

APPENDIX 9.2 Primary Service Provider Checklist

Primary service provider _____ Observer _____

Use this checklist as a self-check or for observation by a peer, supervisor, or trainer. See the Support-Based Home Visiting Checklist (Appendix 10.2) as a companion checklist.

Mark as correct (+), incorrect (–), almost, (±), or not applicable or observed (NA).

Did the primary service provider	Date	Date	Date	Date	Date
1. Support the family around all the child's and family's needs (versus only around one particular developmental domain)?					
2. During the service-decision-making stage of the individualized family service plan (IFSP) development, state his or her need for consultation?					
3. Arrange for consultation from other team members to be provided through joint home visits (i.e., secured an agreement from them to consult in this manner)?					
4. During solo visits, support the family in carrying out programs developed by all members of the IFSP team?					
5. Before joint home visits, give the consultant relevant information?					
6. On joint home visits, ask questions, ensure the family understood, ensure the consultant understood, take notes, and handle interruptions?					
7. After joint home visits, debrief with the consultant?					
Total correct					
Total possible (Items – NAs)					
Percentage correct					