the Baby TALK model

Build a system.
Identify others interested in serving young families in your community. Learn about their goals and services, and discover opportunities to assist each other in meeting goals for families. Establish a system of communication for ongoing support of families.

Screen every family.
Cast a net over your targeted population in order to identify who is raising children. Use Baby TALK’s Encounter Protocol to learn about families’ risk factors. This may include outreach to hospitals, WIC, clinics or other community locations where families may be found.

Identify the need.
Use this screening to identify which families are most at-risk, which ones are already being case managed by other agencies, and which ones have needs which can be addressed either through your resources or other community resources. Make referrals or connections immediately to establish trust with parents.

Deliver appropriate services.
Families most at-risk may enter a system of case management with purposeful, frequent personal encounters. These may be delivered through home visit as well as other points within the system of care.

Families with fewer risk factors may be served by group encounters through the community’s resources, with ongoing efforts to re-examine the development of risk factors over time.

Universal
Define Community
Cast a Net

Potential
Identify Need

Indicated
Serve Intensively
Case Manage
<table>
<thead>
<tr>
<th>RESOURCES</th>
<th>ACTIVITIES</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
<th>IMPACT</th>
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</table>
| Baby TALK’s Mission is to positively impact child development and nurture healthy parent-child relationships during the critical early years. | Programs will:  
- Build a system  
- Screen every family  
- Indentify the need  
- Deliver appropriate services | Number of families served dependent of funding.  
70% of families receive 24+ personal encounters annually.  
50% of families will participate in groups.  
95% of children will receive developmental screenings.  
IFSPs will be completed and updated on all indicated families.  
Appropriate referrals will be made to support the goals and needs identified. | Parents will show an increase in:  
- Knowledge of child development across the domains (e.g. 95% of parents gain knowledge and use skills based on an increase in survey results)  
- Parenting skills observed (e.g. 75% of parents show an increase average scaled measures on one or more p/c interactive behaviors marked on personal encounter documentation; 95% show sustained average of...)  
- Awareness of services and referral agencies (e.g. 95% of identified family needs are addressed by referrals communicated to parents)  
- Access to prevention services (e.g. 75% of referred services, accessed by families)  
- Contact with other parents (e.g. 50% of families attend >=90% of groups offered) | Increase parent-child interactions  
Strengthen parenting skills  
Improve kindergarten readiness  
Engage extended family  
Reduce child abuse and neglect  
Children will have fewer school-age placements in special education  
Improve child health  
Increase graduation rate  
Increase GED rate  
English language learners attain proficiency to assist in their child’s education  
Increase in access to primary medical provider |
| Baby TALK Curriculum and other appropriate curricula and materials | | | | |
| Baby TALK Critical Concepts:  
Systems Building  
Building Relationships  
Going Where Families Are Facing Difficult Issues  
Parallel Process  
“Tell me about your baby”  
Becoming Ever Better  
Coming Alongside  
Collaboration | Programs will universally cast a net over their targeted community to identify potential families, screening for risk factors to intensively serve indicated families. | | | |
| Baby TALK Training and technical assistance provided by OPF. | Personal Encounters focusing on:  
- Relationship building  
- P-C interaction  
- Assessment of family need and support system  
- Child development, anticipatory guidance  
- Developmental screening  
- Case management / IFSP development  
- Community referrals | | | |
| Baby TALK Professional Association | Group Encounters focusing on:  
- Relationship building  
- P-C interaction  
- Supporting mastery of nurturing parenting  
- Child development, anticipatory guidance  
- Observation and screening  
- Mutual support  
- Community resources | | | |
| System building of community collaborators | Public/Private funding | | | |
Children will show an increase in:
- Frequency of being read to by parent (e.g. 85% of parents self-report an increase in reading and use of books with children)
- Positive parent-child interactions (e.g. use scaled measures – see above outcome under “Parents”)
- Immunization rates (>85% children up to date on immunizations at the end of fiscal year)
- Social skills (ASQ-SE scores)
- Early identification of needed referrals (100% of children screened referred as needed to EI)
SAMPLE
Baby TALK Job Description
Family Support Specialist/Home Visitor

Goal of Program: Home Visiting
- To support the child’s development through strengthening the parent-child relationships
- To establish and deepen working relationships with families
- To empower parents to set goals for themselves and their children
- To support families’ mastery in their growth and development

Job Qualifications:
- Bachelors Degree preferably in education, social services or a related field
- Ability to establish a good relationship with parents of all backgrounds and ages
- Experience working with parents and children under 3 years of age
- Ability to work closely and in collaboration with other professionals
- Ability to work a flexible schedule
- Reliable vehicle to travel within the community
- Willingness to travel in-state to conferences or trainings related to this position
- Mastery of basic computer skills
- Maintain confidentiality of all information concerning families

Preparation
- Have a working knowledge of the Baby TALK curriculum and resources available to offer families in support of the development of the child and the families’ wellbeing.
- Use the Baby TALK Protocols in preparing for personal encounters
- Have a working knowledge of resources available in our community to assist families. (housing, public aid, health services, childcare services, legal services, etc.)
- Prepare materials and handouts for each Personal Encounter
- Sanitize and maintain toys and equipment
- Request supplies as needed for the program in accordance with the budget

Direct Contact with Families
- Use the Baby TALK model, follow the Encounter Protocols, use the Baby TALK curriculum and Critical Concepts in supporting families
- Support families with the implementation of Touchpoints principles
- Schedule home visits/personal encounters with families
- Home visits/personal encounters typically will occur twice a month unless there are special circumstances to be determined with supervisor
- Complete the Enrollment Packet on each family according to the set timeline
- Complete and turn in documentation to enroll the child in the ISBE SIS system according to the set timeline.
- Use the Baby TALK curriculum, specifically the Home Visiting curriculum in conjunction with the specific need of the family on home visits/personal encounters
- Maintain the appropriate number in case load
- Schedule, plan and implement regular group parent-child interaction encounters
Documentation:
- Maintain up-to-date documentation on babyTECH to include demographics, check-ins, encounters, screening, assessment, goals and observations of children and parents

Collaboration:
- Collaborate with local agencies that benefit young families
- Participate in community agency meetings and committees
- Make appropriate referrals to Baby TALK staff or community agencies
- Ability to substitute for other Baby TALK staff members

Professional Development
- Attend Baby TALK Professional Development Training and Touchpoints Trainings
- Attend all Baby TALK staff meetings
- Fully participate in regularly scheduled reflective practice sessions
- Regularly participate in workshops and seminars to “become ever better”
- Maintain any professional certifications
- Participate in semiannual goal setting

Funding Streams:
- Illinois State Board of Education, Prevention Initiative

As a professional Baby TALK staff member, understand that there may need to be other duties as assigned by Leadership staff as we are all committed to the mission of Baby TALK

Signature of Employee___________________________ Date ___________________________

Signature of Supervisor ________________________ Date ___________________________
Name: ________________________________________________

Date: ________________________________________________

Position: ______________________________________________

Supervisor: ______________________________________________

The purpose of this document is to identify employee strengths, areas where growth is needed, and establish work goals for the fiscal year. Goals are statements of end results expected within specific periods of time. For each goal you should describe the end result and indicate quantity, quality, time frame, percentages or other specific measures. Each goal should fit into and support the overall strategy of the program it involves. Include any professional development or other support necessary to accomplish the goal as well as reflective supervision and practice efforts employed.

“The success of a home visiting program rides on the shoulders of its home visitors. From the point of view of families, home visitors ARE the program.” (Gomby, 2005)

The field agrees the competency and success of a professional rely on:

1. Knowledge
2. Skills
3. Dispositions
EXAMPLES OF KNOWLEDGE

- Human Growth and Development (Focus on prenatal, newborn, infancy and toddlerhood)
  - Correlation between the four developmental domains
  - Identify Illinois Early Learning Guidelines and their relationship to child development and appropriate Parent-child interactions
  - Emergent Literacy
  - Impact of trauma and/or stress from prenatal through adulthood
  - Administer, analyze, and communicate the results of a global assessment tool
  - Typical and atypical child development
  - Adult Learning Theory

- Building Relationship-Based Family Partnerships
  - Baby TALK Model (12 Words, Critical Concepts, Protocols)
  - Motivational Interviewing
  - Family interactions/systems
  - Strength-based practice
  - Parenting styles
  - Touchpoints Principles of Practice
  - Utilization of problem solving techniques
  - Adult Learning Theories
  - Verbal and non-verbal communication

- Professional Practices
  - Reflective practice and supervision
  - Implementation of home visitation model with fidelity
  - Confidentiality
  - Professional boundaries
  - Becoming Ever Better
  - Objective Documentation
  - Assess-Plan-Encounter (e.g. intentional planning, observation, and reflection)
Cultural Humility
- Understand own biases and prejudices
- Understand values, traditions, strengths and needs of individual families
- Understand the roles of racism, discrimination, and poverty on families

Health and Safety-Individual, Family, Community
- Mandated reporting
- Behavioral and environmental health and safety issues
- Understand characteristics and needs of families experiencing substance abuse, child abuse or neglect, grief and loss, mental illness, domestic violence, and/or homelessness.
- Recognize signs of resilience
- Stress management
- Health and nutritional information application prenatal through adulthood

Community Collaborations
- Community resources and personal contacts
- Referral procedure
- Transition procedures
- Advocacy
EXAMPLES OF SKILLS

- Use the behavior of the child as a strategy for engagement with the parent
- Support parental mastery using descriptive language of what you see and hear
- Use moment-to-moment interactions to promote parental attunement
- Establish rapport
- Problem-solve to address issues that families present in the moment when they are presented
- Facilitate parent and child interactions
- Reinforce “serve and return”
- Use family stressor to transition parent to focus on child’s development (the Pivot)
- Focus on parental affect and child’s response to affect
- Explore parent’s early childhood experiences
- Help parents find joy in interaction with their child
- Set and maintain professional boundaries
- Organization to deliver the home visitation curriculum while still responding to family needs as arise
- Ability to do the required documentation
- Ability to resolve personal difficulties
- Individualize approach to working with the family based on cultural strengths
- Utilize data and outcomes to develop efficient and effective strategies for working with families
- Examine personal thoughts, feelings, experiences and biases in relationship to your approach to families
- Reflective practice
- Recognizes and responds to cross-cultural communication issues
- Active listening
- Observation
- Engage in goal-oriented partnerships
- Compassionate confrontation
EXAMPLES OF DISPOSITIONS*
*A person’s inherent qualities of mind and character; how a person sees all aspects of his or her work in the profession

- Trustworthy
- Empathic
- Responsive
- Conscientiousness and persistence with families
- Non-judgmental
- Optimistic attitude
- Patience
- Creativity
- “Holding families in their minds”
- Reflective
- Respectful
- Cultural humility
- Teachable
- Accepts Responsibility
- Flexible
- Collaborative
- Expresses emotions constructively
Identify areas of strength in the following:

**Knowledge**

**Skills**

**Dispositions**
Identify areas of needed growth:

<table>
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<th>Knowledge</th>
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<tr>
<th>Dispositions</th>
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</table>
Describe an area of frustration in your work:

Describe an area which excites you about your work:
List at least three goals for this fiscal year, keeping in mind the 3 areas of competence:

Goal #1

Professional development plan to support goal #1 attainment

On-going Reflective Practice Documentation for Goal #1 (Include signature and date)

Looking back over the last year:

What progress did I make toward changes in behaviors?

How did these changes impact my work?

Year-end comment
Goal #2

Professional development plan to support goal #2 attainment

On-going Reflective Practice Documentation for Goal #2 (Include signature and date)

Looking back over the last year:
What progress did I make toward changes in behaviors?

How did these changes impact my work?

Year-end comments
Goal #3

Professional development plan to support goal #3 attainment (Include signature and date)

On-going Reflective Practice Documentation for Goal #3

Looking back over the last year:
What progress did I make toward changes in behaviors?

How did these changes impact my work?

Year-end comments
Additional notes/comments (include dates)
Goal Setting: I have read and understand my goals.
Employee:________________________
Date:__________________________

Goal Assessment: I have discussed and understand the evaluation of my goals with my supervisor.
Employee:________________________
Date:__________________________

Supervisor:________________________
Date:__________________________

Date of Baby TALK Training: _________________________________________

Date of Touchpoints Training: _________________________________________
Baby TALK Individual Family Case File Checklist

Child’s Name______________________________________  Child’s Date of Birth________________
Parent's Name____________________________________  Date of Enrollment_________________

Form  Dates Completed

At Screening for Eligibility

Screening for Eligibility Tool

Parent Interview Form
(Family demographics, home language survey, health history, social history, consent to screen)

Child Development Screening (ASQ/Other)
(At the time of screening for eligibility or within the first 45 days of enrollment)

Consent for Vision Screening

Functional Vision Screening
(At the time of screening for eligibility or within the first 45 days of enrollment)

Consent for Hearing Screening

Functional Hearing Screening
(At the time of screening for eligibility or within the first 45 days of enrollment)

At Enrollment

Welcome Letter/Permission for Enrollment

Copy of Child’s Birth Certificate (optional)

Consent to Release Information for Referrals
(Needed to receive immunization and health records)

Consent for Photography/Video

Within 6 Weeks, or 45 days, of Enrollment

Immunization Records received

Health Records received

Family Resource Assessment & Monitoring

Individual Family Service Plan
<table>
<thead>
<tr>
<th>Form</th>
<th>Dates Completed</th>
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<tbody>
<tr>
<td><strong>Ongoing/Every 6 Months</strong></td>
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<tr>
<td>Consent for Developmental Assessment</td>
<td></td>
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<tr>
<td>Child Development Assessment (Tool_________)</td>
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<tr>
<td>Immunization Records</td>
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<tr>
<td>Health Records</td>
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<tr>
<td>Consent for Hearing Screening</td>
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<tr>
<td>Functional Hearing Screening</td>
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<tr>
<td>Consent for Vision Screening</td>
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<tr>
<td>Functional Vision Screening</td>
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<tr>
<td>Family Resource Assessment update</td>
<td></td>
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<tr>
<td>Individual Family Service Plan update</td>
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<tr>
<td><strong>Other</strong></td>
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<tr>
<td>Transition Plan (6 months before exiting program)</td>
<td></td>
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<tr>
<td>Intensive Services Exit Form</td>
<td></td>
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</tbody>
</table>
### Qualifiers for Intensive Services / Case Management

#### Today’s Date ____________________________

**Parent/Legal Guardian(s) Name(s)**

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Date of Birth</th>
<th>Child’s Name</th>
<th>Date of Birth</th>
<th>Child’s Name</th>
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</table>

**Family refers to the immediate family, mom, dad and live-in grandparents.**

- *Child/Family is homeless (moved from value of 5 to 50)*
- *Youth in Care - Ward of the State/foster child/intact family involved with the Department of Children and Family Services*
- *Child/Family experiencing deep poverty (50% FPL)*
- *Child enrolled in Early Intervention*

- *Child/Family experiencing poverty (100% FPL)*
- *Child has a developmental delay and/or IFSP*
- *Child/Parent identified as an immigrant or refugee*
- *Family is involved in domestic violence*
- *A family member has alcohol or substance abuse involvement*
- *A family member has a developmental delay*
- *Family has mental health needs*
- *Family member is incarcerated or on probation/parole*
- *Family has had involvement with Child Protective Services*
- *Parent is a teen*
- *Parent is an English Language Learner*
- *Family member is an active member of the military (moved from 1 to 5)*
- *Parent is a non-high school graduate (moved from 2 to 5)*

- *Child has a possible delay in development (as determined at developmental screening)*
- *Child has a chronic medical condition*
- *Child diagnosed with a disability at the time of enrollment*
- *Child in family, friend and/or neighbor (license-exempt) child care*
- *Parent with a disability*
- *Parent has a chronic medical condition*
- *Mother has had postpartum depression*
- *Parent desires positive interactions with child, and an understanding of child development and/or parenting skills*

- *Family is living in a home which does not have basic utilities to include power/water*
- *Family is on public aid, receives food stamps, WIC or has a medical card*
- *Family does not have a health care provider*
- *Family lives in isolation without a support system (family, friends, medical, faith based)*
- *Family consists of more than 2 children under 5 years of age*
- *Child lives with another adult other than the birth parent*
- *Child behavior concerns*
- *Child has a medical concern*
- *Parent has a medical concern*
- *Mother has had a high risk pregnancy*

*Yellow = updated number values*

* = new questions
Family member is unemployed _____________
Family consists of a single parent _____________
Child had a birth weight of 5.5 pounds or less _____________
Child had a premature birth _____________
Child has a sibling who is habitually truant from school _____________
Mother has had an unfulfilled pregnancy (miscarriage, abortion) _____________
*First time parent _____________
Other: ____________________________________________________

TOTAL: ____

Does the family receive Family Support through another agency? If yes, which agency? Name of case manager?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

If yes, what services are needed by the family which Baby TALK can provide and the other agency cannot provide?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Family qualifies for Family Support services: Yes / No
__________________________________________________________________________

The family will be enrolled in the following program:
__________________________________________________________________________

The Baby TALK staff member assigned is:
__________________________________________________________________________

The family qualifies for Family Support services and will be placed on the waiting list: Yes / No
__________________________________________________________________________

If the family is referred to another agency, name of agency and date of referral:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Comments:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
MOTHER’S INFORMATION

Mother’s Full Name ___________________________ Mom’s Date of Birth _______________
Street Address ________________________________
City, State Zip __________________________________
Phone __________________________ Email __________________
Ethnicity  □ White, Non-Hispanic  □ Black, Non-Hispanic  □ American Indian/Alaskan Native
□ Hispanic □ Multiracial/Ethnic □ Asian/Pacific Islander

Last grade of school completed ____________________________

OR □ GED □ High School Diploma □ Associate’s Degree □ Some Vocational
□ Completed Vocational School □ Some College □ Bachelor’s Degree
□ Master’s Degree □ Doctorate Degree

Marital Status □ Married □ Single □ Widowed □ Divorced □ Separated

FATHER’S INFORMATION

Father’s Full Name ___________________________
Dad’s Date of Birth _______________
Street Address ________________________________
City, State Zip __________________________________
Phone __________________________ Email __________________
Ethnicity □ White, Non-Hispanic □ Black, Non-Hispanic □ American Indian/Alaskan Native
□ Hispanic □ Multiracial/Ethnic □ Asian/Pacific Islander

Last grade of school completed ____________________________

OR □ GED □ High School Diploma □ Associate’s Degree □ Some Vocational
□ Completed Vocational School □ Some College □ Bachelor’s Degree
□ Master’s Degree □ Doctorate Degree

Marital Status □ Married □ Single □ Widowed □ Divorced □ Separated

BABY’S INFORMATION

Baby’s Full Name ___________________________
Baby’s Date of Birth ___________________________
Sex  □ Male □ Female  Birth Weight ___ Lb. ___ Oz.
Ethnicity of Baby □ White, Non-Hispanic □ Black, Non-Hispanic □ American Indian/Alaskan Native
□ Hispanic □ Multiracial/Ethnic □ Asian/Pacific Islander

Family Structure of the Baby
□ Two Parent home □ Single Parent home □ Living with Grandparents
□ Living with other relatives □ Living in an extended family □ Living with Guardian
□ Living with Foster Parent □ Other ____________________________

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### BABY’S INFORMATION

#### Other Children in the Family

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
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#### Mom’s Employment Status

- [ ] Full time (more than 20 hours per week)
- [ ] Part time (20 hours or less per week)
- [ ] Student
- [ ] Unemployed in job training
- [ ] Self-employed
- [ ] Unemployed (seeking employment)
- [ ] Unemployed (not seeking employment)

#### Dad’s Employment Status

- [ ] Full time (more than 20 hours per week)
- [ ] Part time (20 hours or less per week)
- [ ] Student
- [ ] Unemployed in job training
- [ ] Self-employed
- [ ] Unemployed (seeking employment)
- [ ] Unemployed (not seeking employment)

#### Family Range of Income per year

- [ ] less than 5,000
- [ ] 5,000-9,999
- [ ] 10,000-19,999
- [ ] 20,000-29,999
- [ ] 30,000-39,999
- [ ] 40,000-49,999
- [ ] 50,000-74,999
- [ ] 75,000-99,999
- [ ] 100,000 and up

#### WIC eligible

- [ ] Yes
- [ ] No

Baby TALK has permission to refer me to other opportunities for my child.

Signature ________________________________

### PRIMARY CAREGIVER (if other than parent)

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<tr>
<th>Full Name</th>
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Highest grade completed in school ____________________________ Occupation ____________________________

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<tr>
<th>Business Address</th>
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### EMERGENCY TELEPHONE NUMBER

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<tr>
<th>Name</th>
<th>Relationship to Child</th>
<th>Phone</th>
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</table>
MEDICAL INFORMATION and HEALTH HISTORY

Does Child/Expectant Mother receive:  ☐ Medicaid  ☐ WIC  ☐ Food Stamps (LINK)

Date of child’s last physical exam:  __________________________________________

Date of child’s last dental visit:  __________________________________________

Child’s Physician  __________________________________________  Phone  __________

Child’s hospital ER preference  __________________________________________  Phone  __________

Child’s Dentist  __________________________________________  Phone  __________

Child’s Specialist, if any  __________________________________________  Phone  __________

Is the mother currently pregnant?  ☐ Yes  ☐ No  If Yes, How many weeks?  ______

What was the date of last prenatal exam?  __________________________________

How many prenatal care visits competed in total?  __________________________________

Is there a need for a prenatal care home? (If Yes, refer as needed)  ☐ Yes  ☐ No

Pregnancy / Birth History

Did mother have any health problems, illnesses or accidents during this pregnancy?  ☐ Yes  ☐ No

If yes, please describe:  __________________________________________

How often did mother visit physician during pregnancy?  __________________________________

Was the child born outside of a hospital?  ☐ Yes  ☐ No

Was the child born more than 3 weeks early/late?  ☐ Yes  ☐ No

Did the child have any problems at birth?  ☐ Yes  ☐ No

Did the child have any problems in the nursery?  ☐ Yes  ☐ No

Did the child or mother stay longer in the hospital for medical reasons?  ☐ Yes  ☐ No

Does the baby have feeding problems?  ☐ Yes  ☐ No

Does the baby have frequent sore throat?  ☐ Yes  ☐ No

Does the child have frequent cough?  ☐ Yes  ☐ No

Does the child have frequent UTI?  ☐ Yes  ☐ No

Does the child have frequent stomach pain?  ☐ Yes  ☐ No

Does the child have frequent vomiting?  ☐ Yes  ☐ No

Does the child have frequent diarrhea?  ☐ Yes  ☐ No

Does the child have difficulty seeing (squint, crossed eyes, holds objects close to face) or wear glasses?  ☐ Yes  ☐ No

Does the child have ear/hearing problems (ear pain, frequent earaches, discharge, rubbing ears)?  ☐ Yes  ☐ No

Have you ever noticed child scratching his/her behind (anus, rear end) while asleep?  ☐ Yes  ☐ No

Has child ever had a convulsion or seizure?  Is child taking seizure medications?  ☐ Yes  ☐ No

Is child taking any medicine now?  ☐ Yes  ☐ No

Has child had boils?  ☐ Yes  ☐ No  If Yes, what age were they?
### Baby TALK Parent Interview Form

### continued..... MEDICAL INFORMATION and HEALTH HISTORY

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Age Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the child had chickenpox?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, what age were they?</td>
</tr>
<tr>
<td>Has the child had eczema?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, what age were they?</td>
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<tr>
<td>Has the child had German measles?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, what age were they?</td>
</tr>
<tr>
<td>Has the child had measles?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, what age were they?</td>
</tr>
<tr>
<td>Has the child had mumps?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, what age were they?</td>
</tr>
<tr>
<td>Has the child had scarlet fever?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, what age were they?</td>
</tr>
<tr>
<td>Has the child had whooping cough?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, what age were they?</td>
</tr>
<tr>
<td>Has the child had hives?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, what age were they?</td>
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<tr>
<td>Has the child had polio?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, what age were they?</td>
</tr>
<tr>
<td>Has the child had asthma?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, at what age were they diagnosed?</td>
</tr>
<tr>
<td>Has the child had bleeding tendency?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, at what age did it begin?</td>
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<tr>
<td>Does the child have diabetes?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, at what age were they diagnosed?</td>
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<tr>
<td>Does the child have epilepsy?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, at what age were they diagnosed?</td>
</tr>
<tr>
<td>Does the child have heart/blood vessel disease?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, at what age were they diagnosed?</td>
</tr>
<tr>
<td>Does the child have liver disease?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, at what age were they diagnosed?</td>
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<tr>
<td>Does the child have rheumatic fever?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, at what age were they diagnosed?</td>
</tr>
<tr>
<td>Does the child have sickle trait?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, at what age were they diagnosed?</td>
</tr>
<tr>
<td>Does the child have sickle cell disease?</td>
<td>☐</td>
<td>☐</td>
<td>If Yes, at what age were they diagnosed?</td>
</tr>
</tbody>
</table>

Does the child have any allergy problems (rash, itching, swelling, difficulty breathing, sneezing) when eating any foods? ☐ Yes ☐ No If Yes, please explain.

Does the child have any allergy problems (rash, itching, swelling, difficulty breathing, sneezing) when taking medication? ☐ Yes ☐ No If Yes, please explain.

Does the child have any allergy problems (rash, itching, swelling, difficulty breathing, sneezing) when near animals, insects, dust, etc.? ☐ Yes ☐ No If Yes, please describe.

Please explain any other conditions that have not been covered by this list. ___________________________________________________________
DEVELOPMENTAL HISTORY

Has your child ever had a developmental screening, assessment or evaluation?  □ Yes  □ No
If Yes, please describe the results.  

Date of the screening, assessment or evaluation.  Click here to enter a date.

What is your child learning right now?  

Do you have any concerns about your child’s development?  □ Yes  □ No  If Yes, please explain.

Does your child have behaviors that concern you?  □ Yes  □ No  If Yes, please explain.

SOCIAL INFORMATION

Does your child currently attend a child care center/program?  □ Yes  □ No
If Yes, where?

What are your child’s most enjoyable activities?

What frightens your child?

What do you do to comfort your child?

What is your child’s schedule for snacks and meals?

What is your child’s sleeping/napping schedule?

What are your child’s favorite playthings?

List the places your child frequently visits:

List the significant people in your child’s life:

Describe any special information you would like Baby TALK to be aware of:
CONSENT TO DEVELOPMENTAL SCREEN

I hereby authorize certified personnel of Baby TALK, Inc., to administer a developmental screening to my child, ________________________________, for the purpose of providing appropriate services. I understand the results of the screening will be shared with me.

__________________________________________  _______________
Parent/Guardian Signature                   Date

The results of the developmental screen for my child, ________________________________, have been shared with me.

__________________________________________  _______________
Parent/Guardian Signature                   Date

CONSENT TO SOCIAL-EMOTIONAL SCREEN

I hereby authorize certified personnel of Baby TALK, Inc., to administer a social-emotional screening to my child, ________________________________, for the purpose of providing appropriate services. I understand the results of the screening will be shared with me.

__________________________________________  _______________
Parent/Guardian Signature                   Date

The results of the social-emotional screen for my child, ________________________________, have been shared with me.

__________________________________________  _______________
Parent/Guardian Signature                   Date

PRIMARY LANGUAGE

If the primary language of the family is different from that of the form and the professional:

  Did the family request to discuss this information in their primary language?  ☐ Yes  ☐ No
  Did a translator assist with the interview to provide the information in the family’s home language?  ☐ Yes  ☐ No
Protocol Template

Every encounter will include:

– Preparation
– Assessment of situation
– Affiliation
– Observation
– Developmental Behaviors
– Exploration of System of Support
– BT information and system of care
– Reflection
Preparation

“It is crucial to have the courage to meet every family without preconceptions or prepared programs, to come open-minded and ready to listen not knowing in advance what form our intervention may take.”

Donna Karl, NBAS Manual, 1995

Prepare with an open mind.
Recognize what I bring to the interaction.

Gather materials: Baby TALK Developmental Perspectives curriculum for fifteen months, balls, pretend toys (cup, spoon, dish, doll, bottle, blanket), push toy, board books, simple puzzles, music and collaborator information. Have additional information ready to meet the specific needs of an individual family.

Assessment

Note the environment and activity level within the community-based encounter setting.
If encounter is at home, assess the environment and availability of other people in the child’s life.
Assess availability of family.

Affiliation

“The most important non-verbal listening strategy is to pause for at least 3 seconds before speaking after asking a question; it will seem like a very long time, but many studies show that, even for people who have something to say, they may need at least 2 ½ seconds to find it or phrase it.”


Use OPERA listening:
Open-ended questions
Pause
make Eye-contact
Repeat
Avoid judgment, Ask opinion, Advise last

Use affiliation strategies such as the following involving both Mom and Dad as much as possible:

“Tell me about your toddler.”

What is your greatest success this month?
What is your greatest challenge this month?
What has changed in your toddler’s typical day?

Play
How has your toddler’s new motor skills changed the way she likes to play?
What part of the house does your baby like to explore repeatedly? How have you made it safe?
How does your toddler use his hands in play? With toys? Mealtime? Bathtime?

Dependence/Independence
How does your toddler show dependence on you? Clingy? Separation Fear/Anxiety?
In what ways does your toddler want to be independent? Mealtime? Dressing? Walking?
What are you thinking about toilet training? Feeling Pressure? Getting advice?

Limit Setting
How is your toddler responding to limits you have set?
How do you respond when she tells you “no” or shakes her head “no”?
How do you handle temper tantrums?
Observation

Simply look at the toddler with the parents for 10-30 seconds.

“Let’s just watch your toddler and see how she is playing with her toys.”

Do the parents seem receptive to your conversation? If not, why do you think not?

If other adults are present what role do they play? Support vs. “Gatekeeping?”

Observe parent-child relationship:
- How much language is the parent using with the toddler? Turn taking? Repeat words? Naming objects?
- What non-verbal expressions of warmth do you see the parent demonstrate?
- How much eye contact does parent/child make with each other?

Observe the toddler:
- What non-verbal expressions of warmth do you see the toddler demonstrate toward parent?
- What is the toddler’s quality of mood in the midst of learning new skills?

Observe parent-child relationship with siblings:
- How does the parent show warmth and affection toward siblings?
- How does the parent support interactions between siblings?

Developmental Behaviors

Elicit or notice expected behaviors using Baby TALK Developmental Perspectives curriculum for fifteen months.

Elicit or note expected behaviors and the meaning parents are making of the behaviors: independence, temper tantrums, walking, preference to foods/toys, understanding words or testing limits?

- How can you support the parent? Modeling? Address concerns?
- What is today’s critical issue?
- When a child demonstrates atypical behavior what are ways I can support the parents?

System of Support

Note who parent “brings into the room” with her during conversations.

Listen for evidence of the support system.

Observe who comes to the encounter with the family or who else is in the home.

If the toddler is in a childcare situation on a regular basis, note parent’s interactions and feelings about the caregiver.

What community resources has she used, or might she use?

Baby TALK and System of Care

- How can Baby TALK support you? How can I support you?
- Introduce Baby TALK services appropriate for this family.
- Offer appropriate Baby TALK materials.
- Make referrals as needed.
- Provide advocacy as needed.

Reflection-On-Action

- How do I feel about this encounter?
- How did I connect with the family?
- What did I learn about the parent/child relationship?

Did I facilitate the parent/infant relationship, or did I just interact with the toddler while the parent watched?

Did I hear or understand a concern from the family that I can follow-up on?

- What do I need to document about this family today in order to prepare for the next encounter?
- How might I change my approach for the next encounter to “become ever better?”

Documentation

- Complete Baby TALK Personal Encounter documentation form.
- What sort of record do I need to make to capture this encounter?
- What do I need to do to provide follow-up for this family?
- How/where will this family encounter Baby TALK in the future?
Preparation

“It is crucial to have the courage to meet every family without preconceptions or prepared programs, to come open-minded and ready to listen not knowing in advance what form our intervention may take.”

Donna Karl, NBAS Manual, 1995

Prepare with an open mind.
Recognize what I bring to the interaction.

What do I know about this family that will prevent me from having an open mind?
__________________________________________________________________

Gather materials: Baby TALK Developmental Perspectives curriculum for fifteen months, balls, pretend toys (cup, spoon, dish, doll, bottle, blanket), push toy, board books, simple puzzles, music and collaborator information.
Have additional information ready to meet the specific needs of an individual family.

What materials does the family have in the home that I could use? What materials do I want to bring?
__________________________________________________________________

Assessment

Note the environment and activity level within the community-based encounter setting.
If encounter is at home, assess the environment and availability of other people in the child’s life.
Assess availability of family.

Based on my previous visits, what should I note in the environment?
__________________________________________________________________
Affiliation

“The most important non-verbal listening strategy is to pause for at least 3 seconds before speaking after asking a question; it will seem like a very long time, but many studies show that, even for people who have something to say, they may need at least 2 ½ seconds to find it or phrase it.”

Use OPERA listening:
- Open-ended questions
- Pause
- make Eye-contact
- Repeat
- Avoid judgment, Ask opinion, Advise last

Use affiliation strategies such as the following involving both Mom and Dad as much as possible:

“Tell me about your toddler.”
What is your greatest success this month?
What is your greatest challenge this month?
What has changed in your toddler’s typical day?

What you might ask about given this child’s development and insights the family has shared with you previously?

Play
How has your toddler’s new motor skills changed the way she likes to play?
What part of the house does your baby like to explore repeatedly? How have you made it safe?
How does your toddler use his hands in play? With toys? Mealtime? Bathtime?

Dependence/Independence
How does your toddler show dependence on you? Clingy? Separation Fear/Anxiety?
In what ways does your toddler want to be independent? Mealtime? Dressing? Walking?
What are you thinking about toilet training? Feeling Pressure? Getting advice?

Limit Setting
How is your toddler responding to limits you have set?
How do you respond when she tells you “no” or shakes her head “no”?
How do you handle temper tantrums?
Observation

Simply look at the toddler with the parents for 10-30 seconds.
“Let’s just watch your toddler and see how she is playing with her toys.”

Do the parents seem receptive to your conversation? If not, why do you think not?
If other adults are present what role do they play? Support vs. “Gatekeeping”

What do I specifically want to observe during this visit?

_________________________________________________________________

Observe parent-child relationship:
  How much language is the parent using with the toddler? Turn taking? Repeat words? Naming objects?
  What non-verbal expressions of warmth do you see the parent demonstrate?
  How much eye contact does parent/child make with each other?

Observe the toddler:
  What non-verbal expressions of warmth do you see the toddler demonstrate toward parent?
  What is the toddler’s quality of mood in the midst of learning new skills?

Observe parent-child relationship with siblings:
  How does the parent show warmth and affection toward siblings?
  How does the parent support interactions between siblings?

Developmental Behaviors

Elicit or notice expected behaviors using Baby TALK Developmental Perspectives curriculum for fifteen months.
Elicit or note expected behaviors and the meaning parents are making of the behaviors: independence, temper tantrums, walking, preference to foods/toys, understanding words or testing limits?
  How can you support the parent? Modeling? Address concerns?
What is today’s critical issue?
When a child demonstrates atypical behavior what are ways I can support the parents?

What specific developmental behaviors do I want to support during this encounter?

_________________________________________________________________

What activities may support these behaviors given where the family “is” when you have the encounter?

IELG Activity:

Homemade Toy:
Lapsit:
Other:

_________________________________________________________________

What parent-child interactions have I observed in the past that I will build on during this encounter?

_________________________________________________________________
System of Support
Note who parent “brings into the room” with her during conversations.
Listen for evidence of the support system.
Observe who comes to the encounter with the family or who else is in the home.
If the toddler is in a childcare situation on a regular basis, note parent’s interactions and feelings about the caregiver.
What community resources has she used, or might she use?

Baby TALK and System of Care
How can Baby TALK support you? How can I support you?
Introduce Baby TALK services appropriate for this family.
Offer appropriate Baby TALK materials.
Make referrals as needed.
Provide advocacy as needed.

Based on our previous encounters, do I need to provide a referral source for the family?

________________________________________________________________________________

Is there a part of the families system that I need to better understand?

________________________________________________________________________________

Reflection-On-Action
How do I feel about this encounter?
How did I connect with the family?
What did I learn about the parent/child relationship?
Did I facilitate the parent/infant relationship, or did I just interact with the toddler while the parent watched?
Did I hear or understand a concern from the family that I can follow-up on?
What do I need to document about this family today in order to prepare for the next encounter?
How might I change my approach for the next encounter to “become ever better?”

Documentation
Complete Baby TALK Personal Encounter documentation form.
What sort of record do I need to make to capture this encounter?
What do I need to do to provide follow-up for this family?
How/where will this family encounter Baby TALK in the future?
Your Toddler...

- Is learning limits
- Turns and squats when walking
- Enjoys “Make Believe” play; wants to imitate adults
- Finds a hidden toy
- Shows more interest in playing with others
- Understands simple directions
- Stacks several boxes and knocks them down
- May show fear and insecurity with a previously accepted situation
As a toddler:

I hear music and I can’t help myself! I start moving my body to the sounds. Sometimes I even like to sing along. It always makes big people smile when they see me doing this! I become even more excited when the big people sing and dance along with me!

One thing that is starting to bother me is that my mom is not always with me. I want Mom’s attention all the time. It makes me feel scared when I don’t know where she is. I notice that sometimes she works and reads all by herself. That makes me so sad. Did she forget about me? To remind her that I’m still here, I walk up to her with my arms up in the air and insist that she hold me. I hold on tight when she picks me up. If she doesn’t pick me up, I get really sad. The tears start coming from my eyes, and I throw myself around on the floor.

The other day my mom took me to the doctor’s office. I was very afraid and began to hold onto my mom tight and press my head into her body. The last time the doctor saw me, she poked something in my ears so she could see in there, and it made me mad. I don’t understand why I have to go again.

Another problem I am having is that my grandma makes me get into the big bathtub every night before bed. The water is very loud when it goes into the tub. Soap went in my eyes one time and hurt me. Now I am afraid of bath time, too.

The good thing about all of these fears is that the people I love give me extra hugs and tell me they love me. I also use my lovey to snuggle with, and it helps me feel better. I hope going to the doctor, taking baths, and other scary things become easier soon.
As a parent:

My previously happy baby is moody and clingy these days. He wants to be held much more than he has for a while and seems less content to be down on the floor playing with toys. He even makes a sour face when strangers try to say hello to him. Any little thing can set him off on a tantrum or make him cling to me! Especially at the end of the day when I am trying to get dinner ready, and we are all tired, tantrums seem to be abundant.

Sometimes playing with him is the best cure for his moodiness. We talk about what he is doing, and he tells me all about the toys, including a few words I understand. We play make-believe, and he pretends to do grown up things like "cook and clean" the house. We build block towers and knock them down and laugh and laugh. He plays the same things over and over, and they are still just as hilarious as the first time.

He loves to sing and dance, climb the stairs and furniture, and pour water from one cup to another in the bathtub. And he loves his books! I think we read the same two books ten times a day. He is such a busy boy. It's fun to see him really coming into his own.
Your toddler will want to spend much of her day near you. You are her favorite “playmate.” She now enjoys doing the same things you are doing. Let her “help” you as much as possible as you do your work. If you are cooking, give her a small pan and a spoon so she can cook too. She will delight in other make-believe activities, such as talking on the telephone and caring for her doll.

FEARS
With your toddler’s new independence and capabilities are also new fears. The world can be a scary place, and he’s had enough bonks and bruises to know that first hand. Many 15-month-olds are suddenly scared of the bathtub, even though bath time has been wonderful fun until now. Be extra supportive while bathing him during this time. Keep a firm grip on him so he doesn’t feel vulnerable. Don’t make him tilt his head all the way back when rinsing out his hair, and make sure you are using tear free shampoo. If he seems afraid of the drain, don’t pull it until he is all the way out of the tub. If he isn’t dirty, don’t bathe him at all; it’s okay to skip a day. Make sure you take his fears seriously; they are very real to him. Listen and reassure him.

Toddlers are often afraid of the dark, loud noises, the doctor’s office or bugs. Talk with her matter of factly about these things. She will outgrow these fears, though it may take several months. If she is going to get a shot, don’t lie and say it won’t hurt. Be truthful, telling her it will sting for just a minute, but she will be okay. Let her have her lovey as often as she needs it, while going through this fearful time. Also use playtime to help alleviate some of these fears. Maybe one of her favorite dolls could explain to another doll that it’s okay to walk by the dog, because he is behind the fence and can’t reach her. If you show her you are scared of dogs, the chances are good she will pick up on your uneasiness and be anxious around dogs too. So say what you mean and mean what you say!

INDEPENDENCE
This struggle with independence continues to show up at mealtime. He will want control of choosing the foods he wants to eat, and he will want to feed himself. He enjoys the satisfaction of being in control. He may be able to use a spoon and cup. Continue to cut up small pieces of the food your family is eating for that meal. Always sit with your toddler to watch for choking. When your toddler feeds himself, mealtime may be messy, but more relaxed. He may even try to participate in the family conversations at mealtime. Offering choices will help him feel some control. He is much more likely to eat his fruit if you say and show him, “Would you like the apple or the pear?” And then you can have a teaching moment, saying the word apple and talking about the color red and the sweet taste. He will be having so much fun that he won’t even be thinking about throwing his apple pieces on the floor.
What an interesting phenomenon is a fifteen-month-old! You may find his parents one minute chuckling over his charming personality and then the next minute scratching their heads to understand his fears and temper tantrums. You may work hard to help parents develop the patience and perspective they need to manage living with their usually-delightful toddlers.

Parents may be enjoying their toddlers’ emerging sense of humor at this age. They discover that they love to dance and sing and be silly. Their playful interactions are more engaging every day. This is a time that parents will appreciate you introducing a new song or finger play they can do with their little one at home.

But they may also discover that their child is beginning to develop fears about things that didn’t worry him only a few weeks ago. Managing fear in their children is a new challenge, and you will need to remind parents of the predictable nature of many of these fears.

Fifteen-month-olds who have been venturing out in exploration for the last few months may begin to show another puzzling behavior to their parents. They may become clingy, demanding their parents’ attention and wanting to be held.

You can encourage parents that fifteen-month-olds are known for their clingy behavior, which is related to their mobility. When they first learn to walk, parents follow close behind to catch them in case they fall. Once walking is well established, parents no longer chase after their little walkers. Increasingly, toddlers find that they have ventured farther away from their parents than they intended. They frighten themselves with their own growing independence and need reassurance from their mom or dad.

You can use this behavior to point out how much this toddler still loves and needs her parents and depends on them as her secure base for exploration. This clinginess is a powerful statement that—even though she is working hard on her own autonomy, she loves her parents passionately. She wants to not only control herself, but also control their availability to her.

These conflicting emotions continue to lead to tantrums. Parents may also notice that their toddler sometimes seems to be in a “bad mood,” which is different from the fussiness of an infant. The emergence of many aspects of personality reminds parents that their child is a unique individual who will experience the full gamut of human emotions.
I know it’s still there!

Purpose:
Object permanence means knowing that an object still exists, even when you cannot see it. It requires the ability to form a mental image or representation of the object. Before your toddler has this skill, she behaves as if the toy had simply disappeared.

Let’s wonder together:
- How does your toddler react when you hide a toy behind your back or play hide and seek?
- Do you think she finds Peek-A-Boo as interesting as she did several months ago? How do you know?

Activity:
Let’s play a game of hide and seek with some toys and a blanket or bowl.
- Show her what you are planning to hide
Let’s see what she does when you put it under the blanket or bowl.
- Ask her where it is.
- If she needs some help, you can show her and then try again.
- Did you think she would be able to know it was there and find it?
- What if you hide something behind your back?
Let’s watch what she does.

What to do you think about this:
- How does she react when you leave the room or leave her with another caregiver?
- How does this make you feel?
- Does she have similar reactions to others in her life?
- When do you think your baby most enjoys this kind of “word play?”

Illinois Early Learning Guidelines Standard(s):
7-18 months  Cognitive Development

Concept Development
Develops object permanence, aware that an object still exists even when it is not physically visible, e.g., pulls the blanket off the pacifier, cries when caregiver leaves room

Symbolic Thought
Demonstrates object permanence, e.g., realizes objects and people still exist, even when they are not physically visible
I want to be friends...maybe

**Purpose:**
You may start to notice that your toddler is interested in playing with her peers or siblings. Although she may not always be able to communicate perfectly and compromise, these early relationships set the stage for future peer play and friendships.

**Materials:** Blocks and container

**Let’s wonder together:**
- What other children does your toddler spend the most time with?
- What does she do when she is playing with them?
- What typically goes well when they play together? What struggles have they had?

**Activity:**
Let’s have you do an activity with her that involves taking turns.
- Try putting all the blocks on the floor in between the two of you.
- Take one and put it in the container.
- Then tell your toddler it’s her turn and encourage her to put one in.
- Then quickly tell her it’s your turn and put another in. Continue to do this for as long as she is interested.
- If she is not interested, you might just play with her and notice how she responds to you.
- Let’s observe and talk about what he seems to be thinking and feeling.

**What do you think about this:**
- What do you like about her spending time with others close to her age?
- What are some of the challenges you have faced when she plays with others?
- How are you able to help them get past their struggles?
- How have you tried teaching her about taking turns?

**Illinois Early Learning Guidelines Standard(s):**

**7-18 months** Social & Emotional Development

- **Relationship with Peers**
  Shows interest in another child by moving closer, e.g., rolls, crawls, or walks toward the child

**7-18 months** Self-Regulation

- **Attention Regulation**
  Shifts attention from adults to peers
It may have been ok before, but now I’m scared!

**Purpose:**
As a parent you may notice that your child is now suddenly afraid in familiar situations. This something normal fueled by your toddler’s growing independence and his increasing memory, such as remembering a vaccine shot when seeing the doctor walk in.

**Let’s wonder together:**
- When does your toddler seemed nervous or scared the most?
- How does she show that she is upset?
- Who does she tend to reach for or run to when she is upset?

**Activity:**
Is there something we can do together today that she may be a little uncomfortable with? What do you think will help him through this? Let’s do this and carefully observe his reaction.
- Does she seem calmer than usual? What else might you try?
- What is it that seems to be a new fear for her?
- What does she do that lets you know she is afraid?
- What have you tried already to help her through this type situation?
- What other things might you try? (e.g. what soothing things typically work in general for her)

Let’s talk about how it goes next time she has to handle this situation.

**What do you think about this:**
- How do you feel about her being fearful?
- How has this impacted your routines?
- How might you reassure her and work toward her learning to soothe herself?

---

**Illinois Early Learning Guidelines Standard(s):**

**7-18 months**  
**Cognitive Development**

**Safety & Well-Being**
Hesitates and demonstrates caution in new and/or changing situations, e.g., stops crawling when reaches the edge of an uneven surface

**7-18 months**  
**Self-Regulation**
Attention Regulation
Relies on routines and patterns to maintain an organized state in order to focus
Let's have a (pretend) picnic!

**Purpose:**
Toddlers begin to understand pretend play and may perform different pretend actions such as pretending to eat, drink, or sleep. At this age your toddler may tend to prefer toys that look realistic (e.g. a plastic toy spoon) or real-life objects (e.g. a real spoon). In addition, toddlers will start to imitate the actions of the adults around them.

**Materials:** Blanket, basket, play food, cups, pitcher

**Let’s wonder together:**
- What do you do that she likes to imitate?
- What pretend play has she begun doing?

**Activity:**
Let’s have a pretend picnic together.
- What are there some things that you have that we can add to our picnic? (serving spoons, plates)
- Where should we have our picnic?
Let’s see if your toddler will join you as you set up the picnic.
- Would she like to pour you something to drink or give you some thing to eat?
- How will she react if you say something like “Yum! You make great tea! Can I have more?”
- What do you think she would like to have?

**What do you think about this:**
- How do you like playing pretend with your toddler?
- What do you like to play with her when you are playing pretend?
- What types of things can you teach her when you do this?

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**Illinois Early Learning Guidelines Standard(s):**

**7-18 months** Cognitive Development

**Symbolic Thought**
Engages in simple pretend play, e.g., pretends to drink tea from a pretend tea cup, pretends to feed baby doll with toy bottle, uses a toy block as a phone, pretends to talk to mama

**Creative Expression**
 Begins to use symbolic play while interacting, e.g., holds a play phone to ear and has a “conversation” with grandma
**Open ended questions - Pause - Eye contact - Repeat - Avoid judgment, ask opinion, advise last**

### Encounter Information

<table>
<thead>
<tr>
<th>Date of Visit</th>
<th>Professional’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Encounter</td>
<td>☐ Home ☐ Community</td>
</tr>
<tr>
<td>Parent</td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>Birthdate</td>
</tr>
<tr>
<td>Visit Included:</td>
<td>☐ Child ☐ Mom ☐ Dad ☐ Siblings ☐ Grandparents ☐ Other</td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>

### Regarding child?

| Eating ☐ | Sleeping ☐ | Crying ☐ | Development ☐ |
| Health ☐ |

### Child’s behavior observed: (select all observed)

| Fussing ☐ | Sleeping ☐ | Verbalizations ☐ | Active ☐ | Quiet ☐ | Guided play/exploration |
| Independent play/exploration ☐ | Comments ☐ |

### What meaning do the parents make of the child’s developmental behavior? |

### How has the child’s behavior changed the family’s life? |

### Parent’s reaction to child’s behavior

| Negatively responsive ☐ | Positively responsive ☐ | Unresponsive ☐ | Neutral ☐ |

### What interaction did you see between Mom & Child? (circle one number for each behavior observed)

#### Holding

0 parent does not have child near or with during visit
1 parent has child with or near briefly
2 parent is holding or has within arm’s length frequently during the visit

#### Eye contact

0 parent does not make eye contact with child during visit
1 parent makes eye contact for engagement fewer than 3 times during the visit
2 parent uses eye contact as a strategy for engagement with the child frequently during the visit

#### Talking to child

**Tune in**

0 parent does not/rarely pays attention to what the child is communicating
1 parent pays attention to what the child is communicating and responds
2 parent pays attention to what the child is communicating and expands on it with more descriptive words

**Talk more**

0 parent uses more directives than child-directed or descriptive words
1 parent uses more child-directed and/or descriptive words than directives
2 parent uses child-directed and/or descriptive words the majority of the time

**Take turns**

0 parent does not encourage child to respond to words and actions
1 parent encourages child to respond to words and actions
2 parent encourages child to respond to words and actions and engages in extended conversation

**Calming/comfort**

0 parent makes no attempt to respond to child’s stress cues or responds negatively
1 parent responds to child’s stress cues apathetically
2 parent responds to child’s stress cues empathetically
**Smiling/laughter**
0  parent does not smile at or with child during the visit
1  parent initiates or responds to the child’s smile or laughter <=2 times during the visit
2  parent initiates or responds to the child’s smile or laughter >2 times during the visit

**Serve and Return**
0  parent ignores child’s attempts of engagement
1  parent offers minimal acknowledgement of the child’s attempt at engagement
2  parent acknowledges the child’s attempt at engagement most of the time

**Play Behaviors**

**Engagement**
0  parent shows little to no interest in the child’s play activity
1  parent will participate in an interactive activity with the child when requested and will maintain interaction
2  parent initiates interaction with child and purposefully transitions to a new activity when the child demonstrates an interest

**Encouragement**
0  parent makes no attempt to offer verbal or physical support of a child’s effort
1  parent offers some verbal or physical support of a child’s effort
2  parent offers >4 verbal or physical supports of a child’s effort

**Extension**
0  parent makes no attempt to extend the intention of the play activity
1  parent extends the play activity after being prompted
2  parent initiates an extension of the play activity

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**What interaction did you see between Dad & Child?** (circle one number for each behavior observed)

**Holding**
0  parent does not have child near or with during visit
1  parent has child with or near briefly
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**Strategies and tools of conversation** (mark all used and add documentation specific to the strategy):

- ☐ “Tell me about your baby”
- ☐ Using the behavior of the child as your common language
- ☐ Parental mastery
- ☐ Predictable Touchpoint
- ☐ Family function
- ☐ Child mastery
- ☐ Using the pivot

**Comments**

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**Curriculum**

- ☐ Baby TALK
- ☐ Other

**Comments**

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**IELG Codes** (*only Illinois (mark all used]*)

<table>
<thead>
<tr>
<th>SR-Physiological Regulation</th>
<th>SR-Emotional Regulation</th>
<th>SR-Attention Regulation</th>
<th>SR-Behavior Regulation</th>
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<tbody>
<tr>
<td>SED-Attachment Relationships</td>
<td>SED-Emotional Expression</td>
<td>SED-Relationship with Adults</td>
<td>SED-Self-Concept</td>
</tr>
<tr>
<td>SED-Relatedness with Peers</td>
<td>SED-Empathy</td>
<td>PDH-Gross Motor</td>
<td>PDH-Fine Motor</td>
</tr>
<tr>
<td>PDH-Perceptual</td>
<td>LDCL-Self-Care</td>
<td>LDCL-Social Communication</td>
<td>LDCL-Receptive Communication</td>
</tr>
<tr>
<td>LDCL-Expressive Communication</td>
<td>LDCL-Early Literacy</td>
<td>CD-Concept Development</td>
<td>CD-Memory</td>
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<td>CD-Spatial Relationships</td>
<td>CD-Symbolic Thought</td>
<td>CD-Creative Expression</td>
<td>CD-Logic and Reasoning</td>
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<tr>
<td>CD-Quantity and Numbers</td>
<td>CD-Science Concepts and Exploration</td>
<td>CD-Safety and Well-being</td>
<td>APL-Curiosity and Initiative</td>
</tr>
<tr>
<td>APL-Problem Solving</td>
<td>APL-Confidence and Risk Taking</td>
<td>APL-Persistence, Effort and Attentiveness</td>
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<tr>
<td>APL-Creativity, Inventiveness, and Imagination</td>
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**Areas of instruction:**

- ☐ Child birth & child care
- ☐ Family structure, function, & mgmt.
- ☐ Prevention of child abuse
- ☐ Child safety and injury prevention
- ☐ Parenting skill development
- ☐ Child growth & development, including prenatal development
- ☐ Prenatal & postnatal care for mothers and infants
- ☐ Physical, mental, emotional, social, economic, and psychological aspects of interpersonal & family relationships
Key topic discussed today

Time spent today?
- Child only
- Parent/child interactions
- Parent only
- Comments

What mention was there of support? (select all that apply)
- Baby’s mom
- Baby’s dad
- Grandparents
- Extended family
- Social network
- Social Services
- Faith-based
- Comments

Parent wants info regarding:
- Child’s development/education
- Housing
- Adult education
- Employment
- Medical care
- Social Services
- Counseling
- Other
- Comments

Referrals made &/or other follow up:
- Referral made
- Referral follow-up by professional
- Referral follow-up made by family

Reflection: The family and I connected today (select all that apply)
- Over the behavior of the child
- Over the key topic discussed today (note what it was)
- Over the discussion on family needs
- We didn’t connect because:
- Other

What was the “emotional temperature” of the encounter at the BEGINNING?
- Very warm, friendly, welcoming, enthusiastic
- Warm
- Cool
- Very cold, detached, unfriendly, unwelcoming, unenthusiastic

What was the “emotional temperature” of the encounter at the END?
- Very warm, friendly, welcoming, enthusiastic
- Warm
- Cool
- Very cold, detached, unfriendly, unwelcoming, unenthusiastic