	
	i) Designs and implements procedures targeting generalization of behaviour change.	
	j) Works collaboratively with professionals from other disciplines. Collaboration occurs in the best interests of the client and stakeholders.	
	k) Designs appropriate data collection and analysis forms/procedures to make data-based decisions to help monitor or modify intervention procedures.	
<b>Has the applicant demonstrated a minimum of entry level competence in this area?</b>		<b>YES</b>
<p><b>*Sample question(s) to ask the Applicant regarding interventions:</b></p> <ul style="list-style-type: none"> <li>Describe the sorts of interventions you commonly use in your practice, and how you decide on these.</li> <li>Walk me through how you plan an intervention.</li> <li>Explain how you monitor the effectiveness of an intervention plan, and what actions you take based on that monitoring.</li> <li>Explain how you assess the social validity (acceptability) of your goals, procedures, and outcomes.</li> <li>Do you integrate relevant cultural and contextual variables and client preferences in the intervention process?</li> </ul>		
<b>7. Clinical Supervision and/or Consultation Activities</b>	a) Delegates to supervisees only those responsibilities that such persons can reasonably be expected to perform competently, ethically, and safely. A supervisor cannot delegate any task that they themselves are not competent to perform.	
	b) Assigns team members to implement behaviour plans and/or train caregivers to implement behaviour plans.	
	c) Observes interventions and assessments carried out by supervisees and/or mediators and monitors intervention fidelity.	
	d) Has sufficient direct contact with the client and/or their caregivers to ensure adequate service delivery by supervisees.	

7. Clinical Supervision and/or Consultation Activities (continued)	e) Confirms that supervisees have and maintain competence to perform the tasks assigned to them, considering numerous factors, including skills, education, and experience.			
	f) Provides ongoing direction and guidance to staff to ensure services are being delivered correctly and effectively.			
	g) Regularly reviews data and documentation produced by supervisees (behaviour plans, assessment outcomes, client progress).			
	h) Maintains detailed supervision notes of progress, key decisions, and next steps.			
	i) If providing consultation services, provides clinical feedback for clinicians/Behaviour Analysts who carry their own caseload/support their own clients.			
	<b>Has the applicant demonstrated a minimum of entry level competence in this area?</b> (Select "Not Applicable" if applicant is <b>not</b> engaged in supervision and/or consultation)		YES	NO
<b>*Sample question(s) to ask the Applicant regarding clinical supervision and/or consultation activities:</b> <ul style="list-style-type: none"> <li>• Are you providing clinical supervision and/or nonsupervisory consultation and/supervision for non-clinical roles? If so, how many individuals and to whom?</li> <li>• Are you providing supervision and/or non-supervisory consultation and/or supervision for non-clinical roles within their limits of competence?</li> <li>• How do you monitor services provided under your supervision? (e.g. supervision notes of progress, key decisions, and next steps). How frequently do you review documentation?</li> <li>• How frequently do you meet with supervisee(s), and what is the nature of the supervision contact?</li> <li>• Describe how you establish goals and expectations for the supervision relationship.</li> <li>• Walk me through your process for informing clients of the supervisory relationship, limits to confidentiality, and how they can contact you, if necessary.</li> </ul>				
8. Record Keeping	a) Maintains complete records of all patient contacts that include pertinent information.			
	b) Ensures the security of all records (hard copy and electronic) and maintains current knowledge of risks and associated risk mitigation strategies.			
	c) Ensures that all records are secure and accessible to the applicant for the required retention period.			
	d) Is knowledgeable of and follows applicable guidelines (e.g., organizational requirements) for the creation, storage, transportation, and disposal of records and data.			
	<b>Has the applicant demonstrated a minimum of entry level competence in this area?</b>		YES	NO
<b>*Sample question(s) to ask the Applicant regarding record keeping:</b> <ul style="list-style-type: none"> <li>• Walk me through how you maintain your records and what information is documented, e.g. documentation of consents, assessments, goals, and treatment plans, and progress towards goals, summary reports, letters, forms completed on behalf of client.</li> </ul> <b>Continues on next page..</b>				

- What processes are in place to maintain confidentiality and access to information of clients' binder/raw data?
- If records are kept electronically, what risk mitigation strategies are employed?
- How long are records stored?
- Do you use a standard consent and confidentiality form? If so, may I see a blank copy?
- How is confidential information disposed of?
- *If the applicant works in an organization* - How does ABA record keeping work within your work-setting and how is it integrated into the record keeping structure of the work-setting?

**CONCLUSION AND SIGNATURE**

This peer assessment confirms that the applicant is competent for autonomous practice as a Behaviour Analyst, at a minimum of entry-level:      YES      NO

If you have any other comments regarding the applicant's application for registration as a Behaviour Analyst, please provide them in the text box below:

By signing this form, you formally declare that the information provided on this form is true and accurate and that, to the best of your knowledge, you have no conflicts of interest to declare. The College of Psychologists of Ontario reserves the right to request additional information as required.

Peer Assessor Statement:	Applicant Statement:
I have shown the Applicant all my ratings and have discussed them with the Applicant:	The Peer Assessor has shown me all their ratings and has discussed them with me.
Signature:	Signature:
Date:	Date:

The College will accept forms submitted by the applicant or by the peer assessor. Completed forms can be uploaded in the application portal or sent via e-mail to [cpo@cpo.on.ca](mailto:cpo@cpo.on.ca) with the subject line "Transitional Route 2 Peer Assessment Form - Last Name of Applicant, First Name of Applicant".