

Name: _____ Grade: _____



PARTICIPATION

Clinical Reasoning Worksheet

List the top 2 things you need the student to do in this setting:

PRIORITY #1

PRIORITY #2



WHAT ARE THE BIGGEST BARRIERS?

| | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | Physical Access |
| <input type="checkbox"/> | Emotional or Sensory Regulation |
| <input type="checkbox"/> | Safety Concern |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
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CHOOSE ONE BARRIER THAT IS MOST REALISTIC TO CHANGE?