# RBT Session Notes Cheat Sheet

SESSION IDENTIFICATION

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Client Name / ID: _____

Date: _____

Start Time / End Time: _____

Location: _____

RBT Name: _____

Supervisor / Caregiver: _____

GOALS & PROGRAMS TARGETED

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[ ] Program 1: _____

[ ] Program 2: _____

[ ] Program 3: _____

Brief Objective Notes:

_____

ABC INCIDENT RECORDING

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Antecedent | Behavior | Consequence

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_____ | _____ | _____

_____ | _____ | _____

INTERVENTION STRATEGIES

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Prompt Levels Used:

[ ] Full Physical [ ] Partial Physical [ ] Gestural [ ] Verbal

Reinforcers Provided:

[ ] Edibles [ ] Praise [ ] Tokens [ ] Other: _____

Teaching Methods:

[ ] DTT [ ] NET [ ] Chaining [ ] Shaping [ ] Other: _____

## DATA & MEASUREMENT
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Measurement Type (check one):

[ ] Frequency [ ] Duration [ ] Latency [ ] Interval

Raw Data: _____

Interobserver Agreement (IOA): _____%

Graph Updated? [ ] Yes [ ] No

## CLIENT RESPONSE & PROGRESS
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Skill Gains Observed: _____

Behavior Changes: _____

Generalization Seen? [ ] Yes [ ] No

Client Engagement: _____

## ADJUSTMENTS & SUPERVISOR FEEDBACK
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Challenges Today: _____

Changes Applied: _____

Supervisor Notes: _____

## CAREGIVER FEEDBACK
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Concerns Reported: _____

Notes for Next Session: _____

## NEXT SESSION PLANNING
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Goals: _____

Materials to Prepare: _____

Special Considerations: _____

## SIGNATURES
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RBT Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____