

TGIF

Therapy Goals Information Form

R. A. McWilliam (2005)

Child (Full Name):

Date This Form Was Completed: ___ / ___ / ___

Teacher:

For Period Ending:

How well does the child do each of the following (Check one box for frequency and one box for independence for each outcome)

Outcome #	Outcome	1	2	3	4	5		
		Never	Almost Never	About half the time	Almost all of the time	All of the time	Doesn't apply (Don't know)	FREQUENCY
		Needs total assistance	With lots of help	With some help	With very little help	With no help	Doesn't apply (Don't know)	INDEPENDENCE
		Never	Almost Never	About half the time	Almost all of the time	All of the time	Doesn't apply (Don't know)	FREQUENCY
		Needs total assistance	With lots of help	With some help	With very little help	With no help	Doesn't apply (Don't know)	INDEPENDENCE
		Never	Almost Never	About half the time	Almost all of the time	All of the time	Doesn't apply (Don't know)	FREQUENCY
		Needs total assistance	With lots of help	With some help	With very little help	With no help	Doesn't apply (Don't know)	INDEPENDENCE
		Never	Almost Never	About half the time	Almost all of the time	All of the time	Doesn't apply (Don't know)	FREQUENCY
		Needs total assistance	With lots of help	With some help	With very little help	With no help	Doesn't apply (Don't know)	INDEPENDENCE
		Never	Almost Never	About half the time	Almost all of the time	All of the time	Doesn't apply (Don't know)	FREQUENCY
		Needs total assistance	With lots of help	With some help	With very little help	With no help	Doesn't apply (Don't know)	INDEPENDENCE

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How well does the child do each of the following (Check one box for frequency and one box for independence for each outcome)

Outcome #	Outcome	1	2	3	4	5	6	
		All of the time With no help	Almost all of the time With very little help	About half the time With some help	Almost Never With lots of help	Never Needs total assistance	Doesn't apply (Don't know) Doesn't apply (Don't know)	FREQUENCY INDEPENDENCE
		All of the time With no help	Almost all of the time With very little help	About half the time With some help	Almost Never With lots of help	Never Needs total assistance	Doesn't apply (Don't know) Doesn't apply (Don't know)	FREQUENCY INDEPENDENCE
		All of the time With no help	Almost all of the time With very little help	About half the time With some help	Almost Never With lots of help	Never Needs total assistance	Doesn't apply (Don't know) Doesn't apply (Don't know)	FREQUENCY INDEPENDENCE
		All of the time With no help	Almost all of the time With very little help	About half the time With some help	Almost Never With lots of help	Never Needs total assistance	Doesn't apply (Don't know) Doesn't apply (Don't know)	FREQUENCY INDEPENDENCE
		All of the time With no help	Almost all of the time With very little help	About half the time With some help	Almost Never With lots of help	Never Needs total assistance	Doesn't apply (Don't know) Doesn't apply (Don't know)	FREQUENCY INDEPENDENCE