NYSAA Data Collection Sheet for Multi-Step Task

Student Name:	**Content Area:** ☐ ELA ☐ Mathematics ☐ Science ☐ Social Studies
AGLI text:	**Assessment task:**

ACCURACY KEY: (+) Correct Response (-) Inaccurate/No Response | **INDEPENDENCE KEY: (+) Independent (-) Prompted**

Describe each Step of the Assessment Task:	**Date**		**Date**		**Date**		**Date**		**Date**		**Date**		**Date**		**Date**	
	Acc +/-	**Ind +/-**	**Acc +/-**	**Ind +/-**	**Acc +/-**	**Ind +/-**	**Acc +/-**	**Ind +/-**	**Acc +/-**	**Ind +/-**	**Acc +/-**	**Ind +/-**	**Acc +/-**	**Ind +/-**	**Acc +/-**	**Ind +/-**
Total +'s																
Total Steps																
Fraction	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Percent (%)	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Staff Recording Data for each Date (Req'd)																
Setting																

Name and Initials of Staff recording data (REQUIRED)	Name: _____ Initials: _____ Name: _____ Initials: _____ Name: _____ Initials: _____	**SETTING KEY** (C) Classroom (F) Cafeteria (L) Library (G) Gym (O) Other specify _____

NOTE: Data Collection Sheet cannot stand alone, supporting evidence is required. Complete in full, including staff initials for each date.

NYSAA Data Collection Sheet for Documenting a Task by Time Segments

Student Name:

Content Area: ☐ ELA ☐ Mathematics ☐ Science ☐ Social Studies

AGLI Text:

Assessment task:

ACCURACY KEY: (+) Correct Response (-) Inaccurate/No Response

INDEPENDENCE KEY: (+) Independent (-) Prompted

Length of Time for each Segment _____ sec./min. (circle one)	Date		Date		Date		Date		Date		Date		Date		Date	
	Acc + / -	Ind + / -	Acc + / -	Ind + / -	Acc + / -	Ind + / -	Acc + / -	Ind + / -	Acc + / -	Ind + / -	Acc + / -	Ind + / -	Acc + / -	Ind + / -	Acc + / -	Ind + / -
Segment 1																
Segment 2																
Segment 3																
Segment 4																
Segment 5																
Total +'s																
Total Segments																
Fraction	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Percent (%)	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Staff Recording Data for each Date (Req'd)																
Setting																

Name and Initials of Staff recording data (REQUIRED)

Name: _____ Initials: _____
Name: _____ Initials: _____
Name: _____ Initials: _____

SETTING KEY
(C) Classroom (F) Cafeteria (L) Library (G) Gym
(O) Other specify _____

NOTE: Data Collection Sheet cannot stand alone, supporting evidence is required. Complete in full, including staff initials for each date.

NYSAA Data Collection Sheet for Discrete Trial Data

Student Name:

Content Area: ☐ ELA ☐ Mathematics ☐ Science ☐ Social Studies

AGLI Text:

Assessment Task:

Key (K#)/Stimuli (S#):

ACCURACY (ACC) KEY: (+) correct response (-) Inaccurate/No Response | **INDEPENDENCE (IND) KEY: (+) Independent (-) Prompted**

Date:			Date:			Date:			Date:			Date:			Date:			Date:		
K#/S#	ACC	IND	K#/S#	ACC	IND	K#/S#	ACC	IND	K#/S#	ACC	IND	K#/S#	ACC	IND	K#/S#	ACC	IND	K#/S#	ACC	IND
# +'s			# +'s			# +'s			# +'s			# +'s			# +'s			# +'s		
# Trials			# Trials			# Trials			# Trials			# Trials			# Trials			# Trials		
Fract	/	/	Fract	/	/	Fract	/	/	Fract	/	/	Fract	/	/	Fract	/	/	Fract	/	/
(%)	%	%	(%)	%	%	(%)	%	%	(%)	%	%	(%)	%	%	(%)	%	%	(%)	%	%
Staff Recording Data for each Date (Req'd)			Staff Recording Data for each Date (Req'd)			Staff Recording Data for each Date (Req'd)			Staff Recording Data for each Date (Req'd)			Staff Recording Data for each Date (Req'd)			Staff Recording Data for each Date (Req'd)			Staff Recording Data for each Date (Req'd)		
Setting			Setting			Setting			Setting			Setting			Setting			Setting		

Name and Initials of Staff recording data (REQUIRED)

Name: _____ Initials: _____

Name: _____ Initials: _____

Name: _____ Initials: _____

Setting Key

(C) Classroom (F) Cafeteria (L) Library (G) Gym

(O) Other Specify _____

NOTE: Data Collection Sheet cannot stand alone, supporting evidence is required. Complete in full, including staff initials for each date.