Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Following Directions Baseline**

*O – direction followed the first time*

*X – direction not followed the first time*

Morning:

|  |  |  |
| --- | --- | --- |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

Afternoon:

|  |  |  |
| --- | --- | --- |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |