



5 Days to More Talking Mini-Course

WORKBOOK

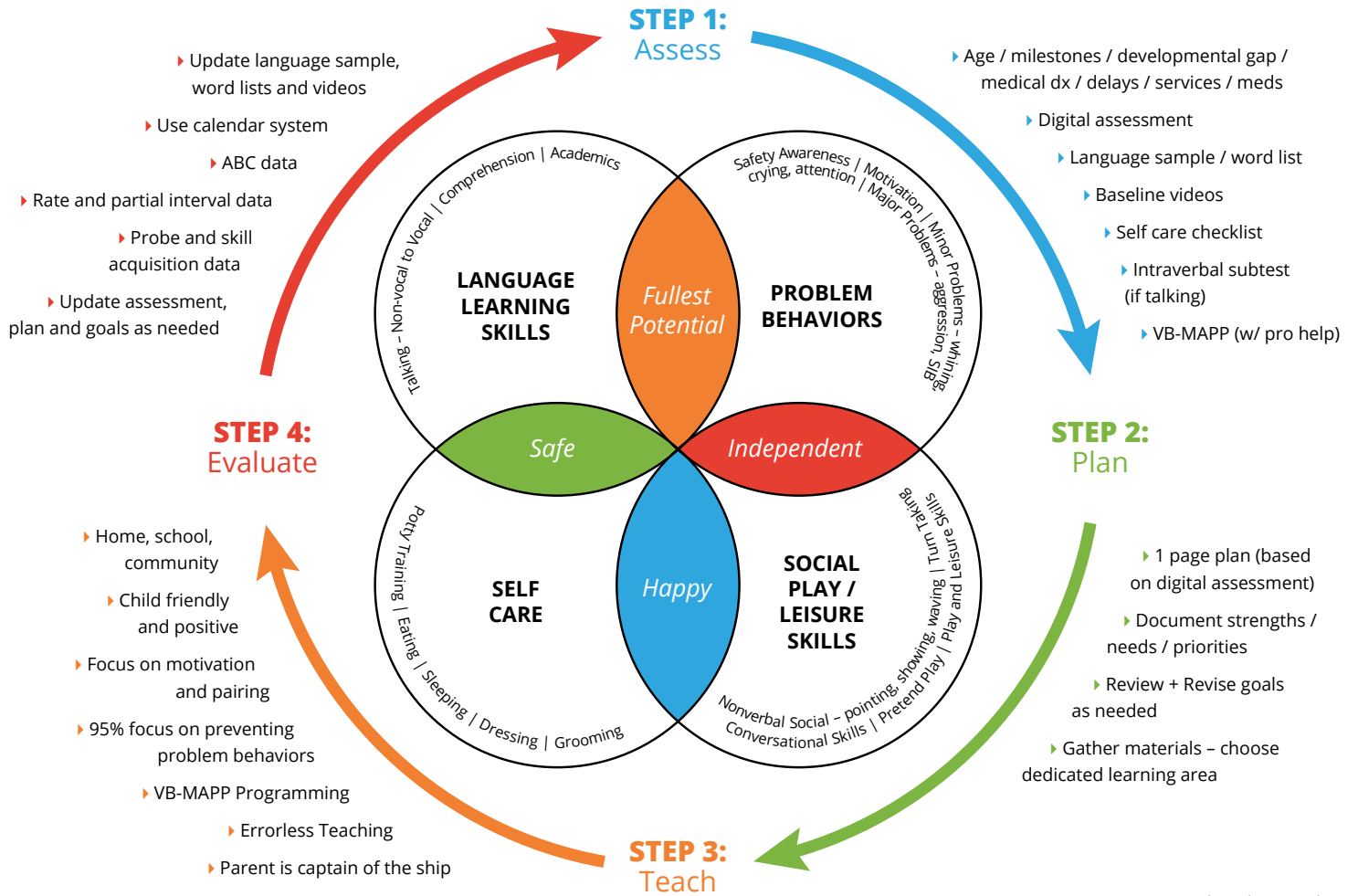


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The Barbera Method™

By Dr. Mary Barbera



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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

Date : _____ Start Time: _____ End Time: _____ Duration: _____

Name of Person Recording Data: _____

Date : _____ Start Time: _____ End Time: _____ Duration: _____

Name of Person Recording Data: _____

Date : _____ Start Time: _____ End Time: _____ Duration: _____

Name of Person Recording Data: _____

Download this resource [here](#).

Barbera Early Childhood Assessment™

by Dr. Mary Barbera

General information

Date of completion **04/02/2021**
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 **2**
Age months **0**

Medical Information

What best describes your situation? (Select one) **I have concerns but no evaluation or therapy yet**
Does your child have any of these diagnoses? (check all that apply)
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?
NO
Is your child on a special diet?
NO

Safety Concerns

Do you have safety awareness concerns? **YES**
If yes, check all that apply
Wandering/Darting Away, Unaware of Cars/Traffic, Unsafe Around Water

Self-Care and Daily

Living Tasks

Does your child have any eating or drinking problems listed below? **NO**
If yes, what type of eating or drinking problems?
Does your child have sleeping issues listed below? **YES**
If yes, what type of sleeping issues? **Does not sleep through the night, Does not sleep alone, Trouble falling asleep**
Does your child have any problems with using the potty/toilet listed below? (If the child is under 3 years old and you haven't

started potty training yet, please check no) **NO**
If yes, check one
Does your child have difficulty with dressing and grooming listed below? **YES**
if yes, check all that apply
refuses or needs total assistance with washing hands, 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? **0-5**
If yes, does your child string 2 or more words together? **NO**
If yes, how often do you hear your child use 2 or more word phrases? **rarely**
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? **NO**
If yes, how often? **rarely**
If no, how does your child let you know what he/she wants.
Gesture, Reaching/Pointing, Pulling /handleading, Grabbing

Labeling / Tacting

Can your child label things in a book or on flashcards? **NO**

Verbal Imitation /

Echoics

Can your child imitate words you say? **NO**
Does your child say things he/she has memorized from movies or things he/she has heard you say in the past? **NO**

Answering Questions /

Intraverbals

Can your child fill in the blanks to songs? **NO**

Will your child fill in the blanks to fun and/or functional phrases? **NO**
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?
Almost always
If you tell your child to get his/her shoes or pick up his/her cup, does he/she follow your direction without gestures?
Almost always
If you tell your child to clap his/her hands or stand up will he/she do it without gestures?
Almost always
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? **Yes**

Social / Play Concerns

Do you have concerns about your child's ability to socialize and/or play? **NO**

Problem Behavior

Is your child currently able to sit at a table or on the floor 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, inattention, refusal**

How often does your child engage in minor problem behaviors throughout the day? **Sometimes**

Does your child engage in major problem behaviors listed below? **YES**

If yes, please select the major problem behaviors your child exhibits **elopement (darting**

away), property destruction (throwing/dumping/swiping/tearing)

If yes, when/where do major problem behaviors occur? **transitioning away from preferred activity, in stores, when trying to engage the child with toys/learning materials, during doctor/dentist visits, during haircuts, around pools/water**

If yes, how often does your child engage in major problem

behaviors? **a few times a week**

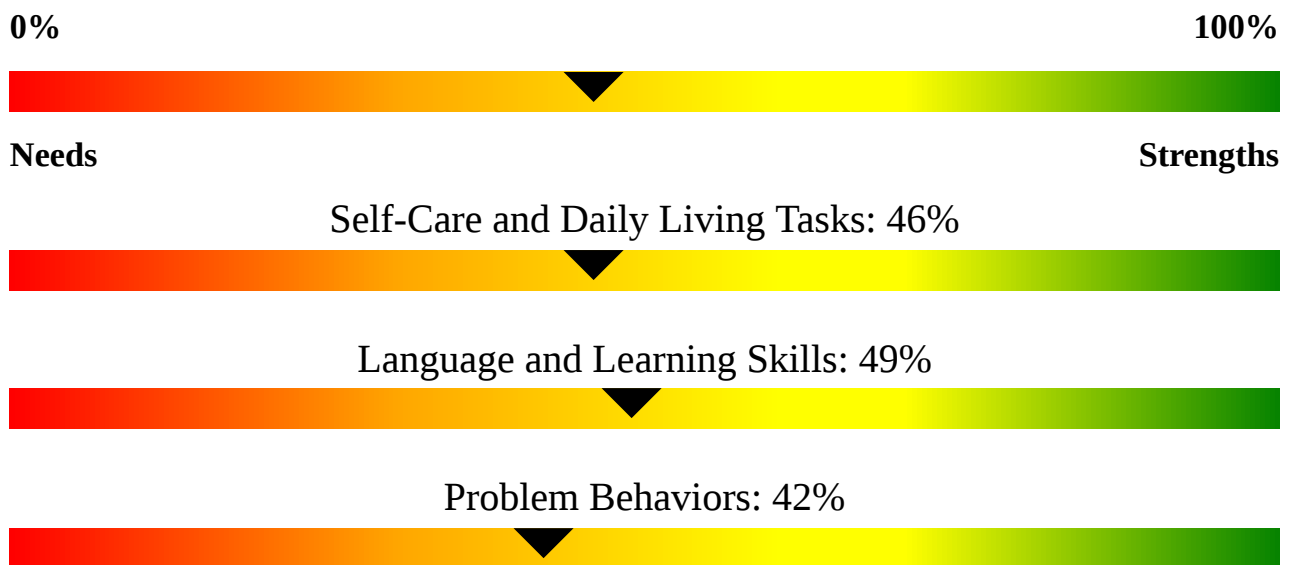
Resources by Dr. Mary Barbera

What resources by Dr. Mary Barbera have you used? (Check all that apply) **Follow Dr. Mary Barbera on social media, Enroll in a full course**

What is your number one struggle? (Select one) **Increasing Language**

BARBERA EARLY CHILDHOOD ASSESSMENT™ SCORES FOR EJS

OVERALL SCORE: 46%*



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/workshop.



Barbera Method™ 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">• Can say 50 words• Can mand and tact• Feeds herself• Sleeps through the night• Responds to her name most of the time• Follows directions sometimes when accompanied by gestures	<ul style="list-style-type: none">• Cannot echo/imitate• Cannot sing songs• Cannot match identical objects• Flops on the ground several times daily• Potty training
<p data-bbox="760 802 824 835" style="text-align: center;">Plan</p> <ul style="list-style-type: none">• Pair table and materials with reinforcement• Learning time at the table daily• Focus on echoic control and visual matching• Collect data on language and problem behaviors	

Download this resource [here](#).



Barbera Method™ 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](#).

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

LANGUAGE SAMPLE FORMS:

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

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

ONE PAGE ASSESSMENT FORMS:

[Take the Digital Assessment](#)

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

ONE PAGE PLANNING FORMS:

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

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

Join the Full Course Now!

Start Turning Things Around Today

using a child-friendly and proven approach to increase talking, decrease problem behaviors and improve picky eating, sleeping, potty training and more

...for parents and professionals helping kids with autism and toddlers with delays

[JOIN THE COURSE NOW](#)

