Activity 3 - Effective Practices Self-Assessment - Local Program B

	Leve	Level of Implementation		
Effective Practices	Not Yet Implemented	Needs Improvement	Implemented	
 During each intervention visit, participate with the family or care as the context for promoting new skills and behaviors. 	givers and the ch	ild in activities a	nd /or routine	
 Apply knowledge of current research and evidenced based practices in early intervention to the development and implementation of strategies and interventions with the child and family (e.g., participatory learning, strength and asset- based interventions, interest-based learning, parent- mediated practices, coaching practices, resource-based interventions, relationship-based intervention, responsive care-giving) 			X	
 Plan and match learning experiences, strategies and adaptations to individual characteristics of the child and family (e.g., work with Jason's aunt to help her feel more comfortable with him during bath time, so his mom can give his twin, Jack more attention). 		X		
 Identify and implement strategies that enhance the child's participation in natural learning opportunities across routines and community settings. 			X	
 Use toys, materials, interactions and locations that are familiar, of interest to, and motivating for the child and family during intervention (e.g., help the mother get comfortable feeding the baby in different parts of the house so that they don't feel isolated from the rest of the family). 			X	
 Support and facilitate family and child interactions as primary contexts for learning and development (e.g., 5 year old brother crawls along the floor with toddler to find objects during playtime). 			X	
 Support parents' and caregivers' ability to implement strategies and activities within everyday routines and activities. 			X	
 Implement different strategies to support parents and caregivers, including modeling, problem solving, coaching and demonstration, based on individual child needs and parents' priorities. 			X	

centered practices are used; we view the adult as the focus of intervention as the main source of support and learning for the child. We still need to work on coming up with individual strategies and adaptations; sometimes we use the same approach for children of the same diagnoses (i.e. creating picture schedules for every child with autism). Part of this issue comes from having providers on staff who have been here for a long time and are sure their approach always works; we also have some new staff that are clinically trained who struggle with this too.