

SBP Goal Phrase:
Provider/ Staff:

SKILL BUILDING PLAN

*NOTE: Additional Training and Resources can be obtained by visiting: www.myodp.org
Trainings can be located by navigating: Training > Autism > Adult Autism Programs > SSD
Resources can be located by navigating: Resources > Autism > Adult Autism Waiver Provider > AAW SSD*

Goal and Objective

Participant Name		Plan Effective Date	
Name of Person Completing SBP		Service Start Date	
Email Address for Person Completing SBP		Initial SBP Development Date	
		Dates of SBP revisions, when applicable	
Who is implementing this plan?	<input type="checkbox"/> Skill Building Specialist	<input type="checkbox"/> Community Support Staff	<input type="checkbox"/> Parents/Natural Support <input type="checkbox"/> Other: _____

Goal and Objective

Goal	Goal Phrase				
	Goal Category	<input type="checkbox"/> Social/Communication	<input type="checkbox"/> ADL	<input type="checkbox"/> Behavior	<input type="checkbox"/> Employment/Volunteer
	Goal Statement				
Objective	Condition				
	Behavior				
	Criteria				

SBP Goal Phrase:**Provider/ Staff:**

(Double click on "SBP Goal Phrase" to edit.: (1) Enter the exact wording as the "Goal Phrase" listed under the Goal and Objective section below.
(2) Also add the provider name and staff name.)

SKILL BUILDING PLAN (One Skill- One Goal- One Objective- One SBP)

*Refer to "SBP Quick Reference: What Goes Where?", "Skill Building Plan Tips", and "Examples of Completed SBPs" for additional guidance regarding expectations for what to enter for dates

Demographics Participant Name	Enter First and Last Name	Plan Effective Date	Enter the actual date the current plan year began, which can be found on participant's ISP or from SC. Occurs before the service start date.	
Name of Person Completing SBP	Enter First and Last Name	Service Start Date	Enter the actual date Systematic Skill Building began with participant. Occurs after the plan effective date but before the SBP development date	
Email Address for Person Completing SBP	Enter Complete email address	Initial SBP Development Date	Enter the date this plan was first written. Occurs after the service start date.	
		Dates of SBP revisions, when applicable	As this plan is updated for participant, enter the date(s) of each revision	
Who is implementing this plan? <small>(Check all that apply)</small>	<input type="checkbox"/> Skill Building Specialist <small>(The person who meets qualifications to provide SSB Direct and Consultation)</small>	<input type="checkbox"/> Community Support Staff <small>(This person will be trained by Skill Building Specialist to implement the SBP).</small>	<input type="checkbox"/> Parents/Natural Support <small>(Depending upon the skill to teach, it may be necessary to ensure parents/natural supports are trained to implement the plan)</small>	<input type="checkbox"/> Other: _____ <small>(May include other providers such as employment providers, respite, etc... or other community members who should be trained).</small>

Goal and Objective

*Refer to "Goal and Objective Cheat Sheet" and "Goal Category" docs for additional guidance regarding expectations for what to enter for each of the following sections.

Goal	Goal Phrase				
	Goal Category <small>(Select only 1 category. Please review "Goal Category" resource for additional guidance)</small>	<input type="checkbox"/> Social/Communication	<input type="checkbox"/> ADL	<input type="checkbox"/> Behavior	<input type="checkbox"/> Employment/Volunteer
	Goal Statement				

SBP Goal Phrase:

Objective	Condition	
	Behavior	
	Criteria	

Instructional Strategies

Setting(s)	Baseline (Current Level of Performance)	Natural Cue(s)	Materials and Environmental Arrangements	Description of Strategies		Generalization and Maintenance
<input type="checkbox"/> Home				<input type="checkbox"/> Prompting		<input type="checkbox"/> Provide opportunities in new settings <input type="checkbox"/> Use new materials/prompts <input type="checkbox"/> Use skill with different people <input type="checkbox"/> Change criteria level in objective <input type="checkbox"/> Change the goal <input type="checkbox"/> Change the objective <input type="checkbox"/> Self-monitoring <input type="checkbox"/> Other _____
				<input type="checkbox"/> Task Analysis/ Data Collection tool		
				<input type="checkbox"/> Reinforcement		
				<input type="checkbox"/> Error Correction		
				<input type="checkbox"/> Other _____		
<input type="checkbox"/> Community				<input type="checkbox"/> Prompting		<input type="checkbox"/> Provide opportunities in new settings <input type="checkbox"/> Use new materials/prompts <input type="checkbox"/> Use skill with different people <input type="checkbox"/> Change criteria level in objective <input type="checkbox"/> Change the goal
				<input type="checkbox"/> Task Analysis/ Data Collection tool		
				<input type="checkbox"/> Reinforcement		

SBP Goal Phrase:

Provider/ Staff:				<input type="checkbox"/> Error Correction		<input type="checkbox"/> Change the objective <input type="checkbox"/> Self-monitoring <input type="checkbox"/> Other _____
<input type="checkbox"/> Work/Volunteer				<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other				<input type="checkbox"/> Prompting		<input type="checkbox"/> Provide opportunities in new settings <input type="checkbox"/> Use new materials/prompts <input type="checkbox"/> Use skill with different people <input type="checkbox"/> Change criteria level in objective <input type="checkbox"/> Change the goal <input type="checkbox"/> Change the objective <input type="checkbox"/> Self-monitoring <input type="checkbox"/> Other _____
				<input type="checkbox"/> Task Analysis/ Data Collection tool		
				<input type="checkbox"/> Reinforcement		
				<input type="checkbox"/> Error Correction		
				<input type="checkbox"/> Other _____		
				<input type="checkbox"/> Prompting		<input type="checkbox"/> Provide opportunities in new settings <input type="checkbox"/> Use new materials/prompts <input type="checkbox"/> Use skill with different people <input type="checkbox"/> Change criteria level in objective <input type="checkbox"/> Change the goal <input type="checkbox"/> Change the objective <input type="checkbox"/> Self-monitoring <input type="checkbox"/> Other _____
				<input type="checkbox"/> Task Analysis/ Data Collection tool		
				<input type="checkbox"/> Reinforcement		
				<input type="checkbox"/> Error Correction		
				<input type="checkbox"/> Other _____		

SBP Goal Phrase:
Provider/ Staff:

Instructional Strategies

**Refer to "SBP Examples" for additional ideas on structure and content of this section in particular*

Setting(s) (Select only the setting(s) where the person will actually perform this skill. For every setting selected, complete the columns that follow)	Baseline (Current Level of Performance)	Natural Cue(s)	Materials and Environmental Arrangements	Description of Strategies (Select all strategies that apply. Please refer to "Best Instructional Practices" manual and Module 2 in SSD/SSB training for additional details regarding the strategies listed below)		Generalization and Maintenance (Select all appropriate options)
<p><input type="checkbox"/> Home Select this setting if the skill will be taught and used where the participant lives.</p> <p>Include specific details for where in the home the skill will be performed (e.g. kitchen, bedroom, laundry room)</p> <p><input type="checkbox"/> Community Select this setting if the skill will be taught and used outside of where the participant lives.</p> <p>Include specific details for where in the community the skill will be performed (e.g. coffee shop, laundromat, grocery store, at the YMCA or gym)</p> <p><input type="checkbox"/> Work/Volunteer Select this setting if the skill will be taught and used at the participant's job or volunteer setting.</p> <p>Include specific details regarding what the work/volunteer setting looks like (e.g. at the horse barn, in</p>	<p>Identify how much of the skill, if any, can be performed without assistance.</p> <p>This information should be aligned with the criteria in the objective and first text box in the GAS chart.</p> <p>It should also contain quantitative information to indicate how much of the skill the person can do without assistance.</p>	<p>Identify what occurs in the participant's environment to indicate that it is time to begin the skill.</p> <p>This information should align with the "condition" of the objective.</p>	<p>List the materials (bullets are ok) that will be used to teach participant to perform skill.</p> <p>Describe what the setting will look like prior to beginning the skill.</p>	<p><input type="checkbox"/> Prompting</p> <ol style="list-style-type: none"> List and describe the prompt(s) chosen to teach the skill. <ol style="list-style-type: none"> prompts need to be appropriate for the skill being taught include one example for each prompt describes If at least one prompt is identified, list and describe latency. If more than one prompt is chosen, identify hierarchy 	<ol style="list-style-type: none"> Prompts: <ul style="list-style-type: none"> Gestures: Indirect verbal: Direct verbal: Model: Permanent: Physical: Latency: <ul style="list-style-type: none"> Time Delay-Constant: Time Delay-Progressive: Hierarchy: <ul style="list-style-type: none"> Least-To-Most: Most-To-Least: 	<p><input type="checkbox"/> Provide opportunities in new settings</p> <p><input type="checkbox"/> Use new materials/prompts</p> <p><input type="checkbox"/> Use skill with different people</p> <p><input type="checkbox"/> Change criteria level in objective</p> <p><input type="checkbox"/> Change the goal</p> <p><input type="checkbox"/> Change the objective</p> <p><input type="checkbox"/> Self-monitoring</p> <p><input type="checkbox"/> Other _____</p>
				<p><input type="checkbox"/> Task Analysis/ Data Collection tool</p> <p><i>*Refer to "Task Analysis" and "Data Collection Forms</i></p>	<p>Attach a copy of the complete Task Analysis or other data collection tool developed to the SBP.</p> <p>Note that each SBP</p>	

SBP Goal Phrase:

his work on his Provider/Staff:				(Blank)* docs for additional ideas	needs to have one Task Analysis or data collection tool
				<input type="checkbox"/> Reinforcement	Describe the specific reinforcement strategy and frequency of delivery.
				<input type="checkbox"/> Error Correction	Describe how you will respond when skill is not performed.

SBP Goal Phrase:
Provider/ Staff:

Goal Attainment Scaling Chart

**Refer to "QSR Due Date Chart" docs for additional guidance regarding expectations for what to enter for dates*

Level of Attainment	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Dates: <u> / / - / / </u>	Dates: <u> / / - / / </u>	Dates: <u> / / - / / </u>	Dates: <u> / / - / / </u>
Much less than expected -2				
Somewhat less than expected -1				
Expected level of outcome 0				
Somewhat more than expected +1				
Much more than expected +2				
Level of Attainment per quarter				
Comments				
Instructional Decision				

SBP Goal Phrase:
Provider/ Staff:

Step 1: Enter dates for each quarter.
Follow the "QSR Guidance" chart to determine quarter dates (Quarter Period Dates)

Level of Attainment	Quarter 1 Dates:	Quarter 2 Dates:	Quarter 3 Dates:	Quarter 4 Dates:
Much less than expected -2		1		
Somewhat less than expected -1				
Expected level of outcome 0				
Somewhat more than expected +1				
Much more than expected +2				
Level of Attainment per quarter				
Comments				
Instructional Decision				

Steps 2 & 3: Enter Baseline and Annual Criteria
Baseline should align with info in SBP chart. Annual should indicate the realistic expected outcome at the end of the plan year.

Level of Attainment	Quarter 1 Dates:	Quarter 2 Dates:	Quarter 3 Dates:	Quarter 4 Dates:
Much less than expected -2	Baseline criteria goes here	2		
Somewhat less than expected -1			3	
Expected level of outcome 0				Annual criteria component of the objective goes here
Somewhat more than expected +1				
Much more than expected +2				
Level of Attainment per quarter				
Comments				
Instructional Decision				

Step 4: Enter Expected Outcome for Each Quarter
Enter the progress the participant should make at the end of each quarter.

Level of Attainment	Quarter 1 Dates:	Quarter 2 Dates:	Quarter 3 Dates:	Quarter 4 Dates:
Much less than expected -2				
Somewhat less than expected -1				
Expected level of outcome 0	Expected Outcome at the end of Quarter 1	Expected Outcome at the end of Quarter 2	Expected Outcome at the end of Quarter 3	
Somewhat more than expected +1		4		
Much more than expected +2				
Level of Attainment per quarter				
Comments				
Instructional Decision				

Steps 5, 6, & 7: Fill in Additional Sections of GAS Chart
Enter the criteria to indicate what it would look like for the participant to attain more or less progress for each quarter. Some information will be duplicated as noted below.

Level of Attainment	Quarter 1 Dates:	Quarter 2 Dates:	Quarter 3 Dates:	Quarter 4 Dates:
Much less than expected -2		5a	6a	7a
Somewhat less than expected -1		5b	6b	7b
Expected level of outcome 0				
Somewhat more than expected +1	5a	6a	7a	
Much more than expected +2	5b	6b	7b	
Level of Attainment per quarter				
Comments				
Instructional Decision				

Steps 8 & 9: Fill in the Rest of the Chart

Level of Attainment	Quarter 1 Dates:	Quarter 2 Dates:	Quarter 3 Dates:	Quarter 4 Dates:
Much less than expected -2				
Somewhat less than expected -1	8			
Expected level of outcome 0				
Somewhat more than expected +1				9a
Much more than expected +2				9b
Level of Attainment per quarter				
Comments				
Instructional Decision				

SBP Goal Phrase:
Provider/ Staff:

Please maintain a hard copy of the current Skill Building Plan in the participant's files.

The following individuals have been trained to implement the Skill Building Plan

<i>Name</i>	<i>Signature</i>	<i>Role</i>	<i>Date</i>