













What Questions

Level 1



Able 2 LEARN

<p>What Questions - Level 1</p> <p>Name: _____ Date: _____</p> <p>Tools: <input type="checkbox"/> Pencil <input type="checkbox"/> Eraser</p> <p>Steps: <input type="checkbox"/> Read the question out loud. <input type="checkbox"/> Say the word. <input type="checkbox"/> Circle the correct answer.</p> <p>1. WHAT goes in the BATHROOM?</p> <p> </p> <p>2. WHAT goes in the FAMILY ROOM?</p> <p> </p> <p><input type="checkbox"/> Independently Completed <input type="checkbox"/> Full Hand Over hand Prompt <input type="checkbox"/> Partial Hand Over Hand Prompt <input type="checkbox"/> Sheet completed <input type="checkbox"/> Full Verbal and Gesture Prompt <input type="checkbox"/> Partial Verbal and Gesture Prompt <input type="checkbox"/> Need Assistance <input type="checkbox"/> Full Gesture Prompt <input type="checkbox"/> Partial Gesture Prompt <input type="checkbox"/> Repeat Sheet <input type="checkbox"/> Full Verbal Prompt <input type="checkbox"/> Partial Verbal Prompt <input type="checkbox"/> Appropriate Eye contact <input type="checkbox"/> Appropriate Gaze</p>	<p>What Questions - Level 1</p> <p>Name: _____ Date: _____</p> <p>Tools: <input type="checkbox"/> Pencil <input type="checkbox"/> Eraser</p> <p>Steps: <input type="checkbox"/> Read the question out loud. <input type="checkbox"/> Say the word. <input type="checkbox"/> Circle the correct answer.</p> <p>1. WHAT do you DRINK with?</p> <p> </p> <p>2. WHAT do you wear on your HEAD?</p> <p> </p> <p><input type="checkbox"/> Independently Completed <input type="checkbox"/> Full Hand Over hand Prompt <input type="checkbox"/> Partial Hand Over Hand Prompt <input type="checkbox"/> Sheet completed <input type="checkbox"/> Full Verbal and Gesture Prompt <input type="checkbox"/> Partial Verbal and Gesture Prompt <input type="checkbox"/> Need Assistance <input type="checkbox"/> Full Gesture Prompt <input type="checkbox"/> Partial Gesture Prompt <input type="checkbox"/> Repeat Sheet <input type="checkbox"/> Full Verbal Prompt <input type="checkbox"/> Partial Verbal Prompt <input type="checkbox"/> Appropriate Eye contact <input type="checkbox"/> Appropriate Gaze</p>	<p>What Questions - Level 1</p> <p>Name: _____ Date: _____</p> <p>Tools: <input type="checkbox"/> Pencil <input type="checkbox"/> Eraser</p> <p>Steps: <input type="checkbox"/> Read the question out loud. <input type="checkbox"/> Say the word. <input type="checkbox"/> Circle the correct answer.</p> <p>1. WHAT goes in the KITCHEN?</p> <p> </p> <p>2. WHAT do you EAT with?</p> <p> </p> <p><input type="checkbox"/> Independently Completed <input type="checkbox"/> Full Hand Over hand Prompt <input type="checkbox"/> Partial Hand Over Hand Prompt <input type="checkbox"/> Sheet completed <input type="checkbox"/> Full Verbal and Gesture Prompt <input type="checkbox"/> Partial Verbal and Gesture Prompt <input type="checkbox"/> Need Assistance <input type="checkbox"/> Full Gesture Prompt <input type="checkbox"/> Partial Gesture Prompt <input type="checkbox"/> Repeat Sheet <input type="checkbox"/> Full Verbal Prompt <input type="checkbox"/> Partial Verbal Prompt <input type="checkbox"/> Appropriate Eye contact <input type="checkbox"/> Appropriate Gaze</p>
--	--	---

Name: _____

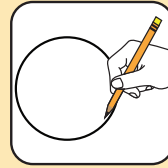
Date: _____

Tools:

- Pencil 
- Eraser 

Steps:

- Read the question out loud.
- Say the word.
- Circle the correct answer.



1. WHAT goes in the BATHROOM?



2. WHAT goes in the FAMILY ROOM?





- | | | |
|--|---|--|
| <input type="checkbox"/> Independently Completed | <input type="checkbox"/> Full Hand Over hand Prompt | <input type="checkbox"/> Partial Hand Over Hand Prompt |
| <input type="checkbox"/> Sheet completed | <input type="checkbox"/> Full Verbal and Gesture Prompt | <input type="checkbox"/> Partial Verbal and Gesture Prompt |
| <input type="checkbox"/> Need Assistance | <input type="checkbox"/> Full Gesture Prompt | <input type="checkbox"/> Partial Gesture Prompt |
| <input type="checkbox"/> Repeat Sheet | <input type="checkbox"/> Full Verbal Prompt | <input type="checkbox"/> Partial Verbal Prompt |
| | <input type="checkbox"/> Appropriate Eye contact | <input type="checkbox"/> Appropriate Gaze |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Name: _____

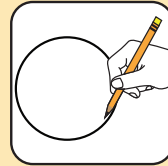
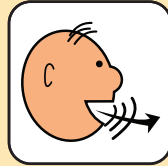
Date: _____

Tools:

- Pencil 
- Eraser 

Steps:

- Read the question out loud.
- Say the word.
- Circle the correct answer.



1. WHAT goes in the KITCHEN?



2. WHAT do you EAT with?



- Independently Completed
- Sheet completed
- Need Assistance
- Repeat Sheet



- Full Hand Over hand Prompt
- Full Verbal and Gesture Prompt
- Full Gesture Prompt
- Full Verbal Prompt
- Appropriate Eye contact
- _____

- Partial Hand Over Hand Prompt
- Partial Verbal and Gesture Prompt
- Partial Gesture Prompt
- Partial Verbal Prompt
- Appropriate Gaze
- _____

Name: _____

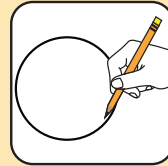
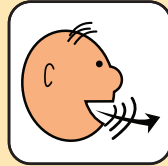
Date: _____

Tools:

- Pencil 
- Eraser 

Steps:

- Read the question out loud.
- Say the word.
- Circle the correct answer.



1. WHAT do you DRINK with?



2. WHAT do you wear on your HEAD?



- Independently Completed
- Sheet completed
- Need Assistance
- Repeat Sheet



- Full Hand Over hand Prompt
- Full Verbal and Gesture Prompt
- Full Gesture Prompt
- Full Verbal Prompt
- Appropriate Eye contact
- _____

- Partial Hand Over Hand Prompt
- Partial Verbal and Gesture Prompt
- Partial Gesture Prompt
- Partial Verbal Prompt
- Appropriate Gaze
- _____

Name: _____

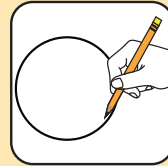
Date: _____

Tools:

- Pencil 
- Eraser 

Steps:

- Read the question out loud.
- Say the word.
- Circle the correct answer.



1. WHAT flies in the SKY?



2. WHAT does a BOAT sail on?



- Independently Completed
- Sheet completed
- Need Assistance
- Repeat Sheet



- Full Hand Over hand Prompt
- Full Verbal and Gesture Prompt
- Full Gesture Prompt
- Full Verbal Prompt
- Appropriate Eye contact
- _____

- Partial Hand Over Hand Prompt
- Partial Verbal and Gesture Prompt
- Partial Gesture Prompt
- Partial Verbal Prompt
- Appropriate Gaze
- _____

Name: _____

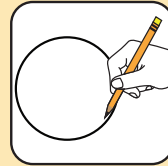
Date: _____

Tools:

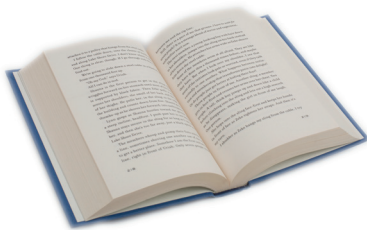
- Pencil 
- Eraser 

Steps:

- Read the question out loud.
- Say the word.
- Circle the correct answer.



1. WHAT do you READ?



2. WHAT do you EAT?





- | | | |
|--|---|--|
| <input type="checkbox"/> Independently Completed | <input type="checkbox"/> Full Hand Over hand Prompt | <input type="checkbox"/> Partial Hand Over Hand Prompt |
| <input type="checkbox"/> Sheet completed | <input type="checkbox"/> Full Verbal and Gesture Prompt | <input type="checkbox"/> Partial Verbal and Gesture Prompt |
| <input type="checkbox"/> Need Assistance | <input type="checkbox"/> Full Gesture Prompt | <input type="checkbox"/> Partial Gesture Prompt |
| <input type="checkbox"/> Repeat Sheet | <input type="checkbox"/> Full Verbal Prompt | <input type="checkbox"/> Partial Verbal Prompt |
| | <input type="checkbox"/> Appropriate Eye contact | <input type="checkbox"/> Appropriate Gaze |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Name: _____

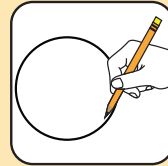
Date: _____

Tools:

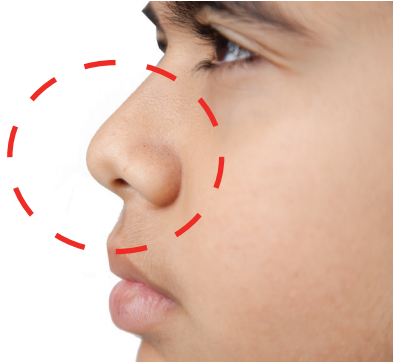
- Pencil 
- Eraser 

Steps:

- Read the question out loud.
- Say the word.
- Circle the correct answer.



1. WHAT do you SMELL with?



2. WHAT do you SEE with?



- Independently Completed
- Sheet completed
- Need Assistance
- Repeat Sheet



- Full Hand Over hand Prompt
- Full Verbal and Gesture Prompt
- Full Gesture Prompt
- Full Verbal Prompt
- Appropriate Eye contact
- _____

- Partial Hand Over Hand Prompt
- Partial Verbal and Gesture Prompt
- Partial Gesture Prompt
- Partial Verbal Prompt
- Appropriate Gaze
- _____

Name: _____

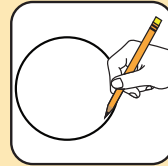
Date: _____

Tools:

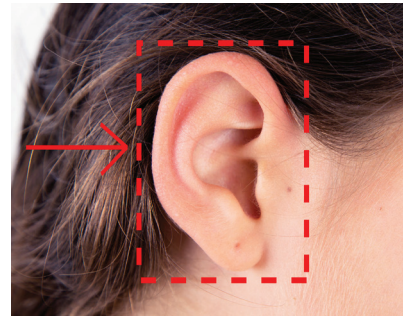
- Pencil 
- Eraser 

Steps:

- Read the question out loud.
- Say the word.
- Circle the correct answer.



1. WHAT do you HEAR with?



2. WHAT says WOOF WOOF?



- Independently Completed
- Sheet completed
- Need Assistance
- Repeat Sheet



- Full Hand Over hand Prompt
- Full Verbal and Gesture Prompt
- Full Gesture Prompt
- Full Verbal Prompt
- Appropriate Eye contact
- _____

- Partial Hand Over Hand Prompt
- Partial Verbal and Gesture Prompt
- Partial Gesture Prompt
- Partial Verbal Prompt
- Appropriate Gaze
- _____

Name: _____

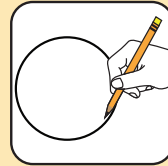
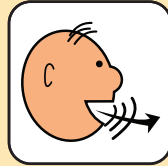
Date: _____

Tools:

- Pencil 
- Eraser 

Steps:

- Read the question out loud.
- Say the word.
- Circle the correct answer.



1. WHAT says MEOW MEOW?



2. WHAT says BAA BAA?



- Independently Completed
- Sheet completed
- Need Assistance
- Repeat Sheet



- Full Hand Over hand Prompt
- Full Verbal and Gesture Prompt
- Full Gesture Prompt
- Full Verbal Prompt
- Appropriate Eye contact
- _____

- Partial Hand Over Hand Prompt
- Partial Verbal and Gesture Prompt
- Partial Gesture Prompt
- Partial Verbal Prompt
- Appropriate Gaze
- _____

Name: _____

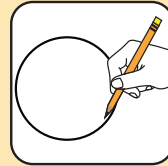
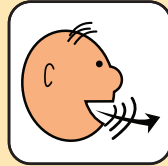
Date: _____

Tools:

- Pencil 
- Eraser 

Steps:

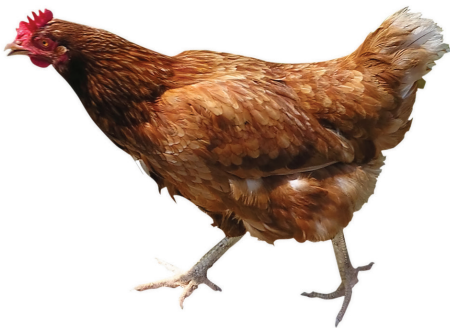
- Read the question out loud.
- Say the word.
- Circle the correct answer.



1. **WHAT** do you blow your **NOSE** with?



2. **WHAT** says **CLUCK CLUCK**?



- Independently Completed
- Sheet completed
- Need Assistance
- Repeat Sheet



- Full Hand Over hand Prompt
- Full Verbal and Gesture Prompt
- Full Gesture Prompt
- Full Verbal Prompt
- Appropriate Eye contact
- _____

- Partial Hand Over Hand Prompt
- Partial Verbal and Gesture Prompt
- Partial Gesture Prompt
- Partial Verbal Prompt
- Appropriate Gaze
- _____

Name: _____

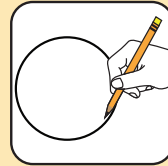
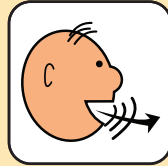
Date: _____

Tools:

- Pencil 
- Eraser 

Steps:

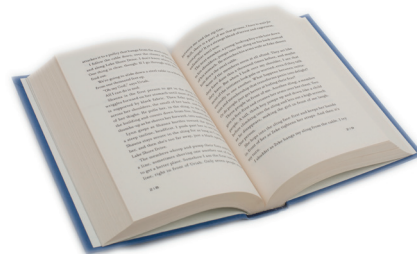
- Read the question out loud.
- Say the word.
- Circle the correct answer.



1. WHAT do you WATCH?



2. WHAT do you dry your HANDS with?



- Independently Completed
- Sheet completed
- Need Assistance
- Repeat Sheet

- Full Hand Over hand Prompt
- Full Verbal and Gesture Prompt
- Full Gesture Prompt
- Full Verbal Prompt
- Appropriate Eye contact
- _____

- Partial Hand Over Hand Prompt
- Partial Verbal and Gesture Prompt
- Partial Gesture Prompt
- Partial Verbal Prompt
- Appropriate Gaze
- _____