COMFORT ZONES PROFILE

Name: Reporter:		Age:	Date:
Ser	nsory profile		
a.	Sensory stimulation the child avoids	/is defensiv	e to:
b.	Sensory stimulation the child is attra	acted to, seel	ss out:
c.	Sensory stimulation that alerts the cl	hild:	
d.	Known sensory situations that overv	whelm the cl	nild:
e.	Sensory stimulation that calms the c	hild:	
f.	Sensory accommodations, or sensory diet, currently used to support the child:		
g.	Favorite sensory activities for engag	ing the child	in interaction:
h.	Other:		
Coą	gnitive (information) profile		
a.	Information processing problems the	e child expe	riences:
	☐ delayed processing		processing multiple information simultaneously
	processing auditory information		processing visual information
	Explain:		

b.	Best way to present information to the child:		
	Type: (visual, pictures, written, verbal, etc.)		
	How much? (Short phrases, broken down into small portions at one time, etc.)		
	How fast? (Needs 15–30	seconds to process, etc.)	
c.	Information (topics) that tend	to be easy for the child? Dif	ficult?
d.	The child tends to have problem	ems:	
	☐ concentrating	☐ organizing materials	☐ initiating a task
	□ staying on task	☐ finishing task	☐ turning in completed work
	Explain:		
e.	Accommodations/supports th	nat have worked well in helpi	ng the child learn:
f.	Other:		
Soc	ial profile:		
a.	What type of interaction style	e works best to:	
	Engage the child (animat	ed, calm, non-demanding, slo	w-paced, physical contact, etc.)
	Soothe the child:		
b.	Types of interaction to avoid	with the child:	
c.	Types of interaction that over	whelm the child:	
d.	How the child handles intera	cting with:	
	Familiar adults:		

	Unfamiliar adults:
	Other children:
	Group activities:
e.	The child's interaction skills:
	Sharing:
	Taking turns:
	Following directions:
	Referencing others to stay coordinated in action with them:
	Sharing enjoyment with others:
f.	Social situations to avoid for the child:
g.	Accommodations and supports that help the child feel safe and accepted with others:
h.	Other:
Em	otional profile:
a.	The child's general level of emotional stability (fairly calm, emotionally overreactive, etc.) is:
b.	How the child expresses:
	Excitement/pleasure:
	Frustration:
	Unhappiness:

	Sadness:
	Fear:
c.	The child's abilities to:
	Identify and label his emotions:
	Control and regulate his emotions:
	Calm after getting upset:
	Situations that the child becomes overwhelmed by, or overreacts to:
d.	Supports/accommodations that can be used to keep the child from becoming emotionally overwhelmed:
e.	Best ways to calm the child when upset, overwhelmed:
f.	Things to avoid when the child is emotionally overwhelmed, upset:
g.	Other strategies that help the child feel "safe" in general, and in times of stress:
Oth	er comfort zones (medical, dietary, physical activity, etc.) important to the child feeling safe:
	en the above information, the child functions the best under the following conditions: child struggles the most under the following conditions:

Summary of strengths and preferences

The child feels the most confident and learns best when we focus on his strengths and preferences.

- a. The child's strengths include (what are his best qualities? What is he good at? What does he feel most competent doing?):
- b. Favorite interests (topics, hobbies, music, activities, toys, etc.):
- c. Ways of incorporating interests into learning opportunities. List any ways that have been used to incorporate the child's interests and preferences into learning opportunities (reading, writing, math, researching topic, etc.), to build social engagement around (peer play, group activities), and to soothe and cope with stress. Possible ways of expanding on these interests. Build the child's strengths, preferences, and interests into as many areas of learning as possible.

FUNCTIONAL BEHAVIOR ASSESSMENT

Date:

Name:

Person interviewed:

Description of Behav	viors		
List behaviors of concern (Be specific, hitting face, not self-abuse)	Frequency and duration: how often and for how long	Intensity of behavior: damage done, injury involved, etc.	How long has behavior been occurring?
Do any of the behaviors	above occur together or	in a chain of responses?	Describe behavior fron
start to stop.			
What are the early signs	that the person is getting	ng upset or is about to be	egin the behavior?
What is the history of th	ne behavior (when did it	start, how has it change	ed over time)?
What may the person be	e trying to communicate	with the behavior?	

Program considerations
Can we intervene early in the chain, redirect, or support the person? How?
Is there another appropriate alternative behavior we can teach to replace the problem behavior? If so, can we use practice, role-play, or staff modeling to teach?
How do we make it more reinforcing to use appropriate alternative behavior?
Antecedent analysis Under what circumstances does the behavior occur? What events seem to trigger the behavior?
Does the behavior occur at specific times during the day? With specific people?
Are there times/circumstances during the day when the behavior is less likely to occur?

Antecedent conditions Check any of the following that present (trigger)	the behavior:
☐ wants something	☐ doesn't understand expectation
☐ told cannot have something	□ doesn't know how to respond
☐ something is taken away	☐ transitions
☐ not receiving attention	□ pain/discomfort
☐ staff/parent withdraws attention	☐ something scares him
\square when attention is turned to others	☐ noisy, active settings
behavior stops soon after attention or	☐ peers are pestering him
☐ desired item is obtained	☐ others are disruptive
☐ requested to do something	☐ experiencing pain/discomfort
☐ frustrated with difficult task	☐ difficulty communicating need/want
☐ pressured into unwanted events	☐ happy/excited with upcoming event
\square someone tries to control or lead his activity	☐ before, during, or after an outing
☐ asked to stop doing something	☐ during group activities
☐ novel/new situations	☐ riding in car
☐ unexpected change	prior to or during menses
☐ when left alone or during downtime	1

Program considerations: eliminating/changing antecedent conditions
Can the triggers/conditions be eliminated/modified to reduce the behavior?
Can supports be added to minimize the impact of antecedents?
When these conditions occur, how do we want the person and/or staff to respond?
Can we increase the conditions for which the behavior does not occur?
Plan should include a list of specific antecedents and strategies to reduce their impact.
For identified antecedents, list more specific characteristics of the triggers: (Who, what where, how, etc.)
Consequences of behavior: How people react to the behavior, the effects the behavior has on the environment, and the pay-offs the behavior has for the person
How do staff/family typically respond (intervene) when the behavior occurs?
How do others (peers, other adults, etc.) around the person respond?
How does the person respond when staff intervene/redirect?

What benefits does the person s	seem to gain from the behavior?	
☐ Get out of doing something ☐ Obtain attention/reaction ☐ Get back at someone	□ Avoid/escape unwanted event□ Left alone□ Obtain stimulation	☐ Get something he wants ☐ Gain control ☐ Release tension/frustration
Other:		
What interventions have you tri	ed so far?	
What techniques have shown so How does the person respond v Verbally redirected?		
Physically redirected?		
Behavior is ignored?		
Removed from the group?		
Asked to restore property	disrupted?	

Does the person seem to respond better to firm, neutral, or calm direction?

Program considerations:
We want to reduce the reinforcing pay-offs for problem behavior and increase positive pay-offs for behavior we want to see (e.g. replacement behavior, or simply lack of problem behavior). Goal is to interrupt problem behavior quickly with minimal reinforcing benefits. We need to focus on what we want the person to do, not on what he is doing wrong.) How should staff/family respond to calm, protect, and/or redirect the person?
How can we reduce the immediate reinforcing benefits of the problem behavior?
What do we want the person to do, and why should he do it (pay-off)?
Can we prompt and reinforce a replacement behavior?
Medical analysis
Acute medical problems: (e.g. constipation, ear infections, headaches, any acute discomfort)
Chronic medical problems: (e.g. ulcer, hernia, hypertension, allergies, diabetes)
Psychiatric concerns:
Medications:

Communication skills Can the person adequately communicate the following:
Needs and wants:
Asking for help:
Saying "no," I don't want to:
Is communication a source of frustration?
Social skills
Is the behavior problem related to poor interaction patterns with peers and staff?
General ability to interact with others:
Relates/gets along with peers:
Relates/gets along with staff:
(Look closely at interaction patterns between the person and staff (how the person gets attention from staff, how staff request/prompt, how staff reward.)
How do we want staff to interact with the person (quiet/animated, tone/intensity of voice, touch, etc.)?
Daily routine
Is there enough structure, predictability, flexibility, stimulation, and choice in the daily routine? Level of participation in:
Self-care:
Household tasks:
Leisure/free-time activities:

What changes do we need to make to the daily routine?
Are there possible sensory processing issues?
Reinforcement menu
Food/liquids:
Activities:
Toys/Objects:
Social:
Can the person mediate tokens, reinforcement charts?

ACTIVITIES OF DAILY LIVING (ADL) ASSESSMENT

Name:	Dat	e:	Evaluator:
Scoring criteria:	2—The individual performs the task independently, without assistance. 1—The individual actively performs the task with some assistance. 0—The individual performs the task; requires complete assistance.		
Directions:	Rate steps of each task using the above criteria. Following each task, recommend possible step for training. Under comments, note any information regarding the individual's responsiveness to the task, factors interfering with training and other considerations.		
Example:	Removes 2—Takes pants off independently. pants. 1—Actively attempts to remove pants with prompting. 0—Requires total guidance; makes no attempt to remove pants.		
1. Eating			Comments
☐ Swallow	vs ground food.		
☐ Chews	food before swallowing.		
☐ Bites.			
☐ Finger-f	eeds snack items.		
☐ Picks up	spoon.		
☐ Scoops	food to mouth.		
☐ Remove	es food from spoon with lips.		
☐ Places s	poon on table.		
☐ Feeds se spillage.	elf with spoon with minimal		
☐ Drinks f	from glass when glass is held.		
□ Holds o	onto glass when drinking.		
☐ Drinks	without gulping.		
☐ Drinks	with minimal spillage.		
☐ Takes ap	ppropriate size bites.		
☐ Feeds se	elf with minimal spillage.		
☐ Eats at a	appropriate pace.		

☐ Eats without choking.	Comments
☐ Eats with fork.	
☐ Wipes mouth with napkin.	
☐ Cuts meat with knife.	
Recommended training step(s):	
2. Undressing	Comments
☐ Unties shoes.	
☐ Removes shoes.	
☐ Removes socks.	
☐ Removes coat.	
☐ Removes pullover shirt.	
☐ Unbuttons shirt.	
☐ Removes button-down shirt.	
☐ Unzips pants.	
☐ Removes pants.	
☐ Removes dress or skirt.	
☐ Removes underpants.	
☐ Removes undershirt.	
☐ Removes bra.	
Recommended training step(s):	

3. Dressing	Comments
☐ Picks out clothes.	
☐ Puts on underpants.	
☐ Puts on undershirt.	
☐ Puts on bra.	
☐ Fastens bra.	
☐ Correctly orients clothes before putting on.	
☐ Puts feet into pants.	
☐ Pull pants up.	
☐ Puts on pullover shirt.	
☐ Puts on button-down shirt.	
☐ Buttons shirt.	
☐ Tucks in shirt.	
☐ Fastens pants.	
☐ Zips up pants.	
☐ Loops belt into pants.	
☐ Buckles belt.	
☐ Puts on socks.	
☐ Puts on shoes.	
☐ Ties shoes.	
Recommended training step(s):	

4. Toileting	Comments
☐ Stays dry for two hours.	
☐ Stays dry during the day.	
☐ Stays dry at night.	
☐ Has two or less BM accidents a week.	
☐ Rarely has toileting accidents.	
☐ Unfastens pants.	
☐ Pulls pants down.	
☐ Sits on toilet.	
☐ Voids within 15 minutes.	
☐ Wipes self.	
☐ Pulls underpants up.	
☐ Pulls pants up.	
☐ Fastens pants.	
☐ Flushes toilet.	
☐ Washes hands.	
☐ Goes to toilet with reminders.	
☐ Self-initiates toileting.	
Recommended training step(s):	

5. Hand washing	Comments
☐ Turns on water.	
☐ Adjusts water temperature.	
☐ Wets hands.	
☐ Applies soap.	
☐ Lathers hands.	
☐ Rinses hands.	
☐ Turns off water.	
☐ Obtains towel.	
☐ Dries hands.	
☐ Hangs up towels.	
☐ Throws paper towel away.	
Recommended training step(s):	
6. Bathing	Comments
☐ Obtains towel and washcloth from closet.	
☐ Gets clothes.	
☐ Undresses.	
☐ Turns on water.	
☐ Adjusts water temperature.	
☐ Wets washcloth.	
☐ Soaps washcloths.	
☐ Washes self.	
☐ Rinses self.	
☐ Wets hair.	
☐ Obtains shampoo from container.	
☐ Puts shampoo on hair.	
I	The state of the s

□ Rubs shampoo into hair. □ Rinses hair. □ Turns water off. □ Obtains towel. □ Dries self. □ Takes dirty clothes and towels to laundry. Recommended training step(s):	Comments
7. Toothbrushing	Comments
☐ Obtains toothbrush.	
☐ Obtains paste.	
☐ Unscrews cap from paste.	
☐ Wets brush.	
☐ Puts paste on brush.	
☐ Actively attempts to brush teeth; make brushing motion.	
☐ Brushes front teeth.	
☐ Brushes top back teeth.	
☐ Brushes bottom back teeth.	
☐ Rinses brush.	
☐ Puts brush away.	
Recommended training step(s):	

8. Shaving	Comments
☐ Obtains razor.	
☐ Holds razor.	
☐ Plugs in razor.	
☐ Turns on razor.	
☐ Makes movement with razor on face.	
☐ Shaves face area.	
☐ Shaves throat and neck area.	
☐ Turns razor off.	
☐ Puts razor away.	
Recommended training step(s):	
9. Hair combing/brushing	Comments
☐ Holds comb/brush.	
☐ Moves comb/brush through hair.	
☐ Combs/brushes top of head.	
☐ Combs/brushes sides of head.	
☐ Combs/brushes back of head.	
☐ Combs/brushes hair neatly.	
Recommended training step(s):	

10. Make-up	Comments
☐ Obtains make-up.	
☐ Applies lipstick.	
☐ Applies eye shadow.	
☐ Applies eye liner.	
☐ Applies mascara.	
☐ Applies brush.	
☐ Puts make-up away.	
Recommended training step(s):	
11. Meal preparation	Comments
11. Meal preparation☐ Obtains food from refrigerator.	Comments
	Comments
☐ Obtains food from refrigerator.	Comments
☐ Obtains food from refrigerator. ☐ Carries items to counter. ☐ Obtains cooking utensils/dishes from	Comments
☐ Obtains food from refrigerator. ☐ Carries items to counter. ☐ Obtains cooking utensils/dishes from cupboard or drawers.	Comments
 □ Obtains food from refrigerator. □ Carries items to counter. □ Obtains cooking utensils/dishes from cupboard or drawers. □ Opens box, bag, or other food containers. □ Pours ingredients from container into 	Comments
 □ Obtains food from refrigerator. □ Carries items to counter. □ Obtains cooking utensils/dishes from cupboard or drawers. □ Opens box, bag, or other food containers. □ Pours ingredients from container into bowl/pan. 	Comments
 □ Obtains food from refrigerator. □ Carries items to counter. □ Obtains cooking utensils/dishes from cupboard or drawers. □ Opens box, bag, or other food containers. □ Pours ingredients from container into bowl/pan. □ Unscrews lid of jar. 	Comments
 □ Obtains food from refrigerator. □ Carries items to counter. □ Obtains cooking utensils/dishes from cupboard or drawers. □ Opens box, bag, or other food containers. □ Pours ingredients from container into bowl/pan. □ Unscrews lid of jar. □ Pours liquids with minimal spillage. □ Uses measuring cup to scoop and transfer 	Comments
 □ Obtains food from refrigerator. □ Carries items to counter. □ Obtains cooking utensils/dishes from cupboard or drawers. □ Opens box, bag, or other food containers. □ Pours ingredients from container into bowl/pan. □ Unscrews lid of jar. □ Pours liquids with minimal spillage. □ Uses measuring cup to scoop and transfer ingredients from container to bowl. 	Comments
 □ Obtains food from refrigerator. □ Carries items to counter. □ Obtains cooking utensils/dishes from cupboard or drawers. □ Opens box, bag, or other food containers. □ Pours ingredients from container into bowl/pan. □ Unscrews lid of jar. □ Pours liquids with minimal spillage. □ Uses measuring cup to scoop and transfer ingredients from container to bowl. □ Mixes with spoon. 	Comments

☐ Spreads butter on bread.
☐ Cuts bread with knife.
☐ Rinses vegetables.
☐ Cuts up vegetables with knife.
☐ Combines ingredients into dish as directed.
☐ Prepares cereal.
☐ Makes simple sandwiches.
☐ Makes simple drinks (juice, tea, koolaid).
☐ Operates electric can opener.
☐ Operates blender.
☐ Operates toaster.
☐ Operates oven.
☐ Operates range.
☐ Reads labels, written/pictures directions.
☐ Understands measurements.
Recommended training step(s):

12. Table setting	Comments
☐ Gets placemats, napkins, dishes, and utensils from cupboard or drawer.	
☐ Carries dishes, utensils, etc. to table.	
☐ Places dishes/utensils on placemat where staff point to.	
☐ When given a placemat with pictures or drawings of dishes/utensils on it, can match items.	
☐ Sets complete setting independently.	
Recommended training step(s):	
13. Serving	Comments
13. Serving□ Pours liquid into glass.	Comments
	Comments
☐ Pours liquid into glass. ☐ Transfers hot food from cooking container	Comments
☐ Pours liquid into glass. ☐ Transfers hot food from cooking container to serving dish.	Comments
 □ Pours liquid into glass. □ Transfers hot food from cooking container to serving dish. □ Carries food without spillage. 	Comments
 □ Pours liquid into glass. □ Transfers hot food from cooking container to serving dish. □ Carries food without spillage. □ Carries liquids without spillage. 	Comments
 □ Pours liquid into glass. □ Transfers hot food from cooking container to serving dish. □ Carries food without spillage. □ Carries liquids without spillage. □ Spoons out food from dish to plate. 	Comments
 □ Pours liquid into glass. □ Transfers hot food from cooking container to serving dish. □ Carries food without spillage. □ Carries liquids without spillage. □ Spoons out food from dish to plate. □ Takes appropriate size potions. 	Comments
 □ Pours liquid into glass. □ Transfers hot food from cooking container to serving dish. □ Carries food without spillage. □ Carries liquids without spillage. □ Spoons out food from dish to plate. □ Takes appropriate size potions. □ Passes serving dish to others. 	Comments
 □ Pours liquid into glass. □ Transfers hot food from cooking container to serving dish. □ Carries food without spillage. □ Carries liquids without spillage. □ Spoons out food from dish to plate. □ Takes appropriate size potions. □ Passes serving dish to others. 	Comments
 □ Pours liquid into glass. □ Transfers hot food from cooking container to serving dish. □ Carries food without spillage. □ Carries liquids without spillage. □ Spoons out food from dish to plate. □ Takes appropriate size potions. □ Passes serving dish to others. 	Comments
 □ Pours liquid into glass. □ Transfers hot food from cooking container to serving dish. □ Carries food without spillage. □ Carries liquids without spillage. □ Spoons out food from dish to plate. □ Takes appropriate size potions. □ Passes serving dish to others. 	Comments

14. Meal clean-up	Comments
☐ Takes dishes to sink.	
☐ Clears table.	
☐ Cleans food from plate.	
☐ Rinses dishes.	
☐ Places dishes into dishwasher.	
☐ Puts soap in dishwasher.	
☐ Turns dishwasher on.	
☐ Removes dishes from dishwasher.	
☐ Washes dishes in sink.	
☐ Dries dishes.	
☐ Puts dishes/utensils in appropriate cupboards and drawers.	
☐ Wipes off table, counter, or chairs.	
☐ Takes protective clothing to laundry.	
☐ Sweeps floor.	
Recommended training step(s):	

15. Laundry	Comments
☐ Takes dirty clothes to laundry.	
☐ Helps sort clothes by placing clothes in piles pointed to by staff.	
☐ Sorts clothes with minimal assistance.	
☐ Puts clothes into washer.	
☐ Obtains detergent from cupboard.	
☐ Measures out detergent.	
☐ Pours detergent into washer.	
☐ Sets dial, starts washer.	
☐ Transfers clothes from washer to dryer.	
☐ Folds clothes.	
☐ Takes clothes to bedroom.	
☐ Puts clothes in drawers.	
☐ Places clothes on hangers.	
☐ Hangs clothes up.	
Recommended training step(s):	

15. Bed making	Comments
☐ Takes blankets/sheets off bed.	
☐ Spreads sheets/blankets across bed.	
☐ Smoothes out sheet or blanket.	
☐ Places pillows appropriately.	
☐ Spreads bedspread across bed.	
☐ Completely makes bed.	
Recommended training step(s):	
16. Vacuuming	Comments
☐ Obtains vacuum from closet.	
☐ Turns vacuum on and off.	
☐ Pushes vacuum back and forth.	
☐ Vacuums small area with supervision.	
☐ Vacuums entire room.	
Recommended training step(s):	

17. Dusting	Comments
☐ Obtains furniture polish, cloth, etc.	
☐ Sprays polish.	
☐ Actively attempts to dust; makes motion across surfaces.	
☐ Completely dusts furniture.	
Recommended training step(s):	
18. Other domestic tasks	Comments
☐ Helps gets out and puts away activity materials.	
☐ Gets mail.	
☐ Cleans windows/mirrors.	
☐ Cleans bathtub.	
☐ Empties wastepaper baskets.	
☐ Takes out trash.	
☐ Puts groceries away.	
☐ Washes vehicle.	
☐ Shovels snow.	
☐ Rakes yard.	
☐ Mows yard.	
☐ Sweeps garage.	
Recommended training step(s):	

19. Money skills	Comments
☐ Understands money has value.	
☐ Can identify coins.	
☐ Understands cent value of coins.	
☐ Can make simple change.	
☐ Understands denomination of paper money.	
☐ Carries money without losing it.	
☐ Can purchase simple items up to \$10.00	
☐ Can purchase items over \$20.00.	
☐ Saves for simple items.	
☐ Can plan and follow a simple weekly budget.	
☐ Uses savings account; fills out deposit.	
☐ Uses credit or debit card.	
☐ Takes care of own savings/credit accounts.	
☐ Writes a check.	
☐ Has addresses and phone numbers of creditors.	
☐ Pay bills on time.	
☐ Avoids money scams.	
☐ Understands and takes care of entitlement funds, and social security.	
☐ Takes care of tax returns.	
Recommended training step(s):	

20. Shopping	Comments
☐ Can purchase simple items, and wait for change.	
☐ Gives the correct amount of money.	
☐ Can purchase multiple items adding correct costs.	
☐ Can find items in store.	
☐ Can find items from a list.	
☐ Knows how to ask for help to find something.	
☐ Finds way around store.	
☐ Waits in line without difficultly.	
☐ Gives money and waits for change.	
☐ Shops at convenience store.	
☐ Shops at grocery store.	
☐ Shops at malls.	
☐ Shops at specialty stores.	
☐ Can go shopping in several stores without supervision.	
☐ Can shop online.	
☐ Purchases own clothing.	
☐ Purchases own personal items.	
☐ Can use public restroom.	
Recommended training step(s):	

1	
21. Community/leisure	Comments
☐ Can order simple fast food.	
☐ Can order food from a menu.	
☐ Eats appropriately in public.	
☐ Waits effectively in line.	
☐ Goes to the movies, pays for ticket, orders food.	
☐ Rents videos.	
☐ Schedules and attends community events (concerts, sporting events).	
☐ Attends community recreation.	
☐ Goes out with group of friends.	
☐ Uses library.	
☐ Has leisure interests to occupy time (reading, television, computer, etc.).	
☐ Adequately organizes own leisure time.	
Recommended training step(s):	

22. Social behavior in public	Comments
☐ Doesn't approach strangers inappropriately.	
☐ Greets others appropriately.	
☐ Avoids saying rude remarks to strangers.	
☐ Doesn't talk loudly at library, church, or movie.	
☐ Dresses appropriately for public.	
☐ Willing to help others if needed.	
☐ Controls anger in public.	
☐ Avoids obvious stereotypic, self- stimulation behavior in public.	
☐ Understands simple manners in public (please, thank you, and sorry).	
☐ Doesn't touch people inappropriately, or invade personal space.	
Recommended training step(s):	

23. Community mobility	Comments
☐ Can walk simple distances, with adequate safety skills.	
☐ Can cross street safely.	
☐ Can read street and community signs.	
☐ Has adequate stranger-danger skills.	
☐ Knows how to seek help.	
☐ Carries ID.	
☐ Knows own address, telephone number, and emergency contacts.	
☐ Can ride public transportation.	
☐ Can schedule Your-Ride or taxi.	
☐ Can find way around immediate area.	
☐ Can find way to frequently visited settings (store, post office, barber shop, etc.).	
☐ Can drive.	
☐ Can travel around town, within limited distance.	
☐ Can travel outside town using a map.	
Recommended training step(s):	

24. Safety/medical	Comments
☐ Tends to minor cuts.	
☐ Takes own medications.	
☐ Uses thermometer to take temperature.	
☐ Recognizes when medical attention is needed.	
☐ Knows who to call in emergencies (911).	
☐ Can call and make medical appointments.	
☐ Can fill prescriptions.	
☐ Is careful with hot objects.	
☐ Is careful with sharp objects.	
☐ Understands and avoids dangers of electricity.	
☐ Understands dangers of gas and heat (stove, furnace, etc.).	
☐ Understands dangers of simple tools.	
☐ Understands dangers of household chemicals.	
☐ Can put out simple fires (use extinguisher).	
Recommended training step(s):	

25. Communication	Comments
☐ Can use telephone.	
☐ Keeps list of important phone numbers.	
☐ Can use and maintain a cell phone.	
☐ Can use internet to find information.	
☐ Knows email address.	
☐ Can seek out help when needed.	
Recommended training step(s):	
26. Time/reading/writing	Comments
☐ Knows how to tell time.	
☐ Knows the days of the week.	
☐ Knows the month and year.	
☐ Reads simple stories.	
☐ Reads newspaper articles.	
□ Reads labels.	
☐ Reads store signs and street signs.	
☐ Can write or print name, address, and phone number.	
☐ Can write or print simple notes.	
☐ Can write or print letters.	
☐ Can fill out applications.	
☐ Can do simple addition and subtraction.	
Recommended training step(s):	

27. Self-direction	Comments
☐ Remembers to eat all meals.	
☐ Goes to bed on time, gets enough sleep.	
☐ Gets up on own in the morning (e.g. alarm).	
☐ Gets through morning routine and out the door for school or work independently.	
☐ Plans out day and follows routine.	
☐ Handles changes in routine.	
☐ Remembers to do personal maintenance (change clothes every day, use deodorant, brush teeth, etc.).	
☐ Remembers to run errands and do simple chores.	
☐ Makes and keeps appointments.	
☐ Follows a planner, monthly calendar or other planning tool.	
☐ Remembers to follow through with responsibilities/comments.	
☐ Keeps things organized enough not to lose them.	
☐ Thinks about consequences before acting.	
☐ Uses simple problem-solving skills when faced with a simple problem.	
Recommended training step(s):	

28. Self-advocacy/legal/financial Comments ☐ Understands own disability including strengths and interests. ☐ Is able to communicate his disability to others. ☐ Can ask for support if he needs it. ☐ Understands own vulnerabilities and can advocate for accommodations. ☐ Can assess new situations in light of his vulnerabilities (sensory issues, social challenges, etc.). ☐ Knows to avoid situations that are above own skill level. ☐ Avoids getting taken advantage of by strangers, salesmen, or phone solicitors. ☐ Understands what he is entitled to by the American Disabilities Act. ☐ Understands contact sources for disability services. ☐ Can give informed consent for financial, legal, and medical matters. ☐ Knows how to apply for and correspond with Social Security, Medicaid, and other disability funds. ☐ Knows how to contact important government services (Secretary of State). ☐ Knows names and phone numbers of treatment support team members (case manager, vocational support, psychologist, doctor, etc.). ☐ Facilitates and collaborates in selfdetermination and treatment strategies.

☐ Understands legal responsibilities and knows how to obtain legal services.	
Recommended training step(s):	
29. Work/school	Comments
☐ Gets up and to school/work on time.	
☐ Calls if missing or going to be late.	
☐ Follows time and simple work/school rules.	
☐ Organizes and turns in homework.	
☐ Organizes school or work schedule.	
☐ Is typically on time to classes, from breaks, lunch, etc.	
☐ Knows who to ask for help.	
☐ Can fill out work applications and handle interviews.	
☐ Can sign up for classes at school.	
☐ Completes assigned school or work tasks.	
☐ Listens and takes directions well.	
☐ Handles criticism.	
☐ Gets along with co-workers/students.	
☐ Avoids making rude comments.	
☐ Dresses appropriately for work/school.	
Recommended training step(s):	

CORE DEFICIT ASSESSMENT

Name:	Date:	Age:
Informant:	Evaluator:	

I = Infrequent O = Occasional F = Frequent

		1			
Core	deficit	I	O	F	Examples/comments
Sens	ory deficits				
	•				
1.	Either under- or over-sensitive to touch.				
2.	Either under- or over-sensitive to				
	sounds.				
3.	Either under- or over-sensitive to light.				
4.	Either under- or over-sensitive to				
	smells/tastes.				
5.	Shows apprehension in movement				
	activities.				
6.	Withdraws or hits when approached or				
	touched.				
7.	Becomes overwhelmed in loud or				
	crowded settings.				
8.	Dislikes certain clothing, or layers				
	clothing.				
9.	Resists grooming: face washing,				
	bathing, tooth brushing, combing hair,				
	etc.				
10.	Has problems understanding/following				
	spoken directions.				
11.	Sometimes appears not to hear when				
	spoken to.				
12.	Is frequently seeks out stimulation				
	(touch, deep pressure, crashing,				
	movement, smells, etc.).				
	Frequently on the move; overactive.				
14.	Is frequently touching/grabbing/				
15	hanging on others.				
13.	Is slow, sluggish, with little energy.				
Othe	**.				
Otile	1.				

Core deficit	I	О	F	Examples/comments
Cognitive deficits				
16. Displays delayed information				
processing; delay in responding.				
17. Has difficulty processing multiple				
information simultaneously.				
18. Gets confused with multiple-step				
directions. 19. Needs tasks broken down into small				
steps. 20. Has problems multitasking.				
21. Has a short attention span,				
concentration, is easily distracted.				
22. Has trouble starting and finishing tasks.				
23. Has poor planning and organizing				
skills; scattered.				
24. Often loses or forgets things.				
25. Has poor impulse control, acts without				
forethought.				
26. Has problems monitoring actions to				
stay coordinated with others.				
27. Doesn't understand the effects of his				
behavior.				
28. Has difficulty shifting gears with minor				
snags or changes.				
29. Shows rigid/inflexible thinking; can				
only see his way. 30. Displays black and white, all-or-				
nothing thinking (cannot see gray				
areas).				
arcasj.				
Other:				

Core deficit	I	О	F	Examples/comments
Emotional deficits				
 31. Displays intense emotional reactions; often over-exaggerated. 32. Goes from 0 to 100 quickly, difficulty calming down. 33. Seems to lose control, becomes overwhelmed. 34. Has poor frustration tolerance (has to have it now!). 35. Has trouble identifying/labeling emotions. 36. Often appears anxious, scared, or apprehensive. 37. Changes moods quickly, difficult to predict. 38. Laughs or cries for no apparent reason. 39. Becomes over-excited easily. 40. Shows emotions that often don't match situation. 41. Shows little emotion. 42. Has difficulty recognizing emotions of others. Other: 				

Core deficit	I	О	F	Examples/comments
Social/communication deficits				
 43. Has difficulty communicating needs and wants. 44. Gets frustrated when others don't understand. 45. Has difficult time understanding spoken directions. 46. Needs to have directions repeated several times. 47. Gets upset when given directions. 48. Has difficult time making friends. 49. Has difficulty reading social cues. 50. Shows poor regard for (difficulty reading) the thoughts, feelings and perspectives of others. 51. Has to control all interactions. 52. Has difficulty sharing and taking turns. 53. Has difficulty coordinating back-and-forth interaction. 54. Has poor awareness of how his actions affect others. 55. Seeks out frequent attention. 56. Seems anxious, apprehensive when interacting. 57. Tends to avoid social contact. Other:				

Core deficit	I	О	F	Examples/comments
Medical/psychiatric				
50.7				
58. Eating or sleeping problems.				
59. Chronic infections, congestion.				
60. Digestive, gastrointestinal problems.				
61. Constipation, loose stools, etc.				
62. Allergies, arthritis, migraines.				
63. Mood swings, over-activity.				
64. Withdrawn, inactive, little interests.				
65. Rapid, pressured speech.				
66. Anxious, apprehensive, fearful.				
67. Compulsive, repetitive behavior.				
68. Hallucinations.				
69. Delusional ideations.				
70. Preoccupied thoughts.				

SUMMARY SHEET

If used in conjunction with functional behavior assessment, which core deficits impact the target behaviours in question?

Sensory:	Emotional:
Cognitive:	Social/communication:
Medical/psychiatric:	

EVALUATING STRENGTHS AND PREFERENCES

Child's name: Informant:	Age: Relationship to	Date: child:
All good treatment plans should focus of interests. We all develop stronger and far engagement around what interests us. Often egative behavior. This is a mistake and of behavior. In this assessment we want to it preferences.	nster when focus n, we find oursely often leads the ch	ing on our strengths, and centering yes hyper-focusing on weaknesses and hild down the path of more negative
Favorite activities:		
These can be functional activities like toys repetitive behaviors (humming, rocking, preferences and/or obsessive compulsive occupies his time with. Nothing is too unu	lining up objects behavior; any ac	s, etc.). Also include sensory seeking ctivity that the person seeks out and
WHAT DOES HE/SHE MOST LIKE TO DO?		
Favorite topics to talk about:		
Favorite TV shows:		
Favorite Music:		
Favorite video games or Internet searches:		
Favorite topics to read about:		
Favorite foods/liquids:		
Favorite toys/objects:		
When by himself what does he seek out an	nd/or self-initiate	2?
Does he have any fixated interests or topic	es?	
Hobbies:		

Any repetitive, fixated behavior (rocking, lining up cars, spinning things, watching fans, etc.)? WHAT TYPES OF PHYSICAL ACTIVITY DOES THE CHILD ENJOY? Favorite outdoor activities: Favorite community activities: Preferred social activities: What activity helps the child shine? What helps him feel the most competent? When is your child at his best? What is he doing? What activities does your child like to engage in with you? (can be simply sensory play or more complex activities). What activities does your child help with around the house (laundry, yard work, dishes, etc.)? Does he/she like: (Yes/No/sometimes) Draw/paint: Build things: Take things apart: Put things back together: Read or Write: Art projects: Sports: Play an instrument: Research favorite topic: Science: Mechanical things: Cars/trains: Pretend/Drama: History: Super Heroes: Science fiction: Video Games: Internet: Pets/Animals: Other: **School Activities** Favorite activities IN CLASSROOM AND ON THE PLAYGROUND: (check any of the following that are the preferred interests for the child) Gym, art, drama, and music: Sports, band, chess club, debate, etc: Favorite subjects at school (history, math, science, etc.):

Social activities he/she engages in with peers:

Any afterschool clubs or activities:
Vocational Interests (what does he want to do for work):
Goals and dreams for adult living: Where to live, what to do, who to be with, etc.
Sensory Preferences Many individuals have strong sensory preferences (touch, smells, visual patterns, movement patterns, etc.) which can be used to expand into other functional activity.
Sensory preferences: What does he seek out, what calms him, what excites him?
Touch: fidget toys, feel things, sifting sand through fingers, smearing with hands, playing with clay, deep pressure touch, light stroking, tickle, soft vs. firm touch, etc:
Alerts him, seeks it out:
Calm and soothes him:
Avoids, dislikes
Movement: Jumping, running, swinging, rocking, spinning, riding, etc:
Alerts him, seeks it out:
Calm and soothes him:
Avoids, dislikes:
Proprioception: This involves any tension, resistance, rough-housing; gross motor activity involving pushing, pulling, carrying, lifting, hitting, running, jumping, crashing, squeezing, etc.
Alerts him, seeks it out:
Calm and soothes him:
Avoids, dislikes:

environmental sounds, music, auditory patterns, etc.
Alerts him, seeks it out:
Calms and soothes him:
Avoids, dislikes:
Visual: Staring at lights, visual patterns, finger flicking in front of eyes, staring at mirrors or items that reflect light, spin objects, etc.
Alerts him, seeks it out:
Calms and sooths him:
Avoids, dislikes:
Olfactory: Smelling everything, attracted to odors, like materials with heavy scents, etc.
Alerts him, seeks it out:
Calms and sooths him:
Avoids, dislikes:
Does your child have favorite sensory self stimulation (rocking, humming, staring at light sources, etc.)?
Social Activity: Any activity the child likes to do with others
Preferred activities he does with familiar adults:
Preferred activities to do with peers:
Does he/she enjoy doing things for others?
Any social clubs or group activities?

Auditory: Repetitive vocal noises, humming, repeating scripts, singing, sounds of equipment,

Strengths

Consider anything that the child is good or considered a strength; even if it is unique, unusual. What is your child good at? Is your child strong in any of the following areas? Yes/No Focus on details Remembering facts Mechanical Perceiving sensory patterns Hyper-focusing on task Persistent Committed Drawing; graphic design Science/Math History Computer technology Video Games: Electronics Writing/Reading Art **Sports** Building things Automotive Other Please give a brief description of your child's skills in each area below: Communication skills: Social skills: Academic Skills: **Vocational Skills:**

Using Strengths and Preferences: How can we use these strengths and preferences to expand in the following areas:
Academic (e.g. If he likes race cars, he can read about cars, research them, write about them, etc.):
Vocational (if he likes animals he could volunteer or work at an animal shelter):
Leisure (likes science, purchase chemistry set):
Social (join clubs or play dates around special interest):
List at least three major ways we can foster your child's self esteem by expanding on his strengths and interests:
List at least three major ways we could increase his/her engagement with others around his special interest:
List at least two activities you could do with your child to have fun and relate around; simply to share the experience together: