

## Intraverbal (LEVEL 2, Milestone 9)

### IV 2.9M: Answers 25 different what questions (e.g, What do you like to eat?)

| <b>TARGET</b><br>(What questions)    | Baseline<br>(write child's response) | Date Introduced | Date Mastered |
|--------------------------------------|--------------------------------------|-----------------|---------------|
| What can you drink?                  |                                      |                 |               |
| What can you eat?                    |                                      |                 |               |
| What do you read?                    |                                      |                 |               |
| What do you cut paper with?          |                                      |                 |               |
| What do you write with?              |                                      |                 |               |
| What do you write on?                |                                      |                 |               |
| What do you smell with?              |                                      |                 |               |
| What do you hear/ listen with?       |                                      |                 |               |
| What do you see/ look with?          |                                      |                 |               |
| What do you clap with?               |                                      |                 |               |
| What are some colors?                |                                      |                 |               |
| What are some numbers?               |                                      |                 |               |
| What are some letters?               |                                      |                 |               |
| What are some animals?               |                                      |                 |               |
| What can you sing?                   |                                      |                 |               |
| What's your favorite movie?          |                                      |                 |               |
| What is in the sky?                  |                                      |                 |               |
| What is your name?                   |                                      |                 |               |
| What is your brother/ sister's name? |                                      |                 |               |

| <b>TARGET</b><br>(What questions) | Baseline<br>(write child's response) | Date Introduced | Date Mastered |
|-----------------------------------|--------------------------------------|-----------------|---------------|
| What do you wear on your head?    |                                      |                 |               |
| What do you wear on your feet?    |                                      |                 |               |
| What's something that's sharp?    |                                      |                 |               |
| What do you do with a straw/ cup? |                                      |                 |               |
| What can you push?                |                                      |                 |               |
| What can sting you?               |                                      |                 |               |
| What grows outside?               |                                      |                 |               |
| What shape are wheels?            |                                      |                 |               |
| What's in the kitchen?            |                                      |                 |               |
| What you sit on?                  |                                      |                 |               |
| What's favorite food?             |                                      |                 |               |
| What can you play with?           |                                      |                 |               |
| What's something cold?            |                                      |                 |               |
| What's something hot?             |                                      |                 |               |
| What flies?                       |                                      |                 |               |
| What do you sleep in?             |                                      |                 |               |

## Intraverbal (LEVEL 2, Milestone 9)- Datasheet option (single target)

### PROMPT HIERARCHY

+ = Independent  
 G= Gesture (point)  
 PP= partial physical  
 P= Physical, hand-over-hand  
 V= verbal model  
 -(minus) = Error

### Mastery Criteria:

80% accuracy (independence) across three consecutive sessions and \_\_\_\_ (#) trainers in which the first trial is independent.

### Mastery Criteria (write your own below):

**S<sub>D</sub>** (will be same as target): \_\_\_\_\_

TARGET: \_\_\_\_\_ (one target per page)

|               |   |   |    |    |   |   |   |   |   |   |      |
|---------------|---|---|----|----|---|---|---|---|---|---|------|
| DATE:<br>9/10 | + | P | PP | PP | G | + | + | P | G | G | 30 % |
|---------------|---|---|----|----|---|---|---|---|---|---|------|

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