

# Baby TALK Best Practice: Topic Inclusion for Forms

## 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

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## 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

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## 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

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- 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

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- P. Actual date the plan is reviewed
- Q. Parent/guardian's signature
- R. Signature of parent under the age of 18
- S. Staff's signature
- T. Date

## 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?

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- 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 want 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 do 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

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- 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