

Supervisor Guidance – Coaching Fidelity Tool

As a supervisor, you are an important component of your staff’s professional development. You not only ensure that the staff person is adhering to required policies and procedures, but you also ensure that they are providing the most effective early intervention services. An example of how to ensure if services are effective is to determine if staff are using the same processes and procedures as the research based model or approach. This is called fidelity to the model.

This document is a companion to the Texas ECI Coaching Fidelity Tool. The Coaching Fidelity Tool assesses ECI providers’ use of coaching. This document provides additional guidance and tips for you to consider when observing the staff person and providing supervision related to your observation.

When completing the form, remember a “yes” means the staff person is completely implementing this practice or activity throughout the entire visit. The steps of coaching can be repeated multiple times during a visit. If a staff person implements a practice once, but does not implement it again when a step is repeated, the practice should be marked as “somewhat.” Take notes so you can provide feedback about when the practice was implemented and when the staff person missed the opportunity to implement it again.

Just as when the provider is coaching the family, your supervision of staff should include specific rather than general feedback. If something needs to be improved, identify what needs to be changed and the possible results of the change. If the staff person is doing something well, identify what he/she is doing well and the results of his/her actions. It is often small changes in service delivery that improve the intervention service.

I. Joint Planning

The purpose of joint planning is to ensure that the provider and the parent/caregiver are in agreement about the goals for intervention and the activities or routines that will be targeted as the intervention settings. Joint planning should occur both at the beginning and end of the visit.

At the beginning of the visit:

	Yes	No	Somewhat
Did the provider actively engage the parent/caregiver in planning for this session, including discussing the joint plan that was developed at the previous session? <ul style="list-style-type: none"> • How did the provider engage the parent? • What is the quality of the engagement? • Is the provider missing nonverbal signals from the parent/caregiver that may affect their engagement? 			
Does the plan for today’s session address the parent/caregiver’s priorities for services and the child’s IFSP outcomes? Supervisor Tips: Not addressing the parent/caregiver’s priorities will affect how he/she engages with the provider. If the child’s IFSP outcomes are not addressed in the joint plan, either the joint plan needs to be changed, or the IFSP outcomes need to be updated. Not including the child’s IFSP outcomes in joint planning is an issue that should be addressed immediately.			
Did the provider ask the parent/caregiver to reflect on what has happened related to the joint plan since the last visit (successes and challenges)? <ul style="list-style-type: none"> • Does the service provider create a comfortable environment that encourages reflection (e.g. non-judgmental attitude, seeking to understand before trying to “fix” the problem, etc.)? 			
Did the provider respond to this information and make changes to the joint plan if			

needed? If no changes are needed, this row can be left blank. If changes to the plan are needed: <ul style="list-style-type: none"> • Were appropriate changes made to the plan? • Should the provider have made additional changes? 			
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Before the end of the visit:

	Yes	No	Somewhat
Did the provider engage the parent/caregiver in planning for the next session? <ul style="list-style-type: none"> • How did the provider engage the parent/caregiver? • What are the plans? • What are the activity settings? • Are there other activity settings that may be effective? • What is the quality of the engagement with the parent? 			
Do the plans address the parent/caregiver's priorities for services and the child's IFSP outcomes? Supervisor Tips: Not addressing the parent/caregiver's priorities will affect how he/she engages with the provider. If the child's IFSP outcomes are not addressed in the joint plan, either the joint plan needs to be changed, or the IFSP outcomes need to be updated. Not including the child's IFSP outcomes in joint planning is an issue that should be addressed immediately.			

Overall Feedback about Joint Planning

II. Observation

Although observation is a required step of the coaching approach, its importance is frequently overlooked. Providers must observe what is currently occurring for the child and family before making suggestions for changes.

	Yes	No	Somewhat
Before suggesting new strategies or providing suggestions or feedback, did the provider observe the parent/caregiver using strategies taught in previous sessions? <ul style="list-style-type: none"> • How did the provider encourage the family to demonstrate what has been occurring when they use previously taught strategies? • Is the provider fully utilizing the information gathered from the observations? Information gathered during observations can inform joint planning, action/practice and feedback. 			
Did the provider use information gathered from the observation(s) to make changes to the joint plan if needed? Leave blank if N/A If no changes are needed, this row can be left blank. If changes to the plan are needed: <ul style="list-style-type: none"> • Were appropriate changes made to the plan? • Should the provider have made additional changes? 			

*More observation tasks are found in the Action/Practice section.

Overall Feedback about Observation

III. Action/Practice

Typically, the largest proportion of time during the visit is spent in the action/practice phase. During action/practice, providers are using clinical knowledge and experience to teach intervention techniques to the parent/caregiver. Each child's action/practice phase will look different because the provider is individualizing the intervention techniques to the family's preferred routines or activities.

	Yes	No	Somewhat
<p>Did the provider use a routine or activity for practice that engages the child and that typically occurs for the family/caregiver?</p> <ul style="list-style-type: none"> What was the activity setting or routine? How did the provider determine this activity typically occurs for the family? Are there other activities settings that might be more effective for the intervention technique the provider was teaching? What was the quality of the child's engagement? What, if anything, could be changed to improve the child's and/or parent/caregiver's engagement? 			
<p>Did the strategy or intervention technique being taught focus on the parent/caregiver's priorities for services and the child's IFSP outcomes?</p> <p>Supervisor Tips: Not addressing the parent/caregiver's priorities may affect how he/she engages with the provider. If the child's IFSP outcomes are not addressed in the visit, either the focus of the visit needs to change, or the IFSP outcomes need to be updated. Not including the child's IFSP outcomes in intervention is an issue that should be addressed immediately.</p>			
<p>Did the provider use the family's materials, or bring materials that were left with the family to use until the next visit?</p> <p>Supervisor Tips: Bringing in "toy bags" or materials that are removed from the child and family after the visit is not an effective practice. How will the family practice the intervention technique demonstrated when the provider and the "special materials" aren't there. Bringing in special toys or materials also sends the message to the family that the intervention is working because of the toy or other materials and discounts the positive effects of their interactions with their child.</p>			
<p>Do the IFSP outcomes need to be updated to reflect current child needs and/or current family/caregiver priorities?</p> <ul style="list-style-type: none"> Did the provider address the need to change IFSP outcomes? What is the plan for updating the outcomes? 			
<p>Was "playtime" on the living room floor the predominant activity used by the provider?</p> <p>Supervisor Tip: Typically, families do not spend the majority of their time with their child playing on the living room floor. Support the provider in reflecting what other activities could be used as the focus for intervention. Have the provider share his/her ideas with you.</p>			
<p>Which strategies did the provider use? (Mark all that apply)</p> <p>Supervisor Tip: Although modeling is the most frequently used strategy when coaching parents/caregivers, it is not the only effective strategy. Explaining the technique, "talking through" the technique while the parent tries it, or even observing a video of someone else demonstrating the strategy can all be successful strategies. If the provider uses modeling, he/she must use the steps below to ensure the parent/caregiver understands what is being modeled, why it is being modeled and the expected result of the technique being modeled.</p>	Modeling	Explanation or "talking through"	Other
	Yes	No	Somewhat

<p>If the provider used modeling, did he/she use all of the steps for modeling: Leave blank for N/A</p> <ol style="list-style-type: none"> 1. Explain the strategy and how it will help achieve the outcome. 			
<ol style="list-style-type: none"> 2. Ask the parent/caregiver if he/she wants a demonstration. 			
<ol style="list-style-type: none"> 3. If parent agrees to the demonstration, explain what will happen. 			
<ol style="list-style-type: none"> 4. Model the strategy/technique. 			
<ol style="list-style-type: none"> 5. Explain what happened and the results of the actions. 			
<p>Did the provider allow time for the parent/caregiver to practice the strategy? Was return demonstration observed? Supervisor Tip: Although the parent can choose how to practice the intervention technique, practicing is a required component of the coaching approach.</p> <p>Supervisor Tip: Not including return demonstration in the visit is an issue that should be addressed immediately. This is a required component of Specialized Rehabilitative Services - SRS (OT, PT, ST and SST).</p>			
<p>If the parent/caregiver seems reluctant to practice the strategy in front of the provider, did the provider:</p> <ul style="list-style-type: none"> • offer encouragement <p>How was encouragement offered?</p>			
<ul style="list-style-type: none"> • explain why it is important to practice with the provider <p>Did the provider's explanation provide accurate and encouraging information about why it is important to practice the skill being taught?</p>			
<ul style="list-style-type: none"> • offer alternative ways to practice the suggestion and still receive feedback (e.g. videotape or practice at the next visit) <p>What alternatives did the provider offer? Are these effective practice methods?</p>			
<p>Did the provider help the parent/caregiver identify ways to expand the strategy into other routines or activity settings? This could occur during joint planning.</p> <ul style="list-style-type: none"> • Are there other activity settings that may be effective? • How did the provider engage the family to think of other activity settings or routines? 			
<p>This next question is not on the fidelity tool because concurrent documentation is not a required component of the coaching approach. However, documentation can be used as a tool for reflection, to help remind families what was discussed during the visit, and to assist with their ongoing implementation of the strategies taught during the visit.</p> <p>Did the provider use the documentation of service delivery to assist with the coaching process (concurrent documentation)? Did the provider's documentation* match what was observed during the visit and does it contain the following:</p> <ul style="list-style-type: none"> • a description of the techniques the provider used to engage the family/caregiver in activities to meet the developmental needs of the child. This includes: <ul style="list-style-type: none"> • coaching and instructions to the family or caregiver; • discussing how activities apply to child and family routines; and • modeling intervention techniques within everyday learning opportunities, including a description of the opportunity for the caregiver's return demonstration. • the IFSP outcome that was the focus of the intervention; • the child's progress related to the outcomes in the IFSP; • relevant new information about the child provided by the family or other routine caregiver <p>*Documentation may need to be reviewed after the visit if the provider is not</p>			

using concurrent documentation.			
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Overall Feedback about Action/Practice

IV. Feedback

Thoughtful, positive feedback is a cornerstone of the coaching approach. The parent/caregiver’s understanding and implementation of the intervention technique will be improved when specific feedback is provided.

	Yes	No	Somewhat
Did the provider give a variety of feedback (encouragement and other positive feedback, information and suggestions) to the parent/caregiver throughout the session? Consider: <ul style="list-style-type: none"> • What are the examples of the types of feedback the provider used with the parent/caregiver? • Is there a type of feedback that the provider needs to use more often? 			
Did the provider typically use general (“Great job”) or specific feedback? Supervisor Tip: Specific feedback will be very helpful for the parent/caregiver when he/she is learning how to use the intervention technique. Pointing out the results of using the technique and explaining why it is most effective when used a certain way is critical to the learning process. Consider: <ul style="list-style-type: none"> • Did the provider miss any opportunities to provide specific feedback? • What are the examples of specific feedback the provider used? 	General	Specific	

Overall Feedback about Feedback

V. Reflection

Reflection is another component of coaching that is frequently overlooked. However, it is a very important part of the coaching process. The parent/caregiver needs opportunities and “space” to process and think about the information and suggestions the provider has given him/her.

	Yes	No	Somewhat
Did the provider use a variety of open-ended questions with the parent/caregiver to encourage reflection? Consider: <ul style="list-style-type: none"> • Are these questions general (How are things going?) or specific and matched to the activity (What do you think will happen if you give choices of what to eat before snack time)? 			
Did the provider ask the parent/caregiver to reflect on the information or suggestions he/she provided? Consider: <ul style="list-style-type: none"> • Did the provider allow reflection to happen, or did he/she move quickly to the next activity setting, routine or intervention technique? • What are the words or phrases the provider used to encourage reflection? 			

Overall Feedback about Reflection

Remember: All of the steps can occur multiple times during the session and do not need to occur in the same order.