Student Data

Teacher's Name: _____   Student's Name: _____   A   B   C

Week: _____   Caregiver Present: _____

School/District/Agency: _____   School Program: _____

Goal of the week:

Date:	Date:	Date:	Date:	Date:
Rate the student's level of participation in each activity session (greeting/circle, teaching time, etc.) using the rating scale below. **0** - Did not attend/participate **1** - Participated in most activities with full physical prompting from caregiver **2** - Participated in most activities with partial physical from caregiver **3** - Participated in most activities with teacher/caregiver verbal and gestural prompts **4** - Participated in most activities without prompting				
Greeting/Circle 0 1 2 3 4	**Greeting/Circle** 0 1 2 3 4	**Greeting/Circle** 0 1 2 3 4	**Greeting/Circle** 0 1 2 3 4	**Greeting/Circle** 0 1 2 3 4
Teaching Time 0 1 2 3 4	**Teaching Time** 0 1 2 3 4	**Teaching Time** 0 1 2 3 4	**Teaching Time** 0 1 2 3 4	**Teaching Time** 0 1 2 3 4
Play Time 0 1 2 3 4	**Play Time** 0 1 2 3 4	**Play Time** 0 1 2 3 4	**Play Time** 0 1 2 3 4	**Play Time** 0 1 2 3 4
Functional Routines 0 1 2 3 4	**Functional Routines** 0 1 2 3 4	**Functional Routines** 0 1 2 3 4	**Functional Routines** 0 1 2 3 4	**Functional Routines** 0 1 2 3 4

Comments:

Note: Transfer the data from sessions 1 through 5 to the student participation summary spreadsheet (find this in the "Resources" section of the website.)