

INTERRUPTION/TRANSITION DATA SHEET

Name: _____ **Date:** _____ **Time:** ___ to _____

Target Step: _____ **Cold Probe:** YES NO

#Y's _____

BEHAVIOR KEY: Designate an abbreviation for the problem behavior in the box.

Hitting = H Bolting = B On Floor = OF Spitting = S Yelling = Y Grabbing = G
 Throwing objects = TO Kicking = K

| | <i>Location</i> | <i>Demand</i> | <i>Problem Behavior</i> | <i>Time to compliance</i> | <i>Initial</i> |
|-----|-----------------|---------------|-------------------------|---------------------------|----------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
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| 7. | | | | | |
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| 9. | | | | | |
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| 12. | | | | | |
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| 14. | | | | | |
| 15. | | | | | |
| 16. | | | | | |
| 17. | | | | | |
| 18. | | | | | |

Percentage of transitions trials without Problem behavior _____