

Pre-Goal Setting

Name: _____ Age: _____

Filled out by: _____

Date: _____

My Child's Strengths and Abilities:

My Child's Needs:

My child learns best when:

- Visual aids are included with activities such as story, circle, science, reading
- Verbal directions and/or schedule are repeated
- Verbal directions and/or schedule are paired with pictures
- Verbal directions are written
- Activities are fast-paced
- There is a tangible object to hold or use during activity
- He/she can move around
- Object cues are used to transition, give direction, schedule
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***Please note: This form is for use of gathering additional information and does not replace any required licensing forms.**