

## Assessment Intervention Matrix (AIM)

### Concepts and Curriculum

Enid G. Wolf-Schein, Ed.D.  
CCC-SLP, University of Alberta

Jerome D. Schein, Ph.D.  
University of Alberta and  
New York University

**T**he Assessment-Intervention Matrix (AIM) is a curriculum designed to enable severely disabled individuals to achieve optimal independence in activities of daily living at home, school, and work (Wolf-Schein & Schein, 1995, rev. 2009). AIM was initially developed at New York University as part of the Communication Abilities Project. The project's purpose was to create a curriculum to assess and develop the communication abilities of children with deafblindness, and it was funded by the U.S. Office of Education from 1978 to 1982. The project's team of teachers and other professionals familiar with the complexities of deafblindness determined that the best way to improve language and communication was to provide students with opportunities to do things that are inherently satisfying and interesting to them, in familiar places during everyday activities. Because students who participated in the project had in common the need to develop better daily living skills, the team designed the curriculum to teach communication and daily living skills at the same time.

It was a priority to create a curriculum for children with a wide variety of abilities and challenges, including those with very severe disabilities who do not communicate well and are unable to cooperate during typical assessments. Based on a literature review and interviews with families and teachers, the team designed the AIM curriculum to focus on daily living skills in seven areas—drinking, eating, dressing, toileting, personal care, housekeeping, and food preparation. The project field-tested the curriculum with teachers in 19 schools and revised it based on feedback about its clarity, organization, and general usefulness (Schein, Kates, Wolf, & Theil, 1983).

Since its initial edition, AIM has been revised and edited several times to make it more succinct and up-to-date. The 2009 edition is on a CD and allows teachers to reproduce those materials that best address areas of importance for their students who are deafblind, as well as those with other types of disabilities, including autism, intellectual disabilities, and traumatic brain injury.

### AIM Curriculum Components

The curriculum divides activities of daily living into two parts. Part I covers drinking, eating, dressing, and toileting. Part II introduces more complex accomplishments—personal care, housekeeping, and food preparation—that not only provide a degree of independence, but may help students acquire skills they can use to obtain employment. In both parts, the curriculum includes instructions and forms to conduct an initial assessment, to perform structured activities designed to teach new skills, and to chart ongoing progress on a daily basis.

### Initial Assessment

The first step in using AIM is to determine a student's current level of functioning and mode of expressive vocabulary in each of the seven skill areas. The assessment is based on observations during daily activities by teachers and others involved in a student's education. The assessor looks at each skill area and rates the student's current functioning using the following simple scale: 0 = no response; 1 = total assistance required; 2 = some physical assistance required; 3 = only prompting required; and 4 = without assis-

tance or prompting. For example, there are 19 levels that relate to eating skills. Level 3 is “chew and swallow semisolid foods.” If a student’s performance at this level is a 3 or 4 on the scale, then he or she can begin on activities related to level 4, “chew and swallow solid foods.” If the student is at a 1 or 2 on the scale, then skills for eating semisolid foods still need attention.

The assessment also evaluates a student’s expressive and receptive communication skills related to appropriate vocabulary for each area of daily living—vocabulary that contributes to communication generally and to skill acquisition specifically (Wolf-Schein & Schein, 1997). AIM does not require students to have communication skills at the start of teaching, but it is designed to establish and strengthen communication in whatever forms suit a particular student.

### Intervention

Assessment findings lead directly to interventions targeted to achieve specific long-range goals (see the sidebar for a list of long-range goals related to eating). Detailed step-by-step instructions describe how to teach skills and evaluate a student’s progress toward each goal. Information about readiness activities as well as the vocabulary covered (e.g., “eat,” “spoon,” “chew,” “good,” “watch,” “feel,” “swallow”) and a list of necessary materials (e.g., chair, table, bowl, spoon, semisolid food) are also provided for each long-term goal.

The intervention steps are tailored to the needs of students with widely varying abilities and challenges, and students can move through the steps at their own pace. For example in the area of drinking, some students may need help learning

to suck from a bottle, while others require help holding a glass independently. Each area begins with very basic skills so that all students can experience success. The curriculum is flexible, and because AIM deals with typical daily activities, it is possible to work on skill development in several areas during the day.

### Daily Assessment

The AIM curriculum uses daily assessment forms to keep track of a student’s goals and record his or her progress. They can be shared with all adults who interact with a student (e.g., family members, caregivers, and educators) to keep everyone informed about the student’s skills. Daily assessment identifies instructional tactics that fail as well as those that succeed. By reviewing assessment findings over a number of days, educators can determine whether their specific strategies are suitable for a student and the tasks being taught.

Sometimes educators become impatient when they hear that they are expected to do regular assessments. They may also feel they have enough paperwork already and do not need more. In our experience, these attitudes dissipate once AIM is put into place and used for a brief period of time. Teachers and other classroom staff easily learn the assessment process. They find it takes little time, and the time it does take is amply repaid by the information gained. The assessments lead directly to interventions, so their value quickly becomes apparent.

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Deaf-Blind Perspectives  
Teaching Research Institute  
345 N. Monmouth Ave.  
Monmouth, OR 97361

<http://nationaldb.org/dbp>

Ph. (503) 838-8391  
TTY (503) 838-8821  
Fax (503) 838-8150

## Reassessment

Fundamental to AIM is the cycle of assessment-intervention-reassessment. The initial assessment form has several columns, so at any point teachers can conduct reassessments to see how much progress a student has made (Wolf-Schein 1998). Continuous monitoring promotes and maintains progress toward desired goals.

### AIM Long-Range Goals: Eating

1. Swallow semiliquid (strained/blended) foods.
2. Swallow semisolid foods that do not have to be chewed.
3. Chew and swallow semisolid foods.
4. Chew and swallow solid foods.
5. Eat finger foods.
6. Eat holding a spoon with the fist.
7. Eat holding a spoon with the fingers (standard position).
8. Eat holding a fork with the fist.
9. Eat holding a fork in the standard position.
10. Spread with a knife.
11. Cut foods with a knife.
12. Cut foods with a knife and fork.
13. Eat a variety of foods.
14. Eat with elbows off the table.
15. Use a napkin.
16. Open containers or unwrap food and remove food.
17. Serve food to self.
18. Pass food to others.
19. Select and use appropriate utensils for different types of foods.

## Conclusion

AIM provides frequent opportunities to develop daily living and communication skills in realistic, meaningful contexts at home and at school. Because learning occurs within activities such as eating, dressing, and personal care, in which most students are typically involved everyday, instruction does not require special times or preparation. It takes advantage of times of the day that are not often considered to be teaching times. AIM can be fun for teachers because they can use it to help students become more independent, and by giving immediate feedback through continuous assessment, AIM enhances success for both educators and learners.

For more information, contact Dr. Enid Wolf-Schein. Phone: 954-978-1368. E-mail: [scheinej@aol.com](mailto:scheinej@aol.com).

**Editor's note:** Dr. Jerome Schein, a co-author of this article and one of the developers of AIM, passed away on April 16, 2010. Dr. Schein contributed greatly to the fields of deafness and deaf-blindness and we are very sorry to hear of his passing.

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