



Key Indicators of Family-guided Routines-based Intervention

Interventionist: _____

Family: _____

Observer: _____

Routines Observed: _____ Date/Time: _____

Did the interventionist:	Never or rarely	1-2 times in an activity	1-2 times in more than one activity	Frequently across all activities
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Comments: _____

Personal Goals: _____