

APPENDIX

1-G

INSTRUCTIONS FOR USING DATA RECORDING FORMS

Session Data Log: This is an all-purpose data sheet designed to record an individual client's performance within a single session. Determine the type of notational system that will be used to record client responses (e.g., + or -, o or x, and so on) and enter this information in the box labeled "Key." Write the name or description of tasks in the left column (up to a maximum of eighteen). The numbered boxes indicate the number of trials. Record the accuracy of each response in the appropriate box. If the number of trials on a given task exceeds 20, continue to record on the next line of the grid. Calculate percentage of correct responses and enter this information in the far right column for each task.

Summary Data Log: This form is used to summarize information about an individual client's performance across a maximum of 20 sessions. It is designed to display client progress on specific therapy tasks over time. Enter session numbers or session dates in the boxes indicated at the top of the grid. Write the name or description of tasks in the left column (up to a maximum of 17). Retrieve the percentage of correct responses for each task from previous daily sheets (e.g., Session Data Log) and enter this information under each session date or number.

Summary Data Graph: Like the Summary Data Log, this form is used to summarize information about a client's status across a maximum of 20 sessions. The unique aspect of this form is that it allows the clinician to graph a client's progress on one or more objectives. Select a code for each objective that will be used on the graph to plot client performance. The code can consist of lines of different colors or patterns (e.g., solid, dotted, hatched, and so on). Enter this information along with a brief description of each task in the Key box. Retrieve performance data for each task from daily data sheets. Enter the session dates on the designated line, beginning with the pretreatment baseline session. Plot percentage of performance on the graph for each date (and for each task) and connect the data points to create a visual display of client progress.

Response Data Form: This is an all-purpose data sheet designed to track an individual client's responses on a single task during one session. It allows the clinician to document the specific stimulus items that are presented to a client during a given activity. Write the behavioral objective, therapy materials, and reinforcement type and schedule on the designated lines. Determine the type of notational system that will be used to record client responses (e.g., + or -, o or x, and so on) and enter this information in the Key. Record each stimulus in the left-hand column as it is presented. Note correct versus incorrect responses in column 1. This form can accommodate 20 stimulus items, which can be presented for a maximum of 10 trials each. Count the number of correct and incorrect responses and calculate the percentage of accuracy. Enter this information in the appropriate box at the lower left of the form.

Response Rating Scale: This is a general form that can be used to document an individual client's performance within a single session. This form utilizes a scale that allows the clinician to rate the quality of a client's responses along a **continuum** of accuracy. The continuum is a five-level scale that includes the old error pattern (O), cued responses (C), approximations (A), self-corrections (S), and the new target behavior (T). Enter the task in the left column. The numbered

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Appendix 1-G (continued)

boxes indicate the number of trials. Record the rating for each response (i.e., O, C, A, S, T) in the appropriate box. If the number of trials on a given task exceeds 20, continue to record on the next line of the grid. Calculate the percentage of each response type, and enter this information in the far right columns for each task.

Articulation Data Sheet: This form is designed to record an individual client's responses during articulation therapy. Determine the type of notational system that will be used to record the client's responses (e.g., + or -, o or x, and so on) and enter this information in the box labeled "Key." This form can be used in at least two ways. It can function as a data sheet for a single session, or it can be used to track a client's progress over time. Enter the session date and the therapy activity in the appropriate boxes. *All* correct and incorrect responses for each activity are recorded in a *single* box under the appropriate level of difficulty (e.g., Isolation, Syllable, Words, and so on). A single box may contain as many as 20 to 30 response notations. The amount of time spent on each activity also can be documented on this form. Count the number of total and correct responses and calculate the percentage of accuracy. Enter this information in the appropriate box.

Individual/Group Quick Tally Sheet: This form is designed for data collection in individual or group therapy sessions. For individual sessions, enter the client's name in the first box on the left. Assign a code or number (e.g., A or #1) for each activity, and enter this information for the first activity in the same box. As the stimuli are presented, record incorrect responses by making a slash mark through the corresponding number. Correct responses are indicated by the lack of a slash mark. Tally the number of correct responses, and calculate the percentage of accuracy. Enter this information on the appropriate lines. Repeat this procedure for each subsequent activity (except for re-writing the client's name). For group sessions, this form can be used in at least two ways depending on the size of the group. For groups of three or fewer, enter the name, activity code, and response data for each individual from left to right across the page in the same row. This orientation permits data to be recorded on a maximum of six activities for each group member. For groups with three to six members, enter the data for each client from top to bottom down the page in the same column. This orientation accommodates a maximum of three activities per group member.

Group Therapy Data Sheet: This form is designed for use in therapy groups that range in size from two to four members. Determine the type of notational system that will be used to record the clients' responses (e.g., + or -, o or x, and so on) and enter this information on the line labeled "Response Key." Enter each group member's name on the indicated line. Assign a code or number (e.g., A or #1) for each activity, and enter this information for each group member in the appropriate box. Record the accuracy of each client's responses in the boxes below the numbers. This data form allows for a maximum of 50 trials (per member) to be recorded for each activity. The amount of time each client spends on a given activity also can be documented on this form. Count the number of correct and total responses and calculate the percentage of accuracy for each client. Enter this information in the appropriate boxes.

Classroom Data Form: This form is an example of a data sheet used in the classroom to track performance of multiple children on eight curriculum-based language goals. Enter one child's name in each block in the first column. Indicate incorrect responses with slash marks through specific stimulus items. This form can be used to calculate percentage of accuracy for individual children on one or more goals. In addition, performance accuracy of the entire group can be monitored for all eight identified goals.

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Appendix 1-G (continued)

FORM 1-7 SESSION DATA LOG[illegible]

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FORM 1-8 SUMMARY DATA LOG

SUMMARY DATA LOG

Name of Client:

Name of Clinician:

Date or Session #

[illegible]

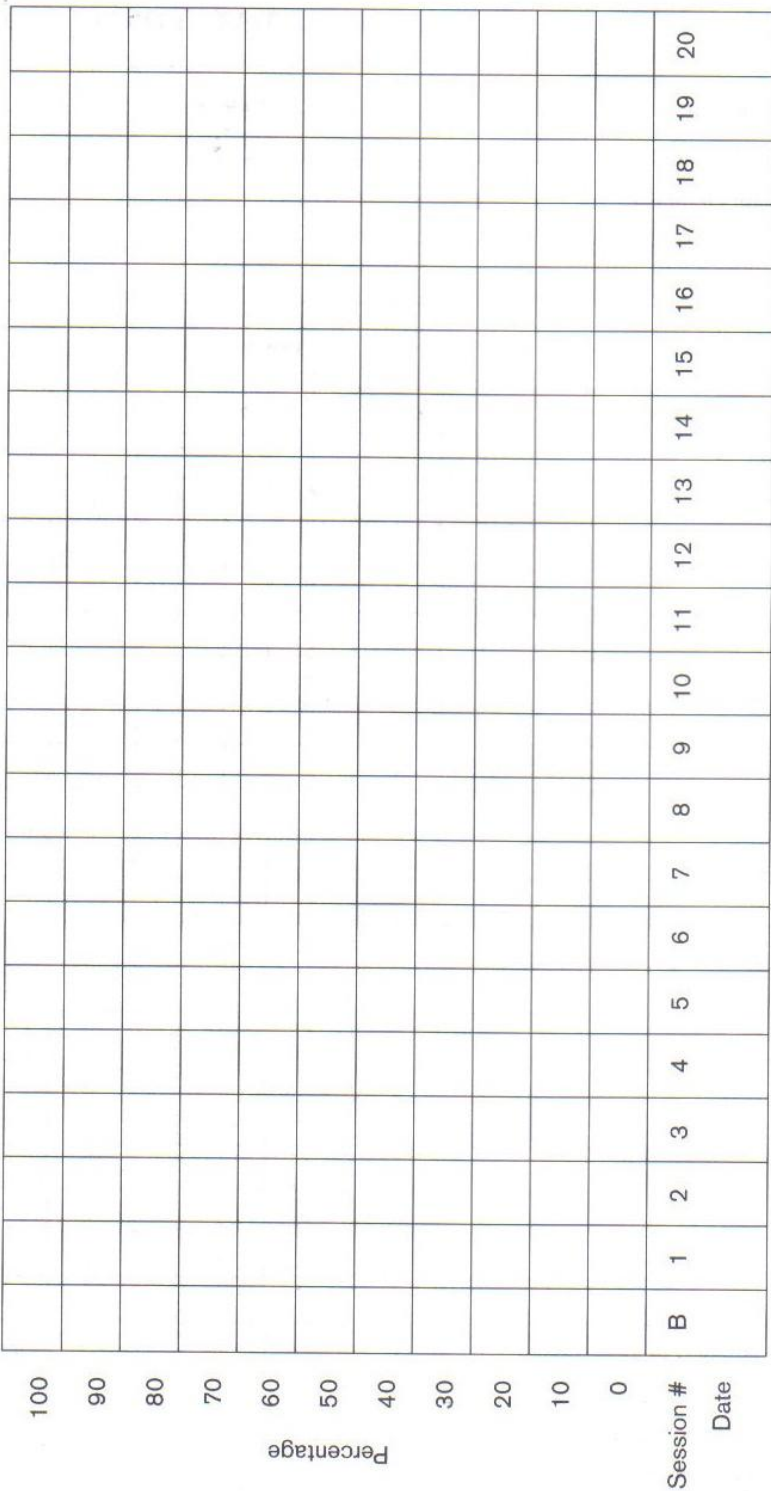
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Appendix 1-G (continued)

FORM 1-9 SUMMARY DATA GRAPH

SUMMARY DATA GRAPH

Date: _____	KEY: _____
Name of Client: _____	
Name of Clinician: _____	



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Appendix 1-G (continued)

FORM 1-10 RESPONSE DATA FORM**RESPONSE DATA FORM**

Name of Client: _____ Date: _____

Name of Clinician: _____

Behavioral Objective: _____

Therapy Materials: _____

Reinforcement Type and Schedule: _____

Trials

Stimulus Presented	1	2	3	4	5	6	7	8	9	10	Comments
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											
18.											
19.											
20.											

Total Number of Responses:

Total Correct Responses:

Total Incorrect Responses:

Percent Correct:

KEY:

(continues)

[illegible]

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FORM 1-12 ARTICULATION DATA SHEET

(continues)

Appendix 1-G (continued)

FORM 1-13 INDIVIDUAL/GROUP QUICK TALLY SHEET

INDIVIDUAL/GROUP QUICK TALLY SHEET

Clinician: _____ Date: _____

<p>Name _____</p> <p>Activity 1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>6 7 8 9 10</p> <p>11 12 13 14 15</p> <p>16 17 18 19 20</p> <p>21 22 23 24 25</p> <p>26 27 28 29 30</p> <p>31 32 33 34 35</p> <p>36 37 38 39 40</p> <p>41 42 43 44 45</p> <p>46 47 48 49 50</p> <p># Correct _____</p> <p>% Correct _____</p>	<p>Name _____</p> <p>Activity 1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>6 7 8 9 10</p> <p>11 12 13 14 15</p> <p>16 17 18 19 20</p> <p>21 22 23 24 25</p> <p>26 27 28 29 30</p> <p>31 32 33 34 35</p> <p>36 37 38 39 40</p> <p>41 42 43 44 45</p> <p>46 47 48 49 50</p> <p># Correct _____</p> <p>% Correct _____</p>	<p>Name _____</p> <p>Activity 1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>6 7 8 9 10</p> <p>11 12 13 14 15</p> <p>16 17 18 19 20</p> <p>21 22 23 24 25</p> <p>26 27 28 29 30</p> <p>31 32 33 34 35</p> <p>36 37 38 39 40</p> <p>41 42 43 44 45</p> <p>46 47 48 49 50</p> <p># Correct _____</p> <p>% Correct _____</p>	<p>Name _____</p> <p>Activity 1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>6 7 8 9 10</p> <p>11 12 13 14 15</p> <p>16 17 18 19 20</p> <p>21 22 23 24 25</p> <p>26 27 28 29 30</p> <p>31 32 33 34 35</p> <p>36 37 38 39 40</p> <p>41 42 43 44 45</p> <p>46 47 48 49 50</p> <p># Correct _____</p> <p>% Correct _____</p>	<p>Name _____</p> <p>Activity 1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>6 7 8 9 10</p> <p>11 12 13 14 15</p> <p>16 17 18 19 20</p> <p>21 22 23 24 25</p> <p>26 27 28 29 30</p> <p>31 32 33 34 35</p> <p>36 37 38 39 40</p> <p>41 42 43 44 45</p> <p>46 47 48 49 50</p> <p># Correct _____</p> <p>% Correct _____</p>	<p>Name _____</p> <p>Activity 1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>6 7 8 9 10</p> <p>11 12 13 14 15</p> <p>16 17 18 19 20</p> <p>21 22 23 24 25</p> <p>26 27 28 29 30</p> <p>31 32 33 34 35</p> <p>36 37 38 39 40</p> <p>41 42 43 44 45</p> <p>46 47 48 49 50</p> <p># Correct _____</p> <p>% Correct _____</p>	<p>Name _____</p> <p>Activity 1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>6 7 8 9 10</p> <p>11 12 13 14 15</p> <p>16 17 18 19 20</p> <p>21 22 23 24 25</p> <p>26 27 28 29 30</p> <p>31 32 33 34 35</p> <p>36 37 38 39 40</p> <p>41 42 43 44 45</p> <p>46 47 48 49 50</p> <p># Correct _____</p> <p>% Correct _____</p>	<p>Name _____</p> <p>Activity 1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>6 7 8 9 10</p> <p>11 12 13 14 15</p> <p>16 17 18 19 20</p> <p>21 22 23 24 25</p> <p>26 27 28 29 30</p> <p>31 32 33 34 35</p> <p>36 37 38 39 40</p> <p>41 42 43 44 45</p> <p>46 47 48 49 50</p> <p># Correct _____</p> <p>% Correct _____</p>	<p>Name _____</p> <p>Activity 1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>6 7 8 9 10</p> <p>11 12 13 14 15</p> <p>16 17 18 19 20</p> <p>21 22 23 24 25</p> <p>26 27 28 29 30</p> <p>31 32 33 34 35</p> <p>36 37 38 39 40</p> <p>41 42 43 44 45</p> <p>46 47 48 49 50</p> <p># Correct _____</p> <p>% Correct _____</p>
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Appendix 1-G (continued)

FORM 1-14 GROUP THERAPY DATA SHEET**GROUP THERAPY DATA SHEET**

Date: _____ Clinician: _____

Name: _____ Response Key: _____

Activity:						Time:				# Correct:					Total Resp.:					% Correct:				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

Name: _____

Activity:						Time:				# Correct:					Total Resp.:					% Correct:				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

Name: _____

Activity:						Time:				# Correct:					Total Resp.:					% Correct:				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

Name: _____

Activity:						Time:				# Correct:					Total Resp.:					% Correct:				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

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Appendix 1-G (continued)

FORM 1-15 CLASSROOM DATA FORM: BASIC CONCEPTS

CLASSROOM DATA FORM: BASIC CONCEPTS

Date: _____

Child's Name	Names Letter	Names Sound	Names Color	Names Shape	Counts 1-20	Names Number	Names Day	Names Month
	ABCDE FGHIJ KLMNO PQRST UVWXY Z	ABCDE FGHIJ KLMNO PQRST UVWXY Z	Red Yellow Blue Orange Green White Black	Circle Oval Square Triangle Rectangle	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Sun Mon Tues Wed Thurs Fri Sat Sun	Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
	ABCDE FGHIJ KLMNO PQRST UVWXY Z	ABCDE FGHIJ KLMNO PQRST UVWXY Z	Red Yellow Blue Orange Green White Black	Circle Oval Square Triangle Rectangle	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Sun Mon Tues Wed Thurs Fri Sat Sun	Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
	ABCDE FGHIJ KLMNO PQRST UVWXY Z	ABCDE FGHIJ KLMNO PQRST UVWXY Z	Red Yellow Blue Orange Green White Black	Circle Oval Square Triangle Rectangle	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Sun Mon Tues Wed Thurs Fri Sat Sun	Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
	ABCDE FGHIJ KLMNO PQRST UVWXY Z	ABCDE FGHIJ KLMNO PQRST UVWXY Z	Red Yellow Blue Orange Green White Black	Circle Oval Square Triangle Rectangle	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Sun Mon Tues Wed Thurs Fri Sat Sun	Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
	ABCDE FGHIJ KLMNO PQRST UVWXY Z	ABCDE FGHIJ KLMNO PQRST UVWXY Z	Red Yellow Blue Orange Green White Black	Circle Oval Square Triangle Rectangle	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Sun Mon Tues Wed Thurs Fri Sat Sun	Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
	ABCDE FGHIJ KLMNO PQRST UVWXY Z	ABCDE FGHIJ KLMNO PQRST UVWXY Z	Red Yellow Blue Orange Green White Black	Circle Oval Square Triangle Rectangle	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Sun Mon Tues Wed Thurs Fri Sat Sun	Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
	ABCDE FGHIJ KLMNO PQRST UVWXY Z	ABCDE FGHIJ KLMNO PQRST UVWXY Z	Red Yellow Blue Orange Green White Black	Circle Oval Square Triangle Rectangle	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Sun Mon Tues Wed Thurs Fri Sat Sun	Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
	ABCDE FGHIJ KLMNO PQRST UVWXY Z	ABCDE FGHIJ KLMNO PQRST UVWXY Z	Red Yellow Blue Orange Green White Black	Circle Oval Square Triangle Rectangle	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Sun Mon Tues Wed Thurs Fri Sat Sun	Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec