



# PLANNING CHECKLIST

**Learner's Name:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Observer(s):** \_\_\_\_\_

**Target Skill/Goal/Behavior:** \_\_\_\_\_

**Directions:** Complete this checklist to determine which type of Cognitive Behavioral/Instructional Strategies to use with the learner on the spectrum as well as if CBIS is ready to be implemented.

## ASSESS THE LEARNER'S CURRENT ABILITIES:

- ☐ **Imitate others:** Is the learner able to imitate others if a model is provided?
- ☐ **Sustain attention:** Can the learner sustain attention long enough to observe the modeled behavior?
- ☐ **Prerequisite skills:** Does the learner have needed prerequisite skills/abilities?
  - ☐ **Cognitive level:** Is the learner's cognitive development level above 6 years old?
  - ☐ **Language skills:** Is the learner's expressive and receptive language skills above 6 years old?
  - ☐ **Reading level:** Does reading level of any written materials match the learner's reading level?
  - ☐ **Group setting:** Is the learner ready and able to learn in a group setting?
  - ☐ **Self-reflection:** Is the learner able to self-reflect?
  - ☐ **Affect recognition:** Does the learner recognize their emotions?
  - ☐ **Perspective-taking:** Can the learner take the perspective of others?

**If you DID NOT check off any of these questions, Cognitive Behavioral/Instructional Strategies MIGHT NOT be helpful to use with the learner.**





## SELECT GROUP/INDIVIDUAL TRAINING:

☐ Individual

☐ Group:

☐ Peer models?

Needs of included student(s):

Grade level(s) included:

## SELECT CBIS STRATEGY:

☐ Behavioral rehearsal/Role-play

☐ Direct instruction/Teaching of underlying concepts

☐ Cognitive restructuring

☐ Coping strategies

☐ Compensatory strategies

☐ Gradual exposure

☐ Relaxation techniques

☐ Self-monitoring

☐ Thought stopping

## SELECT ADDITIONAL EBPS:

☐ Modeling

☐ Parent-Implemented Intervention

☐ Peer-Based Instruction & Intervention

☐ Prompting

☐ Reinforcement

☐ Self-Management

☐ Social Narratives

☐ Social Skills Training

☐ Visual Supports

☐ Other:



## DETERMINE SESSION:

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1. Setting:
2. Schedule (Time/Frequency):
3. Length:

## PLANNING:

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- ☐ Has baseline data and/or a functional behavior assessment been collected through direct observation of the learner?
- ☐ Has an assessment of needs and skills been collected through:
  - ☐ Review of records and previous assessments
  - ☐ Interviews with parents, current or recent providers, or teacher(s)
  - ☐ Talking with the learner
  - ☐ Observations
  - ☐ Use of formal and/or informal assessment tools
  - ☐ Completion of rating scales
- ☐ Has the target goal/behavior/skill been identified?
- ☐ Is the target goal/behavior/skill measurable and observable? Does it clearly state **what** the target goal/behavior/skill is, **when** it will occur, and **how** team members/observers will know it has been mastered?
- ☐ Is Cognitive Behavioral/Instructional Strategies appropriate for the learner's target goal/behavior/skill?
- ☐ Does the learner require additional adaptations/modifications/supports? Such as a communication device or visual supports?
- ☐ Have reinforcers/rewards for the learner been identified based on the learner's interests/preferred items and/or activities?
- ☐ Are additional materials and/or resources for using Cognitive Behavioral/Instructional Strategies ready and available?
- ☐ Is there someone on the team that is trained in the selected CBIS?
- ☐ Has a CBIS session plan been developed?

