

CLEVELAND STATE UNIVERSITY
Department of Health Sciences
Master of Occupational Therapy Program

HSC 559: Occupational Therapy Practicum II

Instructor: S. Maggie Maloney, MOT, OTR/L
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Office Hours: TBA; or by appointment
Class Time/Place: Tuesdays, 1-2:00, Room HS 013; Thursdays, at practicum site

Texts: *Willard & Spackman's OT – 10th edition* (and other texts you have retained for your own core OT reference library)
More to be announced. Also: readings on Electronic Course Reserve.

Course description: This level I field work experience in a *community setting* allows the student to exhibit pre-entry level skills and clinical reasoning necessary to evaluate sensorimotor, cognitive, and psychosocial factors influencing a person's occupational performance in activities of daily living, instrumental activities of daily living, education, work, leisure, play, and social participation; collaborate with the person, the team, and the family to develop and implement intervention strategies that promote occupational functioning; and understand and articulate occupational therapy's unique role within that setting. This course provides an opportunity to gain experiential knowledge of and apply the theoretical approaches studied in the curriculum.

Requirements: minimum of 45 contact hours in a community setting; 15 class hours. Your supervisor may ask for more hours.

Course objectives: The student will be evaluated in each of the following objectives at the end of the practicum experience. (See "Supervisor Evaluation of Student" form). By the end of the practicum experience, the student will:

OCCUPATIONAL THERAPY PROGRAM POLICIES AND PROCEDURES:

1. **ATTENDANCE:**
 - A. Excused absences - Only students with excused absences will be allowed to make up quizzes, tests, or missed work. Excused absences are those called in and approved by the instructor/clinical supervisor prior to class/clinical or as soon as possible in emergency situations (687-3551). It is extremely important to call prior to clinical labs if an absence is necessary.
 - B. Unexcused absences - The instructor is under no obligation to assist the student in making up coursework (lab experiences, tests, quizzes, etc.).
 - C. A student may have their grade for a course lowered to a failing grade, if she/he misses 20% of class time. This policy applies to both excused and unexcused absences.

- D. Signing another student's name to an attendance sheet or falsely altering the attendance sheet in any manner will be considered cheating and will be dealt with according to the policy stated in your student handbook.
- E. Consistent tardiness (more than 20% of classes for a course) may result in lowering the course grade by one letter grade. The student may or may not be confronted about class tardiness prior to it resulting in a lower grade for the course.

2. **ASSIGNMENTS:**

- A. Assignments must be turned in on time. One letter grade may be subtracted each day the assignment is late. Unexcused late assignments will count as "0" for that assignment. Excused assignments are those called in and approved by the instructor 24 hours before they are due or as soon as possible in emergency situations.
- B. Assignments that are incomplete or incorrectly completed may be returned to the student for revisions/completion and lowered one letter grade. Please read instructions carefully.
- C. All course assignments (both written and lab) must be completed to receive a passing grade for the course.

3. **PROFESSIONAL BEHAVIOR.** The instructor may lower a student's grade for a course if unprofessional behavior is exhibited in any of the following areas:

- A. Discussion of returned work (tests, papers, etc.) - If a student would like to discuss or dispute a grade, she/he will make an appointment to talk with the instructor one or more days following the returned work. The student must come prepared for this meeting. Interaction between the student and instructor should be handled in an open and mature manner.
- B. Course concerns - If a student has concerns regarding a course, he/she should make an appointment with the instructor to discuss the issue(s). All arrangements made orally with the instructor (i.e. approval for being absent from a class, turning an assignment in late, etc.) must be confirmed in writing.
- C. Classroom participation - Active participation in class discussions, group work, and lab activities is expected. This is an important aspect of professional behavior in any place of employment. It is critical that each student initiate taking an active role in making meaningful contributions to class discussion.
- D. Students should refrain from disruptive conversation and activity during class.
- E. Students should be courteous and respectful to classmates, instructors, and guest lecturers.

PERFORMANCE SKILLS: the level of quality with which the student performs the task.

- 1. **OT Evaluation:** Evaluate a client according to the methods available and the employed by the assigned community setting. Evaluation is the process of obtaining, interpreting and documenting the data necessary to make initial and subsequent intervention decisions.
 - a. Accurately evaluate the client's occupational performance in **activities of daily living** (bathing/showering, bowel and bladder management, dressing, eating, feeding, functional mobility, personal device care, personal hygiene and grooming, sexual activity, sleep/rest, toilet hygiene), **instrumental activities of daily living** (care of others, care of pets, child rearing, communication device use, community mobility, financial management, health management and maintenance, home establishment and maintenance, meal preparation and cleanup, safety procedures and emergency responses, shopping); **education** (formal educational participation,

exploration of informal personal educational needs or interests, informal personal education participation); **work** (employment interests and pursuits, employment seeking and acquisition, job performance, retirement preparation and adjustment, volunteer exploration, volunteer participation); **play** (play exploration, play participation); **leisure** (leisure exploration, leisure participation); and **social participation** (community, family, peer/friend).

- b. Accurately evaluate the client's performance skills/patterns and client factors that interfere with the client's ability to engage in occupational performance areas.
 - c. Accurately evaluate the client's contextual strengths and limitations.
 - d. Obtain complete information from staff, family members, the client, and records.
 - e. Administer assessments according to standardized or recommended techniques;
 - f. Interpret evaluation data accurately, including identifying the client's priorities in terms of occupational functioning.
 - g. Synthesize and report the results of evaluation accurately and completely;
 - h. Modify and re-write your evaluation report based on supervisory feedback.
2. **Intervention Planning: Write an intervention plan based on the evaluation results.** *[Follow the guidelines in your syllabus]. This involves the identification of goals and methods to achieve these goals. Intervention plans may focus on both direct and indirect intervention methods.
- a. Accurately identify the client's occupational strengths and limitations based on the eval results.
 - b. Establish relevant and attainable long and short term goals based on client/family priorities and the OT's role in your particular facility; and
 - c. Determine the logical sequence of intervention activities to attain the established goals;
 - d. Select intervention activities that demonstrate an understanding of occupational therapy theory;
 - e. Communicate the intervention plan in an appropriate manner to supervisor, client, or family.
3. **Intervention implementation: Implement the intervention plan with the client.** Treatment includes the use of specific activities or methods that are employed to develop, maintain, improve, restore, or maximize function and compensate for dysfunction.
- a. Select age-appropriate and meaningful materials and activities to facilitate achievement of intervention goals for a particular client;
 - b. Use a variety of possible activities for achieving intervention goals;
 - c. Modify goals and activities as client's condition or response to intervention changes;
 - d. Determine and use a logical sequence of intervention within a session.
4. **Writes a progress note based on observations during intervention and re-evaluation.**
- a. Record data relevant to a client's progress in the intervention plan objectives;
 - b. Assess the data appropriately;
 - c. Make accurate observations of a client's performance.
5. **Adheres to policies and procedures of the facility and department related to client safety and emergency situations.**
- a. Follows procedures for BSI/Universal Precautions;
 - b. Demonstrate an awareness of policies and procedures related to the following emergency situations:
 - Fire/natural disasters
 - Dangerous vital signs when working with client (e.g. respond appropriately to monitor alarms)
 - c. Client safety (e.g. lock w/c during transfers, understand precautions specific to a client's diagnosis)

6. Written Communication:

- a. Use medical and professional terminology appropriately in written assignments;
- b. Use correct grammar, spelling, and punctuation;
- c. Demonstrate neatness in written work (absence of torn edges, smudges, etc.)
- d. Re-write your evaluation report, intervention plan, and progress note based on your supervisor's feedback and hand-in a final copy.

JUDGMENT:

7. **Demonstrates judgment:** The student will demonstrate an understanding of the *rationale and justification* for her/his performance of the tasks listed above in objectives 1 - 6.

INTERPERSONAL COMMUNICATION:**8. Effectively build rapport and interact with client's team members, and families:**

- a. Communicate and interact in a comfortable, effective, and age-appropriate manner with the children/adolescents/or adults in your setting;
- b. Communicate effectively with family & other team members;
- c. Demonstrate effective listening & observation skills to understand the needs, values, and attitudes of others;
- d. Use praise or reinforcers to elicit desired behavior.

9. Demonstrate adaptability and good judgment during interpersonal communication with the client and family:

- a. Recognize how one's own behavior influences the responses of the client/family (insight);
- b. Modify behavior in response to client and family's physical and emotional needs;
- c. Set necessary limits in response to undesirable physical or social behavior.

PROFESSIONAL BEHAVIOR:**10. Participate responsibly in the supervisory relationship and adjust behavior according to supervisor feedback:**

- a. Through self-evaluation, identify one's own strengths and weaknesses (demonstrate insight into one's performance);
- b. Assume responsibility for professional behavior and growth;
- c. Recognize and communicate when guidance from the supervisor is needed;
- e. Express emotions in an appropriate manner.
- f. Openly and professionally receive feedback about one's performance and behavior;
- g. Modify behavior and or attitude based on feedback.

11. Demonstrate professional behaviors during each day at the practicum site:

- a. Demonstrate an understanding of professional standards and code of ethics;
- b. Maintain client confidentiality (do not put last names on any written reports);
- c. Comply with the institution's policies and procedures;
- d. Notify your supervisor as soon as possible in the event of an absence and re-schedule the hours at supervisor's convenience;
- e. Complete a minimum of 45 contact hours of practicum.
- f. Successfully meet the needs of changing situations.

12. **Demonstrate a positive attitude toward occupational therapy intervention in that setting:**
- Demonstrate a positive attitude toward learning;
 - Demonstrate an appropriate level of enthusiasm;
 - Refrain from making critical or opinionated statements about the facility unless student impression is requested.
 - Demonstrate an understanding of the organizational structure of the facility and OT department (type of facility, chain of command, ages and diagnoses of clients, and philosophy of the department).

WORK BEHAVIORS:

13. **Manage time effectively:**
- Arrive on time for each day of practicum;
 - Hand in assignments in the **morning** of the day in which it is due.
***The student will receive a rating of "poor" and score of zero if she/he is late for two or more days or is late for one or more assignments.**
14. **Demonstrates responsible and mature work behaviors:**
- Maintain the work area, equipment, and supplies in a manner conducive to efficiency and safety;
 - Dress appropriately for the setting;
 - Arrive prepared for each day of practicum;
 - Uses previous and present class materials and reading resources to prepare for practicum.

PROBLEM SOLVING:

15. **Problem solving:** The student will identify and organize solutions to difficulties in all of the above areas and demonstrate independent problem-solving prior to seeking a supervisor's solution to a problem or issue.

GRADING:

The student must complete a *minimum* of 45 contact hours in order to receive a grade for the course. Most students complete more than 45 contact hours. The student is responsible for contacting the clinical supervisor if he/she is going to be absent or late, and also informing Prof. Maloney of such absences or tardiness. Any missed sessions at the Site must be made up at the supervisor's convenience. Failure to comply with this will lower your final grade by one letter grade.

Grading Scale

- A = 94-100
- A- = 90-93.9
- B+ = 85-89.9
- B = 80-84.9
- C = 70-79.9
- F = below 70

ASSIGNMENTS:

<i>Assignment</i>	<i>Due Date</i>	<i>%</i>
#1 Occupational Therapy Client Evaluation	Feb 26/08	5%
#2 Mini Case Report	Mar 25/08	5%
#3 Assistive Device/Adaptation Project	April 08/08	5%
#4 Occupational Therapy Intervention Plan	April 15/08	15%
#5 a. Supervisor evaluation of student b. Student evaluation of experience	April 22/08	60%
#6 Class participation and attendance	Throughout Course	10%

***Five percentage points will automatically be deducted for EACH unexcused absence.**

BRIEF ASSIGNMENT DESCRIPTIONS:


1. **Evaluation of client:** follow the methods, format and write-up that are utilized at the assigned setting. The evaluation should cover ADLs, IADLs, Education, Work, Play, Leisure, and Social Participation, the performance skills and patterns (motor skills, process skills, and communication/interaction skills), client factors, and environments (refer to the AOTA OT Framework).
2. **Mini-Case Report.** You will prepare and give a THREE minute mini case review of a child, adolescent. Or adult you were assigned to work with at your practicum site. This will be presented during practicum discussion. (This is *not* reviewed by Supervisor, just by Prof. Maloney.)
3. **Assistive Device/Adaptation of an activity/toy/equipment/clothing:** Consult with your supervisor to identify an activity (toy, game, etc.) or piece of equipment or clothing that needs to be constructed or adapted for a particular client. You will prepare a written summary to turn into for grading, as well you will and present your project/device to the class during practicum discussion.
4. **Intervention Plan:** write an intervention plan for a client which covers the areas noted in the OT evaluation. Long term goals and Short-term objectives must be written in behavioral terms. Follow the format in the syllabus. (Ideally the IP will be written for/implemented with the client you evaluated but this is not necessary, i.e. if the client may have been discharged.)
5. **Student evaluation of supervisor:** The student will fill out the form to provide feedback to his/her supervisor. It will be reviewed with the supervisor during the final evaluation. The completed and signed form will be returned to the Prof. Maloney on the last day of class.
6. **Supervisor evaluation of student performance:** The supervisor will be given an evaluation form to complete and review with the student on the last day of practicum. The completed and signed form should also be handed in to Prof. Maloney on the last day of class.

NOTE: All written work will be reviewed by your Supervisor and Prof. Maloney. First, submit all work to your supervisor for review/comment regarding accuracy and completeness of content. Second, incorporate any revisions into a final draft, which you will also review with the supervisor. The Supervisor will sign both the draft and final versions. Third, you will hand in both the draft (with supervisor comments and signature) and the revised assignment (with signature) to Prof. Maloney on the assignment due date. Late papers will be lowered one letter grade unless prior arrangements are made with Prof. Maloney.

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Fall 2006

Syllabus content may be subject to change if necessary.

	<u>COURSE TOPIC</u>	<u>PREPARATION ASSIGNMENT</u>
Tues. 1/15/08	Course Introduction, Syllabus • Overview: Community-Based Practice	
Thur. 1/17/08	Practicum – NO Practicum this week	
Tues. 1/22/08	Discuss Practicum I experiences	Discuss AND turn in and Reflection Form #1
Thur. 1/24/08	Practicum – NO Practicum this week	
Tues 1/29/08	Discuss Supervision Process	Read: Willard & Spackman pages 910-917
Thu 1/31/08	First day at Practicum Experience	<ul style="list-style-type: none"> • Students report to Sites. • Download Practicum II Reflection Form #2 and complete
Tuesday 2/5/08	Discussion of Students' Practicum II Sites	<ul style="list-style-type: none"> • Discuss and Turn in Practicum II Reflection Form #2
Thur. 2/7/08	Practicum Experience	
Tues. 2/12/08	Emotional Dimensions of Therapeutic Care and Client-Centered Care	TBA
Thurs. 2/14/08	Practicum Experience	<ul style="list-style-type: none"> • Conduct a client evaluation • Gather information for Mini-Case presentation
Tues. 2/19/08	Intervention Planning	TBA
Thur. 2/21/08	Practicum Experience	<ul style="list-style-type: none"> • Write up client evaluation • Secure Supervisor's feedback and signature on draft eval. • Rewrite if necessary. Have Supervisor sign both copies to show changes were enacted
Tues.	Discussion of Death, Dying, Grief &	<ul style="list-style-type: none"> • Newman & Newman (2005), Chapter on

2/26/08	Bereavement	Electronic Course Reserve • <i>TURN IN OT CLIENT EVALUATION</i>
Thurs. 2/28/08	Practicum Experience	• Discuss the Assistive Device Project with supervisor • Discuss the Intervention Plan Paper
Tues. 3/4/08	Discussion of Community Resources	
Thurs. 3/6/08	Practicum Experience	• Continue working on Mini-Case, Assistive Device Projects & Interv. Plan Paper
Week of 3/11/08	CSU MARCH BREAK - NO CLASSES	• RELAX & RESTORE 
Tues 3/18/08	No Class -- Work on Internet assignment about Community Resources Files	
Thurs 3/20/08	Practicum Experience	• Turn in Assistive Device Project to Supervisor and receive feedback. Get signature on both copies • Turn in Draft Intervention Plan to Supervisor,
Tues. 3/25/08	Presentation of Mini-cases (#1-15) - 3 min time limit each	• Mini-Case Report Presentations
Thurs. 3/27/08	Practicum Experience	• Get feedback on Draft Intervention Plan from supervisor; get signature on changes
Tues. 4/8/08	Presentation of Mini-cases (#16-30) - 3 min time limit each	• Get Supervisor signature on final version of Assistive Device Project
Thur. 4/10/08	Practicum Experience	• Discuss final version of Intervention Plan with supervisor • Get signature of supervisor on final version of Intervention Plan
Tues. 4/15/08	Presentations of Assistive Devices #1-10 – 5 min time limit each	• Bring Assistive Device Project to class and present • Intervention Plan due (turn in both final and draft copies signed by supervisor)
Thur. 4/17/08	Last Day of Practicum Experience	• Review the (a) <i>Student Evaluation of Supervisor</i> and (b) <i>Supervisor Evaluation of Student Evaluations</i> with Supervisor • Secure all signatures
Tues.	• Presentation of Assistive Devices	• Turn in signed Student Evaluation of

4/25/08	- #11-21 – 5 min.each	<i>Supervisor and Supervisor Evaluation of Student to Maloney</i> <ul style="list-style-type: none">• Bring Assistive Devices Projects
Thurs. 4/27/08	<ul style="list-style-type: none">• Presentations of Assistive Devices #22-30 Wrap up	<ul style="list-style-type: none">• Bring Assist. Device Projects

Assignment 1:**CLIENT EVALUATION GUIDELINES:**

Your evaluation should identify the major problem areas pertinent to your client/diagnosis. The evaluation process may include standardized and nonstandardized assessments. It should summarize the current functional status of your client based on the following and the performance areas (ADL, IADL, Education, Work, Play, Leisure, Social Participation) and performance skills/patterns and client factors. It should include the following information:

1. Name (**use pseudonym** or first initial to maintain confidentiality)
2. Age (may need chronological age if infant) and gender
3. Date
4. Living situation (dwelling type, type of facility if not a home, architectural barriers, significant others).
5. Medical status
6. Socioeconomic, cultural, and ethnic background, education
7. Results of standardized and/or non-standardized assessments
8. Summary of current functional status based on above information and occupational performance areas, performance skills/patterns, client factors, and environments.

** You will utilize the format and forms provided by your facility. Due to the diversity of clinical placement sites, types of clients and diagnoses, it may not be possible or pertinent to address every single aspect listed above. Be as thorough as your situation will permit.

Assignment 2: MINI CASE REPORT

Prepare a 3 minute case summary related to a client you worked with during your fieldwork.

Your case summary should cover the most relevant information in the following areas:

1. Client's name (use initial or pseudonym), age, very brief medical history, and major diagnoses.
2. Identify community setting you are working at and briefly describe (e.g., Achievement Center, Home Care Agency, Schools, Sight Center).
3. Summarize important areas evaluated in the OT evaluation (also indicate if specific assessment tools were used) and communicate major problem areas that were identified.
4. Briefly discuss one of your intervention goals and some of the methods that you used.
5. Describe any progress that you observed or your thoughts regarding the appropriateness of your goals and methods.

You will not have much time, so identify and communicate the most relevant information. Write down some notes on an index card or paper to keep you on track so that you discuss the information in a clear and organized manner. Please rehearse and time your mini report.

Relevance of this assignment:

Being able to clearly and concisely report the most relevant information is a skill that is extremely important when functioning on any team. This is an opportunity to practice developing this skill and to receive feedback about your performance. It will also provide you with an opportunity to hear about your classmates' practicum experiences.

Assignment #3**ASSISTIVE DEVICE/TOY/ACTIVITY/EQUIPMENT/CLOTHING
ADAPTATION PROJECT**

Early in your placement, discuss with your Supervisor what types of items might be required (a) for a specific client or (b) for use directly for the site .i.e., the Supervisor may already aware of a need for a device which could be utilized generically for many clients at the site. In other words, you may create something specifically for a client that you interact with, or, alternatively, the site may have identified a general need and may ask you to create/adapt something not for a specific client.

You will prepare a written summary which explains the following points. You will turn in your written summary to Professor Maloney on the date of your oral presentation. If you cannot bring the actual device/project into class, please bring a depiction (photo, drawing, etc) along with your written presentation to refer to as you give you oral report.

. YOUR *WRITTEN* REPORT SHOULD INCLUDE THE FOLLOWING COMPONENTS:

1. A DESCRIPTION OF THE DEVICE/ADAPTATION:
 - identify what you adapted or created from scratch and briefly describe it
 - if you will not have the “product” available for your presentation, please provide a photograph or drawing to help others visualize the “product”
2. EXPLAIN WHY THIS TOY OR PIECE OF EQUIPMENT WAS NEEDED:
3. MATERIALS USED:
 - List what was utilized
 - Identify the associated costs
 - Identify how much it would cost to replicate the item.
4. FABRICATION INSTRUCTIONS:
 - Prepare written description of how it was created by you.
 - Prepare this with enough detail that someone else could replicate your creation of the item.
 - If it helpful to describe the process through drawings (i.e. if you used a template to cut something out) include that with your report
5. DESCRIBE THE PURPOSE OF TOY/LEISURE ACTIVITY/EQUIPMENT OR CLOTHING ADAPTATION.
 - Describe how it will be used to improve occupational role performance of a client
 - What goals will you help the child/adult attain through the use of this adaptation?
 - If you utilized it with a client, what were the results?
6. REFLECTION: How might you further change the product after you saw it “in action”?
7. Your supervisor must sign at the bottom of the report that she/he has seen the project.

ORAL PRESENTATION: Within a 5 minutes time frame present the above information and be prepared to field questions related to it. Use visuals if it will help you to explain the project/device.

Assignment #4 INTERVENTION PLAN

A. Format for *NON-School Based Setting*

This is the format to use if your practicum is in a community based setting. The intervention plan should be created for the client whom you previously completed the evaluation assignment, even if the client is no longer being seen at your practicum facility. It should cover the items described below:

1. List of the strengths and weaknesses in the following: occupational performance areas, performance skills/patterns, client factors, and environments.
 2. Estimate client's rehabilitation potential
 3. Plan for collaboration with client, family, other professionals, community resources.
 4. Frequency and duration of intervention
 5. How the client would be reevaluated and/or discharge plan
 6. Write: 3 long term goals (LTG)
 - 2 short term objectives (STO) for each one of the 3 LTG
 - 6 intervention strategy (1 for each STG)
- UTILIZE THE CHART WHICH WILL BE FOUND ON "BLACKBOARD" FOR #6

** Due to the diversity of clinical placement sites, types of clients and diagnoses, it may not be possible or pertinent to address every single aspect listed above. Be as thorough as your situation will permit. All intervention plans must have the goals, objectives and treatment methods as above.

Writing the goals, objective and intervention methods **Download and utilize** the CHART for GOALS/INTERVENTIONS found on BLACKBOARD under the assignment tab.

- I. **THREE LONG TERM GOALS:** These should be in behavioral terms.
 - A. Write one goal for three of the seven of the occupational performance areas listed on the OTPF. If you are working with an infant, then you may have two goals in the play area and one in ADLs.
 - B. *Example* : Michael (subject) will independently(criterion) feed (action verb) himself 50% of his meals (criterion) using his adapted spoon/fork (condition).
- II. **TWO SHORT TERM OBJECTIVES for each of the 3 LTG.**
 - A. These should be in behavioral terms. They are more specific goals and can address the performance skills/patterns, client factors.
 - B. *Example* : Following 10 minutes of handling to reduce scapulohumeral tightness (condition), Michael (subject) will independently (criterion) pull (action verb) a loose t-shirt over and off of his head using 120 degrees of shoulder flexion (criterion).
- III. **INTERVENTION METHODS:**

For each of the six short term objectives, identify one treatment method that you would use to help facilitate accomplishment of that objective. Be as specific as possible. Your intervention methods can either reflect direct treatment (one –to-one) or groups. First, identify and list the frames of reference that will guide your treatment for that particular goal and then specifically describe the treatment technique/activity. Include an appropriate activity (play) if your treatment method is primarily addressing motor functioning so that the child is an active part of intervention. Attach any diagrams or home instruction sheets to make your descriptions more meaningful (please reference this material).

- IV. **PROGRESS** - Briefly describe how you are going to assess progress in the objectives you identified.

Assignment # 4 If you are in a school-based setting, use this format

“SCHOOL-BASED” INTERVENTION PLAN FORMAT

Based on the child/adolescent from your OT evaluation paper, identify the child’s functional limitations within his/her *student role*. Discuss this area with your supervisor. Consider: What functional limitations are typically addressed within the specific school you are placed at? Examples of functional areas that are typically addressed by OTs in the schools includes: handwriting; positioning in the classroom; mobility within the classroom and in the school; independent feeding, dressing and toileting within the school setting; fine motor skills needed for success in the classroom, etc.

Writing the goals, objective and intervention methods: **Download and utilize** the CHART for GOALS/INTERVENTIONS found on BLACKBOARD under the assignment tab.

I. THREE LONG TERM GOALS: These should be in behavioral terms. Identify 3 major functional limitations related to the student’s role as a student that relate to areas typically addressed in occupational therapy (schoolwork, ADL, etc) in the school where you are doing your practicum. You may want to answer the following questions in identifying these limitations: “What are the parents/guardians and teachers’ priorities for this child?”

Example In supported sitting and using assistive equipment (condition), Jack (subject) will independently (criterion) write his name on lined paper 100% of the time (criterion).

II. 2 SHORT TERM OBJECTIVES. For each of 3 LTG These should be in behavioral terms. These are more specific goals and can address the performance skills/patterns, client factors.
Example 1: Following 10 minutes of handling to reduce scapulothoracic tightness (condition), Michael (subject) will independently (criterion) pull (action verb) a loose t-shirt over and off of his head using 120 degrees of shoulder flexion (criterion).

III. INTERVENTION METHODS:

For each of the six short term objective, identify one treatment method

For each short-term objective, identify and describe one method of treatment that you would use to help facilitate accomplishment of that objective. Be as specific as possible. Your intervention methods can either reflect direct treatment (one –to-one) or groups) or indirect forms of treatment (consultation with parents or teacher, etc). First, identify and list the frames of reference that will guide your treatment for that particular goal and then specifically describe the treatment technique/activity. Include an appropriate activity (play) if your treatment method is primarily addressing motor functioning so that the child is an active part of intervention. Attach any diagrams or home instruction sheets to make your descriptions more meaningful (please reference this material).

IV. PROGRESS - Briefly describe how you are going to assess progress in the Long Term Goals you identified.