

Baseline Data Form

The purpose of this document is to incorporate the actual performance level of the individual receiving services with the proposed training goal by accumulating baseline data.

CLIENT _____ SUPPORT COORDINATOR _____
 PROVIDER _____ MONTH/YEAR _____

PROPOSED AREA(S) OF TRAINING: _____

PROPOSED TRAINING GOAL(S): _____

PRIORITIZED SKILL #1 _____
 #2 _____
 #3 _____

Directions: Enter year. Enter the month/day each day you train & record data. You are recording the level of assistance provided to promote success on the entire skill. In the box below the date enter the letter corresponding to the level of assistance provided & enter the symbol corresponding to the level of completion.

BASELINE DATA KEY:

LEVEL OF ASSISTANCE	I = Independent V = Verbal Cue Only G = Gesture & Verbal Cue/Sign M = Model, Gesture & Verbal Cue/Sign L = Light Physical Assist, Model, Gesture, Verbal Cue/Sign P = Full Physical Assist (hand over hand guidance) Model, Gesture, Verbal Cue/Sign	LEVEL OF COMPLETION	(+) = Successful-completed (-) = Unsuccessful-incomplete
L.A.		L.C.	

Baseline Data Chart

Skill	Date: Yr.													
#1	L.A.													
	L.C.													
#2	L.A.													
	L.C.													
#3	L.A.													
	L.C.													

Skill #1
Skill #2
Skill #3

Total Probes (per SKILL): _____

Success Ration Summary (SRS): _____