

**SLP-ASSISTANT PROTOCOL TARGET BEHAVIOR FORM**

**Employer/Business**

**Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Cert.Period** \_\_\_\_\_ **Medicaid ID** \_\_\_\_\_ **Freq** \_\_\_\_\_ **Duration** \_\_\_\_\_

**Place of Service:** H-Home, D-Daycare, C-Clinic, S-School, O- other:

**Type of Service:** I -Individual, G-Group, Number

E-Evaluation, A-Absent, CDSA/EISC-present, P-Parent(caregiver)education,) O-Other

|    |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |

| Skilled Intervention  | Skilled Intervention   | Skilled Intervention  | Skilled Intervention  |  |  |
|---|--|---|---|--|--|
| 1-<br>2-<br>3-<br>4-<br>5-<br>6-  | 7-<br>8-<br>9-<br>10-<br>11-<br>12-  | 13-<br>14-<br>15-<br>16-<br>17-<br>18-  | 19-<br>20-<br>21-<br>22-<br>23-<br>24-  |  |  |
| Antecedent  | Antecedent   | Cues/Prompts  | Cues/Prompts  | Cues/Prompts Levels  | Consequences   |
| <input type="checkbox"/> 1-picture cards<br><input type="checkbox"/> 2-books<br><input type="checkbox"/> 3-games<br><input type="checkbox"/> 4-worksheets<br><input type="checkbox"/> 5-crafts/art<br><input type="checkbox"/> 6-songs<br><input type="checkbox"/> 7-seasonal<br><input type="checkbox"/> 8-iPad/Computer | <input type="checkbox"/> 9- word list<br><input type="checkbox"/> 10-toys<br><input type="checkbox"/> 11-manipulatives<br><input type="checkbox"/> 12-<br><input type="checkbox"/> 13-<br><input type="checkbox"/> 14-<br><input type="checkbox"/> 15-<br><input type="checkbox"/> 16- | <input type="checkbox"/> 1-V- verbal<br><input type="checkbox"/> 2-Vi-visual<br><input type="checkbox"/> 3-K-kinesthetic<br><input type="checkbox"/> 4-G-gestural<br><input type="checkbox"/> 5-P-phonemic<br><input type="checkbox"/> 6-<br><input type="checkbox"/> 7-<br><input type="checkbox"/> 8- | <input type="checkbox"/> 9-<br><input type="checkbox"/> 10-<br><input type="checkbox"/> 11-<br><input type="checkbox"/> 12-<br><input type="checkbox"/> 13-<br><input type="checkbox"/> 14-<br><input type="checkbox"/> 15-<br><input type="checkbox"/> 16- | <input type="checkbox"/> I-independent<br><br><input type="checkbox"/> MIN- minimal<br><br><input type="checkbox"/> MI4 mil d<br><input type="checkbox"/> MO-moderate<br><br><input type="checkbox"/> MA-maximum | <input type="checkbox"/> (+ ) VP-verbal praise<br><input type="checkbox"/> (+ ) T-token<br><input type="checkbox"/> (+ )<br><input type="checkbox"/> (-) C-cueing hierarchy<br><input type="checkbox"/> (-) VM- verbal model<br><input type="checkbox"/> (-) |

This form shall meet the requirements of the N.C. Board of Examiners ONLY

**Supervising SLP:** \_\_\_\_\_ (Print/Type)

**SLP-Assistant:** \_\_\_\_\_ (Print/Type)

**Supervising SLP:** \_\_\_\_\_ (Signature) **Date:** \_\_\_\_\_

**SLP-Assistant:** \_\_\_\_\_ (Signature) **Date:** \_\_\_\_\_