


AFIRM
Autism Focused Intervention
Resources & Modules

---Progress Monitoring Form---

Learner's Name: _____ Date/Time: _____

Observer(s): _____

Target Behavior: _____

For more information visit:
www.afirm.fpg.unc.edu

Steps/Tasks:

Steps/Tasks	Date				
1.					
2.					
3.					
4.					
5.					
6.					
Amount of time learner was on-task or off-task (circle one)					

I = Independent; IS = Independent with visual support; PS = Prompt with visual support; 0 = error or issue

Select Visual Representation and Presentation:

If applicable, check the form of representation and length of presentation of the visual cue or visual schedule.

Form of Representation

- ☐ Objects
- ☐ Photographs
- ☐ Drawing or picture symbols
- ☐ Words
- ☐ Phrases
- ☐ Combination: _____

Length of Presentation

- ☐ One item
- ☐ Two items
- ☐ 3-4 items
- ☐ Half-day or 5-7 items
- ☐ Full day or 8+ items

Notes: _____