



## Real Life Story About

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TLC Competency Project 2012-13

Provider Name: \_\_\_\_\_

Child/Family Name: \_\_\_\_\_

Date Project Completed: \_\_\_\_\_



# OVERVIEW

## **What this project will accomplish:**

All children have strengths as well as needs. Strengths provide a framework on which to build learning opportunities. Children learn more when opportunities focus on their interests, preferences, and talents and needed interventions are embedded into typical activities and routines.

Children with delayed development may be seen as needing to "catch up" in their areas of developmental delay - needing to improve in motor skills, or language, or in whatever developmental areas in which they have delays. The purpose of this project is to allow participants to demonstrate their abilities to embed various types of interventions into selected activities and routines and to view children in terms of their abilities (rather than disabilities) and their gifts and talents (rather than their needs.)

## **From this project, participants will gain an understanding about:**

1. Situations in children's lives that provide opportunities for learning identified skills. [Situations include mealtimes, bathtime, reading stories, participating in various child care activities like art, music, etc.. Skills include getting around, communication, using arms and hands, getting along with others, solving problems.)
2. Various types of intervention strategies provided by an adult (e.g., hand over hand) or provided through adaptations or Assistive Technology.
3. The impact of selected intervention strategies on child progress and success.

## **Resources**

Please contact your instructor or Pip Campbell if you have any questions or need more information, advice, help, support etc. Your supervisor may also be a valuable resource. The CFSRP website - in particular the Participation-Based Services Landing Pad - and other websites may also be of help.

## Real Life Story Components

Please check your work and make sure that each of the following components are included with your assignment. Everything is included in this project folder except: 3 videotapes and the complete ER/IFSP which need to be submitted with the project. You may complete the Assessment of Family Activities and Routines included in the packet OR attach one that you have already completed with this child and family (e.g., completed at another time).

Description of child - A Story About
Description of family - A Story About
Family consent and information form
Family Priorities for Skills Desired for Child to Learn
Context in which those skills will be taught
What ADAPTATION strategies will be used
What Adult-provided strategies will be used
Written plan completed with family
Video of child performing the designated skill in the designated context BEFORE ANY INTERVENTION (BASELINE)
2 <sup>nd</sup> video of child performing skill with interventions in place - interventions provided by caregiver and you teaching the caregiver
3 <sup>rd</sup> video of child performing skill to demonstrate progress (or current level of performance).
Your description of what occurred over time and how it worked or did not work - (ending summary)
Planning and Reflection Form
Caregiver Assessment of Activities & Routines
Child's ER and IFSP (full document)





The family needs to provide and some basic information about themselves and their child. Have the family use the form below.

### Family Permission and Information Form

Name of Person Enrolled in Training: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Family Address (Street, City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

Family Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

You are giving permission for your provider \_\_\_\_\_ to make a minimum of 3 short videotapes of yourself and your child as listed below. These tapes will be under 15 minutes in length and will be made during the provider's visit to your home.

- Videotape of your child participating in a family activity or routine or learning a particular skill (at the beginning of this provider project).
- Videotape of you and the provider working together with you using particular strategies to help your child learn. (anytime)
- Videotape of your child your child participating in a family activity or routine using various skills. (at the end of this project).

I have been told that these videotaped materials will be used for educational, monitoring, or regulatory purposes and that the provider will give me a copy of the tape to keep should I so request. A second copy of the tape will be viewed and retained by TLC and may be shared with program analysts at IDS. If I permit tapes to be used in future training activities for EI providers, the names of the provider/parent/child will be kept confidential to the extent possible. The videotapes already may identify participants by name. TLC will not provide any identifying information not already in existence on the videotape.

**Family Information (to be completed by the parent or parent/provider together)**

Caregivers may seal their responses in an envelope for confidentiality purposes or may choose to remain anonymous. Remind families that they are providing information voluntarily and that they do not have to provide information that they do not wish to share.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Gender of person completing this form: \_\_\_\_\_  Female

2. Relationship to child of person completing this form: \_\_\_\_\_

3. What is your marital status:

Single       Married       Divorced       Widowed

4. What is your household structure?

One parent       Two parent       Other (please explain: \_\_\_\_\_)

6. Child's Race/Ethnicity:

African American       Asian       Caucasian, non Hispanic  
 Hispanic       American Indian       Multiracial/ Other

Specify: \_\_\_\_\_

7. Your race/ethnicity (if different from child's):

African American       Asian       Caucasian, non Hispanic  
 Hispanic       American Indian       Multiracial/Other

Specify: \_\_\_\_\_

8. Annual Family Income (from all sources):

Less than 15,000       15,000-30,999       31,000- 50,999  
 51,000- 75,999       76,000- 100,000       More than 100,000  
 Do not wish to provide

9. Highest Education Level of the Child's Mother/Primary Female Caregiver:

Less than High school       High School/ GED       Associate's Degree  
 Bachelor's Degree       Master's Degree       Ph.D.  
 Do not wish to provide

10. Highest Education Level of the Child's Father/Primary Male Caregiver:

Less than High school       High School/ GED       Associate's Degree  
 Bachelor's Degree       Master's Degree       Ph.D.  
 Do not wish to provide

11. In your opinion, how would you characterize the severity of your child's disability?

Mild       Moderate       Severe

Is there anything else you would like to tell us that might be helpful to our understanding of your child?

I hereby agree and consent to be photographed, videotaped or filmed in my home or a location of my choosing in the community (e.g., someone else's house, park, playground, library, child care setting) as part of an assignment that \_\_\_\_\_ is completing in order to meet Pennsylvania Department of Welfare requirements for working within early intervention.

Additionally, I understand that my participation includes providing information about my family. The information will be summarized in reports that TLC is submits to the County (IDS office) and the State (OMR) and may be used in a future formal publication. I understand that my family information will be reported without identifying my family by name or in any other manner that might lead to my identification.

I waive all claims for any compensation for this agreement; I have been told that I will receive a copy of this release form.

*Parents:*

\_\_\_\_\_  
Printed name of Child

\_\_\_\_\_  
Signature of Parent/Next of Kin/Child's Surrogate

\_\_\_\_\_  
Date

If you do not give permission for the tapes to be used in future training opportunities, please check here:

*Persons Enrolled in Training:*

\_\_\_\_\_  
Signature of Person Enrolled in Training

\_\_\_\_\_  
Date

If you do not give permission for the tape to be used in future training opportunities, please check here:

**Family Priorities**

**Learning in Different Places**

What new things have you seen \_\_\_\_\_ try to learn or do? What did you do to help?

New Things	How did you try to help?

**3 new things I would like my child to learn**

What I would like my child to do	Where? Activity??

### The Assessment of Family Activities and Routines

Is Attached to this report

Is included at the end of this report

List the information from the Assessment below --

Routines that Did Not Meet Expectations	Adaptations, AT, and other possible interventions

Routines/Activities That are Enjoyable for My family, me & my child	What Skill Learning Could Be Embedded	Possible interventions to help child learn

Select one skill and activity/routine context for this project.

\_\_\_\_\_ will participate in \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_



## **SUMMARY and REFLECTIONS**

I began this project with \_\_\_\_\_ on (date) \_\_\_\_\_  
and ended on (date) \_\_\_\_\_.

What did you learn from this project?

What would you have liked more information about or liked to have learned?

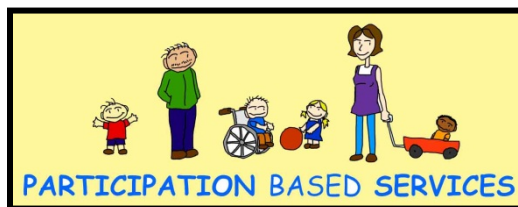
What do you think the parent/caregiver learned?

What did the child learn?

What are next steps?

Write a narrative in your own words describing what occurred over the time period of this project. Mention what was important, what you tried, how well the child was able to do, your satisfaction, and the satisfaction of the child's caregiver (parent).





### Assessment of Family Activities & Routines

Date: \_\_\_\_\_ Child's name: \_\_\_\_\_ Completed As Guided Interview with \_\_\_\_\_ by Provider Name: \_\_\_\_\_

**DIRECTIONS FOR THE FAMILY 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 to decide the routine on which they may 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 (e.g., speech) but rather the extent to which problems with speech 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 type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MORNING ROUTINE (getting up, getting	<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"/>



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>
dressed, etc.)										
BEDTIME (getting ready for bed, going to bed, sleeping)	<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"/>
MEALTIMES (appetite, level of assistance)	<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"/>
PLAYTIME (Indoor Play)	<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"/>
STORY TIME	<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"/>
OUTDOOR PLAY (riding a bike, playing outside, playing on playground equipment, swimming)	<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"/>
AT HOME CHORES (cleaning, preparing meals, watching TV, caring for pets, etc.)	<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"/>
LEAVING THE HOUSE	<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"/>
TRAVEL TIME (riding in a car, bus; walking, etc.)	<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"/>



RUNNING ERRANDS (grocery store, mall/store shopping, banking, wash/cleaners)	<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"/>
OUTINGS (visit a friend/relative, eat at a restaurant/fast food, go to museums, amusement parks, zoo, etc.)	<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"/>
<b>USE OF FUNCTIONAL SKILLS IN ROUTINES/ACTIVITIES</b>										
SOCIALIZING ( e.g., interacting with peers and adults)	<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"/>
COMMUNICATING with peers and adults	<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"/>
GETTING AROUND (mobility at home/community)	<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"/>
USING HANDS & ARMS for functional tasks (e.g., reaching, obtaining/holding objects, manipulation)	<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"/>
<b>Use blanks to add activities or routines not included in categories</b>										
	<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.	
2.	
3.	

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

ROUTINE/ACTIVITY	
1.	
2.	
3.	

Additional Comments:

