

## Individualized Goals and Outcomes Teaching Strategies

Name of Member (*Last, First, M.I.*): \_\_\_\_\_

PCSP Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Goal or Outcome (*Objective*):

Teaching Strategy (*include by whom and steps for implementation*):

Frequency and Duration:

Data Collection Procedures:

Documentation for Incompletes / Barriers:

Procedure that will be followed should progress not be made as planned:

Procedure that will be followed should the outcome be completed:

### Person Developing the Strategy

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Date Sent to Support Coordinator: \_\_\_\_\_