SAMPLE RBT SESSION NOTES — ASD (AGE 8)

1 Patient Information

1 SESSION DETAILS

Patient Name
Sophia R. Nakamura

Date of Service
05/06/2026

DOB / Age
08/30/2017 | Age: 8 years, 8 months

RBT Name
Keisha M. Brown, RBT

BCBA Supervisor
Dr. Carlos A. Reyes, BCBA

Session Duration
2.5 hours (3:30 PM – 6:00 PM)

Setting
Clinic — discrete therapy room with natural light, minimal distractions

O Session Overview

2 GOALS, ENGAGEMENT & CONTEXT

Afternoon session focused on social skills programs (initiating greetings and joint attention) and emotion identification via emotion card matching, consistent with this week's active treatment programs. Sophia arrived with her mother, appearing slightly dysregulated — described by her mother as having had a difficult day at school (peer conflict at recess). After a 10-minute preferred activity buffer (sensory bin), Sophia self-regulated and was ready for structured programming by 3:45 PM. Engagement was variable but overall productive.

T Target Behaviors Observed

3 BEHAVIORAL DOCUMENTATION

Target Behavior (Definition)
Target behavior: Elopement — defined as any instance where Sophia moves more than 3 feet from the designated work area without RBT permission. Baseline: 6 instances/session.

Frequency / Duration
Elopement: 2 instances (significantly below baseline of 6). Duration of each elopement: <10 seconds; both instances redirected within 15 seconds. Intensity: Non-injurious; did not leave clinic room.

Antecedents
Both elopement instances occurred at the start of non-preferred work blocks (emotion cards program).

Consequences
Non-contingent redirection to work area using calm verbal prompt ('Back to the table, please') without access to preferred activities — per behavior plan.

S Skill Acquisition Programs

4 PROGRAM IMPLEMENTATION

Programs Run
1. Social initiation — greetings (eye contact + 'hi' + name). 2. Joint attention — following point to distal target. 3. Emotion identification — matching emotion cards (happy, sad, angry, scared, surprised).

Level of Prompting
Social initiation: Echoic prompt (level 4) required for name inclusion; 'hi' produced independently. Joint attention: Gestural + verbal prompt (combined, level 3). Emotion ID: Independent for happy and sad; gestural prompt for angry and scared; full verbal model for surprised (novel item).

Accuracy Rate
Social initiation: 60% independent (criterion: 80% x3 consecutive sessions). Joint attention: 70% correct (criterion: 80%). Emotion ID: 65% independent across 5 targets (criterion: 80% for first 4).

Generalization Observed
Sophia spontaneously greeted the clinic receptionist ('Hi, Maria!') upon arrival — unprompted generalization of the greeting program to naturalistic setting. This was the first documented generalization of this skill outside the therapy room.

I Interventions & Data Collection

5 TECHNIQUES & DATA PER BEHAVIOR PLAN

Social story reviewed at session start — 'How I say hello to friends' (3-panel visual story). Joint attention practiced across DTT and NET contexts — RBT pointed to items in a picture book and in the clinic room. Emotion ID embedded into play context — RBT made facial expressions and Sophia matched to cards. Premack principle used throughout — 'First emotion cards, then sensory bin.' Token economy: 10 tokens = 5 minutes with preferred sensory bin. Behavior-specific praise provided contingently for correct responses and appropriate behavior.

R Response & Treatment Fidelity

6a PATIENT RESPONSE

Sophia's regulation improved significantly after the sensory buffer activity — the first 30 minutes of structured work were her most focused (5 DTT sets without elopement). She showed clear understanding of the token system — reached out her hand for a token after each correct response. She became frustrated during emotion ID when 'surprised' was presented — verbalized 'No!' and pushed cards away (non-injurious); RBT implemented brief planned ignoring, then re-presented 'happy' (mastered item) to restore success momentum. Sophia recovered within 2 minutes.

6b FIDELITY TO TREATMENT PLAN

All interventions implemented per Dr. Reyes's treatment plan without deviation. Token delivery and Premack timing consistent with programmed schedules. RBT utilized least-to-most prompting hierarchy as directed. No modifications to programs without BCBA authorization.

C Caregiver / Staff Interaction & Barriers

7 COMMUNICATION & CHALLENGES

Caregiver Interaction

Mother (Keiko Nakamura) observed the final 20 minutes of session. RBT modeled the emotion ID program and mother practiced presenting cards x5 trials with RBT coaching. Mother was provided with a home practice sheet for emotion ID with 3 emotions (happy, sad, angry) and instructed to practice 5 minutes daily before bedtime.

Barriers to Progress

School-day peer conflict elevated Sophia's baseline distress and contributed to early elopement. Emotion ID with novel stimuli ('surprised') continues to be a learning barrier — may need to be broken into smaller steps or preceded by visual-video modeling.

A Assessment

8 CLINICAL SUMMARY

Sophia demonstrated meaningful progress in generalization of social greetings, reduced elopement frequency, and appropriate token economy participation. Emotion ID for 'surprised' remains a challenge; video modeling protocol is recommended at next BCBA consultation.

P Plan

9 NEXT STEPS

1. Flag video modeling protocol for 'surprised' emotion for BCBA review at next supervision. 2. Continue social initiation program — add 'Goodbye' as next target. 3. Increase joint attention complexity — add 2-target array. 4. Provide mother with expanded home practice packet for emotion ID. 5. Check with BCBA regarding school-based generalization opportunity for greetings.

F Follow-Up

10 NEXT SESSION & SUPERVISION

Next Session & BCBA Supervision

Next session: 05/08/2026, 3:30 PM at clinic. BCBA Dr. Reyes supervision visit: 05/07/2026 (phone consultation); next in-person observation: 05/14/2026.

PROVIDER NAME	CREDENTIALS	DATE & TIME
Keisha M. Brown, RBT	RBT — ABA Therapy	05/06/2026