



---Selecting an EBP Checklist---



Learner's Name: _____

Date/Time: _____

Observer(s): _____

Target Goal/Behavior/Skill (short): _____

Directions: Complete this checklist to select an appropriate practice to use with the learner with ASD.

IDENTIFY TARGET GOAL/BEHAVIOR/SKILL:

Blank lines for identifying target goal/behavior/skill.

COLLECT BASELINE DATA (OR USE SELECTING AN EBP DATA COLLECTION SHEET):

Date/Time	Frequency/Duration	Total

DEFINE AN OBSERVABLE AND MEASURABLE IEP GOAL:

Blank lines for defining an observable and measurable IEP goal.



CHECK ANNUAL GOAL FOR:		
1. Context (When/Antecedent)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Target goal/behavior/skill (What/Behavior the learner is to perform)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Mastery (How/Criterion for learner progress/mastery)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

IDENTIFY CHARACTERISTICS, CLUES, AND RESOURCES:	
Child and Family Characteristics	
Student strengths:	Student challenges:
Has worked before (home/school):	Has not worked before (home/school):
Teacher/Team Characteristics	
Knowledge level:	Successfully used EBPs:
Clues found in the IEP Goal	
Goal domain:	Potential EBPs (Refer to the Domain Matrix):
Other Resources	
Current student supports:	Available equipment:
Team members:	Additional learning experiences:



SELECT AN EBP:

IF APPLICABLE, IDENTIFY ADDITIONAL EBPS TO BE USED WITH THE SELECTED EBP:		
<input type="checkbox"/> Reinforcement (R+)	<input type="checkbox"/> Prompting (PP)	<input type="checkbox"/> Modeling (MD)
<input type="checkbox"/> Task Analysis (TA)	<input type="checkbox"/> Time Delay (TD)	<input type="checkbox"/> Visual Supports (VS)
<input type="checkbox"/> Functional Behavior Assessment (FBA)	<input type="checkbox"/> _____	<input type="checkbox"/> _____

ADDITIONAL NOTES: