
FINESSE II

Families In Natural Environments Scale of Service Evaluation

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2011

Original version dated 2000

Revised with addition of Item 20 in 2017

Directions: In rating each item, first read all of the descriptors. On the scale above the descriptors, circle the number that best represents your **typical practice**. On the scale below the descriptors, circle the number that represents what you would like to do on this item (**ideal practice**). If the item describes a function you do not perform, write **NA**.

1. Written Program Descriptions (brochures, flyers, etc.)

Typical Practice

1	2	3	4	5	6	7
Written materials exclusively describe services for the child only, such as therapy and instruction.		Written materials emphasize services for the child only, such as therapy and instruction.		Written materials mention emotional, informational, and material support for families.		Written materials emphasize emotional, informational, and material support for families.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

2. Initial Referral Call

Typical Practice

1	2	3	4	5	6	7
Person handling the initial referral call describes the program solely in terms of therapy and instruction for children.		Person handling the initial referral call describes the program primarily in terms of intervention for children.		Person handling the initial referral call describes the program primarily in terms of intervention for the child and mentions support to families.		Person handling the initial referral call describes the program primarily in terms of support to families.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?



3. Family Ecology

Typical Practice

1	2	3	4	5	6	7
No systematic method is used to determine the family's resources.		The family is asked what their concerns, priorities, and resources are.		A conversation with the family is used to ascertain their supports and resources		An ecomap is developed to determine the family's informal and formal supports and who lives with the child.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

4. Supports

Typical Practice

1	2	3	4	5	6	7
Child's primary caregivers and services already received are the only supports identified during IFSP/IEP development.		Informal and formal supports are determined without an indication of level of support from each.		Oral or written questionnaire is used to determine the family's supports, with an indication of level of support from each.		An ecomap is used to determine extended family members, friends, neighbors, religious supports, professionals, and financial resources, with an indication of level of support from each
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

5. Needs Assessment

Typical Practice

1	2	3	4	5	6	7
Hardly any needs assessment is conducted. Mostly testing results are used to plan interventions.		In addition to formal testing, formal assessments such as curriculum-based assessments are carried out to plan interventions.		Everyday routines are considered, but assessment is organized by developmental domains .		In addition to any testing, informal methods are used to determine the child's engagement, independence, and social relationships in everyday routines .
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

6. Family Needs

Typical Practice

1	2	3	4	5	6	7
Families are asked what their needs are.		Families complete a questionnaire about their needs.		Family-level needs are identified informally but they are not asked directly about their needs and desires for any change in their lives.		Family-level needs are identified primarily through informal or semi-structured conversations about everyday routines as well as direct questions about their needs and desires for any change in their lives.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?



7. Satisfaction With Home Routines

Typical Practice

1	2	3	4	5	6	7
For planning interventions, families are not asked about their satisfaction with everyday routines.		Professionals decide which routines are working well for families.		Families are asked about their satisfaction with routines but not to score their satisfaction.		Families are asked to rate their satisfaction with each routine on a 1 (negative)-5 (positive) scale .
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

8. Individualized Outcomes/Goals

Typical Practice

1	2	3	4	5	6	7
Almost all plans have only child-level outcomes that don't specify participation and no family-level outcomes .		Plans have child-level outcomes that don't specify participation and family-level outcomes .		Plans have fewer than 6 outcomes, some of which are participation-based child-level outcomes and some are family-level outcomes.		Plans have 6-12 outcomes , some of which are participation-based child-level outcomes and some are family-level outcomes.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?



9. Specificity of Outcomes/Goals

Typical Practice

1	2	3	4	5	6	7
Child-level outcomes do not specify the behavior , just the domain (e.g., <i>Johnny will communicate</i>)		Child-level outcomes specify the behavior but not criteria for acquisition and generalization or time frame.		Child-level outcomes specify the behavior and criterion for acquisition but not generalization or time frame.		Child-level outcomes specify the behavior, criteria for acquisition and generalization, and time frame.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

10. Service Decisions

Typical Practice

1	2	3	4	5	6	7
Services are decided upon on the basis of the child's delays or diagnoses.		Services are decided upon on the basis of outcomes/goals , assigning professionals to match the domains of the outcomes.		Services are decided upon, after beginning with a primary service provider , then adding other team members, so every IFSP/IEP has a team of multiple professionals.		Services are decided upon, after beginning with a primary service provider, then, outcome by outcome, adding only necessary people.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?



11. Transdisciplinarity of Home-Based Early Intervention

Typical Practice

1	2	3	4	5	6	7
Two or more service providers work with the family at separate times and with little communication between or among them.		Two or more service providers work with the family at separate times and communicate with each other.		One service provider has the most contact with a family, but others have separate visits .		One primary service provider works with the family, with consultation , as needed, from professionals from other disciplines.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

12. Home-Visiting Practices

Typical Practice

1	2	3	4	5	6	7
Visits consist primarily of the home visitor's working directly with the child .		Visits consist primarily of the home visitor's demonstrating techniques to the family, whose main role is to observe.		Visits consist primarily of consultation with/coaching of the family about functional child skills but not meeting family-level needs .		Visits consist primarily of consultation with/coaching of the family about both functional child skills and meeting family-level needs .
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?



13. Home Visit Agenda

Typical Practice

1	2	3	4	5	6	7
The home visit agenda is the activities the home visitor takes , to work with the child.		The home visit agenda is a mixture of professional-child activities and professional-family talk.		The home visit agenda is almost exclusively predetermined by outcomes/goals on the IFSP.		The home visit agenda is functional outcomes but the family has the opportunity to set the home visit agenda.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

14. Adult Learning and Consultation/Coaching

Typical Practice

1	2	3	4	5	6	7
The home visitor determines what the needs are, tells the family what should be done, and evaluates the family's success in carrying out the intervention.		The home visitor makes suggestions about professional-identified needs..		The home visitor makes suggestions about family-identified needs, without little input from the family.		Together , the home visitor and the family provide information about needs, about potential interventions, and about the success of interventions tried.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?



15. Family Consultation

Typical Practice

1	2	3	4	5	6	7
Developing interventions consists of the home visitor's mostly telling the family what they should try.		Developing interventions consists of the home visitor's giving suggestions to the family.		Developing interventions consists of the home visitor's giving suggestions to the family and asking the family for their input .		Developing interventions consists of the home visitor's mostly asking questions of the family, including <i>Have you tried ___?</i>
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

16. Demonstrations for Caregivers

Typical Practice

1	2	3	4	5	6	7
The early interventionist works with the child to demonstrate for the caregiver, with little discussion .		The early interventionist works with the child to demonstrate for the caregiver, explaining what he or she is doing.		Demonstrations are accompanied by discussion between the early interventionist and the caregiver, but not preceded by much conversation about this skill.		Demonstrations of interventions occur after conversation about implementation in everyday routines and are accompanied by discussion between the early interventionist and the caregiver.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?



17. Community-Visiting Practices

Typical Practice

1	2	3	4	5	6	7
The early interventionist works directly with the child on skills that might or might not be relevant for classroom routines.		The early interventionist works directly with the child on skills that fit within classroom routines , but spends little time consulting with/coaching the teaching staff.		The early interventionist consults with/coaches the teaching staff on interventions that fit within classroom routines, but with very little demonstration.		The early interventionist consults with/coaches the teaching staff on interventions that fit within classroom routines, using demonstration as necessary.

Ideal Practice

If discrepancy between typical and ideal practice, why?

18. Working With Families

Typical Practice

1	2	3	4	5	6	7
Early interventionists are friendly and respectful to families but do not support their decision making about their child , attend to their needs, or give them a role in administration of the program.		Early interventionists are friendly and respectful to families and support their decision making about their child but do not attend to their needs or give them a role in administration of the program.		Early interventionists are friendly and respectful to families, attend to their needs, support their decision making about their child but do not give them a role in administration of the program.		Early interventionists are friendly and respectful to families, attend to their needs, support their decision making about their child, and give them a role in administration of the program.

Ideal Practice

If discrepancy between typical and ideal practice, why?

19. Focus of Child-Level Assessment and Intervention

Typical Practice

1	2	3	4	5	6	7
The focus of assessment and intervention is on the child's performance of skills listed on developmental tests or curricula.		The focus is on the child's performance of functional skills listed on developmental tests or curricula.		The focus is on the child's engagement, independence, and social relationships but not necessarily in everyday routines.		The focus of assessment and intervention is on the child's engagement, independence, and social relationships in everyday routines.
1	2	3	4	7	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

20. Location of Sessions by Specialists (does not apply to classroom teaching of children)

Typical Practice

1	2	3	4	5	6	7
Almost all sessions occur in centers where clinician works with the child.		Most sessions occur in clinical centers but some occur in natural environments.		Most sessions occur in natural environments but some occur in clinical centers.		Almost all sessions occur in homes, children's classrooms, or other natural environments.
1	2	3	4	7	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?