

Supplemental Online Materials

Supplement S1:

Collaborative Process for Action Plans to Achieve Participation Goals: Adapted Form for a Physical Recreation Goal for Preschool Students with Multiple Disabilities

Child Information

Age: _____

Gender: _____

Health/Developmental Condition: _____

Medical restrictions, precautions, and safety concerns: _____

Assistive Technology Utilized (e.g., gait trainers, standers, bracing, glasses, hearing aids): _____

Collaborating Team Information

Date: _____

Family ID#: _____ Relationship to Child: _____

Teacher ID#: _____

Related Service Professional(s)

1. Hearing Teacher: _____
2. Occupational Therapist: _____
3. Orientation and Mobility: _____
4. Physical Therapist: _____
5. Speech Language Pathologist: _____
6. Vision Teacher: _____
7. Other: _____

Information about the Physical Recreation Participation Goal

- The participation goal:

- Others who are or may be involved in the activity (i.e., peers, instructional assistant)

- School time(s) where participation will take place:

- School location(s) where participation will take place:

- Child's current participation in the activity:

- Time frame for achievement of the goal:

- Early learning standard associated with goal:

CHILD ATTRIBUTES

Attributes Specific to Participation Goal
1. Interest and desire to participate in the activity Current situation: Outcomes needed to achieve the goal:
2. Knowledge and understanding of the activity Current situation: Outcomes needed to achieve the goal:
3. Physical abilities (positioning, mobility, manual) Current situation: Outcomes needed to achieve the goal:
4. Self-care (eating, dressing, hygiene/bathing, toileting) Current situation: Outcomes needed to achieve the goal:
5. Communication abilities Current situation: Outcomes needed to achieve the goal:
6. Social, emotional, and behavioral considerations Current situation: Outcomes needed to achieve the goal:
7. Sensory considerations Current situation: Outcomes needed to achieve the goal:
8. Health and safety considerations Current situation: Outcomes needed to achieve the goal:

9. Other

Current situation:

Outcomes needed to achieve the goal

Notes: _____

Sample Questions to Assess Child Attributes:

Interest and desire to participate in the activity: Discuss the child’s ability, interest, and desire to participate. Consider cultural beliefs and values that might pertain to the activity.

- Does the child display the ability to do what is necessary to achieve the goal?
- What do we think the child might like best about (name of activity)?

Knowledge and understanding of the activity: Discuss the child’s prior experience with this or a similar activity. What supports were utilized?

- Has this child done this activity or a similar activity before?
- What has the experience been like for the child doing (name of activity)?

Physical abilities: Analysis of gross motor and manual abilities associated with the physical recreation participation goal. Consider whether body functions and structures (e.g., sensory processing, strength, balance, range of motion, endurance) support or limit performance of the activity.

- What part of (activity) does the child do best?
- What part of (activity) is the hardest?
- Does the child need help to do this (activity)?
- Which supports would be needed for this (activity)?
- Would a person need to be trained to help with this (activity)?

Self-Care: How does self-care affect the child’s ability to participate? (Feeding tubes, ventilator tubes, mealtime, toileting, medications timing)

- Would the timing of this (activity) affect the performance of the activity?
- How does toileting, eating, or dressing impact this (activity)?

Communication abilities: Discuss the child’s ability to understand, express needs, respond to questions, and initiate communication.

- How does (child’s name) usually communicate with other children (peers)? adults?
- Does (child’s name) need support to understand others or with self-expression?

- What are the supports that are needed to help (child's name) participate?

Social, emotional, and behavioral considerations: Discuss the child's comfort in meeting people, interacting with others, going places, and trying new activities. Discuss the child's ability to listen, attend to and follow instructions, persist with the activity, share and take turns with others.

- How does (child's name) usually play with other children and/or peers?
- How does (child's name) follow instructions or rules when participating in group activities?

Sensory considerations: Discuss whether the child has sensory impairments that might affect participation. This includes vision, hearing, sensory processing, and pain.

- Does (child's name) have any problems in vision or hearing that might require the activity to be modified or adapted?
- Does (child's name) have any sensitivities to smell, touch, or movement that might require the activity to be modified or adapted?
- What do we need to modify or adapt for (child's name) to participate in this activity?

Health and safety considerations: Discuss health and safety concerns that might affect the child's ability to participate in the activity such as seizures, side effects of medications, breathing problems, nutrition status, and limited physical endurance.

- Does (child's name) have any health problems that others should be aware of for safety reasons?
- Does (child's name) have any health problems that require the activity be modified or adapted?

Other: You can discuss and add attributes or considerations that are important.

FAMILY ATTRIBUTES

Attributes Specific to Participation Goal
1. Interest and desire for the child to participate in the activity Current Situation: Outcomes needed to Achieve the Goal:
2. Daily routines and home structure related to the child's participation in the activity Current Situation: Outcomes needed to Achieve the Goal:
3. Concerns related to the child's participation in the activity Current Situation: Outcomes needed to Achieve the Goal:
4. Support for the child to participate in the activity Current Situation: Outcomes needed to Achieve the Goal:
5. Resources for the child to participate in the activity Current Situation: Outcomes needed to Achieve the Goal:
6. Impression of the child's readiness to participate in the activity Current Situation: Outcomes needed to Achieve the Goal:
7. Other Current Situation: Outcomes needed to Achieve the Goal:

Notes: _____

Sample Questions to Assess Family Attributes:

Interest and desire for the child to participate in the activity: What are the family's thoughts about the participation goal? Consider cultural beliefs and values that might pertain to the activity.

- What are your thoughts about the participation activity?
- What considerations should the team have when your child is participating in this activity?

Family-based routines and activities related to the child's participation in the activity: Discuss family routines and schedules. Discuss how the activity fits in at home.

- Are there days or times at home when (child's name) could participate in the activity?
- Are there times when (child's name) can spend time to practice and learn the activity?
- Is this an activity that other children or friends at home participate in?

Concerns related to the child's participation in the activity: Discuss family concerns such as the child's physical and emotional well-being, ability of others to care for the child's needs, acceptance of the child by others, and emergency medical procedures if the need arises.

- Do you have any concern about (child's name) participation in this activity?

What supports do you have for your child's participation in the activity?

- What supports are needed for (child's name) to participate in this activity?
- Do you have time to practice this activity at home?
- Are you able to help (child's name) to participate in this activity?
- What support do you need to help you to increase (child's name) participation in this activity with your family?

What resources are needed for your child to participate in this activity?

- What resources are needed for (child's name) to participate in this activity?
- Do you have what you need to practice this activity at home?
- Can we get what we need through your insurance/MD?

What is your impression of your child's interest in participating in this activity?

- Do you think your child is interested in participating in this activity?
- Is there a variation on this activity that would be more meaningful to your child?

Other: You can discuss and add attributes or considerations that are important.

TEACHER ATTRIBUTES

Attributes Specific to Participation Goal
1. Interest and desire for the child to participate in the activity Current Situation: Outcomes needed to Achieve the Goal:
2. Daily routines and classroom structure related to the child's participation in the activity Current Situation: Outcomes needed to Achieve the Goal:
3. Concerns related to the child's participation in the activity Current Situation: Outcomes needed to Achieve the Goal:
4. Support for the child to participate in the activity Current Situation: Outcomes needed to Achieve the Goal:
5. Resources for the child to participate in the activity Current Situation: Outcomes needed to Achieve the Goal:
6. Impression of the child's readiness to participate in the activity Current Situation: Outcomes needed to Achieve the Goal:
7. Other Current Situation: Outcomes needed to Achieve the Goal:

Notes: _____

Sample Questions to Assess Teacher Attributes:

Interest and desire for the child to participate in the activity: Discuss teacher thoughts about the participation goal.

- What are your thoughts about (the participation activity)?

School based routines and activities related to the child's participation in the activity: Discuss school routines and schedules. Discuss how the activity fits in with the school schedule.

- Are there days or times in the school schedule when (child's name) could participate in the activity?
- Which days or times in the classroom or school schedule can (child's name) spend time to practice and learn the activity?
- Is this an activity that other children in your classroom participate in?

Concerns related to the child's participation in the activity: Discuss teacher concerns such as the child's physical and emotional well-being, ability of others to care for the child's needs, acceptance of the child by others, and emergency medical procedures if the need arises.

- Do you have any concern about (child's name) participation in this activity?

Support for the child to participate in the activity: Discuss teacher role in encouraging, guiding, and assisting the child to participate in the activity.

- What have you found to be successful in encouraging (child's name) to try something for the first time? What is motivating for (child's name)?
- Is there information that would help you assist (child's name) in achieving the goal?
- What supports do you have to help (child's name) participate in this activity?
- How do you think you can contribute to supporting this goal?

Resources for the child to participate in the activity: Discuss teacher availability of time, childcare, toys/materials, equipment, and assistive technology.

- What is necessary to enable (child's name) to participate in the activity?
- What resources do you need to help (child's name) participate in this activity?

Impression of the child's readiness to participate in the activity: Discuss teacher thoughts about the child's abilities and overall readiness to participate in the activity. This information is useful for discussion of whether the goal should be modified, the timeframe for achievement, and the time and effort required by the child, teacher, and related service providers

- What are your thoughts about (child's name) ability to do the activity?
- What do you think needs to occur for (child's name) to participate in the activity?

Other: You can discuss and add attributes or considerations that are important.

RELATED SERVICE PROVIDER ATTRIBUTES

Attributes Specific to Participation Goal
1. Interest and desire for the child to participate in the activity Current Situation: Outcomes needed to Achieve the Goal:
2. Daily routines and classroom structure related to the child's participation in the activity Current Situation: Outcomes needed to Achieve the Goal:
3. Concerns related to the child's participation in the activity Current Situation: Outcomes needed to Achieve the Goal:
4. Support for the child to participate in the activity Current Situation: Outcomes needed to Achieve the Goal:
5. Resources for the child to participate in the activity Current Situation: Outcomes needed to Achieve the Goal:
6. Impression of the child's readiness to participate in the activity Current Situation: Outcomes needed to Achieve the Goal:
7. Other Current Situation: Outcomes needed to Achieve the Goal:

Notes: _____

Sample Questions to Assess Related Service Provider Attributes:

Interest and desire for the child to participate in the activity: Discuss the related service providers' thoughts about the participation goal.

- What are your thoughts about (child's name) participating in this activity?

Daily routines and classroom structure related to the child's participation in the activity: Discuss classroom routines and schedules. Discuss how the activity fits in with the school routines.

- What days and times in your school schedule can (child's name) participate in the activity?
- What days and times in your school schedule can someone spend time with (child's name) to practice and learn the activity?

Concerns related to the child's participation in the activity: Discuss concerns such as the child's physical and emotional well-being, ability of others to care for the child's needs, acceptance of the child by others, and emergency medical procedures if the need arises.

- Do you have any concern about (child's name) participation in this activity?

Support for the child to participate in the activity: Discuss the related service providers' role in encouraging, guiding, and assisting the child to participate in the activity.

- What have you found to be successful in encouraging (child's name) to try something for the first time?
- Is there information that would help you assist (child's name) in achieving the goal?
- What supports do you have to help (child's name) participate in this activity?
- How do you think you can contribute to supporting this goal?

Resources for the child to participate in the activity: Discuss related service provider availability of time, childcare, toys/materials, equipment, and assistive technology.

- What is necessary to enable (child's name) to participate in the activity?
- What materials do you have for (child) to participate in this activity?
- What assistive/adaptive technology does (child's name) need to participate?
- What assistive or adaptive technology does (child's name) need to express wants, needs, or preferences?

Impression of the child's readiness to participate in the activity: Discuss related service provider thoughts about the child's abilities and overall readiness to participate in the activity. This information is useful for discussion of whether the goal should be modified, the timeframe for achievement, and the time and effort required by the child, family, teacher, related service providers

- What are your thoughts about (child's name) ability to do the activity?
- What do you think needs to occur for (child's name) to participate in the activity?

Other: You can discuss and add attributes or considerations that are important.

ENVIRONMENT ATTRIBUTES

Attributes Specific to Participation Goal
1. Accessibility and safety of the place(s) where activity will occur Current Situation: Outcomes needed to Achieve the Goal:
2. Availability of physical assistance from related service providers, teachers, aides Current Situation: Outcomes needed to Achieve the Goal:
3. Availability of adapted or assistive technology to participate in the activity Current Situation: Outcomes needed to Achieve the Goal:
4. Availability of social-emotional support from related service providers, teachers, aides Current Situation: Outcomes needed to Achieve the Goal:
5. Availability of school resources Current Situation: Outcomes needed to Achieve the Goal:
6. Availability of peers during activity Current Situation: Outcomes needed to Achieve the Goal:
7. Other Current Situation: Outcomes needed to Achieve the Goal:

Notes: _____

Sample Questions to Assess Environment Attributes:

Accessibility and safety of the place(s) where the activity will take place: Discuss the physical location(s) of the activity, how accessible it is to the child, and safety concerns.

- Is (child's name) able to access the facility and materials required for activity?
- What supports are needed for (child's name) to participate safely?

Availability of physical assistance: (related service providers, teachers, and aides)

Discuss whether the child needs physical assistance and for what parts of the activity.

- Does the child require physical assistance?
- Are there related service providers, teachers, or aides present who are willing to physically assist (child's name) during the activity?
- During what portion of the activity is assistance necessary?

Availability of adapted/assistive technology (gait trainer, walker, power mobility)

Discuss whether modification of the environment, or task can achieve this goal.

- What activity adaptation, or assistive technology could reduce the need for assistance of another person?

Availability of social-emotional support: (related service providers, teachers, and aides)

Discuss the views, values, and beliefs of child and adults participating in the activity.

- What has been (child's name) experience interacting with other children and adults?
- What's the best way for peers, related service providers, and teachers to encourage (child's name) to participate in the activity?

Availability of school resources: Discuss availability of equipment and technology necessary for the child to participate in the activity.

- Is there a need for resources for (child's name) to do that are related to the participation goal?

Availability of peers for the activity:

- Are there peers that are available during this activity to serve as play partners or peer model?

Other: You can discuss and add attributes or considerations that are important.

Action Plan

Summary of Outcomes Needed to Achieve Goal (Across Child, Family, Teacher, Related Service Providers and Environment Attributes)	Actions, Strategies, & Procedures	Person (s) Responsible / Time frame

Sample Questions to Develop Action Plan

To prioritize outcomes:

Let's discuss and decide together the most important areas for us to focus on to support the child's participation in the activity.

What do you believe is the first outcome we should work on together?

What outcome will be easy to accomplish?

What outcome will take the most work and time to accomplish?

To identify actions:

Let's discuss together some ways we can work on this outcome.

What do you believe is the first action we should try together?

What are your thoughts if we try _____?

To facilitate discussion on deciding who is responsible for the action:

What action do you feel comfortable working on?

What action would you like my help with?

To facilitate discussion on establishing the time frame for completing the actions:

How long do you think it will take to complete this action?

Supplement S2: Intervention Log

Participation-Based Therapy: Therapist Intervention Log

Student ID#: _____ Date: _____ Time: _____ Length of the Session: _____

Student Preschool Recreation Goal: _____

Student Supports and Services:		Personnel Supports and Services:	
Direct Services:		Collaborate/Coordinate: together (with or without child present)	
Observed child participating or practicing participation goal with peers		Collaborated with family/teacher/RSP on identifying, planning for, or implementing environmental modifications to enable accessibility for participation goal.	
Established activity adaptations and accommodations (e.g., Assistive Technology)		Collaborated with family/teacher/RSP on identifying, planning for, or implementing activity adaptations & accommodations, including equipment/assistive technology for participation goal	
Established environmental adaptations/modifications		Collaborated with family/teacher/RSP on identifying, planning for or supporting meaningful opportunities related to participation goal	
Provided instruction, modeling, physical guidance & practice of physical abilities for participation goal		Provided encouragement to support the child during the physical recreation goal	
Provided instruction, modeling & practice of behavioral, and social abilities for participation goal		Shared and discussed resources on participation goal such as information, equipment, scheduling	
Provided instruction, modeling & practice of language, and cognitive abilities for participation goal		Shared (created) a video with family/teacher/RSP	
Provided instruction, modeling & practice of physical abilities, language, and cognitive, social/behavioral abilities for participation goal		Received a video/photo from family/teacher/RSP	
Supported child active engagement		Communication:	
Supported child-initiated movement		Communicated (email, text, phone) family/teacher/RSP	
Peers included with activity		Notes:	
Provided instruction to individuals participating and supporting child in activity			
Supported health promotion and injury prevention within context of activity			
Addressed body functions/structure within context of activity.			
Addressed body functions/structure not within context of activity			
On Behalf of Student:			
Planned activities, adaptations accommodations, and environmental modifications			

Accessed materials and resources including equipment, assistive technology		
Coordinated opportunities including scheduling, arranging physical assistance of another person		

Supplement S3: Student Engagement Measure

Student Engagement Measure: Feedback on Physical Recreation Participation

1. Did this child have fun participating in the physical recreation activity?

- | | | | | |
|------------|----------|----------|-------|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all | A little | Somewhat | A lot | Really a lot |

2. Did the child learn or gain something from participating in the physical recreation activity?

- | | | | | |
|------------|----------|----------|-------|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Not at all | A little | Somewhat | A lot | Really a lot |

3. What did the child learn/gain from participating in the physical recreation activity?

4. What did the child like about participating in the physical recreation activity?

5. What did the child dislike about participating in the physical recreation activity?

6. What was a barrier or facilitator for the child in terms of enjoying in the physical recreation activity?
What do you think could be done to increase the child's enjoyment?

Supplement S4: Experience Questionnaires

Family Experience with Preschool Physical Recreation Participation Therapy Questionnaire

Questions 1-19: Please circle the response that best reflects you and your child's experience with Participation-based Therapy.

1. How satisfied are you with the therapy program you just received as part of this study?

Completely satisfied Very satisfied Moderately satisfied Slightly satisfied Not at all satisfied

Comments on your satisfaction: _____

2. To what extent was the therapy program successful in supporting your child's participation in a physical recreation activity?

Very great extent Great extent Moderate extent Small extent Not at all Unsure

Comments on the program' success: _____

3. To what extent was your physical therapist communicative about your child's participation in the physical recreation activity?

Very great extent Great extent Moderate extent Small extent Not at all

4. To what extent was your teacher communicative about your child's participation in the physical recreation activity?

Very great extent Great extent Moderate extent Small extent Not at all

- 5.) To what extent were other IEP team members communicative about your child's participation in the physical recreation activity?

Very great extent Great extent Moderate extent Small extent Not at all

Comments on communication: _____

6. To what extent was your IEP team collaborative in meeting your child's physical recreation participation goal?

Very great extent Great extent Moderate extent Small extent Not at all Unsure

7. To what extent do you think the approach enhanced collaboration within the team to support a physical recreation goal?

Very great extent Great extent Moderate extent Small extent Not at all Unsure

Comments on collaboration: _____

8. To what extent do you think the approach enhanced your confidence in supporting physical recreation participation for your child?

Very great extent Great extent Moderate extent Small extent Not at all

Comments on confidence: _____

9. To what extent do you think the approach enhanced the promotion of self-determination for your child? (e.g., expressing wants, making choices)

Very great extent Great extent Moderate extent Small extent Not at all

10. To what extent did your child enjoy participation in the physical recreation activity?

Very great extent Great extent Moderate extent Small extent Not at all Unsure

How helpful were the following experiences with Participation-based Therapy?

11. Identifying a goal for participating in a physical recreation activity?

Extremely helpful Very helpful Somewhat helpful Slightly helpful Not at all helpful

12. Identifying child, family, and preschool environment strengths and outcomes needed to support your child's participation in the physical recreation activity?

Extremely helpful Very helpful Somewhat helpful Slightly helpful Not at all helpful

13. Holding a team meeting to develop the action plan to support the physical recreation goal?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful
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14. Developing an action plan to work towards achievement of the physical recreation goal?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful
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15. Implementing the action plan with the team for the physical recreation goal?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful
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16. Sharing video/text/ photos of your child participating in the physical recreation activity with the physical therapist?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful
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17. Physical therapist sharing video/text/photos of your child participating in the physical recreation activity with you?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful
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18. Teacher supporting your child's participation in a physical recreation activity?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful
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19. Physical therapist collaborating with other related service providers to support your child's physical recreation participation?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful
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Questions 20-29: Please share your thoughts

20. What aspects of the participation-based therapy program **did** you like?

21. What aspects of the participation-based therapy program did you **not** like?

22. What was the biggest barrier or obstacle to achieving your child's recreation participation goal?

23. What was the biggest facilitator or helper to achieving your child's recreation participation goal?

24. What did your child learn or gain from the participation-based therapy program?

25. Do you think your child's experience with participation-based therapy program will benefit him/her in the future? Explain.

26. What did you learn or gain from this participation-based therapy program?

27. Do you think your experience with participation-based therapy will benefit you in the future? Explain.

28. Is there anything you wish you or your child would have learned or gained from participation-based therapy that you did not?

29. Please feel free to share any additional comments or feedback about participation-based therapy.

Teacher Experience with Participation-Based Therapy Questionnaire

Questions 1-19: Please circle the response that best reflects your experience with Participation-based Therapy.

1. How satisfied are you with your participation in the therapy program as part of this study?

Completely satisfied Very satisfied Moderately satisfied Slightly satisfied Not at all satisfied

Comments on your satisfaction: _____

2. To what extent was the therapy program successful in supporting the child's participation in a physical recreation activity?

Very great extent Great extent Moderate extent Small extent Not at all

Comments on the program's success: _____

3. To what extent was the physical therapist communicative about the child's participation in the physical recreation activity?

Very great extent Great extent Moderate extent Small extent Not at all

4. To what extent was the family communicative about the child's participation in the physical recreation activity?

Very great extent Great extent Moderate extent Small extent Not at all

5. To what extent were other IEP team members communicative about the child's participation in the physical recreation activity?

Very great extent Great extent Moderate extent Small extent Not at all

Comments on communication: _____

6. To what extent were other IEP team members collaborative about the child's participation in the physical recreation activity?

Very great extent Great extent Moderate extent Small extent Not at all

7. To what extent do you think the approach enhanced collaboration within the team to support a physical recreation goal?

Very great extent Great extent Moderate extent Small extent Not at all

Comments on collaboration: _____

8. To what extent do you think the approach enhanced your confidence in supporting physical recreation participation for children in the complex needs classroom?

Very great extent Great extent Moderate extent Small extent Not at all

Comments on confidence: _____

9. To what extent do you think the approach enhanced the promotion of self-determination for the child?

Very great extent Great extent Moderate extent Small extent Not at all

10. To what extent did the child enjoy participation in the physical recreation goal?

Very great extent Great extent Moderate extent Small extent Not at all

How helpful were the following experiences with Participation-based Therapy?

11. Identifying a goal for participating in a physical recreation activity?

Extremely helpful Very helpful Somewhat helpful Slightly helpful Not at all helpful

12. Identifying child, family, and preschool environment strengths and outcomes needed to support the child's participation in the physical recreation activity?

Extremely helpful Very helpful Somewhat helpful Slightly helpful Not at all helpful

13. Holding a team meeting to develop the action plan to support the physical recreation goal?

Extremely helpful Very helpful Somewhat helpful Slightly helpful Not at all helpful

14. Developing an action plan to work towards the physical recreation participation goal?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful
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15. Implementing the action plan with the team for the physical recreation goal?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful
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16. Sharing video/text/photos of the child participating in the physical recreation activity with the physical therapist?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful
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17. Sharing video/text/ photos of the child participating in the physical recreation activity with the family?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful
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18. Physical therapist supporting the child's participation in a physical recreation activity?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful
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19. Physical therapist collaborating with other related service providers to support the child's physical recreation participation?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful
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Questions 20-29: Please share your thoughts

20. What aspects of the participation-based therapy program **did** you like?

21. What aspects of the participation-based therapy program did you **not** like?

22. What was the biggest barrier or obstacle to achieving the child's recreation participation goal?

23. What was the biggest facilitator or helper to achieving the child's recreation participation goal?

24. What did the child learn or gain from the participation-based therapy program?

25. Do you think the child's experience with participation-based therapy program will benefit him/her in the future? Explain.

26. What did you learn or gain from this participation-based therapy program?

27. Do you think your experience with participation-based therapy will benefit you in the future? Explain.

28. Is there anything you wish you or the child would have learned or gained from participation-based therapy that you did not?

29. Please feel free to share any additional comments or feedback about participation-based therapy.

Related Service Provider Experience with Participation-Based Therapy Questionnaire

Questions 1-20: Please circle the response that best reflects your experience with Participation-based Therapy.

1. How involved were you with the therapy program provided as part of this study?

Completely involved	Very involved	Moderately involved	Slightly involved	Not at all involved
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2. How satisfied are you with your participation in the therapy program as part of this study?

Completely satisfied	Very satisfied	Moderately satisfied	Slightly satisfied	Not at all satisfied
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Comments on your satisfaction: _____

3. To what extent was the therapy program successful in supporting the child's participation in a physical recreation activity?

Very great extent	Great extent	Moderate extent	Small extent	Not at all
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Comments on your satisfaction: _____

Very great extent	Great extent	Moderate extent	Small extent	Not at all	Unsure
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Comments on the program's success: _____

4. To what extent was the physical therapist communicative about the child's participation in the physical recreation activity?

Very great extent	Great extent	Moderate extent	Small extent	Not at all
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5. To what extent was the family communicative about the child's participation in the physical recreation activity?

Very great extent	Great extent	Moderate extent	Small extent	Not at all
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6. To what extent was the teacher communicative about the child's participation in the physical recreation activity?

Very great extent	Great extent	Moderate extent	Small extent	Not at all
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Comments on your communication: _____

7. To what extent was the IEP team collaborative in meeting the child's physical recreation participation goal?

Very great extent Great extent Moderate extent Small extent Not at all

8. To what extent do you think the approach enhanced collaboration within the team to support a physical recreation goal?

Very great extent Great extent Moderate extent Small extent Not at all

Comments on collaboration: _____

9. To what extent do you think the approach enhanced your confidence in supporting physical recreation participation for children in the complex needs /multiple disabilities classrooms?

Very great extent Great extent Moderate extent Small extent Not at all

Comments on confidence: _____

10. To what extent do you think the approach enhanced the promotion of self-determination for the child?

Very great extent Great extent Moderate extent Small extent Not at all

11. To what extent did the child enjoy participation in the physical recreation goal?

Very great extent Great extent Moderate extent Small extent Not at all

How helpful were the following aspects of the participation program?

12. The physical recreation participation goal and goal attainment scaling for you to support?

Extremely helpful Very helpful Somewhat helpful Slightly helpful Not at all helpful Unsure

13. Identifying child, family, and environmental strengths and outcomes needed to support the child's physical recreation participation?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful	Unsure
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14. Holding a team meeting to develop the action plan to support the physical recreation goal?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful	Unsure
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15. Developing an action plan to work towards the physical recreation participation goal?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful	Unsure
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16. Implementing the action plan with the team for the physical recreation goal?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful	Unsure
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17. Sharing photos/text/videos with the family of the child participating in the physical recreation activity?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful	Unsure
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18. Sharing photos/text/videos with the physical therapist of the child participating in the physical recreation activity?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful	Unsure
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19. Physical therapists supporting the child's participation in the physical recreation activity?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful	Unsure
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20. Physical therapist collaborating with you to support the child's physical recreation participation?

Extremely helpful	Very helpful	Somewhat helpful	Slightly helpful	Not at all helpful	Unsure
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Questions 21-30: Please share your thoughts

21. What aspects of the participation-based therapy program **did** you like?

22. What aspects of the participation-based therapy program did you **not** like?

23. What was the biggest barrier or obstacle to achieving your child's recreation participation goal?

24. What was the biggest facilitator or helper to achieving your child's recreation participation goal?

25. What did the child learn or gain from the participation-based therapy program?

26. Do you think the child's experience with participation-based therapy program will benefit him/her in the future? Explain.

27. What did you learn or gain from this participation-based therapy program?

28. Do you think your experience with participation-based therapy will benefit you in the future? Explain.

29. Is there anything you wish you or the child would have learned or gained from participation-based therapy that you did not?

30. Please feel free to share any additional comments or feedback about participation-based therapy.

Supplement S5: Individual Education Program Goals for Jake and Luke

Jake's goals	Luke's goals
Communicate using a multi-modal approach (gesture, object/picture boards, verbal output device, sounds) to request "more," make choices, gain attention nor indicate when "all done" at least 5X per session	Given verbal, visual, and tactile cues Luke will listen to and respond to familiar words/names said to him by looking at, changing facial expression, or reaching (people, objects) 5X per session
Listen to and respond to familiar words/names said to him by looking at, tapping, or reaching (to people, objects, pictures) 5X per session	Given verbal, visual, and/or tactile cues during adult supported activities Luke will communicate using a multi-modal approach (gesture, object/picture boards, verbal output device, sounds) to request more, make choices, gain attention, and/or participate in adult supported activities 5X per session
Participate in babbling or vocal play (producing single vowel or consonant sounds, combining sounds, imitation) 3X per session	
During therapeutic activities or school activities, Jake will walk 10 feet with an assistive device and/or lower extremity orthosis, with moderate support 1X per session	Luke will activate a cause-and-effect toy either by reaching or using an adaptive switch 4/5 trials
During gross motor play, Jake will transition from the floor to standing with facilitation and external support, pulling up to stand at a walker or furniture, on first attempt 1X per session	During therapeutic activities or school activities, Luke will walk 10 feet with an assistive device and/or lower extremity orthosis, with moderate support, 1X per session
During play activities, Jake will maintain eye to object contact to manipulate novel targets 4/5 trials	During gross motor play, Luke will transition from the floor to sitting with moderate support rolling to his side and pushing up with help to move his arms, legs, and trunk/head on the first attempt at least 1X per data collection point
Provided with postural support in a seated position, Jake will bring both hands together to hold and explore a toy for a duration of 5-10 seconds, in 2/3 opportunities	
With his posture supported, Jake will pick up and release a hand-held sized toy (e.g., a ball or block) into an open container, 2/3 opportunities	

**Supplement S6: Collaborative Process for Action Plans to Achieve Participation Goals:
Jake's Attribute Analysis**

Child Attributes: Jake

Area specific to goal	Current situation	Outcome needed to achieve goal
Interest/desire to participate in the activity	Interest in play with balls Smiles, laughs, moves to balls	Strength
Knowledge and understanding of the activity	Aware the ball is for play Reaches for the ball Rolls the ball side to side Not yet aware of structured games	Learn the sequence of adapted basketball game
Physical abilities	Uses one hand to play with the ball Stands in a gait trainer for maximum of 10 minutes with MAFO's on	Reach for and roll the ball with two hands Stand in gait trainer for 30 minutes during activity
Communication abilities	Grabs the hands of a helper to direct to what he wants Cries when upset, yells when frustrated	Use sign language, adapted switches, and picture exchange for "my turn" "your turn" "wait"
Social, emotional, and behavioral considerations	Demonstrates interest in peers Uses refusal behaviors when disinterested	Engage in play with peers Become more engaged and playful Find ways to communicate frustration or disinterest that are productive
Sensory considerations	Vision best within 4 feet Good upper field vision CVI vision considerations No flashing lights due to seizure precautions	Team to identify and incorporate best CVI strategies
Health and safety considerations	G-Tube needs to be protected Seizure precautions	Strength- team able to support health-related needs

(cont.): Jake's Collaborative Process for Participation Goals: Attribute Analysis

Family Attributes: Jake

Area specific to goal	Current situation	Outcome needed to achieve goal
Interest/desire for the child to participate in the activity	Family interested in game sons could play together Family wants Jake to play with others Family has a basketball hoop and balls	Strength
Daily routines and home structure related to the child's participation in the activity	Daily therapy time at home with home nurse Jake plays primarily alone or with adult support Brother home due to COVID-19	Home nurse to learn ways to build play time into home routine Siblings to play basketball game together
Concerns related to the child's participation in the activity	Family concerned with safety of G-tube, and seizure disorder	Family to be assured and informed related to team support for Jake's safety
Support for the child to participate in the activity	Mom can support some aspects but due to her back issues she needs help of another person Home nursing daily Brother at home to play	Home nurse comfortable and confident to play the adapted game with Jake and brother in gait trainer/stander
Resources for the child to participate in the activity	Family has a communication book, stander, and gait trainer at home	Utilize adapted materials at home for basketball game
Impression of the child's readiness to participate in the activity	Jake ready for reciprocal play and games with balls He watches sibling and seems ready to play	Strength

(cont.): Jake's Collaborative Process for Participation Goals: Attribute Analysis
Classroom Teacher Attributes: Jake

Area specific to goal	Current situation	Outcome needed to achieve goal
Interest/desire to participate in the activity	Teacher highly motivated for her students to participate in gross motor play, recreation and leisure play which is offered daily	Strength
Daily routines and classroom structure related to the child's participation in the activity	Daily gross motor time Daily leisure time in the classroom	Manage time to have Jake in gait trainer/stander to play along with peers during this time in consideration of other classroom needs (feeding, attending to medical needs, diapering)
Concerns related to the child's participation in the activity	COVID-19 concerns	Have enough materials Have enough space to adhere to COVID-19 health plan
Support for the child to participate in the activity	Teacher, instructional assistant, classroom nurse, related service providers available to support basketball as part of other goals	Strength
Resources for the child to participate in the activity	Classroom has adapted play materials, switches for communication, and gait trainers/standers available in school	Strength
Impression of the child's readiness to participate in the activity	Teacher believes he is ready to participate	Strength

(cont.): Jake's Collaborative Process for Participation Goals: Attribute Analysis
Related Service Providers Attributes: Jake

Area specific to goal	Current situation	Outcome needed to achieve goal
Interest/desire for the child to participate in the activity	related service providers agree they are interested in this activity for Jake Incorporates many facets of Jake's needs including bimanual skills, attention to task demands, and following multi-step directions	Strength
Daily routines and classroom structure related to the child's participation in the activity	Classroom time allotted daily for motor recreation and leisure activities that related service providers can attend	Schedule to be developed that details when each provider is in the classroom (limited people in classroom at the same time due to COVID capacity limitations)
Concerns related to the child's participation in the activity	Needs for CVI supports and considerations for vision materials to be within 4 feet	Identify and modify materials to support vision
Support for the child to participate in the activity	related service providers all invested in supporting Jake to participate in this activity	Identify and utilize communication supports (multi-modal: sign language, picture exchange, switches, and/or device) Utilize similar language, prompts and feedback during the activity Comfortable and confident in positioning in gait trainer/stander during motor time
Resources for the child to participate in the activity	Balls with CVI features, gait trainers for Jake and peers to play at same time	Strength
Impression of the child's readiness to participate in the activity	Related service providers agree he is ready for the adapted basketball game	Strength

(cont.): Jake's Collaborative Process for Participation Goals: Attribute Analysis

Key Environmental Attributes: Jake

Area specific to goal	Current situation	Outcome needed to achieve goal
Accessibility and safety of the place where the activity will occur	Due to COVID-19 we will stay in classroom Lots of room in classroom	Strength
Availability of physical assistance from adults	Classroom staff (teacher, related service providers, IA, class nurse) all available to assist in bowling but some staff may be virtual or absent due to COVID-19 exposures	Comfortable and confident in supporting the adapted game Flexibility in scheduling
Availability of adapted or assistive technology to participate in the activity	Many balls available that are COVID friendly, adapted buckets Gait trainers and standers in the classroom for student and peers to all stand at the same time	Strength Availability of individualized communication switches for Trial a ball with auditory feedback
Availability of social-emotional support from related service providers, teacher, instructional assistant, nurse	Team knowledgeable about supporting students with multiple disabilities	Strength School and home team members to be engaging and playful
Availability of school resources	More than adequate materials and people resources	Strength
Availability of peers during the activity	Peers available in classroom using COVID-19 health plan but peers do not attend all days of the week and absences anticipated due to COVID exposure and illnesses	Strength Flexibility in providing services

**Supplement S7: Collaborative Process for Action Plans to Achieve Participation Goals:
Luke Attribute Analysis**

Child Attributes: Luke

Area specific to goal	Current situation	Outcome needed to achieve goal
Interest/desire to participate in the activity	Laughs when things fall over Startles to loud sounds then hard to calm Interested in play with brothers at home	Exposure to the ball knocking things over Identify adaptations to decrease the loudness of the pins hitting the hard floor
Knowledge and understanding of the activity	Rolls a ball on the table with full physical assistance to touch and push the ball Has not been exposed to "bowling" game	Learn the sequence of the bowling game
Physical abilities	Has a lot of extension tone throughout his extremities and trunk Poor head control Cries during the school day with unclear origin (hip pain, vs. reflux, vs. missing mom or being held) Handedness not yet obvious Uses whole arm to touch objects (hand fisted/ bracing on hands) Wears bilateral MAFO's	Identify comfortable position for standing during bowling activity Identify adapted materials that supports his head in standing Identify positions for success for use of upper extremities
Communication abilities	Does not communicate verbally Cries to express emotions Hits switches with simple messages Has good situational awareness Follows with his eyes An eye gaze device is currently being trialed and needs supportive positioning Needs wait time for responses	Identify positions to increase ability to communicate and increase calm attentive state Communicate with switches, and eye gaze device to make wants and needs known and to make choices with appropriate wait time for response

(cont.): Luke's Collaborative Process for Participation Goals: Attribute Analysis

Child Attributes: Luke

Area specific to goal	Current situation	Outcome needed to achieve goal
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Social, emotional, and behavioral considerations	Distracts easily, needs structure, barriers for attention Cries a lot, hard to calm Calms when held sometimes Likes peers in class Has people he likes and does not like	Attend to tasks with use of barriers in classroom Learn self-calming strategies Become more playful Engage in play with peers Exposure to a variety of different people helping him
Sensory considerations	Very visual, follows people with his eyes through available range of motion, sometimes tone makes it hard to turn his head Likes brightly colored balls	Position to optimize his ability to observe the activity
Health and safety considerations	Support for poor head control and increased tone G-tube	Strength-team able to support his health-related needs

Family Attributes: Luke

Area specific to goal	Current situation	Outcome needed to achieve goal
Interest/desire for the child to participate in the activity	Family very interested, siblings bowl Mom excited to have children play together	Strength
Daily routines and home structure related to the child's participation in the activity	Mom has very busy days getting all the children to and from their schools	Learn to build practice of bowling into activities and routines at home
Concerns related to the child's participation in the activity	Luke does not like his chair or stander at home Mom is often holding Luke in her lap	Identify equipment and optimal positioning, share with mom so she can play with him and not have to hold him

(cont.): Luke's Collaborative Process for Participation Goals: Attribute Analysis**Family Attributes**

Area specific to goal	Current situation	Outcome needed to achieve goal
Support for the child to participate in the activity	Mom has limited help at home Two older siblings available to play with Luke	Siblings to practice bowling together with Luke
Resources for the child to participate in the activity	Live near bowling lanes with adapted materials Gait trainer on order for home through outpatient physical therapist Teacher has extra materials to practice bowling that can be sent home	Strength
Impression of the child's readiness to participate in the activity	Mom thinks this is a great idea Mom states he would be interested in bowling and can use stander as it's also good for his hips	Strength

Classroom Teacher Attributes: Luke

Area specific to goal	Current situation	Outcome needed to achieve goal
Interest/desire to participate in the activity	Teacher loves bowling for him, she has many different bowling sets for him to enjoy	Strength
Daily routines and classroom structure related to the child's participation in the activity	Daily gross motor time Daily leisure time in the classroom	Manage time to have Luke up in gait trainer/stander to play along with peers during this time in consideration of other classroom needs (feeding, attending to medical needs, diapering)
Concerns related to the child's participation in the activity	COVID-19 concerns	Have enough materials and space to adhere to COVID-19 health plan

(cont.): Luke's Collaborative Process for Participation Goals: Attribute Analysis

Classroom Teacher Attributes: Luke

Area specific to goal	Current situation	Outcome needed to achieve goal
Support for the child to participate in the activity	Teacher, Instructional assistant, classroom nurse, related service providers available to support bowling	Classroom staff comfortable and confident in positioning Luke in the gait trainer or stander to practice bowling
Resources for the child to participate in the activity	Classroom has adapted switches for communication Gait trainers/standers available in school	Strength
Impression of the child's readiness to participate in the activity	Teacher believes he is ready for a fun game Teacher states he is very aware	Strength

Related Service Providers Attributes: Luke

Area specific to goal	Current situation	Outcome needed to achieve goal
Interest/desire for the child to participate in the activity	Related service providers are interested in this activity as bowling is great for play with peers, and has many preschool concepts (e.g., counting)	Strength
Daily routines and classroom structure related to the child's participation in the activity	Classroom time allotted daily for motor recreation and leisure activities that related service providers can attend	Schedule to be developed the details when each related service providers is in the classroom (limited people in classroom at the same time due to COVID capacity limitations)
Concerns related to the child's participation in the activity	Luke likes to be held Luke cries, not sure what this is communicating	Learn ways to calm Luke before positioning in gait trainer

(cont.): Luke's Collaborative Process for Participation Goals: Attribute Analysis

Related Service Providers Attributes: Luke

Area specific to goal	Current situation	Outcome needed to achieve goal
Support for the child to participate in the activity	related service providers able to provide support and materials for this activity COVID health plan limits number of individuals in a classroom	Use consistent positioning in adapted materials Use similar language, prompts and feedback during the activity Find opportunities to collaborate and communicate
Resources for the child to participate in the activity	Bowling materials in the classroom Adapted bowling ramp in the classroom	Strength-materials accessible and stored in the classroom ready to be utilized
Impression of the child's readiness to participate in the activity	Related service providers agree this seems appropriate and fun for him as he laughs out loud when things fall over and has a funny sense of humor	Strength

(continued): Luke’s Collaborative Process for Participation Goals: Attribute Analysis

Environmental Attributes: Luke

Area specific to goal	Current situation	Outcome needed to achieve goal
Accessibility and safety of the place where the activity will occur	Due to COVID-19 we will stay in classroom Lots of room in classroom	Strength
Availability of physical assistance from adults	Classroom staff (teacher, related service providers, instructional assistant, class nurse) all available to assist in bowling but some staff may be virtual or absent due to COVID-19 exposures	Comfortable and confident supporting the adapted bowling game Flexibility in scheduling
Availability of adapted or assistive technology to participate in the activity	Switches, standers, and gait trainers available for student and peers	Strength
Availability of social-emotional support from related service providers, teacher, instructional assistant, nurse	Team knowledgeable about supporting students with multiple disabilities	Strength: classroom and home team members to be silly, engaging, playful
Availability of school resources	More than adequate materials and people resources	Strength
Availability of peers during the activity	Peers available in classroom using COVID-19 health plan but peers do not attend all days of the week and absences anticipated due to COVID exposure and illnesses	Strength Flexibility in providing services

Supplement S8: Participants' Narrative Responses for Items on Experience Questionnaire

Question*	Responses (Participant)	Sample quotes
Closed-ended Questions Comments		
Satisfaction	<ul style="list-style-type: none"> • Gave me ideas. Time to collaborate. Tried goals with all students. (T) • Need for longer-time frame (PT) • Team collaboration strengthened (OT) • Team works well together. Learned from study. (VT) 	
Program success	<ul style="list-style-type: none"> • Took photos and able to compare progress (T) • Learned about working together (PT) • Student engagement led to self-motivation. Team eager to do more. (OT) • Good activity for peers to engage (VT) 	<p>“Even in strong teams who know and care about each other, it is still work to collaborate and have your own voice.” (PT)</p>
Communication	<ul style="list-style-type: none"> • Gave ideas for classroom staff to provide recreational activities to students for leisure / fun time outside of therapy (T) • Spoke almost daily with teacher (PT) • Participation in recreational activities motivating for entire team and other students (OT) • Teachers always communicates well with team (VT) 	<p>“Parents appreciated the cohesive team which created a strong bond.” (OT)</p>
Collaboration	<ul style="list-style-type: none"> • Helped with generalization across settings. Integration of adaptive communication device. (T) • All perspectives respected and considered (OT) • All team members worked together for success of students (VT) 	<p>“I think the boys were so successful because all the team expertise was utilized for the common goal.” (OT)</p>
Confidence	<ul style="list-style-type: none"> • Ability to recreate future similar activities (OT) • Use of adaptive equipment (VT) 	
Open-ended Questions		
Aspects liked about PBT	<ul style="list-style-type: none"> • As done in school, no information (JM) • Focus on learning to play independently (LM) • Fostered getting students out of chairs and practicing activity. Provided role model of skills for new staff. (T) • Meeting with full team (PT) • Collaborative and straight-forward nature (SLP) • Collaboration (OT) • Easily integrated into the daily classroom activities (VT) 	<p>“Everyone felt heard and honored the child and family.” (PT)</p> <p>“Hands-on problem-solving and changes made to increase the students’ success.” (OT)</p>
Aspects disliked about PBT	<ul style="list-style-type: none"> • As done in school, no information (JM) • None (LM, T, VT) • Challenge to infuse into fluid context of preschool services and embracing release of roles (PT) • Short-time frame (SLP) • Preparation and paperwork (OT) 	<p>“Liked it all.” (VT)</p>
Biggest barrier to achieving goal	<ul style="list-style-type: none"> • None (JM) • Luke not being able to control his movements (LM) • Part-time preschool schedule (T) • Classroom schedule and multiple learning needs (PT) 	<p>“My students are not full time. We had professional learning</p>

	<ul style="list-style-type: none"> • Short-time frame (SLP) • Students' medical status (OT) • Short-time frame / days off (VT) 	days and COVID days, so we lost time." (T)
Biggest facilitator to achieving goal	<ul style="list-style-type: none"> • PT, teacher, and team (JM) • Luke's optimism (LM) • Team effort (T) • Teacher (PT) • PT, teacher, classroom support staff (SLP) • Flexible team members (OT) • Family interest and team collaboration (VT) 	"Gave a nice focus for the team to work together and provide ideas." (T)
What child learned or gained	<ul style="list-style-type: none"> • Play ball (JM) • Motivation (LM) • Practice in small-group, attention, waiting turns, moving with focus on the ball • Finding something fun that they liked (PT) • Methods of including communication in physical recreation (SLP) • Being self-directed, independent. Learned to play while working on physical skills. (OT) • Playing ball with peers. Engaging in an activity. (VT) 	"Movement activities are fun!" (T) "Learned we can be silly and have fun together in between other hard work." (PT)
Future benefits for students	<ul style="list-style-type: none"> • Don't know (JM) • Luke will find things he is able to do and likes (LM) • Generalize skills to watch a peer and request a turn (T) • Participating in physical recreation with family (PT) • Generalizing skills to future recreational activities (SLP) • Applying skills across many areas in their life (OT) • Playing with siblings and peers (VT) 	"They will persevere in other play or physical situations (OT)
What adult participant learned or gained	<ul style="list-style-type: none"> • That Jake like's playing ball (JM) • Luke's ability to have fun (LM) • Movement and participation are vital skills for this population (T) • Collaboration takes time, patience, persistence, and teamwork. Be kind, be a team player, play to the strengths and interests of the students to foster consensus-building. (PT) • How to use adaptive equipment and adapt recreational activities for students with complex needs (SLP) • New ways to try things or adaptations to accomplish goals (OT) • How to contribute within the school environment (VT) 	"My child will be able to have as much fun as someone without a disability." (LM) "It's natural for me but other team members needed to see it to believe it." (T)
Future benefits for adult participants	<ul style="list-style-type: none"> • Maybe (JM) • Positive vision for Luke (LM) • Value of importance of participation with others for students (T) • Use collaborative GAS goals. Meet school and home needs. Have more meetings for open team discussion. 	"It opened my eyes to my child being able to have a life close to normal." (LM)

	<p>Advocate for schools to support time for collaboration. (PT)</p> <ul style="list-style-type: none"> • Ability to adapt activities for students (SLP) • Team became stronger and more interdependent (OT) • Life-long learning (VT) 	
Additional feedback on PBT	<ul style="list-style-type: none"> • Jake enjoyed this (JM) • Program was perfect but wish it was longer (LM) • Enjoyed continued learning and looking forward to applying new learning with all students in future (T) • Need more adaptive equipment and time for collaboration with team. Need for program to sustain and to expand research. (PT) • Interest in learning the quantitative outcomes of PBT. (OT) 	<p>“I truly enjoyed this motivating experience. It makes me eager to participate in more evidence-based practice research in the future.” (OT)</p>

Note: PBT = Participation-based therapy, JM = Jake’s mother, LM = Luke’s mother, T = Teacher, PT = Physical therapist

* Complete question statements available in supplement 4