RBT TASK LIST 3RD ED. — CHEAT SHEET

One-page reference for all 6 domains · BCBA-reviewed · 2026 therbtpracticetest.com

A. MEASUREMENT

17% of exam

Continuous: Frequency, Rate (freq÷time), Duration, Latency (SD→response), IRT (between behaviors).

Discontinuous: Partial-interval (OVERestimates), Whole-interval (UNDERestimates), Momentary time sampling (end of interval only).

Other: Permanent product, Percent of opportunity, Magnitude.

IOA: Total count = smaller÷larger × 100.

Graph terms: Trend (direction), Level (avg y), Variability (spread). Cumulative graphs: flat slope = zero new responses, NOT regression.

B. ASSESSMENT

13% of exam

Preference methods: Single stimulus · Paired stimulus (forced choice) · MSWO (rotate positions to avoid bias) · Free-operant (engagement duration).

Key distinction: Preference ≠ Reinforcer. Preference identifies likes; reinforcer assessment tests behavior change.

Functional assessment:
- Indirect: FAST/MAS questionnaires
- Descriptive: ABC observation (objective language only)
- Experimental: FA conditions (attention, demand, alone, tangible)

Scatter plots: Show WHEN behavior occurs, NOT WHY.

C. SKILL ACQUISITION

32% of exam

Formats: DTT (SD→Response→Consequence→ITI) · NET (uses natural motivation).

Prompts: Response (physical, verbal, model, gestural) vs Stimulus (modify SD itself). Most-to-least · Least-to-most · Time delay (constant vs progressive) · Errorless learning.

Chaining: Forward (step 1 first) · Backward (LAST step first) · Total task (whole chain every trial).

Shaping: Reinforce successive approximations.

Verbal operants: Mand (want) · Tact (see+praise) · Echoic (repeat) · Intraverbal (verbal SD, no point-to-point) · Listener responding · Imitation.

D. BEHAVIOR REDUCTION

17% of exam

Differential Reinforcement:
- DRA = alternative behavior
- DRI = incompatible behavior
- DRO = absence of behavior
- DRL = lower rate (for too-high appropriate behaviors)
- DRH = higher rate (for too-low appropriate behaviors)

Extinction: Withhold maintaining reinforcer. Expect extinction burst (temporary increase) — DON'T stop the plan.

Other: Response cost (remove earned reinforcer), Time-out (remove ALL reinforcement), NCR (time-based reinforcement), Response blocking (safety only), Overcorrection.

Antecedent: High-p sequence, visual schedules, matched

E. DOCUMENTATION

13% of exam

Objective vs Subjective:
Subjective: 'Client was angry'
Objective: 'Client crossed arms, said no, turned away'

Session notes: Complete promptly, use observable language, document context (medication, schedule, environment).

HIPAA: Position laptops away from view · Use privacy screens · Lock screens · No personal email for PHI · No discussion in public.

Incidents: Notify supervisor immediately + complete incident report + document in session notes.

Mandated reporting: RBTs are typically mandated reporters. Suspected abuse → supervisor → state CPS. Don't wait for 'more proof.'

F. PROFESSIONAL CONDUCT

8% of exam

Scope of practice: RBTs implement plans, document, escalate. RBTs do NOT design plans, interpret data, or modify procedures.

Multiple relationships: Avoid romantic/sexual/financial relationships with clients or caregivers.

Confidentiality: No client info on personal social media (even with initials, even 'private'). No info to other professionals without signed ROI.

Renewal: Application + supervision documentation + fee. NOT new 40-hr training.

Default answer for ethics scenarios: Implement protocol, document, escalate to BCBA.

Reporting concerns: Direct discussion first → supervisor escalation if continues.