



Find Your Balance

Inspire. Impact. Grow.

YOUR NAME: _____ DATE: _____

ASSESSMENT USED: _____ AGE OF CLIENT: _____

NUMBER OF GOALS WRITTEN: _____

MODULE 5: Competency: Writing Treatment Plan Goals

Goal #1

1. Procedure/Interventions:

Does procedure match goal, i.e. is receptive goal with receptive procedure? YES NO

Feedback: _____

2. Does the procedure/intervention include:

A) Antecedent Considerations: Materials _____ Set-Up _____ Specific SD _____

B) Description of procedure _____

IF not included, is a specific protocol or intervention referenced? YES NO

C) Behaviors: Clear definition _____ Operant type _____ Targets _____

D) Consequences: Process for Reinforcement _____ Schedule of Reinforcement _____

Process for Errors _____ If needed: Process for No Response _____

Feedback: _____

Goal #2



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3. Procedure/Interventions:

Does procedure match goal, i.e. is receptive goal with receptive procedure? YES NO

Feedback: _____

4. Does the procedure/intervention include:

E) Antecedent Considerations: Materials _____ Set-Up _____ Specific SD _____

F) Description of procedure _____

IF not included, is a specific protocol or intervention referenced? YES NO

G) Behaviors: Clear definition _____ Operant type _____ Targets _____

H) Consequences: Process for Reinforcement _____ Schedule fo Reinforcement _____

Process for Errors _____ If needed: Process for No Response _____

Feedback: _____



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Goal #3

5. Procedure/Interventions:

Does procedure match goal, i.e. is receptive goal with receptive procedure? YES NO

Feedback: _____

6. Does the procedure/intervention include:

I) Antecedent Considerations: Materials _____ Set-Up _____ Specific SD _____

J) Description of procedure _____

IF not included, is a specific protocol or intervention referenced? YES NO

K) Behaviors: Clear definition _____ Operant type _____ Targets _____

L) Consequences: Process for Reinforcement _____ Schedule fo Reinforcement _____

Process for Errors _____ If needed: Process for No Response _____

Feedback: _____



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Goal #4

7. Procedure/Interventions:

Does procedure match goal, i.e. is receptive goal with receptive procedure? YES NO

Feedback: _____

8. Does the procedure/intervention include:

M) Antecedent Considerations: Materials _____ Set-Up _____ Specific SD _____

N) Description of procedure _____

IF not included, is a specific protocol or intervention referenced? YES NO

O) Behaviors: Clear definition _____ Operant type _____ Targets _____

P) Consequences: Process for Reinforcement _____ Schedule fo Reinforcement _____

Process for Errors _____ If needed: Process for No Response _____

Feedback: _____



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Goal #5

9. Procedure/Interventions:

Does procedure match goal, i.e. is receptive goal with receptive procedure? YES NO

Feedback: _____

10. Does the procedure/intervention include:

Q) Antecedent Considerations: Materials _____ Set-Up _____ Specific SD _____

R) Description of procedure _____

IF not included, is a specific protocol or intervention referenced? YES NO

S) Behaviors: Clear definition _____ Operant type _____ Targets _____

T) Consequences: Process for Reinforcement _____ Schedule of Reinforcement _____

Process for Errors _____ If needed: Process for No Response _____

Feedback: _____

SCORE: ____/____