

Nevada Commission on Autism Spectrum Disorder (CASD) Survey for Work-Force Development

The following survey is being created to inform the CASD on the community interest in being part of a directory.

1. Name of Organization:

2. Are you interested in participating in CASD service directory?

Mark only one oval.

☐ Yes

☐ No

3. Primary diagnosis served (check all that apply)

Check all that apply.

- ☐ Autism Spectrum Disorder
- ☐ Attention-Deficit Hyperactivity Disorder/Attention Deficit Disorder
- ☐ Intellectual Disability
- ☐ Development Disability
- ☐ Fetal Alcohol Spectrum Disorder
- ☐ Traumatic Brain Injury
- ☐ Other

4. If you selected "other" on the previous questions please explain

5. Location of services (check all that apply)

Check all that apply.

- ☐ In-home
- ☐ Clinic -based
- ☐ Community-based
- ☐ School-based

6. General Demographics served

Check all that apply.

- ☐ 0-3
- ☐ 4-6
- ☐ 7-12
- ☐ 13-18
- ☐ 19+

7. What forms of services do you provide? (check all that apply)

Check all that apply.

- ☐ ABA therapy: Individual
- ☐ ABA therapy: Group format
- ☐ Occupational therapy
- ☐ Physical therapy
- ☐ Family/Caregiver Treatment
- ☐ Other

8. Day of Operation: Please include days services are available (check all that apply)

Check all that apply.

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

9. Times of Operation: Please include times that services are available (check all that apply)

Mark only one oval.

- ☐ Morning
- ☐ Afternoon
- ☐ Evening

10. What types of insurance/funding do you accept? (TBD)

Mark only one oval.

- ☐ Commercial Insurance
- ☐ Medicaid Product

11. Do you have a cash pay option?

Check all that apply.

☐ Yes

☐ No

12. If you marked "YES" for cash pay option do you have a sliding scale

Mark only one oval.

☐ Yes

☐ No

☐ NA

13. If other than English, what languages can you deliver services in? (check all that apply)

Check all that apply.

☐ Spanish

☐ Chinese

☐ Tagalog

☐ Amharic

☐ Korean

☐ Other

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