

File S1. Form for Collaborative Process for Action Plans to Achieve Children’s Participation Goals.

Child Information

Name:

Gender:

Age:

Health / Developmental Condition:

Medical restrictions, precautions, and safety concerns:

Assessment Information

Date:

Name of Family Member(s) and Relationship to Child:

Name of Therapist(s)/Professional(s):

Information about the Participation Goal

- Description of the participation goal:
- Child’s current participation in the activity:
- Others who are or may be involved in the activity (i.e., peers, community activity leader, family member):
- Location(s) where participation will take place:
- Time frame for achievement of the goal:

CHILD ATTRIBUTES Specific to the Participation Goal	Current Ability and Considerations	Outcomes to Achieve Goal
Interest and desire to participate in the activity		
Knowledge and understanding of the activity		
Physical abilities (positioning, mobility, manual)		
Self-care (eating, dressing, hygiene/ bathing, toileting)		
Communication abilities		
Social, emotional, and behavioral considerations		
Sensory considerations		
Health and safety considerations		
Other		

FAMILY ATTRIBUTES Specific to Participation Goal	Current Situation	Outcomes to Achieve Goal
Interest and desire for the child to participate in the activity		
Daily routines and family structure related to the child's participation in the activity		
Concerns related to the child's participation in the activity		
Support for the child to participate in the activity		
Resources for the child to participate in the activity		
Impression of the child's readiness to participate in the activity		
Other		

ENVIRONMENT ATTRIBUTES Specific to the Participation Goal	Current Accessibility or Availability	Outcomes to Achieve Goal
Accessibility and safety of the place(s) where activity will occur		
Availability of physical assistance from peers and adults (non-family members)		
Availability of social-emotional support from peers and adults (non-family members)		
Availability of community resources		
Other		

Action Plan		
Summary of Outcomes to Achieve Goal (Across Child, Family, and Environment Attributes)	Actions, Strategies & Procedures	Person(s) Responsible / Time Frame

File S2. Sample questions to assess child, family, and environment attributes.

Child Attributes

For the examples, some questions are phrased for the child and some for the parent. To the extent possible, involve the child in the discussion.

Interest and desire to participate in the activity: Discuss the child's interest and desire to participate and motivation to do what is necessary to achieve the goal.

- What do you like best about (name of activity)?

Knowledge and understanding of the activity: Discuss the child's knowledge and experience with the activity such as rules of the game, how to interact with others, and understanding instructions.

- Have you done this activity or a similar activity before?
- Can you tell me about (name of activity)?

Physical abilities: Task analysis of gross motor and manual abilities associated with the participation goal. Consider whether body functions and structures (e.g. sensory processing, strength, balance, range of motion, endurance) support or limit performance of the activity.

- What (referring to the activity) do you do the best?
- What (referring to the activity) is the hardest?
- Does someone help you to (name of activity)?

Self-care: Identify and discuss the self-care tasks that need to occur as part of the participation goal.

- What self-care tasks are you satisfied with?
- What self-care tasks would you like to do better?
- What self-care tasks do you need or want assistance for?
- Are you able to explain to others how you like them to help you?

Communication abilities: Discuss the child's ability to understand, express needs, respond to questions, and initiate communication.

- How does (child's name) usually communicate with adults? Other children?
- Does (child's name) need support to understand others or with self-expression?

Social, emotional, and behavioral considerations: Discuss the child's comfort in meeting people, interacting with others, going places, and trying new activities. Discuss the child's ability to listen, attend to and follow instructions, persist with the activity, share, and take turns with others.

- How does (child's name) usually play with other children?
- How does (child's name) follow instructions or rules when participating in group activities?

Sensory considerations: Discuss whether the child has sensory impairments that might affect participation. This includes vision, hearing, sensory processing, and pain.

- Does (child's name) have any problems in vision or hearing that might require the activity to be modified or adapted?
- Does (child's name) have any sensitivities to smell, touch, or movement that might require the activity to be modified or adapted?

Health and safety considerations: Discuss health and safety concerns that might affect the child's ability to participate in the activity such as seizures, side effects of medications, breathing problems, nutrition status, and limited physical endurance.

- Does (child's name) have any health problems that others (i.e. family members, instructors, coaches) should be aware of for safety reasons?
- Does (child's name) have any health problems that require the activity be modified or adapted?

Family Attributes

Interest and desire for the child to participate in the activity: Discuss the family's thoughts about the participation goal. Consider cultural beliefs and values that might pertain to the activity.

- What are your thoughts about (the participation activity)?

Daily routines and family structure related to the child's participation in the activity: Discuss family routines including work schedules and activity schedules of the child's siblings. Discuss how the activity fits in with the family's routines.

- Are there days or times in your family's schedule when (child's name) could participate in the activity?
- Are there days or times in your family's schedule when someone could spend time with (child's name) to practice and learn the activity?

Concerns related to the child's participation in the activity: Discuss family concerns such as the child's physical and emotional well-being, ability of others to care for the child's needs, acceptance of the child by others, and emergency medical procedures if the need arises.

- Do you have any concern about (child's name) participation in this activity?

Support for the child to participate in the activity: Discuss the family's role in encouraging, guiding, and assisting the child to participate in the activity.

- What have you found to be successful in encouraging (child's name) to try something for the first time?
- Is there information that would help you assist your child in achieving the goal?

Resources for the child to participate in the activity: Discuss the family's availability of time, money, transportation, childcare, toys/materials, equipment, and assistive technology.

- Are there things you have that will be useful to help (child's name) participate in the activity?
- What is necessary to enable (child's name) to participate in the activity?

Impression of the child's readiness to participate in the activity: Discuss the family's thoughts about the child's abilities and overall readiness to participate in the activity. This information is useful for discussion of whether the goal should be modified, the timeframe for achievement, and the time and effort required by the child and family.

- What are your thoughts about (child's name) ability to do the activity?
- What do you think needs to occur for (child's name) to participate in the activity?

Environment Attributes

For the examples, the questions are phrased for the parent. To the extent possible, involve the child in the discussion.

Accessibility and safety of the place(s) where the activity will take place: Discuss the physical location(s) of the activity, how accessible it is to the child, and safety concerns.

- Is (child's name) able to access the facility and materials required for activity?
- Does the program provide good supervision of all children?

Availability of physical assistance from children and adults (non-family members): Discuss whether the child needs physical assistance and for what parts of the activity. Discuss whether modification of the environment, activity adaptation, or assistive technology could reduce the need for assistance of another person.

- Does the child require physical assistance?
- Are there adults and other children present who are willing to physically assist (child's name) during the activity?

Availability of social-emotional support from children and adults (non-family members):

Discuss the views, values, and beliefs of children and adults participating in the activity.

- What has been (child's name) experience interacting with other children and adults?
- What is the best way for children and adults to encourage (child's name) to participate in the activity?

Availability of community resources: Gather information on services/programs in the community and funding that may provide the opportunity for participation in the desired activity. Discuss availability of equipment and technology necessary for the child to participate in the activity.

- Are there programs, activities, lessons that you know of and (child's name) would like to do that are related to the participation goal?
- Are there other professional service providers we should include for their input and to partner with to support the participation goal?

File S3. Example of Collaborative Process for Action Plans to Achieve Children's Participation Goals.**Child Information**

Name: Jason Smith

Date of Birth: 4/4/2008

Gender: Boy X Girl

Age: 12

Health / Developmental Condition: Cerebral Palsy, GMFCS level IV

Medical restrictions, precautions, and safety concerns: Limited self-mobility

Assessment Information

Date: 10/10/2020

Name of Family Member(s) and relationship to Child: Barbara Smith, Mother

Name of Therapist(s)/Professional(s): Sue Jones, physical therapist

Information about the Participation Goal

- Description of the participation goal: Jason will participate in the church youth group without his parents present.
- Others who are or may be involved in the activity (i.e., peers, community activity leader, family member): Youth group leader, peers
- Location(s) where participation will take place: Church meeting room, various locations in community for youth outings
- Child's current participation in the activity: Has never attended
- Importance of the goal for child and family: Involvement in the church is important to the family
- Time frame for achievement of the goal: 4 months

CHILD ATTRIBUTES		
Attributes Specific to the Participation Goal	Current Abilities and Considerations	Outcomes to Achieve Goal
Interest and desire to participate in the activity	Eager but nervous, unsure about not being with family	Jason to feel positive and confident.
Therapist used motivational interview techniques and actively listened to understand Jason's feelings.		
Knowledge and understanding of the activity	Activities will vary, enjoys religion & singing	Jason to articulate his interests and to learn about planned activities prior to meeting.
Physical abilities (positioning, mobility, manual)	Needs assistance with transfers	Jason to instruct others in how to assist him to transfer.
Therapist asked Jason and mother to demonstrate transfer from wheelchair to couch as Jason indicated that he would like to get sit on the couch with peers at meeting.		
Self-care (eating, dressing, hygiene/bathing, toileting)	Needs assistance with eating and using the bathroom	Jason to instruct others on how to assist him with self-care tasks.
Communication abilities	Low voice & less communicative until knows person	Jason to talk with a stronger voice, move closer to people, and express his needs.
Social, emotional, and behavioral considerations	Shy, sometimes distracted	Jason to listen to instructions and follow directions.
Sensory considerations	-	-
Health and safety considerations	No additional considerations than those noted above	-
Other	-	-

FAMILY ATTRIBUTES		
Attributes Specific to Participation Goal	Current Situation	Outcomes to Achieve Goal
Interest and desire for the child to participate in the activity	Interested and especially want to see Jason participate without his parents present	Strength
Daily routines and family structure related to the child's participation in the activity	Church activities are part of family routines. Mother is free on Sunday night and able to drive son to youth group.	Strength
Concerns related to the child's participation in the activity	Safety	Assurance that leaders will supervise and address Jason's needs
<div>At the end of the visit, therapist had a chance to talk with parents in private to gather their perspectives and concerns.</div>		
Support for the child to participate in the activity	Family (parents, uncle, and grandparents) is comfortable and familiar with discussing, preparing, and encouraging Jason to participate in new school activities. They are willing to do the same for the youth group activities.	Strength
Resources for the child to participate in the activity	Assistive technology: power wheelchair, manual wheelchair, adapted van	Strength
Impression of the child's readiness to participate in the activity	Jason able to participate but will need physical assistance; will need time to adjust	-
Other	-	-

ENVIRONMENT ATTRIBUTES		
Attributes Specific to the Participation Goal	Current Accessibility or Availability	Outcome to Achieve Goal
Accessibility and safety of the place(s) where activity will occur	Building accessible	Strength
Parents shared pictures of the building and meeting room and therapist visited the youth group.		
Availability of physical assistance from peers and adults (non-family members)	One leader was a respiratory therapist / had a medical background.	Leader needs to be comfortable and competent in assisting with transfers and self-care activities and providing supervision to ensure safety. Need to consider if and when appropriate to have peers assist with physical needs.
Availability of social-emotional support from peers and adults (non-family members)	Leaders excited to have Jason attend; youth receptive but not sure how to converse with Jason.	STRENGTH Youth need to feel comfortable in communicating with Jason.
Therapist and parent initially talked with youth group leader over the phone and therapist met leaders and peers when she attended.		
Availability of community resources	WC accessibility for outings is uncertain.	Family needs to be aware of community locations in advance of outings.
Other	-	-

ACTION PLAN		
Summary of Outcomes to Achieve Goal (Across Child, Family, and Environment Attributes)	Actions, Strategies & Procedures	Person(s) Responsible /Time Frame
Jason to have a positive and confident attitude.	To request Youth Group Leader to send Jason an invitation.	Parent / within a week
Jason to have knowledge of activities prior to meeting.	Discuss meeting schedule and activities with Youth Group leaders. Communicate with Jason about what to expect prior to the meeting.	Physical therapist / weekly during first month Transition responsibility to youth group leader with guidance from therapist as needed / 2nd month onward
Jason to complete transfers and self-care tasks with assistance and is able to instruct others. Family to feel assured that Jason will have necessary assistance. Youth group leader to be able to address physical and safety needs.	Physical Therapist to attend group. Support Jason and family in practicing transfers including Jason providing instruction to others. Consult with school OT on adaptations for eating. Instruct leaders / youth on physical assistance. Call family after first youth meeting to share information.	Physical therapist Jason & parent Physical therapist
Therapist and family grouped these outcomes and strategies together. Collectively these outcomes will support Jason's ability to participate in the youth group.		
Jason will talk with stronger voice, move closer to individuals he is speaking with, and express needs.	Consult with school ST on communication strategies Jason to practice communication strategies with family. Consult with Youth group leaders and peers on Jason's communication & strategies.	Physical therapist Jason & parent Physical therapist
Jason will be able to listen to instructions and follow directions. Youth group leader will be able to provide structure to enable Jason's participation	Provide Jason strategies and support Jason at meeting. Consult with Youth Group Leader on strategies to minimize distractions and how to structure instructions.	Physical Therapist

Communication between family & Leaders regarding community outings	Collaborate on list of questions and checklist for evaluating and planning for community outings.	All, Parent to initiate
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