



Key	
Rating	<input type="checkbox"/> Prompt Frequency <input type="checkbox"/> Prompt Intrusiveness <input type="checkbox"/> Problem Behavior: _____ <input type="checkbox"/> Frequency <input type="checkbox"/> Severity
1	
2	
3	
4	
5	

Rating	1	2	3	4	5
Date:	Notes:				
Initial:					

Rating	1	2	3	4	5
Date:	Notes:				
Initial:					

Rating	1	2	3	4	5
Date:	Notes:				
Initial:					

Rating	1	2	3	4	5
Date:	Notes:				
Initial:					

Rating	1	2	3	4	5
Date:	Notes:				
Initial:					



Rating Scale Data Sheet

Program/Activity _____

Rating	1	2	3	4	5
Date:	Notes:				
Initial:					

Rating	1	2	3	4	5
Date:	Notes:				
Initial:					

Rating	1	2	3	4	5
Date:	Notes:				
Initial:					

Rating	1	2	3	4	5
Date:	Notes:				
Initial:					

Rating	1	2	3	4	5
Date:	Notes:				
Initial:					

Rating	1	2	3	4	5
Date:	Notes:				
Initial:					