

WORKSHEET #1 (CONTINUED)

Step 2

From the list of routines and activities you recorded in Step 1, identify and record up to three that you identified that fell into the **red zone** for both columns (A) and (B).

- Answer questions (C), (D), (E), and (F) to create a baseline data point by placing a check mark in the appropriate box in each column.
- Starting with the baseline and for each additional data point, print out and draw a line (or trace with your fingers) from

the previous check mark to the current check mark. A line drawn straight down (|) indicates no change; a line drawn toward the bottom right corner of the page (↘) indicates improvement; a line drawn toward the bottom left of the page (↙) indicates a red flag and should be examined.

- Determine the time frame for collecting the information and record it in the time boxes at the end of the form. Also, transfer the recorded dates to Worksheet #2.

Name(s) of Individual(s) Completing Step 2 Paul: Bea's Dad Jamie: OT		Data Collection Point*	(C) Typically, how often does the child have the chance to participate in this activity?			(D) Typically, how involved is the child during this activity?			(E) How is the child's participation in this activity meeting your expectations? <small>For baseline, transfer responses from STEP 1, Column B.</small>			(F) Are there physical environment features and/or items that if taken away would prevent the child from participating in this activity? List Items and/or Features Below. <small>[Note: Items and/or features also should be recorded on the child's service records (e.g., IFSP or IEP)].</small>
			Once Each Week	A Few Times Each Week	Once Or More Each Day	Not Very Involved	Somewhat Involved	Very Involved	Does Not Meet	Occasionally Meets	Meets	
Mealtime	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Placemat
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Getting Dressed	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Changing table with safety bars *Clothes within reaching distance beside Bea for holding/helping
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting in Cart at Store	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Shopping Cart Fabric Cover with additional straps to support positioning in front of cart *Fidgets attached to cart handle *Mirror attached to cart handle
	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

*Key: B = Baseline; 1 = Follow-up 1; 2 = Follow-up 2; 3 = Follow-up 3.

Baseline Date: 11/9/2018 Follow-up 1 Date: 11/23/2018 Follow-up 2 Date: 12/6/2018 Follow-up 3 Date: 12/20/2018