Comprehensive Autism Planning System (CAPS)  
6-Minute Brief

**Name:** __________________________

**Support Network Contact:** Name: _____________ Phone: _______ Date: ________

**Activity/Task/Job:** __________________________

<table>
<thead>
<tr>
<th>Training Needs or Supports for Skills of this Activity/Task</th>
<th>Reinforcement to Include in Activity/Task</th>
<th>Social and Communication Needs and Supports</th>
<th>Sensory/Biological Considerations and Supports</th>
<th>Environmental Modifications and Supports Used</th>
<th>Suggested Natural Supports</th>
</tr>
</thead>
</table>

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