

Parent/Primary Caregiver Form
 Ages 0-5

ABAS[®]-3

Adaptive Behavior Assessment System, Third Edition

Patti L. Harrison, PhD Thomas Oakland, PhD

Child Information

Name of child being evaluated (first, middle, last)		Sex	Grade
Jamie Sample		Male	
Age at testing	Date of birth	Age	
2 years and 7 months	9/26/2012	2 years and 7 months	
School	City	State	
Race/Ethnicity			
Black/African American			
Disability or other limitation		Client ID	

Assessment Information

Date of assessment	Date of report	Respondent
4/29/2015	4/29/2015	Julie Sample
Respondent occupation	Relationship to child	
Nurse	Parent	

Recommended Interventions

This report provides recommended interventions for those ABAS-3 items that were selected in the Scoring Assistant and Intervention Planner. Intervention plans for adaptive behavior require a step-by-step, problem-solving approach that takes into account the science of behavior and learning. In addition to the specific interventions recommended in this planner, it is important to keep in mind the following general guidelines for program planning and monitoring:

1. Identify skill levels needed in the child's current environment or the environment into which they are moving.
2. Identify current areas of strength and weakness relative to environmental requirements.
3. Identify and prioritize intervention objectives based on discrepancies between environmental needs and adaptive functioning.
4. Implement interventions to achieve specific objectives.
5. Monitor the intervention implementation and effectiveness, adjusting as needed.

Refer to Chapter 3 of the ABAS-3 manual for a thorough discussion of these steps. The Progress Monitoring Report available with the ABAS-3 electronic materials provides a comparison of scores across multiple administrations to assist in the program planning and monitoring process. This will allow the clinician to track the success of intervention implementation and make adjustments based on subsequent ABAS-3 administration scores and interpretation.

Communication Adaptive Skill Area

The ability to communicate is necessary for almost every area of functioning in life, from making basic needs known to sharing ideas. Communication is one of the primary ways in which people affect one another, exchange information and ideas, and express their needs and desires. Without the ability to communicate, children may become frustrated and isolated, and may engage in maladaptive behaviors such as screaming and hitting. These frustrations are not restricted to the inability to engage in speech. That is, there is more to communication than the abilities to speak and hear. Communication includes several other necessary skills, such as looking at individuals who are talking and understanding facial cues such as frowns and squinted eyes. With these and other necessary skills, children will be able to successfully communicate with others about their basic needs and topics of interest. Thus, they will be able to navigate a complex world and have a greater chance of living an independent life.

While the abilities to speak and hear are only a part of communication, these basic abilities, along with certain environmental elements, should be checked in the case of children who are having difficulties in this area. Specifically, the following should be checked: (1) hearing ability, (2) visual ability, (3) disability diagnoses, and (4) cultural differences. Another important check involves determining whether the child has adequate language exposure at home and school. Also, verify that the child's vision is good enough to discern nonverbal elements such as facial cues. Further, a disability diagnosis must be considered when planning communication interventions. For example, a child who has autism spectrum disorder may require a different set of realistic goals than a child who has an expressive language delay and no other impairments. Finally, cultural differences in communication should be taken into consideration when determining whether the child has a skill deficit (i.e., does not know how to perform the skill) or a performance deficit (i.e., knows how to perform the skill, but does not do it).

Communication intervention activities are provided below with their corresponding Communication adaptive skill area ABAS-3 item.

Communication		
ABAS-3 Item Number	ABAS-3 Item	Intervention Activity
2	Looks up or smiles when someone says his or her name.	Position your face so that the child can see you. First get the child's attention by calling their name. If they look up or smile, provide praise or hugs. If they do not look up or smile, get their attention by saying their name again and smiling. If needed, get the child's attention by clapping your hands gently or touching their hand, and give positive feedback for looking up or smiling when their name is said by talking, smiling, nodding, and providing other reinforcers.
3	Laughs when a parent or other person laughs.	When you are with the child, smile and laugh frequently. Pay attention to which objects or situations make them laugh, and laugh at those together. When you or others laugh and the child does the same, touch, hug, or speak to the child as reinforcement.

Leisure Adaptive Skill Area

Leisure activity and play are extremely important for a child's development. They provide a way for the child to grow, learn, and develop interests and skills that become part of their personal preferences of activities—those that give the child the idea that a certain activity or type of activity is “fun.” Some children experience a wide range of activities as enjoyable, while others gravitate to a more limited number or type of leisure activity choices. Leisure choices are expressions of the child's personality, and they are also influenced by the child's exposure to an activity and the quality of the experience during that activity. After early exploratory play, many leisure activities are learned through adult–child interaction and the teaching of the “game.” From peek-a-boo to board games or sports, there usually is an adult who initially encourages the child to attend, participate, and eventually learn the give-and-take that is part of most interactive activities.

Disabilities such as autism spectrum disorder, an intellectual disability, and motor, visual, or auditory impairments may result in a limited range of preferred activities or in the preference for solitary over associative activities. Associative activities obviously require an additional person, but engagement in solitary activities can also be shaped or facilitated through adult interaction by modeling, hand-over-hand participation, direct teaching, and selection of appropriate materials and environment.

Leisure intervention activities are provided below with their corresponding Leisure adaptive skill area ABAS-3 item.

Leisure		
ABAS-3 Item Number	ABAS-3 Item	Intervention Activity
1	Smiles or shows interest when he or she sees a favorite toy.	Provide a variety of objects or toys to attract and keep the child's interest. Hold and move an item into their line of vision. If needed, wiggle, roll, shake, or move the item toward and away from them to attract their attention. If they do not respond, try different types of lights such as room lighting or a flashlight shining on the wall or ceiling in a darkened room, or toys that light up, move, or make noise. When the child smiles at or shows interest in a favorite toy, smile with them and provide reinforcement by touching them and saying something like, "Yes, here is your favorite teddy bear."
2	Plays with a variety of toys instead of only one or two.	Provide the child different types of toys to choose from. Show them how to play with the toys at a level appropriate for their age (for example, pushing a toy car, rolling a ball, putting a stuffed animal in a bed). Set aside a daily "fun time" and a designated area. Gradually suggest that the child try different toys. For example, say, "This looks fun. Let's play with this toy today," or "You played with blocks yesterday. Let's play with balls today."
3	Plays with a single toy or game for at least 1 minute.	Place a toy or game close to the child. Try different toys to see if any particular one or type interests them more than others. Look at differences such as soft or varied textures; color of the toy; or sound, light, or movement (continuous, intermittent, cause and effect, interactive). Reduce distractions that might interrupt play. If the child does not explore the toy independently, show them how to play with the toy or place your hand over theirs as they play with the toy, especially if it has a cause-and-effect action. For example, wind up the toy and then watch it move.
4	Plays alone with toys and games, or does other fun activities.	Place appealing items or activities close to the child (for example, soft books, rattles, squeeze toys with sound or vibration, musical toys, dishpans with or without water, sponges, spoons, lightweight pans with handles for banging and splashing). Show the child how to play with these items and, if necessary, place your hand over theirs as they play with the toy. Reduce distractions that might interrupt play.

5	Plays simple games like "peek-a-boo" or rolls a ball to others.	Attempt to elicit the child's interest during a simple game. For example, vary "peek-a-boo" in the following ways: by covering part of an adult's head with a light cloth, by covering the child's head with a cloth, or by placing the child in front of the mirror and covering their head with the cloth. If necessary, place your hand over theirs as they play games like rolling a ball to others. Make sure that the child is close to the other person playing the game. Use a large ball so that they can push the ball with either or both hands.
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Self-Direction Adaptive Skill Area

Some items in the area of self-direction reflect skills that children typically acquire as part of normal development, regardless of the culture in which the child lives. Acquisition of other skills is more dependent upon the social norms and expectations of parents and society in the culture in which the child is raised. It is part of typical child development to show an interest in an object for a few seconds. However, it is more reflective of the culture, and a person's assimilation of the culture's expectations, to consistently arrive on time for activities and appointments, for example. These culturally dependent skills are usually learned indirectly through observation and repetitive verbal comments by significant adults and peers who condone the demonstration of the desired behavior.

Some children may have great difficulty in mastering these self-direction skills. Individuals with severe intellectual disabilities will understandably have difficulty performing the skills. Individuals with extensive motor difficulties also may have great difficulty in physically demonstrating the behaviors independently, but with the support of appropriate assistive technology, many can develop these adaptive skills. Individuals with autism spectrum disorder may demonstrate a more skewed ability to perform self-direction behaviors. Difficulties with abstract concepts, anxiety, and compliance issues can interfere with the development of these children's self-direction skills. Attention-deficit/hyperactivity disorder, with accompanying impulsivity and disorganization, can also affect a child's ability to perform more complex projects that require systematic planning and self-discipline to complete.

Self-Direction intervention activities are provided below with their corresponding Self-Direction adaptive skill area ABAS-3 item.

Self-Direction		
ABAS-3 Item Number	ABAS-3 Item	Intervention Activity
2	Sits quietly for at least 1 minute without demanding attention.	Put age-appropriate toys with different colors, textures, or sounds (for example, teething toys, stuffed animals, musical toys, lighted toys) near the child to explore on their own. Praise the child for staying occupied for increasingly longer periods of time.
3	Finds something to do for at least 5 minutes without demanding attention.	Provide the child easy access to safe and interesting items or activities they can play with or do without your supervision. These can include, for instance, books, toys with sound, musical toys, rolling toys, or blocks. If the child is old enough to understand, say, "If you play in your room until the timer goes off, then we will read a book together." Set the timer for 1 minute, gradually increasing the time over the next few days to 5 minutes. Praise the child for staying occupied for increasingly longer periods of time.

Social Adaptive Skill Area

Social skills are defined as the behaviors needed by individuals to be considered socially competent by their caregivers and peers, and demonstrated within home, school, and community settings. Social competence is crucial to both personal development and school adjustment, and predictive of successful long-term outcomes. Only toward the end of the toddler period do most typically developing children begin to understand how their behaviors help them gain desired activities and relationships; thus, early social skills provide the foundation for development of more complex social skills such as engaging in play with a group, making friends, and solving conflicts. While most children acquire prosocial skills within their natural routines as a function of everyday interactions and guidance provided by caregivers and peers, those with developmental delays and disabilities and/or severe behavior problems may need additional support in order to learn more appropriate ways of interacting. Research indicates that early problematic social skills place a child at risk for poorer adjustment and academic achievement during childhood, and increase the risk for later maladjustment and poorer adult outcomes. Therefore, addressing social behaviors becomes central to prevention and intervention efforts.

Intervention for social skills requires a step-by-step problem-solving approach that takes into account the principles supported by the science of behavior and learning. These steps consist of (1) identifying the problem, including its antecedents and consequences, (2) determining which skills or replacement behaviors need to be taught, (3) deciding on the method of instruction, (4) teaching the skills, (5) providing opportunities for practice of the skills, (6) reinforcement of the skills within natural contexts, and (7) evaluating outcomes.

General approaches for social skills intervention may involve individual or group applications, such as those utilized in a small group or classroom. Individualized applications may include strategies aimed at building relationships with caregivers in the early years, and later in development in addressing the specific social needs of the child. Group applications may be tailored to a subset of children with similar needs; for example, a group might be designed to facilitate friendships. Intervention in all cases follows a step-by-step approach of problem definition, selection of the replacement skill, task analysis or breaking the skill into its component parts, demonstrating or modeling the skill, providing role-play opportunities for practice, use of prompts and praise, and redirection when needed. Frequent opportunities to practice these skills and reinforcement within the natural contexts help enhance the likelihood that children will generalize and maintain these skills within their everyday lives. Ignoring and redirecting problem behavior to the new social skill makes problem behaviors ineffective and inefficient, thus increasing the likelihood that the child will utilize the new skill.

Social intervention activities are provided below with their corresponding Social adaptive skill area ABAS-3 item.

Social		
ABAS-3 Item Number	ABAS-3 Item	Intervention Activity
2	Relaxes body when held (for example, snuggles).	Approach and interact with the child in a calm, gentle way. Gently rock them to sooth them when needed, humming or singing songs. Walk around the house holding the child. Provide gentle hugs and kisses if appropriate.
3	Squeals or laughs when happy or delighted.	Approach and interact with the child in a calm, gentle manner. Provide toys such as rattles or bubbles that attract attention and promote interactions with caregivers. Play simple turn-taking games like "peek-a-boo" and "how big is baby." Smile or laugh back when the child smiles and laughs.
4	Displays closeness to a parent (for example, is happy when parent returns).	Approach and interact with the child in a calm, gentle manner. Make sure they can see your face. Look at their face during daily interactions such as feeding and playing. Smile at them often and speak to them frequently in a cheerful tone of voice. Provide prompt attention to the child's needs (for example, comfort, feeding, changing). Praise, encourage, and interact with them often. When the child displays closeness to you, smile, speak to them, and touch or hug them.

6	Lifts arms to express a desire to be picked up.	When the child makes noises or otherwise acts like they want to be picked up, gently lift their arms and say, "Up. You want me to pick you up." Praise them for any upward movement of their arms. "That's right, you want up." If they do not then lift their arms on their own, make a game out of it by saying "Show me up," lifting your arms up for them to imitate.
9	Imitates actions of adults (for example, pretends to clean house or drive a car).	Provide the child many opportunities to "help" with simple jobs around the house and yard. When the child is young, and if necessary, provide child-friendly objects such as a small broom or pretend vacuum cleaner, or give them unbreakable toy cups and plates to set a table and pretend to make and eat a meal. Involve other children in playing "house" with the child. Praise this behavior.

Teacher Form

Ages 5-21

ABAS[®]-3

Adaptive Behavior Assessment System, Third Edition

Patti L. Harrison, PhD Thomas Oakland, PhD

Student Information

Name of student being evaluated (first, middle, last)		Sex	Grade
Anna Sample		Female	
Age at testing	Date of birth	Age	
13 years and 3 months	1/9/2002	13 years and 3 months	
School	City	State	
Race/Ethnicity		Employment status	
Disability or other limitation			Client ID

Assessment Information

Date of assessment	Date of report	Teacher
4/15/2015	4/21/2015	Anna
Relationship to student		

Recommended Interventions

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While abilities to speak and hear are only a part of communication, these basic abilities, along with certain environmental elements, should be checked in the case of individuals who are having difficulties in this area. Specifically, the following should be checked: (1) hearing ability, (2) visual ability, (3) disability diagnoses, and (4) cultural differences. Another important check involves determining whether the individual has adequate language exposure at home and school. Also, verify that the individual's vision is good enough to discern nonverbal elements such as facial cues. Further, a disability diagnosis must be considered when planning communication interventions. For example, an individual who has autism spectrum disorder may require a different set of realistic goals than an individual who has an expressive language delay and no other impairments. Finally, cultural differences in communication should be taken into consideration when determining whether the individual has a skill deficit (i.e., does not know how to perform the skill) or a performance deficit (i.e., knows how to perform the skill, but does not do it).

Communication intervention activities are provided below with their corresponding Communication adaptive skill area ABAS-3 item.

Communication		
ABAS-3 Item Number	ABAS-3 Item	Intervention Activity
13	Gives verbal instructions to others that involve two or more steps or activities.	Select preferred, shared activities that provide opportunities for communication, such as coloring or playing with construction toys like blocks. Ask the student to color a picture or build a tower of blocks and then ask them to tell you how to do the same thing (for example, "Now you color the dog brown and color the cat orange," or "Pick up the red block and put it on the top"). If necessary, at first have the student repeat simple instructions that you provide and then ask them to give instructions to you or peers.
14	Refrains from repeating what he or she says over and over again.	The first time the individual says or asks something, reply so that they are certain you heard and are attentive. If the individual continues to repeat the same statement or question, say that they have already told you about or asked this, and that you heard them the first time. You may also use a "stop" or "quiet" hand gesture and avoid eye contact with the individual, then say that it is time to talk about something else. As appropriate, praise the individual by saying "Thank you for saying this only once." If the individual seems unaware of being repetitive, offer a periodic reminder that they need say things only once and redirect them to talk about another topic.

School Living Adaptive Skill Area

The School Living adaptive skill area includes those skills necessary for the successful care and maintenance of one's school environment. School living skills are developed longitudinally, with early experiences in caring for daycare settings serving as the foundation for more advanced school and home living skills in adolescence and subsequent adulthood. These skills are essential in adulthood for independent or semi-independent living, and deficits in these adaptive skill areas can result in the increased need for supervision or support. Increases in skill development can therefore lead directly to greater independence in adulthood. Also, increased mastery of school living skills can create more choices and options for individuals with disabilities as they approach adulthood. For example, the ability to operate classroom equipment such as a television, video player, or computer can lead to greater choice in what to watch or play. Likewise, mastery of mealtime routines opens increased opportunities for enjoying a wider variety of foods and beverages. It should be noted that for many activities within this adaptive skill area, the ability to generalize or transfer skills from one activity to a similar activity (e.g., turning on two different types of computers, or opening two different types of sandwich containers) is important for success, so the use of varied examples of activities is strongly encouraged.

Deficits in sensory abilities should always be considered as potential causes of difficulty when assessing the development of school living skills. For example, an individual with a visual impairment may not be able to discern spills or other visual cues, while a child with a hearing impairment may miss auditory cues from classroom equipment such as computers or other devices. Secondly, deficits in mobility or physical abilities should be considered, as these could also interfere with the child's ability to complete activities such as putting away belongings or supplies or cleaning up one's area in the lunchroom.

In general, school living skills should be developed through classroom and school routines. Consistency in expectations for routines related to arrival, initiation of work, transitions from activity to activity, cleanup, and so forth can help children develop these skills more quickly. Younger children will need more adult direction or assistance to follow such routines, while increased self-initiation of routine tasks should be the expectation for older children. The use of calendars, posted lists of classroom chores (using words or pictures), personal "to-do" lists, and school agenda booklets can be extremely useful in teaching children to follow classroom and school routines. Also, classroom rules that clarify expectations for children's interaction with one another and care of the classroom and materials are very useful in teaching these skills.

School Living intervention activities are provided below with their corresponding School Living adaptive skill area ABAS-3 item.

School Living		
ABAS-3 Item Number	ABAS-3 Item	Intervention Activity
16	Is productive and cooperative as part of groups or teams.	Give the individual the opportunity to interact cooperatively with others in work groups or teams. Initially assign them a group or team "buddy." Gradually encourage the individual to engage in tasks with other peers. Offer them ideas for working productively and cooperatively with classmates. For example, practice opening approaches with them such as "That looks interesting. Can you show me how to do it?" or "Do you need someone to help you?" Use cooperative instructional methods to promote and sustain productivity in work groups and teams.
17	Cleans his or her own desk, workspace, or locker regularly.	Provide the individual with cleaning materials to clean their own desk and work space. Set consistent times of the day or week for cleaning work spaces. Teach the individual how to clean by first showing the cleaning techniques (for example, throwing away trash and wiping off pen marks) and practicing with them. Decrease your assistance as their cleaning skills improve.

Leisure Adaptive Skill Area

Leisure activity and play are extremely important for an individual's development. They provide a way for the child to grow, learn, and develop interests and skills that become part of their personal preferences of activities—those that give the individual the idea that a certain activity or type of activity is “fun.” Some individuals experience a wide range of activities as enjoyable, while others gravitate to a more limited number or type of leisure activity choices. Leisure choices are expressions of the individual's personality, and they are also influenced by the individual's exposure to an activity and the quality of the experience during that activity. After early exploratory play, many leisure activities are learned through adult–child interaction and the teaching of the “game.” From peek-a-boo to board games or sports, there usually is an adult who initially encourages the individual to attend, participate, and eventually learn the give-and-take that is part of most interactive activities.

Disabilities such as autism spectrum disorder, intellectual disability, and motor, visual, or auditory impairments may result in a limited range of preferred activities or in the preference for solitary over associative activities. Associative activities obviously require an additional person, but engagement in solitary activities can also be shaped or facilitated through adult interaction by modeling, hand-over-hand participation, direct teaching, and selection of appropriate materials and environment.

Leisure intervention activities are provided below with their corresponding Leisure adaptive skill area ABAS-3 item.

Leisure		
ABAS-3 Item Number	ABAS-3 Item	Intervention Activity
7	Participates with others in a game or other activity without needing encouragement.	Select an activity that the individual enjoys or is likely to enjoy. Periodically let the individual select a game or activity. Assign them a desirable role (for example, spreading out the picture cards on a table, being timekeeper in a game) to encourage participation.

Self-Direction Adaptive Skill Area

Some items in the area of self-direction reflect skills that children typically acquire as part of normal development, regardless of the culture in which the child lives. Acquisition of other skills is more dependent upon the social norms and expectations of parents and society in the culture in which the individual is raised. It is part of typical child development to show an interest in an object for a few seconds. However, it is more reflective of the culture, and a person's assimilation of the culture's expectations, to consistently arrive on time for activities and appointments, for example. These culturally dependent skills are usually learned indirectly through observation and repetitive verbal comments by significant adults and peers who condone the demonstration of the desired behavior.

Some individuals may have great difficulty in mastering these self-direction skills. Individuals with severe intellectual disabilities will understandably have difficulty performing the skills. Individuals with extensive motor difficulties also may have great difficulty in physically demonstrating the behaviors independently, but with the support of appropriate assistive technology, many can develop these adaptive skills. Individuals with autism spectrum disorder may demonstrate a more skewed ability to perform self-direction behaviors. Difficulties with abstract concepts, anxiety, and compliance issues can interfere with the development of these children's self-direction skills. Attention-deficit/hyperactivity disorder, with accompanying impulsivity and disorganization, can also affect an individual's ability to perform more complex projects that require systematic planning and self-discipline to complete.

Self-Direction intervention activities are provided below with their corresponding Self-Direction adaptive skill area ABAS-3 item.

Self-Direction		
ABAS-3 Item Number	ABAS-3 Item	Intervention Activity
15	Keeps working on hard assignments without becoming discouraged, quitting, or needing reminders.	Discuss the importance of working hard without giving up or becoming too discouraged. Determine whether the subjects or activities are difficult for the individual and thus lead to discouragement. Be sure the task difficulty is suitable for them. If needed, break down the task into parts and have them do one part at a time, or make the task easier (for example, help them highlight key points from the first few paragraphs of a reading assignment, then have them highlight the last paragraph). Offer encouragement and praise them for progress and hard work.
16	Checks whether his or her schoolwork is done correctly.	Discuss the importance of self-checking to determine the quality of one's work. Give clear verbal directions accompanied by visual directions for assignments. Make the directions as simple or as complex and detailed as needed (for example, "draw, color, fold, cut, and glue" versus "create an outline, describe the characters, and discuss the outcome"). Use teacher and peer modeling to show how to use the directions to check work. Provide written examples and give samples of correctly completed assignments. At first, allow the individual time to promote self-evaluation skills that may become habitual. Gradually fade the prompting to verbal reminders given at the same time as the assignment to check all work before turning it in.

Adult Form (Rated by Others)

Ages 16-89

ABAS[®]-3

Adaptive Behavior Assessment System, Third Edition

Patti L. Harrison, PhD Thomas Oakland, PhD

Adult Information

Name of individual being evaluated (first, middle, last)		Sex
John Sample		Male
Age at testing	Date of birth	Age
70 years	4/5/1945	70 years
Years of education	Occupation	
Race/Ethnicity		Employment status
White		Retired
Disability or other limitation		Client ID

Assessment Information

Date of assessment	Date of report	Rater
4/29/2015	4/29/2015	Amanda Sample
Rater occupation	Relationship to individual	
	Child	

Recommended Interventions

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Communication		
ABAS-3 Item Number	ABAS-3 Item	Intervention Activity
1	Says the names of other people (for example, "Mama," "Daddy," or names of friends).	Point to or show the individual pictures of family members, friends, neighbors, supervisors, or other familiar people. Say their names and ask the individual to repeat their names after you. Encourage the individual to use the names of these people when they see them (for example, "Hi, Daddy" or "There's Suzy").
2	Says "Hello" and "Good-bye" to others.	Say "hello" or "hi" when someone enters the room or when you see people when you are out (for example, in a store or at work). Say "good-bye" when you or they leave. Encourage the individual to do the same, prompting or cueing them by saying, for example, "Now you tell Maria good-bye."
5	Names 20 or more familiar objects.	While you and the individual are doing a routine activity such as washing hands, provide an ongoing verbal description of what they are doing, emphasizing the word that matches the object they are using. For example, you might say, "Let's go to the sink and turn on the faucet. Now I'll get the soap . . . Get a towel to dry your hands." For some individuals, you may need to break down the description of the activity into one-step instructions. After you have done this many times, point to an object and ask, "What is this?" Say the name of the object if the individual does not say it, and then ask again. You may want to use favorite objects such as toys to encourage interest in naming.

10	Shakes head or says "Yes" or "No" in response to a simple question (for example, "Do you want something to drink?").	When someone asks you a question while the individual is near, or if they ask you a question, if appropriate, respond by nodding or shaking your head while saying "Yes, I do" or "No, I don't." Overemphasize your words and actions to make them more noticeable. Encourage them to let you know their wants or needs by nodding or saying "yes" or shaking their head or saying "no" in response to questions.
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Home Living Adaptive Skill Area

Home living includes those skills needed to successfully function within and maintain one's home environment. Home living skills are developed longitudinally, with early experiences in home and daycare settings serving as the foundation for more advanced home living skills in adolescence and subsequent adulthood. These skills are essential in adulthood for independent or semi-independent living, and deficits in these adaptive skill areas can increase the need for supervision or support. Improved skills can therefore lead directly to greater independence in adulthood. Also, increased mastery of home living skills can create more choices and options for individuals. For example, the ability to operate a television leads to more viewing options, while mastery of mealtime routines increases opportunities for enjoying a wider variety of foods and beverages. It should be noted that for many activities within this adaptive skill area, the ability to generalize or transfer skills from one activity to a similar activity (e.g., operating different types of televisions or microwave ovens) is important for success, so the use of varied examples of activities is strongly encouraged.

When assessing the development of home living skills, deficits in sensory abilities should always be considered as potential causes of difficulty. For example, an individual with a visual impairment may not be able to discern spills or other visual cues, while an individual with a hearing impairment may miss auditory cues within the home or workplace. Secondly, deficits in mobility or physical abilities should be considered, as they could also interfere with the individual's ability to complete activities such as putting away belongings or cleaning up the home or workplace environment.

In general, home living skills should be developed through routines that are established within the home or workplace. Consistency in expectations for routines related to cleaning up, taking care of belongings, and completing assigned chores and duties can help individuals develop these skills more quickly. The expectation here should be increased self-initiation of routine tasks. The use of calendars, posted lists of chores (using words or pictures), and personal "to-do" lists can be extremely useful in teaching individuals to follow household routines. The increased mastery of home living skills also requires the development of associated skills such as increased initiative, recognition that something should be done, the ability to follow routines, the ability to complete a multistep task, cooperation and respect for others, and self-monitoring.

Home Living intervention activities are provided below with their corresponding Home Living adaptive skill area ABAS-3 item.

Home Living		
ABAS-3 Item Number	ABAS-3 Item	Intervention Activity
1	Operates a microwave oven.	Teach the individual to use the microwave to heat simple meals such as soup in a cup. With the individual, practice setting the time and pushing the "start" button. When they have learned to set the time, teach them how to prepare meals that require different settings and cooking times. After they are able to adjust settings and cooking times, include meals that require stirring halfway through the cooking cycle.
4	Cooks simple foods on a stove (for example, eggs or canned soup).	Teach the individual to cook simple meals, starting with canned soups cooked on a stove top. Show them how to set the stove to a specific temperature setting. If necessary, highlight the correct settings in nonpermanent marker. Together, practice staying with the soup, stirring occasionally and monitoring consistently. Once the individual shows that they can cook soup, proceed to items that are flipped with a spatula (for example, scrambled eggs, ham slices, pancakes, French toast). In teaching the individual how to cook, follow the same steps consistently.

Health and Safety Adaptive Skill Area

The development of healthy and safe behaviors is extremely important for individuals, their family members, close acquaintances, and community around them. The understanding, acceptance, and assimilation of the need for “safe behaviors” will greatly affect the individual’s ability and willingness to follow reasonable safety rules and the development of their self-regulating physical caution in potentially dangerous situations.

Some items in the area of health and safety are indicators of healthy behavior that typically develops without the aid of modeling or direct teaching. Behaviors such as crying when injured and the startle reflex are examples of normal biological responses to certain physical stimuli. Other items are specific to the culture and circumstances in which most individuals in modern societies live. Behaviors such as buckling a seat belt or reading a thermometer must be taught through direct teaching or modeling in some form, because an individual would seldom demonstrate the behavior without a functional need.

The majority of items in the health and safety area are attained through a combination of developmental growth (physical, cognitive, and emotional) and the acquisition of behaviors learned through observation, through being told or taught by another person, and through the experience of natural consequences.

The individuals who may have the most difficulty learning safe behaviors are those who do not appear to recognize danger for themselves or others, as well as those who are very impulsive, such as individuals with autism spectrum disorder and/or an intellectual disability. For these individuals, proximity control and environmental controls that limit exposure to potentially dangerous objects and situations are necessary to ensure safety.

Health and Safety intervention activities are provided below with their corresponding Health and Safety adaptive skill area ABAS-3 item.

Health and Safety		
ABAS-3 Item Number	ABAS-3 Item	Intervention Activity
2	Shows caution around hot or dangerous items.	Show the individual hot or otherwise dangerous items, explain why they are dangerous, and model how to be careful when around them. Explain what to do when around something dangerous. Role-play the appropriate use or avoidance of these items.
3	Carries breakable objects safely and carefully.	Show the individual how to carry breakable objects (for example, glassware, light bulbs) safely and carefully. Let them practice with unbreakable objects, pretending they are breakable. Then, let them practice with breakable objects. Praise them for carrying breakable objects safely and carefully.

Self-Care Adaptive Skill Area

Adequate self-care skills allow individuals to engage in personal care activities such as eating, dressing, toileting, and grooming. Self-care skills support daily functioning, community participation, and access to experiences that enhance the quality of life. Self-care skills also provide the foundation for individuals with developmental disabilities (e.g., autism spectrum disorder, developmental delay, or an intellectual disability) to benefit from inclusive environments.

The development of self-care skills is often dependent upon motor skills, social understanding, and cognitive skills. Difficulties in any or a combination of these areas will impact intervention planning and selection. The intervention focus will also vary depending on whether an individual has a performance deficit (i.e., will not perform the skill) or a skill deficit (i.e., currently cannot do the skill). Medical issues may also influence the development and performance of self-care skills. Consultation with an occupational therapist can provide information about adaptive technologies that could support development of self-care skills.

Self-Care intervention activities are provided below with their corresponding Self-Care adaptive skill area ABAS-3 item.

Self-Care		
ABAS-3 Item Number	ABAS-3 Item	Intervention Activity
2	Buttons own clothing.	Teach the individual to button their clothes by first pushing the button partially through the button hole for them, allowing them to finish pulling or pushing the button the rest of the way through. As they develop their fine motor coordination and strength, offer less assistance and let them button their clothes on their own. Help them develop fine motor skill and strength by giving them ongoing opportunities to fasten clothes, use eating utensils, pick items up, and so forth.
7	Dresses himself or herself.	Use backward chaining to teach the individual to dress without assistance. In backward chaining, you help the individual complete all steps except the very last (for example, pulling the zipper all the way up when putting on a coat). Thus, initially, you would help them do such things as putting an arm through a sleeve, then another arm, then pulling the coat into place, then pulling the zipper part of the way up. You would then allow them to do the final step, finish zipping up the coat, without assistance. Continue adding steps in backward order until they can complete all the steps of dressing without assistance. They can learn the steps and practice the fine motor skills needed for dressing by using dolls. Initially, backward chaining could be used when dressing the dolls.