Module: Parent-Implemented Intervention

Family Information Form

Instructions: Please complete this form in as much detail as possible. All information will be kept confidential and will be used to identify and prioritize goals for intervention in the home and community.

Learner's Name:_____
First Middle Last

Gender:_____ Date of Birth:_____ Medical Diagnosis: _____

Family Information

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Living with child? _____ Living with child? _____

Phone (H): _____ Phone (H): _____

Phone (W): _____ Phone (W): _____

Phone (C): _____ Phone (C): _____

Occupation: _____ Occupation: _____

(If child lives with individual other than own parents, please provide information for primary caretaker)

Brothers and Sisters

Name	Date of Birth	Gender

Educational Information

Please complete if your child is currently in school

Name and Location of School	Grade	Classroom Description	Related Services Provided

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Does your child currently have an Individualized Education Program (IEP)? Yes No

Does your child currently have an Individualized Family Service Plan (IFSP)? Yes No
(If yes, please submit a copy with this document.)

Please briefly describe your child's skills and/or educational performance

_____
_____
_____
_____

Please briefly describe your child's behavior at home and at school

_____
_____
_____
_____

Services

Please list any services your child currently receives:

Service Provider Name	Services Provided	Duration of Services	Frequency of Services	Goals

Child / Family Information

List up to 5 strengths of your child

1)_____

2)_____

3)_____

4)_____

5)_____

List up to 5 items/activities that are motivational to your child

1)_____

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2)_____

3)_____

4)_____

5)_____

Describe your concerns in the following areas of development

Communication

_____
_____
_____
_____

Social Interaction

_____
_____
_____
_____

Play

_____
_____
_____
_____
_____

Self-help

_____
_____
_____
_____

Rigid/Restricted behavior

_____
_____
_____
_____

Repetitive behavior

_____
_____
_____
_____

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Aggressive or Self-injurious Behavior

_____
_____
_____
_____

List up to 5 primary concerns you have regarding your child in the home or in community settings

1)_____

2)_____

3)_____

4)_____

5)_____

List up to 5 primary concerns or potential barriers that might impact parents' ability to implement the intervention

1)_____

2)_____

3)_____

4)_____

5)_____

Other information that may be helpful:

_____
_____
_____
_____

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Goal Development Form

Child's Name:_____

Date:_____

Participants in Goal Development:

Name Role	Name Role
Name Role	Name Role

Child Goals

Domain	Goal	Action Steps	Start Date	End Date

Parent Goals

Domain	Goal	Action Steps	Start Date	End Date

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Family Goals

Domain	Goal	Action Steps	Start Date	End Date

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Parent Intervention Protocol Form

Child's Name:_____

Date:_____

Goal 1: _____

Intervention Providers:
Setting of Intervention (Include the activity or routine if applicable):
When to Initiate Intervention:
When to Terminate Intervention:
Preparation Steps Required:
Materials Required:
Procedure /Instructional Description: -Desired Child Response: -Consequence if Child is Correct: -Consequence if Child is Incorrect:
Reinforcing Items/Activities:

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Child's Name:_____

Date:_____

Goal 2: _____

Intervention Providers:
Setting of Intervention (Include the activity or routine if applicable):
When to Initiate Intervention:
When to Terminate Intervention:
Preparation Steps Required:
Materials Required:
Procedure /Instructional Description: -Desired Child Response: -Consequence if Child is Correct: -Consequence if Child is Incorrect:
Reinforcing Items/Activities:

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Child's Name:_____

Date:_____

Goal 3:_____

Intervention Providers:
Setting of Intervention (Include the activity or routine if applicable):
When to Initiate Intervention:
When to Terminate Intervention:
Preparation Steps Required:
Materials Required:
Procedure /Instructional Description: -Desired Child Response: -Consequence if Child is Correct: -Consequence if Child is Incorrect:
Reinforcing Items/Activities:

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Parent Implemented Behavior Intervention Plan

Child's Name:_____

Date:_____

Child Behavior(s): _____

Function of behavior(s): _____

Goal: _____

Prevention Strategies Designed to Reduce the Occurrence of the Behavior
1. *2.* *3.*
Reaction to Problem Behavior
Management of Crisis Behavior
Replacement / General Behaviors to Teach:
1. 2. 3.

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Teaching Replacement/General Behaviors Protocol

Intervention Providers:
Setting of Intervention (Include the activity or routine if applicable):
When to Initiate Intervention:
When to Terminate Intervention:
Preparation Steps Required:
Materials Required:
Procedure /Instructional Description: -Desired Child Response: -Consequence if Child is Correct: -Consequence if Child is Incorrect:
Reinforcing Items/Activities:

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Parent Intervention: Fidelity of Implementation Form

Child's Name:_____ Date:_____

Time:_____

Observer:_____ Individual Observed:_____

Activity Observed:_____

Goal Observed:_____

Implementation Checklist

For each major objective or activity listed below, please check "yes" or "no" to indicate if it was completed correctly during the observation session. Check "NA" if the objective was not appropriate for the observation. Use the Notes column to comment on the step observed (e.g., positive as well as constructive remarks).

Objective / Activity	Yes	No	NA	Notes
1. Setting: Intervention takes place in the designated setting or during the designated activity/routine.				
2. Initiation: Intervention is initiated at appropriate time.				
3. Termination: Intervention is terminated after correct child response or after designated criteria is met.				
4. Preparation: Preparation steps are completed in a timely manner.				
5. Materials: All necessary materials are organized, prepared, and close at hand.				
6. Procedure: Instructional cue is provided appropriately.				

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Objective / Activity	Yes	No	NA	Notes
7. Consequence: Appropriate consequence is delivered based on child's response.				
8. Consequence if Child is Correct: Prescribed reinforcement is provided when child responds correctly.				
9. Consequence if Child is Incorrect: The designated correction procedure is implemented if child responds incorrectly.				
10. Reinforcement: Provides subtle reinforcement and encouragement during the session.				
11. Reinforcement: Provides a motivating and reinforcing item/activity as designated.				

Comments:_____
_____
_____
_____