

WEEKLY PROGRAM ADAPTATION SHEET

For Period From: _____

To: _____

Program Staff: _____

Consultant: _____

Skill Development/Area of Adaptation: _____

Specific Short Term Objectives: _____

1. _____

2. _____

3. _____

LEVEL OF ADAPTATION REQUIRING CHANGE	ADAPTATION CHANGE/ADD	WHO IS TO DO WHAT?	Implemented				
			M	T	W	Th	F
I. ORGANIZATION LEVEL ▪ Sequence of activities <input type="checkbox"/> ▪ Location of activities <input type="checkbox"/> ▪ Groups <input type="checkbox"/> ▪ Adult/child ratios <input type="checkbox"/> ▪ Number of activities <input type="checkbox"/>							
II. ACTIVITIES LEVEL ▪ Accessibility <input type="checkbox"/> ▪ Appropriate equipment <input type="checkbox"/> ▪ Number of choices/spaces <input type="checkbox"/> ▪ Variety, novelty <input type="checkbox"/> ▪ Developmentally variability <input type="checkbox"/>							
III. TEACHING STRATEGIES ▪ Instructions <input type="checkbox"/> ▪ Adult modelling <input type="checkbox"/> ▪ Peer modelling <input type="checkbox"/> ▪ Prompting <input type="checkbox"/> ▪ Reinforcing <input type="checkbox"/>							