

My Action Plan

My Goals and Concerns:

Personal Care

Things my child can do on his or her own:

- | | |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | Dress |
| <input type="checkbox"/> | Use the toilet |
| <input type="checkbox"/> | Shower |
| <input type="checkbox"/> | Take care of hair and nails |

Personal care task I would like to start working on:

Which of these tools would help my child learn this personal care task?

<input type="checkbox"/>	Task analysis (Break a task down into many small steps)	Notes:
<input type="checkbox"/>	Parallel talk (While your child is doing a task, explain why it and each step of the task is necessary)	Notes:
<input type="checkbox"/>	Story boards	Notes:

Social Skills

Social skills my child needs to work on:

Which of the tools below might help my child learn social skills?

<input type="checkbox"/>	Social skills stories	<input type="checkbox"/>	Practice
<input type="checkbox"/>	Boundaries circle chart	<input type="checkbox"/>	Social skills training
<input type="checkbox"/>	Role playing	<input type="checkbox"/>	Social groups
<input type="checkbox"/>	5-point scale	Notes:	

Three areas that I will work on in the next six months:

<input type="checkbox"/>	Help my child better understand puberty <ul style="list-style-type: none"><input type="checkbox"/> Make sure he or she can name private parts of the body<input type="checkbox"/> Teach the difference between public and private behaviors<input type="checkbox"/> Explain personal boundaries (of youth and of others)<input type="checkbox"/> Talk about the physical changes of puberty<input type="checkbox"/> Work on personal care (hygiene)1.2.3.<input type="checkbox"/> Talk with my daughter before her first period<input type="checkbox"/> Talk with my son about wet dreams<input type="checkbox"/> Explain self-touching<input type="checkbox"/> Share reproductive information
<input type="checkbox"/>	Safety and appropriate touch <ul style="list-style-type: none"><input type="checkbox"/> Understanding appropriate touch<input type="checkbox"/> Saying “no”<input type="checkbox"/> Recognizing unsafe situations<input type="checkbox"/> Knowing what to do if someone touches him or her inappropriately<input type="checkbox"/> Knowing who he or she can tell about inappropriate touch<input type="checkbox"/> Knowing what to say
<input type="checkbox"/>	I will talk with my child’s IEP team about adding self care, personal safety, or social skills as an IEP objective.
<input type="checkbox"/>	Other:

Whom would I be comfortable asking for assistance?			
<input type="checkbox"/>	Family network (family, friends, elders)	<input type="checkbox"/>	Doctor
<input type="checkbox"/>	Parent center	<input type="checkbox"/>	Disability organization
<input type="checkbox"/>	Center for independent living	<input type="checkbox"/>	Community health center
<input type="checkbox"/>	School professionals	<input type="checkbox"/>	Other: