

# Meaningful Goal Guide

## An Open-Ended Interview Tool for Practitioners (MGG)

The purpose of this interview tool is to identify individual and family priorities and to begin formulating ideas for meaningful goals for learners with intellectual and developmental disabilities, the acquisition of which will impact their quality of life both now and across the lifespan into adulthood. This interview tool does not take the place of direct assessment; all ideas gathered should be subsequently probed in real life to assess the level of intervention that is appropriate.

### Guidelines for Use:

1. Explain the purpose of the interview at the outset; make sure the parent understands what this collaborative process will look like. Providing an overview of the tool beforehand may help guide their answers due to the overlapping nature of the various skill areas.
2. Engage in a meaningful conversation with the parent. Let the conversation flow, following their lead, and filling in answers as the conversation allows. There may be some overlap between skill areas, which is ok.
3. Maintain a compassionate, humble demeanor, remembering that the parent knows the learner best and is an invaluable resource toward identifying meaningful goals.
4. Ensure you gain information for each question, but do not abruptly move from one question to the next. Be flexible, open, and positive.
5. Be responsive to the parent’s demeanor and manner of responding, taking time to ensure they are comfortable with the conversation and appear to be engaged and contributory. Take inventory of how they believe the conversation is going, if necessary.
6. Remember, the goal is to seek out meaningful goals—not to fill in the blanks; approach each question with the perspective of seeking out goals, not seeking out answers.

For more detailed guidelines, please see Chapter 2 of *Make it Meaningful* (Gerhardt & Bahry, 2024)

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| Big Picture/Long-Term Planning                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>1. What are your child's biggest skill-deficits that you are concerned about right now?</div> <div></div>                                                             |
| <div>2. What new skills could your child learn that would make your family's life better?</div> <div></div>                                                                |
| <div>3. Where do you ideally see your child in 3–5 years?</div> <div>(e.g., Where are they living? Where are they working? What are they doing for fun?)</div> <div></div> |
| <div>4. Where do you ideally see your child as an adult?</div> <div>(e.g., Where are they living? Where are they working? What are they doing for fun?)</div> <div></div>  |
| <div>5. What barriers are in place right now preventing your child from getting there?</div> <div></div>                                                                   |
| <div>6. What do you see as your role in your child's life as an adult?</div> <div></div>                                                                                   |

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Communication

7. How does your child communicate their wants and needs?

8. How well is your child understood by others (i.e., people outside your close family)?

9. How does your child communicate socially, or for any reasons beyond wants/needs?

On a scale of 1–10, with 10 being the biggest priority, how important are these skills? \_\_\_\_\_

Challenging Behavior

10. Does your child engage in behavior that is contextually inappropriate, mildly concerning, potentially dangerous, or otherwise worrisome to you? If yes, please explain.

*(e.g., pushing others, pretending to hit themselves, low-intensity high-frequency self-stimulatory behavior like tapping their face repeatedly)*

11. What are some things that your child might find difficult to tolerate or accept?

*(e.g., being told “no,” waiting, transitions, removal of preferred items/activities, health/safety routines)*

12. What are some behaviors (if any) your child engages in that are dangerous to themselves or others?

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|                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>13.</b> How does your child's challenging behavior (if applicable) impact or present as a barrier to your family's life/ routines? |
|                                                                                                                                       |
| On a scale of 1–10, with 10 being the biggest priority, how important are these skills? _____                                         |

| Safety                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>14.</b> What concerns do you have about your child's safety skills?                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                 |
| <b>15.</b> In what ways does your child respond or not respond to basic instructions that may keep them safe?<br><i>(e.g., "stop," "no," "come here")</i>                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                 |
| <b>16.</b> How does your child demonstrate their understanding of when and how to express disagreement/appropriately refuse something?<br><i>(e.g., as mild as another child taking a toy they're playing with, to as extreme as a stranger trying to lure them into a car or convince them to keep a secret from a parent)</i> |
|                                                                                                                                                                                                                                                                                                                                 |
| On a scale of 1–10, with 10 being the biggest priority, how important are these skills? _____                                                                                                                                                                                                                                   |

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Community Engagement

17. What are the barriers (if any) related to your child’s needs that make it difficult for your family/your child to participate in community settings (i.e., anywhere the family goes/would like to go when they leave their home)?

Probe the following three categories of community engagement:

- a. places/activities you’d like your child to engage in (social activities, leisure, organized sports, after-school clubs, etc.)
- b. places/activities you’d like to engage in as a family for enjoyment (eating out [fast food/restaurants], family gatherings, religious services, etc.)
- c. places/activities you need to engage in to maintain basic family life (purchasing items at stores [e.g., groceries/retail], community services [e.g., post office, library])

18. Of all the community activities we just talked about, what would you consider your top three priority environments outside of school/clinic or home?

Promote further conversation about each environment to gather relevant information about concerns/deficits that may prompt ideas for meaningful goals.

Environment 1:

What skill(s) would promote success in this environment?

Environment 2:

What skill(s) would promote success in this environment?

Environment 3:

What skill(s) would promote success in this environment?

19. How safe is your child in the community? Are there barriers that impact their safety?

Probe the following topics if they are not mentioned: child risky behavior (self-injury, stealing, disrobing, etc.) vs. responding to unsafe situations in the environment (e.g., fire alarm response, not touching sharp/unsafe objects, attending to wet floor signs/other natural hazards)

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| <p><b>20.</b> How does your child navigate to preferred community locations independently at this time? What are your concerns?<br/><i>(e.g., using public transportation, walking, rideshare/map applications, as opposed to getting dropped off to locations)</i></p> |
|                                                                                                                                                                                                                                                                         |
| <p><b>21.</b> <i>Total independence:</i> To what extent can your child engage in any community locations by themselves—meaning without an adult present and without any safety concerns or need to correct mistakes? What are your concerns?</p>                        |
|                                                                                                                                                                                                                                                                         |
| <p>On a scale of 1–10, with 10 being the biggest priority, how important are these skills? _____</p>                                                                                                                                                                    |

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Daily Routines

22. What level of independence does your child have with bathroom routines?

(e.g.,urinating, bowel movements, feminine hygiene, washing hands, etc.)

Determine current skills across the following levels of independence:

|                                                                        |                                                                          |                                                                                                                                                                 |
|------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Tolerance:</b> Do they tolerate adult assistance with these skills? | <b>Participation:</b> Do they participate in the routine with the adult? | <b>Total independence:</b> Do they need help with any of these skills—meaning can they do it with you in the other room and you don't need to correct anything? |
|------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

23. What level of independence does your child have with grooming skills?

(e.g., brushing hair, shaving, haircutting, nail cutting)

Determine current skills across the following levels of independence:

|                                                                        |                                                                          |                                                                                                                                                                 |
|------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Tolerance:</b> Do they tolerate adult assistance with these skills? | <b>Participation:</b> Do they participate in the routine with the adult? | <b>Total independence:</b> Do they need help with any of these skills—meaning can they do it with you in the other room and you don't need to correct anything? |
|------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

24. What does your child's morning routine entail (i.e., any/everything needed before leaving the house)?

(e.g.,showering, brushing teeth, brushing/styling hair, washing face, getting dressed, deodorant use, etc.)

Determine current skills across the following levels of independence:

|                                                                        |                                                                          |                                                                                                                                                                 |
|------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Tolerance:</b> Do they tolerate adult assistance with these skills? | <b>Participation:</b> Do they participate in the routine with the adult? | <b>Total independence:</b> Do they need help with any of these skills—meaning can they do it with you in the other room and you don't need to correct anything? |
|------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

25. What does your child's nighttime routine entail (i.e., any/everything needed before going to bed)?

(e.g.,showering, brushing teeth, brushing/styling hair, washing face, getting dressed, deodorant use, etc.)

Determine current skills across the following levels of independence:

|                                                                        |                                                                          |                                                                                                                                                                 |
|------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Tolerance:</b> Do they tolerate adult assistance with these skills? | <b>Participation:</b> Do they participate in the routine with the adult? | <b>Total independence:</b> Do they need help with any of these skills—meaning can they do it with you in the other room and you don't need to correct anything? |
|------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>26.</b> How does your child do with bedtime and sleeping through the night?                                                                                                    |
|                                                                                                                                                                                   |
| <b>27.</b> What does mealtime look like for your child? What would you like it to look like?                                                                                      |
| <i>Probe the following topics if they are not mentioned: foods they will not eat/tolerate, challenging behaviors, health/medical issues, pacing issues, safety concerns, etc.</i> |
|                                                                                                                                                                                   |
| <b>28.</b> What are your child's favorite things to eat/drink and can they prepare any of them themselves?                                                                        |
| <i>(e.g., make a sandwich, pour a drink, find a snack, prepare food using a small appliance like a microwave or toaster)</i>                                                      |
|                                                                                                                                                                                   |
| <b>29.</b> What age-appropriate chores does your child complete around the house themselves? What chores would you like them to do?                                               |
| <i>(e.g., make their bed, feed/take care of pets, set/clear the table, clean their room, do laundry, misc. cleaning)</i>                                                          |
|                                                                                                                                                                                   |
| On a scale of 1–10, with 10 being the biggest priority, how important are these skills? _____                                                                                     |

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| Leisure                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>30. What does your child safely do for fun when by themselves?</p>                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                        |
| <p>31. How does your child keep themselves entertained for long periods of time, safely and independently without anyone else present to help?</p>                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                        |
| <p>32. What does your child do for fun as part of a group? (with friends, family, etc.)<br/>Do their interests/abilities affect their ability to engage in activities for fun with others?</p>                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                        |
| <p>33. What does your child like to do for fun in the community?</p> <p><i>Probe the following topics if they are not mentioned: Any favorite places they like to go to? What level of support is needed, if any? Are there barriers that impact these interests? Who do they engage in these activities with?</i></p> |
|                                                                                                                                                                                                                                                                                                                        |
| <p>34. What extracurricular activities does your child engage in at school?</p> <p><i>(e.g., sports, clubs, special interest groups)</i></p>                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                        |
| <p>On a scale of 1–10, with 10 being the biggest priority, how important are these skills? _____</p>                                                                                                                                                                                                                   |

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| Social                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>35.</b> Are there individuals that you or your child would consider to be their friends? Do these individuals consider your child to be their friend (i.e., social reciprocity)? If yes, how do you know/what do they do together?</p> |
|                                                                                                                                                                                                                                              |
| <p><b>36.</b> To what extent does your child appear to be interested in others socially? How do you know?</p>                                                                                                                                |
|                                                                                                                                                                                                                                              |
| <p><b>37.</b> What do you think are the barriers (if any) to your child engaging socially with others or making and keeping friends?</p>                                                                                                     |
|                                                                                                                                                                                                                                              |
| <p><b>38.</b> How well does your child tolerate others in their environment?</p>                                                                                                                                                             |
|                                                                                                                                                                                                                                              |
| <p><b>39.</b> What interests does your child have in common with others their age and/or in their life?</p>                                                                                                                                  |
|                                                                                                                                                                                                                                              |
| <p><b>40.</b> Are there individuals who you think make your child happy? Who are they and how do you know?</p>                                                                                                                               |
|                                                                                                                                                                                                                                              |
| <p>On a scale of 1–10, with 10 being the biggest priority, how important are these skills? _____</p>                                                                                                                                         |

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| Personal/Cultural Considerations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <p>41. Are there any culturally specific skills of importance that we can help with?</p> <p>(i.e., practices, routines, habits, traditions, purposes, values, beliefs, choices that are specific to your ethnic, religious, or just general family culture—this may include specific social skills like greeting others by kissing on the cheek, food/diet/lifestyle choices, a native language other than English, common practices in the home like taking shoes off at the door, praying before meals/bed, toleration/participation in cultural/religious environments or routines, etc.)</p> |
| <p>42. Is there anything about your family's culture that you would like me to know as I'm thinking about goals for your child?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>On a scale of 1–10, with 10 being the biggest priority, how important are these skills? _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p>43. Are there any concerns or anything that is important to you/your family that hasn't been mentioned yet that you would like me to be aware of?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p>Now that we've gone through all the sections, I'd like to circle back to the Big Picture/Long-Term Planning section and give you the opportunity to add to/adjust any of your answers.</p> <p>Go back to that section and remind the parent of the questions and the answers they provided so far, filling in any additional information they'd like to provide there.</p>                                                                                                                                                                                                                    |

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Next Steps

1.

After all necessary info is obtained, review and confirm priority areas with the parent that you noted during the conversation.

2.

Take inventory of how the parent is doing after the interview. Seek out any feedback, assess for any discomfort, overwhelm, etc., and provide support, if needed.

3.

Let the parent know what the next steps will be in this process (i.e., numbers 4–6).

4.

Take time to process the conversation and draft goals based on the information obtained.

5.

Probe skill areas in real life (in all applicable environments) with the learner to assess the level of intervention that is appropriate and take this into account when modifying draft goals.

6.

Circle back to the parent with draft goals and obtain their input, making any necessary changes before moving forward.

For more detailed guidelines, please see Chapter 2 of *Make it Meaningful* (Gerhardt & Bahry, 2024)

| Notes | Priority Areas Scoring |                                  |              |
|-------|------------------------|----------------------------------|--------------|
|       | Scale of 1–10 Rating   | Domain                           | Rank order # |
|       |                        | Communication                    |              |
|       |                        | Challenging Behavior             |              |
|       |                        | Safety                           |              |
|       |                        | Community Engagement             |              |
|       |                        | Daily Routines                   |              |
|       |                        | Leisure                          |              |
|       |                        | Social                           |              |
|       |                        | Personal/Cultural Considerations |              |