



Draft

homeBase Coach Checklist

Student ID:

Coach ID:

For each step below indicate (a) the number of visits required to complete the step, (b) whether the step was completed, and (c) the tools used.

Visits	Engage in Values Discovery:	<u>Completed</u>	
<input type="text"/>		Yes	No
	Complete Ecological Assessment and Values Discovery	<input type="radio"/>	<input type="radio"/>
Start Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<i>Tools used:</i> <input type="radio"/> Values Discovery cards	
End Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		

Visits	Assess Current Practices:	<u>Completed</u>	
<input type="text"/>		Yes	No
	Complete Universal Principles Interview	<input type="radio"/>	<input type="radio"/>
	Complete Observation of the Universal Principles	<input type="radio"/>	<input type="radio"/>
Start Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<i>Tools used:</i> <input type="radio"/> Universal Principles Parent Overview	
End Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="radio"/> Self-Assessment	
		<input type="radio"/> Parent/Child Interaction Activity (<input type="radio"/> Videotaped)	

Visits	Share Performance Feedback:	<u>Completed</u>	
<input type="text"/>		Yes	No
		<input type="radio"/>	<input type="radio"/>
Start Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<i>Tools used:</i> <input type="radio"/> Universal Principles Parent Overview	
End Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="radio"/> Self-Assessment	
		<input type="radio"/> Parent Tip Sheets	
		<input type="radio"/> Review Parent/Child Interaction Activity	

Visits	Offer Extended Consultation, Education & Support:	<u>Completed</u>	
<input type="text"/>		Yes	No
	Negotiate structure and content of change plan	<input type="radio"/>	<input type="radio"/>
	Re-assess current practices	<input type="radio"/>	<input type="radio"/>
	Provide additional performance feedback	<input type="radio"/>	<input type="radio"/>
Start Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Indicate principles the parent committed to changing (mark all that apply):	
End Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="radio"/> Establishing expectations	
		<input type="radio"/> Minimizing attention	
		<input type="radio"/> Teaching expectations	
		<input type="radio"/> Establishing clear consequences	
		<input type="radio"/> Acknowledging expectations	

Visits	Provide Closure:	<u>Completed</u>	
<input type="text"/>		Yes	No
		<input type="radio"/>	<input type="radio"/>
Start Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Did you provide the family with any of the following? (Mark all that apply)	
End Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="radio"/> Community referral/resources?	
		<input type="radio"/> Recommendations for recreational activities?	
		<input type="radio"/> Recommendations for respite care?	
		<input type="radio"/> Other: _____	