

Pediatric CIMT

Pre-Post Goal Setting and Parent Perception Template

This document can be used as a template for goal setting and monitoring progress. The CPOM, GAS and parent perception of confidence and strategy use are useful tools to evaluate a child's change in performance.

Ideally, it is recommended that one goal (no more than two goals) is addressed.

CIMT Goal Attainment Scale (GAS) template

<u>Date:</u>	
<u>Child:</u>	
<u>Caregiver:</u>	

Goal Setting

While most children will show some level of improvement after participating in this type of therapy, we want to make sure that the results are meaningful and motivating for both the child and the caregiver. Goals can be used to help you and your child aim for an outcome. They should not too hard, and not too easy, but something you and your child can *realistically achieve*.

When you think of how your child uses his/her assisting hand, what would you like to see your child do better over the next *set number of weeks*? (eg. use it more often, hold a banana while peeling it with the other hand, pick up a Cheerio, reach out to hit a button on a musical toy, etc) .

Over the next _____ weeks, I would like my child to....

PERFORMANCE - How would you rate the way your child does this activity now?



SATISFACTION - How satisfied are you with the way your child does this activity now?



*The goal will be re-assessed again at the last intervention session.

Goal Attainment Scale (GAS)

To help to measure goals your therapist and you will record exactly what success looks like. We also record what the child is doing at the start of treatment. The scale helps to measure if the child’s performance is unchanged (0), partially achieved (-1) achieved (0), are better than expected (+1) or exceed expectations (+2). Goals need to be realistic within the time frame of the treatment

GOAL : By end of group Child will
-2 (what the child does at the start of treatment)
-1
0(goal- success looks like...)
+1
+2

*The goal will be re-assessed again at the last intervention session.

Parent Perception

PRE-TEST

I know strategies to help my child use their assisting hand (AH).

(please circle the applicable number)



4 3 2 1

very much disagree agree very much agree



I feel confident helping my child use their assisting hand (AH)

(please circle the applicable number)



4 3 2 1

very much disagree agree very much agree



POST-TEST

I know strategies to help my child use their assisting hand (AH).

(please circle the applicable number)



4 3 2 1

very much disagree agree very much agree



I feel confident helping my child use their assisting hand (AH)

(please circle the applicable number)



4 3 2 1

very much disagree agree very much agree

