Intensity of Applied Behavioral Analysis Across Grade Levels

Brenna Murphy
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Intensity of Applied Behavioral Analysis Across Grade Levels

Introduction

Applied Behavioral Analysis (ABA) is an effective, important method in teaching children with autism, however, it is often misunderstood. One can find ABA in a range of forms throughout preschool to high school aged children. The intensity of this methodology ranges from classroom to classroom, based on the students individual needs. Applied behavior analysis is a very systematic approach and uses individualized programs for each student.

Within this study, I observed four classrooms under Board of Cooperative Educational Services, one 6:1:1 high school utilizing ABA methodology for all students, one 8:1:1 elementary utilizing ABA methodology for specific students, one 8:1:1 elementary utilizing ABA for all students and one preschool classroom utilizing ABA for all students. All of these classrooms with the exception of one, were classrooms in which I have worked in for an extended period of time, and the teachers offered their classroom for observations.

Applied Behavioral Analysis

Under IDEA (2004), Autism is defined as,

A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, which adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and
unusual responses to sensory experiences. The term does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance.

(http://idea.ed.gov/explore/view/p/root regs,300,A,300%252E8,c,)

With the use of intensive treatment from an early age, it is possible for children with autism to enter the educational mainstream and achieve intellectual functioning (Harris, 2002, p.11). The only form of intensive treatment which has shown research based reliability for teaching children with autism is, Applied Behavioral Analysis (ABA). Applied Behavioral Analysis is defined as,

A scientific approach used to examine human behavior. With ABA, principles of learning are identified and then applied for the purpose of changing and improving behavior. ABA relies on careful behavioral observation, measurement and recording to affect socially significant behavioral change. This method can be used to increase rates of desired behaviors, to decrease rates of undesired behaviors and to teach new behaviors. (Schreibman, 2003, p.64)

Applied Behavior Analysis varies in interventions based on intensity and the structure and method. However, through the use of ABA, children with autism are taught socially meaningful behaviors, such as play and language. Within the ABA method, there are systematic behavioral approaches that are used. Discrete Trial instruction is the main structured intervention within ABA, and was studied greatly by Ivar Lovaas. Also, within ABA there are Naturalistic Behavioral Strategies, such as Pivotal Response Training (PRT), which was developed by Laura Schreibman and Robert Koegal. This is
similar to Natural Environment Training (NET), which, along with Mand Training and fluency, are three other interventions generally associated with ABA.

**Discrete Trial Instruction**

Discrete Trial Instruction (DTI) was introduced in the 1960s and 1970s and is defined as ‘a structured intervention wherein a series of trials are delivered in an intensive, one-on-one manner’ (Schreibman, 2003, p.64). Specific, individualized topics can be taught to students using this intervention and when successful, the student will earn a reward at the end of the trial. Dr. Sandra L. Harris explains that Discrete Trial Instruction is,

Characterized by careful, deliberate, and specific organization of antecedent and consequent stimuli. The behavior of interest (what is being taught), the antecedent (what comes before this behavior), and the consequence (what comes after the behavior) are the essential components. In DTI, the primary antecedent stimulus is called the discriminative stimulus (SD). This is the instruction, direction, or cue that is presented to the child...Each sequence of SD, response, and consequence is called a trial. (Harris, 2002, p.14)

Within a DTI, there are several steps which may take place to ensure that the student is learning the skill which is being taught. Before a skill is learned, the teacher must first ‘teach’ or introduce the new skill to the student. Once the skill has been taught, the teacher will then present the item being taught in isolation. When the student is showing understanding of this skill, receiving a specific amount correct on more than one separate DTI, the teacher will then integrate this skill in with other skills already mastered. If when the student was presented the skill and they answered incorrectly, they
are then overcorrected and will then be prompted to ensure success. Prompts are used to help students acquire new skills within the DTI model of instruction (Harris, 2002, p.15). As Dr. Harris has explained, prompts are supplemental antecedent stimuli that coincide with the presentation of the SD and are designed to ensure that the child answers correctly. Prompts can be verbal and non-verbal. Clear performance objectives are established at the beginning of instruction and the child’s progress is measured against these objectives.

Ivar Lovaas was a pioneer when it came to direct intensive treatment for children with Autism. In 1987, he published a study which described the effects of intensely delivered DTI treatment to young children with Autism (Schreibman, 2003, p.64). In Dr. Laura Schreibman’s work, she reports that Lovaas compared the outcomes of nineteen children with autism who received forty hours of treatment per week for two years with a control group of children with autism who did not receive treatment. She reports that Lovaas found that DTI resulted in significant intellectual gains for the children who received treatment and that forty seven percent of the children who were participants in DTI were mainstreamed into typical educational settings by first grade. Those numbers were compared to only two percent of the control group who made comparable progress.

Naturalistic Behavioral Strategies

Within Discrete Trail Instruction, there have been weaknesses which have been noted. Because DTI is taught in such a structured manner and directed by the teacher, this does not allow for much of a naturalistic method. Often times, students may find this to be unpleasant, due to the lack of generalization of acquired skills and robotic responding (Schreibman, 2003, p.65).
**Pivotal Response Training (PRT)**

Pivotal Response Training is a method within the naturalistic behavioral strategies. Pivotal Response Training is seen as a play-based, naturalistic intervention. This method targets "pivotal" behaviors that impact many areas of functioning for children with autism. According to Dr. Schreibman, the pivotal behavioral being referred to are: motivation, which is targeted since children with autism are known for being unresponsive to praise and affection, and responsive to multiple cues, which are generally very powerful for motivating other children. There are several components to PRT which are employed with the goal of increasing the children's motivation. It is important that we maintain the skills the student has already acquired or learned while teaching new skills. Dr. Schreibman lists the components we must be familiar with in PRT as.

1. Allow the child to direct the course of teaching by choosing preferred activities and teaching materials.
2. Engage in turn-taking with the child.
3. Reinforce the child for reasonable attempts to respond (as opposed to waiting for only completely correct responses).
4. Ensure that the reinforcer (reward) for the child's response is directly related to the response itself. (Schreibman, 2003, p.66)

In PRT, student and teacher take turn so that the student can practice reciprocity in social relationships. The items being used during PRT should be items which are highly preferred by the student. A reward is given to the student, and this is dependent on and follows the student's response (Schreibman, 2003, p.65).
Natural Environment Training (NET)

Natural Environment Training is another form of instruction which is similar to PRT. Natural Environment Training refers to the structure and context within which verbal behavior language instruction takes place (Harris, 2002, p.15). Here, the stimulus items are generally chosen by the student, varied frequently and are functionally relevant to the interaction. This ensures that that teaching occurs in more naturally occurring interactions. This helps to build the student’s language and communication skills (Harris, 2002, p.15).

Mand training

This is another intervention generally seen within ABA. A mand is defined by Dr. Harris as a behavior that specifies its reinforcer. A mand, which is a request, demand, or command, identifies the consequence that would increase its use. An example which can be used within a school setting would be the child manding from the lunch person, which would give them his or her food as a reinforcer. The mand is defined as the request for lunch and the reinforcement is that he or she is given their lunch. This is a skill which children need to have for real life experiences. In order for students to be successful with this, there is typically a mand training which is to help increase the child’s frequency and range of mands. Harris (2002) explains through her article that mand training involves exposing the child to an environment that is rich with preferred stimuli and providing frequent reinforcement for communicative behavior. Mands are then shaped, beginning with the behaviors which are already in the child’s repertoire. Prompting and modeling can be used to increase the frequency and complexity of mands.
Fluency

Behavioral fluency is a concept that is derived from the principles of learning and conditioning (Harris, 2002, p.16). Fluency is defined in Dr Harris's article as, the combination of accuracy plus speed that enables competent individuals to function efficiently and effectively in their environments. Fluency is a concept which is found in the model of precision teaching, which is a method of instruction and decision making that relies on the measurement of response rates. The emphasis on rate of a particular behavior or its occurrence in time is one of the fundamental characteristics of this teaching approach. If a student can properly recite fifty words in thirty seconds, they are much more fluent then a student who can properly recite thirty words in fifty seconds. In fluency programs, the concept of both accuracy and speed are involved. Harris explains that fluency-based instruction offers a model that focuses on teaching skills to levels of mastery that are associated with long-term gains and effortless performance. (Harris, 2002, p.16)

Compliance

Noncompliance with instructions is among the most common behavior problems exhibited by children in preschool settings (Wilder, 2008, p.297). There are a variety of interventions to increase compliance. These include antecedent-based procedures and consequence-based procedures. Antecedent-based procedures are more of a high probability instructional sequence where consequence-based procedures would be extinction (Wilder, 2008, p.297). Wilder explains in his article that there have been two recent studies which found that antecedent-based interventions such as noncontingent
reinforcement and warnings are ineffective, and that extinction is often necessary to increase compliance in young children (Wilder, 2008, p.297).

**Individualized Instruction**

Every child’s response to interventions differs. Because of this, it is crucial to develop individualized treatments that are specifically tailored to the needs of individual children and their families (Schreibman, 2003, p.69). Schreibman explains through her article that there are many variables to take into consideration that can affect treatment outcome: child characteristics, parent and family characteristics and treatment/behavior interactions. For example, some important characteristic to know of the child would be chronological age, mental age, language ability, cognitive ability and specific behavioral characteristics (self-stimulation, social behavior, etc.). If a child has little toy play and no verbal self-stimulation, they will not benefit as much from PRT as a child who has those skills. Also, it is important to know family characteristics because if there is a high level of stress from the parents, either depression or instability which will prevent them from taking care of their child, then this can lead to factors preventing the child from succeeding as well. Early intervention may be an important determinant of success of a treatment and selecting the right treatment for an individual child right away becomes important (Schreibman, 2003, p.69).

**Home and School Services**

Applied Behavior Analysis services are seen in both home settings and school settings. There are benefits to both which have been looked at. Lovaas conducted an experiment which involved three groups of preschool children. One group, the intensive-experimental group, consisted of nineteen children who received forty hours of one-to-
one treatment for at least two years. Another group, the minimal treatment control group, consisted of nineteen children who had no more than ten hours a week of one-to-one instruction during the two years. A second control group consisted of twenty one children who had no behavioral intervention. In Dr. Harris’s article she describes what Lovaas’s findings were. He found that nearly half (47%) of the children in the intensive treatment condition were functioning at a normal level intellectually and were in regular education classes at six to seven years of age. Only one child in the minimal-treatment control group made those kinds of gains in intelligence and educational achievement. A long-term follow-up of the children from the intensive treatment group revealed that at thirteen years of age, those who made early gains continued to hold their own. Eight of them were described as “indistinguishable” from other children their age on measures of intelligence and adaptive skills. Since Lovaas conducted this experiment, many other replications have been conducted to get similar outcomes that at home intensive treatments are found to be very effective for future mainstreaming of children with autism.

In Dr. Harris’s article, she looks at the benefit of having an at home-based versus school-based model. A positive feature of a home-based treatment is that the parent is home with the child and can implement this program. They have full control over their child’s education and know all the details of the curriculum. However, this can be seen as a potential problem because many families do not have the time to implement such an intense program. Still, in a school-based program, there are staff members who are trained and hired for this specific responsibility. Also, within the schools, there is easier access to multidisciplinary team which includes teachers, speech therapists, occupational
therapists, and physical therapists readily available to provide treatment as needed (Harris, 2002, p.13).

On the other hand, another factor which is looked at is travel. An advantage of a home-based program is a decrease in travel time. Because the student is living at his home, he does not need to take extra time out of the day to travel to another location. Instead of the child going to a school-based setting, their treatment staff comes to him or her which allows more time for learning. Because they are in their home setting, they do not take time out of their day for lunch, fire drills, lining up for outside activities, and other tasks which may take up valuable teaching time. This in turn is also a downfall of home-based learning. School-based programs allow for the student to interact with his or her peers. Although they may have time taken out of their learning, this is time which allows for the students to have a positive interaction with typical peers which they will otherwise have to coordinate if they were in a home-based program.

**Parent Involvement**

In some areas of the country, there are places that do not have the opportunity for convenient services. In an article written by Jennifer Symon (2005), she explains that, “The services available in the geographic regions of many families do not meet their needs. Services need to expand to meet the growing needs of children with autism and their family members.” She goes on to explain that one way of addressing this problem is to develop intervention programs that focus on making widespread changes in social communication skills of children through parent education (Symon, 2005, p.159). There are more parents who are educated in ABA and the use of this intensive intervention for their children with autism. She explains that one way of expanding the quality and
availability of services for children with disabilities has been through parent education programs (Symon, 2005, p.159). Parents can be included in intervention programs not only as learners, but also as mentors and advocates. When parents are more educated in their child’s specific learning needs, they will then be able to take the appropriate measures to help teach them. For children with autism, communication skills are deficits which need intense expanding. When parents are familiar with the appropriate methods to implement this skill, they can apply it everyday situations. This is a method which will take a great deal of time and patience on behalf of the parent. Other than learning strategies and support, families can also build collaborative partnerships with other families. There are Parent-Parent models, where parents provide other parents with practical information on disabilities and resources while sharing personal experiences (Symon, 2005, p.160).

Schreibman (2005) found through her studies several important advantages of parent education. One is that parent education maximizes the amount of time the child spends interacting with others in a therapeutic way. It is as if the parent is providing ‘around the clock’ treatment to their child (Schreibman, 2005, p.67). This allows for treatment to be more widely available to the child, especially if they live far away from a treatment site. When parents become more involved in their child’s treatment, they are able to participate more in their child’s development as well as helping their child to apply their newly learned skills to different people, settings and situations.

*Staff Training*

Parents are not the only people who may be faced with a child with autism and are unprepared for the teaching techniques. Instructional assistants and other public school
employees are not necessarily trained to work with students with disabilities (Seligson Petscher, 2006, p.215). It is now said that autism is found one in 150 births and 1 to 1.5 million Americans are diagnosed with autism (http://www.autism-society.org/site/PageServer?pagename=about_whatis_factsstats). Autism is the fastest growing developmental disability and because of the large increase of children being identified with autism, there has been an enormous demand for trained staff being able to apply techniques to students. There are a variety of ABA based classrooms found all over the country, however, not all people employed in these rooms are necessarily trained with this program. In order to be a one to one aide, generally a high school diploma is all that is needed and you can be placed with any child who requires your service. Even at a graduate level education, ABA is not a method which is discussed in great depth, despite its evidence of effectiveness.

One study conducted involved staff members to wear vibrating pagers which would provide tactile prompts at times when it was appropriate to emit the target response (Seligson Petscher, 2006, p.215). In this study, three female instructional assistants were selected because they had less than a year of working experience with their current position. The study completed by Erin Seligson Petscher and Jon S. Bailey (2006) was as followed,

The vibrating pager was given to the participant to clip to her pants or keep in her pocket. The experimenter and, when applicable, second observer sat in the corner with the remote controller. When observers noted the opportunity for the response of interest to occur (the first behavior was managing disruptions, next was bonus-point delivery, and finally prompting appropriate behavior), they waited 3 to 5 s
to allow for the participant to notice the opportunity and respond appropriately...

When the participant did not respond to an opportunity, the experimenter used the remote control to alert her to react. If she did not respond to the pager or performed the behavior incorrectly, it was marked as a missed opportunity. If she responded correctly to the prompt, it was recorded as positive. The presence or absence of opportunities and correct responses were collected by the experimenter and any other trained observers (p.217).

This is an interesting, hands on approach which allowed the participants to know when they were to respond. This study, in a sense, is a form of ABA. When the participants completed the task correctly, they were rewarded by not having their vibrating pager going off. Yet, when they did not complete the task, they were given a consequence of vibration of their pager, which in turn should have taught them that they should have completed the task. In the end, the three participants reported that the study and its procedures were useful and one stated it was extremely useful (Seligson Petscher, 2006, p.222) and it seemed to allow them to have a deeper understanding of how to implement their task.

Successes

Many families have struggled to find services for their children with autism. They have tried many interventions which have not proven effective. Many people believe that in order to ‘treat’ autism, they can try more naturalistic approaches, such as, chelation (use of drugs to remove heavy metals from the body), biomedical therapies (gluten free, casein-free diets), and vitamin B12 injections. However, they generally find out that these methods are not effective and will often turn to a more intensive, research
based approach, such as ABA. One family, mentioned in an article written by Dr. Alan Harchik (2008), began the use of ABA for their son. They were explained that ABA was implemented through the use of positive reinforcement, teaching in small steps, prompting, and repeated practice to facilitate language development, improve behavior, develop social skills, and support independent living (Harchik, 2008, p.77). The mother, Christal, noticed a large increase in language with her son once he began ABA therapy. She stated that he was speaking in full sentences instead of individual words when he wanted something. It also led to more spontaneous speech from her son. Through the use of ABA therapy, Christal has become a very strong advocate of ABA services and has begun a community play group bringing together children with autism and typical peers. She and her family have learned strategies which they can do at home to promote and support ABA therapy.

Combining Treatments

Dr. Alan Harchik has explained through his article that it is important to know that combining treatments could dilute or compromise the effectiveness of a particular intervention. There are treatments which can interfere with each other, whether it is because of time restraints or intensity levels. Treatment decisions are very important and will impact a child’s long term success. Dr. Harchik emphasizes that with the proper combination of early diagnosis and effective treatment, there can literally mean a difference between a child and

(a) ultimately mastering language, having typical social interactions with family and peers, and fully integrating into mainstreamed public school environments, or (b) not learning to speak, remaining socially isolated, and
need intensive educational, behavioral, and rehabilitation services throughout life.

Methodology

I observed in three classrooms, all within the Boards of Cooperating Educational Services (BOCES).

One of the classrooms (classroom A) is a high school aged 6:1:1, six students to one teacher and one aide. The age group of this population is seventeen to nineteen years old. This classroom is considered a more intensive classroom where ABA is used more to modify behaviors to increase an appropriate learning environment. There is some degree of use of Discrete Trial Instruction (DTI) as well as whole class instruction throughout the day for these six students. There are three associate teachers and two paraprofessionals.

The next classroom I observed (classroom B) was located in a local suburban elementary school and was considered an 8:1:1 classroom, eight students to one teacher to one aide. The age group of this population is nine to eleven. Here, ABA methodology is incorporated and performed on all the students. Although this was considered an 8:1:1 classroom, there are only three students enrolled in this classroom. There are three paraprofessionals and one classroom paraprofessional.

The third classroom I observed (classroom C) was also located in a local suburban elementary school and also considered an 8:1:1, eight students to one teacher to one aide. The age group of this population is eight to eleven. Although this classroom is an 8:1:1, there are only five students enrolled. This classroom is meant to be a transition classroom, attempting to gradually shift the students off of ABA and DTI practices and
into a methodology centered on whole class instruction. There are five paraprofessionals and one classroom paraprofessional.

The final classroom I observed (Classroom D) I spent two hours thirty minutes in, over the course of one day.

Each of these classrooms has a speech language pathologist who performs discrete trial instruction as well.

Observations

Each of the classrooms I observed is classrooms in which I have worked in for over a year or utilized for graduate school observations for over two weeks. One classroom I observed for only a couple of hours over one day, however I was familiar with the program and would suggest another person participating in this research to take more time in each classroom.

For the first several days at each location, I observed the individual students. I looked at their interactions with each other and with the staff. I interviewed the classroom teacher and got a deeper understanding of the programs being taught to the students, as well as any group lessons.

I looked at each of the student’s individual discrete trial instruction programs to see what the student is currently working on and what they have already surpassed in their educational career. There are many different factors to compare within each program. It is important to look at the percentages the student gets on each program and how often it is being conducted. It is vital to look at the consistency the student is demonstrating in his or her work.
Not every classroom uses the same intensity of Applied Behavior Analysis methodology, which is the point of this research. Therefore, it is necessary to look at all of the other instructional activities which occur in the classroom. I looked at the different programs which were being utilized in each classroom. I also looked at the age group in which each of these programs was meant for. Generally, instructional programs are based at an age group of two to three grades below where the student should be. Also, discrete trials are areas in which the students show large deficits and require extra, more intense instruction. I looked at where the students are at and where they are working towards on an instructional and social level.

I spoke with the speech therapists, which all perform discrete trials on some or all of their students depending on the classroom. I also observed many of the students while they were in their occupational therapy sessions, music sessions, adaptive physical education sessions, integrated specials, lunch and recess time.

This allowed me to see them in the classroom setting, as well as in a variety of other settings, both instructional and non-instructional. Also, I was able to observe them with a variety of adults and peers. Although instruction is an important piece of this research, social skills are incredibly significant for students with Autism. Students with autism will generally show greater comfort levels with those whom they are familiar. Therefore, by watching the student in a different setting allows me to get a better understanding of their strengths, weaknesses, and ability levels.
Setting

Describe the setting(s)

Classroom A is located in a local suburban town, however it is at an isolated location specifically for students with disabilities. Within this school there are classrooms that contain students with various disabilities. However, this classroom is exclusively for students with autism.

This classroom included six students, all male, ranging from seventeen to nineteen years of age. There are three associate teachers, two paraprofessionals and one teacher in the classroom all day (six hours). There is a speech language pathologist and occupational therapist who come in and out of the room throughout the day, for various amounts of time. There is also a behavioral consultant who is there one to two times per week, for various amounts of time.

Students have their own area where their schedule is clearly labeled for them through a picture exchange communication system (PECS). Within their specific areas are their individualized programs and all of the materials needed to complete a program. Each of the students have different materials and are working on different programs and performing different discrete trial instructions. Also, within the area is their individual reinforcement systems. These go with the students wherever they go and are left at the classroom at the end of the day.

Three students have dividers separating their personal work area to prevent distractions from occurring while they are performing their work. Two students perform their work at one of the classroom tables set up in the middle of the classroom and one performs his work at his work area, which is in a separate area of the classroom, with no
dividers. Two of the students stay at their seats all day, only coming to group activities or activities where they leave the classroom. The other three students utilize all areas of the classroom.

All six of the students are non verbal. Three of the students use a communication binder, holding a variety of PECS they may use throughout the day, or in the community. These students leave their binder at school and carry them with them wherever they go within the classroom or school. Two of the students use a communication device, a Dynovox and a springboard. These students bring their communication devices home every day, but bring them with them wherever they go within the classroom or around the school.

Classroom B is located in a suburban school district. This school houses all general education classrooms and two from an outside agency. This classroom is from that outside agency.

This classroom has three students, all male, ranging from nine to eleven years old. There are three paraprofessionals, one classroom paraprofessional, and a classroom teacher. There is a speech pathologist, which comes in various times throughout the day, and an occupational therapist, physical therapist, music therapist, adaptive physical education teacher and behavioral consultant who are there two to three times a week, for various amounts of time.

Each of the students have their own area to work in, all of which are separated by dividers to allow the student have minimal distractions. Within their work areas, they have a clear schedule of their day, which is clearly typed and separated by every half hour. Also, within their work area is their specific programs. Each student has all the
materials needed to complete a program, each of which is specific to the student. Also, within their area they have their reinforcement system, which is displayed, and goes with them wherever they go, whether it is within the classroom or the school.

All of the students move throughout the room and although the majority of their trials occur in their individual areas, they may perform them in other areas of the classroom. One of the students has a special chair to help keep him seated throughout trials.

Two of the students have a communication system, such as a Dynovox, which they bring home with them each night. Another student uses the picture exchange communication system when necessary.

Classroom C is located in a suburban school district. This school houses all general educational classrooms and one from an outside agency. This classroom is from that outside agency.

This classroom has five students, three male and two female, ranging from eight to eleven years old. There are five paraprofessionals, one classroom paraprofessional, and a classroom teacher. There is a speech pathologist, who is there all day, five days a week, a physical therapist, occupational therapist, music therapist, adaptive physical education teacher and behavior consultant who are there two to three times a week, for various amounts of time.

The students have their own desk, where they complete their independent work. One student has her own desk, yet completes her independent work in a separate area surrounded by dividers to prevent distractions. During group lessons, the students gather at a U-shaped table which allows interactions between the students and the teacher.
Also, each student has his or her own independent schedule, divided into thirty
minute increments, which is posted on the wall for everyone to see. Some of the students
are involved in inclusion classes, while some only participate in their own class specials.
Only one student is on a token reinforcement system, while the others work for short
breaks and occasional reinforcers.

Two of the students have a communication system, such as a Dynovox. However,
only one student fully utilizes the device and is able to navigate successfully through it,
while the other student rarely uses the device at home or school.

Classroom D is located in a local suburban town, however it is at an isolated location
specifically for students with disabilities. Within this school there are classrooms that
have students with various disabilities. However, this classroom is exclusively for
students with autism.

This classroom has six students, four male and two female (twins), ranging from three
to five years old. There are three aides, one part-time aide who arrives in the afternoon,
one classroom aide and a classroom teacher. There is a speech pathologist, occupational
therapist, physical therapist, music therapist, adaptive physical education teacher and
behavior consultant.

The students have their own area in the room where they conduct their independent
work. The classroom has four dividers in order to separate the students to help eliminate
distractions. There is a student on either side of the divider, however they cannot see
each other. They are also across from each other, but their desks are set up so their backs
are to each other, and the adult who is working with the student is placed on the side of
them to keep minimal distractions.
Each student has their own independent schedule which they use throughout the day. The schedule uses a picture exchange communication (PEC). When they have completed a task, they put their PEC in a folder marked ‘all done.’ While they are performing the task which is on the PEC, they will place it on the back of their chair on Velcro so all other staff members know what the student is doing or where the student is at all times.

Two of the students are verbal, while the rest use many motions and sounds to signal what they are trying to communicate. At this time, no students use an electronic communication device, however the use of PECS is found all over the classroom.

Each of these classrooms are located in suburban towns, however, one is located within an outside agency, while the other two are affiliated with an outside agency but located within general education schools, or district based.

Within each of these settings are students ranging in all forms of abilities. Because of that, each of the classrooms is set up differently to meet the needs of the individual students attending each class. Some of the classrooms require the students to work in a more secluded area, preventing them from distractions, while other classrooms only have one or two students who require such seclusion.

Because of the location of the classrooms, there is not sufficient space outside of the classroom for related services, therefore sometimes these are preformed in the classroom. At other locations, there are rooms specifically for related service providers to take the students for their sessions.

Some of the students are included in general education classes, such as art, music, and physical education, where some require additional assistance. Also, some of the related services utilize discrete trial instruction, while others do not, depending on the student.
Participants

In classroom A, I worked with all six students over the span of a year. I performed discrete trial instruction as well as whole class instruction with all six students, as well as performed self injurious behavior (SIB) interventions on those students who required such interventions.

I worked with the students in the classroom and in all of their specials (music, physical education, occupational therapy sessions), as well as the cafeteria during lunch. Each of the responsibilities varied depending on the location.

In classroom B, I observed all of the students over the span of one month and did not work directly with any of three students.

I observed the students in the classroom setting the majority of the time, this included sessions of speech therapy, as well as one session of adapted physical education and occupational therapy. While in the classroom, I observed the students perform discrete trial instruction, group instruction and social skills.

In classroom C I worked independently, in small group and whole class instruction throughout the course of two weeks with each student.

I worked with the students in the classroom and in all of their specials (music-adaptive and integrated, physical education-adaptive and integrated, and art).

In classroom D, I observed six students over the course of two hours thirty minutes in the duration of one day.

I observed the students in the classroom setting. While in the classroom, I observed the students perform discrete trial instruction and group instruction.
How classrooms were selected

I selected these classrooms because I have worked in these rooms, or have participated in these rooms for an extended amount of time. Therefore, I am familiar with the staff, students and environment of the classroom. Also, there was a wide range of ability in these classrooms of students and staff, which allowed me to compare and contrast each room. The age range was also a variable which was important in this study. I was able to see the difference between preschool, elementary and high school aged children. Finally, there was a range in the use of discrete trial instruction and other instructional programs.

Demographics

I chose these classrooms because they had a wide range of students who utilized the applied behavior analysis methodology. Not all of these classrooms use ABA in the same context. Some classrooms contain students who all require the use of ABA methodology, while other classrooms consist of a select population who utilize ABA practices. Also, there was a range in age groups and enrollment within these three classrooms. This allowed me to look at ABA from younger students to older students and how they have progressed in both educational and behavioral aspects.

The students observed were male (fifteen), and four female. Also, there were two African American males, two African American females, one Pakistani male, one Indian male and the rest were Caucasian males and females.

The socio-economic status of the students ranged from low income to high income. Two students out of all four locations lived in group homes, while the rest lived
with their birth parents. All of the students were in good health, with some being on medications related to their disabilities.

Procedures

This study was set up in a variety of forms. In classroom A, I was an employee for over a year and worked directly with all six students and got one on one experience. There was a large variety of ability in all of the students. One common trait that attributed to academic stunts, were behaviors. Many of the students partook in self-injurious behaviors, which often times conflicted with the students’ focus on their work. Throughout my employment in this classroom setting, I was able to perform discrete trials with all of the students in the classroom. However, because of the age of these students (sixteen to eighteen), many times instead of performing discrete trial instruction, there was more generalization to whole group lessons. Also, some students had other behaviors in their repertoire which were highly distracting. In classroom B, I observed for the duration of one month, and did not have any hands on experience but rather watched all three students individually. Each of these students shows a range in ability. While some students are able to read simple sentences and have been faded of ABA practices, other students are still reliant on discrete trial instruction. In classroom C, I was present for two weeks, to complete my practicum. In this short amount of time, I had the opportunity to work with all five students. I worked especially close with three, both in independent and group settings. The groups are formed based on ability. Two of the students I worked closely with are higher functioning academically. The third student I worked closely with was higher functioning socially. In addition to individual and small
group lessons. I performed three whole class lessons with all five students. In classroom D, I observed for only two and half hours in one day. I was able to see, in small detail, some of what the students in this class do throughout the day. There is a wide range in ability in this classroom setting. The range can be seen from low (students who have only been in the program for two months and have never received any ABA) to moderate, a student who has been in this classroom for two years and has received ABA prior to coming to this classroom. Although some of the students' abilities are seen as higher in the classroom, compared to the rest of their typical peers, they are considered below age level.

**Interviews**

In order to get a deeper understanding of the classrooms, I met with each of the classroom teachers and asked them eleven questions. I asked the same questions to each of the teachers. The questions regarded the programs which are used within the classroom, how much the classroom rely on Applied Behavior Analysis methods, parent involvement and staff involvement.

At one point throughout the last year, I have worked or observed each of these teachers. Three of the four classroom teachers I have found on my own, while one of the teachers I found through direction from a principal through a local agency.

In order to conduct these interviews, I emailed a copy of all the questions to the teacher, so they would have the opportunity to look at the questions and comment on them before I came to observe. If they were unclear on a question, or if I was unclear on their response, we would elaborate.
I chose the classrooms I went in to from previous experience. I have been employed with this outside agency for two years and have become familiar with many classroom teachers who participate in applied behavior analysis methodology. I worked with the students in Classroom A for a full school year and one summer school session and therefore became collaborative with the classroom teacher. The reason I know the teacher in Classroom B is because I work in the same school, yet different classroom. In Classroom C, I performed my practicum for my certification. I had met the teacher at a conference earlier in the year and she gave me permission to participate in her classroom, for both my practicum and research. I did not know a teacher who taught the population found in Classroom D, therefore I emailed a principal who directed me toward this teacher, and who was gracious enough to have me observe in her classroom.

All of the teachers are aware that their names, the student’s names and the school are confidential and will not be listed in this research paper. They were told that the information from the questions was going to be used in the research paper and that their classrooms would be discussed but kept confidential. Also, all of the principals associated with the classrooms were aware of my research and that these classrooms were going to be discussed in my capstone research project.

Findings/Results

Out of all of the people I contacted to speak with and/or observe, 80% of the participants responded. Three of the four participants I have worked with directly in some form. One of the participants I found through contacting a principal asking for teachers who perform applied behavior analysis methods who would be willing to assist
me with my research. The one participant I did not hear from, I contacted through telephone. I left messages for the person and never heard back. Of the participants I did hear back from, this is what I found.

Classroom A-

This classroom is a high school aged room where the use of applied behavior analysis is used periodically. The teacher is new to the classroom since last year, but has been trained in applied behavior analysis methodology and is overseen by a behavioral consultant from a local medical school.

This classroom is classified as an ABA classroom because although it is occasional, there is some ABA methodology being utilized. Generally discrete trial instruction is used when introducing a new topic to the students. There is a positive behavioral approach to learning seen all throughout the classroom. Most of the teaching that occurs within this classroom is generalized. Five out of the six students still utilize token reinforcement. This classroom is classified as a 6:1:1, due mainly for aggressive behavior. There is a great deal of shaping of behaviors which occurs, using applied behavior analysis methodology. Many of the students participate in individualized instruction throughout the day, yet there is plenty of opportunity for group instruction as well.

This classroom has seen a great deal of change within the last year and a half. The teacher that is currently in the classroom came a year ago after only having six weeks of past experience with ABA. The teacher she replaced had been in the classroom since it began, about four years ago. Due to the highly aggressive behaviors, there are three associate teachers and two paraprofessionals in the classroom. Two of the associate
teachers had been in this classroom since it began, four years ago, while the other
associate teacher and both paraprofessionals were new to the classroom and have never
been involved with ABA practices prior.

Although many of the staff was new to the practice of applied behavior analysis,
the seasoned staff was able to train and prepare with the assistance of the behavioral
consultant. Because there is not much use of discrete trial instruction, there has not been
a large impact on their educational instruction. However, because of negative
reinforcement, there is often times an increase in the student’s negative behavior when
there is a new staff member working with them. Because the students are cognitively
very low, when this occurs, there is much work that needs to be done to overcorrect this
behavior.

In order to prevent attachment from occurring and to ensure that the students are
getting a variety of staff ability, there is generally a rotation every day. The associate
teachers are trained to work with all six students, while the paraprofessionals are trained
to work with two to three out of the six students.

The parents in the classroom are very active in their child’s program. Most of the
parents have been involved in this program since their child was preschool aged, with
many of them utilizing the same behavioral consultant. Some of the parents participate in
respite care, having an adult come to their home to socialize with their child. Generally
the parents will come to meet with the teacher one to two times per school year, but
participate in daily communication logs.

Because of the age of these students, when they move on from this classroom,
they will most likely participate in adult ABA programs, while some will be able to move
on to supervised jobs. Two of the parents already utilize group home settings for their children, while others are in the beginning process of having their child move over to a group home, and others will have their child live with them.

Classroom B-

In this room, the use of applied behavior analysis was being used frequently and appropriately. The teacher has been very well trained in applied behavior analysis methodology and is overseen by a behavioral consultant from a local medical school.

This classroom is considered to be an ABA based classroom. There is a positive behavioral approach to learning at everywhere and at every time of the day, done by everyone in the classroom. Discrete Trial Instruction is a component used in the classroom, as well as incidental teaching and generalization teaching through groups. The programs which are used during discrete trial instruction are derived from the curriculum of the local medical school. These programs are within the language, receptive and expressive areas, as well in the cognitive and social domains.

This classroom is a 6:1:1 and is extremely intense in duration on discrete trial instruction and behavioral guidelines (Functional Behavioral Assessment). There are some group lessons taught for fine motor skills, morning meeting, language arts, math, science and/or social studies, snack, library and art. Throughout the day there are also social skills training and activities for daily living which is run in groups. Individual discrete trial instruction time generally occurs for two hours to three hours each day, throughout the school day.

Staff plays an important role in this classroom. There are four paraprofessionals in the room at one time, as well as the classroom teacher. Some of the paraprofessionals
have been with this teacher for two to three years, while others have just begun in this classroom in September, although they have had prior experience with applied behavior analysis, and others since December with no past experiences. Physical demands occur often in this room, which has caused many changes with staff in the classroom. Because of the many changes with staff, the teacher of the classroom has been required to train a new paraprofessional, which has taken her time away from the students. The teacher said there is a noticeable difference that the student's negative behaviors increase when the staff is new and untrained. Because of this, academic scores are negatively impacted as well.

In order to prevent attachment, the staff rotates students every three days. In the beginning of the school year, the aides stay with the students for one week and then rotate until all of the students have worked with each aide. This is easier to accomplish because there are only three students in the classroom. The use of rotation allows the students to work with all of the aides, as some are stronger than others because of experience and understanding of ABA methodology. Also, one of the students in the room is very difficult to work with full time due to his physical demands. The teacher mentioned that when she has six students, she pairs the aides and students and rotate on a half day basis. He or she always puts the primary student on and off the bus.

Applied behavior analysis is a program which generally requires a lot of parental involvement. Some of the parents in this classroom pay for people to come to their homes and work with their child on discrete trial instruction for two to four hours of additional time, while others do nothing more. Also, some parents utilize respite care through their health agency. Through this, a worker will come to the child's home and
‘play’ with them without the parent’s participation. All of the parents within the classroom are very active in one form or another in their child’s program. One of the students’ mother is a single parent and takes an active role as an advocate. She will ask for homework and follows through on activities of daily living and behavior plans. She will take her child to social skills groups outside of school. Another student has parents who are extremely involved in the running of the program at school and focuses on follow up at school with play, self-help, and activities of daily living. The third student has a family who is very active as advocates for self help skills, toileting plans and ways to ‘cure’ and reduce negative behaviors that interfere with typical family life.

After this classroom, some of the students will continue utilizing applied behavior analysis skills in other classrooms, while others will only need it sporadically to acquire skills for the first time. Most will benefit from life skills classes with functional skills taught. They will all benefit from repetitious learning, structured formats and individual learning.

Classroom C-

Students have utilized applied behavior analysis practices prior to coming to this classroom, however, this room is seen as a transition classroom to see if the students can be weaned off of this method and be placed into a more generalized classroom, such as a 12:1:1. Because there are still some forms of applied behavioral analysis practices being used on four of the five students, there is a behavioral consultant from a local university, in fact the same consultant as Classroom B.

Because this classroom is a transition classroom, ABA practices are not as intense as other classrooms. This is the first year for this particular 8:1:1 classroom. The goal of
this classroom is to have the students reduce the amount of discrete trial instruction and to use more of a modified curriculum. The idea is to have the students learn in smaller to large group versus one to one cubicles. However, the use of ABA methodology as a behavioral approach is still utilized throughout the day. This includes rewarding positive behavior and ignoring or redirecting during maladaptive behaviors. The students have behavior intervention plans or guidelines developed with the consultant from a local university.

There is one student who requires at least two hours of discrete trial instruction a day as per her individualized education plan. Two students use several speech/language programs with two to three cognitive programs. Another student only uses one to two programs and the final student does not use any programs. All of the discrete trials are performed one to one.

There are six paraprofessionals in the classroom for the five students and one classroom teacher. Three of the aides have been with the teacher for three years and three of the aides are new to the classroom this year. All of the aides have had training and past experience in ABA except for one. Two of the aides have been working with ABA methodology for five plus years, three aides have been working with ABA for two years and one aide has had no prior experience to this year. The experience can affect consistency and it is important that there is accurate measurement of the discriminative stimulus (SD), which allows the student to know that there is a positive reinforcer available if the student responds correctly, when taking data collection. There is rotation among the staff, however it is limited. Generally when there is rotation, it occurs on
Fridays. There is, however, one to one rotation throughout the day with the classroom teacher, classroom para, speech therapist and other therapists.

Many of the parents in this classroom are very cautious about the changes their children are undergoing. They are more familiar with higher intensity and are scared. Because this is a transition room, the teacher tries to conduct meetings with the parents every six to eight weeks to discuss their child’s progress. This is a larger gap of time from the past when parent meetings generally occurred once a month. In these meetings the teacher and parent discuss how the child is doing with the curriculum, any behavior concerns and their possible placements for next year. One of the students is still using ABA practices at an intense rate, including discrete trial instruction at home. This mixed with her aggressive behaviors has prompted the teacher to suggest this student going to more of a restrictive environment. The parents do not feel as though this is necessary and would like their child to stay in this classroom. However, because this student’s behavior can be so aggressive, the teacher is being forced to go away from the other students to concentrate on this student, which she does not feel is fair to the other students. As far as the other students, after they leave this classroom, the majority will most likely continue the use of ABA in some form, with the exception of one student.

**Classroom D-**

In this room, the use of applied behavior analysis was being used at an extremely intense, frequent and appropriate rate. The teacher has been very well trained in applied behavior analysis methodology and is overseen by a behavioral consultant from a local medical school.
Because this is a preschool aged classroom, many of the students have never been involved with applied behavior analysis methods before. Out of the six students in the classroom, only two came from having programs at home. There are many different programs which are being performed. They are all at different levels of ability, and have various amounts of programs which are being used. Because of the age population, the intensity is great and everything in the room is based on ABA methodology. There is generally two and a half to three hours of individualized discrete trial instruction throughout the six hour school day.

For such a highly intensive class, it is important for the staff in the room to be organized, flexible and able to move quickly. There are four paraprofessionals in the room and one half day paraprofessional who is in the room in the afternoon, as well as the classroom teacher. All of the aides except for one have been working with the classroom teacher in the room since it began, three years ago. The other aide has been with the teacher for five years. Their past experience in applied behavior analysis methodology ranges from three years to fourteen years. When a member of the staff is untrained, the teacher commented that it she can see a difference and it does impact the students learning.

The staff rotates students every day. They are each trained to work with at least three out of the six students. Although there are only four paraprofessionals and six students, there is always a one to one correspondence of adult to student at any given time due to the amount of adults in the room: speech therapist, occupational therapist, physical therapist, and classroom teacher. There is one student who requires by their
individualized educational plan that they receive a full time one to one, where all the others only require a half time aide.

Most of the parents who have a child in this room are very active in their child's program. They come to parent meetings and observations, which are offered once a month. Before coming to this classroom, two of the students utilized applied behavior analysis. Some of the parents still utilize these methods at home and will discuss what is being done in school in order to generalize at home. One mother performs discrete trial instruction at home for an hour a day.

This classroom is a lower functioning room, and most of these students will be utilizing applied behavior analysis when they move on from this classroom. Although it may not be as intense, the methodology will stay with them for years after this classroom.

Discussion

After completing the research needed for this paper, it seems as though applied behavior analysis is used and applied with students of all ages, but generally more intensive use of this methodology can be found in younger age groups. I have found that although discrete trial instruction is more intensive with younger students, the positive behavior approach is found across age groups from preschool up to high school.

In all of the classrooms I observed and participated in, all of the teachers I interviewed agreed that the more experience and training a professional has in the area of ABA is preferred and better results are regularly found. Also, across the board, students in this study will continue utilizing applied behavior analysis methodology for an extended period of time after the completion of their current classroom. This does not
always hold true for all students engaged in ABA practices. The Autism Partnership (2008), including Ronald Leaf, John McEachin, and Mitchell Taubman, explained that,

Skilled ABA interventionists recognize that it is critical to employ strategies that facilitate generalization by systematically utilizing a variety of instructions, materials and consequences. They understand that fading procedures is critical to facilitating independence and that is it essential to work in a variety of natural situations, such as school (165-66).

Through a variety of systematic approaches, applied behavior analysis can be implemented throughout various age groups. The applied behavior analysis approach is a very individualized program which works closely with the students behavioral intervention plan to teach the student new, relevant information and to reduce negative behaviors.

Throughout this study, there were some limitations which took place. Although I observed in all of these classrooms, I did not have a substantial amount of time in every room. Because of this, I was not able to develop a deep understanding of all the discrete trials which occurred, see each of the student’s individual behaviors, or work with many of the students. Also, I was not able to see the students in other settings other than the classroom in some of the classrooms, where others I was able to see in several locations, including on curriculum based instruction (CBI’s) where the students went into the community on several occasions. The preschool classroom, which was the most intense in ABA practices, was the classroom I spent the least amount of time, although I was able
to observe a wide variety of discrete trial instruction, whole group instruction and see some negative behaviors occur.

While there is an incredible amount of literature on applied behavior analysis, much of the research which is available is repetitive. I had a difficult time finding research on staff participation in applying ABA and performing discrete trial instruction in the classroom. Also, parental involvement and training was an area which I had difficulty in finding and would have liked to expand on had it been available.

After looking at the intensity of applied behavior analysis through the age groups in a school setting, I think it would be important to look at the student’s history with ABA and compare their how his or her background with ABA relates to their performance at school. I did not speak to any parents of a student who receives ABA. In doing so, I could have had a deeper understanding of the student’s background in ABA, as well as of the parents. I would like to continue the research to see if those students who have received ABA from a young age (before preschool) are performing at a different rate than those who have no previous experience with ABA methodology.

Also, another valid source to speak to would be the behavior consultants from a local university. Many of the behavioral consultants who have worked with these students have been with them for a considerable amount of time. If they have not, then more than likely one of their coworkers has been. They have developed the programs that the students utilize on a daily basis and have been involved in the behavior intervention plans. Therefore, they know the students and their abilities very well. The program at the local college is very developed and highly regarded. By speaking with
them, I can see what programs the students have been involved with and on average how often programs are rotated or developed.

All of the participants in this research are all very individualized. They each require specific implementations and people who know and understand them as students. In every classroom I observed, all of the staff members worked very hard and very well together. It can be difficult working in an environment with so many people at a time, yet all four classrooms excelled at this. Each of the classrooms was set up to fit the needs of the students who inhabit it. Applied behavior analysis is a very controversial program which many people do not fully understand. All of the classrooms I observed understood the ideals behind this program and implemented it immaculately.
References


INTERVIEW QUESTIONS:

1. What programs do you use during Discrete Trials/ How often do you perform Discrete Trials?
2. How do you consider this room to be ABA?
3. How intense is your room in ABA?
4. Are there any group DTI, or is it all individualized?
5. Will your students continue utilizing ABA after your class?
6. How long have you been working with your staff?
7. How much experience do they have in ABA?
8. Do you feel that less training stunts growth in the students? (EX: if the staff who is working with the student does not know how to properly deliver a trial, properly prompt, or utilize reinforcement, do you feel that it doesn't allow the student to grow academically?)
9. How often does the staff work with each student?
10. Do/Did the parents utilize ABA at home?
11. Are the parents active in their child's programs?
# Autism Spectrum Disorders Program

## Current Program List

**Name of Student:**

**Week of:** February 9 - February 13, 2009

**Directions:** Initial the appropriate box, score %, then write the item/SRO/LRO beneath your initials & % score.

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<th>Program Title</th>
<th>Mon</th>
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<td>1. Prepositions</td>
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<td>2. ID Body Parts</td>
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<td>4. ID Familiar People</td>
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<td>5. ID Objects by Function</td>
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**Remark:** runs programs in RED, thank you!
Name of Student: [Redacted]  
Week of: February 9 - February 13, 2009

Directions: Initial the appropriate box, score %, then write the item/SRO/LRO beneath your initials & % score.

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<td>13. More or Less</td>
<td></td>
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<tr>
<td>14. Telling Time</td>
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<tr>
<td>15. Coin Value</td>
<td></td>
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</tr>
<tr>
<td>16. Edmark Reading Program</td>
<td></td>
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</tr>
<tr>
<td>17. Laureate Software</td>
<td></td>
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</tr>
<tr>
<td>18. Photographic Schedule</td>
<td></td>
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</tbody>
</table>

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* runs programs in RED, thank you!

Rev. 12-05-08
# Current Program List

**Name of Student:** [Redacted]  
**Week of:** February 9 - February 13, 2009

**Directions:**
- Initial the appropriate box to indicate that a program was run that day.
- Write the % score next to your initials.
- Write the item / SRO / LRO in the gray box beneath the % score.

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prepositions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>item / SRO / LRO:</td>
<td>50%</td>
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<tr>
<td>2. 2-Step Related Directions (Generalization)</td>
<td></td>
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<td></td>
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<td>x</td>
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<tr>
<td>item / SRO / LRO:</td>
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<tr>
<td>3. Listening Comprehension</td>
<td></td>
<td>80%</td>
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<td>item / SRO / LRO:</td>
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<tr>
<td>4. Spelling Beginning</td>
<td></td>
<td>50%</td>
<td></td>
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<td>item / SRO / LRO:</td>
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<tr>
<td>5. Edmark Reading Program</td>
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<td>6. Sequencing Numbers</td>
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<td>x</td>
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<td>item / SRO / LRO:</td>
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<tr>
<td>7. Touch Math</td>
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<td>8. Counting Objects</td>
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<td>9. Answer Social Questions-Review</td>
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<tr>
<td>10. Rote Counting</td>
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<tr>
<td>11. Photographic Schedule</td>
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<td>12. Laureate Software</td>
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<td>62%</td>
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<td>item / SRO / LRO:</td>
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</tbody>
</table>

*runs programs in RED, thank you!*

*Rev. 12-05-08*