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ABSTRACT

This paper describes a needs assessment instrument that is intended to effectively communicate recommended practice ideas for serving children with disabilities to teachers, families, and service delivery personnel. The instrument is in the form of a quality indicators checklist and utilizes 143 statements of recommended practice. The inclusion of items is based upon 17 supporting principles and 7 student and family outcomes cited in the literature on serving children with severe disabilities. The checklist is attached and its indicators address the following six areas: (1) the school (setting, philosophy, personnel, service delivery, inclusion, and evaluation); (2) the classroom (organization, scheduling, and data collection); (3) the student (inclusion, adaptive/assistive devices, medical information, and positioning); (4) the family; (5) instruction (instructional strategies, communication, natural routines/settings, autonomy/competence, feedback, and evaluation); and (6) transition. The best practices quality indicators checklist is attached. (DB)

Using a Quality Indicator Checklist to Assess Technical Needs for Individuals and Families

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Running Head: ASSESSING NEEDS

Using A Quality Indicator Checklist to Assess Technical Assessing Needs For Technical Assistance

Defining Technical Assistance

The question often arises asking what is technical assistance (TA). The term is often misunderstood and often associated with computers and other forms of assistive technology. Although these may be components of TA, they do not comprise the main function or definition of technical assistance. Technical assistance can encompass a variety of activities, but in general what is meant by the term is "a process employed to provide information generated through legislation, research, and "recommended practices" to a specified field of endeavor in a consistent, effective manner" (Dalke, 1991). Specifically, persons providing TA use the expertise from a variety of disciplines and share the information with teachers, families, and direct service providers. Technical assistance serves as a type of consultation or support system for teachers, direct service providers, and families. Technical assistance can take a variety of forms, on-site, direct assistance, training, and/or referral, but its function remains similar, to assist individuals in implementing recommended practices in schools and homes.

From this description of technical assistance, it appears to be a straightforward activity of disseminating information. However, when TA is viewed as a process, as defined, it becomes critical to insure that TA is delivered in a manner that "fits" with the recipients and that the context in which TA will be provided is understood. The identification of the areas in which service delivery personnel and families need information and assistance is often overlooked as a component of technical assistance. Unilateral decisions are frequently made by professionals and providers about what should be occurring in classrooms and homes. However, what may be more useful, is to use a needs assessment as part of the TA process. The needs assessment involves determining the existing resources and challenges of an individual and program from a variety of perspectives. Then, meaningful technical assistance can be provided according to assessed areas of need.

The focus of this article is on a needs assessment instrument that utilizes 143 statements of recommended practice which will serve to provide information and structure the technical assistance process. The data obtained from the assessment do not solely determine technical assistance needs; rather they guide the

discussion with personnel and family members involved in the technical assistance plan.

Assessment Tool

As previously stated, the intent of technical assistance is to share recommended practice ideas with teachers, families, and service delivery personnel. Therefore, this assessment tool is in the form of a quality indicators checklist (see Appendix for the assessment tool and references). The inclusion of items is based upon 17 supporting principles and seven student and family outcomes cited in the literature and felt to be important or valued in the area of serving children with severe disabilities (Downing & Eichinger, 1990; Meyer, Eichinger, & Park-Lee, 1987; Strain, 1991).

Using the supporting principles and student/family outcomes as recommended practice values, the assessment instrument is constructed around six essential elements which comprise an educational program. The following six areas are included on the assessment tool: (a) school, (b) classroom, (c) family, (d) student, (e) instruction, and (f) transition. An assessment of these areas can generate an overall picture of the program and individuals requesting

technical assistance which provides useful information in planning technical assistance.

Six Essential Elements

TA providers must have a general idea of the manner in which the school functions in order to provide effective assistance. The technical assistance provided must mesh with the overall school philosophy, personnel, service delivery methods, inclusion models, and evaluative procedures. Specifically, the TA providers should know the school's mission statement concerning students with disabilities, the ratio of children with disabilities to nondisabled children, the plan for including families in the educational process, and the school's respect for individual differences.

In addition to having a general idea about school philosophy the TA providers benefit from understanding personnel issues. In other words, does the school promote personnel collegiality and professionalism, and does the whole school follow current recommended practice ideas about teaming and collaboration for service provision.

The Individuals with Disabilities Education Act (IDEA) clearly states that children should be educated in the least restrictive

environment, and many school programs are moving toward integration and inclusion (Campbell, 1991). In order to provide technical assistance that follows recommended practice guidelines, it is helpful to know where the school program falls on the continuum of implementing integration and inclusion. Specifically, does the school emphasize maximum participation, is there a peer tutoring program, and are the children attending their neighborhood school rather than special schools or classrooms?

In addition to understanding school level issues, observations and assessments specific to the classroom are also important to assess areas for possible TA. Issues within the classroom include organization, scheduling, and data collection. Before implementing new ideas and programs in a classroom it is better to understand how the classroom is organized and how innovative ideas may fit into the existing structure/procedures. Specific questions concerning the age appropriateness of the classroom and materials are included in this section. Additionally, if a component of TA involves collecting data, then having an understanding of the existing data collection system is important so as to not overload an already busy system/person.

For example, is there specific time blocked out for observation and data collection in order to update and modify a student's program?

The third element in the technical assistance assessment focuses on the student. This area really serves as an assessment of how the student is participating in the classroom program; does he have the proper adaptive devices, equipment, and are his medical needs and positioning needs being taken care of to promote maximum participation in activities? As will be discussed in greater detail later, information gathered from formal assessments and student records are also included in the assessment.

Family issues fall under several categories, but are also included as a separate section assessing the degree to which the program is family guided (Slentz & Bricker, 1992). The child will receive maximum benefits from technical assistance efforts if there is continuity between what happens at school and what occurs at home. In order that TA be generalized across settings, the level and type of communication among participants needs to be addressed as well as the degree of inclusion of the family into the decision process. Questions pertaining to family participation in the IEP/IFSP process are also included.

Instructional issues are the fifth element in the assessment, and focus primarily on systematic instruction and positive behavioral intervention. Questions concerning prompting and partial participation are included. Although technical assistance will impact on the school, classroom, and family, the core of the assistance and information will center around instructional strategies and curriculum. Assistance that is provided in the classroom will be more useful if it builds upon existing curricula and practices.

Transition becomes an issue for children at both ends of the educational system, very young children transitioning into schools from agency sponsored programs or home services and older students transitioning out of schools into work environments. For both groups of students, and individuals involved with these students, transition can be a stressful time and a time when technical assistance becomes critical (Turnbull & Turnbull, 1990). Regardless of the specific focus of technical assistance, transition issues will arise at some point for each student, and transition planning for each students should be evident. Technical assistance and transition plans should reciprocate to facilitate the transition process.

Gathering Information

Gathering information to formulate the assessment must be done in the most efficient manner that still respects the schedule of the school, teacher, and student. The method and procedure in which information is gathered can often influence the type and quality of information and, subsequently, the decisions based on the information.

Since many of the outcomes or goals of technical assistance depend on the quality and focus of the information gathered, multiple sources and techniques for gathering information are included on this assessment tool, including record review, observation, and interview. Information gathering should be viewed as a process that does not end with the initial discussions with participants, but as an ongoing activity that is embedded in the needs assessment process.

Useful information concerning children and students can be collected from reviewing records (Borich & Nance, 1987). After appropriate permission is received, both school and medical records can yield valuable information for the technical assistance needs assessment. Often students for whom technical assistance has been requested have extensive dossiers containing information collected over a number of years. Record protocol which may be idiosyncratic

for each situation should be adhered to strictly. School personnel are very sensitive to confidentiality issues and should be assured that technical assistance participants will be equally respectful of student and family privacy. Examining school and medical records in chronological order often helps to place the current concerns in a meaningful context. Problems repeatedly mentioned over time, across settings or service providers can help set priorities for technical assistance needs assessments. The determination of the exact amount and type of information will be dictated by the individual situation as well as guided by the supporting principles of the needs assessment tool.

Observations in the classroom and other pertinent school environments and home environments can yield useful information for assessing technical assistance needs. Everyday school routines offer multiple opportunities for gathering information that can shape technical assistance activities. Observations should be planned at varying times during the school day and week to accurately reflect the complete range of the activities comprising the student's school experience and home experience, if appropriate. Non-academic and non-classroom activities such as bus unloading and loading, lunch,

recess, and assemblies should be observed as well as the classroom instructional routine. The resulting observational information will provide data for absence or presence of activities that support the principles identified in the needs assessment tool.

The third method for gathering information is the structured interview. Due to t e constraints of technical assistance providers, service delivery personnel and families, the structured interview which includes some open-ended questions yields the maximum amount of usable information in the least amount of time. Consideration for interviewees' schedules may dictate that interviews be conducted in pieces rather than in large blocks of time. Often service delivery personnel and family members do not have the luxury of large blocks of uninterrupted available time. Making clear the goal and scope of an interview can assure that the information gather is focused enough to provide useful information while providing opportunity for open ended responses.

The organization and presentation of information once it has been gathered often determines the ultimate usefulness of the information. Therefore, the design of the forms which present and organize the information should promote ease of use and efficiency of

time. Using a matrix format which utilizes a simple coding mechanism can enable the person filling out the form and later various personnel who use the form to enter and access information easily. Coding systems that allow for circling the appropriate code or merely filling in a few letters of an assigned code can be particularly helpful. Listing the legend for the code on the page for which it is used avoids unnecessary confusion. Simple graphic dividers such as shaded bars can help users find information in particular sections quickly. The overall goal is a simple clean visual format that clearly presents the information to both TA providers and participants.

As mentioned, the overall goals of TA include supporting best practice principles and improving student outcomes; therefore, the participants determining technical assistance needs should keep these goals in mind throughout the process. The precious time and resources of family members, service delivery personnel, students, and technical assistance providers dictates that determining TA needs be focused, yet flexible, and provide information which coupled with appropriate practice can promote positive student outcomes.

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T PRACTICES QUALITY INDICATORS CHECKLIST - Karen LaParo & Cynthia Bechtel

Factor/Quality Indicator Item	Form of Assessment I-Interview O-Observation R-Record Review	Rating 0-Not Applicable 1-No Evidence 2-Some/Emerging Evidence 3-Clear Evidence	Supporting Principles	Outcomes SO	SD	CO	LR	OS	CM	FS
I. School Level										
A. Setting										
1. The ratio of children with disabilities attending the program/school represents the natural proportion of disabled to non-disabled children in the community.	I O R	0 1 2 3	INT							
2. Children attend same program/school he/she would attend if not disabled.	I O R	0 1 2 3	INT							
3. (If separate classrooms) Classrooms are dispersed throughout the school.	I O R	0 1 2 3	INT							
4. General education classrooms (i.e., shop, computer lab, home economics) are accessible and/or adapted for use by students with disabilities.	I O R	0 1 2 3	INT							
B. Philosophy										
1. The program/school philosophy reflects a conviction that every child is capable of learning and considers the program to be accountable for student gain.	I O R	0 1 2 3	BP							
2. Professional staff talk with (and about) students in a manner that communicates respect (i.e., do not yell at, make fun of, or talk about students as if they were not present).	I O R	0 1 2 3	MSD							
3. The program philosophy emphasizes the development of both autonomy and individual responsibility by children.	I O R	0 1 2 3	MSD							
4. The program philosophy emphasizes responsiveness to families and support to meet family needs.	I O R	0 1 2 3	FFP							
5. The program reflects a balance between safety concerns and normalized risk-taking based upon children's ages.	I O R	0 1 2 3	AA							

Supporting Principles
ABC-Activity Based Curriculum
AA-Age Appropriate
BP-Best Practice Philosophy
CLS-Classroom Organization
COM-Communication
FFP-Family Focused Program
FFD-Functional & Future Directed
INT-Integration
MSD-Maintenance of Student Dignity
MED-Medical Issues
POS-Positioning & Motor Skills
PBI-Positive Behavioral Intervention
SIP-Staff Integration & Professionalism
SI-Systematic Instruction
TTF-Transdisciplinary Team Functioning
TRA-Transition
UAT-Use of Assistive Technology

Student/Family Outcomes
SO-Social Interactions with Non-handicapped Persons
OS-Ongoing Services & Support
SD-Self Determination
CM-Autonomy & Competence
CO-Use of Community Services
FS-Family Support
LR-Participation in Leisure/Recreation Activities

Factor/Quality Indicator Item	Form of Assessment I-Interview O-Observation R-Record Review	Rating 0-Not Applicable 1-No Evidence 2-Some/Emerging Evidence 3-Clear Evidence	Supporting Principles	Outcomes						
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I. School Level										
B. Philosophy (cont.)										
6. Program/school philosophy emphasize continuous updating of service by actively seeking information on new curricular developments and best practices	I O R	0 1 2 3	SIP							
C. Personnel										
1. Pupil-teacher staffing ratios are adequate and appropriate to meet individual needs.	I O R	0 1 2 3	SIP							
2. Staff inservice training occurs on a regular basis.	I O R	0 1 2 3	SIP							
3. All professional personnel are certified by the state in the disability area served.	I O R	0 1 2 3	SIP							
4. Needs driven training is developed and implemented on a regular basis.	I O R	0 1 2 3	SIP							
5. Paraprofessional personnel are required to receive formal training relevant to the disability area served.	I O R	0 1 2 3	SIP							
6. Each professional maintains collegial interactions with at least one colleague in another school whose students have similar needs.	I O R	0 1 2 3	SIP							
D. Service Delivery										
1. Integrated therapy rather than a pull-out direct service model is used.	I O R	0 1 2 3	BP							
2. Team collaboration is involved in both planning and delivery of instruction and related services. (i.e., transdisciplinary team approach).	I O R	0 1 2 3	TTF							
E. Inclusion										
1. The program/school philosophy emphasizes the goal of maximum participation through inclusion.	I O R	0 1 2 3	INT							

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I. School **E. Inclusion (cont.)**										
2. Students of the same age, in general and special education, follow the same calendar (daily and yearly), school hours, and dress code.	I O R	0 1 2 3	INT							
3. Children with disabilities are educated in classrooms with typical age peers.	I O R	0 1 2 3	INT							
4. Students attend different subject area classes throughout the day according to patterns typical for same-age general education peers.	I O R	0 1 2 3	INT							
5. All students share common schedules and common areas for regular scheduled activities (i.e., recess, lunch).	I O R	0 1 2 3	INT							
6. Established peer programs exist that include procedures for recruiting, training, scheduling, and monitoring peer participants.	I O R	0 1 2 3	INT							
7. Typically developing peers spontaneously interact with students passing them in the hall or meeting them in central areas such as the lunchroom or playground.	I O R	0 1 2 3	INT							
8. Students travel to and from school using the general education transportation system.	I O R	0 1 2 3	INT							
F. Evaluation										
1. Process for evaluation of school programs exists.	I O R	0 1 2 3	BP							
2. A collaborative evaluation approach is used.	I O R	0 1 2 3	TTF							
3. Both student/child and family outcomes are measured.	I O R	0 1 2 3	TTF							
4. Functional criteria are used to determine student outcomes.	I O R	0 1 2 3	TTF							

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II. Classroom										
A. Organization										
1. The classroom is normalized for students' chronological ages (e.g., decor, furniture, wall displays).	I O R	0 1 2 3	AA							
2. Classroom materials are age appropriate.	I O R	0 1 2 3	AA							
3. Work areas are organized, neatly labeled, and accessible.	I O R	0 1 2 3	MSD							
4. Each student's belongings are tactually and visually identified.	I O R	0 1 2 3	MSD							
5. Organization of the room promotes orientation and independent mobility.	I O R	0 1 2 3	MSD							
6. An appropriate level of sensory stimulation is in the classroom.	I O R	0 1 2 3	BP							
B. Scheduling										
1. Each student spends most of his or her time engaged in active learning activities, with "down time" comprising no more than a few minutes at a time between activities.	I O R	0 1 2 3	SI							
2. Transition time between activities is scheduled.	I O R	0 1 2 3	SI							
3. Classroom schedule is followed by staff.	I O R	0 1 2 3	SI							
4. Schedule of daily activities is posted and is complete (specifies what staff and children do each period).	I O R	0 1 2 3	SI							
C. Data Collection										
1. Data on student performance are used to make modifications as needed.	I O R	0 1 2 3	BP							
2. Data on student performance include information on levels of assistance being provided.	I O R	0 1 2 3	BP							

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II. Classroom **C. Data Collection (cont.)**										
3. Data on student performance are collected at least once weekly for each IEP/IFSP objective, and those data are used to make program changes as needed.	I O R	0 1 2 3	BP							
4. Data and data summaries are up-to-date.	I O R	0 1 2 3	BP							
5. Time for observations by the staff for data collection is included in the schedule.	I O R	0 1 2 3	BP							
6. There are data collection/summary methods and systems that are quick, easy to use, and do not call attention to children or staff.	I O R	0 1 2 3	BP							

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III. Student										
A. Inclusion										
1. Student attends a school appropriate for his or her chronological age.	I O R	0 1 2 3	INT							
2. Each IEP/IFSP includes at least one measurable behavioral objective involving interactions with typically developing areas.	I O R	0 1 2 3	INT							
B. Adaptive/Assistive Devices										
1. Adaptations are developed, implemented, and evaluated which allow the student to increase participation in activities.	I O R	0 1 2 3	UAT							
2. Assistive devices for environmental control and/or communication are available as needed.	I O R	0 1 2 3	UAT							
3. Student uses appropriate equipment or corrective aids.	I O R	0 1 2 3	UAT							
4. All equipment and individual prosthetic devices are kept in good working order.	I O R	0 1 2 3	UAT							
C. Medical Information										
1. Medical records are up-to-date, including information on medications and monitoring of any effects of medication on students.	I O R	0 1 2 3	BP							
D. Positioning										
1. Students are physically positioned according to individual needs throughout the day and various instructional program.	I O R	0 1 2 3	POS							
2. The body position of any student with a physical disability is changed at least once every half hour.	I O R	0 1 2 3	POS							

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III. Student **D. Positioning (cont.)**										
3. At least three postural (stationary) positions are incorporated into the program for students with physical disabilities.	I O R	0 1 2 3	POS							
4. Positions are chosen for maximum participation in activities (in both general and regular education activities).	I O R	0 1 2 3	POS							
5 Changes in activity and position are communicated to students (rather than just pushing a wheel chair to another location, etc).	I O R	0 1 2 3	POS							

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IV. Family										
1. There is active family involvement assessing student needs.	I O R	0 1 2 3	FFP							
2. There is active family involvement designing the IFSP/IEP.	I O R	0 1 2 3	FFP							
3. There is active family involvement working on IFSP/IEP objectives at home.	I O R	0 1 2 3	FFP							
4. IFSPs/IEPs are developed based on the families' priorities, resources, and concerns in relation to the child.	I O R	0 1 2 3	FFP							
5a. IFSPs/IEPs developed using input from the family concerning daily routines and desired goals for their child.	I O R	0 1 2 3	FFP							
5b. Parents assist in determining instructional priorities, instructional settings, etc.	I O R	0 1 2 3	FFP							
5c. Planned enhancement of child's skill development within daily family routine.	I O R	0 1 2 3	FFP							
5d. Parents are encouraged to help identify individually effective instructional strategies (e.g., effective reinforcers).	I O R	0 1 2 3	FFP							
6. IFSPs/IEPs are developed using functional assessment and family interview strategies.	I O R	0 1 2 3	FFP							
7. IFSP/IEP show evidence of balance of objectives in domains.	I O R	0 1 2 3	FFP							
8. Each IFSP/IEP includes objectives to develop leisure activity skills reflecting the learner's personal preferences.	I O R	0 1 2 3	FFP							
9. IFSP/IEP contains plans for acquisition, maintenance and generalization.	I O R	0 1 2 3	FFP							
10. IFSPs/IEPs state what data method will be used to evaluate child progress.	I O R	0 1 2 3	FFP							
11. IFSP/IEP goals and objectives are functional and chronologically age-appropriate.	I O R	0 1 2 3	FFP							

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IV. Family (cont.)										
12. IFSPs/IEPs contain objectives for interactions with non-disabled peers.	I O R	0 1 2 3	FFP							
13. IFSPs/IEPs have goals that target functional activities in real-life settings.	I O R	0 1 2 3	FFP							
14. IFSP/IEP goals are real activities, that would be performed by a child in their next educational setting.	I O R	0 1 2 3	FFP							
15. IFSP/IEP addresses the communication, mobility, and assistive technology needs of the child.	I O R	0 1 2 3	FFP							
16. All IFSPs/IEPs state objectives to describe what the student/ individual will do, not what he or she will stop doing or what staff will do.	I O R	0 1 2 3	FFP							
17. Each IFSP/IEP includes personal management objectives reflecting a concern for teaching decision-making, choice-making, and autonomy.	I O R	0 1 2 3	FFP							
18. Student records are shared with the family while maintaining confidentiality.	I O R	0 1 2 3	FFP							
19. There is an established communication system between home and school (e.g., weekly/daily).	I O R	0 1 2 3	FFP							
20. Information concerning related services is available to family members on an individual basis.	I O R	0 1 2 3	FFP							
21. Family support is provided through a case management approach. (IFSP only)	I O R	0 1 2 3	FFP							
22. Parents have opportunities to visit the classroom (i.e., an "open door" policy).	I O R	0 1 2 3	FFP							

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V. Instruction										
A. Instructional Strategies										
1. Instructional staff utilize effective instructional techniques appropriate to activity, setting, and student (i.e., prompting, fading, error correction, and effective use of touch cues).	I O R	0 1 2 3	SI							
2. Instructional programs specify procedures for fading teacher assistance, including cues, corrections, and consequences.	I O R	0 1 2 3	SI							
3. Instructional strategies are designed to reflect natural cues, correction, support systems, and consequences available in environments.	I O R	0 1 2 3	SI							
4. Instruction addresses acquisition, maintenance, generalization and fluency.	I O R	0 1 2 3	SI							
5. Anticipation cues are provided to indicate the next activity.	I O R	0 1 2 3	SI							
6. Cues are provided to the student so that he/she recognizes or is aware of the presence of another individual.	I O R	0 1 2 3	COM							
7. Familiar activities are used to promote awareness of, and interaction with other individuals.	I O R	0 1 2 3	SI							
8. Intervention for behavioral problems should be positive, unobtrusive, and normalized to ensure the maintenance of student dignity.	I O R	0 1 2 3	PBI							
9. Behavior problems are viewed as instructional needs, indicating areas where skills for more appropriate behaviors must be acquired and practiced.	I O R	0 1 2 3	PBI							
10. Each student spends most of his or her time engaged in active learning activities with down time comprising no more than a few minutes at a time between activities.	I O R	0 1 2 3	BP							
11. Activities address goals on IFSP/IEP.	I O R	0 1 2 3	BP							

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				SO	SD	CO	LR	OS	CM	FS
V. Instruction **A. Instructional Strategies (cont.)**										
12. Instructional arrangements, materials, and activities are age-appropriate.	I O R	0 1 2 3	AA							
13. The schedule reflects a variety of situations for each learner, including independent work, small group, large group, one-to-one instruction, socialization, and independent time.	I O R	0 1 2 3	BP							
14. Instructional schedules for individual students reflect sufficient time to meet student goals.	I O R	0 1 2 3	BP							
15. Instructional corrections and consequences are closely related to natural corrections and consequences available in criterion environments.	I O R	0 1 2 3	ABC							
16. Instructional trials are presented throughout the day (both scheduled and natural opportunities).	I O R	0 1 2 3	ABC							
17. A strategy implemented so that children are not subjected to repeated failure.	I O R	0 1 2 3	MSD							
18. Activities are managed and the environment manipulated so that the individual has the opportunity to make choices.	I O R	0 1 2 3	MSD							
19. State of the art technology is used for instruction and evaluation (e.g., VCR, computers, laser canes).	I O R	0 1 2 3	UAT							
B. Communication										
1. Communication instruction is infused within functional activities and routines.	I O R	0 1 2 3	COM							
2. Time is taken to attach language to the activity using appropriate communication for the person.	I O R	0 1 2 3	COM							
3. Behaviors are acknowledged as communication.	I O R	0 1 2 3	COM							
4. An educative approach and "least intrusive means" guidelines are followed to intervene with behavior problems.	I O R	0 1 2 3	PBI							
5. System is used to implement IEP goals and objectives as needed.	I O R	0 1 2 3	ABC							
6. Activities identified can be performed alone or with others.	I O R	0 1 2 3	BP							

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V. Instruction										
B. Communication (cont.)										
7. Priority activities for individual students are identified (family and personal preferences).	I O R	0 1 2 3	FFP							
8. Avoidance of artificial reinforcement and aversive control techniques.	I O R	0 1 2 3	PBI							
9. Age appropriate skills and instructional strategies.	I O R	0 1 2 3	AA							
10. Curricular emphasis on skills with present and future utility.	I O R	0 1 2 3	FFD							
11. Curriculum that is referenced to individual, family, peers, and community.	I O R	0 1 2 3	FFP							
12. Emphasis on function rather than form of response.	I O R	0 1 2 3	ABC							
C. Natural Routines/Settings										
1. Encouraging the person to incorporate newly acquired skills into daily and weekly routines.	I O R	0 1 2 3	ABC							
2. Care-giving interactions and natural routines (eating, going to the bathroom, etc.) are utilized as opportunities for instruction.	I O R	0 1 2 3	ABC							
3. New skills are taught in the context of naturally occurring activities and daily routines.	I O R	0 1 2 3	ABC							
4. Each student receives instruction in the community (outside the school setting) at least twice monthly (ages 3 to 8), twice weekly (ages 9 to 12), or 3 or 4 times weekly (ages 13 and up) depending upon age.	I O R	0 1 2 3	ABC							
5. Instruction is provided in community settings.	I O R	0 1 2 3	ABC							
6. Integrated leisure/recreation sites utilized (YMCA, parks, etc.).	I O R	0 1 2 3	ABC							
D. Autonomy/Competence										
1. When independence is achieved, allow person to work at her/his own pace.	I O R	0 1 2 3	MSD							

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E. Feedback										
1. Ensuring feedback for the individual during and after activity.	I O R	0 1 2 3	PBI							
2 Each student receives appropriate positive reinforcement and feedback (e.g., 75% positive to 25% corrective in the classroom).	I O R	0 1 2 3	PBI							
F. Evaluation										
1. The instructional team, including parents, have input in the design and evaluation of a behavioral intervention program.	I O R	0 1 2 3	PBI							
2. Individualized task analyses and discrepancy analyses are done as the basis of individual instructional programs.	I O R	0 1 2 3	PBI							
3. Ecological inventories are used to provide input into the design of individualized programs (i.e., assessing environmental domains).	I O R	0 1 2 3	PBI							
4. Data are utilized to make instructional decisions	I O R	0 1 2 3	PBI							
5. Task analyses on activities.	I O R	0 1 2 3	PBI							
6. Use of data collection in the instructional program	I O R	0 1 2 3	PBI							
7. Programming changes based on individual, formative evaluation	I O R	0 1 2 3	PBI							

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VI. Transition										
1. There is evidence of longitudinal planning, including coordination between current and future programs/service providers.	I O R	0 1 2 3	TRA							
2. Student transitions are facilitated by regular contact between "feeder" and "next" programs/ schools.	I O R	0 1 2 3	TRA							
3. Systematic procedures are established for interagency planning and coordination of services for transitional age children.	I O R	0 1 2 3	TRA							
4. Service provider from the next setting are invited to IFSPs/IEPs meeting.	I O R	0 1 2 3	TRA							
5. Family members are involved in planning the transition to the next educational setting.	I O R	0 1 2 3	TRA							
6. The curriculum is based in part on "next environment" demands and expectations.	I O R	0 1 2 3	TRA							
7. IFSP/IEP contains transition goals and objectives.	I O R	0 1 2 3	TRA							
8. Community-based vocational training is evident for students age 14 and older.	I O R	0 1 2 3	TRA							
9. Parents and consumers are involved in the transition process at least 3 years prior to graduation.	I O R	0 1 2 3	TRA							
10. Individualized transition plans are developed at least three years prior to graduation.	I O R	0 1 2 3	TRA							
11. Identification of students who will exit school within next 3 years.	I O R	0 1 2 3	TRA							
12. Transition planning to facilitate success in subsequent settings.	I O R	0 1 2 3	TRA							
13. Preparation for future integrated settings.	I O R	0 1 2 3	TRA							

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References

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