Coaching Families during Service Coordination

Fidelity Checklist

Name: ______________________________ **Date:** ______________________________

Name and Role of Person Completing Checklist: ______________________________

Reason for Visit:

- ❏ Intake/Initial Home Visit
- ❏ Assessment for Service Planning
- ❏ Initial IFSP Development
- ❏ Home Visit to Monitor Services
- ❏ IFSP Review (6 months or periodic)
- ❏ Annual IFSP Review
- ❏ Transition
- ❏ Discharge
- ❏ Other: ______________________________

Instructions

This checklist should be completed during an observation of a service coordination visit with a family. This visit should offer adequate opportunities to observe the use of coaching practices by the service coordinator as he/she interacts with the caregiver. Depending on the reason for the visit, it is possible that not all of the items on this checklist will be applicable. Use the "Not Applicable" column to indicate when an item was not appropriate in the given context, versus "Not Observed" when the item was applicable but the service coordinator did not engage in that practice. Note: The observer must meet the requirements for a "qualified fidelity observer."

The checklist can also be used as a self-assessment tool to help service coordinators reflect on and develop their coaching practices.

Key: *FP – Family Participation Practice*
IS – Information Sharing Practice
AR/SP – Accessing Resources and Solving Problems Practice
** For more information about these practices, read Coaching Families During Service Coordination: A Practice Guide.*

HELPING FAMILIES PARTICIPATE IN THE EI PROCESS, SHARE INFO, ACCESS RESOURCES, AND SOLVE PROBLEMS

Coaching Practice	Observed	Not Observed	Not Applicable	Notes
1. **Reflect on the Joint Plan from the Previous Session** (AR/SP) *Reflect with the caregiver about what was discussed during the last visit and any progress on completing the activity(ies) agreed upon on the previous joint plan.*				
2. **Respond to the Caregiver's Questions and Attend to Caregiver's Needs and Comfort** (IS) *Attend to questions asked by the caregiver and respond appropriately. Observe any discomfort with information shared related to unmet needs and discuss these with the caregiver.*				

Coaching Practice	Observed	Not Observed	Not Applicable	Notes
3. **Use Open-ended Questions and Statements to Facilitate Information Sharing and Reflection** (IS, AR/SP) *a. Facilitate conversation using at least one open-ended question/statement to help the caregiver share what he/she knows, actively participate in information gathering/sharing, and/or make decisions.* *b. Help the caregiver reflect on prior knowledge and experience related to the expressed need or concern (e.g., What have you already tried? What do you know about…?")*				
4. **Facilitate Collaborative Problem-Solving and Provide Feedback** (IS, AR/SP) *a. Engage in a reciprocal exchange of at least one idea with continued focus on helping the caregiver brainstorm possible solutions.* *b. Provide specific feedback to the caregiver using at least one affirmative or informative feedback statement.*				
5. **Share What You Know** (AR/SP) *a. Share a resource, idea, or strategy only after engaging in collaborative problem-solving with the caregiver.* *b. Invite the caregiver to assess the usefulness of the shared resource, idea, or strategy.*				
6. **Help the Caregiver Consider Options and Make Decisions** (FP) *Help the caregiver identify at least one option, preference, or opportunity to provide input and make a decision about how to participate in the EI process or meet family needs.*				
7. **Prepare the Family for What Comes Next** (FP) *Explain the next step in the EI process (as appropriate) and emphasize the importance of the caregiver's participation.*				
8. **Ensure that the Caregiver Understands** (IS) *Explain to the caregiver what information is being gathered/shared and why it is important when discussing an exchange of information (e.g., during intake, when preparing for assessment and IFSP development, before referring to a community resource, when preparing for transition).*				
9. **Develop a Joint Plan** (FP, AR/SP) *Facilitate development of a joint plan reflecting what the service coordinator and/or caregiver plans to do after the visit to address the expressed need or concern or prepare for the next step in the EI process.*				