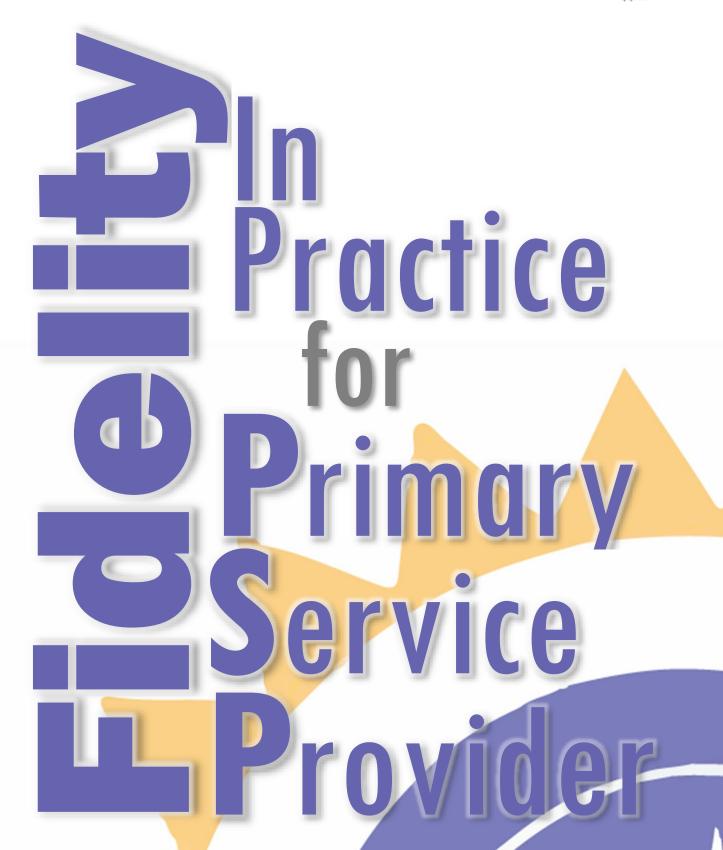# Manual

3/2/2020

Fidelity In Practice for Primary Service Provider

An Evaluation Tool for Early Intervention Teams Implementing a Primary Service Provider Approach to Teaming

The *Fidelity in Practice-Primary Service Provider (FIP-PSP)* tool was developed using the *Checklists for Implementing a Primary Service Provider Approach to Teaming (PSP)* (Shelden & Rush, 2013), a tool designed to support practitioners and programs in the implementation of a primary service provider approach. The original work for this tool was adapted to include specific indicators of effective and efficient practices adhering to the evidence-based characteristics and implementation conditions demonstrated when implementing the practices with fidelity.

The *FIP-PSP* is comprised of three checklists describing observable and/or tangible aspects of implementing a PSP approach to teaming: 1) *Checklist for Implementing a Primary Service Provider Approach to Teaming* (14 indicators), 2) *Checklist for Team Meeting* (13 indicators), and 3) *Checklist for Joint Visiting* (11 indicators).

The *Checklist for Implementing a Primary Service Provider Approach to Teaming* is comprised of two components: a) Establishing Teams (5 indicators) and Team Operations (9 indicators). The *Program Checklist for Using a Primary Service Provider Approach to Teaming* is intended to be used as part of (1) a conversation with or among team/program leaders and/or team members to determine the extent to which team organization and implementation are consistent with the characteristics and implementation conditions for using a primary service provider approach to teaming, or (2) by reviewing documentation of team structure, referral and assignment data, team meeting schedule, team meeting attendance reports, team meeting agendas, and Individual Family Staffing Reports. Each indicator is evaluated in terms of presence (Yes) or absence (No) as described in the accompanying guidance located on pages 5-14 in this manual.

The *Checklist for Team Meeting* is organized so that the indicators can be evaluated with regard to each of the three areas of the meeting agenda (i.e., primary coaching opportunities, welcomes, and quarterly updates). The indicators are intended be evaluated based on a live observation of a team meeting. The observer uses the three-point scale to evaluate the degree to which the meeting matches the indicator as describes on pages x-x in this manual.

The Checklist for Joint Visiting contains four parts: a) Before Visit with Parent/Caregiver (3 indicators), b) Before Visit with Secondary Service Provider (4 indicators), c) During Visit (2 indicators), and d) After Visit (2 indicators). The indicators are intended to be evaluated based on a live observation of a joint planning meeting, joint visit, and debriefing. The observer may or may not have been present to observe the "before visit" indicators and may need to gather this information through interview. The observer evaluates each indicator with regard to the primary service provider and the secondary service provider separately, using a "Yes" "No" checklist.

The FIP-PSP checklists can be used for several purposes:
- Program administrators, team leaders, and team members can use the checklists as the program is beginning to plan and/or implement use of the practices. The checklists can be used with increased frequency to establish the framework for team meeting and joint visits as well as an orientation tool.
- Coaches, supervisors, monitors, and mentors can use the checklists to determine the extent to which a team and the individual team members are implementing evidence-based PSP teaming practices. The checklists can be used when observing team meetings and joint visits in person, via technology, or video review and while meeting with a program manager or team leader to assess readiness for and adherence to the evidence-based characteristics of PSP teaming.
- A practitioner can use the *Checklist for Team Meeting* and *Checklist for Joint Visiting* to self-assess his/her own practices when serving in the role of PSP or SSP and during team meeting, or when planning, conducting, and debriefing joint visits. A self-assessment could be accompanied by reflection of the practices with a peer coach, supervisor, or mentor who also observed the PSP in action during a visit with a parent or care provider, during team meeting or planning, conducting, and debriefing a joint visit.

Instructions

- Be familiar with the checklists and description of each indicator prior to use.

- Complete the identifying information and date at the top of each checklist to be used.

- Take detailed notes during the observation/discussion. Many of the indicators can be scored only when the observer considers the observation in its entirety. A single observation most likely will not be adequate to demonstrate a practitioner's or team's consistent use of the practices. Multiple observations across team meetings and joint visits within a limited period of time (e.g., six weeks) will be required to identify trends in use or absence of each indicator. Use a new set of checklists for each observation.

- Following the observation, the observer should use notes to score each of the indicators on the relevant checklists. When completing the *Using a Primary Service Provider Approach to Teaming* checklist, the observer indicates "yes" if the indicator is observed directly, through review of documentation, or discussion. "No" is selected if no evidence of the indicator was seen or reviewed or no opportunity was provided to document implementation of the indicator.

- When using the Checklist for *Using a Primary Service Provider Approach to Teaming*, select yes when the information gathered through observation, interview, and document review illustrate the practices described in the guidance. Select "No" when the information gathered does not illustrate the practices described in the guidance or more closely illustrates the examples associated with the 'Select "no"' column of the guidance.

- When using the Checklist for *Team Meeting,* the observer evaluates each indicator for each part of the team meeting agenda. Within each part of the team meeting, the observer considers the degree to which the observed behaviors illustrated the examples in the guidance. When the team behavior for an agenda section illustrates the guidance for that indicator consistently throughout the entire agenda section, select "All the time." When the team behavior for an agenda section is sometimes consistent with the guidance and sometimes inconsistent with the guidance (or closely matches the 'Select "No"' part of the guidance, select "Sometimes." When the team behavior during the meeting does not match the guidance for that indicator at all during that section of the agenda, select "Not at all."

- When using the *Checklist for Joint Visiting,* the observer considers each indicator in terms of the PSP and the SSP separately. Some items are only relevant to the PSP, and are shaded out for the PSP. Select "Yes" for each indicator when the PSP or the SSP demonstrate the indicator consistent with the descriptions in the guidance or "No" when the practices used do not illustrate the guidance or closely resemble the guidance in the 'select "No"' column.

- Some items on some checklists can only be scored by interviewing program administrators (e.g., most of the indicators on the *Checklist for Using a Primary Service Provider Approach to Teaming*), team members (e.g., you would ask the practitioner how the need for a joint visit was determined in order to evaluate *Checklist of Joint Visiting* indicator #3), or reviewing documents (e.g., you would review the meeting agenda in order to evaluate *Checklist for PSP Team Meeting* indicator #3).

- Refer to the *FIP-PSP Descriptions* for guidance.

- Debrief with the team after each observation using the guidance located on page 4, and develop a joint plan for continuous improvement.

Terms Used in the FIP-PSP

Facilitator—consistent member of the team responsible developing the team meeting agenda, leading the meeting, and ensuring that all team members adhere to the team ground rules.

Fidelity—adherence to both the proper execution of specific practices and the effective coordination of all the practices as they are intended to be combined (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).

Individual Family Staffing Report—a tool to assist the team member presenting information in preparing for the team meeting and documenting a plan developed as part of the discussion in the meeting (Shelden & Rush, 2013) (available at www.FIPP.org).

Joint Visit—a visit in which a secondary service provider (SSP) accompanies the primary service provider (PSP) in order to provide support whenever a question or issue arises for the PSP, family members, other care providers, or other team members.

Joint Visit Planning Tool—a tool to assist the primary service provider with identifying the question or issue necessitating the joint visit, collecting relevant background information, and planning the visit with the secondary service provider (available at www. FIPP.org).

Most Likely Primary Service Provider (MLPSP)—the team member identified as a potential primary service provider for a family when the team uses the *Worksheet for Selecting the Most Likely Primary Service Provider* based on information gathered from the family throughout the referral, intake, evaluation, and assessment process prior to the development of the Individualized Family Service Plan (IFSP).

Parent—In these scales, the term refers to all parents and/or additional family members who interact regularly with the child.

Primary Coaching Opportunity (PCO)—a team meeting agenda item used for the primary service provider to obtain necessary resources and supports from other team members to address family priorities and child needs (Shelden & Rush, 2013).

Primary Service Provider (PSP)—a member of a multidisciplinary team who has been chosen by the early intervention team as the primary team member to provide services to the family with support from the entire team (Shelden & Rush, 2013).

Quarterly Update—a team meeting agenda item used to bring all children and families served by the team to the attention of the full team on at least a quarterly basis.

Reflective Questioning—Methods of providing the coachee opportunities to analyze knowledge, skills or strategies, to generate alternatives when desired, and develop action plans to improve knowledge and skills. Examples include awareness, analysis, alternatives, and action questions (See Rush & Shelden, 2011 pp. 66-67 for detailed descriptions).

Secondary Service Provider (SSP)—a member of multidisciplinary team who has been identified by the team to provide necessary supports to the primary service provider during a team meeting, joint visit, and/or other conversations between meetings or visits interactions outside of the team meeting.

Welcome to the Program—a team meeting agenda item used prior to the development of the Individualized Family Service Plan and initiation of services to ensure that all team members have knowledge of children and families referred and newly enrolled in the catchment area served by the team.

Every observation should be debriefed, preferably with the team as a whole or the team's leadership members (or the individuals involved in the case of the Checklist of Joint Visiting) on the same or next day. The debriefing conversation is an opportunity for the team/team member to reflect on his/her/their experiences during the team meeting or joint visit and learn more about the practices. During the debriefing, the observer should gather information from the team/team member about his/her/their understanding of and use of evidence-based practices during the team meeting/joint visit and partner with the team/team member to develop a plan for continued improvement. The observer can use the following questions to guide the conversation:

How did/do the team operations/team meeting/joint visit match the practices?	Listen for the team members to describe elements of the meeting/joint visit and analyze. If the team members do not compare and contrast the team meeting/joint visit to the practices, the observer should ask more probing questions, such as: • What parts do you think were a match with the team meeting/joint visit practices? • What parts deviated from evidence-based practices? How did you decide to do that? The observer may choose to provide feedback (additional information or his/her own feedback about the observation) after the team members reflects.
What did team members learn from the team meeting/joint visit?	Listen for the team members to describe knowledge, skills, and self-attribution gained as a result of the team meeting/joint visit. The observer should discuss how he/she knows that learning occurred. • What did the team member/team change because of the team meeting/joint visit? • What did the team member gain from having this team meeting/joint visit?
What was your role in impacting that?	Listen for the team members to attribute successes and challenges to his/her/their role during the team meeting/joint visit. If the practitioner does not self-attribute, the observer should ask more probing questions, such as: • What did you do to make that happen? • What was your contribution to the team/team member's learning?
What else do you think you or other team members could have done to ensure the team meeting/joint visit matched the practices?	Listen for multiple alternative ideas from the team. If the team is unable to describe an alternative idea, the observer should provide a prompt, such as: • What information does the literature/tools/policies provide that could help you develop some ideas? • How could you and/or the team use those ideas in the future? After the team has an opportunity to reflect, the observer may choose to provide additional ideas for the team to consider, show the team members where they can find additional information/resources, or affirm the team's ideas.
How would those ideas have changed the outcome of the meeting/joint visit?	Listen for the team member's analysis of the ideas. If the team does not analyze the ideas, the observer should provide more probing questions, such as: • How would you use that idea if the same thing were to happen next time? After the team has an opportunity to reflect, the observer may choose to provide additional information, affirmation, or provide the team with an opportunity to try his/her ideas.
What are the next steps for strengthening the functioning of the team?	Listen for a specific join plan with action steps and timelines. If action steps or timelines are unclear or missing, use the following prompts: • How will you do that? • When will you have that completed? • What resources or supports will you need to accomplish those steps?

Guidance for Implementing a Primary Service Provider Approach to Teaming		
	Select "Yes" when the practices look like this:	**Select "No" when the practices look like this:**
1 The team(s) is (are) organized by geographical area (i.e., zip code, county, school district, etc.	Program uses referral data to determine how children/families are dispersed or clustered across the area served. AND Program develops teams based on a clearly defined catchment area (i.e., zip code, county, school district, township, etc.).	Team(s) do not have a defined catchment area. OR Catchment area crosses into the area of another team. OR Referrals are made to the team based on availability, administrator/service coordinator/provider preference, or needs of child/family.
2 The number of teams and team members is commensurate to the number of referrals in the identified geographical area.	The program has a formula to determine the number of teams and team members necessary to serve the children referred to the program. AND The formula takes into consideration geographic conditions that impact drive time. AND The formula is based on the premise that a team of at least four full-time practitioners can serve approximately 100-125 families when drive time does not exceed 30-45 minutes for a one-way trip.	No formula is used to determine the number of teams and team members. OR Team creates a formula that does not take into in consideration the number of referrals, the number of team members, and the geographical conditions that impact drive time. OR Caseload exceeds the recommended number and team members cannot meet the needs of the families assigned to the team (i.e., inability to schedule visits in a timely manner, not meeting required timelines, etc.). OR Program uses one large team with duplication of multiple disciplines on the team. OR Team members for each family are selected from a group of providers employed by or contracted to the program.
3 Each team minimally consists of an early childhood educator and/or early childhood special educator, occupational therapist, physical therapist, and speech-language pathologist.	Each team minimally consists of an early childhood educator and/or early childhood special educator, occupational therapist, physical therapist, and speech-language pathologist. Additional disciplines such as social worker, psychologist, nurse, nutritionist, visual consultant, hearing consultant, behavior analyst/specialist, audiologist, physician, etc. may also be members of the core team. AND When less than one full-time equivalent (FTE) of a particular discipline is available or is not needed due to lower enrollment, the program contracts with/hires the practitioner for at least 16 hours per week to allow for team meeting time, joint visits, and flexible scheduling as the PSP or SSP.	Team lacks an early childhood educator and/or early childhood special education teacher, occupational therapist, physical therapist, and/or speech-language pathologist. OR Para-educators and/or therapy assistants/aides are used in place of a licensed teacher/therapist. OR Program refers to clinic-based services outside of early intervention due to lack of availability of a particular discipline.

4 *The role of service coordination is filled by an individual solely responsible for service coordination, or a service provider on the team.*	Service coordination is provided by a consistent, dedicated service coordinator from the team (i.e. dedicated service coordination). OR Service coordination is provided by a consistent service provider from the team (i.e., blended service coordination). AND Service coordination is provided to each family by a consistent member of the team prior to and following the development of the initial IFSP. AND Enough team members provide service coordination to meet the caseload guidelines established by the state.	Team lacks the number of dedicated service coordinators or persons serving in a blended role necessary to meet caseload requirements. OR Team uses interim service coordinator for the initial IFSP in order to achieve the 45-day timeline.
5 *Teams have an identified team leader.*	Teams have an identified team leader who may or moy not be a service provider or service coordinator on the team AND The team leaders is consistent over time.	Team does not have an identified leader. OR Leadership is passed from team member to team member.
6 *All therapists and educators on the team are available to serve as a primary service provider.*	All service providers are available to serve as a primary service provider. AND A dedicated service coordinator is not the primary service provider.	One or more team members are not eligible to serve as the PSP due to limited availability to the team. OR One discipline (i.e., developmental specialist, special instructor, early childhood educator/special educator, nurse) always serves as the PSP with therapists consulting/coaching as needed. OR Para-educators and/or therapy assistants/aids are used as the PSP with support from the licensed educators and/or therapists.
7 *The team consistently uses a PSP to support each family.*	In a blended service coordination model, every family has an assigned primary service provider who is not a dedicated service coordinator. OR In a dedicated service coordination model, every family has a primary service provider who is not a dedicated service coordinator.	More than one team member is selected to serve as the PSP (e.g., team perceives additional team members are needed due to perceived needs of the family, severity or breadth of the child's delays or diagnosed syndrome/condition or limited availability of the preferred PSP). OR Multiple team members are assigned to work with the family at different times.
8 *The primary service provider for a family changes as infrequently as possible (i.e., rarely changes).*	PSP changes are rarely made, and if they are it is due to: (1) a need for ongoing, long-term support from at least one other SSP, or (2) child progress or changes result in lack of knowledge and/or skill of PSP to continue to provide support, or (3) conflicts between PSP and parent prevent a continued relationship. OR PSP leaves the program and must be replaced.	PSP changes based solely on IFSP outcomes or plan to address only one developmental domain at a time. OR PSP changes based solely on new physician prescription. OR PSP changes based on new diagnosis.
9 *The IFSP team considers the MLPSP in light of the child and family outcomes and formally assigns the PSP at the IFSP meeting.*	MLPSP is selected by the team, based pm the team's knowledge of child and family priorities.	MLPSP is selected based on child disability, diagnosis, test scores, responses to test items, or physician description. OR MLPSP is selected based on any single child/family characteristic. OR MLPSP is selected based on any one team member's opinion.

MANUAL   **USING A PRIMARY SERVICE PROVIDER CHECKLIST**
GUIDANCE FOR IMPLEMENTING A PRIMARY SERVICE PROVIDER APPROACH TO TEAMING

● **PAGE 6** ●

10	The team meets at least once every other week.	The team meets less frequently than every other week.
The team has regular (no less frequently than every other week) team meetings.	AND The team has space or technology that enables members to hear and interact with one another reliably.	OR The team does not have the space or technology to enable interactions among team members.
11	The meeting is led by the same person each time who is competent facilitating the group.	The meeting has no facilitator.
The team has assigned a consistent team meeting facilitator.	AND The team has a back-up facilitator when the regular facilitator is ill or on leave.	OR Meeting facilitation is rotated among team members. OR The meeting is led by a person who lacks competence at facilitation.
12	The team uses ground rules that include how members will (1) support the efficient and effective use of team members' time, (2) use family-centered practices, and (3) ensure respectful interactions among team members.	Team does not appear to have ground rules for meetings and/or interactions.
The team has written and posted ground rules for the team meeting and team member interactions.	AND Ground rules are revisited when team membership changes.	OR The team ground rules are not written and posted. OR Ground rules do not include how members will (1) support the efficient and effective use of team members' time; (2) use family-centered practices, and (3) ensure respectful interactions among team members. OR Ground rules are not revisited when team membership changes.
13	Team meeting is organized in a way that ensures team members have sufficient time to give and receive support to and from one another.	Team meeting is used as an administrative staff meeting to conduct other program business.
The team meeting is used exclusively to share information among team members as families move through the early intervention process and for primary service providers to receive coaching from other team members.	AND The team meeting assists in moving families efficiently through the early intervention process by providing team members time for sharing information to identify the PSP, coordinate evaluation personnel, select IFSP team members, monitor intervention, and schedule transition meetings.	OR Team meeting is primarily used for training rather than discussions to support specific families and the PSP. OR Team meeting is used for each staff member to "report out" about families he/she serves without providing time to build the PSP's capacity to support the family. OR Team meeting is used primarily for scheduling and connecting with other team members.
14	Families know when they are scheduled to be discussed during team meeting.	Families are not aware that the team meets and/or their family will be discussed.
Families are notified when they will be discussed at team meeting and are invited to share information.	AND Primary service providers ask families for input and/or questions they may have for the team. AND Family participation (in person or via technology) is only during the portion of the meeting when their child is discussed.	OR Families attend portions of the team meeting that do not pertain to them. OR Families are not invited to participate or asked to share input or questions with the team.

Guidance for
PSP Team Meeting

		Select "Observed" when the practices look like this:	Select "Not Observed" when the practices look like this:
1	The facilitator ensures the meeting starts and stops on time.	The facilitator shows respect for team members and helps to ensure that all team members are present for the entire meeting by starting and stopping the meeting on time. AND The facilitator monitors the time for each agenda item to ensure enough time to accomplish all agenda items within the designated team meeting time period. AND Facilitator brings conversations to a close in order to move through the agenda at a timely pace.	The facilitator starts the meeting late and/or allows the meeting to run past the designated end time. OR The facilitator does not adequately monitor the time, therefore, some agenda items are not discussed.
2	All team members are present for the meeting.	All team members are present for all parts of the team meeting either in person or virtually and when participating virtually are visible. AND Members are only absent when sick or on scheduled leave.	Team members arrive late. OR Team members leave early. OR Team members are not present for the meeting for reasons other than vacation, illness, or a personal family issue (e.g. attend an IEP transition meeting; home visit). OR Team members leave the meeting for more than a couple of minutes (i.e., a quick rest room break, an emergency call).
3	A pre-published agenda is used to guide the team meeting.	The facilitator creates an agenda that is accessible to all members of the team prior to the team. AND Team members guild the agenda prior to the team meeting. AND The facilitator assigns approximate times for each agenda item to ensure that all items can be addressed during the designated team meeting time period. AND The facilitator follows the agenda. AND The facilitator prioritizes critical agenda items to ensure they are discussed during the allocated time. AND The facilitator moves Quarterly Updates to the following week's agenda if necessary to ensure time for critical items.	The facilitator does not use an agenda. OR The facilitator does not make the agenda accessible to all members in advance of the meeting. OR Agenda sections are not used as intended. OR The facilitator allows team members to build or revise the agenda during the meeting time. OR The facilitator has an agenda but allows the desires of the group to dictate which items are discussed and for how long. OR The facilitator does not monitor the agenda for critical items.

Team members participate in the meeting.	**4**	Team members demonstrate active listening behavior (e.g., looking at the speaker, nodding, taking notes). Team members contribute to the conversation by asking reflective questions and providing feedback. AND Team members allow one another to ask questions and provide feedback without dominating the conversation or interrupting colleagues. AND The facilitator monitors the amount of time each team member talks during the meeting. OR The facilitator cues more talkative team members about how much time they have for their comments. OR The facilitator prompts participation of team members when needed. OR The facilitator calls on specific team members to encourage participation.	The facilitator allows some team members to dominate the discussion or seeks input from only certain members. OR Some team members have information to share, but are unable to gain entry or are not invited into the discussion by the facilitator. OR The facilitator does not read non-verbal cues of other team members when the conversation needs to be redirected. OR The facilitator closes the discussion prematurely. OR Team members are distracted by non-team-meeting activities during the meeting (e.g., texting, emailing, paperwork). OR Team members are engaged in side conversations with one another when other team members are presenting to the group. OR Team members appear to be disengaged (e.g., staring into space, closing eyes).
Team members always speak about families in a respectful manner.	**5**	Team members speak about families as though they are sitting at the table. AND Team members only share necessary information about families. AND Team members share information about families in a positive, strengths-based way. AND Team members refer to families by their preferred names.	Team members speak about families in negative terms (e.g., condescending, judgmental, make fun of) OR Team members share confidential or sensitive information that is not necessary for team support. OR Team members focus on family deficits or refer to families or family dynamics in a deficit-based manner (e.g., strange, unusual, weird, sad). OR Team members refer to family members as "Mom," "Dad," "Foster Dad," or "Real Dad." OR Team members use negative gestures or facial expressions in response to information shared about a family.
Team members use the Primary Coaching Opportunity agenda item to obtain support from other team members.	**6**	Practitioner raising a Primary Coaching Opportunity (PCO) states a question or issue and the type of support sought. OR Team members seek clarification of the question or issue and the type of support sought. AND Team members asks sufficient reflective questions to understand what the practitioner knows and is doing for the purpose of providing appropriate and evidence-based feedback. AND Practitioner raising a PCO is forth coming with information and is open to receiving questions and feedback from team members. AND Facilitator reminds team members to stay on topic when needed.	Practitioner provides details about the child or family without stating the question or issue up front. OR Practitioner is not clear about what his/her question or issue is or type of support needed. AND Team members do not ask for clarification of the question or issue. OR Team members ask some questions, but not enough to become aware of the practitioner's knowledge on the topic or current supports provided. OR Practitioner becomes defensive when reflective questions are asked or feedback is provided.

7	The most likely primary service provider is selected during a team meeting based on "long-term view" and using the *Worksheet for Selecting the Most Likely Primary Service Provider*. AND Team members collectively brainstorm the needed knowledge and expertise to serve a family (during Welcomes). AND Team members consider all the criteria prior to selecting a PSP. AND Team members volunteer to serve as the PSP when their expertise matches the needs of the family. AND Team members discuss the options for PSP and share information needed to make an informed decision (during Welcomes). AND Team members use the Welcome agenda item to provide updates prior to the initial IFSP.	The PSP is selected between meetings. OR The PSP is selected without a team discussion. OR PSP is selected based on one criteria, rather than through consideration of all the criteria listed on the *Worksheet for Selecting the Most Likely Primary Service Provider*.
Team members use Welcome agenda item to select the most likely PSP and provide updates through initial IFSP process.		
8	Team members take no more than a few minutes to share information about the length of time having worked with the child/family, frequency of visits, child's past and current activity settings, progress toward IFSP outcomes, and next steps for continued intervention. AND Team members ask questions or provide feedback when needed. AND All team members present sign the staffing report indicating they are present and in agreement with the next steps.	Team members take more than five minutes to share information. OR Team members leave out essential information (i.e., length of time having worked with the child/family, frequency of visits, child's past and current activity settings, progress toward IFSP outcomes, and next steps) OR Team members do not sign the staffing report indicating they are present and in agreement with the next steps.
Team members use Quarterly Update agenda item to provide status updates on progress toward child and family outcomes.		
9	Facilitator uses or observes team members use open-ended questions to ensure the presenter has a plan for next steps before moving to the next agenda item (e.g., "What is your plan?" or "How will you approach that? or "What supports do you need?"). OR The facilitator uses open-ended questions to check with the team member presenting to ensure his/her needs are met before moving to the next agenda item (e.g., "How did we do meeting your needs?"). AND The plan is consistent with evidence-based early intervention practices.	Team members tell the presenter what his/her plan should be. OR The facilitator moves immediately to the next presenter at the conclusion of the discussion or sharing of information without ensuring a plan has been made. OR The facilitator suggests how the team member's needs were or can be met. OR The plan is inconsistent with evidence-based early intervention practices.
Each team member presenting has a plan.		

10 PSP and SSP have a plan to meet prior to the date of the joint visit.	Facilitator prompts or observes team members beginning to plan the joint visit during the team meeting. OR Facilitator prompts or observes team members take time during the team meeting to schedule planning time prior to leaving for the joint visit.	Team members do not discuss a plan for getting together to make the joint visit plan OR Team members only schedule a joint visit without scheduling planning time. OR Team members only intend to plan on the way to the visit.
11 Team members use a coaching interaction style to provide support to one another.	Team members prompt one another to reflect on what he/she has done and could do. AND Team members determine what one another already knows, has done, or is thinking prior to offering information or ideas. AND Team members provide evidence-based information and ideas when needed. AND Team members ensure the person requesting support has a concrete plan to move forward.	Team members do not support one another using reflective questions. OR Team members jump to making suggestions, providing resources, and/or telling the presenter what to do before finding out what the presenter knows or has tried. OR Team members ask too many questions before providing information or ideas. OR Multiple team members attempt to coach the presenter at the same time. OR Team members miss the opportunity to share evidence-based information. OR Team members end the conversation without asking the presenter about a concrete joint plan.
12 The *Individual Family Staffing Report* is used to organize and document a presentation.	Team member presenting primary coaching opportunity or quarterly updates use the *Individual Staffing Report* to organize the presentation. OR The facilitator directs team members to the bullets on the *Individual Family Staffing Report* to help guide the discussion when members veer off track. OR The staff member presenting the quarterly update or primary coaching opportunity ==circulates the *Individual Family Staffing Report* during the meeting.==	The presenter does not use the *Individual Family Staffing Report* to organize the presentation. OR Team members share too much nonessential information. OR Other team members ask for nonessential information. OR The facilitator asks unnecessary questions or shares unnecessary information. OR ==The *Individual Family Staffing Report* does not circulate during the meeting.==
13 Team members follow the meeting ground rules.	All team members adhere to the ground rules. OR The facilitator intervenes to prompt team members to follow the ground rules. OR Team members hold one another accountable for following ground rules in the meeting. OR The facilitator stops the meeting to reflect on the team's adherence to ground rules and helps the team make a plan for consistent use.	The facilitator does not follow the team ground rules. OR The facilitator does not address violation of team meeting ground rules and/or team member interactions with one another. OR The facilitator does not stop the meeting when apparent violations of team rules occur.

			Select "Observed" when the practices look like this:	Select "Not Observed" when the practices look like this:
Before Visit with Parent/Caregiver	Determine the need for a joint visit.	**1**	Parent and PSP identify an issue they believe the PSP cannot address. OR Parent wants to interact with a team member from a specific discipline. OR Parent and PSP seek affirmation they are on the right track.	PSP independently decides he/she needs a team member from another discipline to joint visit. OR PSP believes child needs a "dose" of another service. OR Joint visits were predetermined and written into the IFSP regardless of the need.
	Identify the context (activity setting) for the joint visit.	**2**	PSP and parent work in partnership to develop a context that is shared with the SSP during planning for the joint visit. AND Context for visit is clearly established based on the role of the secondary provider. AND In cases related to child learning, a clear activity setting is chosen. OR In cases related to family and community resources and supports, a time when the parent is available to talk is agreed upon with the caregiver prior to the planning session with the SSP.	There is no context, context is not discussed in planning, the skill is the focus of the visit, or the visit is clearly disruptive to the family's routine. OR PSP and caregiver plan to have the visit whenever it is convenient for the SSP without regard for the context or the family's need.
	Work in partnership with parent to identify what will happen in the joint visit.	**3**	PSP and parent have a clear plan for questions the parents will ask and roles of the primary practitioner and the caregiver.	The plan lacks depth of the topics to be discussed. OR The roles of each person participating in the joint visit are not discussed with the caregiver. OR The practitioner asks SSP to come on a visit without telling or planning with the caregiver.
Before Visit with Secondary Provider	Clarify the reason for the joint visit (i.e., his/her need for support).	**4**	PSP shares his/her question or concern that lead to the need for a joint visit. AND PSP shares any background information necessary for the SSP to understand the purpose of the visit and the need for a joint visit. AND SSP asks questions to clarify the rationale, timing, intended outcomes, and/or need for support.	PSP unilaterally decides that the SSP should do something to the child or for the parent (e.g., use a specific feeding technique). OR The SSP agrees to do what the PSP unilaterally decides without asking clarifying questions or engaging in a discussion.
	Clarify the context for the joint visit	**5**	Context for visit was clearly established based on identified need for the SSP. AND In cases related to child learning, a clear activity setting is shared with the PSP. OR In situations related to family and community resources and supports, a time when the parent is available to talk is shared with the SSP.	PSP does not share the context for the visit. OR PSP and SSP are focusing only on skills and strategies without regard context. OR PSP or SSP tell the other when the visit will occur, and it is not during a regular activity setting (if the visit is related to child learning).

		6	The planning phase follows the items on the *Joint Visiting Planning Tool.* *AND* PSP and SSP plan what each person will and will not do. AND PSP and SSP plan who will take the lead for the visit. AND PSP and SSP plan the strategies and/or topics that will be covered. AND PSP and SSP plan how time will be spent during the visit.	The PSP and SSP follow part of the *Joint Visiting Planning Guide* or one tells the other rather than engaging in a coaching conversation (without the other person using coaching to return conversation to coaching process). OR The PSP and SSP do not discuss a plan. OR The PSP and SSP have a plan, but it lacks details of topics/strategies/reflective questions to be covered, or feedback needed. OR The plan does not detail the interventions, the order of the information to be covered, or the details of the parent's concerns.

PSP and SSP plan what is going to happen during the visit..

During Visit

Initiates the joint visit.

		7	PSP introduces the SSP. AND The PSP and family review the reason for the visit. AND The PSP and the family update SSP around the plan. AND The PSP asks the family to review what has already been tried.	SSP leads the visit from the beginning. OR PSP initiates the visit without involvement of the family. OR PSP tells SSP what has already been tried without involvement of the family. OR PSP or SSP does not ask for detail regarding what has already been tried or what family knows. OR PSP and family do not share what has been tried or what family knows.
		8	PSP and SSP implement plan for what will be accomplished during the visit. AND PSP and SSP implement plan for agreed upon roles. AND The PSP or the SSP catch any divergence in topics covered or what each person will do and verbally resolves it within a few minutes. OR PSP and SSP agree verbally to any changes to the plan before the changes are implemented.	PSP or SSP diverges from plan for part of the visit without discussing change in advance. OR PSP and SSP do not maintain the plan for who is going to do what during the visit. OR When the plan diverges neither the PSP or SSP correct it.
		9	PSP, SSP and parent have a clear plan for SSP follow-up prior to leaving the visit.	Any one team member unilaterally decides plan for SSP follow-up. OR No plan is created for SSP follow-up prior to the end of the visit.

PSP and SSP maintain agreed upon plan.

PSP and parent plan for future follow-up with SSP as part of the joint plan.

After Visit	PSP and SSP debrief the visit to build PSP competence and confidence to provide ongoing support to the family.	**10**	The PSP and SSP schedule a set time to jointly debrief the visit. AND PSP and SSP clarify that the purpose of the joint visit was accomplished. AND The SSP uses coaching to help the PSP to reflect on his/her knowledge and skills as a result of the visit. AND SSP uses coaching to help the PSP make a plan for continued use of new knowledge and skills gained as a result of the visit. AND The PSP and SSP follow-up on the effectiveness of the planning; the role of each person; and effectiveness of joint visit in supporting the PSP, family, and child.	PSP or SSP the other person when or if they will meet. OR PSP and SSP do not clarify that the purpose of the joint visit was accomplished. OR SSP gives feedback to the PSP without prompting the PSP to reflect. OR SSP assumes the PSP will know how to use new knowledge and skills in the future. OR PSP and SSP review the visit without discussing the process of planning, determining roles, and providing support during the visit. OR PSP and SSP do some follow-up, but not on all parts of the visit.
	PSP debriefs joint visit with family.	**11**	PSP prompts the family to reflect on their comfort with the process used by the PSP and SSP. AND PSP prompts the parent to reflect on new knowledge or skills learned as a result of the visit if this was the intended outcome of the visit.	The PSP does not debrief with the family. OR PSP tells the parent how the visit went, or makes evaluative remarks about the joint visit. OR PSP tell the parent what he/she learned from the SSP.

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