**Condition Examples 9: Dysphagia**
without pocketing in the buccal cavity
following auditory and visual cuing
before each swallow and maintaining this position during
the swallow
independently
using a double swallow
using single straw sips

**Condition Examples 10: Augmentative and Alternative Communication**
given a field of two icons
by pointing to an icon
in less than 30 seconds
by pointing to picture symbols in the correct order
by activating the switch when requested
using scanning

---

**Quick Check**
If a condition component is needed in a particular behavioral objective, it must be written specifically to avoid misunderstanding. If the condition is not written specifically, a mismatch may occur between the intent of the writer (you) and the interpretation of the reader (your supervisor).

---

**Criterion Component**

The third component to be included in behavioral objectives is a criterion that states how well the learner is expected to perform. Mager (1984) defined *criterion* as “the standard by which performance is evaluated, the yardstick by which achievement of the objective is assessed” (p. 71). The criterion enables the clinician to determine whether the therapy techniques were successful in accomplishing the behavioral objectives. The desired criterion can be specified in several ways. According to Mowrer (1988), “the criterion resembles an ‘adverb’ statement in that it states how or when the objective is to be met. It could also be considered an adjective statement because often the criterion consists of a description of ‘how many behaviors’” (p. 161). Mager (1984) stated that the criterion often is established by answering these questions (p. 78):

1. How well must a student be able to perform in order for practice to be the only requirement for improvement?
2. How competent must the student be in order to be ready for the next assignment (the next objective, the next course, the job itself)?

According to Mager (1984), a criterion is frequently stated in terms of speed, accuracy, or quality. In the speech-language pathology discipline, accuracy is frequently cited, speed is less frequently cited, and quality is rarely cited. A common way to describe performance relative to speed “is to describe a time limit within which a given performance must occur” (Mager, 1984, p. 74). An example cited by Mager is “four of five malfunctions must be located within ten minutes each” (1984, p. 75). Accuracy is another way to measure criterion. Some of Mager’s examples are as follows (p. 79):

... and solutions must be accurate to the nearest whole number.
... with materials weighed accurately to the nearest gram.
... correct to at least three significant figures.
... with no more than two incorrect entries for every 10 pages of log.
... with the listening accurate enough so that no more than one request for repeated information is made for each customer contact.

Quality is another way to measure criterion. To communicate the desired quality of performance, the criterion needs to specify the amount of acceptable deviation from perfection or another standard (Mager, 1984, p. 83). One of Mager’s examples is to “be able to adjust the PPI [round TV screen in a missile] range-marker to acceptable roundness.... [defined as] no more than one-eighth inch deviation from a standard template” (p. 83). As stated previously, quality criteria are rare in speech-language pathology.

**Criterion Examples Common to Speech-Language Pathology**

The following criterion examples are not divided into accuracy, speed, and quality because these types of criteria are not equally distributed across behavioral objectives written in speech-language pathology. Also, the examples are not grouped according to areas frequently emphasized with clinical populations because these examples are usually not specific to any particular area.

**Criterion Examples**

in 90% of his attempts
in 90% of all appropriate contexts
in 8 of 10 attempts
on 8 of 10 trials
for 20 of 25 pictures
with 90% agreement
with fewer than .5 stuttered words per minute
in 2 of the 3 weekly therapy sessions
for 25 minutes
5 new words
twice during a 10-minute time segment
3 consecutive
3 conversational turns
without signs of choking, coughing, or wet, gurgly vocal quality
without signs of aspiration
3 of 4

Although a criterion of 90% is usually used in speech-language pathology, in certain situations (for clients who are mentally challenged, extremely young, etc.), a criterion of 80% is common.

If a criterion is not specified, the objective is not complete. Without a criterion, it is not possible to determine whether an objective has been accomplished.

Samples of Well-Written Behavioral Objectives

At this point, you should be able to state the three components of a behavioral objective, describe each component, divide an objective into the components, and give pertinent examples. You will now have an opportunity to check your mastery. This can be done in two ways. The first way involves looking at the following sample objectives and following the text. The second way involves skipping the 10 sets of sample objectives that follow and instead completing the exercise in Appendix 1.A. If the latter is your choice, please turn to Appendix 1.A at this time. (The answers to the exercise are in Appendix 1.B.) If you have selected the first option, the emphasis is placed on reviewing examples of behavioral objectives that include these three components. Behavioral objectives are grouped according to area of clinical emphasis. Although many lead-ins are available for behavioral objectives, the introductory phrase, “The client will” is understood for all examples in this section. If you have selected the first option, read on.