

Multiple Oppositions Data Sheet

Name _____ Semester/Term _____

Goal _____ Clinician _____

Contrast 1	Date		Date		Date		Date		Date		Date	

Contrast 2	Date		Date		Date		Date		Date		Date	

Contrast 3	Date		Date		Date		Date		Date		Date	

Contrast 4	Date		Date		Date		Date		Date		Date	

Contrast 5	Date		Date		Date		Date		Date		Date	

Target	Percent Correct	Response Level	Percent Correct	Response Level	Percent Correct	Response Level	Percent Correct	Response Level	Percent Correct	Response Level	Percent Correct	Response Level
	___%	I S	___%	I S	___%	I S	___%	I S	___%	I S	___%	I S
	___%	I S	___%	I S	___%	I S	___%	I S	___%	I S	___%	I S
	___%	I S	___%	I S	___%	I S	___%	I S	___%	I S	___%	I S
	___%	I S	___%	I S	___%	I S	___%	I S	___%	I S	___%	I S