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for

Spectrum of Independence

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Assessing for Barriers

Place a checkmark in the appropriate box for each potential stressor.

Potential stressors	This is a concern	This is not a concern
Major life events: We have had a major life event recently that is still affecting me, my child, or other family members.		
Logistics: We will have changes to our regular routine coming up in the near future.		
Time commitment: I have 30 minutes a day for the next 3–6 weeks to commit to one of my child's routines (e.g., toothbrushing).		
Increasing your consistency: I am willing to become a consistent and predictable source of both reinforcement and boundaries for my child. I am prepared to stick to my word.		
Emotional considerations: I have 3–5 stress-reduction or coping techniques that I use regularly with success.		
A supportive environment: My home is free from distractions so that my child can focus. My child can reach and find all the things they need.		
Believing: I believe my child is capable of learning to be more independent.		
Your support network: I have people that I feel safe leaving my child with. My child works with specialists.		

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Classifying Stressors

Place all items from the “This is a concern” category into the following categories.

Completely within my control	Somewhat within my control	Completely out of my control

For each of the items in the “completely within my control” and the “somewhat within my control” categories, you can order in priority. Number them according to which you would like to tackle first. Some people might go for the small problems first and then move on to bigger issues, but you may want to work in the opposite direction or tackle more than one at a time. For the things that are completely out of your control, there may be ways to bring the circumstance back into your control, or you may need to wait until the situation has changed or your routine has returned to normal.

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DIRECTIONS: Set up your camera where it can record the entire routine. Press “record” and pay attention to how your child completes the toothbrushing sequence. Later, play back the recording and take notes, or photocopy or download the Task Analysis Data Worksheet (on the facing page) that you can fill in. Document the individual steps of the sequence in the order that they are completed. Below is a filled-in sample from one parent. Don’t worry about scoring yet—we’ll cover that next.

Sample Task Analysis with Steps Filled In

Child’s name: John Date: 1/15 Scorer: Mom

	Step	Score	Prompt level	Comments
1	Walk into the bathroom	+ -	FP PP G I	
2	Get your toothbrush	+ -	FP PP G I	
3	Get the toothpaste	+ -	FP PP G I	
4	Take the cap off the toothpaste	+ -	FP PP G I	
5	Squeeze an appropriate amount of toothpaste on your toothbrush	+ -	FP PP G I	
6	Put the cap back on the toothpaste	+ -	FP PP G I	
7	Turn on the faucet	+ -	FP PP G I	
8	Wet your toothbrush	+ -	FP PP G I	
9	Brush the bottom outside of your teeth for 30 seconds	+ -	FP PP G I	
10	Brush the bottom inside of your teeth for 30 seconds	+ -	FP PP G I	
11	Brush the top outside of your teeth for 30 seconds	+ -	FP PP G I	
12	Brush the top inside of your teeth for 30 seconds	+ -	FP PP G I	
13	Rinse your toothbrush and hands	+ -	FP PP G I	
14	Rinse your mouth with water	+ -	FP PP G I	
15	Put your toothbrush away	+ -	FP PP G I	
16	Wipe off the counter	+ -	FP PP G I	
17	Dry your hands	+ -	FP PP G I	
18	Leave the bathroom	+ -	FP PP G I	

Task Analysis Data Worksheet

Child's name: _____ Date: _____ Scorer: _____

Step	Score	Prompt level	Comments
1	+ -	FP PP G I	
2	+ -	FP PP G I	
3	+ -	FP PP G I	
4	+ -	FP PP G I	
5	+ -	FP PP G I	
6	+ -	FP PP G I	
7	+ -	FP PP G I	
8	+ -	FP PP G I	
9	+ -	FP PP G I	
10	+ -	FP PP G I	
11	+ -	FP PP G I	
12	+ -	FP PP G I	
13	+ -	FP PP G I	
14	+ -	FP PP G I	
15	+ -	FP PP G I	
16	+ -	FP PP G I	
17	+ -	FP PP G I	
18	+ -	FP PP G I	
Total + for each prompt level:			
Percent + for each prompt level (total for each prompt level/total number of that prompt)			

FP = full physical; PP = partial physical; G = gestural; I = independent.

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Troubleshooting Worksheet

Have I . . .	Yes	No
Determined that this task is developmentally appropriate?		
Removed distractions in the environment? (e.g., electronics, toys)		
Ensured that all the materials needed for the routine are accessible to my child? (e.g., towel is within their reach, toothpaste is on bathroom vanity)		
Ensured that all aspects of the routine are physically accessible to my child? (e.g., replaced snap-on pants with pull-on pants, glass soap jar with plastic soap pump)		
Set up the routine to be tolerable to my child? (e.g., bought toothpaste that they like, bought clothes that are comfortable for them)		
Checked for past routines that may have turned into hard-to-break habits?		
Clearly stated what I am expecting my child to do? (e.g., "It's time to put away your toys and take a shower" instead of "Are you ready to take a shower?")		
Followed through with my directives?		
Reinforced appropriate behavior?		
Redirected inappropriate behavior?		
Provided consistent and timely consequences following appropriate and inappropriate behavior?		
Pinpointed the exact steps within the sequence that are challenging for my child?		
Increased the prompt level for the steps that are difficult?		
Assessed if my child is motivated to complete the routine? (i.e., whether innately or due to external reinforcement)		

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