Name of clinician:       Date:

Name of person completing checklist:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Key element of functional intervention | NO | LOW | MOD | HIGH | N/A | Comments/Variations |
| GOALS | 1. Goals are client chosen |  |  |  |  |  |  |
| 2. Goals are well defined and measurable |  |  |  |  |  |  |
| 3. Goals are functional |  |  |  |  |  |  |
| 4. Goals are achievable |  |  |  |  |  |  |
| 5. Goals agreed upon communicated to the family |  |  |  |  |  |  |
| 6. Goals measured at beginning and end of intervention |  |  |  |  |  |  |
| INTERVENTION | 7. Goal performance observed to determine goal limiting factors |  |  |  |  |  |  |
| 8. Targets the client’s chosen goals |  |  |  |  |  |  |
| 9. Involves whole task practice |  |  |  |  |  |  |
| 10. Challenging but achievable |  |  |  |  |  |  |
| 11. Maximises learning via problem-solving/feedback |  |  |  |  |  |  |
| 12. Enjoyable and motivating for the child |  |  |  |  |  |  |
| 13. Considers dose of practice |  |  |  |  |  |  |
| 14. Carried out in relevant context (eg.home or community) |  |  |  |  |  |  |
| 15. A client-centred home program is provided |  |  |  |  |  |  |
| 16. Parents/significant others are involved in intervention |  |  |  |  |  |  |
| 17. Chosen intervention supported by current evidence *Intervention name:* |  |  |  |  |  |  |
| THROUGHOUT | 18. Engages the child and family |  |  |  |  |  |  |
| 19. Communicates effectively with the child and family |  |  |  |  |  |  |
| 20. Communicates effectively with the broader team |  |  |  |  |  |  |
| 21. Shares knowledge/empowers family decision making |  |  |  |  |  |  |

*Below can be used to discuss skills, identify areas for improvement and make an action plan for change*

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| **Strengths:** |
| **Areas for improvement:** |
| **Plans for change:** |
| **Date/Plan for review:** |