



Contact Form

Your Name: _____

Date of Contact: _____

Your Role on the NPDC on ASD Project

- State TA Provider (in state working with model sites)
- NPDC University Staff (at FPG, Waisman, or M.I.N.D.)

What state and model site were you working with? _____

Who is the primary person you worked with? _____

What were the role(s) of the people you worked with?

- Special Ed. Teacher
- Regular Ed. Teacher
- Related Services
- State TA Provider
- Paraprofessional
- Administrator
- Family Member
- Other _____

How did you contact/interact?

- In person/site-visit
- Phone
- Email
- Other _____

How much time did you and each of the other TA providers spend during this contact?

TA Provider (name or initials)	Time (in hours and minutes)

Check any of the following that were a focus of your contact:

- GAS
- APERS
- Families
- Implementing EBPs
- Modeling/Coaching
- Classroom Management
- EBP Training
- EBP Fidelity Check
- Other _____
- General Quality of Instruction
- Summer Institute/State Training

What EBPs were focused on during this contact? Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Antecedent-based interventions | <input type="checkbox"/> Differential reinforcement | <input type="checkbox"/> Discrete trial training |
| <input type="checkbox"/> Computer-aided instruction | <input type="checkbox"/> Functional behavior assessment | <input type="checkbox"/> Functional communication training |
| <input type="checkbox"/> Extinction | <input type="checkbox"/> Parent-implemented interventions | <input type="checkbox"/> Peer-mediated instruction/intervention |
| <input type="checkbox"/> Naturalistic interventions | <input type="checkbox"/> Pivotal response training | <input type="checkbox"/> Prompting |
| <input type="checkbox"/> Picture exchange communication system | <input type="checkbox"/> Response interruption/redirection | <input type="checkbox"/> Self-management |
| <input type="checkbox"/> Reinforcement | <input type="checkbox"/> Social skills training groups | <input type="checkbox"/> Speech generating devices/VOCA |
| <input type="checkbox"/> Social narratives | <input type="checkbox"/> Structured work systems | <input type="checkbox"/> Task analysis |
| <input type="checkbox"/> Time delay | <input type="checkbox"/> Video modeling | <input type="checkbox"/> Visual supports |
| <input type="checkbox"/> None. This contact was focused on something that does not directly relate to EBPs. | | |

Type/write notes below, or attach notes separately.

If needed, notes can be continued on next page.

My notes are on an attached page

Type/write notes below (continued from last page).

A large, empty rectangular box with a thin black border, intended for writing notes.

Inviting Partner _____

Coach _____

EBP/GAS/Program Target _____

Lesson/Activity _____

PRE OBSERVATION CONFERENCE

Date: _____

Time: _____

During:

Length: _____

Setting: _____

New Target

Revisited Target

FOCUS/CONCERN:

DATA COLLECTION METHOD:

OBSERVABLE BEHAVIOR:

ADULT:

STUDENT:

ADULT MASTERY CRITERION _____ %

MAINTENANCE CRITERION _____ TIMES

OBSERVATION

Date: _____

Time: _____

Length: _____

Setting: _____

FOCUS/CONCERN:

NOTES FOR DISCUSSION:

POST OBSERVATION CONFERENCE

Date: _____

Time: _____

During:

Length: _____

Setting: _____

MASTERY ACHIEVED:

YES NO

NOTES:

MAINTENANCE ACHIEVED:

YES NO

NOTES:

FUTURE PLANS/NOTES:

*COMMUNICATION SKILLS
REMINDERS*

- * Reflects partner's words
- * Uses open questions
- * Reflects partner's words
- * Clarifies words and feelings
- * Takes turns; no interrupting
- * Uses encouragement