Key Principles of Fidelity Assessment

Looks Like/Doesn't Look Like

Developed by the E. I. Leadership Group of Northern Virginia

JOINT PLAN					
Xey Concepts Makes a reference to the last session and uses it to check in/begin. Asks the caregiver what they would like to work on today.					
The principle DOES look like this:		The principle DOES NOT look like this:			
Definition		 Definition ★ Beginning a session with your own ideas for the session or leading with your own agenda rather than the family's priority. Example • "HI!! It's Halloween this week so I thought we could carve pumpkins to work on his fine motor skills! Do you have pumpkins? If not, I have a few extras in my car." That they want to work on during THIS visit. Definition ★ Moving forward without reviewing plans 			
 Building on or adjusting information from the previous joint plan to confirm it is still the family's priority. Example "Sounds like your experience since last session was Last time you said you wanted to practice helping him be more comfortable in the stroller today. Is that something you still want to work on?" 		made for this visit. Example "I would like to focus on" "I know you're concerned about his feeding but we should really focus on his walking."			
	OBSERV	VATION			
Key Concepts	 Asks the caregiver what has been tried before showing a strategy. Gives caregiver an opportunity to demonstrate what they've tried before showing a strategy. 				
The principle DO	ES look like this:	The principle DOES NOT look like this:			
 ✓ Watching quietly and attentively as the family and child interact in a routine that has been identified by the caregiver. ✓ Before modeling any activity, asking what they have tried and asking to see it, describe it, or watch a video. ✓ Using words like "show me," or "What does it look like when you?" 		 Rushing a family through the demonstration. Caregiver observing provider interacting with the child the majority of the visit. 			

ACTION/PRACTICE					
Key Concepts	 Intentionally models/coaches strategy after observing/learning what caregiver has already tried. Gives caregiver the opportunity to practice the intentionally modeled/coached strategy. 				
The principle DOES look like this:			The principle DOES NOT look like this:		
 ✓ Describing what the provider is going to demonstrate/model while the caregiver is actively observing. Examples "Watch what I do when, and then you can try." "Would you like to try?" I will explain this (technique, strategy) and why it will support (behavior, skill). 		x x x	Modeling a strategy that is not part of the family's routines. Caregiver is not present or observing. Provider only demonstrates and caregiver is not given opportunities to practice. Provider doesn't model or interact with the child. Provider doesn't explain what will be done and why.		
Key Concepts	 Wess open ended questions to help the family reflect on past and/or new strategies. Asks caregiver what differences they noted (previous practice vs. current practice). Asks caregiver how they felt implementing the strategy. 				
The principle DOES look like this:			The principle DOES NOT look like this:		
 ✓ Allowing families the time to think and respond. • "What do you know about?" • "How does this compare with what you expected to happen?" • "What do you think would make this better next time?" • "Where and when will you do this in your daily routines?" • "How comfortable do you feel practicing this in routine?" 		x x	Drilling families with irrelevant questions. Using only yes/no questions. Using leading questions about how the family should feel or what they should work on.		

FEEDBACK				
Key Concepts feedback. → Provides feedback th		caregiver while practicing, by providing nat affirms the family's strengths and capacity to learning and development.		
The principle DOES look like this:		The principle DOES NOT look like this:		
caregiver is saying listening/observer of "I like how your him." of "You demonst wait time." of Being specific of Feedback is to observed or question. of Respecting caregives knowledge. ✓ Informative feedbact of Providing inform based on research family and culturn judgmental). of Expressing empastrengths and cact of "I see, I under you're saying about the processing empastion."	anderstanding of what ng/doing based on active ation. ou offered choices to strated some really nice cied to an activity being in response to a giver's current level of k nation (with permission) ch, expertise, experience, ral values (non-athy; validating their pacity. rstand, I hear what g." "You seem happy	priorities and values. * Being judgmental, negative, making assumptions. * Using directive feedback such as: • "Put that away." • "Turn the TV off. It's distracting to your child." • "It would be better if you"		

JOINT PLAN				
Key Concepts ➤ Identifies practice op ➤ Identifies family's foo		oportunities between visits cus for next visit		
The principle DOES look like this:			The principle DOES NOT look like this:	
what they will focus ✓ Helping the family ic they will practice in ✓ Asking what the fam the next visit. Examples • "What did you fi • "When will you p routines would s this strategy?"	dentify where and when their daily routines. aily wants to focus on at and helpful today?"	× × Exc	Telling the caregiver what to practice, when, and how frequently. Assigning "homework" activities. Reviewing only this visit; not asking about a plan for the next visit. amples • "Okay. Things went well today. See you next time!" • "I hope you learned some new things today. I'll ask you how it went when I visit again."	