

Name: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

# FINESSE

## FAMILIES IN NATURAL ENVIRONMENTS SCALE OF SERVICE EVALUATION

Directions: This scale focuses on your program's typical and ideal practices in providing quality, family-centered services to children with special needs birth to 5 years old. The scale consists of 17 items that address various program components. Each item can be scored from 1 to 7. In rating each item, first read all of the descriptors. On the scale above the descriptors, circle the number that best represents your program's **typical** response. Then, on the scale below the descriptors, circle the number that represents where you would like you program to be (**ideal**) on this dimension. Use the even numbers if your program falls between the descriptors specified under the odd-numbered headings.

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## 1. Written Program Descriptions (brochures, flyers, etc.)

*Typical Practice*

1	2	3	4	5	6	7
Written materials exclusively <b>describe</b> services for the child only, such as therapy and instruction.	Written materials <b>emphasize</b> services for the child only, such as therapy and instruction.	Written materials <b>emphasize</b> services for the child only, such as therapy and instruction.	Written materials <b>emphasize</b> services for the child only, such as therapy and instruction.	Written materials <b>mention</b> emotional, informational, and material support for families.	Written materials <b>mention</b> emotional, informational, and material support for families.	Written materials <b>emphasize</b> emotional, informational, and material support for families.

1	2	3	4	5	6	7
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*Ideal Practice*

## 2. Initial Referral Call

*Typical Practice*

1	2	3	4	5	6	7
Person handling the initial referral call describes the program <b>solely</b> in terms of therapy and instruction for children.	Person handling the initial referral call describes the program <b>primarily</b> in terms of intervention for children.	Person handling the initial referral call describes the program <b>primarily</b> in terms of intervention for children.	Person handling the initial referral call describes the program <b>primarily</b> in terms of intervention for the child and <b>mentions</b> support to families.	Person handling the initial referral call describes the program <b>primarily</b> in terms of intervention for the child and <b>mentions</b> support to families.	Person handling the initial referral call describes the program <b>primarily</b> in terms of intervention for the child and <b>mentions</b> support to families.	Person handling the initial referral call describes the program <b>primarily</b> in terms of support to families.

1	2	3	4	5	6	7
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*Ideal Practice*

### 3. Intake

*Typical Practice*

1	2	3	4	5	6	7
Intake consists <b>entirely</b> of a description of services, especially therapy and instruction for the child.	Intake consists <b>primarily</b> of a description of services, especially therapy and instruction for the child.		Intake consists primarily of a description of child intervention and includes <b>some</b> questions to find out what questions the family wants answered.			Intake consists <b>primarily</b> of questions to the family about what questions they would like answered and of questions to get to know the family.

*Ideal Practice*

1	2	3	4	5	6	7
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### 4. Assessment for Intervention Planning

*Typical Practice*

1	2	3	4	5	6	7
Only <b>standardized instruments</b> that focus on traditional developmental domains are used for intervention planning.	<b>Curriculum-based instruments</b> that focus on traditional developmental domains are used for intervention planning.		Curriculum-based instruments and routines-based interviews that focus on <b>both</b> traditional developmental domains and family functioning, child engagement, social relationships and independence are used for intervention planning.			<b>Routines-based interviews</b> that focus on family functioning, child engagement, social relationships, and independence are used for intervention planning.

*Ideal Practice*

1	2	3	4	5	6	7
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## 5. Identifying Family Needs

### Typical Practice

1  
Professionals do **not** ask parents about their concerns and priorities.

2  
Professionals **ask** parents about their concerns and priorities during IFSP meetings.

3  
4  
Professionals **occasionally** (e.g., twice yearly) have conversations with families about families' aspirations.

5  
6  
7  
Professionals **regularly** (e.g., monthly) have conversations with families about families' aspirations.

### Ideal Practice

1

2

3

4

5

6

7

## 6. Intervention Planning Meetings

### Typical Practice

1  
During IFSP/IEP meetings, professionals **primarily** discuss test scores and services offered by the program; parents listen.

2  
3  
During IFSP/IEP meetings, professionals **occasionally** discuss test scores; meeting focuses on child deficits and services; parents mostly listen.

4  
5  
6  
During IFSP/IEP meetings, professionals **discuss child/family needs and functional intervention strategies**; parents are actively involved in discussion (not routines-based).

7  
During IFSP/IEP meetings, parents discuss routines, priorities, & concerns; professionals **ask questions & listen**.

### Ideal Practice

1

2

3

4

5

6

7

## 7. Outcome/Goal Selection

### Typical Practice

1	2	3	4	5	6	7
Outcomes/goals are selected from <b>tests, curricula, and checklists.</b>	Outcomes/goals are selected from <b>professional recommendations.</b>	Outcomes/goals are selected from <b>family concerns</b> (not a routines-based interview).	Outcomes/goals are selected from <b>family concerns</b> (not a routines-based interview).	Outcomes/goals are selected from <b>family concerns</b> (not a routines-based interview).	Outcomes/goals are selected from <b>family concerns</b> (not a routines-based interview).	Outcomes/goals are selected from a <b>routines-based interview.</b>

### Ideal Practice

1	2	3	4	5	6	7
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## 8. Family Outcomes/Goals

### Typical Practice

1	2	3	4	5	6	7
Only <b>child</b> outcomes/goals are included in the IFSP/IEP.	Only <b>child-related family</b> outcomes/goals are included in the IFSP/IEP (along with child goals).	Only <b>child-related family</b> outcomes/goals are included in the IFSP/IEP (along with child goals).	Only <b>child-related family</b> outcomes/goals are included in the IFSP/IEP (along with child goals).	Family <b>involvement</b> outcomes/goals and child-related family goals are included in the IFSP/IEP (along with child goals).	Family <b>involvement</b> outcomes/goals and child-related family goals are included in the IFSP/IEP (along with child goals).	Family goals <b>unrelated</b> to the child are included in the IFSP/IEP (along with child goals).

### Ideal Practice

1	2	3	4	5	6	7
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## 9. Outcome/Goal Purpose

### Typical Practice

1	2	3	4	5	6	7
Purpose for each outcome/goal is <b>not clear</b> .	Purpose for each outcome/goal is simply <b>overall improvement</b> in a general developmental or skill area (e.g., talking).		Purpose for each outcome/goal is stated <b>implicitly</b> (i.e., we can guess why we're working on it).			Purpose for each outcome/goal is stated <b>explicitly</b> (i.e., we know exactly why we're working on it).

### Ideal Practice

1	2	3	4	5	6	7
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## 10. Intervention Embeddedness

### Typical Practice

1	2	3	4	5	6	7
Activities require <b>specific places or specialized equipment</b> .	Activities require the family to set aside <b>specific times</b> (not routines-based).		Activities involve <b>significant</b> modification of existing routines.			Activities involve <b>minor</b> modifications of existing routines.

### Ideal Practice

1	2	3	4	5	6	7
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## 11. Equipment

### Typical Practice

1	2	3	4	5	6	7
<b>Much</b> specialized equipment, even when it is not necessary or effective for successful functioning in everyday routines, is used.	<b>Some</b> specialized equipment, even when it is not necessary or effective for successful functioning in everyday routines, is used.		Some specialized equipment that is designed to <b>facilitate</b> future development and/or prevent future problems is used.			Only specialized equipment <b>necessary</b> for successful functioning in everyday routines is used.

### Ideal Practice

1	2	3	4	5	6	7

## 12. Necessity of Target Behaviors

### Typical Practice

1	2	3	4	5	6	7
Target behaviors only <b>indirectly related</b> to functioning in current routines are recommended.	Target behaviors with <b>some developmental benefit</b> are recommended.		Target behaviors <b>useful</b> for functioning in current routines are recommended; without the behaviors, the child can just manage but not very well.			Target behaviors <b>necessary</b> for functioning in current routines are recommended; until the behavior is accomplished, the child cannot function well in the routine(s).

### Ideal Practice

1	2	3	4	5	6	7

### 13. Intervention Philosophy

*Typical Practice*

1	2	3	4	5	6	7
Intervention philosophy is <b>providing</b> education and therapy to children.	Intervention philosophy is <b>training parents</b> to teach their child.	Intervention philosophy is training parents to teach their child <b>and to be advocates.</b>				Intervention philosophy is <b>supporting the family.</b>

*Ideal Practice*

1	2	3	4	5	6	7
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### 14. Focus of Intervention

*Typical Practice*

1	2	3	4	5	6	7
Interventions and outcomes/goals are <b>discipline specific.</b>	Interventions and outcomes/goals are <b>domain-specific.</b>	Interventions and outcomes/goals are context-specific but are <b>not</b> routines-based.				Interventions and outcomes/goals are <b>routines-based.</b>

*Ideal Practice*

1	2	3	4	5	6	7
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## 15. Group Care Consultation

### *Typical Practice*

1	2	3	4	5	6	7
When consulting in classrooms, we use individual or small-group pullout.	When consulting in classrooms, we use 1:1 in classroom.	When consulting in classrooms, we use group activities.	When consulting in classrooms, we use group activities.	When consulting in classrooms, we use group activities.	When consulting in classrooms, we use group activities.	When consulting in classrooms, we use individualized activities within routines.

### *Ideal Practice*

1	2	3	4	5	6	7
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## 16. Home-Based Service Delivery Model

### *Typical Practice*

1	2	3	4	5	6	7
<b>Multidisciplinary</b> by 2 or more professionals: Professionals provide regular home visits and do not communicate with each other.	<b>Interdisciplinary</b> home visits by multiple professionals: Professionals provide regular home visits and exchange information occasionally.	<b>Modified</b> transdisciplinary: A teacher or other "generalist" provides regular home visits and receives consultation from specialists	<b>Modified</b> transdisciplinary: A teacher or other "generalist" provides regular home visits and receives consultation from specialists	<b>Modified</b> transdisciplinary: A teacher or other "generalist" provides regular home visits and receives consultation from specialists	<b>Modified</b> transdisciplinary: A teacher or other "generalist" provides regular home visits and receives consultation from specialists	<b>Pure</b> transdisciplinary: Any professional team member provides regular home visits and receives consultation from other professionals

### *Ideal Practice*

1	2	3	4	5	6	7
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## 17. Home Visitor's Primary Role

### *Typical Practice*

1	2	3	4	5	6	7
To provide direct, hands-on instruction to the child, while the parent <b>might be doing other things</b> .	To provide direct, hands-on instruction to the child with the parent <b>present and attending</b> .			To <b>listen</b> to parent concerns and <b>model</b> for and <b>instruct</b> the parent.		To provide material, informational, and emotional <b>support</b> by talking with families.

### *Ideal Practice*

1                      2                      3                      4                      5                      6                      7

Now look back over your responses. If there is generally a difference between your typical practices and what you consider to be ideal practices, what factors contribute to the discrepancy?