

## How to Use the Next-Steps Form

### Description

The Next-Steps Form (NSF) is a simple three-panel form. The left-hand panel is for “What we did today and progress on any goals discussed,” the right-hand panel is for “What we will do from now until the next visit, and the bottom panel is for “Plan for the next visit.” The NSF is used before leaving the visit, preparing for the visit, and when arriving at the visit.

### Before Leaving

As the visit to the home or the classroom (or other location with a natural caregiver) proceeds, the early interventionist<sup>1</sup> documents what occurred. For example, “Discussed ways Tania and Brad could arrange babysitting so they can have time for themselves;” “Tania showed me how Victoria plays with her farm animals and we discussed ways to get her to talk about them;” “Tania showed me how she models using words;” “I showed Tania how to help Victoria get into her chair.” In some implementation sites, such as the State of Alabama, the number of the outcome/goal is included, as in “Tania showed me how Victoria plays with her farm animals and we discussed ways to get her to talk about them (#3).” In a typical visit, three to five items would appear in the left-hand panel. These items include child outcomes/goals, child-related family outcomes/goals, family-level outcomes/goals, or subjects not on the plan. An example of the last might be “Discussed visit to the ophthalmologist” or “Experimented with ways to help Watkins pull to stand” (assuming pulling to stand or standing was not an outcome/goal).

When early interventionists discuss skills for which an outcome/goal exists, they should gather information about the child’s ability, relative to the criteria. In the Routines-Based Model, child outcomes/goals have an acquisition, a generalization, and a maintenance criterion. The early interventionist should therefore obtain some information from the caregiver about the child’s abilities in terms of those criteria. For example, let’s assume the child’s outcome/goal is to participate in meals at home, meals at school, and play time at school by using people’s names to get their attention, and the criteria are that the child will use people’s one person’s name (i.e., frequency = 1), in two routines out of the five possible routines—assuming two play times at school (i.e., generalization = 2 routines), for five consecutive days. Let’s also assume the teacher says she wants to talk about that outcome/goal, the early interventionist might ask, “How’s Victoria doing with using people’s names?” If the teacher says, “Pretty good,” the early interventionist asks, “Does she use at least two names in a given routine?” If the teacher says, “Not usually. She usually only says Abby, her best friend.” The early interventionist writes in the left-hand panel “Says one person’s name: Abby.” In places like Alabama, where the outcome/goal number is required, that would be inserted.

As the caregiver and the early interventionist discuss interventions, when the caregiver expresses an interest in an intervention, the early interventionist can say, “Is this something you want to do?” If the caregiver says yes, the early interventionist should ask the “workability” (a neologism) and the feasibility questions: “Do you believe this strategy will work?” and “With everything else you have going on, do you believe you’ll be able to do this?” If the answer to all three questions is yes, the early interventionist writes the strategy in the right-hand panel. Examples of such entries might be “Tania will model names

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<sup>1</sup> “Early interventionist” refers to a professional of any discipline working with a child birth-5 years, which covers the age range included in the Routines-Based Model; it is not limited to birth-3 years.

of farm animals and other things;” “Tania will continue giving Victoria minimal assistance in getting into the chair;” and “Tania and Brad will ask Tania’s sister or Brad’s brother if they can babysit.” The right-hand panel can also be used for something the early interventionist will do, such as “Yolanda will find a reliable website on Fragile X syndrome.”

Before leaving, the early interventionist finds out what the caregiver wants the focus of the next visit to be on. The matrix is used to help the caregiver make this decision, to ensure the caregiver remembers we have 10-12 outcomes/goals to consider. In addition to outcomes/goals, other topics the caregiver might have can also be added.

The early interventionist leaves a copy of the NSF with the caregiver. If the visit was to a classroom, the early interventionist sends a copy to the family also. And the early interventionist keeps a copy.

### Preparing and Arriving

Now, we have all three panels completed. The early interventionist uses the NSF to plan for the next visit. In Routines-Based Home Visits and Collaborative Consultation to Children’s Classrooms (CC2CC), however, the early interventionist is ready to deal with a completely different agenda, if that’s what the caregiver wants to discuss. If the caregiver doesn’t have a different agenda, however, the early interventionist can ask about the strategies the caregiver said would be worked on (i.e., the right-hand panel) or the plan for the next visit (i.e., the bottom panel). Rarely, these topics are exhausted, and the early interventionist uses the matrix to make a transition to another topic (see *Using the Goals x Routines Matrix*).

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