

GUIDELINES FOR THE ASSESSMENT OF FAMILY ACTIVITIES AND ROUTINES

Part C requires assessments of family needs, priorities, and strengths and for the information both to be recorded on the Individual Family Service Plan (IFSP) and to serve as the basis (or context) for the interventions provided for the family/child by service provider discipline(s). For intervention to be designed and provided successfully within a family context, two things need to happen:

- Providers need to have knowledge of family activities and routines to work with caregivers to select those on which to focus intervention; and
- Caregivers need to be able to implement interventions with their children within the context of one or more selected activities/routines.

Many providers view their roles as providing direct services for children. This means that providers may focus only on the child rather than focus on the caregiver and child together. When providers see their roles as providing intervention to the child, they are likely to go into a house, often with their own materials, and carry out an activity with the child that is designed to provide opportunities for a child to learn something but is isolated from the typical activities and routines of the family. Providers then show this activity to the caregivers so they can do the activity between home visits. Providers may implement this type of direct intervention for many reasons. They may believe that it is more effective for the child, or they may be unable to engage the family, or may not know strategies to teach the caregiver how to use interventions within typical activities and routines. They may believe that the child needs particular interventions that the caregiver will not be able to follow-through on to do at home. Providers may understand the child's development and the delays that are present (e.g., skills that the child may need to learn) but they may have no information about how the family actually functions, what they do during the day, or how the child's skill development impacts on family life.

In order for caregivers to be able to use appropriate interventions with their children and to do so within family activities and routines, providers need to understand what happens when they are not in the family's home – what do families do during the day or week – and be able to teach interventions for caregivers to use with children during selected activities and routines. An assessment of family activities and routines is the first step in this process.

ASSESSMENT OF FAMILY ACTIVITIES AND ROUTINES

The purposes of finding out about activities and routines are three-fold. With information about family activities and routines, providers can work with caregivers to:

- Help children participate more successfully in activities or routines that may currently be challenging;
- Embed strategies to promote children's learning into activities and routines that are already successful; and
- Identify the best ways for families to learn strategies to promote their children's development within typically occurring activities and routines.

Providers can learn about family activities and routines in a variety of ways, many of which are incorporated into routines-based Early Intervention models. These range from informal conversations where families describe a typical day to more formal strategies such as completing

checklists or questionnaires. Obtaining information through informal conversations requires providers to be very skilled in interviewing and structuring discussions to get needed information. Often, areas may be missed that are important to families but did not happen to get discussed in an informal conversation. Checklists or questionnaires often do not allow families to talk about the activity or routine and, if completed without the provider, don't allow the provider to ask further probing questions to learn more about what happens. Families record a judgment which, while accurate, is not elaborated.

What Can You Expect From Interviewing A Caregiver About Family Activities & Routines?

Information about family activities and routines enriches providers' understandings of child skills by considering the *context* in which those skills are needed and used. Children's development is frequently assessed without regard to the context in which the skills are used. Developmental assessment information helps determine whether children are eligible for Early Intervention services and provides information about isolated skills and abilities. When developmental assessment information is combined with information about activities and routines, providers obtain an understanding of:

- How children's skills are used to participate in activities and routines, giving providers information about children's functional use of skills;
- The ways in which children's skills may limit their successful participation in activities and routines;
- Activities and routines that are not successful but can be improved through adaptations or use of Assistive Technology (AT);
- Identification of one or more activities/routines that will be used by the caregiver to provide learning opportunities for children and by the provider as a context for teaching families learning strategies to use with their children described on the Caregiver-Child Interaction Plan.
- More rapid skill learning by children because of the expansion of opportunities to learn and practice skills.

Providers and families interact for many different purposes such as exchanging information, discussing situations, problem-solving better ways of doing things, explaining, or teaching. The chart below contrasts features of traditional child-focused with routine-based intervention approaches. The Assessment of Family Activities and Routines Interview yields information that is critical when providing intervention through a routine-based approach.

	Traditional Child-Focused Intervention	Caregiver Routine-Based Intervention
Context of Intervention	Provider-designed activity (selected by the provider)	Typical family activity or routine selected by the caregiver/provider
Length of Intervention	Length of home visit – typically an hour	Multiple hours infused throughout the week by providing learning opportunities in typically occurring activities/routines

	Traditional Child-Focused Intervention	Caregiver Routine-Based Intervention
Person implementing the intervention	Provider – during the home visit and caregiver through follow-up or home instructions	Caregiver(s) designated by the family and taught to use intervention strategies by the provider
Outcomes & Goal Statements	Child skill focused such as “would like him to use words to communicate needs” or “He will hold toys with the tips of his fingers, transfer them from hand to hand, and retrieve them when hidden under a blanket or when dropped out of sight.”	Participation-based such as “participate during mealtimes by using words to request particular foods, ask for more, or indicate “done” or “participate in toy play with his mother by manipulating small objects, transferring them from hand to hand, and retrieving them when hidden or dropped.”
Types of intervention provided with child	Typically skill-building strategies involving direct interaction with the child; may include adaptations & AT	Adaptations, AT, multiple opportunities for practice using skills, opportunities for learning new skills – both contrived and incidental

Interviewing About Family Routines and Activities:

When interviewing caregivers, the ways in which the conversation is directed will influence what is learned. The use of a structured interview ensures that all major activities and routines will be covered in a discussion and allows caregivers to talk about the routine/activity while permitting providers to ask further questions to obtain a better understanding about what is occurring in each activity or routine. Being able to have as full an understanding as possible about what an activity or routine “looks like” is important since few providers have an opportunity to easily observe every family activity or routine. For example, providers are unlikely to be able to observe bedtime or accompany families on visits to relatives or friends, to church, or to dinner at a restaurant. Providers who interview families successfully can get a picture of what happens in various activities or routines without having to directly observe.

The **Assessment of Family Activities and Routines Interview** provides a structure for discussing activities and routines. If used as a questionnaire (e.g., give the form to a caregiver to complete on their own), information will not be as rich as when the provider uses it to structure a conversation with the caregiver. Ten routine and activity areas and four functional skills are rated by the caregiver in terms of their judgment of how well their child participates in the activity/routine. The most important strategy to use during this conversation is open-ended questioning. The purpose is to provide opportunities for the caregiver to talk about the activity/routine by describing what happens and how their child participates. Providers may also choose to ask the caregiver to rate their satisfaction with their child’s participation. The purpose of talking about caregiver satisfaction is to help decide if this is or is not an activity/routine on which the caregiver would like to focus.

There are many ways that the Assessment of Family Activities and Routines can be incorporated into a structured interview. Below are several examples of how to use the instrument as part of an interview. However, providers who are experienced in using open-ended questions, probes, or other types of interview techniques may use the instrument in other ways that may better fit their interview styles and experiences.

Example of One Way to Use the Assessment of Family Activities and Routines Interview

What Provider Says --	What Provider Writes --
Ask the caregiver to tell you about a typical day – what happens from the time they get up in the morning until they go to bed.	As the caregiver discusses each routine on the questionnaire, write notes in the middle space on the form, then follow up by asking for ratings of the child’s performance and mark the correct box.
Using the form as a guideline, ask the caregiver about activities and routines that were not mentioned. For example, “you talked about putting ____ to bed at night but you didn’t mention bathtime. When does ___ usually get a bath and how does this work?”	Using probe questions, the provider makes sure that descriptions of activities/routines are completed for each category and that caregivers have made ratings about the child’s performance.
Ask families if there are other activities and routines they would like to talk about and find out about the caregiver’s satisfaction with the child’s performance.	List these activities/routines in the blank boxes and indicate the caregiver’s rating of the child’s performance; write any information under the comments section.
In some instances, it is helpful to know how satisfied the caregiver may be with the child’s performance to determine how important this activity/routine may be for the caregiver. The caregiver can be asked as a follow-up about their satisfaction.	Indicate the satisfaction rating on the form.
Functional Skills: 4 overall skill areas impact on children’s performance in activities/routines. Ask families to talk about the child’s performance of each of these functional skills and identify where they may negatively limit the child’s performance. The caregiver’s satisfaction with the child’s performance can also be asked. If children have limitations in any of these areas, those limitations may impact on several activities/routines. This information can be used to think about adaptations (to bypass skill limitations) or creating opportunities for the child to practice or learn to use these skills.	Fill in the caregiver’s rating and describe any key points about the skill. Satisfaction ratings may be completed if this is used.

What Provider Says --	What Provider Writes --
<p>Summarize and end the interview by reviewing information and indicating any activities/routines that are not going well. These will be those where the child's performance does not meet expectations. List all of the activities/routines identified in this way and ask the caregiver to describe what this would look like if it were going well. Follow-up questions may probe what has been tried, how well it worked (did not work), etc. The purpose is to fully understand what happens so that this activity/routine can be improved through adaptations/AT.</p>	<p>Some families may not have activities/routines where the child's performance does not meet expectations. Leave the form blank in these instances. Write descriptions of what the caregiver would like to see happen. (This information can be used to develop the GAS for this activity/routine and to measure progress in the child's participation.)</p>
<p>Summarize those activities/routines that are successful for the caregiver/child. Ask any needed follow-up questions to understand why these go well (e.g., child enjoys riding in the car; loves music that caregiver plays during breakfast). This information will be used to help select one or more activities/routines in which to embed learning opportunities.</p>	<p>Add in any notations about why the activity/routine is enjoyable and * the activity/routine that will be used to develop the Caregiver-Child Interaction Plan.</p>

Example of a 2nd Way to Use the Caregiver Assessment of Activities and Routines

What Provider Says --	What Provider Writes --
<p>Ask the caregiver to tell you about what happens with the child and caregiver during bath time. The goal is to understand what a typical bath time looks like. Ask any needed follow-up or probe questions to get full understanding of the routine – “you talked about ___ sitting in the bath tub in a bath seat, but tell me how he helps with washing?” “When bath time is going on, do you use this as a time for playing in the tub?” “What kinds of toys does ___ like to play with?” “What happens when you wash his hair?” When the caregiver has discussed the routine, ask them to rate the child's performance.</p>	<p>As the caregiver discusses bath time, write notes in the middle space on the form, then follow up by asking for ratings of the child's performance and mark the correct box.</p>
<p>Using the form as a guideline, ask the caregiver about each activity and routine listed on the form. You can ask the caregiver by the order of items on the form or vary the order, making sure that all areas are asked about. In each instance, use follow-up questions or probes so that you understand what each routine looks like for this caregiver/child and summarize/end the discussion of each activity/routine by asking for their ratings of the child's performance.</p>	<p>Using probe questions, the provider makes sure that written descriptions of activities/routines are completed for each category and marks the form for the caregiver rating of the child's performance.</p>

What Provider Says --	What Provider Writes --
Ask families if there are other activities and routines they would like to talk about and find out about the caregiver's satisfaction with the child's performance.	List these activities/routines in the blank boxes and indicate the caregiver's rating of the child's performance; write any information under the comments section.
In some instances, it is helpful to know how satisfied the caregiver may be with the child's performance to determine how important this activity/routine may be for the caregiver. All activities and routines may be reviewed – "you talked about mealtimes and said that ____'s performance sometimes met your expectations. How satisfied are you with how this routine is going?" Or, you may ask satisfaction ratings at the end of the discussion about each activity or routine.	Indicate the satisfaction rating on the form.
Functional Skills: 4 overall skill areas impact on children's performance in activities/routines. Ask families to talk about the child's performance of each of these functional skills and identify where they may negatively limit the child's performance. The caregiver's satisfaction with the child's performance can also be asked. If children have limitations in any of these areas, those limitations may impact on several activities/routines. This information can be used to think about adaptations (to bypass skill limitations) or creating opportunities for the child to practice or learn to use these skills.	Fill in the caregiver's rating and describe any key points about the skill. Satisfaction ratings may be completed if this is used.
Summarize and end the interview by reviewing information and indicating any activities/routines that are not going well. These will be those where the child's performance does not meet expectations. List all of the activities/routines identified in this way and ask the caregiver to describe what this would look like if it were going well. Follow-up questions may probe what has been tried, how well it worked (did not work), etc. The purpose is to fully understand what happens so that this activity/routine can be improved through adaptations/AT.	Some families may not have activities/routines where the child's performance does not meet expectations. Leave the form blank in these instances. Write descriptions of what the caregiver would like to see happen. (This information can be used to develop the GAS for this activity/routine and to measure progress in the child's participation.)
Summarize those activities/routines that are successful for the caregiver/child. Ask any needed follow-up questions to understand why these go well (e.g., child enjoys riding in the car; loves music that caregiver plays during breakfast). This information will be used to help select one or more activities/routines in which to embed learning opportunities.	Add in any notations about why the activity/routine is enjoyable and * the activity/routine that will be used to develop the Caregiver-Child Interaction Plan.

Assessment of Family Activities and Routines

This questionnaire will help providers get a picture of a child's typical performance in everyday family activities/routines. The best way to use the form is as a guideline for an interview or conversation with the caregiver(s). When used as an interview/conversation guideline, the provider makes sure that s/he learns about how each activity/routine occurs in the household, the child's participation in the activity/routine, and the extent to which caregiver(s) are satisfied with the child's participation. Information from the child's caregivers helps providers determine, with families, (1) routines/activities in which the child's participation could be improved and (2) activities/routines in which the child participates well so that these may be used as a context for practicing or acquiring new skills and abilities. At the end of the interview, providers identify activities/routines that do not meet caregiver expectations and describe what caregivers would like to see happen in the activity/routine. Providers also talk with caregivers to identify the activities/routines that are enjoyable for the Caregiver and child.

Date: 4 / 7 / 08

Child's name: PG

Age: 17m

Completed As: Guided Interview with SG mother)

Provider Name: LLB__

DIRECTIONS FOR THE CAREGIVER ASSESSMENT AS AN INTERVIEW/CONVERSATION:

1. Ask the caregiver open ended questions about each activity/routine. For example, start by saying "tell me about bathtime and how your child participates during bathtime." Follow-up by asking additional questions so that you gain an understanding, "a picture", of what the routine or activity looks like. Then ask the caregiver to rate the child's participation in terms of the caregiver's expectations (e.g., exceeds, meets, occasionally meets, does not meet). If you wish, you may ask the caregiver about how satisfied they are with how the activity/routine is going. For some families, this helps them identify where they want to focus.
2. Ask the caregiver to rate their child's use of functional skills (e.g., socializing, communicating) within activities and routines and their satisfaction with the child's abilities. You are not trying to find out about the child's deficit/delay (e.g., speech) but rather the extent to which limitations may interfere with a child's participation.
3. Identify any routines which may not be going well (so that you can help families make them go better); Identify routines that are positive for families/children as these will provide a context in which to show families how to teach their children identified skills

ROUTINE/ACTIVITY	EXPECTATIONS				COMMENTS	SATISFACTION				
	<u>Exceeds</u>	<u>Meets</u>	<u>Occasionally Meets</u>	<u>Does not meet</u>		<u>Very</u>	<u>Is OK</u>	<u>Somewhat</u>	<u>Not</u>	<u>Did Not Ask</u>
BATHTIME	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sitting in tub is problem; Slides under seat belt; does not hold him well enough. Enjoys play with tub toys.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MORNING ROUTINE (getting up, getting dressed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I dress him in the morning - no time and he can help but it takes too long. He wakes up happy and ready to go.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENING ROUTINE (getting ready for bed, going to bed, sleeping)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Watches video and then we read a book in his rocking chair; he enjoys both of these activities and falls asleep easily.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEALTIMES (appetite, level of assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does not finger or spoon feed; can help a little with cup; chews ok but not big pieces; Eats with us and can stay in highchair until everyone is done.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLAYING WITH BROTHERS OR SISTERS OR FAMILY MEMBERS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Can't play by self with toys. Can watch video or TV if propped in sitting; has so much trouble moving arms & hands that even big toys need assistance. Likes being read to and watching the toy.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL ACTIVITIES (riding a bike, playing outside, playing on playground equipment, swimming)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	He is best at swimming - loves the water, can be propped in kiddie pool or I hold him; can't do any riding toy - can't hold on. We have not tried playground equipment. He might like sandbox if I could figure out how to prop him up and have his hands reach the sand.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROUTINE/ACTIVITY	EXPECTATIONS				COMMENTS	SATISFACTION				
	<u>Exceeds</u>	<u>Meets</u>	<u>Occasionally Meets</u>	<u>Does not meet</u>		<u>Very</u>	<u>Is OK</u>	<u>Somewhat</u>	<u>Not</u>	<u>Did Not Ask</u>
AT HOME CHORES (cleaning, preparing meals, watching TV, caring for pets, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	He enjoys TV - especially Sesame, Barney, etc. or children's movies (Disney). Too little to help with other chores.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEAVING THE HOUSE TO GO SOMEWHERE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	He enjoys going out, riding in car. Does take longer to get him ready, carry to car, put in seat, etc. Does not help at all but does not fuss.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RUNNING ERRANDS (grocery store, mall/store shopping, banking, wash/cleaners)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I can only go one place at a time if he is with me. Too much time and effort to get him out of the car, in a stroller, etc. & getting too heavy to carry. For multiple errands, I leave him at home.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUTINGS (visit a friend/relative, eat at a restaurant/fast food, go to museums, amusement parks, zoo, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Going out is no problem - visits, eating in restaurants, etc. are things he really enjoys. Sometimes the equipment is a problem or he has to be held. In restaurants, he sits in stroller because cannot sit well enough in most highchairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USE OF FUNCTIONAL SKILLS IN ROUTINES/ACTIVITIES										
SOCIALIZING (e.g., interacting with peers and adults)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Very social - smiles, gets people's attention, makes noises; but in child care, may only play with adult - other children are moving around too much.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROUTINE/ACTIVITY	EXPECTATIONS				COMMENTS	SATISFACTION				
	<u>Exceeds</u>	<u>Meets</u>	<u>Occasionally Meets</u>	<u>Does not meet</u>		<u>Very</u>	<u>Is OK</u>	<u>Somewhat</u>	<u>Not</u>	<u>Did Not Ask</u>
COMMUNICATING with peers and adults	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Makes a lot of noises but does not have words yet. Sometimes hard to know what he is trying to get across	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GETTING AROUND (mobility at home/community)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This is becoming bigger problem as he gets older/bigger. Cannot walk yet or really crawl well; needs to be carried a lot; in child care is totally carried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
USING HANDS & ARMS for functional tasks (e.g., range of motion, holding objects, manipulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	He can bat at toys if suspended but cannot grasp anything; can bang, push big objects sometimes. Also makes other things hard - eating, bathing, dressing, etc. Needs help with everything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Use blanks to add activities or routines not included in categories										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on your answers above, list the routines/activities that do not meet your expectations.

ROUTINE/ACTIVITY	What would you like to <u>see</u> happening: What would the child be doing? What would you or other family members be doing? What strategies have you tried?
1. Mealtimes	Would like to see PG sit next to me or his dad during dinner and try to feed himself either with his fingers or spoon or both and to eat a wider variety of foods other than junior foods or food that I blend or grind.
2. Physical Activities	A lot of the other mothers sit outside with their children while they play in the yard. I would like to be able to do this and would like to see PG playing with other children like on a riding car or in a sandbox.
3. Playing with Family Members (Caregiver)	PG is an only child but we visit my sister(s) quite a bit and both of them have children - one 4 and one 3 and 5. I would like to be able to take him to my sisters and see him playing with his cousins and at home to play with me or his dad with toys without our having to do everything while he just watches.

Based on your answers above, list the routines/activities that are enjoyable for your family and child.

ROUTINE/ACTIVITY	
1. Evening Routine	He especially enjoys being read to and watching an evening DVD to unwind from the day.
2. Leaving the House & Outings	Enjoys going in the car, on visits to my sisters, parents, and to places like the zoo or Children's museum. We often go to the park, zoo, etc. with my sisters and their children and as long as he can be in his stroller, everything goes well although he participates primarily by watching/looking.
3. Watching TV, listening to stories	He really enjoys the children's shows if they have a lot of music and activity. Many DVD shows are also ones he likes. He "sings along" and is very engaged. He is attentive when being read to, makes noises when asked questions about familiar stories, and tries to turn book pages.

Additional Comments: Functional skills of using hands and arms and getting around currently limit PG's participation in some activities and routines. As expectations change as he gets older, these limitations may even further interfere with participation. While he communicates sufficiently with family and child care personnel at this time, his lack of words may eventually become more of a challenge for participation and may influence his ability to participate and socialize with other children.