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Active Learning Materials and Activities Planning Sheet

**Adapted from personal notes from a seminar by van Dijk, J. 1985 and**

**information from Dr. Lilli Nielsen in Functional Scheme**

Fill one sheet out for each child. Over a period of time (at least 3-4 weeks) through listening to stories from others and through observation of the child, simply list things the child likes and things he doesn't like. We all enjoy things that we are good at and that we understand. The child's "Likes" will be his areas of strength, motivators, and use sensory channels that are working. His "Dislikes" will be areas of need, things that frighten or bore him, and sensory channels that may not be working efficiently. The information gathered on this form will give you underlying themes that you can use for identifying objects and activities to use in Active Learning instruction.

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

| **LIKES (objects, actions, people)** | **DISLIKES (objects, actions, people)** |
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# **Pathways to Learning:**

How well does the child use each sensory channel? Assign a percentage to each, with 100% being a sensory channel used well to get information, and a lower percentage for a sensory channel that the child is not able to use well. Describe the child’s behaviors that show the reason(s) you recorded that percentage.

|  |  |  |
| --- | --- | --- |
| Sensory Channel | % | How do you know? |
| Vision |  |  |
| Hearing |  |  |
| Touch |  |  |
| Taste |  |  |
| Smell |  |  |
| Movement/ Proprioception |  |  |

What are possible attributes of materials that might appeal to his/her top three sensory channels? (Color, shape, texture, size, sound, flexibility, reflective qualities, movement, etc.)

What do you currently observe the child doing with his/her hands (e.g., grab and release, bat at fisted, transfer hand to hand, throwing, scratching)?

What do you currently observe the child doing with arms, feet and legs?

What do you currently observe the child doing with his/her head, mouth, lips and tongue?

What kinds of vocal play do you observe? (e.g., babbling, squealing, clicking, etc.)

What sounds does he/she respond to? (e.g., dad’s voice, computer generated sounds, door slamming, etc.)

What kind of scents does he/she like or dislike? (types of smells or particular things that smell)

What kinds of foods or flavors doe he/she like or dislike?

What kind of touch does he/she like or dislike? (e.g., light, heavy, deep pressure, etc.)

# Ideas for Specific Objects to Include in Instruction:

List the items (Lilli says 70 or more) you want to try using and check to see if the properties match the student’s preferences in his/her best sensory channels as identified previously in this form on page 2. You should consider using multiples of objects with similar but slightly different features. Remember to have a quantity of everyday objects included in the mix. This can also serve as a shopping list for items you need to find.

| Item | Vision | Hearing | Touch | Taste | Smell | Movement |
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# Social and Emotional Development

In order to utilize the best educational approach with your student, what Dr. Nielsen calls the [Five Phases of Educational Treatment](https://activelearningspace.org/principles/five-phases-of-educational-treatment/), we need to look at the child’s behavior. Look at the behaviors described below and place a 🗸 in the row(s) where you see behaviors that are regularly demonstrated by your student. If the child is at a higher level, some of the earlier developmental traits may have disappeared so be sure to review the next level up.

| **Developmental Age** | **Child contacts or responds to contact by:** | **🗸** |
| --- | --- | --- |
| **Birth-3 months** | * clutching fingers or some hair of the adult * clutching some of the adult's clothing * smacking lips, * making "grrr" sounds * by nodding, sucking, and grunting * can be calmed by being taken in the arms and cuddled * transfer of clutching/grasping to biting, pinching may be seen in older children | 🗸 |
| **4-6 months** | * babbling or crying consciously to get adult’s attention or when nothing is wrong * may scream or cry most of the day - possible that the screaming is a child's attempt at babbling * may respond to contact by babbling * shows anxiety to unfamiliar rooms, persons, toys |  |
| **6-9 months** | * molding his/her body into the shape of adults * snuggles close to the adult * touches adult’s face or puts finger in eyes, mouth * likes to be moved from the arms of one familiar person to another * imitates the adult’s movements, reaches hand toward light switch after adult turns on light * seeing Mom or Dad after return causes joy * shows joy when recognizing familiar voices * may want to move his or her body the way he or she wants to move their body * may be pulling their arms away and, kind of, hiding them * may want to sit in a specific way * if able to be held by an adult, may want to be held or positioned a certain way |  |
| **9-15 months** | * "showing objects” - wants to share interests with adult * if adult does not respond, may attempt to establish contact by hitting the adult with the object (banging objects) * refuses contact with persons whom he does not feel attached to * puts arms around adult he feels attached to * wants to drink from adult’s cup or feed adult * laughs and babbles in interactions with adult * enjoys adult-learner games such as clapping hands and playing with lips * may hit themselves or other people * moving to the adult (pull to standing, walking or crawling) * acts like he/she wants to sit on adult's lap, but as soon as he/she gets there, wants to get down * may lean against the adult briefly, or rest an arm or a hand on the adult briefly |  |
| **15-18 months** | * picks up an object and gives it to adult with expectation adult will give the object back * If adult will not engage in game, child looks for another adult who will engage in game * tests activities that are allowed and not allowed * demonstrates strong attachment to one or a few objects * often has the need for physical contact, wants to be carried and sit on lap |  |
| **18-24 months** | * lends adult most cherished toy * engages in building games as a contact game * can react intensely to changes in daily routine * throws a tantrum when crossed * presents strong feelings of ownership: my mother, my toy * plays language games with adults – jingles and rhymes |  |
| **2-3 years** | * contacts by hiding and then revealing himself with a shocked attitude * involves adult in hiding games and games of searching for each other * Involves adult in rough and tumble games * wants to interfere in activities of an adult * demonstrates his will in the presence of other children by claiming ownership of his toy * appreciates help with things like dressing and undressing * has a strong need for physical contact, holding hands while walking * is able to engage in contact with only one adult at a time * uses language more often in contacting others * has difficulty accepting criticism * has difficulty choosing between yes/no, coming/going, milk/juice, etc. * can be quite rigid and will change results by demonstrating anger, passivity or withdrawal |  |
| **3-4 years** | * contacts by standing next to adult and leaning against him * shows great independence, often thinks he can do more than he actually can * can become very despaired when he has to receive help from the adult * direct physical contact is most often replaced by conversation * is eager to help with domestic activities * leans against, places an elbow against or looks at an adult to receive a smile or a comment-- and then looks at others present to share with them this emotional experience |  |

Describe your general impressions about the individual’s ability to self-regulate, show empathy, manage strong emotions, identify his/her own feelings, read others emotions, and establish and maintain relationships.

# Plan for completing the *Functional Scheme*:

Decide as a team how and by when you will address all sections of the *Functional Scheme*. It is recommended that team members work in pairs on each section for better verification of the student’s use of skills across multiple domains and with multiple people. Use the chart below to plan who will be responsible for each section. You may choose the official due date or assign an earlier due date to each section to spread work out across time. CT=Classroom teacher, Para=Paraeducator.

|  |  |  |  |
| --- | --- | --- | --- |
| Section | Name and title of participants responsible for section (suggested roles are listed for reference only) | Official Due Date | Team assigned due date |
| Gross Movement | PT/COMS |  |  |
| Fine Movement | OT/TVI |  |  |
| Mouth Movement | OT/SLP |  |  |
| Visual Perception | TVI/COMS |  |  |
| Auditory Perception | TDHH/SLP/TVI |  |  |
| Haptic-tactile Perception | OT/TVI |  |  |
| Smell & Taste | OT/TVI |  |  |
| Spatial Relations | TVI/COMS |  |  |
| Emotional Perception | CT/Para/Parents |  |  |
| Object Perception | TVI/CT |  |  |
| Language: Non-verbal | SLP / TDHH / TVI |  |  |
| Language: Verbal | SLP / TDHH / TVI |  |  |
| Comprehension of Language | SLP / TDHH / TVI |  |  |
| Social Perception | CT/Para/Parents |  |  |
| Perception through Play & Activity | PT/OT |  |  |
| Developmentally Impeding Functions | CT/Parents |  |  |
| Toileting Skills | CT/Para/Parents |  |  |
| Undressing and Dressing | OT/CT/Para/Parents |  |  |
| Personal Hygiene | OT/ CT/Para/Parents |  |  |
| Eating Skills | OT/ CT/Para/Parents |  |  |

# Plan for completing the *Functional Scheme* (cont.):

How will the team share information between team members?

How and when will team members discuss discrepancies? Dates/times/locations?

Who will go over the assessment with and get information from parent(s)?

# Goals, Objectives, Skills – Data for Child Progress Reporting:

You may find it helpful to have a list of goals/objectives and/or skills that will be the focus of data collection for documenting child progress. You can list them for specific environments and activities and post them near each environment so all staff know what behaviors they should take note of during an observation. Or you may have them in a child’s folder so any staff member can select an environment or activity to observe and collect data. This also could serve as the basis for your lesson plan. Remember, though the child is working on many skills continually, the data collection for IEP purposes focuses on agreed upon goals and objectives. You may list non-IEP related skills in “Other Skills to Watch For”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Environments or Activities | Goal/Objective or Skills Child Should Demonstrate | # Observed | Other Skills to Watch For | # Observed |
| Example: HOPSA Dress | Explores various surfaces with feet | |||| | Movement of legs to push | | |
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# Team Notes

Texas School for the Blind & Visually Impaired

Outreach Programs



