

Fluency Data Sheet

Name: _____

School Year: _____

Skill : _____

Data Taken By: _____

Mastery Criterion: _____

(rate per minute for how many consecutive days)

Date	Time (how long is the timing)	Number Correct	Number Incorrect	Rate Per Minute

Fluency Data Sheet – multiple timings

Name: _____

School Year: _____

Skill : _____

Data Taken By: _____

Mastery Criterion: _____

(rate per minute for how many consecutive days)

date	timing length	timing #1	timing #2	timing #3	Best Score

student: _____

skill: _____ baseline: _____ goal: _____

date	timing length	number correct	number incorrect	rate per minute

skill: _____ baseline: _____ goal: _____

date	timing length	number correct	number incorrect	rate per minute

skill: _____ baseline: _____ goal: _____

date	timing length	number correct	number incorrect	rate per minute

Discrete Trial Data Sheet

Student: _____ School Year: _____

Skill: _____

Mastery Criteria (how many correct for how many days until the student can move on)

Date:	Max seconds btwn phrase & response	Total # Trials:	Total Correct:	Total Incorrect:

Discrete Trial Data Sheet – 10 Trials

Student: _____ School Year: _____

Skill: _____

Mastery Criteria (how many correct for how many days until the student can move on)

Date:					
Total correct	/10	/10	/10	/10	/10
Percent Correct:					

Vocabulary Data Sheet

Student: _____ School Year: _____

Skill: _____ Total Trials for each word: _____

Mastery Criteria: _____
(how many correct for how many days until the student can move on)

vocabulary words:

Date:					

vocabulary words:

Date:					

Frequency Data Sheet

Student: _____ School Year: _____

Skill or Behavior: _____

Mastery Criteria: _____
(how many correct for how many days until the student can move on)

Date:	+	-

Date:	+	-

Student: _____

Date	Task #	Prompt	Task #	Prompt	Task #	Prompt
		I V P P P		I V P P P		I V P P P
		I V P P P		I V P P P		I V P P P
		I V P P P		I V P P P		I V P P P
		I V P P P		I V P P P		I V P P P
		I V P P P		I V P P P		I V P P P

Student: _____

Date	Task #	Prompt	Task #	Prompt	Task #	Prompt
		I V P P P		I V P P P		I V P P P
		I V P P P		I V P P P		I V P P P
		I V P P P		I V P P P		I V P P P
		I V P P P		I V P P P		I V P P P
		I V P P P		I V P P P		I V P P P

Student: _____

Date	Task #	Prompt	Task #	Prompt	Task #	Prompt
		I V P P P		I V P P P		I V P P P
		I V P P P		I V P P P		I V P P P
		I V P P P		I V P P P		I V P P P
		I V P P P		I V P P P		I V P P P
		I V P P P		I V P P P		I V P P P

Date	Task Name	Prompt Count	Task Name	Prompt Count

Bus Anecdotal Data Sheet

Student: _____
 School Year: _____

Date	Behaviors	What you did:

A = appropriate behavior during the entire trip
 MA = mostly appropriate behavior (less than 2 instance of inappropriate behavior)
 SI = some inappropriate behaviors (more than 2 instances of inappropriate behavior)
 I = more than 5 instances of inappropriate behavior

inappropriate behavior: _____

Date	Behaviors (circle one)	Notes:
	A MA SI I	
	A MA SI I	
	A MA SI I	
	A MA SI I	
	A MA SI I	
	A MA SI I	
	A MA SI I	
	A MA SI I	
	A MA SI I	
	A MA SI I	

Date	Person (circle one)	Notes:
	SLP OT PT Social Worker School Pysch Specials Teacher Counselor Gen Ed Teacher Other: _____	
	SLP OT PT Social Worker School Pysch Specials Teacher Counselor Gen Ed Teacher Other: _____	
	SLP OT PT Social Worker School Pysch Specials Teacher Counselor Gen Ed Teacher Other: _____	
	SLP OT PT Social Worker School Pysch Specials Teacher Counselor Gen Ed Teacher Other: _____	
	SLP OT PT Social Worker School Pysch Specials Teacher Counselor Gen Ed Teacher Other: _____	
	SLP OT PT Social Worker School Pysch Specials Teacher Counselor Gen Ed Teacher Other: _____	
	SLP OT PT Social Worker School Pysch Specials Teacher Counselor Gen Ed Teacher Other: _____	
	SLP OT PT Social Worker School Pysch Specials Teacher Counselor Gen Ed Teacher Other: _____	

Prompt Key:

I = Independent [the student required NO prompting]

V = Verbal [you told the student to initiate, continue, or complete the step]

PP = Partial Physical [you physically assisted the student in small way]

FP = Full Physical [the student could not do this step & require full physical help]

brush teeth	Date:				
	open toothpaste	I V PP FP	I V PP FP	I V PP FP	I V PP FP
	put on toothpaste	I V PP FP	I V PP FP	I V PP FP	I V PP FP
	pick up brush	I V PP FP	I V PP FP	I V PP FP	I V PP FP
	move brush	I V PP FP	I V PP FP	I V PP FP	I V PP FP
	spit and rinse	I V PP FP	I V PP FP	I V PP FP	I V PP FP
	finish brushing	I V PP FP	I V PP FP	I V PP FP	I V PP FP
	close toothpaste	I V PP FP	I V PP FP	I V PP FP	I V PP FP

put on deodorant	open cap	I V PP FP	I V PP FP	I V PP FP	I V PP FP
	lift shirt	I V PP FP	I V PP FP	I V PP FP	I V PP FP
	put on	I V PP FP	I V PP FP	I V PP FP	I V PP FP
	cap back on	I V PP FP	I V PP FP	I V PP FP	I V PP FP

wash face	turn on water	I V PP FP	I V PP FP	I V PP FP	I V PP FP
	get soap	I V PP FP	I V PP FP	I V PP FP	I V PP FP
	rub soap on face	I V PP FP	I V PP FP	I V PP FP	I V PP FP
	rinse face	I V PP FP	I V PP FP	I V PP FP	I V PP FP
	dry face	I V PP FP	I V PP FP	I V PP FP	I V PP FP
	turn off water	I V PP FP	I V PP FP	I V PP FP	I V PP FP
	Total Time:				

notes:

Interval Recording Data Sheet

Student: _____

School Year: _____

+ behavior has occurred at some point during the time interval
 - behavior did not occur at all during the time interval

Date: _____ Timing Length: _____ Interval Length: _____

Location	Time	Interval 1	Interval 2	Interval 3	Interval 4	Interval 5	Total + Intervals

Total + Intervals: _____ Total Intervals: _____ Percentage: _____

Date: _____ Timing Length: _____ Interval Length: _____

Location	Time	Interval 1	Interval 2	Interval 3	Interval 4	Interval 5	Total + Intervals

Total + Intervals: _____ Total Intervals: _____ Percentage: _____

Picture Schedule Data Sheet

Student: _____

School Year: _____

Number of pictures in schedule: _____ Week of: _____

{put a tally Date:	under I for independent pick up picture on schedule:	or P for prompted for go to location	for each step pick up picture at location	go to schedule	put picture in finished envelope
	I: P:	I: P:	I: P:	I: P:	I: P:
	I: P:	I: P:	I: P:	I: P:	I: P:
	I: P:	I: P:	I: P:	I: P:	I: P:
	I: P:	I: P:	I: P:	I: P:	I: P:
	I: P:	I: P:	I: P:	I: P:	I: P:

Total independent: _____ Total tracked: _____ Percentage of independent steps: _____

Number of pictures in schedule: _____ Week of: _____

{put a tally Date:	under I for independent pick up picture on schedule:	or P for prompted for go to location	for each step pick up picture at location	go to schedule	put picture in finished envelope
	I: P:	I: P:	I: P:	I: P:	I: P:
	I: P:	I: P:	I: P:	I: P:	I: P:
	I: P:	I: P:	I: P:	I: P:	I: P:
	I: P:	I: P:	I: P:	I: P:	I: P:
	I: P:	I: P:	I: P:	I: P:	I: P:

Total independent: _____ Total tracked: _____ Percentage of independent steps: _____

Weekly Data Sheet

Goal: _____

Week of: _____

Mastery Criteria: _____

Dates:					

Notes:

Fluency Data:

Set: _____ Time: _____

Set: _____ Time: _____

Set: _____ Time: _____

Date:	Number Correct	Number Incorrect

Date:	Number Correct	Number Incorrect

Date:	Number Correct	Number Incorrect

Goal: _____

Mastery Criteria: _____

Date:	# correct	# incorrect

Goal: _____

Mastery Criteria: _____

Date:	# correct	# incorrect

Behavior Frequency:

dates:					
yelling					
aggression					
crying					

Baseline Assessment Tracking Sheet

Student: _____

School Year: _____

date of assessment: _____

Skill:	# correct	# incorrect	Percent Correct	next steps:
				<input type="checkbox"/> mastered <input type="checkbox"/> use now <input type="checkbox"/> wait and use later
				<input type="checkbox"/> mastered <input type="checkbox"/> use now <input type="checkbox"/> wait and use later
				<input type="checkbox"/> mastered <input type="checkbox"/> use now <input type="checkbox"/> wait and use later
				<input type="checkbox"/> mastered <input type="checkbox"/> use now <input type="checkbox"/> wait and use later
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				<input type="checkbox"/> mastered <input type="checkbox"/> use now <input type="checkbox"/> wait and use later

notes: