

DATE _____ HOURS: _____		ACTIVITY												
TUTOR NAME		Record first trial for that routine in each corresponding box: + if behaviour occurred, - if it did not. P for any physical assistance. Write routine number in first row below.												
OBJECTIVES														TOTAL
OPENING	Approaching (spontaneously, come here)													
	Joining in (Begins action, imitates, gives item)													
THEME	Imitation and echoing onomathopeic sounds													
	Anticipation/ Communication (points to, gestures to continue, gives object, looks expectantly)													
	Simultaneous listener and echoic													
	Mands with eye contact													
	Shows (show me)													
	Comment completion/ tacts when adult shows or points to something and looks													
	Turn taking													
ENDING	Putting away together													
ROUTINE	yes/no													
VARIATIONS	yes/no managed to present variations													
ENJOYMENT	0 - 1 - 2 - 3 -4													Mean
DURATION	no less than 5 minutes per activity													Mean