




Correction to: Navigating cultural differences during the delivery of behavior analysis services in Austria

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Correction to: Behavior and Social Issues <https://doi.org/10.1007/s42822-021-00077-9>

The surname of the second author was misspelled in the published version. The correct spelling is “De Souza” instead of “Souza.”

The [appendix](#) that represented the “Cultural Background Questionnaire” was not included in the published version. It was added afterwards.

The postal address of the first author has been removed for personal data protection reasons.

We apologize for this error.

The original article has been corrected.

The original article can be found online at <https://doi.org/10.1007/s42822-021-00077-9>.

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Appendix

Cultural Background Questionnaire

We developed this questionnaire to learn more about your family as we strive to provide services in a way that is meaningful for you and your family. Furthermore, we want to make sure we respect and honor your preferences around the intervention process.

This questionnaire is optional. Your decision to not complete this questionnaire or the answers you provide will not affect your ability to receive services in any way. Feel free to provide as much information as you would like.

Parent/Caregiver

Name: _____

Preferred Pronouns: She/Her/Hers - He/Him/His - They/Them/Theirs

Marital Status: _____

Relationship with the Child: _____

City and Country of Birth: _____

Nationality: _____

Known Disabilities: _____

Accommodations Needed: Audio Recommendations Large Font

Visual Recommendations Extended time during training Special Lightning

Others: _____

Faith or Religion: _____

Holidays You and Your Family Celebrate:

Traditions You and Your Family Practice:

Household Information

Number of people living in your household: _____

Relationship with your child:

- Siblings Grandparents Aunts/Uncles
 Cousins Friend of the family Others: _____

Language Information

Country of Origin

Name: _____

Language(s) spoken: _____

How long did you live in the Country of Origin? _____

Country of Residence

Language(s) spoken: _____

How long have you been living in the Country of Residence? _____

Languages:

Native Language: _____

Language(s) spoken at home: _____

In the table below, select the language(s) you can speak, understand, read, or write well. Add other languages that you use.

German	<input type="checkbox"/> Speak	<input type="checkbox"/> Understand	<input type="checkbox"/> Read	<input type="checkbox"/> Write
English	<input type="checkbox"/> Speak	<input type="checkbox"/> Understand	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Speak	<input type="checkbox"/> Understand	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Speak	<input type="checkbox"/> Understand	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Speak	<input type="checkbox"/> Understand	<input type="checkbox"/> Read	<input type="checkbox"/> Write