

DRAFT-STRYDD CENTER

Individualized Therapy Accommodations Planning: IDD Profile

Issues	Strengths in each of the areas	Age/Grade Level*	Therapy Accommodations
Language issues	Language strengths		
<input type="checkbox"/> Limited expressive vocabulary			
<input type="checkbox"/> Limited ability to express ideas in words			
<input type="checkbox"/> Speech unclear/hard to understand			
<input type="checkbox"/> Limited receptive vocabulary			
<input type="checkbox"/> Limited understanding of complex language forms (e.g. multi-phrase sentences, etc)			
<input type="checkbox"/> Limited pragmatic skills (understanding and use of verbal and nonverbal cues for interpersonal communication)			
Cognitive issues	Cognitive strengths		
<input type="checkbox"/> Difficulty with abstract concepts (more difficult than expected for age)			
<input type="checkbox"/> Difficulty with generalizing			
<input type="checkbox"/> Difficulty with immediate memory (e.g. ability to remember multiple instructions)			
<input type="checkbox"/> Difficulty with long-term memory retrieval on demand			
<input type="checkbox"/> Limited attention span for at least some kinds of materials (specify)			
<input type="checkbox"/> Limited visual/spatial skills—may affect organizing of information			
<input type="checkbox"/> Uneven skills (specify—e.g. visual spatial skills much stronger than verbal or the opposite)			
Sensory/motor issues	Visual/spatial & motor strengths		
<input type="checkbox"/> Low vision (for near, far, both?)			
<input type="checkbox"/> Hearing issues (any aids?)			
<input type="checkbox"/> Fine motor issues (e.g. affecting writing, drawing)			
<input type="checkbox"/> Gross motor issues			
<input type="checkbox"/> Sensory sensitivities (specify)			
Academic skills that can impact treatment	Academic strengths		
<input type="checkbox"/> Reading decoding			
<input type="checkbox"/> Reading comprehension			
<input type="checkbox"/> Writing skills			
<input type="checkbox"/> Understanding basic numbers			
Other issues	Special characteristics		
<input type="checkbox"/> Willingness and Motivation	<input type="checkbox"/> Special interests		
<input type="checkbox"/> Obsessive about sameness	<input type="checkbox"/> Tends to follow clear routines		
<input type="checkbox"/> Hyperfocus on _____	<input type="checkbox"/> Has mastered coping strategies of _____		
<input type="checkbox"/> Difficulty with transitions	_____		
<input type="checkbox"/> Limited emotional coping strategies	<input type="checkbox"/> Other _____		

*If available