SCREENING FOR ELIGIBILITY

A. Each program can determine point value and “most at risk” eligibility for their community
B. Parent/Caregiver’s name
C. Child name & date of birth
D. Characteristics to be included
   a. Homeless
   b. Youth in Care - Ward of the State/foster child/intact family involved with the Department of Children and Family Services
   c. Child/Family experiencing dep poverty (50% FPL)
   d. Child with developmental delays and/or disabilities or if the child has been identified by Early Intervention (EI) as having a developmental delay, but was determined ineligible for receiving EI services
   e. Substance abuse
   f. Mental Health concerns
   g. Domestic violence
   h. Incarceration/probation/parole of a family member
   i. Child protective services involvement
   j. Child shows developmental delay but no referral to Early Intervention at this time
   k. Developmental challenges (parent or child with 2 or more)
   l. Parent is a teen
   m. Poverty
   n. Recent immigrant/English language learner
   o. Parent is ward of the state
   p. Active military family
   q. Primary caregiver did not complete high school/GED
   r. Child/Family experiencing poverty (100% FPL)
E. Characteristics which may be included
   a. Chronic illness of parent or child
   b. Death in immediate family
   c. Caregiver other than parent raising the child
   d. High mobility
   e. Socially or geographically isolated
   f. Single parent
   g. Low birth weight/prematurity/failure to thrive
   h. Family consists of more than 2 children under the age of 5
   i. Unemployment
   j. Habitually truant sibling
   k. Family does not have a health care provider
   l. Family does not have basic utilities
   m. Birth trauma
   n. Migrant or seasonal worker
   o. Child in family, friend and/or neighbor (license-exempt) child care
F. If the family has other case management services, list services and agencies
G. If the family is referred to another agency, list the agency and date of referral
1. FAMILY INTERVIEW CHECKLIST

A. Basic Demographic Information for Mom/Dad/Baby/Family
   a. Full name
   b. Address
   c. Phone
   d. Ethnicity
   e. Educational status
   f. Marital status
   g. Employment status
   h. Family range of Income
   i. Language spoken in home
   j. Name, gender, and DOB of the child being screened
   k. Family structure of the child being screened
   l. Names and ages of siblings of the child being screened

B. Health History and Medical Information
   a. Pregnancy history
   b. Delivery history
   c. Birth weight
   d. Illness history including surgeries or hospitalizations
   e. Current health status
      i. Immunizations
      ii. Weight/height
      iii. Medications
      iv. Visioning screenings
      v. Hearing screenings
   f. Health provider

C. Developmental History
   a. History of screenings, assessments or evaluations
   b. Concerns
      i. Developmental
      ii. Behavioral
   c. Screening as part of eligibility
      i. Parent/guardian’s permission
      ii. Signature of parent under the age of 18
      iii. Signature acknowledging that screening results have been shared
      iv. Parent/caregiver receive a paper copy of screening results

D. Social Information
   a. Routines—Feeding, sleeping, center care
   b. Daily activities
   c. People and places in child’s environment
2. WELCOME LETTER or FAMILY AGREEMENT for ENROLLEMENT

A. Goals of the program
B. Parent/guardian’s responsibilities/expectations
   a. Intensity/location of scheduled visits
   b. Cancellation policy
   c. Expectations for group encounters
   d. Development of family goals
C. Home visitor’s responsibilities/expectations
   a. Cancellation policy
   b. Support provided
D. Recognition of mandated reporting status of program staff
E. Names of children enrolled
F. Date of enrollment
G. Signature of parent under the age of 18
H. Parent/guardian’s Signatures

3. CONSENTS

A. Release/Exchange of information
   a. What information will be released or exchanged
   b. From what agencies (list what is applicable from your community)
   c. Blank for “other”
   d. To whom is the recipient of the information
   e. A dated period of authorization (From __________ to __________)
   f. Revoking privilege
   g. Confidentiality statement
   h. Names of child(ren) and DOB
   i. Parent/guardian’s signatures
   j. Signature of parent under the age of 18
   k. Signature of a witness
   l. Date
B. Screening/Ongoing Developmental Assessments
   a. Authorization statement for developmental screening for eligibility
   b. Purpose of the developmental screen
   c. Authorization statement for ongoing developmental assessment
   d. Purpose of ongoing assessment
   e. Name of child
   f. Statement insuring the sharing of results
   g. A dated period of authorization (From __________ to __________)
   h. Parent/guardian’s signature
   i. Signature of parent under the age of 18
   j. Date
C. Photos and Video
   a. Authorization statement for photographing or videotaping
   b. Purposes
      a. Use in staff training and research
b. Use with program staff
   c. Public relations and social media
   
   c. Name of child
   d. A dated period of authorization (From________ to __________)
   e. Parent/guardian’s signature
   f. Signature of parent under the age of 18
   g. Date

4. FAMILY RESOURCE ASSESSMENT
   ***Every program will use this form to gather data to get it published.***
   
   A. Uses
      a. Assessing areas of strengths
      b. Assessing the areas of needs
      c. Identifying potential family goals based on strengths and needs
      d. Deeper information is gained as trust is built in the parent-professional relationship

5. INDIVIDUAL FAMILY GOAL PLAN
   
   A. Family demographic information (Parent interview)
   B. Brief history or description of the family (Parent interview)
   C. Parent’s dreams or goals
      a. For themselves
      b. For their family
      c. For their child
   D. Areas in which the family would like support (FRA)
   E. Areas in which the family states they would like support for their child (FRA)
   F. A list of community resource providers being accessed at the time the form was completed (FRA)
   G. A list of community resource providers being accessed as a result of the IFSP
   H. Goals (Set collaboratively with family)
      a. Parent/Caregiver goal
      b. Child goal
      c. Parent/Caregiver-child interactive goal
   I. Action steps
   J. Date goal was initiated
   K. Responsibility of parent/caregiver
   L. Responsibility of home visitor
   M. Projected timeline for the goal
   N. Date updated and progress made
      a. (S) Support = the topic/goal was brought up by the professional, not a priority of the family
      b. (NP) No Progress = A goal was made but not progress was documented
      c. (P) Progress = The topic/goal was determined to be a priority for the family, a goal was made and progress was documented
      d. (A) Accomplished = the goal was achieved
   O. Projected dates the plan will be reviewed
6. **TRANSITION PLAN**
   A. Child’s name
   B. Reason for transition
   C. Description of how the family feels about the transition
   D. Ideal outcome of transition
   E. Family strengths that will support transition
   F. Child’s strengths that will support transition
   G. Activities that will support a smooth transition
   H. Community agencies that will need to participate or be informed
   I. Questions regarding parents’ rights or responsibilities
   J. Referrals to send or obtain
   K. Goals of transition and timeframe
   L. Names/signatures of transition plan team
   M. Projected community providers to be accessed
   N. Dates the plan will be reviewed/actually reviewed
   O. Parent/guardian’s signature
   P. Signature of parent under the age of 18
   Q. Staff’s signature
   R. Date

7. **ANNUAL GOALS**
   A. Field related Knowledge, Skills and Dispositions (KSD)
   B. Self-reported strengths in KSD
   C. Self-reported areas of growth in KSD
   D. Supervisor reported strengths in KSD
   E. 2-3 goals for the year
   F. Professional development plan needed to meet goals
   G. Place for recording reflective practice
      a. Self-reported reflective practice notes (date and signature)
      b. Supervisor’s notes on reflective supervision (date and signature)
   H. Evaluation Notes based on reflective practice, observation using HOVRS A+ and other tools, list of PD, progress toward goals
      a. What progress was made toward changes in behavior? (How noted?)
      b. How did these changes impact my work?

8. **HOME VISITING OUTLINE (Preparation for a home visit)**
   A. Preparation
      a. What do I know about this family that will prevent me from having an open mind?
b. What materials does the family have in the home that I will support parent-child interactions?
c. What materials do I want to bring to support parent-child interactions?

B. Assessment
   a. Based on previous visits, what should I note in the environment?
   b. What is the availability of the family? Physically? Emotionally?

C. Affiliation
   a. What have I been “holding in my mind” about this family?
   b. What could be going on developmentally with the child?

D. Observation
   a. What do I specifically what to observe during this encounter?
      ii. About the parent-child relationship?
      iii. About the child’s development?
      iv. About the family system?

E. Developmental Behaviors
   a. What specific developmental behaviors to I want to support during this encounter?
   b. What specific activities may support these behaviors?
   c. What piece of Baby TALK curriculum will enhance the parent-child interactions?
   d. What IELG will be the foundation for the parent-child interaction?
   e. What parent-child interactions have I observed in the past that I will build on during this encounter?

F. System of Support/Baby TALK System of Care
   a. Based on previous encounters, do I need to provide a referral source for the family?
   b. Is there a part of the family system that I need to better understand?

9. PERSONAL ENCOUNTER DOCUMENTATION
   A. Date of Encounter
   B. Home Visitor’s name
   C. Location of Encounter
   D. Parent’s name
   E. Child’s name and DOB
   F. All participants at the encounter
   G. Discussion content regarding the child
   H. Behaviors Observed
      i. What meaning do the parents make of the child’s development?
      ii. How has the child’s behavior changed the family’s life?
   I. What interactions did you see between parent(s) and child?
   J. Engagement strategies used
      i. “Tell me about your baby?”
      ii. Using the behavior of the child as your language
      iii. Parental mastery
      iv. Predictable Touchpoint
      v. Family function
      vi. Child mastery
      vii. Using the pivot
K. Curriculum used  
   i. Baby TALK  
   ii. IELG  
   iii. Other  
L. System of support for family  
   i. New referrals  
   ii. Follow up to referrals  
M. Reflection  

10. GROUP ENCOUNTER DOCUMENTATION  
   A. Date of Encounter  
   B. Staff involved  
   C. Location of Encounter  
   D. Sign in for all participants  
   E. Description of Content/Agenda  
   F. Curriculum Used including IELG  
   G. Engagement Strategies  
      i. “Tell me about your baby?”  
      ii. Using the behavior of the child as your language  
      iii. Parental mastery  
      iv. Predictable Touchpoint  
      v. Family function  
      vi. Child mastery  
      vii. Using the pivot  
H. Observations  
   i. What interactions did I see—parent/child  
   ii. What interactions did I see—parent/parent  
   iii. What interactions did I see—child/child  
I. Concerns regarding any families in the group  
J. System of peer support  
   i. Did any family struggle to fit into the group?  
K. System of support  
   i. Referrals made  
   ii. Follow-up to referrals made  
L. Reflection