SPICY BEHAVIORAL CONSULTING™

PROJECT CLAIM & FIELDWORK APPROVAL FORM

BCBA / BCaBA Supervised Fieldwork Program

Trainee Name: _____

Credential Track:

□ BCBA

□ BCaBA

RBT Credential (if applicable): _____

Email: _____

Phone: _____

Supervisor: Alexis M. Trybinski, M.S., BCBA, LBA

Date Submitted: _____

PROJECT REQUEST

Project Number: _____

Project Name: _____

Project Category:

□ Rebrand Project

□ Parent Training Resource

□ Staff Training Resource

□ RBT Professional Development

□ Clinical Infrastructure

□ School Consultation Resource

□ Product Development

□ Canva Organization

□ Website Product Finalization

□ Physical Product Development

□ Other

Describe the Project You Are Requesting:

SECTION 3 — WHY THIS PROJECT INTERESTS YOU

Why would you like to complete this project?

What skills do you hope to develop through this project?

□ Parent Training

□ Staff Training

□ Clinical Writing

□ Data Analysis

□ Professional Communication

□ Treatment Integrity

□ Resource Development

□ Supervision Skills

□ Leadership Development

□ Canva Design

□ Product Development

□ Organizational Systems

□ Other

ESTIMATED TIME COMMITMENT

Estimated Hours Needed: _____

Expected Start Date: _____

Expected Completion Date: _____

Estimated Weekly Availability:

□ 1–3 hours

□ 3–5 hours

□ 5–10 hours

□ 10+ hours

PROJECT PLAN

Briefly describe your proposed plan for completing this project.

Step 1: _____

Step 2: _____

Step 3: _____

Step 4: _____

Step 5: _____

DELIVERABLES

I understand I may be required to submit the following:

□ Canva Link

□ PDF Export

□ Before-and-After Screenshots

□ Clinical Audit Sheet

□ Reflection Document

□ Website Product Description

□ Product Mockup

□ Tracking Documents

□ Presentation Materials

□ Other

BACB FIELDWORK RELEVANCE

Briefly explain how you believe this project relates to behavior-analytic practice and professional competency development.

SUPERVISION EXPECTATIONS

I understand that:

□ Project approval is required before beginning work.

□ Completion of a project does not automatically guarantee fieldwork approval.

□ Hours must be documented accurately.

□ All work must be behavior-analytic in nature to be considered for unrestricted fieldwork.

□ Reflections may be required.

□ Revisions may be required.

□ Supervisor approval is required before hours are finalized.

□ Professional communication is expected throughout the project.

Initials: _____

TRAINEE SIGNATURE

I certify that the information provided above is accurate and that I will complete this project in accordance with supervision expectations.

Trainee Signature: _____

Date: _____

SUPERVISOR REVIEW

Project Approved:

□ Yes

□ No

□ Revision Needed Before Approval

Approved Project Number: _____

Approved Estimated Hours: _____

Project Priority:

□ Critical

□ High

□ Medium

□ Low

Special Instructions:

Supervisor Signature: _____

Date: _____

PROJECT COMPLETION REVIEW

Date Completed: _____

Actual Hours Completed: _____

Required Deliverables Submitted:

□ Canva Link

□ PDF Export

□ Screenshots

□ Reflection

□ Product Mockup

□ Audit Sheet

□ Other

Project Quality Rating:

□ Approved

□ Minor Revisions

□ Major Revisions

□ Not Approved

Final Hours Approved: _____

Supervisor Comments:

Supervisor Signature: _____

Date: _____

FOR INTERNAL USE ONLY

Project Status:

□ Claimed

□ In Progress

□ Draft Submitted

□ Revision Requested

□ Approved

□ Archived

Hours Logged: _____

Hours Approved: _____

Filed: □ Yes □ No