

# Community Life Engagement Guideposts Fidelity Scale

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Please respond to the following statements based upon how your [non-work] day services and supports are currently structured.

For each section, add up the numbers in parentheses for each response to see where you fall in the range.

## Part 1: Organizational Values

*Please answer how much you agree the following statements apply to your organization.*

My organization...	Strongly Disagree (1)	Disagree (2)	Neither Disagree nor Agree (3)	Agree (4)	Strongly Agree (5)	Enter Number Here
Makes sure all working-age individuals have opportunities to explore employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ensures families are aware of the organization's emphasis on individualized, person-centered, community-based supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ensures all staff are aware of the organization's emphasis on individualized, person-centered, community-based supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Total for Part 1</b>	Range= 3-15					_____

## Part 2: Person-centered supports

*Please answer how much you agree the following statements apply to your organization.*

My organization...	Strongly Disagree (1)	Disagree (2)	Neither Disagree nor Agree (3)	Agree (4)	Strongly Agree (5)	Enter Number Here
Offers training to staff in person-centered planning or thinking approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Engages the individual throughout the person centered planning process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Offers training to individuals on self-advocacy and self-determination skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequently reviews and updates each individual's person centered plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Supports individuals to develop and plan for life goals (e.g., employment, education, physical fitness, connecting with family and friends, hobbies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is aware of and responsive to individuals' cultural background (race, ethnicity, religion, language, age, sexual orientation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Total for Part 2</b>	Range= 6-30					_____

### Part 3: Social and Community Connections

*Please answer how much you agree the following statements apply to your organization.*

My organization...	Strongly Disagree (1)	Disagree (2)	Neither Disagree nor Agree (3)	Agree (4)	Strongly Agree (5)	Enter Number Here
Provides training to staff on how to identify and build natural supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emphasizes building networks of support from family, friends and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trains staff on how to minimize their presence in order to encourage natural interactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Supports individuals to form friendships with people outside the IDD system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gives individuals a say about which peers they spend their time with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tailors community participation to the individual's desired level of social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Total for Part 3</b>	Range= 6-30					_____

### Part 4: Continuous Quality Improvement

*Please answer how much you agree the following statements apply to your organization.*

My organization...	Strongly Disagree (1)	Disagree (2)	Neither Disagree nor Agree (3)	Agree (4)	Strongly Agree (5)	Enter Number Here
Regularly reviews data and feedback collected and uses them to improve supports at the individual level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Regularly reviews data and feedback collected and uses them to improve supports at the organizational level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Collects feedback from individuals on whether they are supported to achieve the goals they set for themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Total for Part 4</b>	Range= 3-15					_____



**Community Life Engagement**  
INSTITUTE FOR COMMUNITY INCLUSION, UMASS BOSTON

[www.communityinclusion.org/projects/cle](http://www.communityinclusion.org/projects/cle)