

\_\_\_\_\_  
(Your Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Child Name or ID#)

## Home Visitor's Fidelity Follow-up Checklist

After the ECI assessment indicates a need for more frequent monitoring, and you have selected a specific intervention strategy, please check either Yes or No for each step below to indicate whether or not it has been done.

**Please only use this checklist after your initial home visit in which you reviewed the intervention materials with the parent. On your initial visit, use the Home Visitor's First Fidelity Implementation Checklist.**

What strategy(s) and/or routines did you select to give to the caregiver (you can refer to the MOD for the information)? \_\_\_\_\_

<b>Home Visitor's Follow-up Support Steps</b>	<b>Y</b>	<b>N</b>
1. Was the person with whom you reviewed the strategies the child's primary caregiver? (Select 'No' if unknown)  a. Write the number hours a week this person estimates spending with the child, or mark an "x" by "Unknown." _____ Hours _____ Unknown		
2. I asked the parent/guardian if they were able to do the strategy(s) after my last home visit.		
3. I asked the parent/guardian if they were comfortable doing the strategy(s) and asked if they noticed any improvement.		
4. I talked to the parent/guardian about how they could continue doing the strategy(s) across some additional routines.		
5. I talked to the parent/guardian about how much they have been using the strategy(s). <b>Please indicate how much they are using the strategy(s) by completing one or both of the sentences below. If they have been tracking their frequency of using the strategies, refer to the tracking form.</b> <ul style="list-style-type: none"><li>• I asked them how often they used the strategy(s), and they said (circle one): Often                 Sometimes                 Rarely                 Never</li><li>• I saw them use _____ strategy(s) across _____ routine(s) while I was there.</li></ul>		
6. I left the parent/guardian with a new intervention handout(s) and pointed out where they could record how often and when they used any of the strategies (attached to this checklist).		
<b>General Comments/Notes:</b>          	/6	/6

## Language Strategies Checklists

This checklist is provided as a way for caregivers to track how often they are using recommended language strategies. Using this information can help you and your home visitor identify strategies that you are not using very often, and either find alternative strategies or identify other routines in which to use them.

*Caregiver:* Circle your best estimate of how often you used the strategies for each day.

<b>Week of _____</b>					
<b>Day</b>	<b>How Often You Used the Strategies</b>				
Monday	Often	Sometimes	Rarely	Not Today	
Tuesday	Often	Sometimes	Rarely	Not Today	
Wednesday	Often	Sometimes	Rarely	Not Today	
Thursday	Often	Sometimes	Rarely	Not Today	
Friday	Often	Sometimes	Rarely	Not Today	
Saturday	Often	Sometimes	Rarely	Not Today	
Sunday	Often	Sometimes	Rarely	Not Today	

**Comments:**

**Child Name:** \_\_\_\_\_

**Caregiver Name:** \_\_\_\_\_

**Home Visitor Name:** \_\_\_\_\_

## Estrategias para desarrollar el lenguaje: Lista de control

Esta lista de control es una forma de llevar la cuenta de con que frecuencia usted está usando las estrategias recomendadas para el desarrollo del lenguaje. Usar esta información les puede ayudar a usted y a su representante de Head Start o Early Head Start a identificar estrategias que no están usando a menudo y a encontrar estrategias alternativas o identificar otras rutinas en las que se podrían usar.

Indica con que frecuencia usted usó las estrategias para cada día.

La semana del \_\_\_\_\_ al \_\_\_\_\_

Día	Con qué frecuencia usted usó las estrategias			
Lunes	A menudo	A veces	Pocas veces	No las usé
Martes	A menudo	A veces	Pocas veces	No las usé
Miércoles	A menudo	A veces	Pocas veces	No las usé
Jueves	A menudo	A veces	Pocas veces	No las usé
Viernes	A menudo	A veces	Pocas veces	No las usé
Sábado	A menudo	A veces	Pocas veces	No las usé
Domingo	A menudo	A veces	Pocas veces	No las usé

### Comentarios:

Nombre de su niño(a): \_\_\_\_\_

Nombre de usted: \_\_\_\_\_

Nombre de su representante de Head Start o Early Head Start: \_\_\_\_\_