

Writing SMART Objectives and Strategies That Fit the ROUTINE

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Maisie is a 6-year-old child with developmental disabilities who attends kindergarten in a rural area. The individualized education program (IEP) team is meeting soon to devise her IEP (see box, "What Is the Importance of an Individualized Education Program?"). One goal of this IEP will be to improve Maisie's communication skills. To help them write an IEP that maximizes opportunities for Maisie to learn, the team will use techniques described by the two acronyms SMART and ROUTINE. Educators and related service providers can use these two acronyms to help them write and check the quality of goals, opportunities, and strategies. Figure 1 presents these acronyms.

Writing Statements of Goals and Objectives

Businesses frequently use the SMART acronym (Lazarus, 2004) to guide the development of quality goals and objectives. IEP team members can use a modified version of this acronym to guide IEP goals and instructional plan objectives. SMART stands for

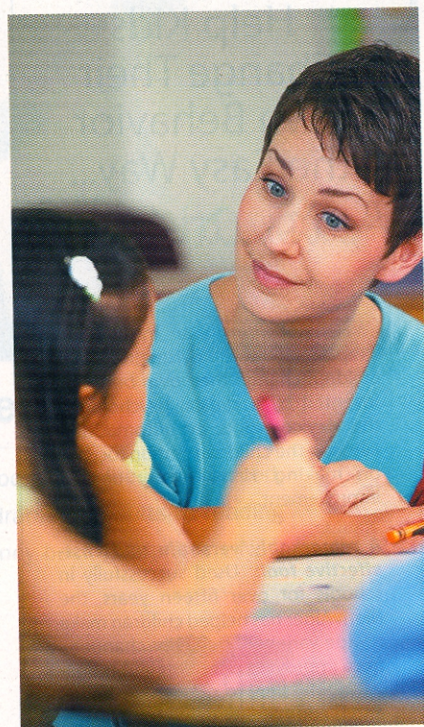
- **Specific.**
- **Measurable.**
- **Attainable.**
- **Routines-based.**
- **Tied to a functional priority** (Jung & Grisham-Brown, in press).

Specific

Goals and objectives should be specific enough so that everyone on the team knows exactly what behavior is being targeted (McWilliam, Ferguson, Harbin, Porter, & Vaderviere, 1998). Without adequate specificity, members of the IEP team can have completely different ideas about expectations. An example of a goal that is not sufficiently specific is "Maisie's communication will improve." Maisie's general education teacher may interpret this goal to mean that Maisie will begin using the words that she knows in a communicative way. The speech and language pathologist (SLP) may agree that this goal is appropriate but may also believe that the goal indicates that Maisie will use signs to communicate. Because the goal is not specific enough, determining the intended target behavior for Maisie is impossible. An example of a specific behavior, as shown in Figure 2, is "Maisie will indicate her preferred activity, interaction, or object by using a sign or word." This language specifies exactly what the team wants Maisie to communicate and the ways in which she will do so. Figure 2 provides an example of an objective and strategies for Maisie that is used throughout this article.

Measurable

All teachers and related service providers have responsibility for meas-



uring and demonstrating progress. Goals and objectives need to include criteria for success so that the team can determine when students have accomplished them (Jung, Gomez, & Baird, 2003). Special educators are not the only members of the team who will be

What Is the Importance of an Individualized Education Program?

The individualized education program (IEP) is the cornerstone document that guides the instruction and inclusion of children with special needs. The goals included on the IEP reflect *what* everyone in the child's life values to be important for the child in that year. The strategies developed to address the goals on the IEP direct teachers, parents, and paraprofessionals *how* to achieve these goals. Because educators build critical decisions on the content of the IEP and related instructional plans, these documents must include meaningful information that a variety of people can use in a variety of settings.

Figure 1. SMART and ROUTINE Acronyms

SMART Goals and Objectives and Strategies That Fit the ROUTINE			
S pecific	<input type="checkbox"/>	R outines-based	<input type="checkbox"/>
M easurable	<input type="checkbox"/>	O utcome-related	<input type="checkbox"/>
A ttainable	<input type="checkbox"/>	U nderstandable	<input type="checkbox"/>
R outines-based	<input type="checkbox"/>	T ransdisciplinary	<input type="checkbox"/>
T ied to a functional priority	<input type="checkbox"/>	I mplemented by teacher and family	<input type="checkbox"/>
		N onjudgmental	<input type="checkbox"/>
		E vidence-based	<input type="checkbox"/>

identifying progress toward the outcome. General education teachers are responsible for providing much of the data, but they can quickly become overburdened if they must squeeze multiple data collection trials into an already full school day. Special education professionals can support teachers' ability to collect meaningful data by providing criteria that are sufficiently specific without being complicated. An example of a complicated criterion is "7 out of 10 trials for 5 consecutive data collection days." This criterion, although very specific and in line with recommended practice for writing behavioral objectives, requires that someone collect formal data 10 times each day. IEP team members can write criteria in a way that coincides with already occurring events and thus does not require a separate data session. A more appropriate criterion may be "at least 5 times each day." To demonstrate the behavior for this criterion, the teacher can simply make a mark each time that the student demonstrates the behavior during the day instead of implementing 10 data collection trials.

Attainable

Although IEP team members typically write IEP goals with a 1-year timeline in

mind, objectives for instructional plans should reflect what the student is likely to achieve within 2 to 4 months (Jung, Gomez, & Baird, 2003). By writing objectives that the student can attain within 2 to 4 months, teams can celebrate success at each IEP review. A family member or other IEP team member may suggest a goal that reflects a more long-term priority for the child. Team members can discuss the steps that lead to the long-term priority so that they can arrive at an outcome that is attainable within 2 to 4 months. Looking at the baseline behavior helps teams develop criteria that the student can achieve in this timeframe. Maisie is currently demonstrating this choice-making behavior two to three times each week. The team believes that she will probably be able to use this skill five times each day within 4 months.

Figure 2. Maisie's Choice-Making Objective and Strategies

Objective: Maisie will indicate her preferred activity, interaction, or object by using a sign or word at least five times each day during meals, free play, circle, and center time so that she can become more independent and so that others will be able to meet her needs.

Strategies: Use "Wait, ask, say, show, do" strategy. First, wait for Maisie to voluntarily express a choice. If she does not make a choice after 15 seconds, ask Maisie which (drink, food, center, or song) she would like. After another 10 seconds, give Maisie limited choices and pair them with their signs (e.g., "Maisie, would you like the apple juice or the milk?"). If she does not respond within 5 seconds, show Maisie the two objects or pictures of the activities or song and ask again, giving the choices. If Maisie responds by pointing, acknowledge her choice by saying and signing the choice (e.g., saying "OK, Maisie, you want the milk" and signing milk). If she still does not make a choice, physically guide her to touch the object or picture while saying the name. Then say and sign the choice, and then use hand-over-hand assistance to facilitate her signing of the choice. If Maisie makes a choice at any point during this process, acknowledge her choice verbally and present her with her choice.

Meals At mealtime, give Maisie a choice between at least two drinks and at least one other set of food choices (e.g., apple or grapes; peanut butter or ham sandwich).

Circle Use photos to represent some of the common songs and fingerplays used during circle time (e.g., spider for "Itsy Bitsy Spider," apples for "apple tree"). Give Maisie the opportunity to choose one song or fingerplay each day.

Playtime Have photos at home and school of Maisie's favorite toys and activities to use in the "show" and "do" portions of the strategy.

Center Have photos on hand of the centers to use in the "show" and "do" portions of the strategy. If Maisie tends to choose the same center each day, provide her with at least two choices for center time and begin each center with the "say" portion of the strategy.

Routines-Based

Young children do not easily generalize skills to other settings, people, or materials. For example, if a child who has difficulty walking on uneven surfaces works on stair climbing in a therapy room, he or she may not generalize that skill to other uneven surfaces or even to other sets of stairs. Teaching the skills that children need in the context in which they need them is important (McWilliam, 2000). Goals and objectives should therefore identify critical or pivotal skills (Grisham-Brown & Hemmeter, 1998; Pearl, 1993). Critical skills are skills that the child can learn during the day within the context of daily routines and activities (Jung & Grisham-Brown, 2006) and increase the child's success in those daily routines and activities. Maisie's use of words or signs to express her preference is an example of a critical skill that she can practice throughout the day with many people. The team may indicate that Maisie should express her preference at mealtimes, center time, and circle time. By including the routines or activities in the objective, all members of the IEP team will be aware of some of the contexts in which they can assess the outcome.

Tied to a Functional Priority

IEP teams should write children's goals and objectives directly in response to functional priorities and concerns of the members of the team (Bernheimer & Keogh, 1995; Hanft & Pilkington, 2000; Scott, McWilliam, & Mayhew, 1999) rather than in response to evaluation and assessment results. Goals and objectives can resemble test items when IEP teams write them as a response to items missed on norm-referenced instruments. Such goals and objectives are often specific, measurable, and attainable, but these goals and objectives are almost never embedded into the routine. Furthermore, developing quality strategies to address these types of outcomes is nearly impossible. An example of an assessment-based objective is "Maisie will complete a three-piece formboard within 3 minutes each time she is prompted." Although this

objective is certainly specific, measurable, and possibly attainable, it is not clear why this objective is important to Maisie or her family. An appropriate rationale statement can make apparent the tie to the functional priority. "So that" and "in order to" are phrases that can help build the rationale portion of the statement. An example of a rationale for Maisie's communication objective is "so that she can become more independent and so that others can meet her needs."

Selecting Strategies

After the IEP team agrees on goals and objectives, team members can begin discussing instructional strategies. Although the IEP document may not formally include these strategies, well-developed, systematically implemented instructional strategies are a necessary component of delivering services and supports to children in special education. To select strategies, IEP teams should be knowledgeable about intervention methods and current research on effective practices. The acronym ROUTINE can help educators develop and evaluate the quality of the written strategies. ROUTINE stands for

- Routines-based.
- Outcome-related.
- Understandable.
- Transdisciplinary.
- Implemented by teacher and family.
- Nonjudgmental.
- Evidence-based.

Routines-Based

Whereas goals and objectives indicate the routines in which educators should embed intervention, strategies explain what everyone will do during those routines to support the goal or objective. If we are going to embed intervention in Maisie's communication during mealtimes, for example, the strategy for that routine might be as follows: At mealtime, give Maisie a choice between at least two drinks and at least one other set of food choices (e.g., an apple or grapes; a peanut butter sandwich or a ham sandwich). Such a written strategy reminds teams which routines are

the focus and enables them to make suggestions for interventions during those routines. Teachers may suggest additional settings specific to their class, and families may do the same for home (Tisot & Thurman, 2002). By focusing strategies on routines, teachers and families do not have to take time away from what they would normally do so that they can work with the child. Instead, they may add to or modify the things that they are already doing to include a strategy. This method makes implementing strategies much more manageable.

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Outcome-Related

Strategies that interventionists suggest for children should tie directly to a goal or objective that the team has agreed is important (Bernheimer & Keogh, 1995; Hanft & Pilkington, 2000; Scott et al., 1999). Many strategies are possible for any given child, but organizing them in a way that clearly relates to a specific, routines-based goal or objective can help all team members evaluate whether the strategy is actually effective in facilitating progress toward the outcome. For example, talking about the things Maisie sees and does may in fact be a wonderful strategy; however, failure to tie the strategy to its outcome may make unclear the rationale for using that strategy.

Understandable

Because many people will be implementing the strategies that are selected for addressing a goal or objective, everyone on the team needs to understand how this strategy looks (McWilliam et al., 1998). Special educators and related providers are comfortable with the words they use, even though they may be jargon to people not working in the

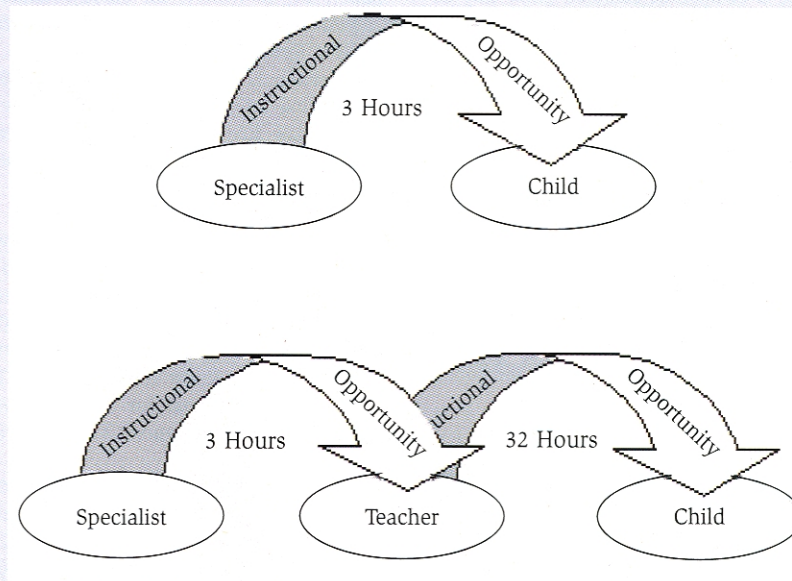
field. Terms like *mastery motivation*, *vestibular stimulation*, and *pincer grasp* and symbols like the letter *c* with a line over it become a part of interventionists' language. Specialists often forget that the general public does not use these words and symbols. Using these words in reports, IEPs, and instructional plans can confuse or even intimidate general education teachers, parents, or other IEP team members. To help identify jargon, some specialists find it helpful to invite a colleague from another discipline to read a report.

In writing SMART goals and objectives and writing strategies that fit the ROUTINE, special education professionals can provide teachers and families with support that maximizes the power of developmental and therapeutic services.

Transdisciplinary

Educators should use strategies that integrate all disciplines involved instead of using instructional strategies that address, for example, speech goals separately from those that address special education goals. Addressing Maisie's goal of indicating her preferences may require a certain type of positional support that the physical therapist can suggest. The SLP or special instructor may suggest the "wait, ask, say, show, do" strategy (WASSD; McGee, Morrier, & Daly, 1999). And the vision specialist may suggest a particular background for photographs to make them easier for Maisie to see. Each IEP team member can contribute to the strategies, which are integrated for a single purpose and implemented by the people who are naturally involved in the daily routines that require the set of strategies.

Figure 3. Weekly Instructional Opportunities



Implemented by Teacher and Family

To maximize instructional strategies, the teacher and family should implement them throughout the day and whenever they are needed (McWilliam, 2000). Specialists are in contact with children for a relatively small portion of each day. When specialists indicate how others can use the strategy, much more intervention can occur. Consider a child who is in the general education classroom 32 hr per week and receives special education and therapy services for a total of 3 hr per week. If the professional is the only person who directly provides instruction for the child, that child has only 3 hr of opportunity for intervention each week. If that professional instead wisely uses the 3 hr to plan and demonstrate strategies to the teacher and family, the child then has significantly more opportunity for intervention (Jung, 2003). Figure 3 provides a graphic representation of this concept. Certainly no teacher should need to think about instructional strategies for a single child during every classroom moment, but including the teacher as the implementer in this example more than triples the number of opportunities.

Nonjudgmental

When special education professionals write strategies that families will implement at home, they can best support families by writing these strategies in a way that does not imply judgment (Pearl, 1993). Instructional plans should articulate how to use a particular strategy, but it should not look like a contract between the special education professionals and the teacher or family. For example, such phrases as "family will follow through" or "the teacher will implement recommendations," definitely demonstrate that the teacher and family are the implementers but do not provide information that describes how to use the strategy. These phrases instead imply that the other party needs to be told to follow through.

One way to support others in the child's life is to have conversations about the way that they are currently supporting and interacting with the child. Before selecting new empirically based strategies, special education professionals can highlight the strategies that the child's teachers and family are already using that are likely to lead to positive outcomes. They can then list these strategies along with others that the team suggests. For example, the SLP

may notice that the teacher gives Maisie a couple of choices each day at lunch. The SLP can point out the potential benefits of that approach for reaching a goal that the team has identified. He or she can then suggest other times to use that strategy and ways to extend the strategy. Highlighting strategies that a child's parents and family are already using can help the team develop strategies that are judgment-free and that build on strengths that are already in place.

Evidence-Based

Finally, teams should select strategies based on evidence that the strategy will result in progress toward the desired goal or objective. Special education professionals should keep abreast of empirically based strategies found in the literature so that they can make these decisions. Often, however, educators and therapists may find that they tend to use the same strategies over and over. Although they are certainly using evidence-based strategies, they many times use a limited range of the strategies available. Many excellent resources (including Bailey and Wolery, 1992) can help support a provider's use of some strategies that he or she may not have recently been using.

Final Thoughts

The goals, objectives, and strategies found in IEPs and instructional plans lay an important foundation for including a child with disabilities or developmental delays in the least restrictive environment. By considering two strategies—SMART and ROUTINE—in developing these documents, special education professionals can facilitate discussion not only on the milestones that are ahead but also on exactly how to support those milestones within the context of the child's everyday life. In writing SMART goals and objectives and writing strategies that fit the ROUTINE, special education professionals can provide teachers and families with support that maximizes the power of developmental and therapeutic services.

References

- Bailey, D., & Wolery, M. (1992). *Teaching infants and preschoolers with disabilities*. New York: Macmillan.
- Bernheimer, L. P., & Keogh, B. K. (1995). Weaving interventions into the fabric of everyday life: An approach to family assessment. *Topics in Early Childhood Special Education*, 15, 415-433.
- Grisham-Brown, J., & Hemmeter, M. L. (1998). Writing IEP goals and objectives: Reflecting an activity-based approach to instruction for children with disabilities. *Young Exceptional Children*, 1(3), 2-10.
- Hanft, B. E., & Pilkington, K. O. (2000). Therapy in natural environments: The means or end goal for early intervention? *Infants and Young Children*, 12(4), 1-13.
- Jung, L. A. (2003). More is better: Maximizing natural learning opportunities. *Young Exceptional Children*, 6(3), 21-27.
- Jung, L. A., Gomez, C., & Baird, S. M. (2003). Family-centered intervention: Bridging the gap between IFSPs and implementation. In E. Horn, M. M. Ostrosky, & H. Jones (Eds.), *Young Exceptional Children Monograph Series No. 5: Family-Based Practices* (pp. 61-76). Longmont, CO: Sopris West Educational Services.
- Jung, L. A., & Grisham-Brown, J. L. (2006). Moving from assessment information to IFSPs: Guidelines for a family-centered process. *Young Exceptional Children*, 9(2), 2-11.
- Lazarus, A. (2004). Reality check: Is your behavior aligned with organizational goals? *The Physician Executive*, 30(5), 50-52.
- McGee, G. G., Morrier, M. J., & Daly, T. (1999). An incidental teaching approach to early intervention for toddlers with autism. *The Association for Persons with Severe Disabilities*, 24, 133-146.
- McWilliam, R. (2000). It's only natural . . . to have early intervention in the environments where it's needed. *Young Exceptional Children Monograph Series No. 2: Natural Environments and Inclusion*, (pp. 17-26). Longmont, CO: Sopris West, The Division for Early Childhood of the Council for Exceptional Children Education Services.
- McWilliam, R. A., Ferguson, A., Harbin, G., Porter, D. M., & Vaderviere, P. (1998). The family-centeredness of individualized family services plans. *Topics in Early Childhood Special Education*, 18, 69-82.
- Pearl, L. F. (1993). Providing family-centered early intervention. In W. B. Brown, S. K. Thurman, S. K., & Pearl, L.F. (Eds.), *Family-centered intervention with infants and toddlers: Innovative cross-disciplinary approaches* (pp. 81-101). Baltimore: Brookes.
- Scott, S. M., McWilliam, R., & Mayhew, M. S. (1999). Integrated therapy: Putting ser-

vices in their place. *Young Exceptional Children*, 2(3), 15-24.

Tisot, C. M., & Thurman, S. K. (2002). Using behavior setting theory to define natural settings: A family-centered approach. *Infants and Young Children*, 14(3), 65-71.

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