Special Education Faculty Publications and Presentations

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Hawaii Pacific Deaf-Blind Project Workshop: Conversations, Connections, and the Communication Matrix

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COMMUNICATION MATRIX:
DEVELOPING FUNCTIONAL COMMUNICATION FOR STUDENTS WITH MULTIPLE DISABILITIES

Hawai'i & Pacific Deaf-Blind Project
January 30th, 2018

Amy T. Parker, Ed.D. & COMS

Introduction

Learning Goals

describe and identify the levels of communication for individuals with complex communication needs according to the Communication Matrix

identify and discuss communicative functions and behaviors with colleagues using video samples practice using the free online Communication Matrix tool with colleagues

develop a plan of supports for sample students based on the Communication Matrix results

describe three ways that the plan of support will build communication and literacy in everyday routines

create a summary video as a team that describes what was learned to share with the individual's team and family members with practical suggestions of what was learned

Students with Complex Communication Needs

CYCLE OF BUILDING FUNCTIONAL COMMUNICATION
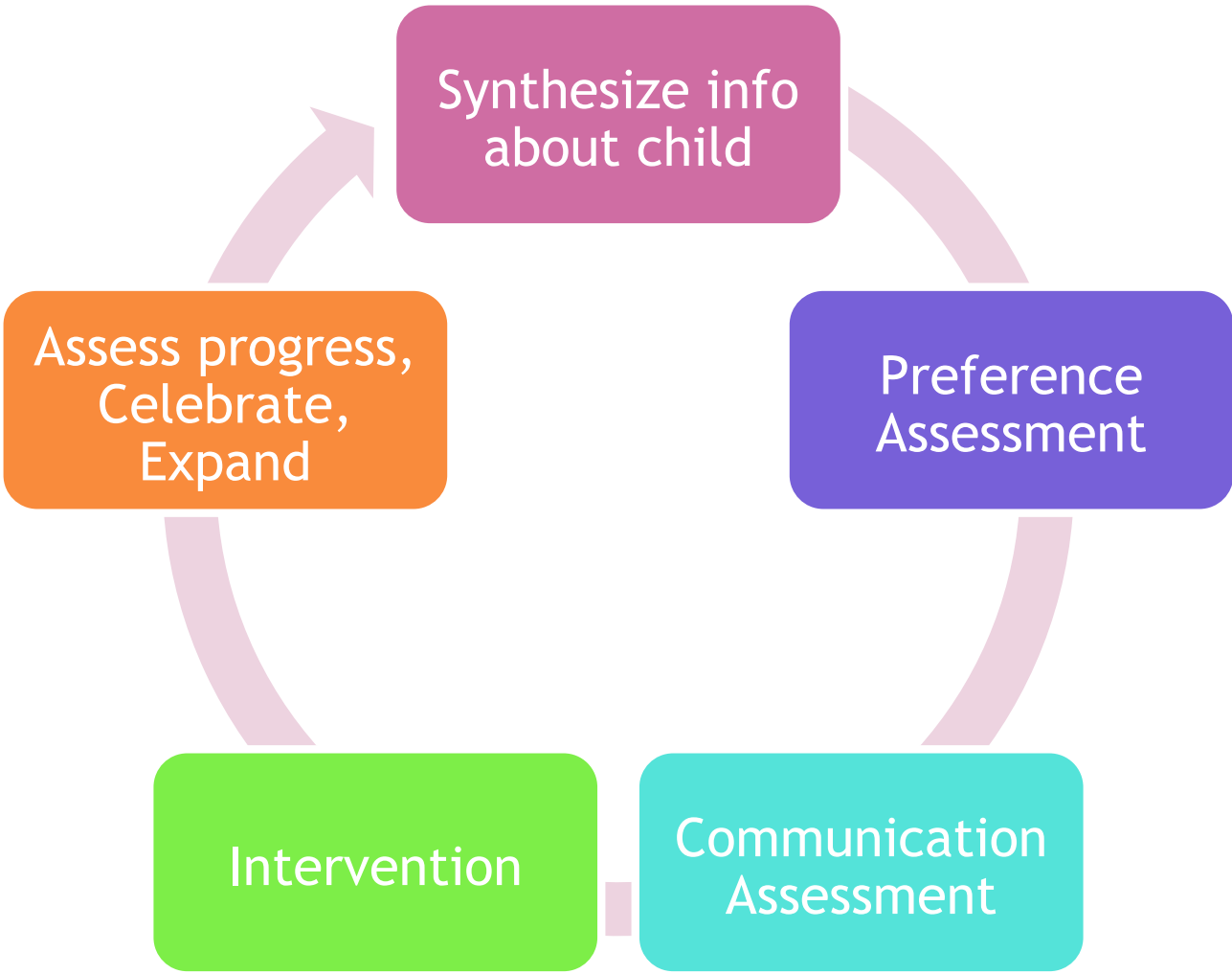
Communication Assessment

Good assessments begin
where the child in and with
people the child _trusts_.

COMMUNICATION AS A COMPLEX SKILL

- Recognition of non-traditional forms of communication (sometimes parents and teachers miss it!)
- What's missing for concepts development
- Speed
- Complexity
- Unpredictability
- Memory supported by visual/auditory referents

SYNTHESIZING INFORMATION

- Child-focused information

- Formal information written about the child

- Informal information about what you observe and what team members say.

- Child in Environment

- Formal information about is on paper and in the child's life. Roles/Contacts

- Informal information about the contexts where the child lives and learns

Assessments Combined to Get a Picture of How the Child learns

Information provides a tool for planning and implementing effective interventions

Communication Assessment

- Ongoing observation and documentation of a student's communication abilities is a type of informal assessment.

- All children with complex disabilities must also have periodic formal communication assessments by qualified professionals.

- Interveners and paraeducators do not conduct formal assessments, but the information they gather while working with a child is a crucial component of the data needed to complete an assessment.

Communication Assessment (cont.)

- In the next few slides, you will hear from Dr. Charity Rowland, a researcher in multiple disabilities and expert in communication assessment.
- She will describe some features of good assessments and talk a little about two assessment tools she has created.
  - *The Communication Matrix* (www.communicationmatrix.org)
  - *Home Talk* (www.designtolearn.com/uploaded/pdf/HomeTalk.pdf)

Charity Rowland, PhD, Oregon Health & Science University

SYNTHESIZING INFORMATION ABOUT THE CHILD

Vision
Hearing
Movement (Gross and Fine)
Temperament
Evidences of Skills
Participation in Routines
People in his/her life

WHAT DOES THE CHILD USE TO LEARN?

- FVA/LMA

- Functional Hearing Assessment

- Current SLP, OT, PT, reports

- Any psychological assessments

- What are the child's daily routines.

- Describe the current routines in detail (PLAI Curriculum & PCP).

How child accesses/processes information

Focus for Assessment & Intervention

WHO IS IN THE CHILD'S LIFE?

⦿ Family
⦿ Team Members at School
⦿ Who will partner with you on this journey?
⦿ What do people in the child's world value?
⦿ What do they hope to gain by working with you?
⦿ What do they seem afraid of?
⦿ What types of communication do the folks in the child's life prefer to have with you?
⦿ Ask them to specifically state communication goals or desires for the child with you.

PERSON CENTERED PLANNING

- Goal Discovery
- Values Discovery
- Relationship forming
- Creating some foundation for intervention
- Common language around what progress will look like- functional communication.

Positive and Possible	Getting on the Same Page

The Foundation for Communication Interventions

PREFERENCES

DISCOVERING PREFERENCES

Formal Assessment

+

Informal Assessment

→

Preferences of the Child
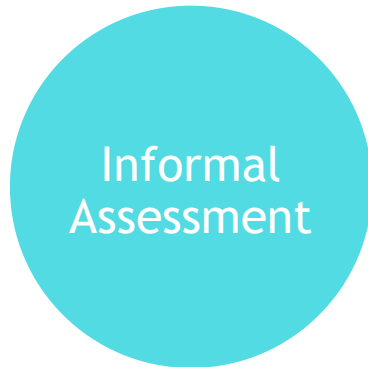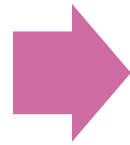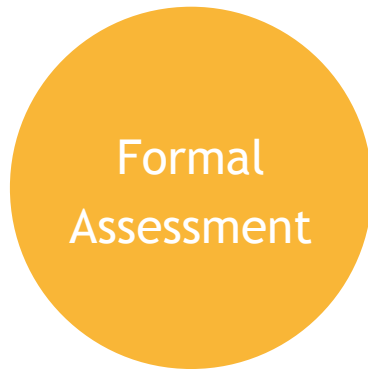
FORMAL AND INFORMAL: UNLOCKING THE BEST RESPONSES

Indices of happiness

Formal preference assessments

Observation and data collection

Functional Vision/Learning Media Assessments

Functional Hearing Assessments

Person-centered planning

Interviewing siblings, family members, team members

Ways to measure and quantify behaviors

Ways to elicit qualitative perceptions from team

Informal Preference Assessment

- You can also assess preferences informally:

  - By talking to parents or others who know a child well.

    - "What sorts of things does he enjoy?"

    - "When do you see him laugh?"

  - Through your own observations.

- This type of information will help you understand and engage with the child.

Preference Assessment and Communication

- Now let's look at a short example of one element of a communication assessment.

- In the next few slides we will explore how to assess a child's preferences specifically to support communication.

Preference Assessment and Communication (cont.)

Formal assessment:

- The video clip on the next slide shows an example of a formal preference assessment.
- It is important that these assessments happen when the child is comfortable and with a familiar person.
- Conducting an assessment when the child is calm and alert is the most effective way to do a formal preference assessment.

Example: Assessing Preferences During Snack Time

What did you see?

- The child was presented with different snack foods. His behavior clearly told us what he preferred!
- This approach can be used to document how a child communicates about what he likes or does not like.
- How did the child communicate what he liked?
- How did he communicate what he did not like?
- In what way could this information be used to build an interaction with the child?

DISCOVERY OF ANOTHER PREFERENCE INADVERTENTLY

- Be willing to explore
- Trust is essential
- Remember hand under hand
- Expanding the universe

Remembering what the child needs to access info- balance and vision

SOUND PREFERENCES

- Repetitive sounds

- Frequencies

- Recognizing sounds

- Sounds and Vibrations

REINFORCEMENT ASSESSMENT

- Child is positioned comfortably

- Child is typically in a familiar routine

- Child is calm and alert

- Items are presented to the child starting with highly preferred to non preferred.
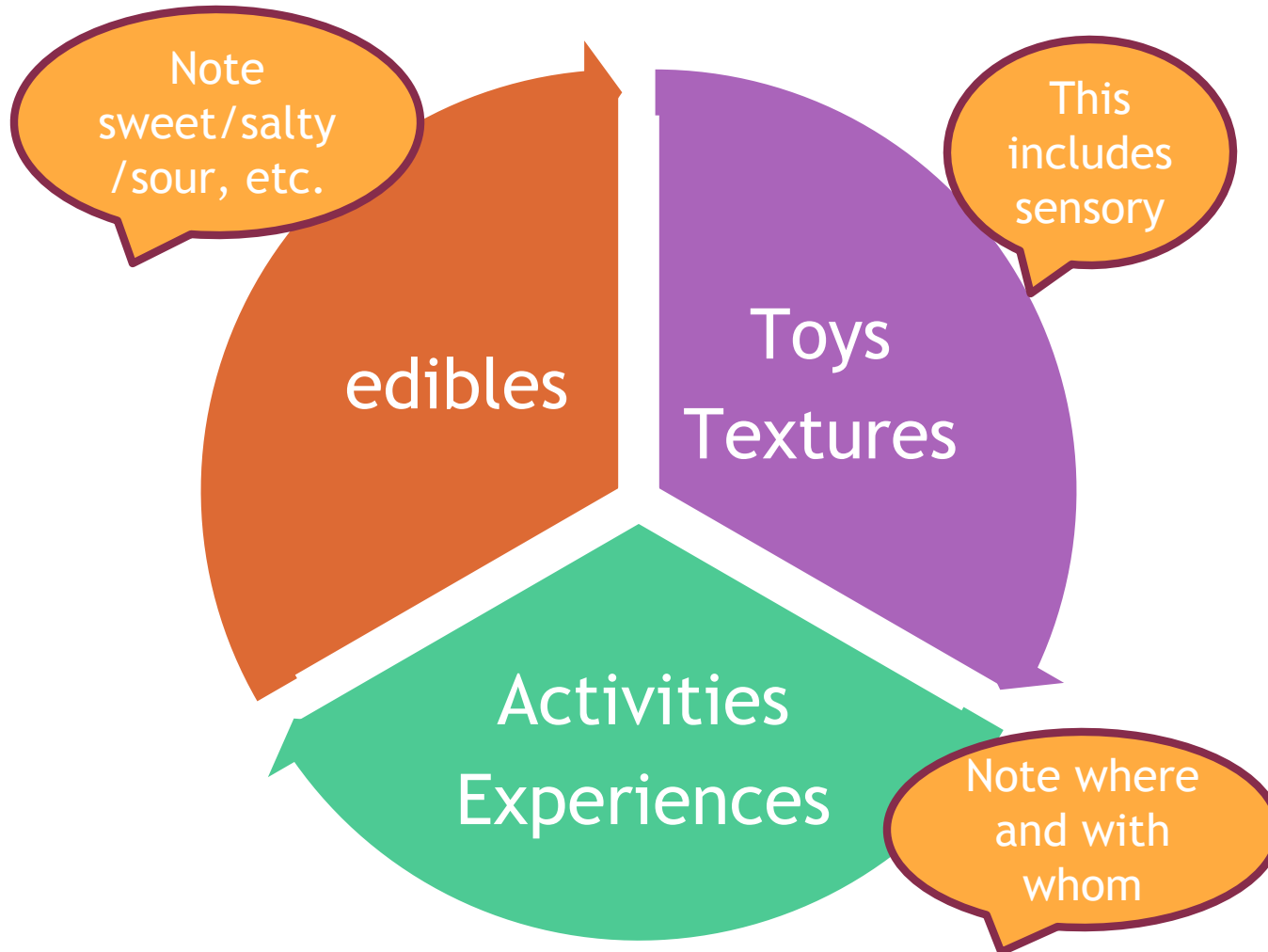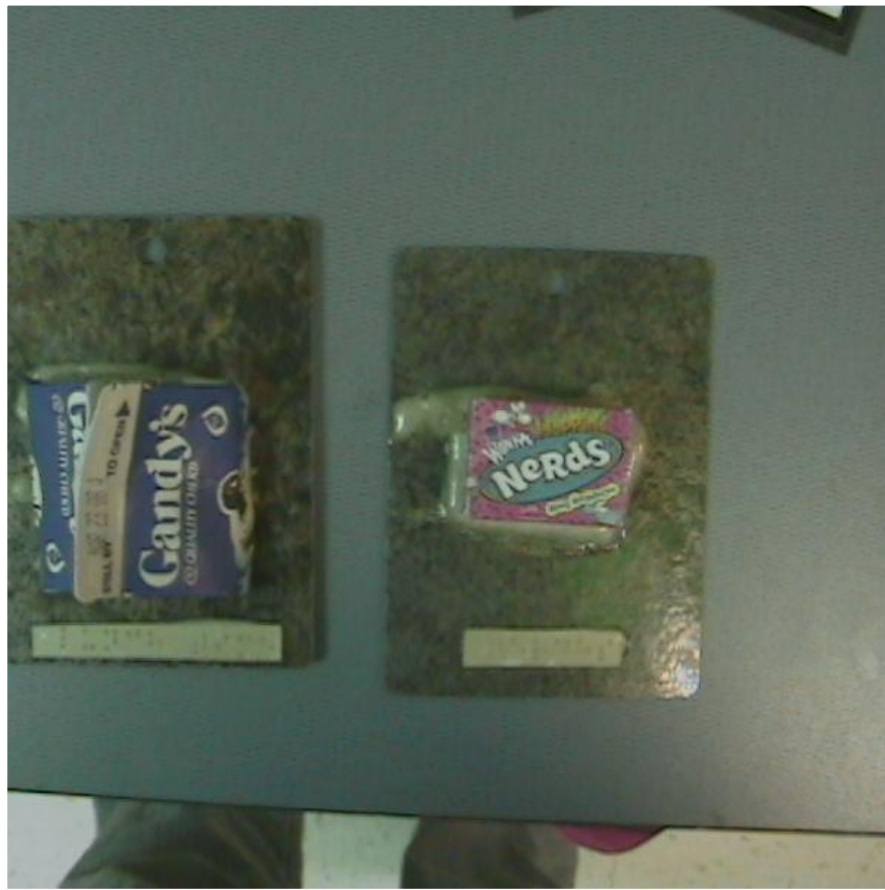
ROLE PLAY- FORMAL PREFERENCE ASSESSMENT

Groups of Three
Conduct An Assessment

ACTIVITY OBSERVATIONS

Familiarity

Frequency

Indices of Happiness

Duration

Choice
(dislikes important too)

The Communication Matrix

The *Communication Matrix* is a research-based tool designed to help educational teams and parents document how a child is communicating in everyday environments.

What is the Communication Matrix?

The Communication Matrix was designed to assess the expressive communication skills of individuals of all ages who are operating at the earliest stages of communication and who use any form of communication.

www.communicationmatrix.org

Target Population

- Individuals who are functioning at the earliest stages of communication. In the typically developing child the range of communication skills covered by the *Matrix* would occur between 0 and 24 months of age.

- Individuals who use any type of communicative behavior, including "augmentative and alternative" (AAC) forms of communication and pre-symbolic communication.

- Individuals who experience any type or degree of disability, including severe and multiple disabilities.

- Individuals of all ages.

- But NOT individuals who already use some form of language meaningfully and fluently.

Need: Weaknesses of Many Assessments

- Accommodate speech only
- Don't address earliest stages of communication in sufficient detail to show progress
- May not probe for meaningful behaviors, as opposed to mere production of behavior
- Do not accommodate sensory or physical impairments
- Emphasize what the child CAN'T do

Assessment: Involve the Whole Team (Especially Parents!)

Assessing Students in Everyday Environments

Communication Assessment: Role of the Paraprofessionals

7 Levels of Communication- Communication Matrix

The seven levels range from Level 1, "pre-intentional behavior" that reflects a general state (think of the way a baby shows it is sleepy or uncomfortable) all the way up to Level 7, using language. In between are a range of ways to communicate, if we know how to look for them.

SEVEN LEVELS OF COMMUNICATION COMPETENCE (ROWLAND, 2004)

Pre-intentional Behavior- Reflexive

Intentional Behaviors- Intent is Inferred

Unconventional Communication- Used with Intent

Conventional Communication- gestures with intent

Concrete Symbols- 1:1 correspondence

Abstract Symbols- use of 1 sign or word

Language- Rule bound- 2-3 combination of symbols

Level 1- Pre-Intentional

- Behavior is not under the individual's own control, but it reflects his general state (such as comfortable, uncomfortable, hungry or sleepy).

- Caregivers interpret the individual's state from behaviors such as body movements, facial expressions and sounds. In typically developing children, this stage occurs between 0 and 3 months of age.

Level 1- Pre-Intentional

Level 2- Intentional Behavior

- Behavior is under the individual's control, but it is not yet used to communicate intentionally. Individuals at this stage do not yet realize that they can use their own behaviors to control another person's behavior.

- Caregivers interpret the individual's needs and desires from behaviors such as body movements, facial expressions, vocalizations and eye gaze.

- In typically developing children, this stage occurs between 3 and 8 months of age.

Level 3- Unconventional Communication

- INTENTIONAL COMMUNICATION BEGINS HERE.

- Unconventional pre-symbolic behaviors are used intentionally to communicate. Communicative behaviors are "pre-symbolic" because they do not involve any sort of symbol; and they are "unconventional" because they are not socially acceptable for us to use as we grow older.

- Communicative behaviors include body movements, vocalizations, facial expressions and simple gestures (such as tugging on people).

- In typically developing children, this stage occurs between 6 and 12 months of age.

Level 3- Unconventional

Level 3- Unconventional

Level 4- Conventional Communication

- Conventional pre-symbolic behaviors are used intentionally to communicate. Communicative behaviors are "pre-symbolic" because they do not involve any sort of symbol; they are "conventional" because they are socially acceptable and we continue to use them to accompany our language as we mature. The meanings of some gestures may be unique to the culture in which they are used.

- Communicative behaviors include pointing, nodding or shaking the head, waving, hugging, and looking from a person to a desired object. Some vocalizations may also be used at this stage. Note that many of these gestures (and especially pointing) require good visual skills and may not be useful for individuals with severe vision impairment. In typically developing children, this stage occurs between 12 and 18 months of age.

Level 5- Concrete Symbols

- SYMBOLIC COMMUNICATION STARTS HERE

- "Concrete" symbols that physically resemble what they represent, are used to communicate. Concrete symbols look like, feel like, move like, or sound like what they represent. Concrete symbols include pictures, objects (such as a shoelace to represent "shoe"), "iconic" gestures (such as patting a chair to say "sit down"), and sounds (such as making a buzzing sound to mean "bee"). Most individuals skip this stage and go directly to Level VI. For some individuals concrete symbols may be the only type of symbol that makes sense to them; for others they may serve as a bridge to using abstract symbols.

- Typically developing children use concrete symbols in conjunction with gestures and words, generally between 12 and 24 months of age, but not as a separate stage.

Concrete Symbols- Tactile Iconicity

Level 6- Abstract Symbols

- Abstract symbols such as speech, manual signs, brailled or printed words are used to communicate. These symbols are "abstract" because they are NOT physically similar to what they represent. At this level they are used one at a time.

- In typically developing children, this stage occurs between 12 and 24 months of age.

Abstract Symbols

Level 7- Language

- Symbols (concrete or abstract) are combined into two- or three-symbol combinations ("want juice", "me go out"), according to grammatical rules. The individual understands that the meaning of symbol combinations may differ depending upon how the symbols are ordered.

- In typically developing children, this stage begins around 24 months of age.

Level 7

Do you agree? Why?

Why it is important to compare scores and processes. Discussion encouraged!

9 Categories of Communication Behavior

Simple Gestures
hand guiding, touching person, reaching toward/ tapping person or object

Language
combinations of 2 or more symbols of any type into one utterance

Conventional Gestures & Vocals
shaking head "no", waving goodbye, pointing, nonspeech vocalizations with intonations such as a questioning intonation

Abstract Symbols
spoken words manual signs, written words, Brailled words, abstract 2- or 3-dimensional symbols that have no perceptual/physical similarity to what they represent

Concrete Symbols
2-dimensional or 3-dimensional symbols with clear perceptual/physical similarity to what they represent, also iconic gestures such as patting a chair to say "sit down"

Visual
look at person or object

Body Movements
whole body, head, arm, hand, leg movements

Facial Expressions
(smile, frown, grimace)

Early Sounds
coo, squeal, laugh, cry

https://communicationmatrix.org/

COMMUNICATION MATRIX (ROWLAND, 2004)

Level	Behavior Forms				
I-Preintention	Body Movements	Early Sounds	Facial expressions		
II-Intentional Behaviors	Body Movements	Early Sounds	Facial expressions	Visual	
III-Unconvent	Body Movements	Early Sounds	Facial expressions	Visual	Simple gestures
IV-Convention					Convention gestures
V-Concrete					Concrete symbols
VI- Abstract					Abstract
VII-Language					Language

Communication Behaviors

LEVEL	BEHAVIOR CATEGORY				
I	BODY MOVEMENTS	FACIAL EXPRESSIONS	EARLY SOUNDS		
II	BODY MOVEMENTS	FACIAL EXPRESSIONS	EARLY SOUNDS	VISUAL	
III	BODY MOVEMENTS	FACIAL EXPRESSIONS	EARLY SOUNDS	VISUAL	SIMPLE GESTURES
IV					CONVENTIONAL GESTURES & VOCALS
V					CONCRETE SYMBOLS
VI					ABSTRACT SYMBOLS
VII					LANGUAGE

Reasons to Communicate- Intent

Refusing or rejecting

Express discomfort

Protest

Refuse or reject something

Getting what you want

Express comfort

Continue action

Gets more of thing

Request more of action

Request new action

Social
Attract attention
Interest in other people
Request attention
Greets people
Shows affection
Offers things or shares
Directs someone's attention
Uses polite social forms

Information
Answers yes and no questions
Asks questions
Names things/people
Makes comments

COMMUNICATION ASSESSMENT

Form	Function	Partner/Context	Topic	Exchange	Duration
	Reject Request/obtain Comment/Social Question				

COMMUNICATION MATRIX ASSESSMENT

https://www.youtube.com/watch?v=sMXJ2lDpOtk

COMMUNICATION ASSESSMENT PHASE

Sample with Me

Team Analysis

Team Discussion
& Report Out

Let's Practice!

Intervention Approaches

Level I – Pre-intentional Behaviors

Establish purposeful behavior by creating highly responsive environments.

Level II – Intentional Behaviors

Respond to potentially communicative behaviors so the child becomes aware that their behavior can make things happen.

Set up situations that require the child to interact with a communication partner to get what he wants.

Intervention Strategies

Level III – Unconventional Communication

Shape unconventional gestures into conventional gestures

Add communicative functions

Introduce symbols – pictures, objects, sign, words

Level IV – Conventional Communication

Teach 1:1 correspondence between symbols (concrete or abstract) and the things they stand for

Calendar systems, memory books

Add communicative functions

Intervention Strategies

Level V – Concrete Symbols

Increase the vocabulary of symbols

Reduce size or completeness of symbols

Move toward abstract symbols

Level VI - Abstract Symbols

Teach combination of symbols into 2-3 symbol utterances

Level VII – Language

Expand use of speech, print, or tangible symbols toward sentence structure

Using the Matrix to Select Goals

Target specific communicative behaviors

take into account the child's motor, fine motor, vocal and sensory abilities.

Target specific messages

gaps in the child's communication skills

new messages that the child really needs to be able to express.

Communication Matrix Online Community

The community is a resource for anyone who supports someone with a severe communication disorder. Family members, educators, professionals, and researchers use the Forum to educate themselves and support each other.

SAMPLE COMMUNICATION INTERVENTIONS- VIDEOS

Learning to communicate

Distance & Persistence

Discrimination- HP vs. LP Multiple

Sentence Construction

Based upon PECS (Frost & Bondy, 2001)

Designing Microswitch

Pairing Object with Switch

Teaching 1:1 Correspondence

Building in Movement & Choice Making

Based upon numerous intervention protocols in the literature
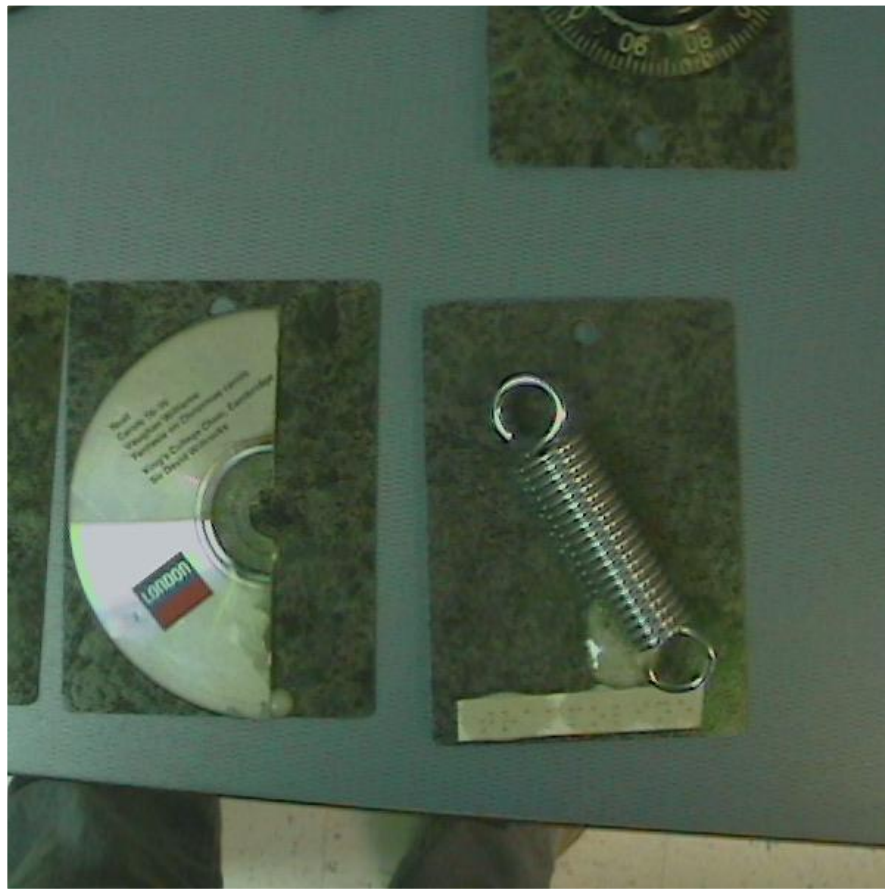
DIVIDE INTO YOUR TEAMS!!!

Design an intervention for the "child" you assessed.
Use the items to start creating or drawing an item.
Describe an initial intervention protocol.
Describe how you will document the child and teams progress.

Turn-Taking and Requesting

Meaningful Choice Making

Developing Literacy Based on Interests

TAKING IT TO THE NEXT LEVEL

Routines/Calendars

Choice Making

Sentence/Phrase Construction

Experience Books

Games- Paired with Words or Signs- Building Receptive Language

Routines and Play = Communication and Literacy

Calendars, Planning & Conversations!

COMMUNICATION ASSESSMENT- USING IT AGAIN FOR THE NEXT LEVELS OF INTERVENTION

- Form- how can you expand what the child has?

- Function-has she learned multiple functions?

- Partner/ Context- does she use the functional communication strategies with multiple people? Peers?

- Topic- how to expand?

- Exchange- increasing exchanges?

- Duration- lengthening time when appropriate.

COMMUNICATION: THERE IS NO MORE IMPORTANT OR COMPLEX SKILL

Refinement and Expansion are lifelong goals. Reducing "learned helplessness. Reducing Isolation. Increasing participating and self-determination.
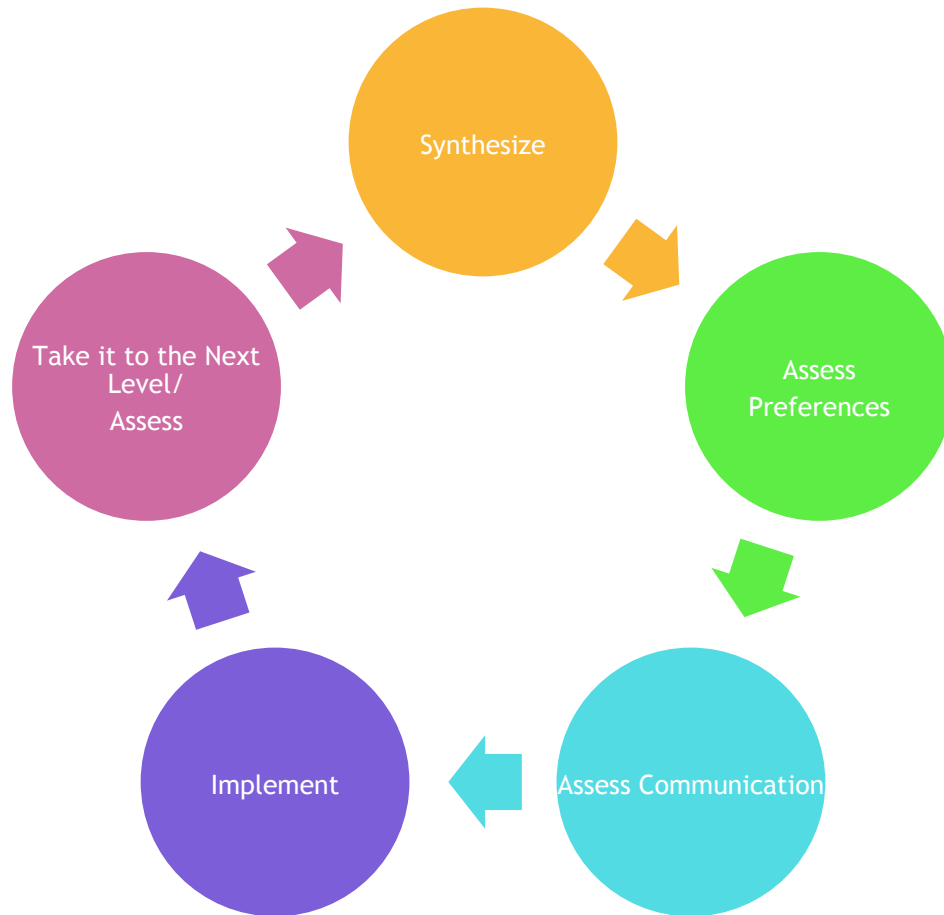
Knowing Where I Want to Go. Knowing What I Want to Do. Communication Approaches for People with Multiple Disabilities.

Hawai'i & Pacific Deaf-Blind Project
January 31st, 2018

Amy T. Parker, Ed.D. & COMS

Images from the movie, *__Lion__* (Weinstein company, 2016)

Some reflections on our early life experiences with routines, memories, and orientation and mobility. Based on the non-fiction book: *__A Long Way Home__* by Saroo Brierley & Larry Buttrose.

Mind Journey

Think of a place from your childhood, when you were 5 or 6 years old.

Imagine this place. Is it a swing? Is it a tree? An attic or a space on the floor of a car?

How did you get into this space? Travel there in your mind. It was a place you wanted to go.

Learning Goals

- Describe and identify unique communication supports for individuals with complex and sensory disabilities
- Identify and discuss orientation/travel opportunities using video
- Describe motivating routines that provide opportunities to move and communicate
- Develop a plan for sample student based on preferences
- Create a story with partners that explains how to support preferences
- Remember the main points using MOMMAS!

MOMMAS

Photo by Ignacio Ayestaran via Getty Images

Motivation

Orientation

Movement

Mobility

Adaptions/Aids

Synergy

Beginning Where the Family Is

- When routines are considered from a cultural standpoint, they can be responsive and inclusive of the diverse families that you serve.

- Whether it be in early childhood, when the child is in school, or even as the child becomes a young adult, it is important to support families _where they are_.

- This may look different across languages or cultures, but it is helpful to think about what the child and the family need to do to develop a quality life together.

A Parent's Perspective

Heather Withrow describes how easy it is for parents to become overwhelmed and how she copes by focusing on daily routines.

A Practical Framework for Families

- Dr. Deborah Chen and colleagues, have designed a practical curriculum for families with young children who are deafblind.

- Understanding Your Child's Cues
- Identifying Your Child's Preferences
- Establishing Predictable Routines
- Establishing Turn-Taking
- Encouraging Communicative Initiations

Routines as a Framework for Communication

Research on language development in typical individuals suggests that all children use routines to develop communication and language skills (tickle games, peek-a-boo, pat-a-cake).

Notice Jen using a typical game in a play routine with her son. Routines not only support communication skills, they provide a rich context for language development.

Source: Hagood, 1997

Routines as a Framework for Orientation, Movement & Mobility

Children learn about their environment—about people and objects, sizes, shapes, and distances—as they move through it.

For a student with multiple or sensory disabilities, movement provides opportunities to gather sensory information, communicate, and make choices.

Source: Gense & Gense, 2004

Video Example

How does crawling with a partner actively engage him as he travels?

Motivation

Orientation

Movement

Mobility

Adaptions/Aids

Synergy

Motivation

Preferences and Motivation

- Ellen is a certified orientation and mobility specialist and the mom of Andrew, a teenager who is deafblind with progressive neurological disorder.
- Here she describes the importance of Andrew's preferences as a motivation for a practical mobility routine in their home.

Preferences and Motivation (cont.)

- Families have an important role in identifying preferences to support the child's learning.

- Family based routines can also provide a sense of meaning and participation for individuals who are deaf-blind.

Collaborating with Families

- Families know their child's likes and dislikes.
- They know the types of objects she uses (comb instead of brush, flip-top toothpaste instead of screw-top toothpaste).
- They know the routines she can do at home.
- Schools and families can work together to use routines to promote learning and development.

Motivation

Orientation

Movement

Mobility

Adaptions/Aids

Synergy

Orientation

Orientation = Awareness of one's location in the environment

11:12 PM
December 11, 2013

Motivation

Orientation

Movement

Mobility

Adaptions/Aids

Synergy

Movement

Hunter

Family Routines: Family Members

- Siblings and cousins play a big role in supporting children with multiple disabilities in meaningful routines at home and in the community.

- They may need specific support and encouragement to engage in routines with the child.

Listen to Ellen encourage Simon to respond to Andrew.

Motivation

Orientation

Movement

Mobility

Adaptions/Aids

Synergy

Mobility

Routines to Support Mobility

Video description: An elementary school aged Caucasian boy sits at a horseshoe shaped table in a special education classroom setting. His teacher, a Caucasian woman with brown hair, uses an adapted Picture Exchange Communication System (PECS) with an object symbol to practice requesting. An assistant, a Caucasian female with red hair, stands behind him and provides touch prompts to encourage him to travel to this teacher to fulfill requests.

Motivation

Orientation

Movement

Mobility

Adaptions/Aids

Synergy

Adaptations & Aids

Andrew

Melody

Family Routines: Mealtime

- For families in almost any culture, eating is an important part of each day.
- Notice how Ellen uses Andrew's communication system as a part of a natural routine.
- Andrew has lots of vision to use to access pictures and words in the environment.

How could this routine be adapted for a child with less vision?
How does the routine support multiple opportunities for interaction?

Motivation

Orientation

Movement

Mobility

Adaptions/Aids

Synergy

Synergy

Family Routines: Orientation and Mobility

Edgenie, a O&M specialist and family leader, shares that family members are full members of an educational team.

Family routines can be an important means to support O&M skills everyday.

Blending Travel Routines into Class Activities

Many everyday class activities have elements of travel that contain a clear beginning, middle, and end.

Assignment:
Think-Reflect-Pair-Share

- In this story, Shelley describes a routine that is important to her family's life.
- As you listen to her story, think about this routine as a part of her family's culture.
- Reflect upon the elements of the routine, including the sensory experience for her son.

Think-Reflect-Pair-Share (cont.)

- Let's think about the story that Shel shared about her son at church.
- Discuss with the MOMMAS framework with your team.
- How may this routine incorporate MOMMAS to enhance the child's participation and communication?

We have a Responsibility

Active movement and exploration will be delayed if adults promote passive movement. *Children in wheelchairs and strollers are at increased risk for having everything done for them.* When the child is experiencing, processing and thinking, the child is learning.

Cutter, 2007

What are some of the ways an adult at school might promote *passive movement*?

In what ways might they promote *active movement*?

Making the Connection

Have you had these experiences?

- You've been to a specific place multiple times as a passenger in a car. But when you try to drive there on your own, you need directions or assistance.

- As a passenger, you never really paid attention to the details of the route. You didn't *participate* in the movement through space.

- As a result, you missed the opportunity to cognitively map the spatial relationships.

O&M Instruction

O&M instruction helps a student develop a set of core skills that can broaden their awareness of the environment, resulting in increased motivation, independence, and safety.

Source: Gense & Gense, 2004
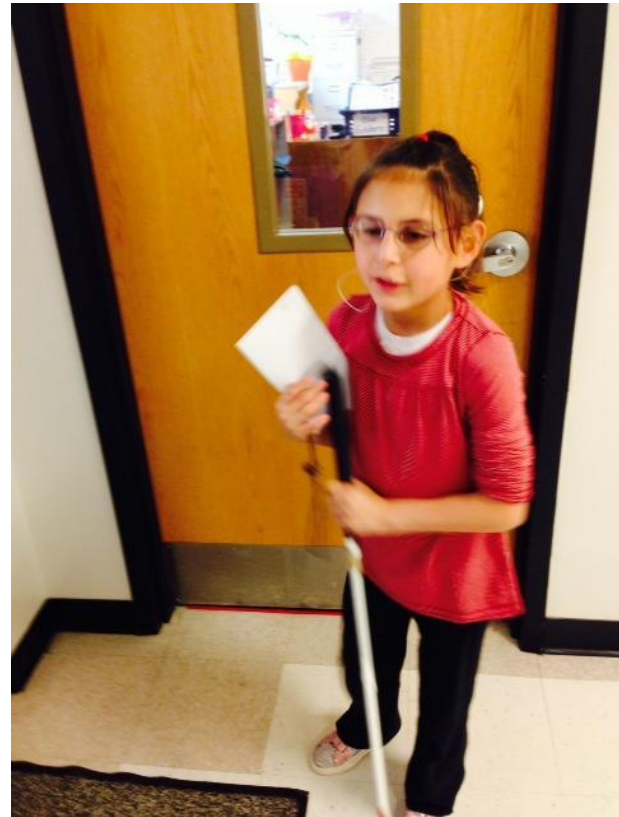
Filling Out the Routine Form

This can be done with families, educators or paraprofessionals.

Let's Walk Through:
Step 1

Begin to fill out the form by adding:

- The student's first name next to "Student."
- A name for the routine next to "Routine."
- Your name next to "Implementer."
- The time of day the routine occurs (can be general like "lunch time" or "bedtime") next to "Time."
- Where the routine will take place (e.g., "cafeteria" or "bedroom") next to "Location."

ACTIVITY ROUTINE

Student: Marianne   Routine: Snack Time

Implementers: Shenise   Time: Morning snack (about 10 am)   Location: Snack Table

List of Materials Needed:

Directions: Be sure that the first step of the routine has a clear beginning, and the last step is the clear ending. After the routine has been run a few times, choose one of the objects in the materials to become the "object cue" to represent the entire routine.

Object Cue for Routine (to be filled out after running the routine a few times):

ROUTINE STEPS	ADAPTATION / MODIFICATION	IEP GOAL OBJECTIVE	TARGETED VOCABULARY	COMMENTS & DATA FOR _____

Activity Routines, developed by Kate Moss, Texas Deafblind Outreach, 2002

Step 2

- Write the steps for the routine in the boxes down the left side of the form.
- The activity you choose should be completed in 5 to 7 steps.
- Be sure that the first step marks a clear beginning to the routine and the last, a clear ending.

ACTIVITY ROUTINE

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Object Cue for Routine (to be filled out after running the routine a few times):

ROUTINE STEPS	ADAPTATION / MODIFICATION	IEP GOAL OBJECTIVE	TARGETED VOCABULARY	COMMENTS & DATA FOR _____
Touch spoon and feel sign "eat"				
Walk to dining table, bringing spoon.				
Find chair and sit down				
Look for plate when tapped on table and stay in contact with left hand				
Scoop food from plate and carry spoon to mouth				
Put spoon in finished basket when finished				

Activity Routines, developed by Kate Moss, Texas Deafblind Outreach, 2002

Step 3

Make a list of the supplies or materials you will need for the activity. These items may be things like:

- food for a snack
- academic materials
- object symbols or pictures
- a slant-board or other accommodations
- baskets
- a visual timer

Whenever you do a routine with a student, be sure to have all necessary materials pre-organized and within reach of your workplace. Ideally, you might consider keeping materials for regular routines in an activity center, with materials for each routine housed in its own self-contained bin.

ACTIVITY ROUTINE

Student: Marianne   Routine: Snack Time

Implementers: Shenise   Time: Morning snack (about 10 am)   Location: Snack Table

Directions: Be sure that the first step of the routine has a clear beginning, and the last step is the clear ending. After the routine has been run a few times, choose one of the objects in the materials to become the "object cue" to represent the entire routine.

Object Cue for Routine (to be filled out after running the routine a few times):

ROUTINE STEPS	ADAPTATION / MODIFICATION	IEP GOAL OBJECTIVE	TARGETED VOCABULARY	COMMENTS & DATA FOR _____
Touch spoon and feel sign "eat"				
Walk to dining table, bringing spoon.				
Find chair and sit down				
Look for plate when tapped on table and stay in contact with left hand				
Scoop food from plate and carry spoon to mouth				
Put spoon in finished basket when finished				

Activity Routines, developed by Kate Moss, Texas Deafblind Outreach, 2002

Note About "Object Cue for Routine"

- Routines typically involve a number of objects (e.g. a snack time routine might involve a spoon and a bowl).
- Eventually, one of the these objects will become an object cue that you can use to represent the routine to the student.
- Don't fill out the "Object Cue for Routine" until the student has experienced the routine a few times.
- Once the student has experience with the routine, consider all the materials used and identify the one that the student seems to recognize best. Use that as the object cue to represent the entire routine.
- Example: "Marianne" seems to best recognize the spoon used during a snack time routine. That spoon becomes the object cue for the routine.

Step 4

Collaborate with the classroom teacher—and perhaps other service providers such as a physical therapist—to identify *adaptations or modifications* from the student's IEP that match each step in the routine.

These may include things like:

- visual supports,
- motor supports, and
- communication supports.

ACTIVITY ROUTINE

Student: Marianne

Routine: Snack Time

Implementers: Shenise

Time: Morning snack (about 10 am)

Location: Snack Table

List of Materials Needed: Spoon, space at table, chair, on table: scoop plate, finished basket, blended food container

Directions: Be sure that the first step of the routine has a clear beginning, and the last step is the clear ending. After the routine has been run a few times, choose one of the objects in the materials to become the "object cue" to represent the entire routine.

Object Cue for Routine (to be filled out after running the routine a few times):

ROUTINE STEPS	ADAPTATION / MODIFICATION	IEP GOAL OBJECTIVE	TARGETED VOCABULARY	COMMENTS & DATA FOR _____
Touch spoon and feel sign "eat"	Tactile hand-under-hand sign			
Walk to dining table, bringing spoon.	Sighted guide			
Find chair and sit down	Bumpy cushion for chair			
Look for plate when tapped on table and stay in contact with left hand				
Scoop food from plate and carry spoon to mouth	Hand-under-hand assist			
Put spoon in finished basket when finished				

Activity Routines, developed by Kate Moss, Texas Deafblind Outreach, 2002

Step 5

- Collaborate with the classroom teacher—and perhaps other service providers such as a speech and language therapist—to add any *IEP goals or targeted vocabulary* that can be worked on during this routine.
- Put the goals and vocabulary items next to the steps that are relevant to them.

ACTIVITY ROUTINE

Student: Marianne   Routine: Snack Time

Implementers: Shenise   Time: Morning snack (about 10 am)   Location: Snack Table

List of Materials Needed: Spoon, space at table, chair, on table: scoop plate, finished basket, blended food container

Directions: Be sure that the first step of the routine has a clear beginning, and the last step is the clear ending. After the routine has been run a few times, choose one of the objects in the materials to become the "object cue" to represent the entire routine.

Object Cue for Routine (to be filled out after running the routine a few times):

ROUTINE STEPS	ADAPTATION / MODIFICATION	IEP GOAL OBJECTIVE	TARGETED VOCABULARY	COMMENTS & DATA FOR _____
Touch spoon and feel sign "eat"	Tactile hand-under-hand sign	Imitate movements demonstrated hand under hand	"eat"	
Walk to dining table, bringing spoon.	Sighted guide			
Find chair and sit down	Bumpy cushion for chair			
Look for plate when tapped on table and stay in contact with left hand		Use touch to explore space and locate objects		
Scoop food from plate and carry spoon to mouth	Hand-under-hand assist	Imitate movements demonstrated hand under hand	"eat"	
Put spoon in finished basket when finished		Indicate finished using gestures	"finished"	

Activity Routines, developed by Kate Moss, Texas Deafblind Outreach, 2002

Using the Activity Routine Form

- You now have all of the sections of the form that describe the routine filled out.
- You can also use the form on an ongoing basis to:
  - collect data,
  - make comments, and
  - share information between team members and between home and school.

Using the Form for Data and Comments

- You can use a new copy of the completed form every time you need to collect data during the routine.
  - For example, the classroom teacher or another team member may ask you to note something like, "How many cues does it take for Marianne to find her plate?"
- You can also make other comments you think or important or helpful.
  - For example, you might note a need for an adjustment to the routine.
  - Sometimes, you may just make a general comment (e.g., "Took longer than usual. Marianne not feeling well").

ACTIVITY ROUTINE

Student: Marianne

Routine: Snack Time

Implementers: Shenise

Time: Morning snack (about 10 am)

Location: Snack Table

List of Materials Needed: Spoon, space at table, chair, on table: scoop plate, finished basket, blended food container

Directions: Be sure that the first step of the routine has a clear beginning, and the last step is the clear ending. After the routine has been run a few times, choose one of the objects in the materials to become the "object cue" to represent the entire routine.

Object Cue for Routine (to be filled out after running the routine a few times):

ROUTINE STEPS	ADAPTATION / MODIFICATION	IEP GOAL OBJECTIVE	TARGETED VOCABULARY	COMMENTS & DATA FOR DECEMBER 2
Touch spoon and feel sign "eat"	Tactile hand-under-hand sign	Imitate movements demonstrated hand under hand	"eat"	
Walk to dining table, bringing spoon.	Sighted guide			Used correct grip on my arm today!
Find chair and sit down	Bumpy cushion for chair			
Look for plate when tapped on table and stay in contact with left hand		Use touch to explore space and locate objects		I I Total 2 cues needed
Scoop food from plate and carry spoon to mouth	Hand-under-hand assist	Imitate movements demonstrated hand under hand	"eat"	Ate 4 bites with no assistance!
Put spoon in finished basket when finished		Indicate finished using gestures	"finished"	Would not put spoon in. I offered her more food, and she smiled.

Documentation Date: _____   Documenter's Signature:_____

Using the Form to Share Information

- On the back of the form, there are spaces for teacher notes and parent notes.
- Sending the forms back and forth between home and school is a great way to support collaboration!

Expanding What You Know

- Now, you have a way to frame out more sustainable IEP goals.
- Let's discuss why.
- Share ideas and examples.

OHOA Deaf-Blind Intervener Learning Modules

A national resource designed to increase awareness, knowledge, and skills related to the process of intervention for students who are deaf-blind. Developed by National Center on Deaf-Blindness.

For a list of partners and contributors visit:

nationaldb.org/ohoamoodle/contributors.html

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