# APPENDIX

# REPRODUCIBLE FORMS


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**FORM 4.1**

## Individualized Training Plan: Generic Planning Sheet

### SPECIFY THE TARGET

**WHAT** will I teach the client to do?

- ☐ Is it a functional target that is meaningful to the client and to relevant stakeholders and was developed in collaboration with the client? How will it enhance the client's life participation?
- ☐ Is the client motivated to address this goal? How can I optimally engage my client?
- ☐ Do I need to teach any prerequisite skills?
- ☐ Have I specified the component steps or skills (i.e., task analysis)? Did I work with the client to identify these steps, so that the client understands the process?
- ☐ Have I considered the learner's strengths and weaknesses that impact this target?
- ☐ Have I considered natural facilitators and barriers in the environment?
- ☐ How will I measure progress toward learning this target? What is the desired criterion?

### SPECIFY THE CONTEXTS

**WHEN and HOW** will I teach the instructional target?

| | | |
|---|---|---|
| Therapy Frequency: | _____ | / week |
| Session Duration: | _____ | min |
| Therapy Duration: | _____ | Sessions, Weeks, Months |

- ☐ What materials do I need for stimuli to prompt the learner to practice the target?
- ☐ Is there opportunity for sufficient practice within sessions?
- ☐ Is there opportunity for sufficient practice across sessions?
- ☐ What is the plan for progressing from modeling to distributed practice?
- ☐ What is the plan for varying stimulus–response set—do I have enough examples?
- ☐ Have I planned for follow-up?

**WHERE** will I address this goal?

- ☐ Have I planned for generalization to different settings?
- ☐ How will I measure generalization, maintenance, and impact of training?
- ☐ Is someone available to support additional practice between sessions?
- ☐ How will I train this person to carry out a home program using proper techniques?

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**FORM 5.1**

## Client Goal and Spaced Retrieval Data Sheet (I)

Client Name: _____ Type of Therapy: _____
Date: _____
Training Phrase: _____
Information Client is Learning: _____
Longest Time Between Successful Recalls Achieved Last Session: _____
Successful Recall at the Beginning of This Session? Yes No

The numbers below represent the minutes between recall of information. Circle the time interval completed and indicate if the recall was correct or incorrect by placing a plus (+) or minus (-) sign in the last box.

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |

| **Therapy Goals** | **Current Status** |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

**Functional Progress/Status:**

_____

_____

_____

_____

_____

**Signature:** _____

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**FORM 5.2**

## Client Goal and Spaced Retrieval Data Sheet (II)

Client Name: _____ Type of Therapy: _____
Date: _____
Training Phrase: _____
Information Client is Learning: _____
Longest Time Between Successful Recalls Achieved Last Session: _____
Successful Recall at the Beginning of This Session? Yes No

The numbers below represent the minutes between recall of information. Circle the time interval completed and indicate if the recall was correct or incorrect by placing a plus (+) or minus (-) sign in the last box.

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 8 | 10 | 12 | 14 | 15 | 16 | 18 | 20 | 22 | 24 | 25 | 26 | 28 | 32 | |

| Therapy Goals | Correct Trials | Incorrect Trials | % |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Functional Progress/Status:**

_____

_____

_____

_____

_____

**Signature:** _____

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**FORM 5.3**

## Instructional Planning Worksheet for Facts and Concepts

**WHAT** will I teach the client?

Long-Term Goal:

Initial Acquisition Objectives:

(Specify target, approach, objective performance, independence, criterion, and context/conditions.)

**HOW** will I train the fact/concept?

(Specify method; e.g., MVC, SR, elaboration, visualization, mnemonics, strategy training.)

_____

- ☐ It is a functional target
- ☐ It is customized to client
- ☐ The context is specified
- ☐ Progress measurement specified in long-term goal and/or short-term acquisition objectives

Plan to enhance client motivation/engagement:

**WHEN** will I teach the target?

Therapy Frequency: _____ / week
Session Duration: _____ min
Therapy Duration: _____ Sessions, Weeks, Months

- ☐ There is opportunity for sufficient practice within sessions
- ☐ There is opportunity for sufficient practice across sessions

**To be used in same context or novel context?**

Same context: Fixed stimuli = _____

Novel contexts: Varied stimuli = _____

**Nature of information to be learned**

Simple: Plan for spaced presentation is _____

Complex: Plan for massed presentation is _____

**WHO** will implement training outside of session?

- ☐ Support person identified to provide additional practice between sessions
- ☐ Sufficient variety of people identified to provide stimuli to allow generalization

Describe plan to *train* support person/people: _____

_____

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**FORM 6.1**

## Instructional Planning Worksheet for Multistep Routines

Long-Term Goal:

Initial Acquisition Objectives:

(Specify target, approach, objective performance, independence, criterion, and context/conditions.)

Prerequisite Skills:

**WHAT** will I teach the client to do?

Task Analysis (List Steps)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

- ☐ It is a functional target
- ☐ It is customized to client
- ☐ Context/antecedent specified
- ☐ Progress measurement specified in long-term goal and/or acquisition objectives

Plan to enhance client motivation/engagement:

**WHEN and HOW** will I teach the instructional target?

Therapy Frequency: _____ / week
Session Duration: _____ min
Therapy Duration: _____ Sessions, Weeks, Months

- ☐ There is opportunity for sufficient practice within sessions
- ☐ There is opportunity for sufficient practice across sessions

*(cont.)*

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List materials needed to elicit routine and plan for varying stimuli with sufficient examples:

What is the plan for progressing from modeling to distributed practice?

**WHO** will help training outside of session?

☐ Support person identified to provide additional practice between sessions

☐ Sufficient variety of people identified to provide stimuli to allow generalization

Describe plan to train support person/people:

**WHERE** will I address this goal?

☐ There is a plan for generalization to different settings

☐ Measures of generalization across settings are incorporated into long-term goal

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**FORM 6.2**

## Initial Assessment Worksheet for Multistep Routines

| Initial Assessment | | |
|---|---|---|
| Client: _____ Date: _____ | | |
| Target Routine: _____ | | |
| Antecedent to Start Routine: _____ | | |
| **LIST STEPS** | **ACCURACY (+/–/ cued)** | **COMMENTS** |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| Baseline: ____/____ | | |

*(cont.)*

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| Dynamic Assessment to Establish Cue Hierarchy | | |
|---|---|---|
| **STEPS/ANTECEDENT** | **TYPE OF PROMPT/CUE** | **PERFORMANCE EFFECT** |
| | | |
| | | |
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| | | |

**Recommended Cue Hierarchy:**

Level I _____

Level II _____

Level III _____

Level IV _____

Level V _____

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**FORM 6.3**

## Progress Monitoring Form for Multistep Routines

**Routine:** _____

**Long-Term Goal:** _____

**Initial Acquisition Short-Term Objective(s):** _____

| Steps | Session Probe Data | | | | |
|---|---|---|---|---|---|
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| | | | | | |
| **Completion Time:** | | | | | |
| **Engagement Strategies:** | | | | | |
| **Generalization Programming during Training:** | | | | | |
| **Comments:** | | | | | |

***Note:*** **Graph the number of steps performed successfully each time the routine is probed.**

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**FORM 6.4**

## Session Data Form for Multistep Routines

| **Client:** | | | **Date:** |
|---|---|---|---|
| **Step** | **Number of Massed Practice Trials and Level of Cueing** | **Duration and Number of Distributed Practice Trials** | **Comments** |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| **Summary** | | | |
| **Recommendations for next session** | | | |

*Note*: + correct; – incorrect; M = model; C = cued

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**FORM 7.2**

## Instructional Planning Worksheet for External Cognitive Aids

External Aid: _____

| Primary Function | Requisite Skills | Impact/Goal | |
|---|---|---|---|
| | | Short-term | Long-term |
| | | | |
| | | | |
| | | | |

Long-Term Goal:

Initial Acquisition Objectives:

(Specify target, approach, objective performance, independence, criterion, and context/conditions.)

**WHAT** will I teach the client to do? (Use of Tool)

Task Analysis (List Steps)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

☐ Plan is customized to client

☐ Context/antecedent specified

☐ Progress measurement specified in long-term goal and/or acquisition objectives

Plan to enhance client motivation/engagement:

*(cont.)*

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Plan to involve environmental supports:

**WHEN and HOW** will I teach the instructional target?

Therapy Frequency: _____ / week
Session Duration: _____ min
Therapy Duration: _____ Sessions, Weeks, Months

☐ There is opportunity for sufficient practice within sessions

☐ There is opportunity for sufficient practice across sessions

List materials needed to practice using tool and plan for varying stimuli with sufficient examples:

What is the plan for progressing from modeling to distributed practice?

**WHERE** will the tool ultimately be used?

**WHO** will support training and tool use?

Describe context:

Describe plan to train support people:

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**FORM 7.3**

## Initial Assessment Worksheet for External Cognitive Aids

| **Initial Assessment** | | |
|---|---|---|
| Client: _____ Date: _____ | | |
| External Aid: _____ | | |
| Antecedent to Use Aid: _____ | | |
| **LIST STEPS** | **ACCURACY (+/–/cued)** | **COMMENTS** |
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| Baseline: ____/____ | | |

*(cont.)*

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| Dynamic Assessment to Establish Cue Hierarchy | | |
|---|---|---|
| **STEPS/ANTECEDENT** | **TYPE OF PROMPT/CUE** | **PERFORMANCE EFFECT** |
| | | |
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| | | |
| | | |

**Recommended Cue Hierarchy:**

Level I _____

Level II _____

Level III _____

Level IV _____

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**FORM 7.4**

## Progress Monitoring Form for External Cognitive Aids

| | |
|---|---|
| **External Aid:** | |
| **Long-Term Goal:** | |
| **Initial Acquisition Short-Term Objective(s):** | |

| **Strategy Steps/Component** | **Session Probe Data** | | | | |
|---|---|---|---|---|---|
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| | | | | | |
| **Completion Time:** | | | | | |
| **Supports:** | | | | | |
| **Motivational/Engagement Strategies:** | | | | | |
| **Generalization Programming:** | | | | | |
| **Comments:** | | | | | |

***Note:*** **Graph the number of steps performed successfully each time the routine is probed.**

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**FORM 7.5**

## Session Data Form for External Cognitive Aids

| **Client:** | | **Date:** | |
|---|---|---|---|
| **Step** | **Number of Massed Practice Trials and Level of Cueing** | **Duration and Number of Distributed Practice Trials** | **Comments** |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| **Summary** | | | |
| **Recommendations for next session** | | | |
| *Note*: + correct; – incorrect; M = model; C = cued | | | |

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**FORM 7.6**

## Follow-Up Form to Collect Maintenance Data

Date: _____

_____ week follow-up

Dear _____,

This purpose of this letter is to check in and see how _____ is working. Please use the rating scales to indicate how much help is currently required to use the tool(s) learned in rehabilitation in comparison to how much you anticipated needing to assist, in addition to rating the frequency of use. Thank you for completing the information and returning this follow-up letter so that we can track recovery and outcomes.

| Level of Independence | Expected Level of Independence | Frequency of Use | Comments |
|---|---|---|---|
| | | | |

**Independence Rating:**

1 = Unable
2 = Lots of help
3 = Occasional help
4 = Reminders only
5 = Independent

**Frequency of Use:**

0 = Never
1 = One time a week
2 = A few times a week
3 = Most days

Please call _____ if you have any questions or would like reminders about training or would like to schedule a follow-up visit.

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**FORM 8.1**

## Instructional Planning Worksheet for Strategy Instruction

Long-Term Goal:

Initial Acquisition Objectives:

(Specify target, approach, objective performance, independence, criterion, and context/conditions.)

**WHAT** will I teach the client to do?
Strategy (List Steps)

Strategy (Checklist)

- ☐ Strategy addresses identified need(s)
- ☐ Client has sufficient insight/awareness
- ☐ Strategy is customized to client
- ☐ Context/antecedent specified
- ☐ Progress measurement specified in long-term goal and/or acquisition objectives

Plan to enhance client motivation/engagement:

*(cont.)*

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**WHEN and HOW** will I teach the strategy?

Therapy Frequency: _____ / week
Session Duration: _____ min
Therapy Duration: _____ Sessions, Weeks, Months

☐ There is opportunity for sufficient practice within sessions

☐ There is opportunity for sufficient practice across sessions

List materials needed to elicit strategy use and plan for varying stimuli with sufficient examples:

What is the plan for progressing:

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**FORM 8.2**

## Data Sheet for Measuring Strategy Knowledge

| | DATE | | | | | |
|---|---|---|---|---|---|---|
| **Knowledge Questions** | | | | | | |
| **What is the name of your strategy?** | | | | | | |
| **Describe the steps in your strategy** | | | | | | |
| **What are examples of when you would use your strategy?** | | | | | | |
| **How can your strategy be useful to you?** | | | | | | |

M = Modeled—presented entire answer

A = Assisted—gave partial response

I = Independent, no cues

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**FORM 8.3**

## Progress Monitoring Form for Strategy Instruction

**Strategy:** _____

**Long-Term Goal:** _____

**Initial Acquisition Short-Term Objective(s):** _____

| Strategy Steps/Component | Session Probe Data | | | | |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **Supports** (e.g., written cues, checklist, say aloud, auditory prompts)**:** | | | | | |
| **Motivational/Engagement Strategies:** | | | | | |
| **Generalization Programming during Training:** | | | | | |
| **Comments:** | | | | | |

***Note:*** **Graph the number of steps performed successfully each time the routine is probed.**

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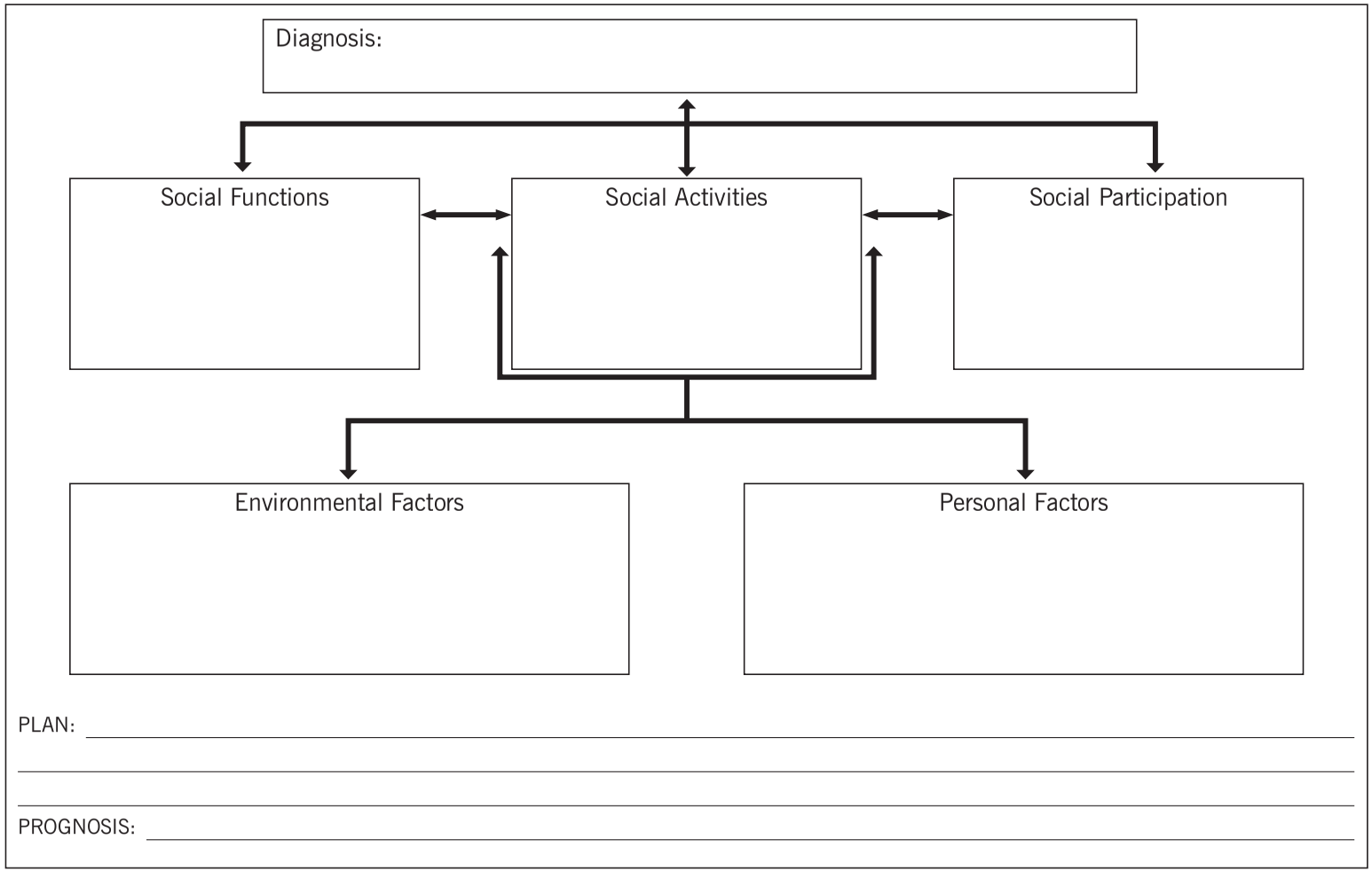
**FORM 9.1**

## ICF Worksheet

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**FORM 9.2**

## Instructional Planning Worksheet for Social Skills

**WHAT** will I teach the client?

Long-Term Goal:

Initial Acquisition Objectives:

(Specify target, approach, objective performance, independence, criterion, and context/conditions.)

**HOW** will I train the skill?

(Specify method; e.g., MVC, SR, elaboration, visualization, mnemonics, strategy training.)

_____

- ☐ It is a functional target
- ☐ It is customized to client
- ☐ The context is specified
- ☐ Progress measurement specified in long-term goal and/or short-term acquisition objectives

Plan to enhance client motivation/engagement:

**WHEN** will I teach the target?

Therapy Frequency: _____ / week
Session Duration: _____ min
Therapy Duration: _____ Sessions, Weeks, Months

- ☐ There is opportunity for sufficient practice within sessions
- ☐ There is opportunity for sufficient practice across sessions

**To be used in same context or novel context?**

Same context: Fixed stimuli = _____

Novel contexts: Varied stimuli = _____

**Nature of information to be learned**

Simple: Plan for spaced presentation is _____

Complex: Plan for massed presentation is _____

**WHO** will implement training outside of session?

- ☐ Support person identified to provide additional practice between sessions
- ☐ Sufficient variety of people identified to provide stimuli to allow generalization

Describe plan to *train* support person/people: _____

_____

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