



# *ABA Day by Day*

## **Completing A Session**

Documenting a session from start to finish

# Our Mission

At ABA Day by Day, our passion is ignited by our unwavering dedication to empowering individuals with cognitive differences to flourish in their environments. Through compassionate and evidence-based Applied Behavior Analysis (ABA) services, we strive to ignite a spark of hope and possibility in every individual we serve.

We are fervently committed to tailoring personalized interventions that honor the unique needs and strengths of each person. By forging collaborative partnerships with families, schools, and communities, we aim to create a ripple effect of positive change that reverberates throughout society.

Our relentless pursuit is to cultivate independence, foster social inclusion, and unleash the full potential of every individual. With hearts ablaze, we create a nurturing environment where individuals embark on a transformative journey of learning, growth, and goal achievement, one step at a time.



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# Importance of Data collection

Welcome to ABA Day by Day!

Data collection is one of the cornerstones of our ABA practice. Data collection allows the therapist to track progress, identify problem areas, develop effective treatment plans, and communicate progress with the individual's family or caregivers. Please be sure to reference this presentation for successful completion of daily session documents.

Compliance with our data collection method is mandatory and will be reviewed during all scheduled supervision.

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# Goals & Objectives



## ABA Goals and Objectives

### TYPE II ABA Request

**Goals and Objectives** based on parent interview and BCBA intake and completed assessments.

**Criteria:** Unless otherwise stated, criteria for mastery require that the desired skill be performed correctly and accurately 80% of opportunities over 3 consecutive sessions.

### Goals/Objectives to be Introduced Upon Initiation of Service

#### Area: Social Relationships

Goal: Responds Appropriately to Social Situations

Objective: Within 3s of the SD, (a social situation), the student will provide an appropriate gestural/vocal response (e.g., Excuse me, thank you) to the other persons involved while making eye contact in home and in community.

**Baseline:** 6/2024

**Progress:** N/A

**Target Date for Introduction:** 6/2024

## GOALS & OBJECTIVES

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# Collecting Data During Instruction

Be sure to complete the date, target & Name of therapist for each program run

If a learner meets the target, record a plus, if they do not meet the target, record a minus

Ensure you record the %, this will be needed later

DISCRETE TRIAL RAW DATA SHEET											
Date:			Therapist:								
Target:											
1.	+	-	6.	+	-						
2.	+	-	7.	+	-						
3.	+	-	8.	+	-						
4.	+	-	9.	+	-						
5.	+	-	10.	+	-						
Percentage:											

**Pro Tip:** Use your 15 minute prep period to fill in all targets at the start of the session

TASK ANALYSIS							
Learner: _____ Program: _____							
Description:							
Steps	Date	Date	Date	Date	Date	Date	Date
1.							
2.							

PROBE DATA SHEET											
Criteria:											
Target:											
	+	+	+	+	+	+	+	+	+	+	+
	-	-	-	-	-	-	-	-	-	-	-

Mand Data Sheet											
Date: _____ Time spent manding: _____ Therapist: _____											
Target Mand:											
Prompt											
Echolc											
Item											
Motivation											

While our primary data collection method is Discrete Trial Teaching (DTT), you may record data using one of the following methods:

- Task Analysis
- Probe Data
- Mand Data

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# Completed Data Pages



## DISCRETE TRIAL RAW DATA SHEET

Date: 8-8-23	Therapist:	Date:	Therapist:	Date:	Therapist:	Date:	Therapist:
Target: Taking Turns		Target: How Do You		Target: Proper Toy Play		Target: One-Step Direction	
1. + 6. -		1. + 6. -		1. + 6. -		1. + 6. -	
2. + 7. -		2. + 7. -		2. + 7. -		2. + 7. -	
3. + 8. -		3. + 8. -		3. + 8. -		3. + 8. -	
4. + 9. -		4. + 9. -		4. + 9. -		4. + 9. -	
5. + 10. -		5. + 10. -		5. + 10. -		5. + 10. -	
Percentage: 100%		Percentage: 100%		Percentage: 100%		Percentage: 100%	

Date:	Therapist:	Date:	Therapist:	Date:	Therapist:	Date:	Therapist:
Target: Same Different		Target: Trace NAME		Target: Cutting		Target: Matching	
1. + 6. -		1. + 6. -		1. + 6. -		1. + 6. -	
2. + 7. -		2. + 7. -		2. + 7. -		2. + 7. -	
3. + 8. -		3. + 8. -		3. + 8. -		3. + 8. -	
4. + 9. -		4. + 9. -		4. + 9. -		4. + 9. -	
5. + 10. -		5. + 10. -		5. + 10. -		5. + 10. -	
Percentage: 90%		Percentage: 100%		Percentage: 100%		Percentage: 100%	

Identify Items

+	+
+	+
+	+
+	+
+	+

100%

(5 trials) Lacing Objects

-	-
-	-
-	-
-	-
-	-

50%

## DISCRETE TRIAL RAW DATA SHEET

Date: 8-10-23	Therapist:	Date:	Therapist:	Date:	Therapist:	Date:	Therapist:
Target: Taking Turns		Target: How Do You		Target: Proper Toy Play		Target: One-Step Directions	
1. + 6. -		1. + 6. -		1. + 6. -		1. + 6. -	
2. + 7. -		2. + 7. -		2. + 7. -		2. + 7. -	
3. + 8. -		3. + 8. -		3. + 8. -		3. + 8. -	
4. + 9. -		4. + 9. -		4. + 9. -		4. + 9. -	
5. + 10. -		5. + 10. -		5. + 10. -		5. + 10. -	
Percentage: 100%		Percentage: 100%		Percentage: 100%		Percentage: 100%	

Date:	Therapist:	Date:	Therapist:	Date:	Therapist:	Date:	Therapist:
Target: Matching		Target: Trace NAME		Target: Cutting		Target: Matching	
1. + 6. -		1. + 6. -		1. + 6. -		1. + 6. -	
2. + 7. -		2. + 7. -		2. + 7. -		2. + 7. -	
3. + 8. -		3. + 8. -		3. + 8. -		3. + 8. -	
4. + 9. -		4. + 9. -		4. + 9. -		4. + 9. -	
5. + 10. -		5. + 10. -		5. + 10. -		5. + 10. -	
Percentage: 100%		Percentage: 100%		Percentage: 100%		Percentage: 100%	

Trace Alphabet (A) Identify Items

+	+
+	+
+	+
+	+
+	+

100%

## DISCRETE TRIAL RAW DATA SHEET

Date: 8-15-23	Therapist:	Date:	Therapist:	Date:	Therapist:	Date:	Therapist:
Target: NAME		Target: Alphabet Trace		Target: Proper Toy Play		Target: Take Turns	
1. + 6. -		1. + 6. -		1. + 6. -		1. + 6. -	
2. + 7. -		2. + 7. -		2. + 7. -		2. + 7. -	
3. + 8. -		3. + 8. -		3. + 8. -		3. + 8. -	
4. + 9. -		4. + 9. -		4. + 9. -		4. + 9. -	
5. + 10. -		5. + 10. -		5. + 10. -		5. + 10. -	
Percentage: 100%		Percentage: 100%		Percentage: 100%		Percentage: 100%	

Date:	Therapist:	Date:	Therapist:	Date:	Therapist:	Date:	Therapist:
Target: Following Instructions		Target: How Do You		Target: Lacing Objects (1 trial)		Target: Same Different	
1. + 6. -		1. + 6. -		1. + 6. -		1. + 6. -	
2. + 7. -		2. + 7. -		2. + 7. -		2. + 7. -	
3. + 8. -		3. + 8. -		3. + 8. -		3. + 8. -	
4. + 9. -		4. + 9. -		4. + 9. -		4. + 9. -	
5. + 10. -		5. + 10. -		5. + 10. -		5. + 10. -	
Percentage: 100%		Percentage: 100%		Percentage: 100%		Percentage: 100%	

How Do You?  
Needs to be adjusted.

These data pages reflect the data for each of the programs in the program binder.

They will be transferred to the Program Checklist

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# Program Checklist

Fill in the programs names

On the daily basis, fill in the date and take the percentage from the data sheet you used during the session

**Pro Tip:** You can use this data to complete your graphs on the weekly basis

PROGRAM CHECKLIST											
Programs	date	date	date	date	date	date	date	date	date	date	date

Here is a sample of a completed Program Checklist

PROGRAM CHECKLIST											
Programs	date	date	date	date	date	date	date	date	date	date	date
	8/8	8/10	8/15	8/21	8/22	8/24	8/28	9/11	9/14	9/18	9/19
TRACE Alphabet		53%	X	86%	X	X	X	X	X	X	X
TRACE NAME		100%	60%	50%	X	58%	108%	X	76%	X	76%
SAME/ DIFF	90%				X	X	108%	90%	X	70%	X
Proper Toy Play	70%	70%	60%	80%	X	100%	100%	70	60%	70%	60%
How Do You	X	X	X		X	X	76%	40%	20%	108%	108%
Cutting	30			80%	75%	100%	100%	100%	80%	90%	80%
Following Instruct	70	30%	70%	60%	60%	80%	60%	X	60%	X	40%

**\*\* If there is no data point for a particular day, placing an X in the spot can help minimize any mistakes. You do not want to enter data point under the wrong day\*\***

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PROGRAM CHECKLIST												
Programs	date	date	date	date	date	date	date	date	date	date	date	date
TRACE Alphabet	5/8	5/10	5/15	5/21	5/22	5/24	5/28	6/11	6/14	6/18	6/19	6/21
TRACE NAME		100%	60%	50%		50%	100%	X	70%	X	70%	50%
SAME/ DIFF	90%				X	X	100%	90%	X	70%	X	100%
Proper Toy Play	70%	70%	100%	80%	X	100%	100%	70	60%	70%	60%	60%
How Do You	X	X	X		X	X	70%	40%	20%	100%	100%	100%
Cutting	30			80%	70							
Following Instru	70	30%	100%	60%	60							

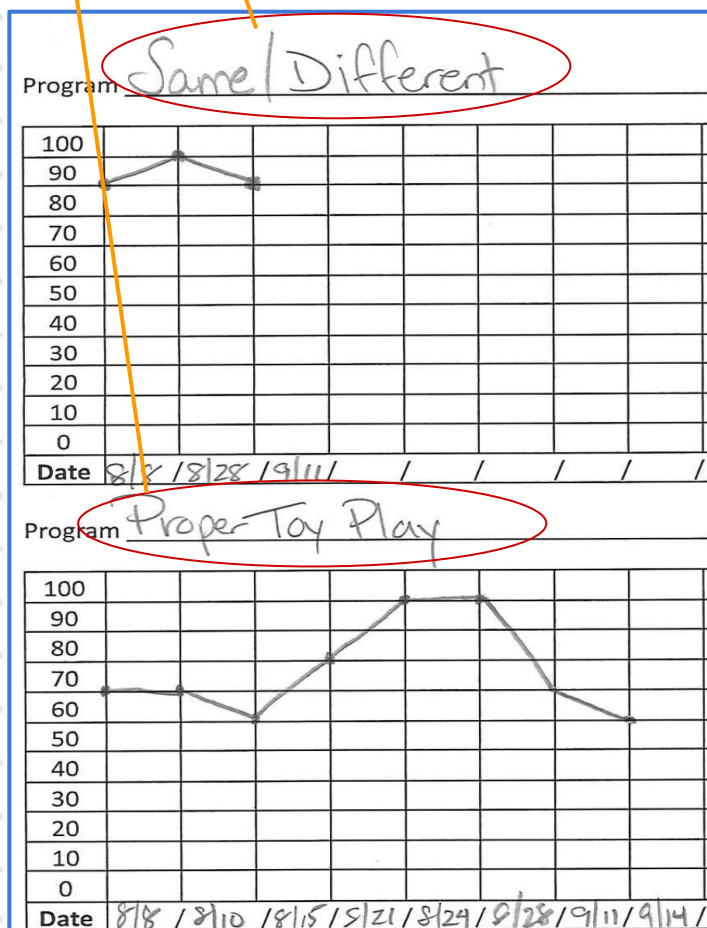
[illegible]

# Graphing Data

## PRO TIP AT WORK

Keeping the Program Checklist handy can help w/ graphing.

PROGRAM CHECKLIST												
Programs	date	date	date	date	date	date	date	date	date	date	date	date
TRACE Alphabet	8/8	8/10	8/15	8/21	8/22	8/24	8/28	9/11	9/14	9/18	9/19	9/21
TRACE NAME		55%	X	80%	X	X	X	X	X	X	X	X
SAME/ DIFF		100%	60%	50%	X	50%	100%	X	70%	X	70%	50%
Proper Toy Play		90%			X	X	100%	90%	X	70%	X	100%
How Do You		70%	70%	60%	80%	X	100%	100%	70	60%	70%	60%
Cutting		X	X		X	X	70%	40%	20%	100%	100%	100%
Following Instructions	30			80%	75%	100%	100%	100%	80%	90%	80%	
	70	30%	70%	60%	60%	80%	100%	X	60%	X	40%	60%



- Be sure to fill in the date for each graph
- Start counting at the top of the zero on the graph

**Pro Tip:** Because this is a tedious task, I recommend completing it once weekly.

TITLE A

TITLE B

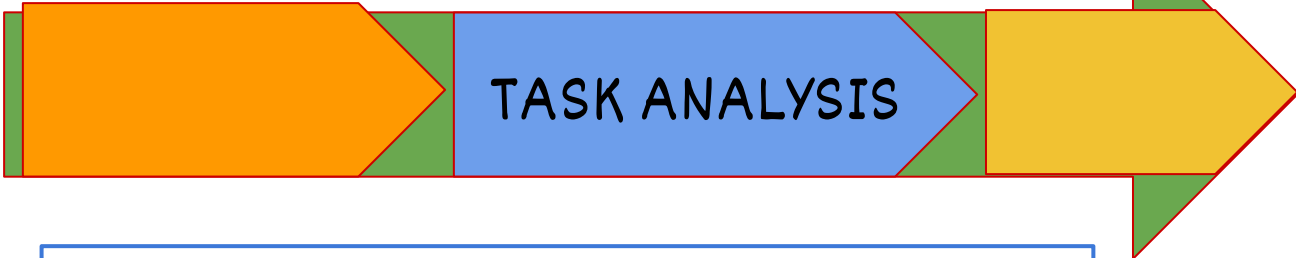
TITLE C

TITLE D

TITLE E

TITLE F

# Collecting Data During Instruction



TASK ANALYSIS							
Learner: _____				Program: _____			
Description:							
Steps	Date	Date	Date	Date	Date	Date	Date
1.							
2.							

Program: Folding Clothes											
Description: Learner will fold shirt appropriately											
Steps	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
1. Hold shirt at each side	+										
2. Fold in half	—										
3. Fold in sleeves	—										
4. Fold shirt up or down	+										
5. Stack shirt with pants	+										
6.											
Instructor's Initials	RW										
Independent/total steps (fraction or percentage)	$\frac{3}{5} = 60\%$										

Prompts: Full Physical (FP), Partial Physical (PP), Model (M), Gestural (G), Textual (T), Verbal (V)

*This final percentage will also be transferred to the Program Checklist and the data will also be graphed.*

TITLE A

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# Technician Folder

**ABA Day by Day**

Please ensure that you obtain the parent/caregiver signature daily.

Independent Contractor/Company Name \_\_\_\_\_  
Independent Contractor/Company Address \_\_\_\_\_  
Independent Contractor SS/Tax ID \_\_\_\_\_

**Billing Invoice**

Client Name	Date/Time	Minu

**SESSION NOTES**

Therapist: \_\_\_\_\_

**URES IMPLEMENTED: (Please check all that apply)**

<input type="checkbox"/> Pairing	<input type="checkbox"/> Shaping
<input type="checkbox"/> Errorless Teaching	<input type="checkbox"/> Chaining
<input type="checkbox"/> Prompting	<input type="checkbox"/> Task Analysis
<input type="checkbox"/> Differential reinforcement	<input type="checkbox"/> Response Cost
<input type="checkbox"/> Extinction	<input type="checkbox"/> Behavioral Momentum
<input type="checkbox"/> Generalization	<input type="checkbox"/> Other
<input type="checkbox"/> Verbal Behavior	

**NOTES**

**URES IMPLEMENTED: (Please check all that apply)**

<input type="checkbox"/> Pairing	<input type="checkbox"/> Shaping
<input type="checkbox"/> Errorless Teaching	<input type="checkbox"/> Chaining
<input type="checkbox"/> Prompting	<input type="checkbox"/> Task Analysis
<input type="checkbox"/> Differential reinforcement	<input type="checkbox"/> Response Cost
<input type="checkbox"/> Extinction	<input type="checkbox"/> Behavioral Momentum
<input type="checkbox"/> Generalization	<input type="checkbox"/> Other
<input type="checkbox"/> Verbal Behavior	

**NOTES**

Within each folder your will find a  
Renderer Signature form as well as  
Session Notes.

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# Session Note

Within the session note, be sure to check all procedures implemented

When completing the session note, be sure to capture exactly what you occurred w/o using mentalistic terms.

SESSION NOTES		
Client: _____ Therapist: _____		
Date: _____		
ABA TREATMENT PROCEDURES IMPLEMENTED: (Please check all that apply)		
<input type="checkbox"/> Discrete Trial	<input type="checkbox"/> Errorless Teaching	<input type="checkbox"/> Shaping
<input type="checkbox"/> Error Correction	<input type="checkbox"/> Pairing	<input type="checkbox"/> Chaining
<input type="checkbox"/> Intensive Teaching	<input type="checkbox"/> Natural Environment Teaching	<input type="checkbox"/> Mand Training
<input type="checkbox"/> Positive Behavior Support	<input type="checkbox"/> Differential reinforcement	<input type="checkbox"/> Task Analysis
<input type="checkbox"/> Token Economy	<input type="checkbox"/> Extinction	<input type="checkbox"/> Response Cost
<input type="checkbox"/> Schedules of Reinforcement	<input type="checkbox"/> Skill Acquisition Targeted	<input type="checkbox"/> Behavioral Momentum
<input type="checkbox"/> Targeted Behaviors Treated	<input type="checkbox"/> Verbal Behavior	<input type="checkbox"/> Other _____
NOTES		

SESSION NOTES		
Client: [REDACTED] Therapist: J [REDACTED]		
Date: 7-15-2024		
ABA TREATMENT PROCEDURES IMPLEMENTED: (Please check all that apply)		
<input checked="" type="checkbox"/> Discrete Trial	<input type="checkbox"/> Errorless Teaching	<input type="checkbox"/> Shaping
<input type="checkbox"/> Error Correction	<input type="checkbox"/> Pairing	<input type="checkbox"/> Chaining
<input type="checkbox"/> Intensive Teaching	<input type="checkbox"/> Natural Environment Teaching	<input type="checkbox"/> Mand Training
<input type="checkbox"/> Positive Behavior Support	<input type="checkbox"/> Differential reinforcement	<input type="checkbox"/> Task Analysis
<input type="checkbox"/> Token Economy	<input type="checkbox"/> Extinction	<input type="checkbox"/> Response Cost
<input type="checkbox"/> Schedules of Reinforcement	<input type="checkbox"/> Skill Acquisition Targeted	<input type="checkbox"/> Behavioral Momentum
<input type="checkbox"/> Targeted Behaviors Treated	<input type="checkbox"/> Verbal Behavior	<input type="checkbox"/> Other _____
NOTES		
<p>The RBT arrived at the young Alex's house, rang the doorbell and young Alex opened the door. The therapist started the conversation with young Alex, "Hello, how are you?" Young Alex's mother was in the hallway when RBT entered the house after she left her bedroom and left us alone in the living room. The therapist began to act friendly in the living room with Alex and asked the young man, Alex, How are you feeling? And he answered he didn't know, the therapist asked again young Alex, how are you doing these days? He said so, so the RBT started the session with the young Alex; Goals &amp; Objectives with Alex Barrales how to Make a sandwich. RBT ensures that young Alex can enjoy their special interests by making a sandwich; and checking that the child's environment is calm and comfortable. Also, helping the young Alex to learn to manage step by step their emotions in the kitchen.</p>		



# Renderer Signature Form



*ABA Day by Day*

*Please ensure that you obtain the parent/caregiver signature daily.*

Independent Contractor/Company Name \_\_\_\_\_  
Independent Contractor/Company Address \_\_\_\_\_  
Independent Contractor SS/Tax ID \_\_\_\_\_

## **Billing Invoice**

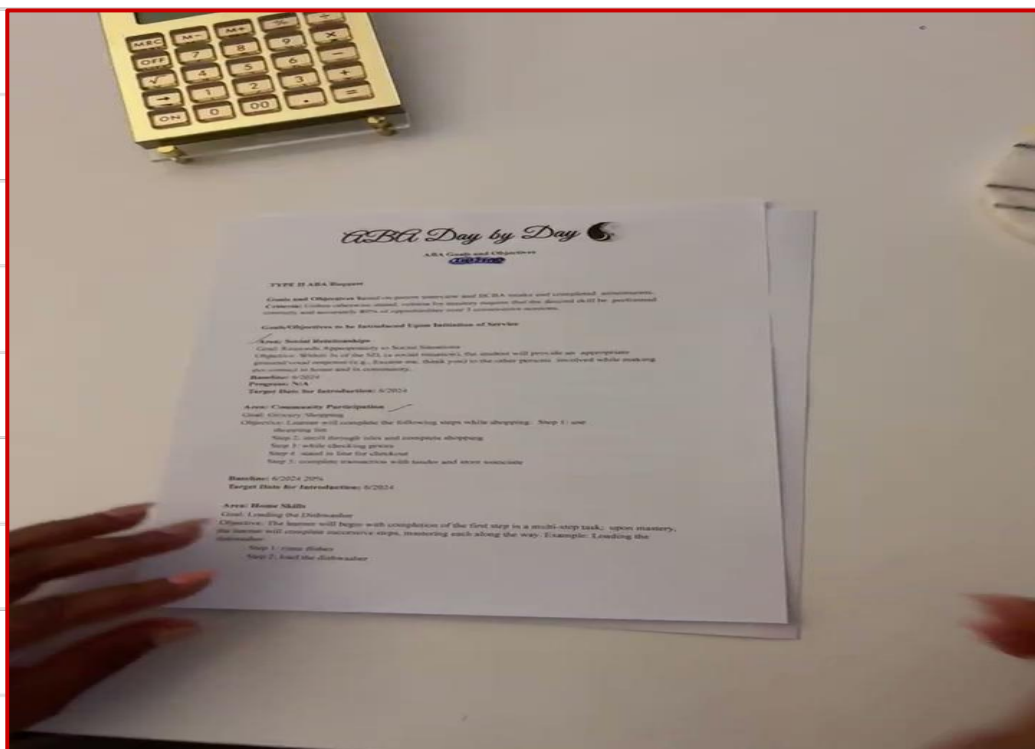
Client Name	Date/Time	Minutes/Fee	Parent Signature

You are required complete the Renderer Signature Form daily. Be sure to complete each of the following:

- **Independent Contractor Info** - If you are operating under an LLC, be sure to utilize your business name, address & Tax ID, otherwise use your name, address & social security information.
- Complete client name
- **Date & Time:** The date/time should be completed in the same slot
- **Minutes & Fee:** Your time should be broken down into minutes, this is required for Insurance billing. The fee is your rate of pay, it is your responsibility to remember your pay rate.
  - Ex: 120 minutes/\$20- this equates to 2 hours or \$40
  - At the bottom of the form please include total minutes & total rate
- **Parent Signature:** This is required daily. If you do not adhere to this and something prevents you obtaining all signatures for the month, you will only be compensated for hours that are accompanied by a signature.

# Bring It All Together

Watch this brief video that details the step by step process outlined.



# Wrap-Up

What is the importance of data collection

How can some of the pro-tips aid you along the data collection process?

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TITLE B

TITLE C

TITLE D

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TITLE F

Thank You!  
Questions?

Contact: [admin@abadaybyday.com](mailto:admin@abadaybyday.com)

Call: 973-521-8332

