

**Aging and Disability Services Division**  
**Autism Treatment Assistance Program**

Treatment Priority Worksheet

(Child's First, Last Name)

(Date)

For each area below, please give ATAP a brief description of what you/your child can do. Tell the program:

- What skills do you/your child want to learn.
- How important the skill area is.
- How much information or support you would like for each item.

**Adaptive/Self-Help:** This can be dressing, undressing, zipping, buttoning, toilet training, sitting or standing at potty, etc.

What your child already knows:

What adaptive/self-help skills would you like your child to learn?

Priority Level (Low, Medium, or High):

Would you like more information about this?  Yes  No

Would you like to work on this at home?  Yes  No

**Bath Time:** This can be sitting (staying) in the tub, washing self, combing hair, brushing teeth etc.

What your child already knows:

What bath time skills would you like your child to learn?

Priority Level (Low, Medium, or High):

Would you like more information about this?  Yes  No

Would you like to work on this at home?  Yes  No

**Behavior:** This can be not listening, yelling, hitting things, etc. Behaviors that make learning hard, or behavior you would like your child to do less often.

What your child already knows:

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What behaviors would you like your child to learn?

Priority Level (Low, Medium, or High):      Would you like more information about this?  Yes  No      Would you like to work on this at home?  Yes  No

**Community Activities:** This can be things like shopping with family members, eating at restaurants, riding in the car, etc.

What your child already knows:

What community activities would you like your child to learn?

Priority Level (Low, Medium, or High):      Would you like more information about this?  Yes  No      Would you like to work on this at home?  Yes  No

**Cognitive:** This can be understanding cause and effect, naming letters, colors, shapes; sorting objects, etc.

What your child already knows:

What cognitive skills would you like your child to learn?

Priority Level (Low, Medium, or High):      Would you like more information about this?  Yes  No      Would you like to work on this at home?  Yes  No

**Language and Communication:** This can be telling you what their needs are, following directions, listening skills, concepts such as in, on, up, and down, etc.

What your child already knows:

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What language and communication skills would you like your child to learn?

Priority Level (Low, Medium, or High):      Would you like more information about this?  Yes  No      Would you like to work on this at home?  Yes  No

**Mealtime:** This can be eating with utensils, eating more of a variety of foods, pouring juice, eating more slowly, table manners, etc.

What your child already knows:

What mealtime skills would you like your child to learn?

Priority Level (Low, Medium, or High):      Would you like more information about this?  Yes  No      Would you like to work on this at home?  Yes  No

**Motor:** Like running, jumping, playing ball, coloring, building with blocks.

What our child already knows:

We would like our child to learn these skills in the area:

Priority Level (Low, Medium, or High):      Would you like more information about this?  Yes  No      Would you like to work on this at home?  Yes  No

**Play Skills:** Like playing with toys correctly, sharing, taking turns, playing by self, playing with other children.

What our child already knows:

We would like our child to learn these skills in the area:

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Priority Level (Low, Medium,  
or High):

Would you like more information  
about this?  Yes  No

Would you like to work on this at  
home?  Yes  No

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**Other (Specify):**

What our child already knows:

We would like our child to learn these skills in the area:

Priority Level (Low, Medium,  
or High):

Would you like more information  
about this?  Yes  No

Would you like to work on this at  
home?  Yes  No