

Treatment Integrity Procedural Checklist

Name: _____

TI Training Completed

Role: Classroom teacher
 School staff data collector
 Research assistant data collector
 Research assistant other

Treatment Integrity PPT Presentation	<input type="checkbox"/> Completed treatment integrity PPT presentation
Date:	
Start time:	End time:
Treatment integrity training quiz	<input type="checkbox"/> Completed treatment integrity quiz
Date:	
Score:	
<input type="checkbox"/> Passed with $\geq 90\%$	
Treatment integrity forms	<input type="checkbox"/> All three treatment integrity forms read and received
<i>Baseline treatment integrity form received</i>	
Date:	
<input type="checkbox"/> I have received and read the baseline treatment integrity form	
<i>Across-task treatment integrity form received</i>	
Date:	
<input type="checkbox"/> I have received and read the across-task treatment integrity form	
<i>Within-task treatment integrity form received</i>	
Date:	
<input type="checkbox"/> I have received and read the within-task treatment integrity form	
Data collection practice	<input type="checkbox"/> Completed IOA training practice
<i>Practice 1</i>	
Date:	
IOA Score:	<input type="checkbox"/> Score is $\geq 90\%$
<i>Practice 2</i>	
Date:	
IOA Score:	<input type="checkbox"/> Score is $\geq 90\%$
<i>Practice 3</i>	
Date:	
IOA Score:	<input type="checkbox"/> Score is $\geq 90\%$
TOTAL IOA	
Score:	<input type="checkbox"/> Passed with $\geq 90\%$
Data entry / reliability PPT (RAs)	<input type="checkbox"/> Completed data entry / reliability PPT
Date:	
Start time:	End time: