

Appendix B

Practice Assessments

Self-Assessment of a Home Visit

Coachee Name: _____ Date of Home Visit: _____

Instructions: This document is to use to gauge how often you engaged in these practices during your last Home Visit. Take this document with you to fill out after you leave the family's home. See how you did! These are effective practices for home visits designed to engage families in First Steps. Read each statement and use the 1 to 5 scales to show how often you used each practice in your last Home Visit. The last column is for you to write examples of what you did, concerns, or thoughts about the practices.

*For detailed explanations of the Home Visiting Practices listed here, refer to your **Home Visiting Practice Descriptions** worksheet.*

Home Visiting Practices	I am doing this now ...					Comments Examples Thoughts
	Not at all	1	2	3	4	
Checking-In						
I check in with the family/caregiver to find out how their week is going to get a feel for whether or not family priorities have shifted since last visit?	1	2	3	4	5	
I remind the caregiver of the action plan from the previous session and see how the action plan went for their family?	1	2	3	4	5	
I use open-ended questions to assess the multiple perspectives of family members/caregivers?	1	2	3	4	5	
I use follow-up questions to assess the multiple perspectives of family members/caregivers?	1	2	3	4	5	
Feedback						
I provide supportive feedback to caregiver based on caregiver-child interactions?	1	2	3	4	5	
I provide informational feedback to caregivers based on questions or caregiver-child interactions?	1	2	3	4	5	

PAUSE Framework		
I adjust the session activities and conversation based on family/caregiver response (i.e. family seeming disengaged)?	1 2 3 4 5	
Modeling		
I model or demonstrate an idea or strategy that Home Visitor and caregiver have developed together, so that caregiver can see it in action?	1 2 3 4 5	
Co-Creating Action Plans		
I check in with the family at the end of the session to see if the session went well for the family, or if there are adjustments that can be made?	1 2 3 4 5	
I work with family to co-create an action plan for the next session, including activities to do during the time until then?	1 2 3 4 5	
Setting Expectations		
I effectively set the stage for families regarding involvement in First Steps, including descriptions of provider roles, service coordinator roles, and family roles?	1 2 3 4 5	

First Steps Coaching Practices Survey: COACH

Coaches Name: _____

Date: _____

Instructions: Each of the statements below relate to effective coaching practices for supporting providers' learning. Read each question and consider how often you do this practice using the 1 to 5 rankings. Once you have completed the rankings, consider if you would like to do this practice more. Identify the top 5 coaching practices you would like to use more with providers. Use the notes sections to write your initial ideas about what might help you use this practice.

Coaching Practice	How Often?					Change Needed?		Priority (Top 5)	Notes
	Never	Seldom	Sometimes	Usually	Always	Yes	No		
1. My providers and I share an understanding of the goals of coaching.	1	2	3	4	5	Yes	No		
2. I foster an environment in which providers will feel comfortable trying new things, reflecting on their teaching, and receiving feedback.	1	2	3	4	5	Yes	No		
3. I individualize my coaching practices/strategies to each provider to reflect their unique strengths, needs, and desired outcomes for coaching.	1	2	3	4	5	Yes	No		
4. I work with providers to identify their unique strengths and areas for learning and growth based on multiple sources of data on their home visiting practices before planning for coaching.	1	2	3	4	5	Yes	No		
5. I work with providers to develop and maintain a	1	2	3	4	5	Yes	No		

strength-based effective coaching plan that includes goals based on the strengths and needs identified through the assessment.							
6. I support providers in prioritizing goals for improvement/refinement of teaching practices and prioritizing actions taken to reach goals.	1	2	3	4	5	Yes	No
7. I write goals with providers that are observable, measurable, and can be completed within a specified amount of time.	1	2	3	4	5	Yes	No
8. I develop action plans with providers that provide step by step procedures for meeting the provider's goal.	1	2	3	4	5	Yes	No
9. During observations with providers, I focus on specific practices which are predetermined during a meeting with the provider.	1	2	3	4	5	Yes	No
10. During observations of providers, I gather data on the provider's use of practices or family behaviors related to provider use of practices.	1	2	3	4	5	Yes	No
11. I support providers' ongoing reflection to determine progress on goals	1	2	3	4	5	Yes	No

and implementation of home visiting practices								
12. I provide supportive feedback to providers about their practice implementation.	1	2	3	4	5	Yes	No	
13. I provide informative feedback to providers about their practice implementation that supports refining or implementing practice better.	1	2	3	4	5	Yes	No	
14. I maintain professionalism by being on time, organized and prepared for each coaching session.	1	2	3	4	5	Yes	No	
15. I model openness and taking risks.	1	2	3	4	5	Yes	No	
16. I engage in continual self-reflection of my professional practices and how my practices influence my providers' performance and outcomes.	1	2	3	4	5	Yes	No	

First Steps Coaching Practices Survey: PROVIDER

Coaches Name: _____

Date: _____

Instructions: Each of the statements below relate to effective coaching practices for supporting providers' learning. Read each question and consider how often your coach does this practice using the 1 to 5 rankings. Once you have completed the rankings, consider if you would like your coach to do this practice more. Identify the top 5 coaching practices you would like see your coach do more (this information will not be shared directly with your coach). Use the notes sections to write any initial ideas of specific things you'd like to see your coach do more.

Coaching Practice	How Often?					Change Needed?		Priority (Top 5)	Notes
	Never	Seldom	Sometimes	Usually	Always	Yes	No		
1. My coach and I share an understanding of the goals of coaching.	1	2	3	4	5	Yes	No		
2. My coach fosters an environment in which I feel comfortable trying new things, reflecting on my practices, and receiving feedback.	1	2	3	4	5	Yes	No		
3. My coach works with me to identify my unique strengths and areas for learning and growth based on my self-assessment and observation of a home visit prior to setting goals.	1	2	3	4	5	Yes	No		
4. My coach works with me to develop and maintain a strength-based effective coaching plan that includes goals based on the strengths and needs identified through the assessment.	1	2	3	4	5	Yes	No		

5. My coach supports me in prioritizing goals for improvement/refinement of practices and prioritizing actions taken to reach goals.	1	2	3	4	5	Yes	No		
6. My coach writes goals with me that are observable, measurable, and can be completed within a specified amount of time.	1	2	3	4	5	Yes	No		
7. My coach develops action plans with me that provide step by step procedures for meeting my goal.	1	2	3	4	5	Yes	No		
8. My coach supports my ongoing reflection to determine progress on goals and implementation of home visiting practices	1	2	3	4	5	Yes	No		
9. My coach provides supportive feedback about my practice implementation based on observations.	1	2	3	4	5	Yes	No		
10. My coach provides informative feedback about my practice implementation that supports refining or implementing practice better.	1	2	3	4	5	Yes	No		
11. My coach maintains professionalism by being on time, organized and prepared for each coaching session.	1	2	3	4	5	Yes	No		
12. My coach models openness and taking risks.	1	2	3	4	5	Yes	No		

Family Assessment Checklist

	Measure/Item	YES	NO	N/A	Notes/Explanation: If you checked No, please indicate here which Item wasn't done
A	Information Bar at the top completed:				
	<i>ID #/ Child Name</i>				
	<i>DOB</i>				
	<i>SC</i>				
	<i>Date</i>				
B	Did the family sign/not sign the form based on whether or not they declined to do the Family Assessment? (*N/A only if family completed FA)			*	
	<i>Declined; Signed</i>				
	<i>Declined; No Signature</i>				
	<i>N/A (Didn't Decline)</i>				
1	Is '1. Routine: Getting up/Nap/Bed' completed:				
	<i>There are notes (other than NA or No concern) in the Notes section</i>				
	<i>Family Satisfaction level circled</i>				
2	Is '2. Routine: Diapering/Getting Dressed' completed:				
	<i>Has notes in the Notes section</i>				
	<i>Family Satisfaction level circled</i>				
3	Is '3. Routine: Mealtime/Feeding' completed:				
	<i>There are notes (other than NA or No concern) in the Notes section</i>				
	<i>Family Satisfaction level circled</i>				
4	Is '4. Routine: Around the House' completed:				
	<i>There are notes (other than NA or No concern) in the Notes section</i>				
	<i>Family Satisfaction level circled</i>				
5	Is '5. Routine: Bath Time' completed:				
	<i>There are notes (other than NA or No concern) in the Notes section</i>				
	<i>Family Satisfaction level circled</i>				
6	Is '6. Routine: Travel/Out in Public' completed:				
	<i>There are notes (other than NA or No concern) in the Notes section</i>				
	<i>Family Satisfaction level circled</i>				

	Measure/Item Detail of items that must be done to be “complete”	YES	NO	N/A	Notes/Explanation: If you checked No, please indicate here which Item wasn't done
7	Is '7. Routine: Interacting with Others' completed: <i>There are notes (other than NA or No concern) in the Notes section</i> <i>Family Satisfaction level circled</i>				
8	Is '8. Routine: Childcare' completed: <i>There are notes (other than NA or No concern) in the Notes section</i> <i>Family Satisfaction level circled</i>				
	Is the Family Strengths box filled out (notes other than NA)?				
	Is at least 1 box checked on the Family Concerns?				
	Are all lines of the Life Events box filled in with Y/N? <i>If no, which ones are blank? Put in comments.</i>				
	For every Yes marked in Life Events, Is Y or N circled, indicating if the family wants resources? (*If no 'yes' marked then n/a)			*	
	For every Yes marked in Life Events, are comments included in the Comments Box? (*If no 'yes' marked then n/a)			*	
	Is the Summary Section filled out correctly: <i>Are all routines marked "Possible IFSP outcome" listed in the first box?</i> <i>Are possible IFSP outcomes written in the second box?</i>				
	Do any of the IFSP Outcomes reference the Routines listed as “Possible IFSP Concern” in the Family Assessment?				HQ Outcome: Yes No

Additional Comments:

IU Coach Observation Sheet—INITIAL SESSION

Start Time: End Time:

Agency/SPOE Coach:

Spent time getting to know the provider/building collaborative coaching partnership	YES NO	Comments
Spent time explaining the purpose of Practice-Based Coaching	YES NO	Comments
Reviewed the coaching contract	YES NO	Comments
Reviewed provider’s self-assessment from training days (if not available, provider should have completed a new one); discussed strengths and potential areas of growth.	YES NO	Comments
Shared coach assessment of initial videotape	YES NO	Comments
Collaborated on identifying a goal to work on	YES NO	Comments
Co-created action plan based on goal		Comments
Shared (or will share) action plan with provider so both parties have a copy	YES NO	Comments
Set up next coaching session	YES NO	Comments

Other comments:

Follow-up:

IU Coach Observation Sheet-Ongoing Coaching Session

Coach refers to current action plan and reviews goal and action steps	YES	NO	Comments:
Coach checks in to see how things went using reflective questions: <ul style="list-style-type: none"> • Tell me how it is going? • What were you able to do? • What seems to be working? • What is not working? What is frustrating? • What happened when you...? • How did the family respond? • What might you try next time? • What can we do to make it easier? 	YES	NO	
The coach used supportive feedback to support what the provider is saying and to make connections to what you observed from the video	YES	NO	
The coach shared informative feedback about how the provider might be able to improve practice/do something differently	YES	NO	
Coach discusses with provider what they want to do with the goal	YES	NO	
The coach updates the current action plan	YES	NO	
Next coaching session is scheduled	YES	NO	
Coach emails updated/new action plan and the completed Ongoing Session Observation Form to IU coach. Notes any support requests from provider.	YES	NO	

Notes/Comments: