

DATA - Relevance at Each Step of Due Process

Data is important at each step in the due process cycle. Assessment data should specifically address evaluation questions and lead to specifying needs and goals/objectives. Once services are established, ongoing data collection and analysis should guide adjustments in intervention strategies.

Due Process Cycle	Relationship to DATA
Evaluation	<ul style="list-style-type: none"> • Reflects the questions team has regarding the student. • Evaluation plan and results need to be relevant to the questions/concerned expressed about the student.
Needs	<ul style="list-style-type: none"> • Derived from the evaluation data and team discussion.
Goals	<ul style="list-style-type: none"> • Developed to address identified needs. • Must be measurable – (Data informs when goal is reached.)
Objectives	<ul style="list-style-type: none"> • Benchmarks toward meeting each goal (2 per goal). • Shorter-term measures of progress.
Services	<ul style="list-style-type: none"> • Established to meet goals in specific settings as suggested by evaluation data.
Managing Goals/Objectives	<ul style="list-style-type: none"> • Service providers’ develop/use charts or tracking systems for each objective.
Data Collection	<ul style="list-style-type: none"> • On going probes to show student progress over time as interventions/services are changed.
Analyze Data	<ul style="list-style-type: none"> • Examines overall trends and suggests needs for change in interventions/services.
Synthesize Data	<ul style="list-style-type: none"> • Summarizes what can be concluded from the data, e.g. achievements, effective interventions/services, etc.
Re-evaluate	<ul style="list-style-type: none"> • Examination of current status to determine existing needs. (How) have needs changed since initial evaluation?

Methods for Observing and Recording

Method	Purpose	Advantages	Disadvantages
<p>Anecdotal Record A narrative of descriptive paragraphs recorded after behavior occurs.</p>	To detail specific behavior for child's record; for case conferences; to plan for individuals.	Open-ended; rich in details; no special observer training.	Depends on observer's memory; behavior taken out of context; difficult to code or analyze for research.
<p>Running Record A narrative written in sequence over a specified time, recorded while behavior is occurring.</p>	To discover cause and effects of behavior; for case conferences; to plan for individuals.	Open-ended; comprehensive; no special observer training.	Time-consuming; difficult to use for more than one child at a time; time-consuming to code and analyze for research.
<p>Specimen Record A detailed narrative written in sequence over a specified time; recorded while behavior is occurring.</p>	To discover cause and effects of behavior; for child development research.	Open-ended, comprehensive and complete, rich in details.	Time-consuming to record; time-consuming to code and analyze for research; difficult to observe more than one child at a time.
<p>Time Sampling Tallies of symbols showing the presence or absence of specified behavior during short time periods; recorded while the behavior is occurring.</p>	For behavior modification baseline data; for child development research.	Objective and controlled; not time-consuming; efficient for observing more than one child at a time; provides quantitative data for research.	Closed; limited to observable behaviors that occur frequently; no description of behavior; takes behavior out of context.
<p>Event Sampling A brief narrative of conditions preceding and following specified behavior; recorded before; during and after behavior occurs.</p>	For behavior modification input, for child development research.	Objective; helpful in-depth diagnosis of infrequent behavior.	Closed; takes behavior out of context, limited to specific behaviors.
<p>Rating Scale A list of behaviors with frequency or severity ratings recorded before; during and after behavior occurs.</p>	To judge degree to which child behaves or possesses certain traits; to diagnose behaviors or traits; to plan for individuals.	Not time-consuming; easy to design; efficient for observing more than one child at a time for many traits; useful for several observers watching same child.	Closed; subjective; limited to specific traits or behaviors.
<p>Checklist A list of behaviors with check marks recorded before; during and after behavior occurs.</p>	To determine presence or absence of specified behaviors; to plan for individuals; to give observer an overview of child's development or progress.	Efficient for observing more than one child at a time for many behaviors; useful for individual over a period of time; a good survey inventory tool; useful for several observers at once; no special training needed.	Closed: limited to specific traits or behaviors; no information on quality of behavior.

Anecdotal Record

Student: _____ Observer: _____

Date	Objective	Comment/Progress

Running Record

Student: _____ Observer: _____

Date	Time	Behavior Sequence	Behavior Code

Time Sampling

Student: _____ Observer: _____

Target Behavior: _____

Observation Environment: _____

Date _____ Time Interval: _____

25	25	25	25	25	25	25	25	25	25	25	25
24	24	24	24	24	24	24	24	24	24	24	24
23	23	23	23	23	23	23	23	23	23	23	23
22	22	22	22	22	22	22	22	22	22	22	22
21	21	21	21	21	21	21	21	21	21	21	21
20	20	20	20	20	20	20	20	20	20	20	20
19	19	19	19	19	19	19	19	19	19	19	19
18	18	18	18	18	18	18	18	18	18	18	18
17	17	17	17	17	17	17	17	17	17	17	17
16	16	16	16	16	16	16	16	16	16	16	16
15	15	15	15	15	15	15	15	15	15	15	15
14	14	14	14	14	14	14	14	14	14	14	14
13	13	13	13	13	13	13	13	13	13	13	13
12	12	12	12	12	12	12	12	12	12	12	12
11	11	11	11	11	11	11	11	11	11	11	11
10	10	10	10	10	10	10	10	10	10	10	10
9	9	9	9	9	9	9	9	9	9	9	9
8	8	8	8	8	8	8	8	8	8	8	8
7	7	7	7	7	7	7	7	7	7	7	7
6	6	6	6	6	6	6	6	6	6	6	6
5	5	5	5	5	5	5	5	5	5	5	5
4	4	4	4	4	4	4	4	4	4	4	4
3	3	3	3	3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0	0	0	0	0	0	0

Starting from the bottom, cross out a number each time the target behavior is observed during the specified interval.

10 Minute Time Sample

Student _____ Behavior Observed _____

Date:					
Time:					
Environment:					
Min					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Comments:					

Date:					
Time:					
Environment:					
Min					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Comments:					

Date:					
Time:					
Environment:					
Min					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Comments:					

Reading Rates- Words per Minute (WPM)

Student: _____

Grade	Percentile correct	Fall WPM	Winter WPM	Spring WPM
2	75	82	106	124
	50	53	87	94
	25	23	46	65
3	75	107	123	142
	50	79	93	114
	25	65	70	87
4	75	125	133	143
	50	99	112	118
	25	72	89	92
5	75	126	143	151
	50	105	118	128
	25	77	93	100

WPM	Date of Reading Sample																	
165																		
160																		
155																		
150																		
145																		
140																		
135																		
130																		
125																		
120																		
115																		
110																		
105																		
100																		
95																		
90																		
85																		
80																		
75																		
70																		
65																		
60																		
55																		
50																		
45																		
40																		
35																		
30																		
25																		

Reading/Spelling Monitoring Chart

Student: _____ Date: _____

Units/Skills	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
1. Consonants											
2. Short Vowels											
3. Long Vowels v-c-e											
4. Final /y/											
5. Long /a/ sounds											
6. Long /a/ sounds											
7. Long /a/ sounds											
8. Review											
9. Long /a/ sounds											
10. Long /a/ sounds											
11. Diphthongs /oi/ /ou/											
12. R-controlled /ar/ /er/											
13. R-controlled /ir/ /or/											
14. R-controlled /ur/											
15. Review											
16. Consonant Blends											
17. Consonant Blends-Final											
18. Consonant Digraphs- Initial											
19. Consonant Digraphs- Medial or Final											
20. Review											
21. Hard /c/											
22. Soft /c/											
23. Hard /g/											
24. Soft /g/											
25. /-ght/ Letter Group											
26. Review											
27. More Vowels Than Vowel Sounds											
28. More Consonants Than Consonant Sounds											
29. Digraph /qu/ /squ/											
30. Consonant /j/ Spelled /j, dge, ge, g/											
31. Review											
32. Final /le/											
33. Final /en/											
34. Schwa – r											
35. Review											

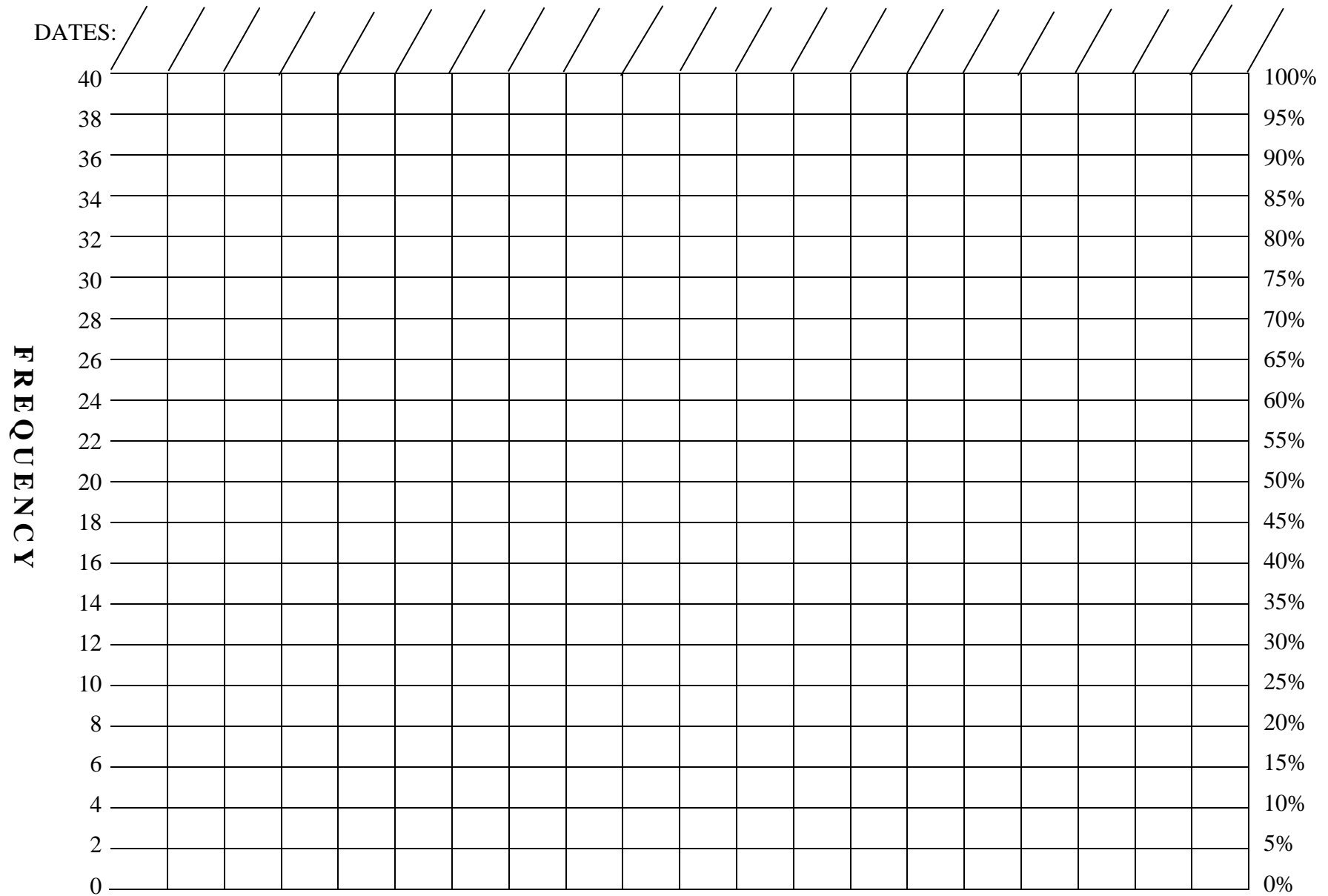
Event Sampling - ABC Analysis

Student: _____ Observer: _____ Environment: _____

Date	Start Time	End Time	A ntecedent	B ehavior	C onsequence	Intervention

Behavior Change Graph

Student: _____ Target Behavior: _____



Data Sheet

Student: _____

Codes: FP=Full Physical Prompt VP=Verbal Prompt PP=Partial Prompt I= Independent R=Refusal

Objective:																			
Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code

Objective:																			
Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code

Objective:																			
Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code

Objective:																			
Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code

Frequency Log

Date:

	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Date:

	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Date:

	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Date:

	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Frequency Log

Student: _____ Program: _____

Code: _____ Objective: _____

Setting: _____

Date: _____

10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Sensory Diet Weekly Log

Student: _____ Month/Date: _____

Enter initial of person overseeing sensory exposure in appropriate date box.

Place a “Happy Face” 😊 or “Sad Face” ☹ in the box with initials to indicate student’s overall response to each sensory experience provided.

Program	M	T	W	Th	F
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Sensory Diet Weekly Log

Name: _____ Month/Date: _____

Program	Monday		Tuesday		Wednesday		Thursday		Friday	
	Response	Initials	Response	Initials	Response	Initials	Response	Initials	Response	Initials
1.	😊 😞		😊 😞		😊 😞		😊 😞		😊 😞	
2.	😊 😞		😊 😞		😊 😞		😊 😞		😊 😞	
3.	😊 😞		😊 😞		😊 😞		😊 😞		😊 😞	
4.	😊 😞		😊 😞		😊 😞		😊 😞		😊 😞	
5.	😊 😞		😊 😞		😊 😞		😊 😞		😊 😞	
6.	😊 😞		😊 😞		😊 😞		😊 😞		😊 😞	
7.	😊 😞		😊 😞		😊 😞		😊 😞		😊 😞	
8.	😊 😞		😊 😞		😊 😞		😊 😞		😊 😞	
9.	😊 😞		😊 😞		😊 😞		😊 😞		😊 😞	
10.	😊 😞		😊 😞		😊 😞		😊 😞		😊 😞	

Independent Work Skills Data Sheet

Student: _____

- Code: X – Completed independently
 O – Did not complete
 ✓ – Needed verbal cues
 - – Needed physical prompts

Date:																				
1. Finds own work tub.																				
2. Takes tub to appropriate work area & sits.																				
3. Raises hand for assistance.																				
4. Begins task independently.																				
5. Completes task.																				
6. Works quietly.																				
7. Puts work tub away.																				
8. Puts completed work away.																				
9. Puts materials away.																				
10. Chooses "free choice" activity.																				
Comments and Activity																				

Date:																				
% completed independently																				

Point Rating for Behavior Performance

Student _____

Code: 5 – Bonus

Date _____

4 – Expected

Level _____ Days at Level _____

3 – Minimal

2 – Poor

1 – Unacceptable

0 – Time out/Sent out

Hour	Class	Teacher Initials	On Time	Prepared	Follow Direct.	Speak Approp.	MYOB	Assign. Complete	Bonus Points	Class Total Points
1										
2										
3										
4										
5										
6										
7										

Total points for day: _____ Daily % _____ Checked by _____

Hour	Assignments/Comments	Late Assignments

Student Goal/Bonus Point Behavior: _____

Weekly Assignment Sheet

Student: _____ Grade: _____ Date: _____

Period	Assignments	Behavior + or 0	Assignments All in: + Not: 0	Teacher Signature
1				
2				
3				
4				
5				
6				
7				

Additional Comments:

Group Data Sheet - Socialization Observation

Date _____

Observation: Movement from one activity to another.

Name	Group Cues Delivered	Verbal Reminders to Other Children	Verbal Reminders to Target Student	Physical Prompt to Target Student	Comments






Date _____

Free play observation 30-second intervals.

Name	Parallel Play	Cooperative Play	Solitary Play	Other e.g. Standing Alone

Documentation of Injuries

Student: _____ Date: _____

Time	Description of Injury	Site of Injury on Body (mark on picture below)	Environment	Antecedent Event	Person(s) Involved
					
					
					
					
					

Toilet Training Record

Student: _____

Dates: _____

Key: D = dry
 U = urinated
 BM = bowel movement
 U/BM = urinated and bowel movement

Time	Day #1		Day #2		Day #3		Day #4		Day #5	
	Pants	Toilet	Pants	Toilet	Pants	Toilet	Pants	Toilet	Pants	Toilet
8:00 am										
9:00 am										
10:00 am										
11:00 am										
11:30 am										
12:00 noon										
1:00 pm										
2:00 pm										
3:00 pm										