

In-Session CDI Coding Sheet for Therapist

Date _____

Child's name _____ Mother Father Other _____

TREATMENT SESSION (CHECK ONE)

<input type="checkbox"/> CDI Teach	<input type="checkbox"/> CDI Coach #1	<input type="checkbox"/> CDI Coach #2	<input type="checkbox"/> CDI Coach #3
<input type="checkbox"/> CDI Coach #4	<input type="checkbox"/> CDI Coach #5	<input type="checkbox"/> CDI Coach #6	<input type="checkbox"/> CDI Coach #
<input type="checkbox"/> PDI Teach	<input type="checkbox"/> PDI Coach #1	<input type="checkbox"/> PDI Coach #2	<input type="checkbox"/> PDI Coach #3
<input type="checkbox"/> PDI Coach #4	<input type="checkbox"/> PDI Coach #5	<input type="checkbox"/> PDI Coach #6	<input type="checkbox"/> PDI Coach # _____

POSITIVE	TALLY CODES	TOTAL	MASTERY
NEUTRAL TALK			—
BEHAVIOR DESCRIPTION			10
REFLECTION			10
LABELED PRAISE			10
UNLABELED PRAISE			—

AVOID	TALLY CODES	TOTAL	MASTERY
QUESTION			0
COMMANDS			0
NEGATIVE TALK			0

POSITIVE	CHECK ONE		
IMITATE	SATISFACTORY	NEEDS PRACTICE	
USE ENTHUSIASM	SATISFACTORY	NEEDS PRACTICE	
IGNORE DISRUPTIVE BEHAVIOR	SATISFACTORY	NEEDS PRACTICE	NOT APPLICABLE
OTHER OBSERVATIONS			