

## Therapy Task Response Form

Client: \_\_\_\_\_

Short-Term Therapy Goal: \_\_\_\_\_

Therapy Task: \_\_\_\_\_

Therapy Stimulus Input Modality: (Auditory, Tactile, Visual): \_\_\_\_\_

Client Output Response Modality: (Verbal, Gestural, Graphic): \_\_\_\_\_

Data Scoring System: \_\_\_\_\_ Termination Criterion: \_\_\_\_\_

Stimulus	B1	B2	1	2	3	4	5	6	7	8	9	10
Date: _____												
1. _____												
2. _____												
3. _____												
4. _____												
5. _____												
6. _____												
7. _____												
8. _____												
9. _____												
10. _____												
# Correct												
Percent Correct												

**6pt Scoring Scale**

- (+)
- 6: Complete** – Accurate, responsive, complete, response to test item
- 5: Corrected** – Accurate response to test item self-correcting a previous error without request or after a prolonged delay
- 4: (2R) Repetition or (2C) Cued** – Accurate response to test item stimulated by a repetition of the instructions, a cue, or additional information (up to 2 repetitions or cues allowed. Cues include: 4G-Gesture, 4D- Description, 4C- Category, 4B-Beginning Sound, 4S-Sentence Completion, 4M-Multiple Choice. 4Q-Question)
- (-)
- 3: Related** – Inaccurate response to test item which is clearly related to or suggestive of an accurate response
- 2: Error** – Inaccurate response to test item or Patient attends to test item but gives no response
- 1: No response** – Patient exhibits no awareness of the test item

