**Self-Assessment of Assessment for Service Planning in Relationship to Quality Practices**

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| **Scale for Self-Assessment Rating** |
| Typically or Always | We naturally think of this practice and use it consistently. |
| Occasionally | We must make a conscious effort to consider this practice and use it infrequently. |
| Rarely or Never | We do not consider it a part of our process and hardly ever use it. |

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| **Typically** | **Occasionally** | **Rarely** | **Things to consider- “Ah-ha” moments** |
| **Our approach to ASP is collaborative and looks at the functional needs and strengths in all areas of development.** |  |  |  |  |
| * **When we arrive, we spend some time getting to know the family and attempt to put them at ease with our presence and help them decide how they want to participate in the assessment.**
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| * **We ask engaging questions that invite the family to talk to us and share their perspective and use prompts to encourage the family to describe their child’s behavior, skills, engagement, and functional participation across all settings.**
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| * **Make a list with the family of specific questions they would like answered.**
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| * **Tell family that all the information they share regarding their child’s skills is important since they see their child in multiple settings over a period of time.**
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| * **Use multiple procedures gather information: observation in typical routines, formal/informal assessment tools, parent report, clinical judgement.**
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| * **Our primary focus is on the child and family not on the assessment tool.**
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| * **We allow time to talk to the family about results in terms of child’s social relationship skills, use of knowledge and skills, and taking actions to get needs met across settings and compare to child’s skills and abilities to age expectations .**
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| * **When summarizing the results we focus on the age expectations.**
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