**Behavior Support for Adolescents:**

**Parent Worksheet**

COMPLETE PRIOR TO THE SESSION:

**Please rate yours and your child’s ability for each skill below on a scale from 1 to 4, using the guidelines beneath each number to check the appropriate box:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **1** **I need a lot of help in this area** | **2****I need some help in this area** | **3****I do this with some skill** | **4** **I do this quite well** |
| Modeling new skills for my child  |  |  |  |  |
| Breaking a task down into smaller, more manageable parts for my child  |  |  |  |  |
| Using BST (Behavioral Skills Training) to teach my child new skills  |  |  |  |  |
| Gradually lessening the amount of support I give my child when they are learning a new skill |  |  |  |  |
| Use what happens before/after a behavior occurs to determine why it is occurring  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **1** **My child needs a lot of help in this area** | **2****My child needs some help in this area** | **3****My child needs a little help in this area** | **4** **My child needs no help in this area** |
| **Academic Behaviors** *(i.e., homework completion, staying on task, etc.)* |  |  |  |  |
| **Social Behaviors** *(i.e., initiating a conversation, asking others for help, etc.)* |  |  |  |  |
| **Adaptive Behaviors** *(i.e., doing chores, brushing teeth without reminders, etc.)* |  |  |  |  |
| **Challenging behaviors** *(i.e., hitting, yelling, arguing, etc.)* |  |  |  |  |

COMPLETE AFTER THE SESSION

**Please identify three goals for how you plan to support your child in these skills at home or in the community:**

**1)**

**2)**

**3)**

**Now, choose one skill and break it down into a task analysis:**

**Finally, draft out how you could teach this skill using BST (Behavioral Skills Training):**