NYSAA Data Collection Sheet for Discrete Trial Data

Student Name:	**Content Area:** ☐ ELA ☐ Mathematics ☐ Science ☐ Social Studies (HS only)
AGLI Text:	**Assessment Task**:

Trial Information: describe each skill or sub-skill being assessed (include a number for each skill or sub-skill)

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

Date			**Date**			**Date**			**Date**			**Date**			**Date**			**Date**		
#	**ACC**	**IND**	**#**	**ACC**	**IND**	**#**	**ACC**	**IND**	**#**	**ACC**	**IND**	**#**	**ACC**	**IND**	**#**	**ACC**	**IND**	**#**	**ACC**	**IND**
# +'s			# +'s			# +'s			# +'s			# +'s			# +'s			# +'s		
# Trials			**# Trials**			**# Trials**			**# Trials**			**# Trials**			**# Trials**			**# Trials**		
Fract	/	/	**Fract**	/	/	**Fract**	/	/	**Fract**	/	/	**Fract**	/	/	**Fract**	/	/	**Fract**	/	/
(%)	%	%	**(%)**	%	%	**(%)**	%	%	**(%)**	%	%	**(%)**	%	%	**(%)**	%	%	**(%)**	%	%
Staff Initials Recording Data for each Date from Key (Req'd)			**Staff Initials Recording Data for each Date from Key (Req'd)**			**Staff Initials Recording Data for each Date from Key (Req'd)**			**Staff Initials Recording Data for each Date from Key (Req'd)**			**Staff Initials Recording Data for each Date from Key (Req'd)**			**Staff Initials Recording Data for each Date from Key (Req'd)**			**Staff Initials Recording Data for each Date from Key (Req'd)**		

Staff Key (REQUIRED)
Record the Initials and Corresponding Name of Staff Recording Data

1.) Initials: _____ Name: _____ 2.) Initials: _____ Name: _____

3.) Initials: _____ Name: _____ 4.) Initials: _____ Name: _____

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