



In-Session CDI Coding Sheet

Date _____ Therapist's Name _____ Co-Therapist's Name _____

Child's Name _____ Caregiver's Name _____ Relationship to Child _____

TREATMENT SESSION

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

POSITIVE		TALLY CODES	TOTAL	TARGET
NEUTRAL TALK				—
DESCRIPTION	BEHAVIOR			7
	SELF			(at least 4 BD)
REFLECTION				7
PRAISE	LABELED			7
	UNLABELED			(at least 4 LP)

AVOID (No more than 3 total)	TALLY CODES	TOTAL	TARGET
QUESTION			0
COMMAND			0
NEGATIVE TALK			0

POSITIVE	CHECK ONE		
IMITATE	<input type="radio"/> SATISFACTORY	<input type="radio"/> NEEDS PRACTICE	
SHOW ENJOYMENT	<input type="radio"/> SATISFACTORY	<input type="radio"/> NEEDS PRACTICE	
IGNORE DISRUPTIVE BEHAVIOR	<input type="radio"/> SATISFACTORY	<input type="radio"/> NEEDS PRACTICE	<input type="radio"/> NOT APPLICABLE
NON-VERBAL PRAISE	<input type="radio"/> SATISFACTORY	<input type="radio"/> NEEDS PRACTICE	

OTHER OBSERVATIONS