

ROUTINES-BASED TELEPRACTICE VISIT CHECKLIST

Visitor's Name:		Date:
Observer's Name:		
Fidelity. When training professionals to use Routines-Bas Words in italics are example statements.	ed Telep	ractice Visits with fidelity, we recommend 80% of all scored items correct
capacity rather than working directly with children. Checklist. Families and professionals should be assure	This ched	t families via telepractice, owing to its emphasis on building caregiver klist, therefore, is not that different from the Routines-Based Home Visit arly intervention can be successfully provided through telepractice, using this model.
		pals, derived from an in-depth assessment of needs in everyday routines, Based Interview, and an ecomap.
Did the early interventionist	✓ ± -	Comments
Connection		
 Schedule the meeting, specifying the connection method (Zoom, Skype, FaceTime, phone call, etc.) 		
2. Ensure the home visitor was well lit with minimal distractions in the background?		
3. Make suggestions for camera positioning to the family, to capture the caregiver's face, and, when necessary, to capture the child and caregiver?		
4. Make suggestions for optimal audio, such as turning down electronic distractions such as the TV.		



Greeting			
5.	Make brief small talk (i.e., off task)?		
6.	If parent does not bring up an issue, prompt		
	one more time by asking if anything new has		
	come up since the last visit?		
Chi	ld Goals		
7.	If parent brings up an issue to discuss, continue		
	this conversation thread?		
8.	Follow up on the parent's topic, including		
	finding out whether the caregiver was looking for a solution?		
9.	Consult Next-Steps Form to see what parent wanted this visit to concentrate on?		
10	. Ask the parent how the strategy the parent was		
10	going to be implemented between calls went		
	(i.e., the right side of the Next Steps Form)?		
11	Refer to the matrix to place discussion of a skill		
	in the context of a routine?		
Str	ategy Development		
12	. Always discuss skills in the context of routines?		
	(e.g., "At what time of day do you see this?"		
	"At what time of day, would you like him to do		
	this?")		
13	. Use open-ended questions, initially, to gain an		
	understanding of the routine and functioning		
	(followed by closed-ended questions if		
	necessary)?		
14	. Ask at least four questions before making a		
	suggestion?		



15. Make a suggestion (e.g., "Have you ever tried?")	
16. Discuss strategies the caregiver can use during everyday routines, between visits?	
17. Discuss only evidence-based practices (i.e., avoid suggestions of practices determined by authorities to have little evidence and little likelihood of effectiveness such as oral-motor stimulation, play therapy, sensory integration, and other noncontingent approaches)?	
18. If the parent seemed interested in an intervention (i.e., a solution), get confirmation (e.g., "Is this something you might want to do?")?	
19. Once a strategy has been discussed, check on the likelihood the intervention will work (e.g., "Do you think this will work?")?	
20. Check on the feasibility of the parent's being able to carry out the intervention (e.g., "With everything else you do at this time of the day, do you think you'll be able to do this?" or "I'm not sure I've described this very well. Do you feel you can do this?")?	
21. If answer to either of these questions was no, recommend next step for finding another solution? Should we keep thinking of something else?	
22. Write intervention on the Next-Steps Form as something the family will work on?	
23. When a child issue had been brought up, if appropriate, ask the parent if the parent would	



like to show the provider what the child does	
or what the parent does?	
Demonstration (Steps of Modeling)	
24. Offer to describe the suggested strategy in detail or to demonstrate, if appropriate? Would you like me to describe or show you what I'm talking about?	
25. If demonstrating with a prop, tell the parent what the consultant was going to do with the prop, before demonstration? First, I'm going to sit behind him If no, skip to #34.	
26. Demonstrate the strategy or describe the strategy in detail? Stand or sit behind him, now or Do you see how I'm helping him from behind?	
27. Ask the parent if trying the strategy at that moment is of interest? Would you like to try?	
28. If the parent said yes, discuss the position of the camera or, if a phone call, ask the parent to provide a running commentary with the speaker on?	
29. If the parent said trying the strategy was of interest, observe the parent or listen to the running commentary?	
30. If the parent said trying the strategy right then was not of interest, not insist on it?	
31. If the parent said yes, give behavior-specific praise and a limited amount of constructive feedback?	





40. Make a suggestion (e.g., "Have you ever tried?")	
41. Ask if there's anything the home visitor could do to help?	
42. If appropriate, tell parent how the home visitor can get help, rather than giving the parent direct help?	
Style	
43. Use active listening (rephrasing, clarifying, summarizing)?	
44. Maintain focus on the conversation in the face of distraction?	
45. Maintain focus on the adult more than the child?	
46. Demonstrate sensitivity to stress of pandemic, lockdown, early intervention delivered through telepractice, working from home, etc. Listen patiently, with empathy, and asking follow-up questions?	
Wrap Up	
47. Review the three main parts of the Next-Steps Form with the parent?	
a. What we did today	
b. What we will do between now and the next visit	
c. What we will focus on during the next visit	
48. Keep the call to no longer than the scheduled length?	



49. Offer to end the call early, if the parent	
indicated in some manner that the call was	
going on too long?	
50. Disconnect only after an appropriate farewell?	
51. Send a copy of the completed Next Steps Form	
by the end of the day?	
Throughout the Visit, as Appropriate (every item	n might not be appropriate at every visit)
Emotional Support	
52. Make overtly positive statements about the child and the parent?	
53. Respond to family concerns (i.e., paid attention to parent's comments)?	
54. Orient to the whole family, including extended family—especially the well-being of the primary caregiver (i.e., expressly ask how he or she is doing)?	
55. Interact in a friendly, not formal, way?	
56. Demonstrate sensitivity, walking in the family's shoes?	
Material Support	
57. Ensure the family had access to health care, if someone in the family had Covid-19 symptoms?	
58. Ensure basic needs (e.g., shelter, food, clothing) were available?	
59. Ensure equipment to promote the child's functioning, including adaptive equipment and especially communication devices, were available?	



Informational Support	
60. Ensure the family had access to information	
about the child's disability?	
61. Ensure the family had access to information	
about child development?	
62. Ensure the family had access to information	
about resources including services?	
63. Ensure the family had access to information	
about interventions (i.e., what they can do with	
the child)?	
Parenting	
64. Encourage the family to talk often and	
positively to the child?	
65. Encourage the family to read often and in a	
shared way with the child?	
66. Encourage the family to play often,	
responsively, and in a silly way with the child?	
67. Encourage the family to teach the child, using	
incidental teaching, prompting strategies, and	
reinforcement principles?	
TOTAL ✓s	
TOTAL ITEMS CHECKED	
% CORRECT	



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¹ The minimum number of goals has been attenuated from the home visit checklist to account for shorter Routines-Based Interviews when conducted via technology.