
Standard 8 Instruction



Standard 8 requires the student:

- A. Understand the components required in an IPP and an IEP.
- B. Understand how to design an appropriate program for a child based on assessment information and team recommendations.
- C. Understand various instructional strategies and practices.

Key Terms for Standard 8:

Instructional cue: Any assistance given to a child either added to or after the natural cue to bring about a correct response.

Task analysis: A detailed description of each behavior needed to accomplish a behavioral objective given a child's current ability level.

A. Understand the components of an IPP and an IEP.

The development of an Individual Program Plan (IPP) and an Individualized Education Plan (IEP) is a collaborative process. A child's **team** composed of family members and professionals develop the goals and objectives based on various sources of information (e.g., developmental assessments, observation, interviews, and person-centered planning strategies).

Under the DDA Rules 16.04.11.800.06 (see Appendix D) an **Individual Program Plan (IPP)** must include the following components:

- The child's name and medical diagnosis; and
- The name of the DDP, the data of the planning meeting, and the name and titles of those present at the meeting; and
- Documentation that the plan is recommended by a physician; and
- The type, amount and duration of therapy to be provided such as individual speech therapy, thirty (30) minutes two (2) times per week; group developmental therapy, two and one-half (2 ½) hours, five (5) days per week; and
- A list of the child's current personal goals, interests and choices; and
- An accurate, current and relevant list of the consumer's specific developmental and behavioral strengths; and
- An accurate, current and relevant list of the child's specific developmental and behavioral needs. This list should identify which needs are a priority based on the child's choices and preferences. An Individual Implementation Plan shall be developed for each objective; and
- The discipline or DDP responsible for each objective; and
- The target date for completion; and
- The review date; and
- An individual transition plan designed to facilitate independence, personal goals and interests. The transition plan may include vocational goals/objectives directed toward paid employment. The transition plan shall specify criteria for transition into alternative settings, vocational training, supported or independent employment, volunteer opportunities, community based organizations and activities, or less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA.

Within fourteen (14) days of the initiation of services the team must develop an **Individual Implementation Plan**. This plan must include the following components:

- The child's name; and
- The specific skills area; and
- A baseline statement addressing the child's specific skills and abilities related to the specific skill to be learned; and
- Measurable, behaviorally stated objectives which are developed from an identified service or support in the Individual Support Plan; and

- Written instructions to staff such as curriculum, lesson plans, locations, activity schedules, type and frequency of reinforcement and data collection, directed at the achievement of each objective. *These instructions may be standardized, however, shall be individualized and revised as necessary to promote consumer progress toward the stated objective.
- Identification of the specific environment(s) where services shall be provided.
- The target data of completion.

The Individualized Education Program (IEP)

If a child is eligible for developmental therapy that will be delivered by the school, then the child's developmental goals will be included on his/her IEP. Under IDEA an IEP must have the following demographic components - student's name as it appears in school records, native language, birth date, social security or other identification number (for state reporting purposes or Medicaid purposes only), names of parents, address, phone number, school, grade, and date of the IEP meeting. The cover page must also include the names of the IEP team members.

The IEP document should include:

- The child's present level of performance written in objective, measurable terms and the corresponding general education content standard.
- Measurable annual goals that are related to the child's needs as described in the present levels of performance.
- According to the Idaho Special Education Manual (2001). A **goal** is a measurable statement that describes what a student is reasonably expected to accomplish from a special education program within the time period covered by the IEP, generally one year.
- A goal must include the behavior (what), the performance criteria (how well it will be done), the evaluation procedure (measured by what), and if the child will use any assistive technology.
- For each goal there must be at least two benchmarks/objectives. Benchmarks/objectives must include a statement of how far the student is expected to progress toward the annual goal and by when (Idaho State Special Education Manual, 2000, p.76).

Each IEP must also describe the special education and related services that will be provided to or on behalf of the student (e.g., speech and language, occupational therapy).

The IEP also needs to include a least restrictive environment (LRE) explanation of the extent, if any, to which the student will **not** participate in the general education classroom, the general education curriculum, or extracurricular activities.

Additional components of the IEP include – other considerations (e.g., *Extended School Year (ESY) services, transportation), any accommodations, adaptations supports needed in general or

special education, behavioral intervention planning considerations and, how the student will participate in the district and statewide assessment system.

* **Extended school year (ESY)** means special education and related services provided beyond the regular school year. Services must be provided in accordance with the child's IEP. The goal of ESY is to assist students with disabilities with the emergence, maintenance, or generalization of specific IEP goals and objectives learned the year preceding the ESY. Extended school year services must be considered annually for all students who have an IEP. Refer to pages A-113-118 of the Idaho State Special Education Manual for eligibility requirements.

Each service a child receives, including developmental therapy, must be noted as part of the IEP. The DS is responsible for filling out the **M Type Service** column on this page to note whether the child received developmental therapy in an individual session, in a small group, or in a large group.

Medicaid also requires that a DS working in a school complete **Optional Form A, Medicaid Reimbursement on A-343**. The DS must chart the child's progress on a regular basis (daily, weekly) depending on how often the developmental therapy is provided. They must note the response of the child (80% correct), the time the therapy was conducted, and the duration of therapy. These documents are periodically reviewed by Medicaid to verify that the child has received the appropriate therapy.

B. Understand how to design an appropriate program for a child based on assessment data and team recommendations.

To facilitate appropriate program planning the child's team should link assessment and intervention. The key features of a linked system are to use the information gathered during the assessment to develop the IPP or the IEP, base instructional strategies on the child's learning objectives, focus the ongoing evaluation activities on the child's IPP or IEP goals, and use the evaluation information to guide future intervention goals.

An IPP or an IEP will not focus on all of a child's missing skills at the same time. Rather, the team should prioritize skills with a focus on those goals/objectives that are relevant to the child's current and future needs (e.g., creating a functional communication system). "A few quality objectives that target a number of critical skills within valued and frequently engaged-in activities are recommended over numerous objectives that target skills in isolation from any recognizable purpose" (Downing & Demchak, 2002).

A child's goals should be age-appropriate, functional, achievable in a year, reflect the preferences of the student, family and team, be based on current assessments, and address the supports (e.g., assistive technology) that the child needs to be a successful learner.

To create a meaningful instructional program it is necessary to review the various pieces of information that have been gathered during the child's assessment process. A developmental assessment may assist in targeting particular skills but it does not give the DS all the information he or she needs to design and implement an appropriate program. It is also necessary to gather additional information by talking to the child's family/caregivers, observing the child in various activities, and using other methods (e.g., conducting a MAPS session) as a way to become more knowledgeable about the child's strengths, interests, and learning style. It is also necessary to analyze different environments in an effort to create the most optimal conditions for learning.

1) **Creating a motivated and active learner**

Children with developmental disabilities often have very little control in their lives. As a result they can become "passive recipients instead of active learners" (Chen, 1995). They may seem disinterested in the world around them, unmotivated to learn, and lack any kind of initiative. There are several things to remember when trying to motivate a child.

The DS should:

- Build on the child's strengths and interests.
- Provide opportunities for the child to make choices.
- Understand how the child learns -
 - When is the child most attentive/responsive? Under what conditions, with what people, and for what activities?
 - How much time does the child need to respond?
 - How does the child react to familiar and unfamiliar activities?
 - How does the child use his hearing and/or vision in different activities?
 - How does the child process information and what are his preferences: tactile, auditory, kinesthetic, visual, olfactory, or combinations or two or more of these?
- Follow the child's lead.
- Integrate the child's goals/objectives across multiple routines

2) **Analyze the child's learning environment**

The DS must also be aware of the various environmental factors that can influence instruction and learning.

For example:

- Are there distractions in the environment that will have an impact on the child's responses?
- Is the physical arrangement of the setting organized to create the optimal learning situation for the child?
- Are materials presented within the child's line of vision? Is the child positioned properly?
- Are the adults and other children in the environment responsive to the child's initiations?
- Does the child have a predictable routine? Does the child understand what to do?
- What active learning opportunities are provided for the child?
- Does the environment need to be adapted? Do the activities need to be adapted?
- Does the child have the assistive technology they need to participate in an activity?

Designing and implementing an instructional program for a child is an ongoing process. It is necessary for the DS to evaluate the child and the learning environment on a regular basis.

C. Understand various instructional strategies and practices.

It is important to remember that an instructional program should be activity-based and taught within naturally occurring routines. This approach can include numerous skills that increase independence and competence in a child rather than putting a focus on isolated skills where instruction is delivered out of context (Downing, 2002, Snell & Brown, 2000). For example, the child should learn to take their coat off when they arrives at school in the morning and after each recess rather than "practice" taking their coat of as a morning activity. Additionally, it is more logical to have a child practice washing their hands as part of a meal or snack routine rather than have them sit at a table and "find the soap" as a precursor to washing their hands.

A **routine** is a series of activities that transition one into another. Routines have a beginning, a middle, and an end. **Activities** do not occur in isolation, but flow naturally one to the other. For example, if the child is going to have a snack, they might choose what they want to eat, prepare the snack, sit at the table, eat the snack, clear the table, wash and dry the dishes, and put them away. The series of events that surround an activity, including the activity itself, is called a routine. Teaching within routines allows a child to anticipate and transition from activity to activity. **Skills** are discrete behaviors (e.g., labeling, counting).

Task Analysis

Once a routine, and a particular activity within that routine have been selected, a task analysis should be performed. A **task analysis** involves breaking down a specific activity into small steps that are easily taught one at a time (e.g., preparing a snack). Each step in a task analysis should be clearly stated in order to measure the child's performance. The size of the steps will

depend upon the age and abilities of the individual child. One child may learn a task using a 4-step process while another child may use a 10-step process to learn the same task.

The following example involves 6 steps for putting on socks.

Task Analysis: Putting on Socks

1. **Pick up the sock**
2. **Hold the top of the sock by inserting both thumbs inside the socks.**
3. **Pull the sock over toe.**
4. **Pull sock over heel of foot.**
5. **Pull sock over leg until smooth.**
6. **Repeat steps 1-5 for other sock.**

When analyzing an activity it is important to remember to look at the activity from an **age-appropriate perspective** rather than from an adult perspective. For example, an adult may put their socks on either standing up, leaning against an object for balance or sitting on chair. A young child, on the other hand, will typically sit on the floor to put their socks on. It is also important to note that there are certain elements of an activity that can be accomplished in multiple ways. Some people put on their pants before they put their socks on while other people, put their socks on before they put on their pants. This is not necessarily true for every activity so it is up to the DS to analyze, and reanalyze the steps of an activity based on the needs and abilities of the child.

Shaping and Chaining

Shaping and chaining are two strategies that are used to teach new behaviors and to expand or enhance a child's current behaviors. Both involve providing reinforcement for improvements or specific amounts of behavior.

Shaping involves reinforcing successive approximations or improved attempts of a behavior. It begins with reinforcement of the closest approximation of the target behavior that exists in the student's repertoire and systematically builds on slight changes in that behavior that lead toward the target behavior itself. The target behavior should be operationally defined and explain the exact characteristics of acceptable performance. At first, the closest approximation that the child is able to make toward the target behavior is reinforced. The required level of performance is then gradually increased, and only responses that move in the direction of the target behavior are reinforced. For example, when a speech and language pathologist is teaching a child a new word the child is reinforced for any close approximation to the correct pronunciation of the word.

Behavioral chaining is different than shaping. Shaping is used to develop new behaviors whereas chaining is usually paired with shaping to connect a series of related steps.

Chaining is a procedure in which a child learns one step of a task analysis at a time until the steps are acquired and the activity is completed. There are several types of chaining. In

forward chaining a child must master the first step before moving on to the next. Each step must be observable and easily measured. Reinforcement is given as each step in the chain is successfully completed. The task should be divided into natural steps but not include so many steps that instruction becomes inefficient (Snell & Brown, 2000, Falvey & Grenot-Scheyer, 1995).

For example, here is an example of a forward chaining for using a spoon.

Jane will:

1. Grasp the spoon with her right hand.
2. Insert the spoon into the bowl.
3. Scoop the food with the spoon.
4. Bring the spoon to her mouth.
5. Turn the spoon towards her mouth.
6. Insert the spoon into her mouth.
7. Remove the food from the spoon using proper lip closure.
8. Remove the spoon from her mouth.
9. Place the spoon in the bowl.

In **backward chaining** the steps are taught in the reverse order. The child must complete the last step before the next step is introduced. The next time the activity is presented the child must complete the last two steps before the next step is introduced. For example, here is an example of a backward chaining for using a spoon.

Jane will:

1. After removing the spoon from her mouth, place the spoon in the bowl.
2. After eating the food with the spoon remove the spoon from her mouth.
3. After inserting the food into her mouth, remove the food from the spoon.
4. After turning spoon towards mouth, insert spoon into mouth.
5. After bringing spoon to her mouth, turn spoon towards mouth.
6. After scooping food with spoon, bring spoon to mouth.
7. After inserting spoon into bowl, scoop food with spoon.
8. After grasping spoon, insert spoon into bowl.
9. Grasp spoon with right hand.

If a child has already mastered several of the steps in the chain sequence the child is guided through the mastered steps until the teaching step is reached. Then shaping or prompting is used to teach the next step in the chain.

Teaching a **total task (all steps simultaneously)** is another instructional strategy (Dote-Kwan, 1995). This approach is a more natural way of teaching in that the child can practice each step of the task analysis each time the activity is performed. For example, the child would be given instructional prompts throughout the entire feeding sequence.

The Developmental Specialist must keep in mind that different learners will do better with different instructional strategies depending upon the task and his/her level of knowledge.

Natural Cues and Instructional Prompts

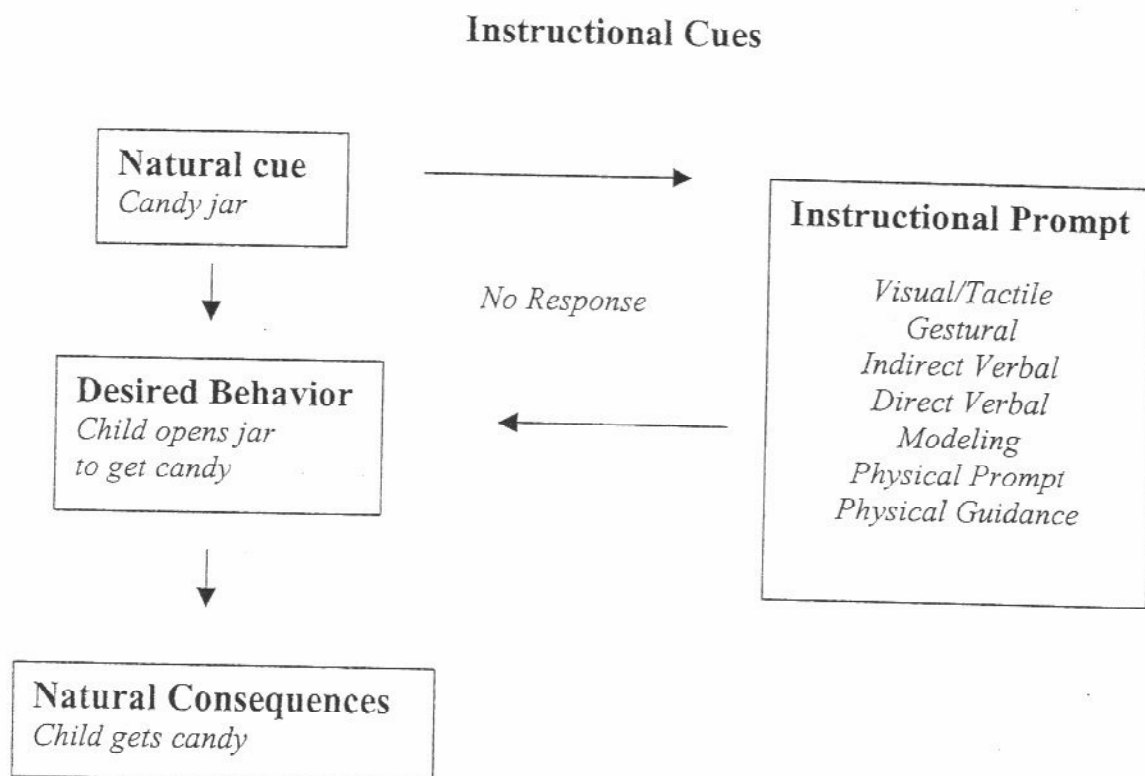
Teachers of children without disabilities teach academic skills by breaking down targeted activities into steps and then teaching in a sequential manner. A child may be systematically given degrees of assistance until they can complete the task correctly. For example, a child may be learning a new word. They may first be given the “rule to remember.” If they still need assistance they may be given more assistance “i” before “e.” If the child is still having trouble they may be given a final prompt, “i” before “e” except after “c.” Students are provided with correction and feedback when errors are made, and reinforcement and feedback for a correct or approximate response.

Children with developmental disabilities are also taught through a series of prompts, corrective feedback, and reinforcement. The prompts may look different from those used with more typical children because of a child’s disability and learning style. For example, a child may be learning to activate a switch so they can participate in an activity. At first, the DS might tap the switch on the desk to get the child’s attention. If the child does not respond the DS might tap the child’s hand. If another prompt is needed the DS might give some minimal physical assistance and place the child’s hand on the switch. A final prompt might occur if the DS has to give hand over hand assistance and turn on the switch.

Various teaching prompts have been used successfully to enable children with developmental disabilities to acquire basic skills. These prompts include verbal instructions, modeling or demonstrations, gestures, pictorial or other visual cues, and various degrees of physical assistance. The DS needs to systematically fade artificial prompts so that the child does not become prompt dependent and is cued by the natural cues in the environment (Brown & Snell, 2000).

A system of “least prompts” (Doyle, Wolery, Ault, Gast, 1988) involves presenting a child with a **natural cue** (e.g., school bell ringing). If an incorrect response or no response occurs, then the least intrusive prompt is provided and the child is given the opportunity to respond. If the child still does not respond then the next prompt in the hierarchy is given until the child responds correctly.

There are two types of prompts: an **instructional cue** and a **correction procedure**. An **instructional cue** is any assistance given to a child either added to or after the natural cue to bring about a correct response (Dote-Kwan, 1995). For example, the candy jar is the natural cue– the child does not respond by opening or attempting to open the jar – the DS points to the jar (gestural prompt), the child still does not respond – the DS says “that candy looks good (indirect verbal prompt) – the child still does not respond – the DS gently taps the child’s right hand (physical prompt) – the child opens the jar and gets the candy (natural consequence).



A consequence occurs after the child responds correctly or incorrectly. A natural consequence will encourage or discourage a child's response. If a natural consequence does not change the child's response then the DS must intervene with a correction prompt. For example, the candy jar is the natural cue – the child hits the top of the jar which is a different behavior than actually opening the jar – the DS corrects the child by saying “open the candy jar” (direct verbal correction) – the child continues to bang on the jar – the DS gives the child hand over hand assistance in opening the jar (physical guidance) the child is then reinforced by getting the candy.

As with instructional cueing, the DS should always use the **least intrusive corrective prompt** in an attempt for the child to respond (Doyle, et. al., 1988).

Prompting Hierarchy

This list provides a prompt hierarchy from natural cues, which are the most desirable, to more intrusive instructional prompts such as physical guidance which offers less opportunity for the child to be an active participant. The level of prompting will depend upon the task and the individual child's needs and learning style.

Natural cue is something or someone available in the natural environment that elicits the desired response. For example, the bell rings and the child stands up to go to the next activity. Children with severe disabilities sometimes have difficulty attending to the important features of a natural cue. Natural cues need to be analyzed for their particular features, as do the strengths of the

child. For example, if a child is more of a visual learner then the focus may be to visually attend to the natural visual cues in the environment.

Visual prompt is an object, picture, or drawing that is used to elicit a response. An object that is used to represent an activity should always have a clear association with the activity (e.g., a spoon represents mealtime). Caution should be taken when representing an activity using miniature objects. Miniatures may be an attractive option but they are also more abstract than a full sized object. If a DS is using pictures as a prompt they should clearly indicate the specific object or task, and preferably be taken in color. Oftentimes, pictures will include background people or objects that can confuse the child and elicit an incorrect response. Depending upon the child's vision some visual materials may need to be outlined or enlarged.

Tactile prompt is used for children who have a vision or auditory impairment and require the child to obtain information through another modality. For example, a child might feel the soap dispenser (tactile) to cue them that it is time to wash their hands.

Gestural prompt is a physical, nonverbal motion or movement indicating that the child should perform an action (e.g., adult using his hands and pretending to drink, pointing to the door to indicate it is time to leave the room). The DS should always make sure that the child is visually attending so they can make the appropriate response.

Indirect verbal prompt is an implied verbal comment that intends the child to perform an action. For example, if the DS wants the child to begin eating a snack she might say, "I am really hungry. That sandwich looks good" rather than saying "Eat your sandwich."

Direct verbal prompt is a verbal direction that requires the child to perform an action. "Open the door" is a direct verbal prompt. Indirect and direct verbal prompts are viewed as less intrusive as physical prompts (Dote-Kwan, 1995).

Modeling is the demonstration of a desired response. For example, the DS might demonstrate how to open the refrigerator for the child. Again, some children may not be able to imitate the demonstration due to vision issues or be confused about the task. The DS might provide more assistance by using a hand-over-hand procedure to coactively perform the task with the child.

Physical prompt is physical contact with the child. A physical prompt might involve as little as a light tap to a child's hand to partially guide the child to begin or complete a task.

Physical guidance is the adult's hand placed over the child's hand or other part of the child's body in full physical contact throughout the task. The activity is controlled by the adult. In modeling the adult and the child are moving together coactively.

The delivery of any type of instructional cues and correction prompts needs to take into consideration **the time it may take for a child to respond to a particular cue**. Children with developmental disabilities typically have difficulty processing information. The DS should make

sure they **pause** and allow the child enough time to respond before giving an additional cue or corrective prompt.

Part of a good instructional program ensures that everyone who is working with a child is familiar and understands the kinds of cues a child is using throughout the day. It is critical that the school, family, and the developmental specialist communicate with one another on a regular basis so that the child receives instruction and feedback that is timely and consistent.

Fading Procedures

Fading procedures are used to **gradually** decrease the amount of assistance provided to a child so they can eventually perform the activity independently or with minimal assistance. These kinds of strategies are used once a child has mastered the steps of an activity.

One way to fade instructional cues is by gradually reducing **the number of prompts** given to a child during an activity (Falvey & Grenot-Scheyer, 1995). For example, the DS may have provided a verbal prompt, a gestural prompt, and a physical prompt during an activity. After the child has begun to complete the task successfully the DS might remove the physical prompt. The goal would be to eventually remove the gestural prompt with the child only needing the verbal prompt to complete the task.

Another strategy for fading prompts is to reduce the **level of assistance**. For example, when instructing a child to use a spoon the DS might begin by giving the child full physical guidance – hand over hand guidance. As the child gains more confidence and strength the DS might only give a physical prompt by putting their hand only on the child's wrist. They are still guiding the movement but the child is holding the spoon. As instruction proceeds, the DS gives another physical prompt that is less intrusive by lightly tapping the child on the hand, which cues the child to use the spoon independently.

The fading of prompts requires that the child must perform the skill at an acceptable level. If the child regresses then the instructional prompt may have been faded too quickly. The same theory for instructional prompts applies to verbally reinforcing a child for a correct response. The natural consequence (e.g., getting food) should eventually reinforce and maintain the behavior. The DS can begin to monitor their own behavior by requiring more of the child before providing reinforcement. For example, if a child is reinforced each time they bring the spoon to their mouth the DS might begin to reinforce the child every other time, then every third time, etc.

Partial Participation

The principle of partial participation was proposed to “ensure that even those students who might never be able to acquire a full enough complement of functional skills to completely participate in the activities of their lives would still be able to learn enough to partially participate” (Ferguson & Baumgart, 1991, p.219).

Participation does not simply mean “presence” in school or community environments. It means that the child is engaged in an activity at some level. For example, having Peter simply accompany his friend to the library is more passive than having the friend then read the book to Peter. Peter is able to listen to the story and may be able to use his communication system to react to the story. It is certainly important to add to a child’s skill repertoire, but it is also important to create opportunities for a child to practice their current skills in a variety of activities and environments.

Reinforcement Strategies

“The purpose of reinforcement is to strengthen desired or target behaviors by presenting a consequence contingent on the occurrence of the behavior” (Downing & Demchak, 2002, p. 53). If a consequence is a reinforcer then there is a probability that the behavior will increase. As noted in Standard 6 – Behavior – a consequence can be reinforcing and maintain an undesirable behavior (e.g., I hit my head so I can be removed from an activity – the removal from the activity is the reinforcer).

Developing reinforcers for children with more significant disabilities is not always an easy task. It can depend upon a number of variables including motivational factors and how a child takes in information.

There are several critical points to remember about reinforcement:

- 1) **Reinforcement is unique to the individual child.** Reinforcers are idiosyncratic in that what is effective for one child is not necessarily effective for another. Even basic reinforcers, such as food and drink, hold different value for different children. Discovering what reinforces a child can be difficult. It requires the adult to be a good observer and to include questions about things that reinforce a child a part of the assessment process. The schedule of reinforcement is also something to consider when interacting with a child. Some children require more frequent reinforcement than other children.
- 2) **Reinforcement is dynamic.** What is reinforcing to a child can change from moment to moment. What is effective one day may not be effective another day. But, it is important to remember that this fact is relevant for all of us. If you think of what is reinforcing to you when you are in a stressful situation it is probably different than what is reinforcing to you when you have an uneventful day. Children’s interests also change and they can become bored with something that has been reinforcing in the past (e.g., the same moving object). Other factors, both internal and external, can have an effect on the strength of a reinforcer. For example, if a child does not feel well a particular item that has been reinforcing may lose its strength because of the child’s illness.
- 3) **Reinforcement should be natural.** The ultimate goal of providing reinforcement is to move from external, artificial reinforcers to more natural reinforcers. However, the

attainment of this goal may not be possible for all children. Some external reinforcers may always be needed to maintain a behavior (e.g., people are paid to work) but the point is to not create more dependency on a reinforcer than is necessary. It is important to try and “thin” the type and frequency of artificial reinforcement (e.g., food) to more natural kinds of reinforcement (e.g., verbal praise, completion of a task).

Points to Remember

- ✓ Reinforcement is unique to each child.
- ✓ Skills should be taught within the context of functional routines and activities.
- ✓ Fade artificial prompts as soon as possible so the child can use natural cues in the environment.



Student Project: Write an implementation plan based on objectives in a child's IPP. Include each component in the plan. Each objective should include following:

- The child's name
- The specific skills area
- A baseline statement addressing the child's specific skills and abilities related to the specific skill to be learned
- Measurable, behaviorally stated objectives which are developed from an identified service or support in the Individual Support Plan
- Written instructions to staff such as curriculum, lesson plans, locations, activity schedules, type and frequency of reinforcement and data collection, directed at the achievement of each objective
- Identification of the specific environment(s) where services shall be provided
- The target data of completion.

- write three objectives

References:

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Creating a Motivated and Active Learner

The DS should:

- Build on the child's strengths and interests.
- Provide opportunities for the child to make choices.
- Understand how the child learns.
- Follow the child's lead.
- Integrate the child's goals/objectives across multiple routines.

Analyze the Child's Learning Environment

For Example:

Are there distractions in the environment that will have an impact on the child's response?

Is the physical arrangement of the setting organized to create the optimal learning situation for the child?

Are materials presented within the child's line of vision? Is the child positioned properly?

Are the adults and other children in the environment responsive to the child's initiations?

Does the child have a predictable routine? Does the child understand what to do?

What active learning opportunities are provided for the child?

Does the environment need to be adapted? Do the activities need to be adapted?

Does the child have the assistive technology they need to participate in an activity?

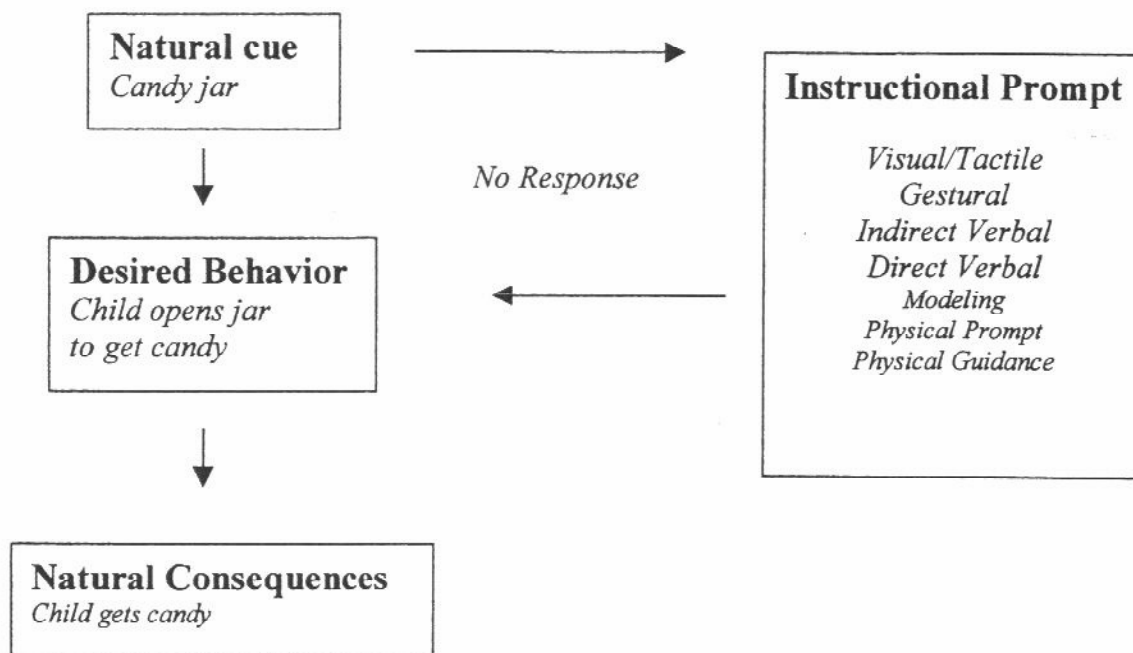
Task Analysis: Putting on Socks

1. Pick up the sock.
2. Hold the top of the sock by inserting both thumbs inside the socks.
3. Pull the sock over the toes.
4. Pull the sock over the heel of the foot.
5. Pull the sock over the leg until smooth.
6. Repeat steps 1-5 for other sock.

Prompting Hierarchy

- Natural Cue
- Visual prompt
- Tactile prompt
- Gestural prompt
- Indirect verbal prompt
- Direct verbal prompt
- Modeling
- Physical prompt
- Physical guidance

Instructional Cues



TOUCH CUE (HOW YOU GIVE TOM NONVERBAL INFORMATION)	VERBAL (WHAT YOU SAY TO HIM)	PAUSE (WAIT FOR AT LEAST 10 SECS. AND LOOK FOR A RESPONSE)	ACTION (WHAT YOU DO AFTER TOM RESPONDS OR THE PAUSE IS OVER)
1. Rub seat belt under his elbow. Release buckle so that a sound is made.	"Time to get ready for a swim."	PAUSE OBSERVE	Continue to Step 2.
2. Rub the waistband of his swimsuit against wrist.	"It's time to put your swimsuit on."	PAUSE OBSERVE	Continue to Step 3.
COAT			
3. Undo Tom's zipper making a noise he can hear.	"It's time to take your coat off."	PAUSE OBSERVE	Continue to Step 4.
4. Rub Tom's back.	"Time to take your coat/sweater off."	PAUSE OBSERVE	Lean him forward.
5. Gently tug at the collar of his shirt.	"Time to take your coat over your head."	PAUSE OBSERVE	Lift the back of his coat over his head and bring it down in front of him.
6. Pat his first arm.	"Time to take your sleeve off."	PAUSE OBSERVE	Remove sleeve to hand.
7. Pat his hand where the sleeve ends.	"Let's take this sleeve off."	PAUSE OBSERVE	Remove hand from sleeve.
8. Pat his second arm.	"Let's take this sleeve off now."	PAUSE OBSERVE	Remove sleeve to hand.
9. Pat his hand where the sleeve ends.	"Time to take this sleeve off."	PAUSE OBSERVE	Take second hand from sleeve, removing his coat.
SHOES			
10. Tap his first shoe.	"Time to take your shoes off."	PAUSE OBSERVE	Untie shoe and remove.
11. Tap his second shoe.	"Time to take your other shoe off."	PAUSE OBSERVE	Untie shoe and remove.

Etc. etc. etc.

Reinforcement Strategies

- Reinforcement is unique to the individual child.
- Reinforcement is dynamic.
- Reinforcement should be natural.