

Key Performance Indicators for Registered Behavior Technicians:

RBT Name: _____ Date: _____ Completed By: _____

Therapy Session:					
	Know	Understand	Apply	Adjust to Feedback	Strengths / Areas for Improvement:
Pairing / Instructional Control – engaged with learner throughout session					
Reinforcement – Principles of reinforcement (DISC)					
Mands / Capturing MO – Reinforcer Sampling, contrives mand opportunities					
Effective Teaching Techniques / Functions of Behavior					

Documentation					
	Know	Understand	Apply		Strengths / Areas for Improvement:
Collects data during session and Completes Session Notes in a Timely Manner					
Documents Incidents and Notifies BCBA					

Professionalism / Company Policies / Attendance:					
	Know	Understand	Apply		Strengths / Areas For Improvement:
Ensure safety and dignity of our learners consistently					
Supports other members of the team					
Communicates effectively with Supervisor and other team members					
Communicates effectively with Parents and other professionals (SLP/ OT, etc)					
Attendance: Is on time for scheduled sessions / follows protocol for missed time/absences/etc.					

RBT Signature: _____ Date: _____

