



OVERLAP TRAINING CHECKLIST

Behavior Technicians

BT Trainer: _____

BT Trainee: _____

| Trainer's Initials | Trainee's Initials | AGENDA |
|--------------------|--------------------|--|
| | | Administrative Topics: |
| | | 1. ABC Chart |
| | | 2. Bathroom schedule/Data (per consumer): Door cracked at all times for privacy. |
| | | 3. Behavior Plans: Location of QRF and data collection, who can work on BP. |
| | | 4. Service Records Documentation: Checking for mistakes, stapling, putting in order, filing in fire safe, locking cabinet, where to find extra billing, key location, white DCS, L & R. |
| | | 5. Book set up for the next day: Adding in data sheets, billing, etc. |
| | | 6. Data Collection- a. NET _____ b. DTT _____ c. BC _____ d. M&V _____ e. PECS _____ f. Errorless _____ g. CP _____ h. DI _____ |
| | | 7. Data Sheet Board: Requesting for new targets, new data sheets, blank data sheet locations, filing procedure: semi permanent files, filing in the book. |
| | | 8. Gym: Schedule, location, data sheets. |
| | | 9. Group room environment: following the lead (if applicable) |
| | | 10. Lunch: Schedule, Location, paid lunch schedule |
| | | 11. Mail system: Staff mailboxes, Consumer mailboxes, CA/PM/CD mailboxes in L/R. |
| | | 12. Pick up and drop off routine: When to check/file, where located, locked lobby door. a. Friday folders _____ b. Sign in/Out book _____ c. Homework _____ d. DCS Signed _____ e. DCS parent copy _____ f. Pick up/Drop off times _____ |
| | | 13. Reading the Program Book/Software |
| | | 14. Room Clean up. |

Trainee Initials: _____ Date: _____ Trainee Initials: _____ Date: _____ Trainee Initials: _____ Date: _____

Trainer Initials: _____ Date: _____ Trainer Initials: _____ Date: _____ Trainer Initials: _____ Date: _____



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| | | |
|--|--|--|
| | | 15. Running a session: a. Table/Play_____ b. Schedule Board_____ c. Preference Assessments_____ d. Manding (verbal/ PECS and Frequency) _____ e. Choice Board _____ |
| | | 16. Schedule location in buildings: Reading the schedule a. Daily_____ b. Permanent_____ c. Gym_____ d. OT_____ e. Speech_____ |
| | | 17. Stepping Forward Community Outings (if applicable) |
| | | 18. Team Meetings: Agendas, Meeting Schedule |
| | | 19. Traveling between buildings: Stepping Forward, Gym, OT, Speech, etc. |
| | | 20. Trouble Shooting Forms |
| | | 21. Transition Time: Transitioning on time, communicating, DLS/Soc, etc. |
| | | 22. |

Trainee Initials: _____ Date: _____ Trainee Initials: _____ Date: _____ Trainee Initials: _____ Date: _____

Trainer Initials: _____ Date: _____ Trainer Initials: _____ Date: _____ Trainer Initials: _____ Date: _____

| Trainer's Initials | Trainee's Initials | AGENDA | | |
|---|--------------------|---------|------------------|--------|
| Programs (List all programs including the acquisition item that are demonstrated) This includes what program is demonstrated, performed, data collected | | | | |
| 9-11 | DLS/ Soc | Program | Phase and Method | Target |
| | | 1. | | |
| | | 2. | | |
| | | 3. | | |
| | | 4. | | |
| | | 5. | | |
| | | 6. | | |
| | | 7. | | |



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|-------------|--|---------|------------------|--------|
| | | 8. | | |
| | | 9. | | |
| | | 10. | | |
| 12:00- 2:00 | | Program | Phase and Method | Target |
| | | 1. | | |
| | | 2. | | |
| | | 3. | | |
| | | 4. | | |
| | | 5. | | |
| | | 6. | | |
| | | 7. | | |
| | | 8. | | |
| | | 9. | | |
| | | 10. | | |
| 2:00- 4:00 | | Program | Phase and Method | Target |
| | | 1. | | |
| | | 2. | | |
| | | 3. | | |
| | | 4. | | |
| | | 5. | | |
| | | 6. | | |
| | | 7. | | |
| | | 8. | | |
| | | 9. | | |

Trainee Initials: _____ Date: _____ Trainee Initials: _____ Date: _____ Trainee Initials: _____ Date: _____

Trainer Initials: _____ Date: _____ Trainer Initials: _____ Date: _____ Trainer Initials: _____ Date: _____