



# 5 Days to More Talking

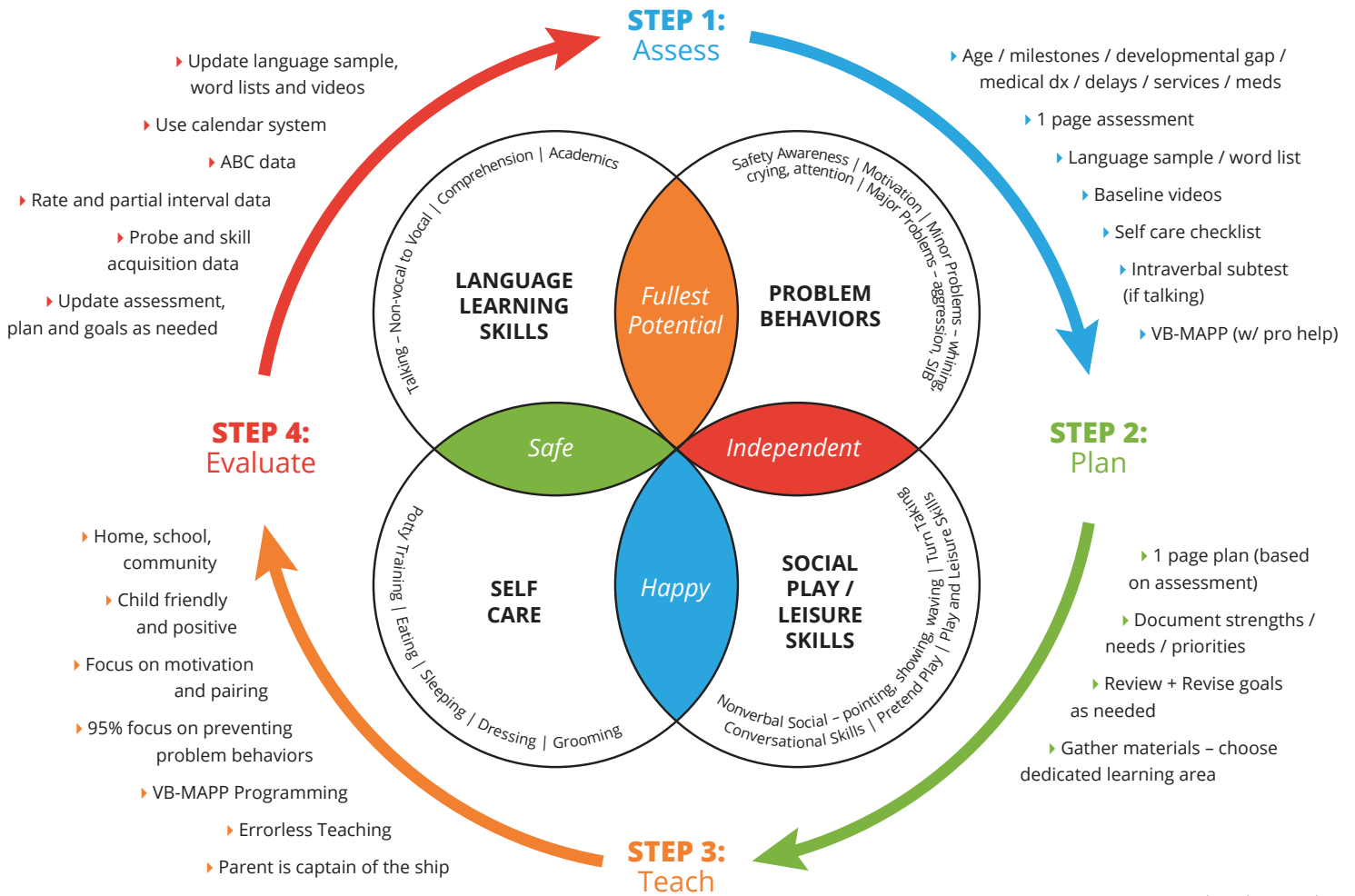
## WORKBOOK



Mary Barbera, PhD, RN, BCBA-D  
MaryBarbera.com

# Turn Autism Around<sup>®</sup> Approach

By Dr. Mary Barbera



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Download this resource [here](#).



# Turn Autism Around® Assessment

## by Dr. Mary Barbera

### General information

Date of completion **07/11/2023**

Person completing  
**Parent/Guardian**

First name of person completing  
assessment **RSS**

Child's first name or initials  
**EJS**

Date of birth **04/02/2019**

Age yrs **4**

Age months **3**

### Medical Information

Does your child have a diagnosis  
of autism? **NO**

Age at autism diagnosis - years

Age at autism diagnosis - months

Does your child have any of these  
diagnosis? **Speech Delay**

Does your child receive any  
therapy or special education  
services currently? **NO**

Is your child on any medication?  
**NO**

Does your child have allergies?  
**YES**

if yes, what type of allergies?  
**Medication**

if yes, is your child on any  
allergy medication or shots? **NO**

Is your child on a special diet?  
**NO**

### Safety Concerns

Do you have safety awareness  
concerns? **YES**

If yes, check all that apply  
**Traffic, Water**

### Self-Care and Daily

#### Living Tasks

Does your child have any eating  
or drinking problems? **YES**

If yes, what type of eating or  
drinking problems? **Picky eater  
(limited diet), Does not drink  
from an open cup**

Does your child have sleeping  
issues? **YES**

If yes, what type of sleeping  
issues? **Trouble falling  
asleep, Requires sleep medication  
or supplements**

Does your child have any problems  
with using the potty/toilet? **YES**

If yes, check one **child is pee  
trained but not poop trained**

Does your child have difficulty  
with dressing and grooming? **YES**

if yes, check all that apply  
**refuses and or needs total  
assistance with tooth brushing**

### Language and Learning Skills

Does your child ever use any  
words? **YES**

If yes, approximately how many  
different words does your child  
say on a daily basis? **20-50**

If yes, does your child string 2  
or more words together? **YES**

If yes, how often do you hear  
your child use 2 or more word  
phrases? **sometimes**

If yes, Is your child fully  
conversational (back and forth  
exchanges with full sentences)?  
**NO**

### Requesting / Manding

Can your child ask for things  
he/she wants with words? **YES**

If yes, how often? **sometimes**

### Labeling / Tacting

Can your child label things in a  
book or on flashcards? **YES**

If yes, approximately how many  
different items can the child  
label on a daily basis? **11-20**

Which, if any, abstract concepts  
can your child label? **Labels  
colors**

### Verbal Imitation /

#### Echoics

Can your child imitate words you  
say? **YES**

Imitates single words? **YES**

Imitates phrases? **YES**

Does your child say things he/she  
has memorized from movies or  
things he/she has heard you say  
in the past? **YES**

### Answering Questions / Intraverbals

Can your child fill in the blanks  
to songs? **YES**

Will your child fill in the  
blanks to fun and/or functional  
phrases? **YES**

Will your child answer WH  
questions (with no picture or  
visual clues)? **NO**

### Listening / Receptive Language

Does your child respond to  
his/her name when you call it?  
**Often**

If you tell your child to get  
his/her shoes or pick up his/her  
cup, does he/she follow your  
direction without gestures?  
**Rarely**

If you tell your child to clap  
his/her hands or stand up will  
he/she do it without gestures?  
**Rarely**

Will your child touch his/her  
body parts, for example, if you  
say "Touch your nose?" **YES**

### Imitation

Will your child copy your actions  
with toys if you tell him/her "Do  
this"? **YES**

Will your child copy motor  
movements if you tell him/her "Do  
this"? **YES**

### Visual / Matching

Will your child match identical  
objects to objects, pictures to  
pictures, and pictures to objects  
if you tell him/her to "match"?  
**YES**

Will your child complete age-  
appropriate puzzles? **Not Yet**

### Social / Play Concerns

Do you have concerns about your  
child's ability to socialize  
and/or play? **YES**

- **Taking turns, Sharing, Pretend  
play**

### Problem Behavior

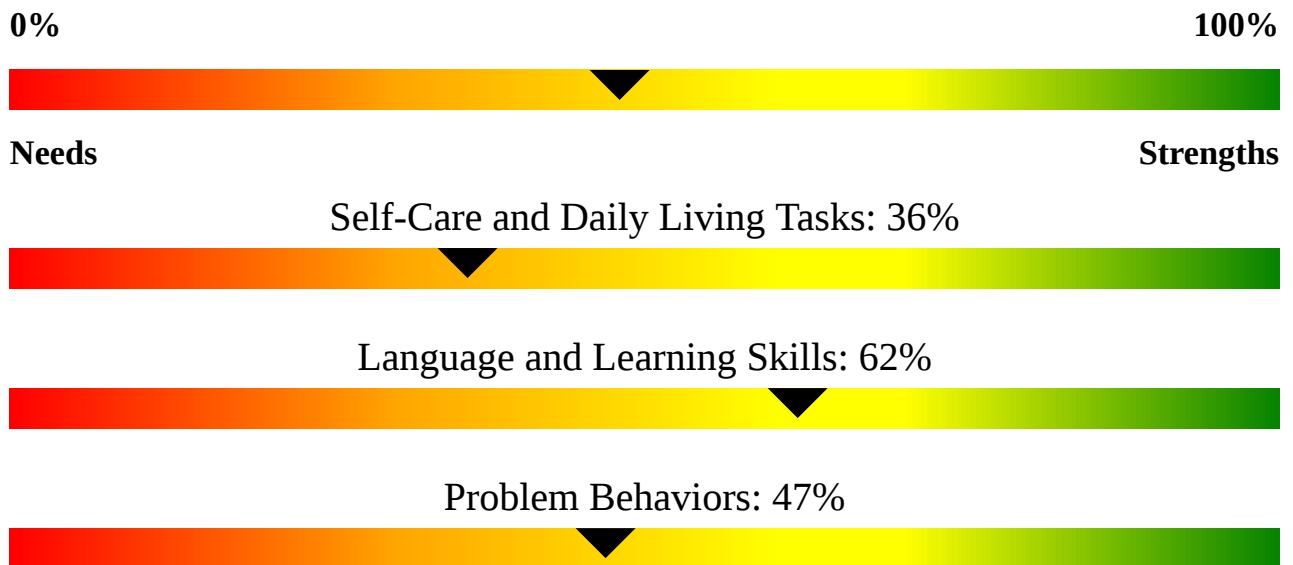
and do simple tasks with an adult? **YES**  
If yes, how long can they stay engaged with an adult at a table or on the floor without problem behavior? **5-15 minutes**  
Please select any minor problem behaviors your child exhibits **crying, whining, refusal**  
How often does your child engage in minor problem behaviors throughout the day? **Sometimes**

(hitting/throwing)? **YES**  
If yes, please select the major problem behaviors your child exhibits **dropping to the ground, property destruction (throwing/dumping/swiping/tearing)**  
If yes, when/where do major problem behaviors occur? **transitioning away from preferred activity, during doctor/dentist**

If yes, how often does your child engage in major problem behaviors? **a few times a week**  
**Turn Autism Around® Approach Resources**  
What Turn Autism Around (TAA) resources by Dr. Mary Barbera have you used? (Check all that apply) **Follow Dr. Mary Barbera on social media**

## TURN AUTISM AROUND® ASSESSMENT SCORES FOR EJS

OVERALL SCORE: 48%\*



**Scores closer to 100% show more strengths in those areas. Scores lower than 85% in one, two or all three areas indicate need for improvement.**

### **\*\*Disclaimer\*\***

This tool is not a standardized assessment and these scores are for informational purposes only. If you are concerned about your child's delays and/or problem behaviors please contact a medical and/or behavioral professional who can assist you with further assessment. But, don't wait and worry- join us today to start turning things around at [marybarbera.com/courses](http://marybarbera.com/courses).



# Turn Autism Around Planning Form (Sample)

by Dr. Mary Barbera

Child's Name: Faith

Date of Birth: 1/5/XX

Date Form Completed: 4/20/XX

Age: 3 years 2 months

Strengths	Needs
<ul style="list-style-type: none"><li>• Can say 50 words</li><li>• Can mand and tact</li><li>• Feeds herself</li><li>• Sleeps through the night</li><li>• Responds to her name most of the time</li><li>• Follows directions sometimes when accompanied by gestures</li></ul>	<ul style="list-style-type: none"><li>• Cannot echo/imitate</li><li>• Cannot sing songs</li><li>• Cannot match identical objects</li><li>• Flops on the ground several times daily</li><li>• Potty training</li></ul>
Plan	
<ul style="list-style-type: none"><li>• Pair table and materials with reinforcement</li><li>• Learning time at the table daily</li><li>• Focus on echoic control and visual matching</li><li>• Collect data on language and problem behaviors</li></ul>	

Download this resource [here](#).



# Turn Autism Around Planning Form

by Dr. Mary Barbera

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_  
Age: \_\_\_\_\_ years \_\_\_\_\_ months

Strengths	Needs
Plan	

Download this resource [here](#).

**Name: Child 1 DOB: 09/15/XX Age: \_\_\_ yrs \_\_\_ mo**  
**1 hour - 09/15/XX, 12-1 PM Family Room**  
No words or sounds heard.

**Name: Child 2 DOB: 03/20/XX Age: \_\_\_ yrs \_\_\_ mo**  
**15 minutes - 06/16/XX, 8:30-8:45 AM Kitchen**  
Ba ba ba, *while reaching for bottle*  
Ooo  
Ahh  
Mama, *when shown picture of Mom*

**Name: Child 3 DOB: 05/14/XX Age: \_\_\_ yrs \_\_\_ mo**  
**30 minutes - 09/17/XX, 2:00-2:30 PM Outside**  
Slide  
Push me  
I want swing  
Go, with prompting of “ready, set, \_\_\_”  
Open  
Mommy go in

Download this resource [here](#).



# Language Sample Form

by Dr. Mary Barbera

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_yrs \_\_\_mo

<p>Date : _____ Start Time: _____ End Time: _____ Duration: _____</p> <p style="text-align: right;">Name of Person Recording Data: _____</p>
<p>Date : _____ Start Time: _____ End Time: _____ Duration: _____</p> <p style="text-align: right;">Name of Person Recording Data: _____</p>
<p>Date : _____ Start Time: _____ End Time: _____ Duration: _____</p> <p style="text-align: right;">Name of Person Recording Data: _____</p>

Download this resource [here](#).



Here is a full list of resources from this workbook with some additional ones:

**ONE PAGE ASSESSMENT FORMS:**

[Digital Assessment Form \(Blank\)](#)  
[Digital Assessment Form \(Sample\)](#)

**LANGUAGE SAMPLE FORMS:**

[Language Sample \(Blank\)](#)  
[Language Sample \(Sample\)](#)

**ONE PAGE PLANNING FORMS:**

[Planning Form \(Blank\)](#)  
[Planning Form \(Sample\)](#)

**OTHER RESOURCES:**

[Venn Diagram Graphic](#)  
[Problem Behavior Case Study](#)  
[Shoebox Guide](#)  
[Act Early](#)  
[Early Learner Materials Checklist](#)  
[Listen and Subscribe to the Turn Autism Around podcast](#)  
[Read/Listen to the Turn Autism Around book & download free book resources](#)  
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