**Task Analysis Form**

**Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code:\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level of Service Score: \_\_\_\_\_\_ Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plan Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total units approved for the Plan Year: \_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(Identify Goal) Month/day/year:** ***Only score on the items addressed on that date.*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Staff initials** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **#X a week:** **(enter objective)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(enter objective)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(enter objective)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(enter objective)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(enter objective)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **#x a week:****(enter objective)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(enter objective)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(enter objective)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **#x a week:****(enter objective)**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(enter objective)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(enter objective)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(enter objective)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(enter objective)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(enter objective)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(enter objective)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(enter objective)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(enter objective)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Average score for day** **# of successful (+) tasks / # of tasks attempted** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Staff Instructions**: *Describe for staff the important details about the participant’s support needs for accomplishing this objective. Do staff demonstrate the step first, give verbal prompts, wait until assistance is asked for, allow participant to take a break, or perform certain parts for the participant? List the various environments that may promote successful training, list things to avoid or restrictions, and important phrases or ways the staff can encourage the participant to accomplish various steps. If certain tasks require additional support or specific support, be sure to list it. List instructions for measuring progress (such as a score key).*

*Example key:* **(+)=completed task (+vp)= completed with verbal prompt (+vp x2)=completed with 2 verbal prompts (+mp)=completed with motion prompt (-hh) needed Hand over hand guidance (-) = did not complete task**

Monthly Objective Progress %: \_\_\_\_\_\_\_

**Provider/Staff Initials and Signatures: \_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Monthly summary of progress on the objective:**

**COMMENTS or CONCERNS (Sign and date each entry):**