

FGRBI Key Indicators Manual



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Citation

Woods. J. (2025). *FGRBI Key Indicators Manual* (8th ed.) [Unpublished manual]. FGRBI Partners.

First Printing, 2015

This research was supported by the Institute of Education Sciences,
U.S. Department of Education, through Grant R324A130121 to Juliann Woods.



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This edition of the FGRBI Key Indicators Checklist and Manual has been a labor of love. Over the past 30 years, our team of researchers and practitioners have developed and evaluated the FGRBI Key Indicators (KIs) through community-based implementation. We have refined their use by reviewing research on congruent models, conducting consumer interviews, and conducting our own research studies in conjunction with community programs. Each study, experience, and evaluation has guided us in improving the checklist and the supporting materials for implementation. The phrase “the devil is in the details” is one we take to heart. Each edition has increased the specificity of the KIs with the intention of guiding providers to see and hear the words as we intended. We don’t want to overwhelm providers with information; instead, we want to help them develop their practices supporting the FGRBI model.

Our goal is to encourage providers to support caregivers and their children’s learning and development through a collaborative partnership. We believe this manual offers “how-to” strategies for coaching caregivers during home visits, frameworks for implementing embedded intervention in everyday routines and activities preferred by the families, ideas for supporting caregiver participation and decision-making, and strategies for meaningful and functional measurements of child progress.

We hope you find the resources in this manual helpful as you continue your work with children and families. Thank you for your dedication to early intervention—it really makes a difference! A heartfelt thank you to all the amazing providers and families who have been part of the FGRBI journey over the years. Your contributions mean so much!

Acknowledgments

Contributions to the development and research on FGRBI from collaborating projects:

- Embedded Practices for Intervention with Caregivers (EPIC), Institute of Education Sciences (R324A130121)
 - Patricia Snyder, Ph.D., University of Florida
 - Christine Salisbury, Ph.D., University of Illinois - Chicago

We would like to express our deep gratitude to the numerous students and staff who played a vital role in supporting the FGRBI journey throughout the years. Without your energy, dedication, and persistence, the research and results would not have been possible.

We would like to acknowledge the EI professionals who reviewed drafts of this manual and provided feedback:

- Shubha Kashinath, Ph.D., CCC-SLP, Co-Director, Center for Disability Justice Research: Health Equity, Education, and Creativity, California State University - East Bay
- Susie Rensch, M.Ed., Early Childhood Specialist, FGRBI Master Coach
- Jennifer Batenhorst, M.S., Early Childhood Specialist, Green Hills AEA, FGRBI Master Coach
- Stacey Landberg, M.S., CCC-SLP, Pediatric Speech-Language Pathologist, Consultant, Los Angeles, CA
- Jennifer Brown, Ph.D., CCC-SLP, Professor, University of Georgia



We would like to give special recognition to the administrators and leaders of state agencies, programs, and universities who collaborated with us. We could not have been successful without your encouragement and feedback in the evaluation and evolution of FGRBI. The successful and sustainable implementation of community-based programs would not be possible without your participation.

And especially thank you to all of the families and providers who have contributed to the ongoing development of the FGRBI and Caregiver Coaching model. Your wisdom, experience, and perspective have been an inspiration to expand supports and services to the early intervention community.

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Introduction



Words Matter

The way we communicate can significantly influence how our messages are received and understood. While words have the power to clarify ideas, they can also lead to confusion due to the diverse backgrounds, experiences, and beliefs of both speakers and listeners. In the context of early intervention (EI), our individual interpretations of commonly used terms can vary significantly. However, coming together with shared ideas and common goals fosters effective partnerships, ensuring each child and family receives personalized support.

Having a common roadmap enhances collaboration among families, caregivers, and EI team members. This manual aims to support the development of an authentic action plan that aligns with the families' values and priorities, utilizing the best available evidence in early intervention practices. By focusing on the importance of meaningful words exchanged in respectful partnerships, we can build stronger connections and work more effectively together.

What do we mean when we say...

The FGRBI Key Indicators Manual uses the terms "parents", "family", and "caregivers" to identify individuals participating in coaching to support embedded intervention for children in EI. We interchange the terms or use both to convey that being family guided is not limited to specific individuals engaged with the child, but rather inclusive of the community of familiar adults that can support the child's learning, as determined by their family.

We also interchange the terms "home visit", "visit", and "session" because coaching is not limited to a specific location. Children are increasingly likely to be served in community programs or childcare, instead of or in addition to, at home. Coaching can also occur via teleintervention. The location may impact the organization of the model, but the practices and principles are constant. Providers or the agency they are employed by may have preferences for the terms used.

Introduction

We do have some terms that are not used interchangeably that we would like to clarify.

1. Strategy - The word “strategy” is integral to the intervention and coaching process, but can be confusing. In its generic version, “strategy” refers to a way of approaching or doing something, a technique, or a plan to accomplish a goal or encourage change. This manual references three types of “strategies,” each with its own specific meaning.

- **Intervention strategies** - Intervention strategies is a general term that refers to a range of services, techniques, materials, or resources used to assist children in learning and developing to their fullest potential. We use this term to refer to general strategies for children aged from birth to three who have developmental delays or disabilities and are enrolled in early intervention Part C services.
- **Instructional strategies** - Instructional strategies are a subset of intervention strategies and activities used by providers and parents. They are specific, evidence-based, or informed techniques that are applied systematically and intentionally to maximize learning on the child’s targets in routines. Instructional strategies are defined and described so that they can be taught to caregivers to use with their child, e.g., wait time, verbal cues, and physical assistance, and are observable and measurable.
- **Coaching strategies** - Providers use coaching strategies to support caregivers’ learning to embed intervention for their child. These include general and specific strategies such as information sharing, observation, direct teaching, reflection, etc. The purpose of coaching strategies is to “teach” the caregiver how to use various instructional strategies that will support or teach their child’s learning targets. In summary, the child is enrolled in an early intervention program that includes a variety of general and specific intervention services, supports, and strategies. Providers use coaching strategies with caregivers to support them to use and benefit from both general intervention strategies and specific instructional strategies to help their child learn.

2. Plan - We plan for different things in our own lives. A plan is a detailed proposal decided on and arranged in advance. Some are broad and projected for a future date (e.g., a five-year plan), while others are more immediate (e.g., a daily plan). In EI, the term “plan” is used to describe both immediate and long-range plans. The child, family, and provider, as a team, participate in multiple planning activities in EI.

- **IFSP** - The Individualized Family Service Plan (IFSP) is the plan identified in the IDEA, Part C legislation that delineates specific services and supports developed collaboratively by the family and EI professionals to assist an eligible child with developmental delays or disabilities. The plan, which identifies family priorities and establishes measurable outcomes based on the child’s development, is reviewed and updated every six months.
- **Intervention (EI) plan** - The intervention plan is a commonly used term that refers to a current plan that describes how each outcome is being addressed by the child’s team of providers. It is linked to the IFSP outcome and is reviewed and revised by the team or provider as needed.
- **Session plan** - The session plan outlines the focus of the home visit or session based on the child’s current targets, progress, family priorities, and the next steps relevant to addressing the outcomes from the IFSP. It’s guided by the caregiver to ensure it addresses their information and coaching needs for embedding intervention within their everyday routines.
- **Action plan** - The action plan describes how the caregiver(s) will support the child’s learning between visits, in their own words, and in a format that is best for them (sticky note, paper document, text message). This is their plan and includes the details they need to practice and provide opportunities for their child by answering the 5Qs, *What* (targets), *When/Where* (routines), *How* (strategies), how they will know *It is working*, (progress) and *Why* (it is important to meet the outcome.)

Introduction

How to Use the FGRBI Key Indicators Manual

This manual is the latest edition that outlines Family Guided Routines Based Intervention (FGRBI) and Caregiver Coaching practices and principles for implementation. The manual is not intended to provide an exhaustive explanation of the model but rather focuses on how to use FGRBI and Caregiver Coaching to support children and families receiving EI services.

Obviously, we think it's important for you to read the manual carefully and have it available to refer to while you are learning the practices and applying the principles. Community providers have guided us in the development of the manual and encouraged the addition of examples and case studies. Even our most experienced coaches shared they still "check their manual" to answer questions, gather ideas, or remind themselves "why" a practice is important.

Let's look at what's in the manual! The front section materials provide an overview of FGRBI, describe and illustrate SS-OO-PP-RR and the Family 5Q, and present a crosswalk between the two frameworks. This content is helpful if you are not familiar with the FGRBI model or would like a quick review.

The FGRBI Key Indicators Checklist is included as it is used and explained throughout, with annotations that identify changes made for this edition. Additional explanations of these changes can be found on the FGRBI website, fgrbi.com.

KIs 1-12 are individually described and laid out in a consistent format to make it easy to identify the information you need. Here is what you can expect in the following sections:

Description

The practices and principles of each of the 12 FGRBI Key Indicators are clearly identified in the opening paragraphs, along with a rationale for their importance. Understanding why each KI is an important practice and how to apply the principles enhances your learning journey. While the intent of the description is not to cover every aspect of the KIs, it does provide a rationale and purpose that incorporates family-centered, adult learning, and culturally responsive principles.



When you check the caregiver during the home visit rather than working directly with the child, your focus is on the interaction between the caregiver and child. Asking about the caregiver and family during each session increases information about the family and the child. This serves to increase your updates enhance your ability to individualize the interaction to the family, including the child, rather than only for the child. Checking in with the caregiver on their recent activities and how they are going can help you plan activities that support the "match" that ensures the caregiver's active participation.

Greeting the caregiver and child and inquiring about their well-being is a common and respectful starting place for a home visit. Initial comments may vary based on the culture, but it serves to acknowledge your presence and genuine interest in the family's information and activities. These insights are key to individualizing an intervention plan guided by the family's strengths, choices, and culture. Focusing on the family reflects your understanding that membership in the family unit impacts the child's learning and development and supports the needs of all family members.

An added benefit of gathering family updates is the opportunity it provides to reinforce the importance of the family's role in embedding intervention for their child. Coaching is new to many caregivers, so they may have questions even beyond the initial session. Listening and responding to family updates offers additional opportunities for sharing information and answering questions of how and why coaching works. Making connections between what the caregiver and child are doing in everyday activities reminds them of how coaching works, reinforces their engagement, and provides an opportunity for them to ask questions or make comments that increase their understanding and motivation for participation.

Looks Like/Doesn't Look Like

This section aims to illustrate what the practice "Looks Like" when implemented using the model, compared to how it may occur in a more child-directed approach. The "Doesn't Look Like" component highlights methods that may be unintentionally disrupting the coaching process. It's easy to think you are applying a practice as described, only to realize that what you thought it meant differs from its intended application. Each example points out common practices that promote caregiver participation and decision-making, as well as differences between caregiver coaching and child-focused interventions.

Looks Like

Asking open-ended questions about the caregiver and family to learn more about them, their interests, and priorities (e.g., "I've been looking forward to catching up with you. What's been happening?").

Taking time to establish and build the relationship through respectful conversations and updates (e.g., "It's exciting that Grandpa is coming. What do you think he would like to do with Aoha when he visits?").

Doesn't Look Like

Jumping right into coaching the caregiver or interacting with the child without "checking in" about the family.

Nodding but not engaging when the family shares details about what has occurred since the last visit.

Introduction

Examples

A few ideas from other practitioners are shared to offer suggestions for you to adapt for your families and contexts. Keep in mind there are no perfect examples... just the ones that support the caregiver's engagement and build their confidence. Feel free to adapt the ideas shared to match your caregiver's cultural background and experiences.

Examples of Key Indicator 1.

- "Hi! It's great to see you. How has everyone been?"
- "Catch me up on what's been happening with you and the siblings. It's soccer season, right?"

Considerations

This section includes a variety of tips and reminders for using the KI as it is intended. The application of each KI is designed to be flexible so that it respects both the child and family and their experiences and priorities. Considerations offer ideas on how to get started and problem solve strategies to use when things don't go quite as expected. The specificity of the practices is identified to help you understand and incorporate the measurable features of the KI. For example, caregiver-identified routines must be at least 20 seconds in KI-5, and in KI-7, four of the six examples of feedback must be specific and strengths-based for the caregiver.

Considerations for Key Indicator 1.

For families new to the EI program, you may need to explain why you are asking family-oriented questions. Share that you want to learn about what they do, how they support their child's learning, and what they value. These conversations are extensions of the IFSP process and can be repeated as needed. Sharing a brief story, whether it is your own or someone else's, the mediator may also increase their understanding and participation.

We know from adult learning research that participation increases with successful interactions, so conversations early in the session build the caregiver's confidence for problem solving and planning. Encourage the caregiver to reflect on what seemed to work the best, or how the child and family responded to the activity. This can help the caregiver identify what worked well and what did not work well.

Encourage the family to reflect on why they enjoyed an activity or what they did that helped the child participate with the family. Cultural differences in child and family outcomes, child behavioral expectations, priorities, roles, and structure affect how families organize their everyday routines and activities. You can learn about the family's cultural background, traditions, and how they organize their routines within their day by observing and listening while children play.

Follow-up questions or comments may be useful to encourage reflection. The difference between a "one-turn question and answer" and a "relationship-building conversation" can be the use of follow-up questions or comments. It's helpful to have a few general follow-up questions or comments that can be used to encourage the caregiver to share more information about their family. Since family updates are important for planning the session, asking follow-up questions early allows their information and ideas to be incorporated.

If the visit starts with you joining an activity (e.g., they are outside playing or in the middle of lunch), there may not be time for family updates initially. Review KI-1 later in the visit to check in with the family. If the parent immediately jumps into intervention updates (KI-2), follow their lead and inquire about the whole family after the intervention updates.

If you get stuck finding a question or comment, use the previous session note or action plan to follow up on family activities (e.g., visitors, appointments, going to the park). Be cautious not to focus only on your notes but rather use them to start or keep the conversation going. Be sensitive to topics the family would prefer not to discuss.

Rubric

KIs are scored on a 3-point scale: Yes – 2 points, Partial – 1 point, and Not Observed – 0 points. The rubric describes in measurable and observable terms, what it takes to score at each rating. It's important to note that in some descriptions, the terms "**AND**" or "**OR**" are included, indicating that there are multiple components to the practice that will impact the score. The rubric is used to support your learning to apply the practices intentionally, not to grade your performance.

Setting the Stage	Yes	Partial	Not Observed
KI-1. Gathers updates on the child and family; listens and encourages caregiver reflection	Score Yes if the provider asks the caregiver questions about the family's well-being AND the caregiver responds with family INFO OR FEELINGS . Provider asks and follows up with another prompt if the family does not respond or only child updates are given.	Score Partial if the provider asks the caregiver questions about the family's well-being AND does not follow up with only child responses or no response is given.	Score N/O if there is no clear request for family/caregiver updates.

Application Materials

New to this edition of the manual are application suggestions and resources intended to enhance your understanding of each KI and help you successfully apply them. The content varies by KI and is based on feedback from providers about what additional information they found useful to their implementation.

Sometimes, you will see additional details on what is required to get a Yes on a specific indicator, along with strategies for moving from a Partial to a Yes on the rubric. Other examples offer a deeper dive into the rationale for a principle or practice (e.g., why it's important to connect the IFSP to planning the next targets or session plan, or a handout illustrating how to include multiple targets in multiple routines for a child and caregiver). Case studies are offered as examples of how providers have applied indicators while coaching. Anecdotes from providers are shared as suggestions and encouragement.

Building Family Confidence and Competence

Building caregivers' capacity for intervention that supports the child learning involves building relationship and participation-based capacity-building practices and principles. It's the relationship between these practices and principles that promotes the caregiver's capacity; it's the interaction between these practices and principles and how you use them.

Relational Practices	Participatory Practices
<ul style="list-style-type: none">• Listen and learn from the family• Respect their beliefs, interests, and culture• Focus on their priorities• Share requested and relevant information and resources• Match learning preferences	<ul style="list-style-type: none">• Join as a collaborator rather than a leader• Build on strengths to achieve identified priorities• Support the caregiver as an informed decision-maker• Engage in opportunities that support and strengthen the caregiver's skills• Encourage problem-solving and self-reflection

You know it's working when the caregiver:



Getting to Yes in KI-1

Yes	Yes	Partial
<p>You inquire about the caregiver and family and receive a substantive and relevant response.</p> <p>A shrug of the shoulders or a "nothing" is not a substantive response. A desire to know what the new car is not a relevant substantive answer.</p>	<p>You ask about the family and either do not get a response or the response relates to intervention updates.</p> <p>Following up questions that do not relate to the family are not substantive answers.</p>	<p>You ask a question, but the caregiver does not respond or does not share any relevant family information AND you do not follow up with another question.</p> <p>Asking a question is a good start; however, it is not sufficient. You should follow up as soon as the caregiver is comfortable in the session, preferably before session planning or intervention planning begins. During the action plan do not enhance your ability as a provider to support the caregiver.</p>

Introduction

Reflection Questions

At the end of each KI, questions are posed to encourage reflection on the practices discussed. These questions are designed to stimulate critical thinking and encourage you to consider how the information applies to your own experiences and understanding. We learn through reflecting and practice and encourage you to engage in self-reflection with each visit.

Reflection
How do I prepare to "meet the family" as they are? Am I aware of my attitudes and perspectives that could impact my home visiting practices? What information would help me increase my knowledge and skills to support each family?

Reference List

The Reference List included at the end of the manual contains the peer-reviewed evidence-based research cited in this manual.

Early Care and Education

This special section introduces the application and adaptation of FGRBI and Caregiver Coaching to Early Care and Education settings. While it is not intended to be a comprehensive guide to using coaching in childcare or early education programs, it provides basic information and strategies to help get you started. Based on research conducted in these programs, the strategies and adaptations presented are both flexible and feasible, requiring only a willingness to collaborate on your part and a little creativity.

Appendices

The appendices comprise a range of supplemental materials illustrated throughout the manual that we have developed for providers, which we believe will be beneficial to you.

The materials in the appendices are designed to complement the content in the manual. For additional handouts and resources, we invite you to check out our website, [fgrbi.com!](http://fgrbi.com)



No model is unique. EI caregiver coaching frameworks share many similarities, including the theories and research that support their development and application. The words we share are based not only on our work but on the work of many other collaborators, colleagues, and leaders in the field. We thank them. We hope you find some intriguing reading in the list that will deepen your understanding and application of caregiver coaching.

FGRBI

Key Indicators Manual



SS-OO-PP-RR Coaching Framework

Brief Description of Components

The four components, identified by the acronym SS-OO-PP-RR, are Setting the Stage, Observation and Opportunities to Embed, Problem Solving and Planning, and Reflection and Review. They provide a framework for integrating the practices and principles of Family Guided Routines Based Intervention (FGRBI) and Caregiver Coaching during home visits with family members and other caregivers. Each SS-OO-PP-RR component is briefly described as an introduction to the coaching process.

Setting the Stage (SS)

Setting the Stage is more than a friendly exchange of greetings at the onset of the home visit. During Setting the Stage, the collaborative partnership between the provider and the caregiver is established to promote the caregiver's role of active participation and decision-making throughout the session.

When setting the stage for the visit, the provider encourages caregiver reflection on updates about the family and their child's outcomes by asking questions and discussing strategies and routines. The provider listens, offers information, facilitates problem solving strategies to address family questions or priorities, and, with the caregiver, addresses any changes or modifications the family prioritizes. Introducing and discussing material before practicing the content in routines is associated with better outcomes for children and families (Dunst & Trivette, 2009).

The provider and caregiver collaborate on the identification of targets, activities, routines, and strategies that the caregiver will embed during the session. Studies have also shown that giving adults input into what they are learning increases their motivation and ability to acquire new skills (Merriam & Baumgartner, 2020).

Observations & Opportunities to Embed (OO)

Observation occurs when the provider intentionally watches the caregiver and child interact in a routine prior to offering coaching or feedback. By stepping back to observe, the provider reminds caregivers that the goal of intervention is to support their interactions with the child. The caregiver leads the routine/activity with the child, allowing the provider to observe how consistently and accurately the caregiver uses evidence-based (EB) instructional strategies and how the child responds. The provider uses the information to provide strengths-based feedback to the caregiver that builds on strategies they are already using and to identify additional strategies that may support embedding in family routines.

Opportunities to Embed emphasizes embedding strategies in everyday routines with coaching from the provider to support the child independently using the targets. Parents, like all adult learners, benefit from repetition, explicit feedback in the context in which they are learning, and additional supports that decrease as they become more comfortable and skilled using a new strategy. Opportunities to Embed increases interaction with the child to enhance the caregiver's competence. In this component, the provider intentionally and systematically arranges for caregivers to embed evidence-based strategies in routines and activities with their child. The provider also focuses the caregiver's attention on the child's responses. The provider's role and the coaching strategies used will vary across routines and child outcomes. However, there should be multiple opportunities for the caregiver and child to interact and receive coaching and feedback during each routine, with multiple routines being practiced in most sessions.



Problem Solving and Planning (PP)

Problem Solving is not necessarily an exchange unique to a “problem” or challenging situation. It refers to a verbal exchange between the parent and provider that serves to gather information, discuss, and evaluate the ideas and options to develop or revise an action plan. It is a coaching strategy that encourages caregivers to think and talk about what they are doing and how the child is learning with the intention of improving or increasing participation. When problem solving, caregivers share their knowledge of the child and their priorities and experiences for what works best for their family. The caregiver also gains new information by brainstorming options, discussing the pros and cons of the possibilities, and formulating plans with the provider. Taking the ideas generated and forming specific plans encourages caregivers to act on their decisions.

Both Problem Solving and Planning use the parent's metacognitive skills, i.e., their ability to think and talk about what they are learning and doing (Knowles et al., 2005). Guiding adults' use of reflection and evaluation of their child's targets, intervention strategies, and routines or activities helps increase their ability to use, retain, and generalize new skills (Dunst & Trivette, 2009). In this component, the focus is on ensuring there is a match between the intervention strategies the caregiver is using to embed the child's targets in the routines and activities. Problem solving throughout the session, but especially at the end of each routine and prior to the provider's departure, offers opportunities to try out the plan to ensure the caregiver feels competent and confident in its feasibility. Planning provides support for deliberate and systematic practice throughout the family's daily activities as they occur.



SS - Setting the Stage

Gather caregiver/family and child updates

-

Share developmental information & review family interests

-

Develop session plan



OO - Observation & Opportunities to Embed

Observe caregiver/child interaction

-

Use coaching strategies matched to caregiver & child in multiple routines

-

Provide general and specific feedback

Reflection and Review (RR)

Reflection is a valuable coaching strategy for motivating caregivers to think and talk about what they are seeing and doing with their child to intentionally support learning. Reflection builds confidence and autonomy when the provider supports the caregiver through open-ended questions and encouraging comments to discuss what has worked, what is happening now, and what the caregiver wants to do next. Reflection is key to caregivers' understanding of their knowledge and skills as they build capacity for participation in both child and family outcomes and occurs in all components of SS-OO-PP-RR.

Reflection and Review are interrelated. We encourage the use of reflection to inform the review process. When caregivers review the visit, they identify what they have discussed, practiced, and experienced during the home visit. This will help them organize knowledge in their framework to facilitate retrieval and application. The provider listens carefully to the caregiver's descriptions and provides additional support as needed. Reviewing ensures the caregiver and provider are on the “same page” about family priorities, what will occur between visits, and what the plan is for the next visit. The process clarifies the plan and helps the caregiver retain and systematize what, how, when, and where the intervention will occur throughout the day.

When caregivers lead the action planning process rather than the provider, they use their own words to relate it to their everyday experiences. They describe how they will participate and how they will know the intervention is working as their child participates. Review supports the caregivers' retention of the information and their commitment to action and informs the provider's documentation.



PP - Problem Solving & Planning

Problem solve instructional strategies

-

Expand opportunities and contexts to practice in everyday routines

-



RR - Reflection & Review

Promote caregiver reflection & review

-

Identify how to know it's working

-

Develop action plan for next steps



Implementing FGRBI Using the SS-OO-PP-RR Coaching Framework

FGRBI

	Family Guided, Individualized, Culturally Responsive Supports	Everyday Routines and Activities	Functional, Participation- Based Outcomes	Embedded, Evidence- Based (EB) Instruction
Setting the Stage	Listen to the family as they share updates and ideas and identify their choices and priorities for the visit.	Identifying the family-preferred routines and activities and partners to support learning throughout their day.	Prioritize the caregiver and child's functional outcomes and "right-sized" targets that support meaningful participation.	Discuss EB strategies that are working well, the pros and cons of others to try, and how and when to embed them.
Observation and Opportunities to Embed	Listen, watch, and learn what the family does, how they do it, what they enjoy, and what they believe is important and relevant for their plan to support the child's learning.	Observe the caregiver/child participating in their routines. Comment on strengths and identify opportunities for embedding in multiple and varied routines that occur throughout their day.	Coach the caregiver to increase the child's participation in identified targets and measurable steps to increase engagement and independence.	Coach the caregiver to use EB strategies that match the child's learning, promote the caregivers' ability to teach new skills, and support the child's developmental independence.
Problem Solving and Planning	Use the caregivers' current priorities and engage in planning to problem solve the next steps between visits.	Brainstorm how to expand participation or add repetition in current and additional routines meaningful to the family.	Discuss what is working (and not) for the child and caregiver and discuss steps to revise or expand targets to support progress.	Promote the caregiver's decision-making on the systematic use of EB strategies for targets in routines and throughout the day.
Reflection and Review	Reflect/review with the caregiver on strengths and strategies based on their priorities and additional supports needed, if any.	Review the expansion to new, diverse routines with other partners and places for generalization.	Reflect/review the action plan linking current targets/skills to long-range outcomes prioritized by the family.	Review/reflect on how the strategies are working, what progress looks like, and what the backup plan should be for the action plan.

SS-OO-PP-RR

FGRBI Key Indicators Checklist

This checklist is to be used in conjunction with the FGRBI Key Indicators Manual

Setting the Stage	Yes	Partial	Not Observed
KI-1. Gathers updates on the caregiver and family - <i>listens and encourages caregiver reflection</i>			
KI-2. Asks the caregiver to update intervention implementation since the last visit - <i>listens, encourages caregiver reflection, and sets up problem solving as needed</i>			
KI-3. Shares information about child development and family interests - <i>connects learning targets to functional outcomes and IFSP priorities to increase caregiver knowledge and resources</i> <u>Minimum of 3 examples of developmental information or rationale connected to a target, routine, strategy, or family priority, with at least one linked to an IFSP outcome</u>			
KI-4. Jointly identifies or clarifies the targets, routines, and strategies for the session - <i>facilitates caregiver participation and decision-making in the discussion</i>			
Observation and Opportunities to Embed	Yes	Partial	Not Observed
KI-5. Observes the caregiver/child interaction in routines - <i>provides strengths-based feedback and builds on dyad interaction</i>			
KI-6. Uses multiple coaching strategies matched to caregiver and child behaviors in multiple caregiver-identified routines - <i>scaffolds and repeats to build competence and confidence</i> <u>Minimum of 3 different caregiver-identified routines from 2-3 different routine categories using at least 3 specific coaching strategies</u>			
Routine/Category 1: _____	Coaching Strategies 1: <input type="checkbox"/> DT <input type="checkbox"/> DN <input type="checkbox"/> GP <input type="checkbox"/> CP <input type="checkbox"/> PS <input type="checkbox"/> Re		
Routine/Category 2: _____	Coaching Strategies 2: <input type="checkbox"/> DT <input type="checkbox"/> DN <input type="checkbox"/> GP <input type="checkbox"/> CP <input type="checkbox"/> PS <input type="checkbox"/> Re		
Routine 3: _____	Coaching Strategies 3: <input type="checkbox"/> DT <input type="checkbox"/> DN <input type="checkbox"/> GP <input type="checkbox"/> CP <input type="checkbox"/> PS <input type="checkbox"/> Re		
KI-7. Provides general and specific strengths-based feedback on caregiver and child behaviors and interactions - <i>encourages caregiver and child engagement</i> <u>Minimum of 6 examples of feedback with at least 4 being specific feedback to caregivers</u>			
Problem Solving and Planning	Yes	Partial	Not Observed
KI-8. Problem solves with the caregiver about evidence-based instructional strategies to embed - <i>discusses and decides which interventions are best for the child and family</i> <u>Minimum of 2 distinct problem solving exchanges of 4 turns (2 caregiver-2 provider)</u>			
KI-9. Supports the caregiver to identify new or expand current opportunities multiple times across routine categories and describes strategies to embed - <i>plans to increase opportunities and generalize use in everyday contexts</i> <u>Minimum of 3 new or expanded on routines from at least 2 routine categories</u>			
Reflection and Review	Yes	Partial	Not Observed
KI-10. Asks questions and makes comments that promote caregiver reflection and review - <i>identifies what works for the caregiver and child</i> <u>Minimum of 3 reflection and 1 review across the session</u>			
KI-11. Encourages the caregiver to describe what it will look like when the intervention is working - <i>specifies a functional measure of the target within routines</i>			
KI-12. Engages the caregiver to lead the development of an action plan for embedding intervention in multiple routines and activities throughout the day - <i>facilitates caregiver leadership and decision-making</i>			

DT = direct teaching; DN = demonstration with narration; GP = guided practice; CP = caregiver practice; PS = problem solving; Re = reflection



Gathers updates on the caregiver and family - *listens and encourages caregiver reflection*



When you coach the caregiver during the home visit rather than working directly with the child, your focus is on the interaction between the caregiver and child. Asking about the caregiver and family during each session increases information about their everyday activities and family priorities. Family updates enhance your ability to individualize the intervention to the family, including the child, rather than only for the child. Checking in with the caregiver on their recent activities and how they are doing can impact planning for the session and support the “match” that ensures the caregiver’s active participation.

Greeting the caregiver and child and inquiring about their well-being is a common and respectful starting place for a home visit.

While initial comments may vary based on social context and culture, the inquiry serves to establish your presence and genuine interest in the family’s information and activities. These insights are integral to individualizing an intervention plan guided by the family’s strengths, choices, and culture. Focusing on the family reflects your understanding that membership in the family unit impacts the child’s learning and development and supports the caregiver as an informed collaborator and decision-maker.

An added benefit of gathering family updates is the opportunity it provides to reinforce the importance of the family’s role in embedding intervention for their child. Coaching is new to many caregivers, so they may have questions even beyond the initial session. Listening and responding to family updates offers additional opportunities for sharing information and authentic examples of how and why coaching works. Making connections between what the caregiver and child are doing in everyday activities reminds them of how coaching works, reinforces their engagement, and provides an opportunity for them to ask questions or make comments that increase their understanding and motivation for participation.

“...interventions must do more than build on family strengths: They must be consistent with, and embedded in, the everyday business of family life.”

Bernheimer & Keogh, 1995

Looks Like

Asking open-ended questions about the caregiver and family to learn more about them, their interests, and priorities (e.g., “I’ve been looking forward to catching up with you. What’s been happening?”).

Taking time to establish and build the relationship through respectful conversations and updates (e.g., “It’s exciting that Grandpa is coming. What do you think he would like to do with Aoha when he visits?”).

Being responsive by commenting when the caregiver shares information about what’s happening with the family and including it in the session (e.g., “Playing ball sounds like fun. Should we try it?”).

Doesn’t Look Like

Jumping right into coaching the caregiver or interacting with the child without “checking in” about the family.

Nodding but not engaging when the family shares details about what has occurred since the last visit.

Pulling out documentation from past visits to review while the caregiver talks rather than listening and responding.

Examples of Key Indicator 1.

- “Hi! It’s great to see you. How has everyone been?”
- “Catch me up on what’s been happening with you and the siblings. It’s soccer season, right?”
- “Tell me about your week. How’s it going for everyone?”
- “It’s such a nice day today. What’s new with you and the family?”
- “You told me how Omar did on the trip. Now, how did it go for you?”

KI-1

Gathers updates on the caregiver and family - *listens and encourages caregiver reflection*

Considerations for Key Indicator 1.

For families new to the EI program, you may need to explain why you are asking family-oriented questions. Share that you want to learn about what they do, how they support their child's learning, and how this information will be used to individualize their session plan. These conversations are extensions of the IFSP process and are be repeated as needed. Sharing a brief video, written explanations, or using a cultural mediator may also increase their understanding and participation.

We know from adult learning research that participation increases with successful interactions, so conversations early in the session build the caregiver's confidence for problem solving and planning later. Self-reflection is another adult learning strategy that supports caregiver participation. Encourage the family to reflect on why they enjoyed an activity, what they did that seemed to work the best, or how the child and family responded. Listen to the family's responses so you can also include their ideas in the session plan.

Encourage the family to reflect on why they enjoyed an activity or what they did that helped the child participate with the family. Cultural differences in child and family outcomes, child behavioral expectations, priorities, roles, and structure affect how families organize their everyday routines and activities. You can learn about the family's cultural background, traditions, and how they organize their routines within their day by observing and listening while collecting family updates.

Follow-up questions or comments may be useful to encourage reflection. The difference between a "one-turn question and answer" and a "relationship-building conversation" can be the use of follow-up questions or comments. It's helpful to have a few general follow-up questions or comments that can be used to encourage the caregiver to share updates with you (see KI-10 for examples). Since family updates can be important for planning the session, asking follow-up questions early allows their information and ideas to be incorporated.

If the visit starts with you joining an activity (e.g., they are outside playing or in the middle of lunch), there may not be time for family updates initially. Revisit KI-1 later in the visit to check in with the family. If the parent immediately jumps into intervention updates (KI-2), follow their lead and inquire about the whole family after the intervention updates.

If you get stuck finding a question or comment, use the previous session note or action plan to follow up on family activities (e.g., visitors, appointments, going to the park). Be cautious not to focus only on your notes but rather to use them to start or keep the conversation going. Be sensitive about topics the family would prefer not to discuss.

Self-reflection is an essential practice for early intervention providers to use with families and for themselves. Thinking about the child and family, as well as their priorities, preferences, values, and beliefs, is as integral a component in the process used to prepare for the visit as stopping and reflecting after the visit. Asking caregivers reflection questions, such as "What do you think worked? What didn't?" helps build a collaborative relationship with them to enhance their confidence and competence.

Setting the Stage	Yes	Partial	Not Observed
KI-1. Gathers updates on the caregiver and family - <i>listens and encourages caregiver reflection</i>	Score Yes if the provider asks or comments about the family's well-being and the caregiver responds with family updates OR if the provider asks and follows up with another prompt if the family does not respond or only child updates are given.	Score Partial if the provider asks or makes comments about the family's well-being AND does not follow up when only child updates or no response is given.	Score N/O if there is no clear request for family/caregiver updates.



Connecting with Caregivers

Research in neuroscience has elevated our understanding of the value of connections between young children and their caregivers. In early intervention, we focus on coaching caregivers to connect with their children frequently, in responsive, reciprocal, warm, and language-rich interactions, and to engage in predictable and repetitive daily routines important for learning and social-emotional development (Shonkoff, 2011).

Coaching Conversations Include:

Connecting authentically with the caregiver(s) and child in their activities

Engaging in reciprocal interactions that facilitate the caregiver's participation and decision-making

Offering strengths-based feedback, and problem solving strategies and supports

Neuroscience research is linked to KI-1 because we know that positive, respectful, and trusting relationships with caregivers influence their engagement with us and, more importantly, with their child when they embed intervention. The more back and forth between babies and parents, the greater the growth of the brain in areas critical to the child's ability to learn language and develop social connections, which are essential lifelong skills.

Strategies to Connect



Use facial expressions (e.g., smile, eye gaze) to show interest in connecting. Gaze shifts are expected.

Diverting eye contact may help manage feelings. So, read cues, respond, and reciprocate with understanding.



Manage the speed and volume of your voice to match the caregiver. This match also supports the caregiver's ability to respond and imitate your behavior.

Make sure your nonverbal language and proximity match the family norm.



Associate your questions or interactions with the family's experiences. Ask the caregiver about their well-being, interests, and activities.

Use open-ended questions that they can answer with the information they choose.



Connect frequently, predictably, and in a comfortable space throughout the session.

Consistent opportunities to connect builds relationships. It's not one experience but the accumulation of many.



Learn about toxic stress, mental health, and trauma-informed care.

Supporting executive functioning and self-regulation can be helpful for families and their relationships with their child.

Think About

Even though we share the same neurological wiring, our picture of the world and our experiences are shaped by our genetics, experiences, perspectives, points of view, age, and cultural beliefs. All of these elements affect our perspectives, expectations, and attitudes about life.

Magnuson & Schindler, 2019

Connecting with Families in Adverse Situations

Too often, children and families face conditions that negatively impact developmental, health, and education outcomes. Young children with developmental delays are at a higher risk for abuse or neglect. In addition, children served in early intervention may be vulnerable to conditions such as violence, poverty, substance exposure, and experiencing homelessness at higher rates.

We connect with all families in KI-1. What strategies can you use to ensure each family hears that you care and are trying to understand their concerns and priorities? How do you seek to understand from their perspective?

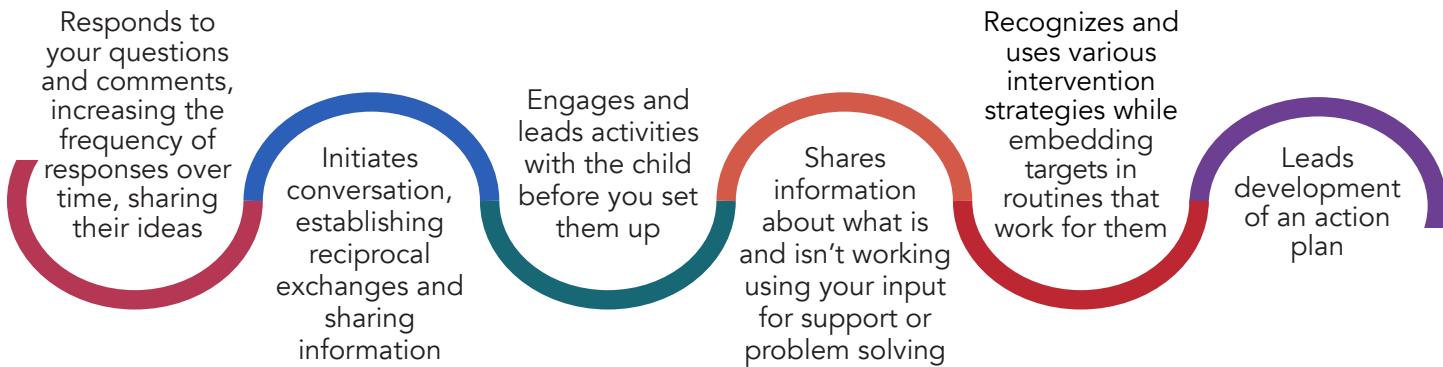
Building Family Confidence and Competence

Building caregiver capacity to embed intervention that supports the child's learning includes using both relationship and participation-based capacity-building practices and principles. It isn't the relationship or the participation that promotes the caregiver's capacity; it's the intersection between these practices and principles and how you use them.

Relational Practices	Participatory Practices
<ul style="list-style-type: none"> • Listen and learn from the family • Respect their beliefs, interests, and culture • Focus on their priorities • Share requested and relevant information and resources • Match learning preferences 	<ul style="list-style-type: none"> • Join as a collaborator rather than a leader • Build on strengths to achieve identified priorities • Support the caregiver as an informed decision-maker • Engage in opportunities that support and strengthen the caregiver's skills • Encourage problem solving and self-reflection

Dunst & Trivette, 2009

You know it's working when the caregiver:



Getting to Yes in KI-1

Yes

You inquire about the caregiver and family and receive a substantive and relevant response.

A shrug of the shoulders or a "nothing much" is not a substantive response. A description of a neighbor's new car is not a relevant response. Try again.

Yes

You ask about the family and either do not get a response or the caregiver jumps to intervention updates, but you return with follow-up questions regarding the family that result in a substantive answer.

Partial

You ask a question, but the caregiver doesn't respond or doesn't share any relevant family information **AND** you do not follow up with additional or clarifying questions or comments.

Asking a question is a good start, but it's not sufficient. You should follow up as soon as the caregiver is comfortable in the session, preferably before session planning. While important, family updates during the action plan do not enhance your ability as a provider to support the caregiver in the session.

Reflection

How do I prepare to "meet the family" and learn about them?

Am I aware of my attitudes and perspectives that could impact my home visiting practices? What information would help me increase my knowledge and skills to support each family?

2

Asks the caregiver to update intervention implementation since the last visit - *listens, encourages caregiver reflection, and sets up problem solving as needed*



Updates are a time to celebrate recent successes, share stories, and begin to plan for the next steps.

Examples of Key Indicator 2.

- "How do you feel about Elliot's targets since our last visit?"
- "Tell me about Aditi. What's been happening with her plan?"
- "Last week, you waited before giving Carlos more apples at snack so he could ask for another one. How did you use wait time this week?"
- "You said you wanted to create more opportunities for Juliette to practice rolling. What did you try?"
- "I am watching Kahlil help you pick up the blocks. That's new! Tell me about it!"
- "I'm listening to the list of routines you tried this week. You added some new ones! What did you learn? Are there any that you want to talk about?"
- "I'm anxious to hear about your trip to the park to practice walking across different surfaces. What did you try?"

While gathering child intervention updates is a familiar home visiting practice, it is also an opportunity to strengthen the importance of the caregiver's role in their child's learning and development. Listening to the child and family's recent experiences with embedding intervention throughout their day provides updates on the child's current status as well as the caregiver's use of the identified strategies and routines. Asking reflection questions presents an opportunity to actively engage the caregiver in self-reflection. The caregiver shares stories about their child practicing their targets in the family activities, describing what they tried, what worked, what didn't, what the child enjoyed, and which strategies were the most helpful.

Using open-ended questions encourages caregivers to reflect on other routines and activities they have tried beyond their action plan. Problem solving exchanges facilitate an understanding of the family's unique perspective and ideas. This builds their confidence about what they do and promotes enthusiasm for what's next. Updates are a time for them to reflect on what they have been doing, even when the steps forward may seem small.

Looks Like

Asking open-ended questions to encourage the caregiver to share updates on the child's intervention from their perspective (e.g., "Tell me what you worked on with Keisha.").

Encouraging the caregiver to share more specific updates on the targets, strategies, and routines by asking follow-up questions (e.g., "You said he's eating better. What made it better? Was it more bites, new textures, different foods?").

Listening to learn how the caregiver adapted the strategies and routines to fit in their day and the family's life (e.g., "You said you included Yusef in his brother's morning routines, and it worked well. How did you decide to try that?").

Doesn't Look Like

Asking for specific updates on each target by asking multiple yes/no questions (e.g., "Did you try the new bottle? How often? How many ounces did he drink at each feeding?").

Listening to responses passively (e.g., "That's nice, now let's get started with today's plan.") rather than encouraging the caregiver to share what strategies they used and how they worked in different routines.

Responding with comments that close a conversation rather than showing respect for the caregiver's efforts when they do not share updates (e.g., "Oh, that's ok.").

KI-2

Asks the caregiver to update intervention implementation since the last visit - *listens, encourages caregiver reflection, and sets up problem solving as needed*

Considerations for Key Indicator 2.

Building a relationship takes time. Gathering meaningful updates on the previous action plan will become easier as you learn more about the family's beliefs and values, perspective on early intervention, and priorities for their child. The more you know about the family, the more you learn how to support them in the session and to develop the next action plan.

Be sure to explain the purpose of the updates and how they are used when developing the session plan and monitoring the child's progress. Some caregivers are quiet because they are unfamiliar with the process and need encouragement, while others may feel uncomfortable until they get to know you. Reminding the caregiver of the confidentiality of the information may be helpful.



Life happens to all of us. Family or friends may visit unexpectedly, the car breaks down, and kids get sick... plans change. Use this time during the visit to reflect with caregivers on what they do rather than what they don't. Following up with reflection questions and problem solving supports caregivers to identify strategies to use when plans do not go as anticipated.

Asking the family about intervention implementation sends the message that you believe in them and reaffirms their role in supporting their child's learning. Encourage them to share what they believe is important, even if it doesn't match the previous activity schedule or action plan. It's important to remember that schedules are not routines. Teaching and learning interactions can occur almost anywhere or any time when caregivers understand how to embed intervention.

Listening to what worked or didn't as the caregiver shares updates can inform providers about possible places, times, or materials to adapt to the environment for new targets or revisions of the current ones. Listen closely and reflect on what wasn't said that may also be relevant. Focused follow-up questions can provide valuable and time-saving information.

Updates may lead to ideas for new family and child outcomes. Be sure to listen carefully to the caregiver and capture their interests, wishes, or ideas that come from the discussion. Take the time to brainstorm ideas they tried that can be useful throughout the session.

Updates may also lead to opportunities to share additional information or resources, enabling the provider to move the exchange from updates to the discussion of priorities naturally in KI-3.

Setting the Stage	Yes	Partial	Not Observed
KI-2. Asks the caregiver to update intervention implementation since the last visit - <i>listens, encourages caregiver reflection, and sets up problem solving as needed</i>	Score Yes if the provider asks or makes comments AND the caregiver responds with intervention updates on the targets, routines, or strategies on the plan OR if the caregiver initiates the update and the provider responds.	Score Partial if the provider asks and follows up with another prompt but does not get an intervention update related to the plan OR if the caregiver's response is not specific and the provider does not follow up.	Score N/O if there is no clear request for updates related to intervention implementation and the caregiver does not share updates.

KI-2

Asks the caregiver to update intervention implementation since the last visit - *listens, encourages caregiver reflection, and sets up problem solving as needed*

Connecting the KIs: Making the most of KI-2

KI-2 provides opportunities to gather and connect information that is useful throughout the session. Think about how integrating the other KIs can increase the meaningfulness and utility of KI-2.

Try transitioning from family updates (KI-1) to child updates (KI-2).
Ex: "You mentioned a trip to Grandpa's. How did Kenji do walking in this new environment?"

Remind the caregiver of the targets, routines, and strategies to support them when they share updates. Encourage them to add new things they tried as possible new routines (KI-9).

Capturing information from updates can give you a heads-up about developmental information (KI-3) that can be helpful when preparing for KI-4. Be listening for information that the caregiver could benefit from for planning.

Use reflection questions (KI-10) to encourage the caregiver to describe what did or didn't work as a follow-up to an update on a target. Problem solve how the strategies supported the caregiver and child or didn't (KI-8).

Comment on the different activities and routines you heard mentioned during updates and inquire about the possibility of adding those to the KI-4. Updates are useful for identifying and expanding routines for generalization in KI-9. Asking about routines early in the session encourages thinking about more opportunities from the very beginning!

Use the Family 5Q as a reminder and organizer for the update conversation. Some caregivers may feel more confident using a paper or electronic copy. Name the Qs to remind the caregiver that the targets are the *What*, strategies are the *How*, and the routine is the *When/Where*.



QUICK TIP The Family 5Q question, Is it working, can also help you gather progress data for KI-2 documentation.



Scaffold questions to support the caregiver sharing updates. For example, start with an open-ended comment: "Tell me about mealtime." Follow up with an information-based question to learn more: "What foods did he try this week?" Based on the caregiver's responses, you may add reflective follow-up questions: "What do you think made those foods interesting for him? How did you encourage him to try?" Information gathered can be used for session planning.

KI-2

Asks the caregiver to update intervention implementation since the last visit - *listens, encourages caregiver reflection, and sets up problem solving as needed*

KI-2 Questions and Answers



Can KI-2 come before KI-1? Can they be done at the same time?

Absolutely! Sometimes, caregivers are ready to share child updates as soon as you get there. They are expecting that question. You can insert questions about the family updates during or after the child updates (e.g., "It's exciting to hear that Grandpa could tell Olivia was talking more. How did the trip to Grandpa's go for you? You mentioned looking forward to it during the last visit."). You can also follow up with a general, "So, how are you feeling today?" or "What's new with the family?"



Where do the child's health and medical updates go? What about other child information we typically gather, such as childcare updates, transition updates, etc.?

You should continue to collect general updates while setting the stage and document them as needed. However, this information is not included on the FGRBI Key Indicators Checklist and scoring rubric. This represents a change from previous guidance, where general child information was often included in KI-1—child and family updates. Now that KI-1 is focusing on the family, these types of child updates, while important, are generally not included in the actual fidelity scoring. KI-1 addresses family updates, while KI-2 focuses on the child's intervention updates. However, there is one important exception. When an IFSP outcome and subsequent targets address the child's health, referrals, or program information, they are included in scoring for KI-2, but only if there is a specific target identified for the child or family on the action plan.



Can I collect updates during the session while I'm coaching?

Gathering more detailed or focused update information while reflecting or problem solving during or after a routine can certainly be helpful. However, without initial updates, the targets, routines, and strategies identified in KI-4 may not be accurate. If you are collecting updates while coaching in a routine, then you are likely using the **general** coaching strategy, information sharing, rather than the **specific** coaching strategies that increase the child's and caregiver's opportunities to practice. Gathering updates throughout the session can result in more time in conversation than coaching. Don't get stuck spending too much time on updates.



I like getting to the updates quickly, so I ask simple, direct questions. What's wrong with that?

Updates give the caregiver opportunities to share their voice. They own the updates! These early conversations, supported by you as needed, establish the caregiver's participation, which in turn leads to informed decision-making. This is a collaborative process. If you ask simple, direct, or yes-no questions, the answers may omit valuable examples and insights that could impact the session. They are a missed opportunity for the caregiver to gain confidence by sharing ideas to guide decision-making. It is also important to make sure the question format you use is comfortable and culturally responsive to the caregiver. You may find you need to ask more specific follow-up questions after the caregiver shares their information.

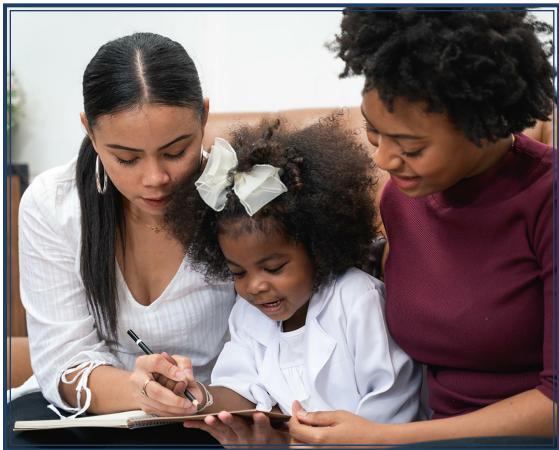
Reflection

What strategies can I use to make sure I am individualizing my update conversations for each family based on their experiences and priorities?

How can I gather update information with open-ended questions rather than asking short-answer or yes-no information questions? How can I use follow-up questions to add specifics if they are needed?

3

Shares information about child development and family interests - *connects learning targets to functional outcomes and IFSP priorities to increase caregiver knowledge and resources*



Conversations with the caregiver are fundamental to family guided practices. Information and ideas relevant to the child's intervention plan are shared, questions are asked and answered, and caregivers are encouraged to participate and make decisions about their priorities and plans. The connections between the child's status, IFSP outcomes, and the family's vision for their child are verified during the conversations. Adding specific developmental information, making connections to the child's current learning targets, and discussing new or revised targets are all topics for KI-3.

Parents may need support to see how the pieces for embedding intervention work together. Explaining why specific targets are necessary, why some strategies are more effective than others, and why there are more opportunities in certain routines provides the family with information that helps them make informed decisions.

They can use this information while planning for the session, during practice and problem solving, and when planning between visits. The adult learning principle that emphasizes situating information sharing in the moment and environment where it is relevant is at the core of KI-3.

Gathering and giving information is an ongoing, dynamic learning process between families and providers.

Woods & Lindeman, 2008

Examples of Key Indicator 3.

- “Yemina’s IFSP outcome is to get ready for childcare in a good mood. You just shared that giving her choices helped her to get dressed and pack her diaper bag. Choices help because it gives her a turn to communicate with you and gives her a job to do that helps her participate. Are there other morning routines where choices could be included?”
- “You told me you were surprised that Theo got his diaper and wipes when you asked. At about 15 months, children understand many words even though they are not saying them. Theo is learning words when you label them as you use them, such as in his diaper routine. Your IFSP outcome is for him to talk; however, he also needs to understand words that have meaning for your family first. Would you like to work on understanding more words?”

Looks Like

Encouraging the caregiver to understand and interpret the child's skills as they develop (e.g., “Did you notice how Cori looked to see if you were watching her drop her cookie? Do you think she wanted your attention?”).

Supporting the teaching and learning relationship between the child and caregiver by offering developmental information, materials, or intervention suggestions related to the routine that links to long-term outcomes and priorities (e.g., “Since reading books is a favorite routine for you and Jowan, let’s look at the developmental word list for ideas of words you want him to practice in the books.”).

Connecting the IFSP outcome to the “right-sized” targets to help caregivers make decisions about the next steps for their child’s plan (e.g., “You stated in the IFSP that you want Evan to wash his hands. Small steps like rubbing soap on his hands, or drying them could be ‘right-sized’ targets that build to the outcome.”).

Doesn’t Look Like

Giving developmental information that contains jargon, overly technical terms, or is delivered in an “expert” way that does not connect to the family’s goals.

Describing milestones or intervention strategies for caregivers to use without asking for caregiver input.

Sharing general developmental information that is not connected directly to the child’s IFSP outcome and their current targets.

KI-3

Shares information about child development and family interests - *connects learning targets to functional outcomes and IFSP priorities to increase caregiver knowledge and resources*

Considerations for Key Indicator 3.

An essential component of KI-3 is sharing developmental information and rationale to support embedding intervention in the family's routines and activities. Families count on you to provide pertinent developmental information that helps to establish priorities for the "right-sized" targets and a rationale for which intervention strategies and routines to use.

The information gathered in updates informs you about what the family may need to know to identify the next targets, routines, and strategies to practice with you during the session. It provides opportunities to share how skills are learned by using them in functional everyday routines. Connecting the dots between gathering updates and sharing developmental information before the session plan helps caregivers understand how the "right-sized" targets will lead to the ultimate outcome.



Developmental information can show how individual or clusters of behaviors contribute to the larger IFSP outcome or the sequence of steps for learning complex skills. Families may identify walking and talking as priorities without knowing the developmental sequence to apply to their child's learning. Sharing information supports them to make informed decisions.

Sharing information in multiple formats, such as written materials, videos, or other media, supports adults as learners. Be prepared to scaffold information for families. One of your key roles as a provider is to offer "just enough" information to caregivers at "just the right time." Sharing developmental checklists to illustrate the child's learning or sharing a video of the child using new skills can help the caregiver understand what the child is doing now and what is coming next. Keeping the message focused on the specific targets they are working on and what would be the immediate next step makes it easier to understand and remember. Providing developmental information helps families celebrate learning specific targets that will help achieve the child's more significant outcomes. Little steps mean so much!

Family priorities change and should be checked regularly to enhance the family's active participation and make sure you are in tune with the family's interests. The more meaningful and relevant the learning targets and routines are, the more the child and family can engage and participate in their typical day. A part of KI-3 is to check in on family priorities to ensure they are being addressed in a way that works for them.

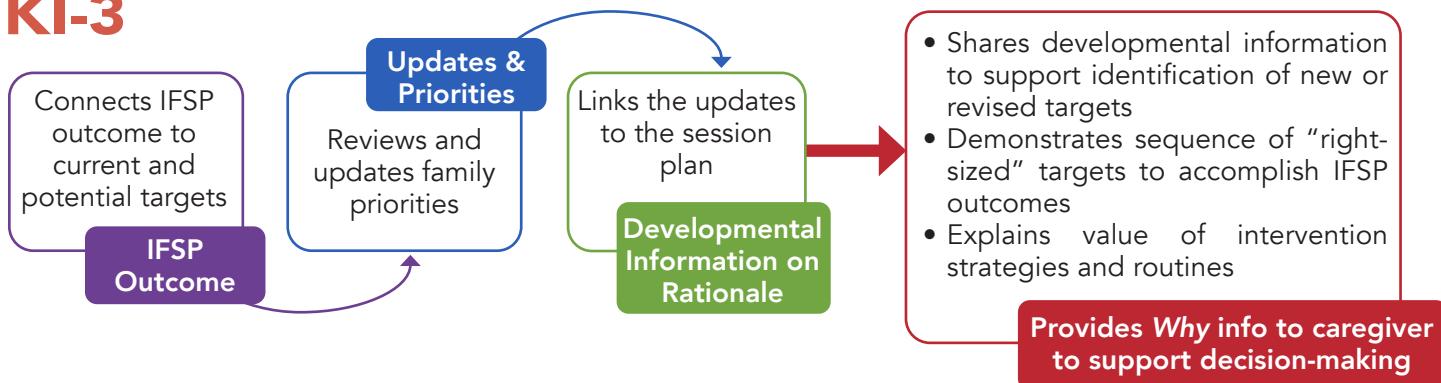
Setting the Stage	Yes	Partial	Not Observed
KI-3. Shares information about child development and family interests - <i>connects learning targets to functional outcomes and IFSP priorities to increase caregiver knowledge and resources</i>	Score Yes if the provider shares 3 or more examples of developmental information or rationale connected to a target, routine, strategy, or family priority, with at least 1 example linked to an IFSP outcome.	Score Partial if the provider refers to the IFSP and family priorities but does not explicitly add developmental information or rationale for the targets, routines, or strategies OR if the provider provides relevant information but does not link to the IFSP OR if there are fewer than three examples with one linked to the IFSP given.	Score N/O if the IFSP outcomes are not discussed and no developmental information or rationale related to the current targets, routines, or strategies are offered.

KI-3

Shares information about child development and family interests - *connects learning targets to functional outcomes and IFSP priorities to increase caregiver knowledge and resources*

Caregivers may focus on the major developmental domains for their IFSP outcomes and not include other high-impact developmental outcomes (i.e., learning targets that promote child engagement and learning overall). They may need information and reminders on how important interactions can be for the child's learning. Encouraging caregivers to think about "why" small moments of positive interaction (e.g., looking at books or singing songs) supports their child's learning. Sharing information on social-emotional development, self-regulation, communication, problem solving, and adaptive skills gives caregivers opportunities to understand their child now and how to plan for the future. Understanding how early interactions impact later development can be an ongoing conversation included in KI-3.

KI-3

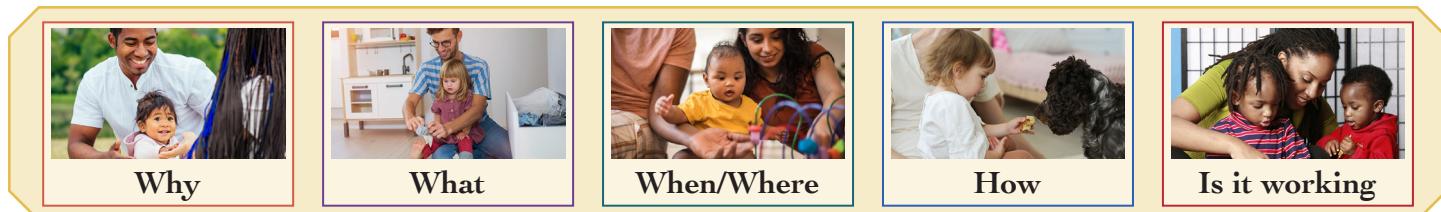


Another way to use KI-3 is to share Why information within or immediately following the routine. This gives caregivers an opportunity to discuss the target, routine, or strategy while embedding the intervention. For example, you can use KI-3 while coaching by explaining why a particular strategy works in addition to coaching how the strategy is used. Information sharing does not take the place of specific coaching but can be an addition to explain why the intervention strategy is a good match for the child's target or routine.

Sharing information once is often not enough. Sharing information during Setting the Stage and while coaching in routines during Problem Solving and Planning supports the development of a cohesive and informed action plan led by the caregiver. Plan for opportunities to describe how the caregiver can support their child's learning by sharing information connected to the targets, routines, strategies, or the family's interests at least three to five times per visit.

Development is affected by the family's environment and experiences. Understanding how the family's beliefs and expectations are similar to or different from current mainstream perspectives is important for intervention planning. Exchanging information and rationale for embedding in the family's routines should occur as new targets and strategies are identified.

KI-3 and the Family 5Q



Woods et al., 2018

KI-3 can be described as the "glue" between Setting the Stage and the Family 5Q. As the caregivers share updates on their family and the child's intervention plan, the next steps for targets (*What*), routines (*When/Where*), and intervention strategies (*How*) are formulated. As a provider, you share developmental information (*Why*) related to the caregiver's descriptions of what the action plan (KI-12) "looked like" (*Is it working*) as they embedded intervention between visits. The Family 5Q can be a useful framework for sharing information with caregivers that will assist in developing the session plan (KI-4).

KI-3

Shares information about child development and family interests - *connects learning targets to functional outcomes and IFSP priorities to increase caregiver knowledge and resources*

KI-3 and the IFSP

Research has shown that families often don't remember their IFSP outcomes or how they are used to support their child's learning unless they have opportunities to discuss and review them. The initial IFSP is often completed while the family is learning about their child's development, potential delays or disabilities, and what the early intervention program can do to support them. With the commitment to family participation delineated by the "F" in the IFSP, it is important for providers to connect the family's early decision-making to their ongoing engagement. A visual may aid their understanding of the connections between the original outcome and the current session's target.

IFSP Outcome

Goal

Target

Families report it's difficult to remember the details of the IFSP. A brief reminder during the session can help the caregivers reflect on their initial priorities to determine their continued importance and the child's progress. For families familiar with EI, who know and trust their providers and feel comfortable with their child's progress, a quick check on their priorities and a comment connecting to the IFSP can be a meaningful reminder to focus the session.

Making the Most of KI-3

Taking time for reflection supports the caregiver's understanding of the information shared in KI-3. Asking caregivers to think about their priorities or the next steps in their child's developmental progress toward the outcome gives them an opportunity to discuss how they see it working for their child and their family. Identifying what's next is great, but figuring out how to support their ability to apply the ideas may take more discussion and problem solving.

To deepen the caregiver's understanding, try:

- How will this target fit into your child's and family's schedule?
- When you close your eyes and see your child working on their target, what do you see you doing to help them?

To increase opportunities for practice, try:

- Which routines and activities do you think would be easiest to embed their targets in first?
- Where else could this skill be useful? Who else could help?

To identify potential hassles, try:

- What will you have to change, add, or do differently to embed this target comfortably?
- What will help your child participate and enjoy practice?

Getting to Yes in KI-3

1

3+ examples of information sharing within the session related to the child's current plan

2

1 example must connect the IFSP outcome to developmental information or rationale for strategies or routines currently used

3

Information sharing is reciprocal. Caregivers are encouraged to share ideas, ask questions, and make comments about targets, routines, and strategies

4

Examples of KI-3 can occur in SS, during or between routines (KI-6), while problem solving about strategies (KI-8) or routines (KI-9), and the action plan (KI-12)

Reflection

Knowing that each caregiver's information needs are different, how do I choose information and "match" the right amount at the right time to support the caregiver?

What strategies do I use to encourage the caregiver to ask questions, share ideas, and make decisions about next steps before we make the session plan?

4

Jointly identifies or clarifies the targets, routines, and strategies for the session - *facilitates caregiver participation and decision-making in the discussion*



Building consensus on a plan for the session at the outset helps to ensure the intervention is intentionally connected to the family priorities and the next steps for the child's learning. In KI-4, you support the caregiver in specifying the targets and strategies for the routines or activities for the day. It also clarifies the expectations for the child's use of the target within the routine or how they envision the child's participation. Collaborating with the caregiver at the beginning of the session to identify what to do, when, and where ensures that the caregiver and child will have opportunities for practice that support them between sessions. It also decreases the reliance on plans developed by providers based on their knowledge and experiences, rather than the caregiver's beliefs of what will help them support their child.

child. It shifts the conversation on the session plan to the provider asking the question, "What can I do to support you in embedding his targets in the routines that work best for you?"

The session plan helps preview what the parent wants their child to do and primes them to think about how they will use the identified strategies in their routines. It's an opportunity for you to review the parents' understanding of the targets and strategies to embed during the visit, i.e., what they want to happen as they discuss it with you. Knowing what the caregiver is planning to do can facilitate observation of the routine prior to coaching and encourage the caregiver's decision-making about the plan.

Examples of Key Indicator 4.

- Provider asks, "You said that you want to start with reading books so Nelly can use words. What words are you thinking?" Mom responds, "She loves her new animal book. She knows her animal sounds but not their names."
- Mom says, "I think we can roll the ball back and forth, put the toys in the bucket, and pull the clothes out of the dryer, so we take turns while we play and do chores."
- Dad says, "I know he can do more than I've been expecting. I want him to finish breakfast and get dressed without a meltdown. Then he can pick what he wants to play with."
- Provider asks, "You said you wanted to increase her walking between activities instead of carrying her. Where do you want to start?" Mom responds, "Downstairs first. Let's try walking to the sink to wash her hands and back to the highchair for snack time. Then we can walk up to the playroom."

Looks Like

Asking questions based on updates and information sharing (e.g., "You said you think Morgan is ready to take your hand to walk to the car or in the store so he learns to stay with you during transitions. What strategies are you thinking of or want to try first?").

Scaffolding to help caregivers make decisions about what takes place and when in the session (e.g., "You want Seraphina to pick up and hold objects when you are playing or pick up her food from the tray during snack time. Does that still sound good? What do you want to do first, play or have lunch? What materials do we need?").

Summarizing and clarifying the *How*, *What*, and *Where/When* to embed so the caregiver is ready for the routine (e.g., "Your plan is to let Brian choose the book. Then you will ask him to name pictures and expect a response. You will repeat and add a new word.").

Doesn't Look Like

Making comments that confirm the provider's agenda (e.g., "How about we play in the living room and work with his puzzles? That worked well last week, and they are laying right over there.").

Asking vague questions that are difficult for caregivers to answer or are not specific to the child's target without any follow-up (e.g., "What would you like to do today? What do you think will help the most?").

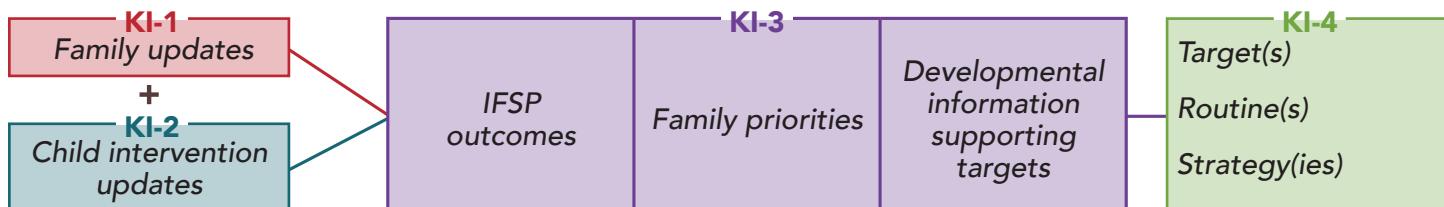
Engaging in provider-led discussions that focus on child skills or therapeutic interventions that do not occur in the context of a routine (e.g., "Tyler will walk with two-handed support for three feet on two of three trials.").

KI-4

Jointly identifies or clarifies the targets, routines, and strategies for the session
- facilitates caregiver participation and decision-making in the discussion

Considerations for Key Indicator 4.

The session plan is jointly developed by the caregiver and provider. Support for the caregiver in the planning process using updates and information should be flexible to meet the caregiver's needs. You may summarize the ideas and next steps discussed during updates and information sharing so that the caregiver can identify the targets and routines for the session, or the caregiver may be confident identifying the next steps with less support from you.



"Right-size" targets match each child's developmental progression with the specific next step to increase their use of the identified behavior. "Right-sized" targets are not too big or too small. The target is "right-sized" when the intervention strategies embedded by the caregiver can be decreased, and the child becomes more independent in its use. The child should be able to show progress as identified by the caregiver within a reasonable period.

Routines include sufficient opportunities for the caregiver to gain confidence using intervention strategies identified to support the child's learning. Routines should be selected to match the specific targets and practice opportunities. Caregiving and play routines will have different opportunities for practice on targets. The caregiver-identified routines in KI-4 should also expand the routine types and categories across the child and family's day to ensure that practice occurs where the targets are functional and meaningful.

Intervention strategies may be identified in the session plan if the caregiver has preferences. Additional strategies may be coached after observation and caregiver practice as needed. Intervention strategies the caregiver uses may be expanded to support the child's learning needs for the target and may also vary between routine types. Problem solving around instructional strategies (KI-8) and practice within routines (KI-6) will occur throughout the session.

Session plans can change as the session evolves. After practice in a routine, the targets may need to be revised. What initially seemed "right-sized" may actually be too large, too small, or not the right match for the routine the caregiver prioritized. The identified routines may need more opportunities for practice or may not motivate the child in the moment. After observation and initial coaching, revisions may be identified, and the caregiver and provider. Remember, the plan is just that... a plan. While it does guide the session, it should also be flexible to address the child and caregiver's priorities.

The targets must be specific so the caregiver can embed strategies to support the child's practice. General goals, such as using more words, climbing stairs, or playing with toys, can be more difficult because of their vagueness. Which words, how many stairs, or what actions are developmentally appropriate to use with the toys are questions that caregivers need the answers to before embedding intervention strategies. "Right-sized" and specific targets, such as labeling snack foods (e.g., milk, cheese, crackers), requesting more cookies, bringing food to his mouth with a spoon, or sitting with balance in a highchair, add the specificity that supports the caregiver's use of intervention strategies.

Setting the Stage	Yes	Partial	Not Observed
KI-4. Jointly identifies or clarifies the targets, routines, and strategies for the session - facilitates caregiver participation and decision-making in the discussion	Score Yes if the caregiver and provider discuss specific targets to embed in at least one routine, with the caregiver leading the decision-making process for at least 1 target AND 1 routine. Strategies are included if they have been identified	Score Partial if the provider leads the discussion and identification of specific targets, routines, and strategies OR only a specific target or a routine is identified for the plan.	Score N/O if joint discussion on the session plan does not occur OR if only general statements about the session plan are made without the caregiver's input.

What do you do when...

Q

The caregiver defers to you no matter how you ask the questions or make suggestions?

A

For many reasons, caregivers may be reluctant to offer their ideas or make decisions about what to do. Take some time to reflect on the caregivers' experiences, culture, and confidence, as well as reflect on how you have explained coaching and communicated with them about your role. Coaching may be new to the caregiver, and more time is needed to build a relationship that supports your partnership. Scaffold and keep trying. Encourage their responses by using their ideas.

Q

The child has several targets they are working on during each session?

A

This is a good thing! You can discuss a big KI-4 plan for all the targets and routines or start with one KI-4 and develop a quick plan for each subsequent set of targets and routines. Encourage the caregiver to prioritize which targets and routines to start with and then move through each based on the caregiver's and child's interests and needs for support. An example of Clarisa's KI-4 plan is provided below.

Clarisa's KI-4



Targets	Takes bites from spoon, asks for more	Target	Names objects "cookie," "milk," "cup," "dog," "cat"	Target	Sitting with balance
Routines	Meals, snacks	Routines	Book reading, snacks	Routines	Toy play, social games
Strategy	F2F, "sticky" foods, favorite spoon, wait time	Strategy	Imitation, wait time, gestures	Strategy	F2F & interesting toys, foods, encouragement

Supporting the Caregiver to Lead KI-4

Use a visual like a print resource, video clip, or last session's action plan or role-play what it could look like as a concrete reference to build on. Break the routine down into steps where the target can be practiced.

Scaffold systematically. If an open-ended question is too vague, break it down and share some options you have used and believe are workable. Offer 2-3 choices that are familiar to the caregiver that you have observed as a starting point. Make sure you do not choose or decide on the option without the caregiver's input and ultimate decision. Repeat what you heard to clarify.

Review what was discussed in the updates and family priorities for the next steps. Use their examples and make connections to what they have already tried that did or didn't work. Discuss how to expand or revise.

Simplify your questions or use comments instead of questions to reduce the caregiver's concerns about the right answer. Many adults want to answer the questions correctly... even when there is not one right answer, just good choices.

Give the caregiver time to respond. This is new territory and possibly an uncertain time for them and their child. Slow down, listen, and use your silence to let the caregiver know you want to hear their ideas of how to help them.

KI-4

Jointly identifies or clarifies the targets, routines, and strategies for the session
- facilitates caregiver participation and decision-making in the discussion

Thoughts and Ideas About KI-4

From a Caregiver's Perspective

Providers may feel as though the routines and targets are apparent to the caregiver, so it's not necessary to name them in KI-4. This is especially true when the targets and routines are familiar. However, encouraging the caregiver to describe the plan takes only a few seconds and can lead to discussions on other routines or strategies to try.

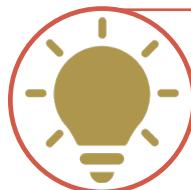
Without a KI-4, the provider may assume they are on the same page as the caregiver, potentially reducing opportunities for coaching or feedback. Having a clear plan, especially when led by the caregiver, builds confidence and competence—our goal for coaching.



At first, I didn't know where to start, how to go about things, or how to make it work for my child, but now I'm more confident. As I learned more, I shared more. She asked questions and listened to me. She asked what I thought worked and which routines would be best for me. I like that we talk about the targets and plan what to do so everybody's on the same page.



From a Provider's Perspective



"KI-4 is the most important KI in the whole list, I think. Once we have a plan, it is so much easier to coach, reflect, and problem solve. Without a plan, I felt like I was just going through the motions, coaching or asking questions to check them off the list. With a plan, I knew what to coach on and how to involve the caregiver in the session. It made so much more sense to both of us."

-Livy

"I had the hardest time getting a KI-4. I'm not sure why, since it is so obvious, but I did. Now, I can't imagine not having one. I will say it is still harder when the caregiver isn't used to participating. I think getting the caregiver involved early in the session is key. Get the caregiver participating in KIs 1-3 so it flows into KI-4." -Evelyn



"I've worked with parents who change their minds in the middle of the session about what they think is important; everything seems important. When that happens, I bring them back to the updates and KI-4 to help them be systematic in embedding intervention so the child can have sufficient practice for learning. KI-4 holds the session together." -Ali



"I use my KI-4 as a setup for KIs 11 and 12. We work on the targets, routines, and strategies throughout the session and then decide what's best to continue between sessions." -Jeri

Reflection

What questions/comments can I use to connect KIs 1-3 to KI-4 so the session plan reflects the child's next steps and the caregiver's ideas of how to move forward?

How will I know the KI-4 is specific enough for the caregiver to feel confident about what to do in the routine?

5

Observes the caregiver/child interaction in routines - provides strengths-based feedback and builds on dyad interaction



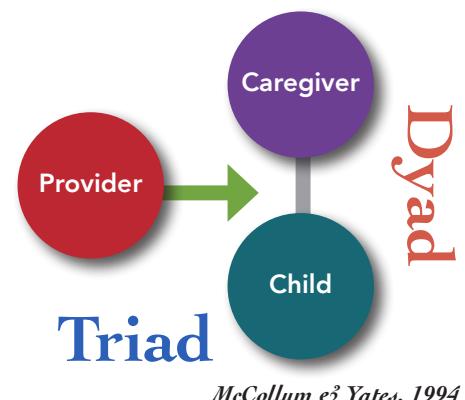
Intentional observation, the purposeful watching and listening to gather meaningful and measurable descriptions of the caregiver and child's interactions, is an evidence-based coaching practice used widely in early intervention for multiple purposes. Observation offers information on the child, their engagement in the routine, use of their developmental skills in a functional context, and responses to the caregiver. In addition, observation shows how the caregiver supports the child, what intervention strategies they use, what their expectations are for the child's responses, and how they provide feedback to the child. While observing, you can systematically review what is and isn't working for the child and caregiver and how they support each other's responses.

During observation, quietly and unobtrusively sit back while the caregiver and child participate in a routine identified for embedding intervention. The focus is on the interactions between the caregiver and the child in the moment. Continue to observe without interrupting as the routine is completed or for at least 20 seconds prior to sharing strengths-based feedback with the caregiver. The observation and feedback process identifies the strategies the caregiver

is already using or could use to support the child's participation. The strengths-based feedback serves as the starting point for the coaching that follows.

To acquire knowledge, one must study; but to acquire wisdom, one must observe.

Marilyn vos Savant



McCollum & Yates, 1994

Examples of Key Indicator 5.

- "Since you identified hand washing as a new routine, can I watch so I can learn how you do it?"
- "You said you felt stuck with rolling over. I'd like to see how she responds when you try. Watching what she does and how you help her helps me problem solve with you."
- "You mentioned a fun tickle game during updates that you do with her. Can you show me what that looks like as a possible play routine for today?"
- "When I watch a routine or playtime, I learn what Jing-Mei is doing with your help. That helps me learn what's working and what we can try next."

Looks Like

Positioning self for easy observation without interrupting or intruding upon the dyad's interactions or participation (e.g., "I'll watch while you help him get dressed, and then we can talk about what you think he could do next.").

Transitioning from the session plan (KI-4) into observation on the routine the caregiver identifies (e.g., "You identified book reading as a routine for imitating words and actions today. I'd like to watch for a little bit to learn what is working.").

Observing naturally occurring routines and sharing feedback with the caregiver (e.g., "I noticed he helped clean up after his snack.").

Doesn't Look Like

Playing or practicing with the child while the parent observes (e.g., child-directed intervention).

Telling the caregiver you want to observe routines so that you can make recommendations about how they could be improved.

Observing without connecting child and family priorities to goals, outcomes, or family strengths, and not providing feedback on what the caregiver is doing that works for them.

KI-5

Observes the caregiver/child interaction in routines - *provides strengths-based feedback and builds on dyad interaction*

Considerations for Key Indicator 5.

At least one example of KI-5 is expected to be on the routine(s) identified by the caregiver in KI-4 and should be completed before coaching. This immediately provides an opportunity for the caregiver to take the lead in interacting with the child in a routine they planned. It gives the provider an opportunity to sit back and observe what the caregiver is already doing to support the child.

Observations in KI-5 that occur before coaching should be 20+ seconds to ensure the caregiver and child have sufficient opportunities to interact around the target(s) embedded in the routine. Some routines, such as diaper change, may not last 20 seconds. To increase observation time, you may want to observe the setup and finish of the routine or the transition to the next activity to gather sufficient information. If you still do not have a rich observation, you will want to identify another routine for an additional observation before coaching.



Before you begin, it is important to clarify the purpose of observation with caregivers. Caregivers may wonder why you are watching them or feel a little uncomfortable if you do not explain. They may even change how they would typically interact without understanding the purpose. It can be helpful to have a few explanations ready, like, "I'm just going to watch how you wash hands to see how the activity flows," or "Let me watch and see what he does when you give him a choice."

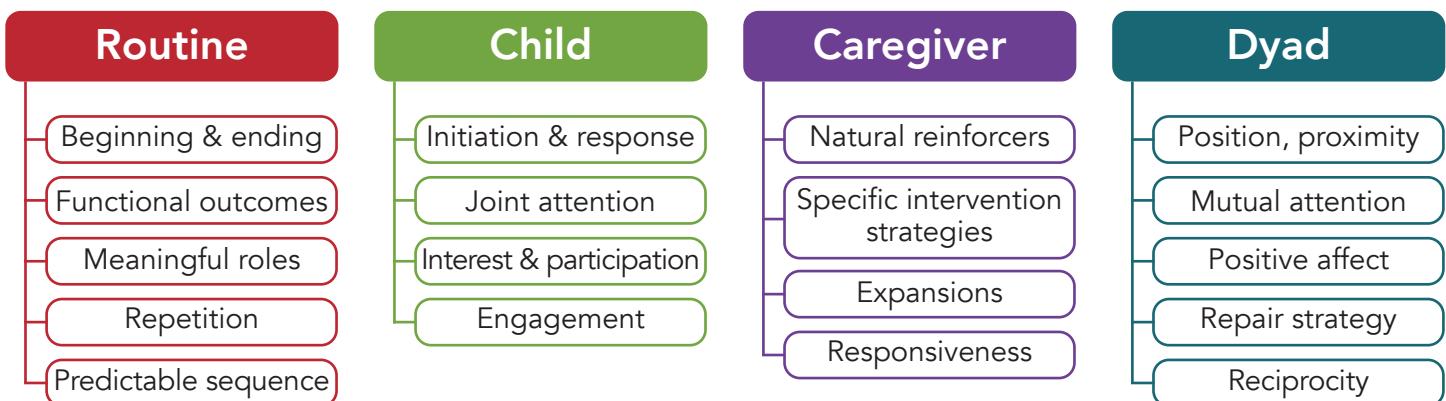
Each observation should always include strengths-based feedback to the caregiver about the caregiver/child interaction. Connecting the caregiver's strategies to embed intervention into the child's actions is a core capacity-building strategy. When most adults hear that what they are doing helps their child, they are more likely to continue interacting with the child and using the strategies described in the feedback. Strengths-based, specific feedback after observation facilitates the relationship between you and the caregiver. The feedback you share demonstrates that you are listening and watching to support them positively, not to be critical. Describing what works for the dyad's interactions decreases concerns about being observed and encourages their participation in coaching.

Observation helps the provider shift leadership to the caregiver. When observing, be careful not to participate or interrupt. Sit silently off to the side with the caregiver and child in full view while the caregiver takes the lead. This keeps you in the background, listening and learning about the strategies the caregiver uses and how the child responds, while the caregiver takes the lead.

Observation & Opportunities	Yes	Partial	Not Observed
KI-5. Observes the caregiver/child interaction in routines - <i>provides strengths-based feedback and builds on dyad interaction</i>	Score Yes if the provider intentionally observes caregiver-identified routine(s) for at least 20 seconds AND provides strengths-based feedback connecting the caregiver's actions to the child's participation.	Score Partial if the provider observes caregiver-identified routine(s) for at least 20 seconds but does not provide strengths-based feedback OR observes only routines not identified by the caregiver OR observes for less than 20 seconds but does provide feedback.	Score N/O if intentional observation with feedback is not observed for at least 20 seconds.

Making the Most of Observation: What can you learn?

Hone your observation skills:



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- Observing provides you with areas of information to share with caregivers that connect child development, interaction between the dyad, and rationale for using strategies and routines.
- Each observation is an opportunity to gather data on what the child is doing related to their target, the caregiver's use of strategies, and the routine's organization.
- Your observations give you content to share with the caregiver and actual examples of what strategies are working so that you can build on the caregiver's strengths.
- Observation facilitates learning about both the opportunities that are taken and those that are missed in the identified routine; it encourages you to think about what else could support the child's learning or how the caregiver could adjust strategies to increase practice.
- Your observation offers insight into what the caregiver understands about embedding intervention and what additional information would be helpful to them.
- Observing also offers insight into the caregiver's expectations for the child (e.g., when the caregiver is doing something for the child that they could do and be more independent, when the child may benefit from more support, and when the child could take on another productive role if it were offered).
- You can learn about the dyad's affect in their interactions, their emotional give and take, the enjoyment, pacing, encouragements, consistency of support, redirections and repetitions, facial expressions, and animation—the expression of their feelings. Observation as a tool increases your understanding of the family beyond the child's targets.

KI-5

Observes the caregiver/child interaction in routines - provides strengths-based feedback and builds on dyad interaction

KI-5 Questions and Answers



What happens if the routine doesn't last 20 seconds?

Not all routines take the full 20 seconds, while others last several minutes. If a routine is likely to be too short, consider using the setup and clean-up as a part of the routine. If it's easy to repeat, you can ask the caregiver to engage the child in multiple examples. For example, combing hair can be quick for a young child, but it can also be repeated if the child is engaged. Another caregiving routine, such as tooth brushing or hand washing, could be added if identified by the caregiver. On the other hand, if the routine is likely to be over 20 seconds (e.g., getting dressed), you may insert your feedback after completing part of the routine, such as putting the child's shirt and pants on and before putting on his shoes so you can begin coaching on the rest of the dressing routine.



What about observation on routines that occur and could potentially be useful for coaching, but are not identified in KI-4?

Incidental observations that occur during the session also offer valuable information about the family's routines and identify potential new ones for embedding strategies. For instance, after having a snack, the child's sticky hands may lead to another observation opportunity during a handwashing routine. It provides opportunities for feedback, problem solving, and planning. While washing hands, the provider may observe a fun mirror game that the caregiver and child play, leading to more ideas for future routines or strategies. Observation is valuable beyond the initial KI-5 for the routine identified in KI-4. You should be attentive to both what is planned and what happens organically. However, remember that caregiver-identified routines are used for KI-5 first to make sure the caregiver knows which targets and strategies to focus on.



What is the difference between observation (KI-5) and caregiver practice (KI-6)?

In general, observation means the caregiver interacts with the child, and you observe quietly. Observation in KI-5 occurs after the routine and targets are identified in KI-4, but **before** the coaching begins. Caregiver practice is a coaching strategy that occurs after you have coached the caregiver on the targets (e.g., direct teaching, guided practice with feedback, etc.) and the caregiver tries the strategies with the child during the routine. Caregiver practice is exactly what it sounds like—the caregiver practices embedding the strategies in the routine **after** active coaching in KI-6. While caregiver practice can look a lot like observation because the caregiver and child are interacting while the provider is watching, the purpose is to further refine the coaching that has already occurred in KI-6 rather than to plan for which coaching strategies to use as in KI-5.



How much time do I spend observing in the session?

Time spent observing will vary for each dyad depending on the amount needed to support and expand coaching on the targets and strategies. During observation, you learn what the caregiver and child are already doing as a starting place for coaching. Observations should occur for each routine to inform your coaching and to provide opportunities for caregivers to reflect on the targets and strategies to use. Observation guides (not replaces) your coaching, which is the emphasis of your session.

Reflection

What strategies do you use after observing to increase caregiver competence and confidence?

How do you remind yourself to look beyond the child's developmental skills and look at their softer skills important to learning (e.g., initiations of interaction, repair strategies, persistence, amount, and balance of turn-taking)?

How do you make sure your strengths-based feedback focuses on the caregiver/child interactions?

6

Uses multiple coaching strategies matched to caregiver and child behaviors in multiple caregiver-identified routines - *scaffolds and repeats to build competence and confidence*

Opportunities to Embed include two interrelated practices: 1) using specific coaching strategies to support the caregiver's learning and 2) embedding in caregiver-identified everyday routines and activities. As with all FGRBI practices, the family is an active participant and decision-maker in the process, which is individualized for their family, the learning preferences of the caregiver(s), and the outcomes and specific targets for the child. Encourage the family to identify routines that fit into their schedule, occur consistently, and have outcomes for the child.

Coaching occurs in the caregiver-identified routines, reflecting their everyday activities and priorities. Specific coaching strategies that match the caregiver's knowledge and ability to provide opportunities to embed are used to support the caregiver. Specific coaching strategies (including caregiver practice) are incorporated systematically and with sufficient frequency in different types of routines within the session to build caregiver competence and the child's learning. Including reflection and problem solving in coaching strategies increases caregiver decision-making about what words work for them.

Examples of Key Indicator 6.

- "Your facial expressions, gestures, and words can encourage him to take a turn. Try reaching out or pointing at the truck, smile, and talk excitedly when you tell him to roll the truck to you." *(Direct Teaching)*
- "Watch me help Akia roll over. First, I position her on her side and bring her leg over just a little so gravity helps. Then, I'll wait and talk to her to encourage her to finish the job. See, she is coming over on her own. Are you ready to try?" *(Demonstration with Narration)*
- "What do you think would happen if you tried sitting across from Ollie rather than holding him during dressing so he can see you and help pull his shirt, socks, and pants on?" *(Guided Practice)*
- "Lia likes rolling the ball back and forth with you. See her smile and the way she leans forward into the action? What could you try to see if she will reach or come to you for the ball?" *(Reflection)*



Looks Like

Demonstrating and explaining a strategy and then asking the parent to join you to practice (e.g., showing Mom the proper distance to hold the spoon for the child to be successful in reaching to grasp, and then encouraging her to try during snack).

Coaching in different types of routines multiple times during the visit to ensure the caregiver is comfortable using the strategies they have identified (e.g., coaching during play, picking up toys, reading books, washing hands, and feeding the cat).

Incorporating specific coaching strategies, then gradually reducing the support to the caregiver so they can practice and gain confidence in their ability to use the intervention strategies in routines.

Doesn't Look Like

Providing a list of opportunities the caregiver could use between visits to work with the child without coaching (e.g., "You can work on making choices at snack, getting dressed, bath time, and with blocks or puzzles.").

Demonstrating a strategy for the caregiver, but then forgetting to turn the interaction back to them for caregiver practice.

Coaching during a single routine or only in one routine category without supporting the caregiver to embed opportunities throughout the day in other routines and activities that are part of the family's life.

KI-6

Uses multiple coaching strategies matched to caregiver and child behaviors in multiple caregiver-identified routines - *scaffolds and repeats to build competence and confidence*

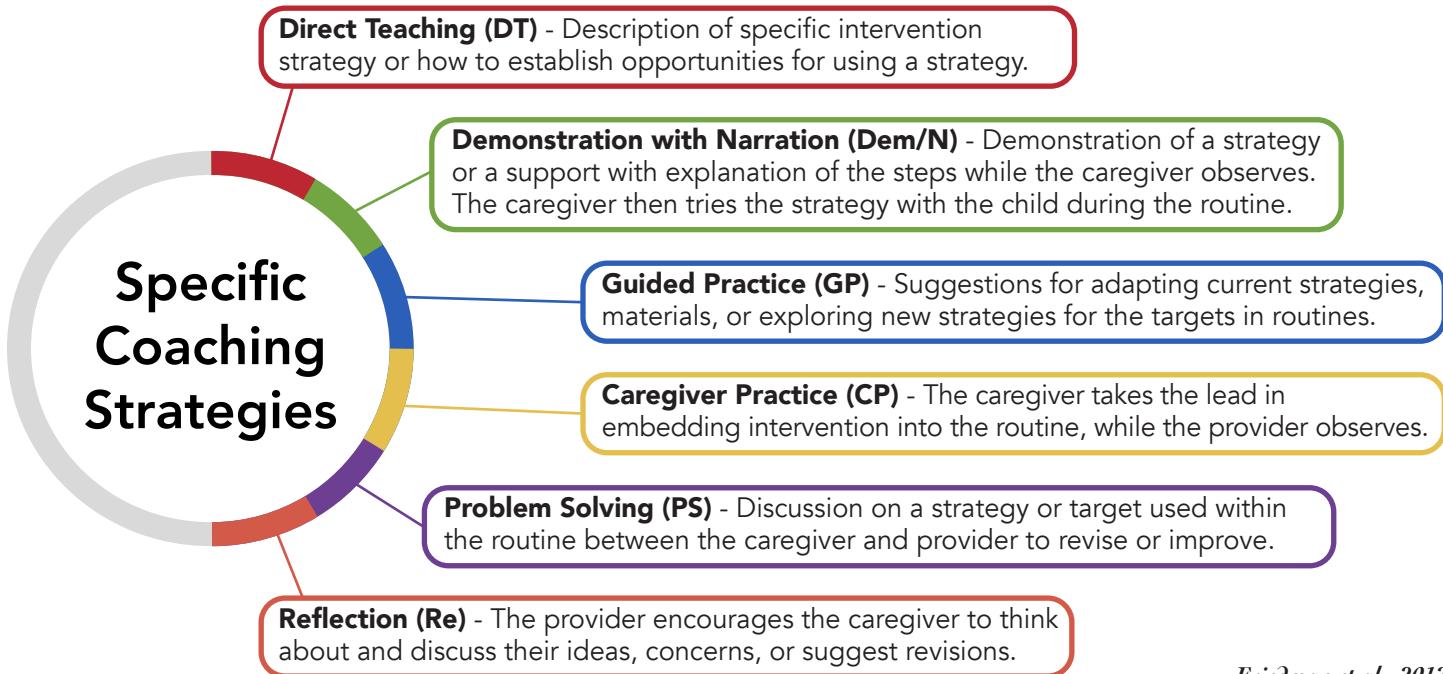
Considerations for Key Indicator 6.

Coaching in various routines across different routine categories makes the intervention more likely to occur when the schedules and commitments change for busy families. Caregiver priorities often focus on the necessary caregiving, chores, and work of the family that keeps them going.

Because caregivers learn through active participation, the majority of the home visit should be spent coaching caregivers in various routines, followed by problem solving and reflecting on the strategies to support the caregiver and child. Be sure to provide adequate opportunity.

Coaching strategies should be used to promote caregiver leadership and mastery. The goal of coaching is for the caregivers to be independent and fluent in using strategies. To do this, caregivers will need multiple practice opportunities in various routines using different coaching strategies that increase their ability to use them successfully.

Caregivers have different learning preferences and use various strategies (e.g., visual and experiential learners) to gain information and experiences as adult learners. Using specific coaching strategies recognizes there are different ways to support caregivers as they learn how to embed strategies on their child's targets. The caregiver's rate of learning will vary. Some caregivers will be anxious to learn to support their child and engage right away. In contrast, others may need multiple repetitions. You must meet caregivers where they are and be ready to support them with coaching.



Friedman et al., 2012

Observation & Opportunities	Yes	Partial	Not Observed
KI-6. Uses multiple coaching strategies matched to caregiver and child behaviors in multiple caregiver-identified routines - <i>scaffolds and repeats to build competence and confidence</i>	Score Yes if the provider uses at least 3 specific coaching strategies matched to the caregiver's participation in each of at least 3 caregiver-identified routines from 2-3 different routine categories.	Score Partial if the provider uses 1-2 specific coaching strategies matched to the caregiver's participation in caregiver-identified routines OR if the specific coaching strategies do not match the caregiver's learning needs OR if coaching occurs in fewer than 2 different routine categories.	Score N/O if the coaching strategies observed are not different OR not matched to the caregiver's participation AND do not occur in the context of caregiver-identified routine(s).

Routine Categories

Research on early intervention substantiates that families play with their children and believe that play is important for their learning. However, it also identified that families do much more throughout their day, such as caregiving, chores, community and family errands, and learning activities like reading books (Romano et al., 2022). The types of activities and the time spent on them vary by family based on multiple factors, including the child's age, family organization, culture, and opportunity. The shift to caregiver-identified routines for embedding encourages adaptations and individualization that promote the family's ownership of their child's plan. FGRBI guides the family to expand routines across the categories identified on the grid to match their preferences, support the generalization of targets, and include other caregivers when possible. Coaching with multiple routines across categories during the session encourages families to embed throughout the day to increase opportunities for the child to practice in contexts where the targets are used functionally.

FGRBI Family Routine Categories			
Play Routines		Caregiving Routines	
Play with Objects/ Constructive Play	Pretend Play	Transition(s), Care, and Safety	Dressing Related
Physical Play	Social Games	Hygiene Related	Food Related
Learning Activities		Community and Family Errands	
Literacy and Books	Music, Songs, and Rhymes	Family Chores	Community and Family Errands
Technology Supported	Writing and Drawing	Socialization Activities	Family Recreation

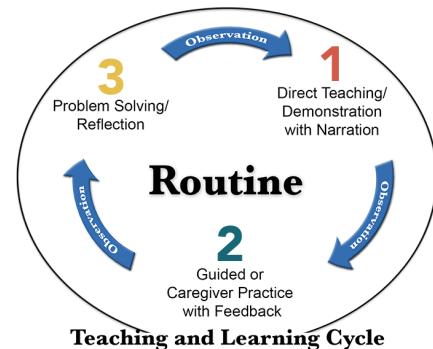
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Coaching with multiple routines across categories during the session encourages families to embed throughout the day to increase opportunities for the child to practice in contexts where the targets are used functionally.

Teaching and Learning Cycle

The Teaching and Learning Cycle (TLC) offers a framework for systematic coaching that promotes individualization for the caregiver and child's learning. Adults and children learn best when the learning occurs in the context in which it will be used—the child and family's everyday routines and activities. Adults learn more efficiently when they are clear about what they are learning and why it is important. Being systematic in your coaching guides you in your next step while coaching to support the caregiver's learning.

1 Helping caregivers prepare for learning intervention strategies or supports for targets within routines by sharing information (IS), explaining clearly using **direct teaching (DT)**, and demonstrating what it looks like with an emphasis on how to do it by using **demonstration with narration (Dem/N)**.



Woods et al., 2011

2 When the caregiver applies the intervention strategies with the child, it's called **caregiver practice (CP)**. CP occurs after DT or Dem/N and may include **guided practice (GP)** (e.g., suggestions, adaptations of materials or positions, different materials). Coaching continues as the provider observes, guides, and explains while the caregiver practices embedding the child's target in the routine. Diverse coaching strategies matched to the caregiver's learning should occur to provide sufficient opportunities for the caregiver to gain confidence.

3 Using and repeating multiple and different coaching strategies within the routine is recommended to increase the caregiver's independence before **reflection (Re)**, **problem solving (PS)**, and planning. PS and Re on what works, what doesn't, and where else it can be used will close the TLC and support the transition to another routine with the same or different targets for the child.

After initial observation (Ob), the cycle should start at the parent's comfort level and then reduce support as they gain confidence and competence (e.g., beginning with DT and GP for a new strategy or routine or starting with CP or Re when they are familiar with the strategies and routines). The goal of coaching is for the caregiver to have sufficient opportunities to apply the intervention strategies while the child practices the targets in the routine. As the caregiver gains confidence and competence (i.e., mastery of the intervention strategy), coaching focuses on their next TLC steps—expanding strategies to new targets or routines throughout the day or identifying new strategies.

KI-6

Uses multiple coaching strategies matched to caregiver and child behaviors in multiple caregiver-identified routines - *scaffolds and repeats to build competence and confidence*

Putting it all Together

Case Study



Remember Clarisa from KI-4? Jenny, Clarisa's mom, identified multiple targets (e.g., naming favorite foods and animals, sitting with balance, asking for more, and taking bites from a spoon) embedded into multiple routines (e.g., books, snacks/meals, play with toys) for the session. Let's look at how Ava, the provider, could coach her during a session to complete KI-6.

Category 1 - Caregiving	Routine 1 - Meals/Snack	Coaching Strategies
<p>Clarisa is finishing her breakfast while Jenny identifies the KI-4. Ava observes and shares feedback (KI-5): "You did a great job holding the spoon close to her lips and waiting for her to open her mouth and pull the pancake off the fork. She sure likes her pancakes!" Feeding continues, with Clarisa taking another bite, and Ava begins coaching by suggesting (GP) that Jenny put the fork on the tray between bites to encourage Clarisa to ask for more.</p> <p>Jenny puts the fork on the tray, and Clarisa looks. Ava uses GP again when she asks Jenny what she thinks Clarisa would do if she said, "More bite," while looking and pointing at the fork. Jenny tries, and Clarisa squeals and kicks her feet. Jenny continues saying, "More bite," encouraging Clarisa to vocalize until she has finished her breakfast (CP).</p> <p>Ava and Jenny reflect on what worked (Re) while Jenny wipes Clarisa's hands and the tray off.</p>		

Category 2 - Play	Routines 2 & 3 - Toy Play/Social Games	Coaching Strategies
<p>Jenny sits Clarisa on the floor and offers her a favorite toy. Ava and Jenny discuss the best places for pillows that protect her but allow her to work on stabilizing her balance (PS). Ava shares developmental information on early gestures (KI-3), describes how to use imitation and touch cues to encourage Clarisa to reach (DT), and then uses Dem/N to illustrate how to encourage Clarisa to "reach" to request a toy. Jenny shifts to the F2F position with Clarisa and offers a toy, waits, shakes the toy to get Clarisa's attention, and gives her the toy when Clarisa reaches. Ava suggests trying a different toy (GP). They practice with a few toys (CP) until Clarisa tips to the side. Jenny catches her and sits her up again.</p> <p>Ava asks Jenny what she thinks worked and what didn't (Re) and if there are any other games or routines that they could play while Clarisa worked on sitting (KI-9). Jenny suggests playing Peek-a-Boo, a favorite game, or looking at books while sitting on the floor instead of in a chair.</p> <p>Jenny uses a blanket to play peekaboo with Clarisa while Ava observes. Clarisa kicks her legs, squeals, and grabs the blanket while the caregiver says, "Peek." Ava suggests adding the "more" request to the routine (GP), and Jenny agrees. They repeat four turns (CP) before Clarisa loses balance. Ava asks Jenny to reflect on how it went (Re), and she responds that it's something she can do easily in the bedroom or family room as well as during playtime.</p>		

Category 3 - Learning	Routine 4 - Book Reading	Coaching Strategies
<p>Jenny and Ava review the targets for book reading (KI-4) and then discuss how to set it up since it is a new routine (PS). They decide to try having Jenny hold an animal picture book on Clarisa's lap while sitting F2F on the floor to give her more practice sitting. Ava tells Jenny to say "dog," point to the picture, and repeat (DT). Jenny tries it, takes Clarisa's finger, and points to the same picture while repeating "dog" (CP). After observing, Ava asks Jenny what she thought (Re). Jenny responds that it was uncomfortable, and she worried about Clarisa tipping over when she had her hands full with the book and pointing. They continue discussing options (PS) and decide to move back to the rocking chair for books and continue the routine with labeling and pointing to pictures (CP) as targets while rocking. Jenny shares that she might try book reading on the floor again when Clarisa is more stable and is sitting independently.</p>		

Reflection

How can I match my coaching to the family's identified everyday routines and learning preferences?

7

Provides general and specific strengths-based feedback on caregiver and child behaviors and interactions - encourages caregiver and child engagement



General and specific feedback are integral to coaching. Feedback helps to establish and maintain the relationship between the caregiver and provider and promotes the caregiver's understanding and application of the embedded intervention process. General feedback reinforces the caregiver and the child's interaction. It's used for motivation and for moments of celebration. Specific feedback focuses on developing caregiver knowledge and application of the strategies, increasing the frequency of embedded learning, and reflecting on the child's participation with the caregiver. When using specific feedback, you describe what the caregiver did to support the child's participation and learning. It can delineate the accuracy or frequency of the child's targets or offer suggestions to refine the strategy and target.

Adult learners value functional and relevant input for supporting their child. Feedback should be honest and intentional if it is going to build capacity and support the caregiver and child's outcome development. Honest does not mean critical. Feedback is strengths-based when it identifies what is working, provides positive descriptions of how the caregiver uses strategies with the child, and leads to collaboration between you and the caregiver that builds on their strengths. The most effective feedback occurs during or immediately following the caregiver and child's actions in the routine and is offered with the recognition that the caregiver has valuable knowledge and experiences that contribute to their learning. Caregivers are more likely to use feedback to help their child learn in the activities that are important to them and fit within their schedule.

Examples of Key Indicator 7.

Specific Feedback

- "He ate five bites in a row! That's a record. You offered just enough food at the right time. Yay to you both!"
- "You waited for Jaelyn to lift her foot before you said 'shoe.' Your label prompted her to raise her foot for her shoe."
- "José likes it when you roll the ball back and forth. See his smile and the way he leans forward into the action? He's responding and letting you know he wants another turn."
- "Do you realize you are both smiling right now? You helped her enjoy the music when you smiled and danced with her!"

Looks Like

Describing specific examples of the target, activity, materials, strategies, or the outcome of the behavior (e.g., "DeShawn got what he asked for when he pointed to his toothbrush." "Making a chair out of pillows on the floor is ingenious. Juliana can sit up and reach her toys.").

Sharing information to focus the caregiver's attention on the child's behaviors (e.g., "Did you see how excited he was when you put a block on the tower and how he added more blocks? Mason showed you how much fun he was having when he joined you stacking the blocks.").

Encouraging interactions that promote a positive relationship (e.g., "It looks like you both are having fun.").

Doesn't Look Like

Offering general feedback without intentionally connecting to the child's target, caregiver's strategy use, or engagement and participation (e.g., "Nice job.").

Offering only feedback about the child's behaviors and not pointing out how the caregiver's support relates to the child's response (e.g., "Good talking.").

Offering more suggestions or corrective feedback for the situation than the caregiver can implement efficiently.

KI-7

Provides general and specific strengths-based feedback on caregiver and child behaviors and interactions - *encourages caregiver and child engagement*

Considerations for Key Indicator 7.

Providers often feel more comfortable giving feedback on what the child did in the routine than on the caregiver's actions. However, your primary role as the provider is to provide strengths-based feedback to the caregiver that supports their knowledge and connects the child and caregiver's interactions to build their confidence. When specific feedback is focused on the caregiver, it affirms what they are doing by describing their actions and promoting their participation by encouraging them to continue.

It's important for specific feedback to be individualized to the caregiver's strengths and preferences, the priorities and interests of their family, and the stage in your relationship. Initial feedback may be information-based, explaining what the caregiver is doing and how it supports the child. Feedback will likely change over time as the caregiver gains confidence and may include more reflection and problem solving opportunities. Feedback demonstrates to caregivers that you are listening and learning from them by responding to their comments, supporting their participation, and including their ideas in the session.



General feedback to the parent and child can be combined with specific feedback to keep the momentum going, especially during a new or more challenging activity. For example, offering a positive comment or general encouragement to the caregiver and child to continue an interaction (e.g., "That was great!" "Way to go!" "Look at you guys getting the job done!") followed by specific descriptive or instructional feedback to clarify or expand the interaction at the end of the activity (e.g., "You read his cue that he was getting tired of picking up blocks, told him you wanted just two more, counted so he knew how many were left, and then clapped when he was done. Those strategies were just what he needed!").

Feedback in the routine not only reviews key points from observation and verifies the caregiver's perceptions but also helps the caregiver to make the connections between how the strategy supported the child's learning and how they applied it. For this reason, specific feedback directed to the caregiver increases their ability to embed intervention more than feedback regarding the child only.

Specific feedback can be descriptive or instructive. Descriptive feedback puts words to the caregiver's actions as they engage with their child and explains why their support was helpful for the child's learning. In contrast, instructive feedback adds new information for the "next steps" in using the intervention strategy or for increasing the frequency of opportunities using the strategy. You may use instructive feedback after descriptive feedback to expand the caregiver and child's participation, embedding the targets into the routine.

Strengths-based feedback can and should occur throughout the visit. While in a routine, specific strengths-based feedback is most likely to occur following caregiver practice. After feedback, coaching can continue in the routine or transition to planning, problem solving, or practice in a new routine.

Observation & Opportunities	Yes	Partial	Not Observed
KI-7. Provides general and specific strengths-based feedback on caregiver and child behaviors and interactions - <i>encourages caregiver and child engagement</i>	Score Yes if at least 6 examples of strengths-based feedback related to the child or family targets, routines, or strategies are provided AND at least 4 of those examples are specific feedback to the caregiver.	Score Partial if fewer than 6 examples of strengths-based feedback related to the child or family targets, routines, or strategies are provided OR fewer than 4 examples are specific feedback to the caregiver.	Score N/O if general or specific feedback related to the child or family targets, routines, or strategies is not given.

Using Feedback

What's the difference between praise and strengths-based feedback?

Praise

Praise is an expression of approval, an affirmation, or a celebration of an effort or accomplishment that encourages and motivates. There are many "awesome" child and caregiver experiences worthy of clapping and cheering. However, celebration should not be confused with feedback that builds the caregiver's capacity for embedding intervention to support their child's learning. They need more information!

Feedback

Strengths-based feedback to the caregiver shares specific information focused on continuing or enhancing their ability to embed intervention in the moment. In addition to encouragement and motivation, strengths-based feedback also describes and teaches. This type of feedback acknowledges the caregiver's experiences and offers helpful descriptions and suggestions.



**Remember, it's not just what you do and say,
but how you do or say it that promotes caregiver confidence and competence.**

Getting to Yes in KI-7

1

Formulate a strengths-based comment on the interactions between the caregiver and child that are related to the target, routine, or the caregiver's intervention strategy use.

3

After specific descriptive feedback, you may:

- Continue with instructive feedback or ask a reflective follow-up question to engage the caregiver in discussion or problem solving,
- Shift to coaching on these targets and strategies in the routine, or
- Respond to the caregiver's comments and their reflection about what to do next.

2

Share your comment connecting the caregiver's strategy use to the child's target or participation in the routine.



While learning about a caregiver's use of intervention strategies, try sharing strengths-based feedback on the responsive instructional strategies described in KI-8. These evidence-based strategies are easy to use and can be incorporated into many routines and interactions.

Provider Quotes

What providers say about shifting from child-based feedback to caregiver capacity-building feedback.

“

It was hard to shift to caregiver feedback after years of focusing only on the child, but it makes perfect sense. Now, I try to put caregiver feedback first, then weave in the child's actions. That way, the feedback includes both the child—which I am good at—and the caregiver—which I am learning!

“

I was shocked to watch my home visit video and see that I didn't use as much feedback as I thought I did! I clapped and cheered a lot, but other than praise, I used very little feedback, especially not specific feedback. There were so many missed opportunities to reinforce the caregiver's learning.

KI-7

Provides general and specific strengths-based feedback on caregiver and child behaviors and interactions - *encourages caregiver and child engagement*

Putting it all Together

Case Study - Part 1



Meet Ford! He's two and a half and a very busy boy! Ford's IFSP outcome is to use two-word combinations while getting dressed, helping with chores, and reading books. He has over 50 single words and is just starting to put them together. Leah, Ford's mom, told Chris, the EI, she would like to work on imitating one to two words during dressing as the target in KI-4. The script below is an illustration of how feedback (KI-7) is used in combination with KIs 5 and 6.

Chris observes Ford putting on his pants for 20 seconds and then provides intentional strengths-based descriptive feedback to Leah. (**Component of KI-5**)

- **Provider:** "Did you notice that he said sock each time you modeled the word? That's terrific! You said sock, and he imitated you each time. He took his turn in your conversation!"

The dressing routine continues, and Chris transitions to coaching.

- **Provider:** "What about adding a simple descriptive word like... big shirt, red shirt, or Bluey shirt to model 2-word combinations instead of single words as you dress him? Descriptive words, like colors and sizes, expand his vocabulary with words he can use in many activities as well as in dressing. Do you want to try?" (**KI-6 Guided Practice**)

Leah chooses a shirt with Bluey's picture and labels it "shirt" while showing it to Ford. She repeats "shirt" and puts it on him as he stretches out his arms to help. She straightens it out and says, "Bluey shirt." He doesn't imitate. (**KI-6 Caregiver Practice**)

- **Provider:** "Good try." (**KI-7 General Feedback**)
- **Provider:** "Try touching the picture on his shirt and say, 'Bluey shirt.' Wait for a second and repeat it if he doesn't say anything." (**KI-6 Direct Teaching**)

Leah points at Ford's shirt and says, "Bluey shirt." Ford pulls up his shirt and shows Bluey's picture to her. She labels it for him again and pauses to encourage him to take another turn. He says, "Bluey," and Leah repeats, "Bluey's shirt," and gives him a high five. (**KI-6 Caregiver Practice**)

- **Provider:** "That's it! Ford is watching, listening, and imitating your words. The practice with familiar and favorite objects will make it easier for you and more fun for him." (**KI-7 General followed by Specific Feedback**)

In Ford's dressing routine, Chris observed, provided specific feedback, and then began the coaching cycle. The routine continued, and Chris offered Leah another suggestion (guided practice), which she tried. Leah putting on Ford's shirt (using the suggested strategy while Chris observed) would be identified as caregiver practice. General and specific feedback were used in the Teaching and Learning Cycle.

Reflection

How do I intentionally focus specific strengths-based feedback to the caregiver (rather than the child) that connects the child's learning to the caregiver's actions?

When is general feedback most appropriate, and specific feedback most supportive? How do I make sure the match is there for each family?

8

Problem solves with the caregiver about evidence-based instructional strategies to embed - *discusses and decides which interventions are best for the child and family*



Problem solving in KI-8 refers to an exchange of ideas between you and the caregiver to build their capacity to identify, use, and modify instructional strategies that support the child's targets. Problem solving is not always about a problem or something that isn't working. It can be an exchange of ideas or brainstorming about new instructional strategies, different routines to embed the targets, or how other family members can participate.

Research shows that caregivers use a variety of evidence-based instructional strategies that are effective for child learning. The question isn't whether implemented interventions work; it's which strategies work for which targets in which routines for each family!

Some strategies are easy to learn and use, while others may need more coaching and practice by the caregiver to gain skills using them. Strategies can be multi-purpose and support many different types of learning in various routines or may be specific to a skill or developmental delay. Some strategies may be a fit for one routine but not for others. KI-8, engaging in problem solving to identify which instructional strategies and how and when to use them, is an essential coaching practice for the child, caregiver, and you.

Problem solving expands the caregivers' capacity by building on their knowledge and experiences with their child. Providers listen and learn from the family while offering other perspectives or strategies to incorporate into the best plan. As caregivers gain confidence in embedding intervention and supporting their child's learning, they will use critical thinking skills learned from problem solving exchanges to apply instructional strategies in other routines or revise them for the child's current learning targets when appropriate.

Examples of Key Indicator 8.

- "What do you think would happen if you sat face-to-face rather than holding him during storytime?"
- "Let's make a list of strategies you like and see if we can use them for other targets or routines."
- "Do you feel like waiting for him to take a step will work, or would another strategy feel more natural to help him get started walking rather than being carried?"
- "You mentioned that the strategies you tried didn't work. Tell me a little more about what you saw or tried. Let's see if we can figure it out."
- "He is responding with a point to the picture when you point and name it for him. What's next? Are you ready for a new strategy to help him take the lead?"

Looks Like

Posing open-ended questions or offering prompts that facilitate the parent's contribution (e.g., "I noticed Zahra didn't pick her snack. Have you offered her choices? What have you tried that might encourage her participation?").

Demonstrating alternatives while describing the thought process or scaffolding suggestions for the caregiver to consider (e.g., "I wonder if the choices aren't motivating to her. What do you think?" "What are activities that interest her, like reading books or playing the piano?").

Building consensus on the most useful strategies for all involved in the plan (e.g., "You know what works for you. Describe what you want it to look like, and then we can figure out how to tweak the strategies to make it work for him and your family.").

Doesn't Look Like

Listing formal recommendations from books or experts without integrating the family's priorities and beliefs (e.g., "This is a list of intervention strategies from the CDC to help early talkers.").

Identifying the activities, routines, and strategies that will be used without including the caregiver's ideas or addressing their concerns (e.g., "You can use touch prompts as cues during meals, dressing, and play.").

Directing the agenda or providing only the options the provider is most comfortable using (e.g., "I have found that it is best to start with using choices to require children to make requests.").

Considerations for Key Indicator 8.

Problem solving has been identified as a preferred coaching strategy by caregivers because of its collaborative nature. While the process of problem solving (e.g., learning about what is and isn't working, identifying ideas, evaluating options, and choosing strategies) is natural for many adults, others may be reluctant to participate initially or may defer to you for answers. Caregivers share that they value opportunities to exchange information with you to get new ideas or revise strategies they have previously tried (Salisbury et al., 2018; IA-DMM, 2019).

Coaching caregivers on evidence-based (EB) interventions that are appropriate for the child, acceptable to the caregiver, and provide the level of support necessary is core to the success of the child's learning. Not all instructional strategies are a good match for parents, nor do they work in every routine for every target. It is important for caregivers to use a variety of strategies that meet the child's needs and the family's preferences so they can have options for different targets and contexts over time. Problem solving can identify which strategies to use and how to adapt them for the child and caregiver.

Multiple exchanges of information and ideas on instructional strategies in the problem solving discussion are important for both you and the caregiver. There are many options for instructional strategies that can be tried, not just one. Ensuring the caregiver has at least two opportunities in each exchange to share their opinions and ideas and to reflect on their experiences facilitates a resolution or decision that is both informed and individualized for them. It may be difficult for providers who want to "solve" the problem to listen and encourage the caregiver to lead the exchange; however, when the caregiver makes the decision based on their beliefs, they can more readily implement it.

Problem solving or brainstorming is a learned skill that continues to develop into early adulthood. Because of the cognitive load, it may be more difficult to continue to expand these skills during times of stress, illness, depression, or distraction. Problem solving builds on previous experiences and available information and reflects the person's values and priorities. Frequently engaging in problem solving with caregivers about instructional strategies offers opportunities to learn more about how to support them through coaching. Information, multiple opportunities, and repetition are all helpful when building the caregiver's confidence in problem solving.

Providing frequent opportunities and scaffolding supports the caregiver's participation in the process. Starting small by discussing a familiar intervention strategy or referring to one already working can increase the caregiver's comfort in brainstorming and problem solving. Listening and encouraging them to determine what they have tried before or what works best for them motivates and encourages additional exchanges that clarify how to use the strategy effectively within the routine. Expanding on an idea or strategy that works allows them to build from the point of strength and familiarity with a decision they can use.

Assessing the need for assistive technology (AT) may be important to support child learning. Brainstorming what strategy to use and when gives the family options to choose from and opportunities to embed in various routines. Encourage the family to use different strategies, materials, or devices in a variety of routines to see what fits into their day. Using demonstration with narration and caregiver practice as coaching strategies during the brainstorming phase for AT is often necessary.

Problem Solving & Planning	Yes	Partial	Not Observed
KI-8. Problem solves with the caregiver about evidence-based instructional strategies to embed - <i>discusses and decides which interventions are best for the child and family</i>	Score Yes if there are at least 2 distinct problem solving exchanges of 4 turns (2 caregiver-2 provider) related to instructional strategies relevant to the session that result in new or different ideas, strategies, materials, or adaptations being identified and agreed upon to use.	Score Partial if only 1 example of problem solving with 4 turns related to instructional strategies occurs OR if 2 examples of problem solving with 2-3 turns/exchanges on strategies to use occur OR if exchanges do not result in a new or different idea, strategy, materials, or adaptations to use.	Score N/O if the provider does not ask questions or make comments to engage the caregiver in brainstorming or problems solving about instructional strategies for targets or routines during the session.

Evidence-based Instructional Strategies

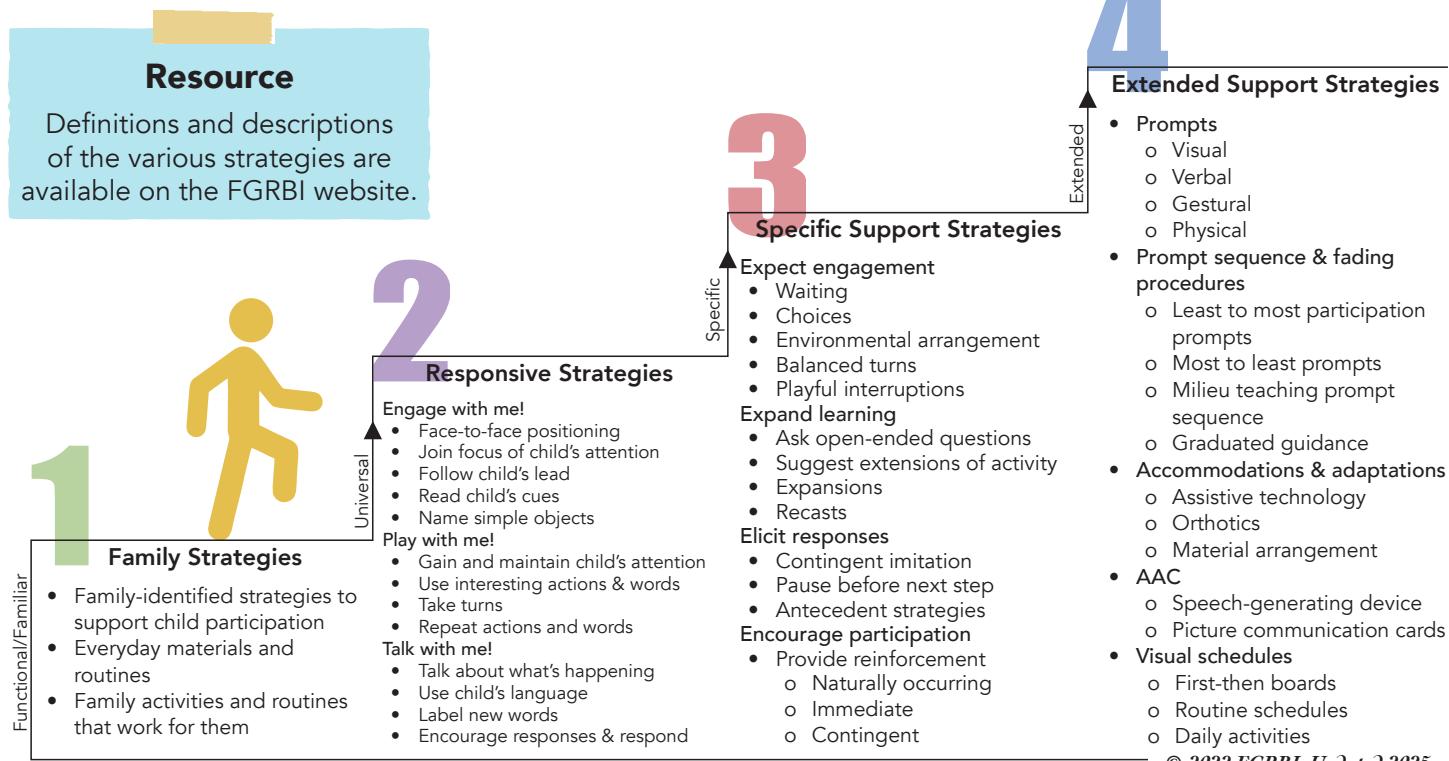
Phases of Learning



Problem solving instructional strategies that are a good match for the child and caregiver is informed by considering the child's learning trajectory (Schwartz & Woods, 2015). For example, there are differences between strategies for the acquisition of a target and those appropriate for maintenance. A caregiver may be competent in using strategies to support their child using a target fluently in different routines, but needs to learn additional strategies that offer more specific support for a new or complex target. Thinking about the phases of learning for caregivers can also be helpful when selecting specific coaching strategies to help caregivers gain confidence and competence using instructional strategies.

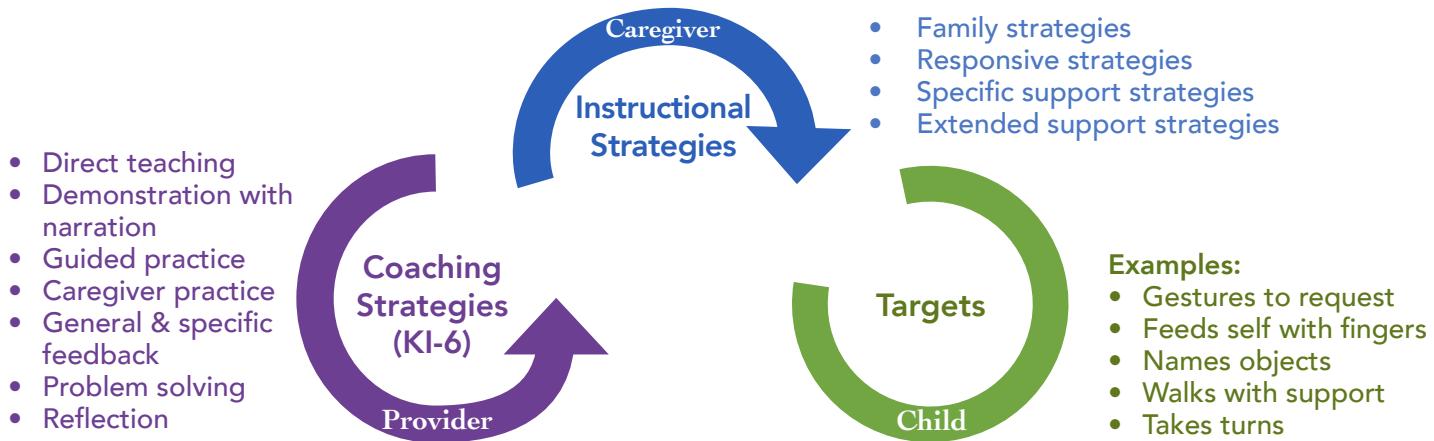
Steps to Systematic Use of Instructional Strategies

Many instructional strategies with an evidence base have been used effectively in parent-implemented interventions and caregiver coaching with infants and toddlers. The strategies listed in the graphic below are helpful tools when considering how to support the caregiver and child's learning. Building on the family's strengths with familiar and functional strategies and supports they are already using is an essential first step. Responsive or universal intervention strategies are integral throughout the intervention process and build a foundation for positive caregiver/child interaction. Specific support strategies are valuable when caregivers teach the child new or complex behaviors. Extended support strategies offer the most structure and support or address the child's specific learning needs. Most, if not all, of the strategies are familiar and intended to be used with caregivers to ensure options that match the child and family are available. The intent is to use the lowest level of support for the child and caregiver to be successful and reduce support as targets are learned, increasing the child's functional and independent use.



Putting it all Together

Everyone has their role in coaching! Providers use caregiver coaching strategies to support the caregiver to embed instructional strategies to teach the child's targets in everyday routines and activities. It's all connected!



Case Study - Part 2



Do you remember Ford from KI-7? Here's an example of a reflection and problem solving exchange after his dressing routine. Notice how the caregiver (Leah) and provider (Chris) have multiple turns and a resolution.

- **Provider:** "How do you think dressing went today?" **(KI-10) Provider Exchange 1**
- **Caregiver:** "Good. He liked his shirt. I couldn't think of words for him to say, so it took a while." **Caregiver Exchange 1**
- **Provider:** "I think it worked! He imitated you with three two-word combinations; that's good for such a brief routine. You kept his attention, used simple words, and took turns. All great strategies. Any thoughts on what would work better or could be quicker?" **Provider Exchange 2**
- **Caregiver:** "I don't know. Naming the picture on his shirt worked. Maybe I can think about what words I will use when I pick his clothes out. I'm just not that good at thinking of words on the spot." **Caregiver Exchange 2**
- **Provider:** "That's a great idea. You can decide which words to say as you choose his clothes so you will be ready. Like when you grab his shirt, you look at the picture and choose a word... I see lots of fun shirts in his drawer, like this Nemo shirt or this bug shirt. How's that sound?" **Provider Exchange 3 (Optional)**
- **Caregiver:** "Yeah. That makes sense. I'm always in a hurry when I'm getting him dressed, so I don't think to talk. I could also use colors. I'm sure I can remember that." **Caregiver Exchange 3 (Resolution)**
- **Provider:** "I think this will get easier. This was your first try. And you don't have to use two-word combinations for every item of clothing, especially when you are in a hurry. Start small, practice, and just keep trying." **(KI-8)**

Summary and Review

Reflection

How do I remind myself to not get stuck with the instructional strategies that work for me and not offer options to caregivers that might be better for them? How do I reflect on the cultural match for families?

How do I ensure I provide enough information about various instructional strategies so the caregiver has options to choose from that are comfortable and reflect their culture and preferences?

9

Supports the caregiver to identify new or expand current opportunities multiple times across routine categories and describes strategies to embed - *plans to increase opportunities and generalize use in everyday contexts*



Family members know what they do during their day and what they want their child to learn. However, they may need information and coaching to identify the routines, or the When/Where to embed strategies to support their child's learning. Starting small, building on success, and using the family's routines establishes their role in decision-making about embedding in their daily activities.

While increasing the frequency of practice for the child is enhanced through the use of multiple family routines and activities, it is not the only reason for embedding in them. Learning in the context where the skills are functional and meaningful enhances the child's participation in the family as a contributing member, as well as increases their independence with important skills.

Caregivers may not realize how many opportunities there are for their child to learn naturally in their everyday activities or know that practice, when the target is useful and meaningful, can accelerate the child's learning. Offering concrete examples of embedding in routines that are relevant to the caregiver helps them understand why routines are valuable learning opportunities and how to identify which ones will work best for them.

"The intervention (the information and practices that make it up) must fit into the existing beliefs and practices already in place."

Bernheimer & Weisner, 2007

Examples of Key Indicator 9.

- "Let's look at some caregiving routines in addition to play and see what else you are doing where targets and strategies can be added."
- "What does morning look like? Are there other routines, other than breakfast, where you can practice his targets?"
- "Tarek is following your directions to get his diaper and wipes when you ask. What other simple chores could be a 'job' for him?"
- "She took your hand to get to the highchair. Where else could Reese practice her walking? How would that fit into your day?"
- "Bath time works well for Diego and big brother Antonio because it's fun and full of opportunities to practice his words and play with toys. What other times in the day could they play together? How would you set that up?"

Looks Like

Brainstorming when and where to expand opportunities to embed strategies into other routines (e.g., "Chen responded to the small portions at snack by requesting more. What other routines could you use small portions to encourage him to request?").

Helping families use the natural learning opportunities and routines they already participate in for intervention without adding more (e.g., "Let's walk around the kitchen and family room and look for places Fayth could safely sit and play while you are there doing chores.").

Using problem solving and planning to include the caregiver's ideas in their interactions (e.g., "You said that Sophia looks for the cat, Oscar, when she is playing on the floor. What else could she do with Oscar?").

Doesn't Look Like

Bringing a toy bag or using the child's toys primarily for play interventions without expanding to other types of routines and activities the family identifies that occur throughout the day.

Providing activities for the family to use rather than engaging them in the identification and planning of those that are most natural and will occur with sufficient repetition for learning to occur.

Giving the family a list of materials and planned activities the caregiver and child should use at specified times.

KI-9

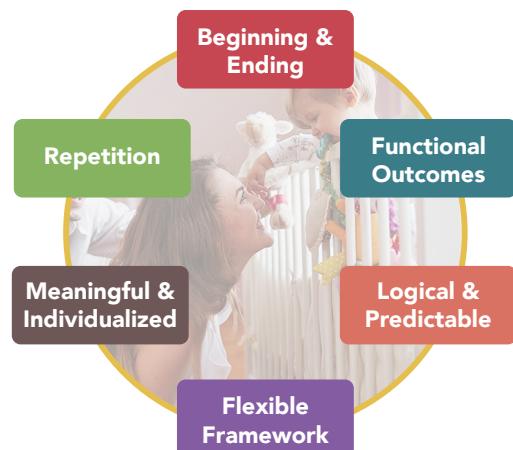
Supports the caregiver to identify new or expand current opportunities multiple times across routine categories and describes strategies to embed - *plans to increase opportunities and generalize use in everyday contexts*

Considerations for Key Indicator 9.

Supporting caregivers in identifying routines that are a good match for embedding intervention is an ongoing process. You may need to begin with examples of what the family already does that would be a routine. Others may need your support in "building" a meaningful and predictable sequence so that targets and strategies can be intentionally embedded. As caregivers gain experience, help them expand opportunities into more and different types of routines. Exploration, discussion, and practice of potential routines should occur multiple times throughout the session.

Coaching caregivers in routines is facilitated by the features that make a routine a "routine." When caregivers understand these features, they begin to identify when and how to embed strategies for targets. For example, features such as a clear beginning and ending and a logical and predictable sequence increase familiarity and organize the caregiver and child's participation. These features can also enhance your coaching. A clear beginning signals you to observe for opportunities to coach within the routine, while a specified ending supports the child's transition and provides opportunities for reflection with the caregiver. A logical sequence and predictable turns focus the coaching on the caregiver's strategy use and opportunities to provide specific feedback. Repetition in the routine increases caregiver practice and coaching opportunities using multiple different strategies matched to the caregiver's needs.

Features of a Routine



Embedding intervention strategies and supports into the sequence and organization of the family's routine makes integrating and applying them easier for the caregiver. Join in the family's routines, but don't take over. Collaborating with caregivers on which targets and strategies are the best fit helps maintain the routine's structure while including practice opportunities for the child. Remember, there is no universal organization for any routine; it is just what works best for the caregiver and child.

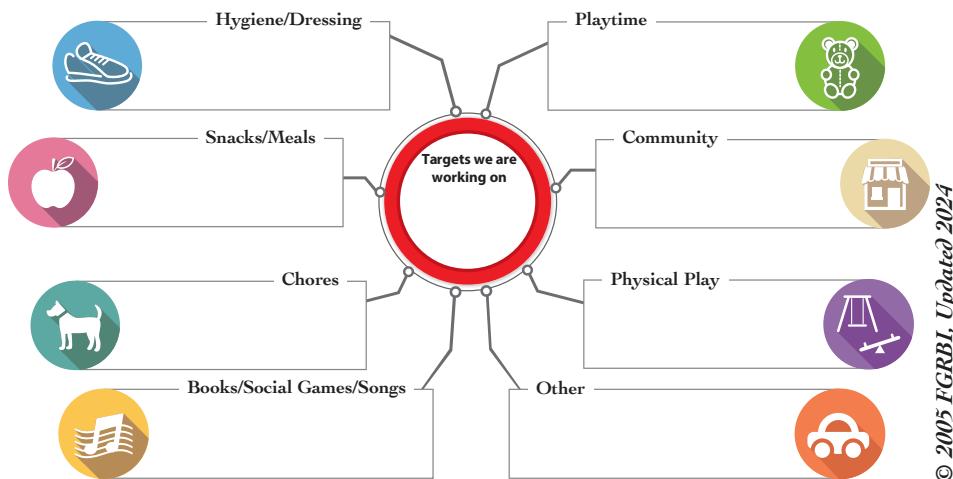
Repetition and flexibility increase learning opportunities. Opportunities for repetition are inherent in many routines (e.g., putting toys, dishes, and laundry away). Distributing practice throughout the day in different types of routines (e.g., caregiving, play, chores, stories, and errands) identified by caregivers provides repetition and facilitates generalization (Kashinath et al., 2006). It also provides a backup when planned activities, such as outdoor play or book reading, get squeezed out of a caregiver's busy day. Including targets in multiple routines is an insurance policy that will allow practice opportunities to occur regularly.

Problem Solving & Planning	Yes	Partial	Not Observed
KI-9. Supports the caregiver to identify new or expand current opportunities multiple times across routine categories and describes strategies to embed - <i>plans to increase opportunities and generalize use in everyday contexts</i>	Score Yes if the provider supports caregiver to identify new or expand current routines 3 or more times across at least 2 routine categories during the session AND discusses a plan to embed the target for each routine.	Score Partial if the provider asks about additional or different routines across categories fewer than 3 times during the session OR if the caregiver and provider identify but do not describe a plan to embed the target for each routine.	Score N/O if questions or comments between the provider and caregiver about expanding routines and describing how to embed do not occur OR if the provider directs the caregiver or offers a list of other routines, times, and plan to embed.

Supporting Caregivers to Expand Everyday Routines

Using different types of family-identified routines across various descriptive categories facilitates the child's learning in multiple functional and motivating contexts that reflect how the family gets things done. Additional family members can participate when routines occur throughout the day, increasing opportunities for practice and promoting generalization. Including different types of routines encourages practice in the context where the targets are meaningful, immediately applicable, and promote the child's participation.

Embedding in Everyday Routines



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Resource

Sometimes, caregivers benefit from a visual to help them connect the dots between targets, routines, and strategies. Pictures or fillable forms can help caregivers identify options. The caregiver identifies what matches their priorities and life. Not every box needs to be filled in; more isn't necessarily better.

Identifying Routines for Family Fun

There is more to life than caregiving and chores! Brainstorm options with each family and wait to be surprised at the variations they include to expand opportunities and generalization of targets.

Identify routines that build on memories and familiarity to engage caregivers. What were the caregiver's favorite games or play activities as a child? Did they enjoy tea parties, building with blocks, playing in the sand, or coloring? What do they like to do now? How can the child participate?

Movement, language, and social connectedness can be value-added to the child's specific learning targets. Does the family have a favorite type of music they listen to, sing, or dance to (e.g., Beyoncé is ageless!)? If they travel, what's playing? Can the child join in making it a family activity rather than device-driven?

How does the family relax? How can the child's targets be included? For example, family pizza night may occur only once a week, but if it's Friday, there's pizza! Can the child "help" set the table (or floor), pass out napkins and cups, clean up afterward, or take out the trash?

What needs to occur for the child to participate in family activities safely? Is the child's participation limited due to safety concerns? What adaptations or new targets would enhance the child's participation?

When extended family gets together, are there traditions, favorite activities, or events the child could participate in? Decorating paper lanterns or cookies does not have to occur only once a year!

What happens infrequently but can be very motivating? Johnny took little cars to the races with his dad; Gianna and her family loved hikes and picnics; JP went to his sister's T-ball games and cruised on the bleachers, requesting snacks!

KI-9

Supports the caregiver to identify new or expand current opportunities multiple times across routine categories and describes strategies to embed - *plans to increase opportunities and generalize use in everyday contexts*

Getting to Yes in KI-9

1

KI-9 is more than just listing possible routines for practicing the child's targets. You support the caregiver in identifying new or different routines 3 or more times across categories **AND** practice or describe how the targets and strategies will be embedded.

2

Questions and comments are used to identify new routines that occur throughout the session, such as during updates, session planning, after observation and caregiver practice, or when problem solving. The discussion helps the caregiver visualize the routine with the targets and strategies. A verbal description may be sufficient if the targets and strategies are familiar. Practice, if necessary, illustrates the strategies.

3

Expanding routines is more than completing the same routine with another caregiver or in another location. To be included in KI-9, the caregiver-identified routine needs to add opportunities for practice beyond those routines coached in the session. Additional routines should expand categories (e.g., during chores or transitions) and use different materials, locations, or people to support generalization.

4

Encouraging the caregivers to think about and discuss other options for embedding during the session emphasizes that the routines practiced in the session are not the only contexts for learning. Embedding can and should occur throughout the day in activities that are meaningful to the caregiver and reflect their way of life.

5

Remember, identifying new routines is not a laundry list of what the caregiver "could do." It is the identification and description of routines the family "does do" where embedding targets for the child could be included as a part of their everyday life. Life is more than play or caregiving. Brainstorm options across categories that fit the family.



Did you know?

It often takes more than one comment or question to start the conversation. Caregivers may answer your open-ended questions, "Where else could you practice?" or "What are other routines where you could use this strategy?" with an equally open-ended response such as "Oh, anytime or anywhere!" If your general question results in a general response, try using follow-up questions to scaffold and provide a context for the caregiver's response. Once a routine or activity is identified, don't forget to practice or discuss how it can work. Reflection and problem solving options for practice will increase the caregiver's confidence.

Reflection

What did I do in this session that helped the caregiver identify and decide which routines to use for initial practice and those for expansion and generalization?

What strategies did I use that balanced the importance of sufficient practice for the child to learn with the importance of the caregiver's capacity for embedding intervention in routines that work for them, too?

10

Asks questions and makes comments that promote caregiver reflection and review - *identifies what works for the caregiver and child*



Examples of Key Indicator 10.

- "What do you think you did that helped Kayla during mealtime?"
- "How will you explain to Grandma that Rosa can make requests using her sounds and gestures?"
- "How do you feel it went using wait time went during the cleanup and handwashing routines? Any hassles for you?"
- "Of all the things we tried today, what feels like it fits best for you and your family. How will you use it?"

Looks Like

Asking/answering questions focusing on the caregiver's attention to child behaviors (e.g., "What were you thinking when he stacked the blocks? What worked best to help him release them?").

Helping the family see what the next developmental step is and how to "up the ante" to encourage the child's participation in the routine (e.g., "See how she is holding the hairbrush and looking at you? What else do you think she could do?").

Encouraging the caregiver to reflect on what is important for them to work on (e.g., "What do you see as your next steps for potty training? What do you want or need?").

Doesn't Look Like

Asking vague or general reflection questions that do not support the caregiver's participation (e.g., "How's that?").

Using handouts from assessments, curriculum books, or the internet to describe intervention without demonstrating and comparing it to what the child is doing in everyday activities.

Reflecting for the caregiver and leading them to identify your ideas and priorities for their action plan (e.g., "That handwashing routine went well. Do you think you can add drying his hands and putting the towel away as next steps in the routine this week?").

Reflection encourages review and evaluation of previous experiences, knowledge, and priorities, as well as considerations for future action, making it an important adult learning and capacity-building coaching practice (Lorio et al., 2020). Engaging in reflection encourages parents to "self-assess" their contributions to their child's learning by thinking about and discussing how their actions impact their child's learning. The reciprocal exchanges of information between you and the caregiver during reflection promotes both their engagement in their child's intervention and your understanding of the family's priorities and experiences. Listening to and learning from the caregiver's reflections facilitates the integration of family beliefs, experiences, and expectations and encourages you to align your coaching practices to meet the diverse needs of each family.

Reflection is a multipurpose coaching strategy that supports caregivers as they gain confidence and competence in embedding intervention with their child. It encourages the caregiver to think and talk about their Family 5Qs—the *What*, *When/Where*, *Why*, and *How* to embed intervention. Purposeful and plentiful reflection during the session encourages the caregiver to participate with you during updates, discussing why new targets or routines are important, which intervention strategies are working, and what comes next. Review is an important type of reflection that encourages caregivers to think about and integrate their new and former learning to ensure a plan that works for them is developed. Reflection often leads to brainstorming or problem solving discussions that expand the family's leadership and decision-making. This underscores the importance of using the family's preferred language so that they can reflect meaningfully and confidently.

KI-10

Asks questions and makes comments that promote caregiver reflection and review - *identifies what works for the caregiver and child*

Considerations for Key Indicator 10.

Reflection is a valuable tool for gathering the caregiver's input, increasing their role in planning, reviewing their participation, and encouraging decision-making. Because of its capacity-building value, reflection is integrated frequently throughout the session when the caregiver is available for discussion.

Reflection is a skill learned through practice. Sharing strengths-based feedback about your observations provides concrete examples of you reflecting. Asking a reflection question (e.g., "How do you think that worked?") after descriptive feedback keeps the exchange "in the moment." Including the caregivers' reflections with yours increases their confidence.



Reflection benefits from sufficient time, focused attention, and context.

When engaging with the child in a routine, the caregiver may not be able to think deeply about a response to your reflection question. Timing of reflection is essential. Reflection during updates, following observation, or after caregiver practice maintains the context while allowing the focus to be on the topic and the discussion, not interacting with the child.

Questions that use "what do you think," "what if," and "how" are open-ended questions that spark creativity and new ideas. Common reflection questions ask the caregiver to reflect on what did or didn't work for them and their child and how they think they can use it.

Questions that have an obvious or expected answer do not support the caregiver's process of reflection. Genuine reflection questions do not lead the parent to any specific answer; they encourage them to share their ideas, concerns, or questions about the intervention and their child's participation.

It's often helpful to review after each routine or activity, rather than waiting until you are writing the action plan, because it can immediately summarize the strategies and routine. This information may be used to build the foundation for the following routine and practice. The reflection and review process encourages discussion of the big ideas from each routine or session, ultimately preparing the caregiver for the action plan.

At least one reflection question should review the session or a specific routine with targets and strategies that were practiced during the session. Reviewing the session is an opportunity to listen to how the caregiver describes their actions. It often offers opportunities to follow up on how they can increase opportunities, decrease supports, up the ante, or stay right where they are to ensure the target/skill is fully mastered. After review, you may decide to try the routine again.

Reflection & Review	Yes	Partial	Not Observed
KI-10. Asks questions and makes comments that promote caregiver reflection and review - <i>identifies what works for the caregiver and child</i>	Score Yes if there are 4 or more examples of reflection by the caregiver on the targets, routines, or strategies in response to provider prompts AND at least 1 example of review of a specific routine or the current session that identifies what worked and can be used in their next plan.	Score Partial if there are 1-3 comments or questions that prompt or support reflection from the caregiver on the targets, routines, or strategies, including a review OR if there are 4 reflection questions related to current session targets, routines, or strategies without any review.	Score N/O if there are no comments or questions to prompt reflection from the caregiver on strategies, specific routines, or what worked in the session.

Using Reflection and Review

Reflection involves more than simply asking and answering questions. The key lies in the questions asked, their purpose, and the way they are posed. Reflective questions should be followed by periods of silence, allowing caregivers the opportunity to respond while giving you time to prepare follow-up questions when and if needed. Caregiver participation tends to increase when they feel that their responses and comments are valued and included in the intervention. Engaging in collaborative reflection enhances the caregiver's understanding of the intervention process. It equips you with strategies to better support them.

The questions provided below are intended to be used as examples to springboard your own ideas. Follow-up questions are presented as a strategy to foster a collaborative and reciprocal conversation based on the caregiver's input.

Reflection to gather and evaluate information

Follow-up question(s)

"What strategies and routines did you find worked best since the last session?"

"How did you know it was working?"

"What didn't go as planned?"

"What did you try when it didn't work? Any revisions or adaptations you tried that helped?"

"Tell me something about Erica's walking this week that made you and the family smile."

"How did walking change her participation in family activities? Did she play with her sister more? Follow you during chores?"

Reflection for session planning

Follow-up question(s)

"Thinking about what you just shared in updates, what do you think are good next steps?"

"What do you think he needs to learn to be successful on these targets?"

"Thinking back to previous sessions, what strategies that worked well before could work in this routine?"

"How did you use those strategies with Amir?"

"Who else and when could other family members join in to support Carly with meals/snacks?"

"How will you show them which strategies to use?"

Reflection on embedding targets and strategies

Follow-up question(s)

"You gave Grace a pillow to lean against, which allowed her to sit comfortably while playing with the toys. Why do you think that worked so well?"

"How could you use those strategies during dressing routines?"

"I saw him pick up the Cheerios from the tray and out of your hand. What did you do to help him do that?"

"Why do you think that worked for him?"

"How do you think Darius did today with toothbrushing?"

"Were you ok with how it went? Was anything uncomfortable or awkward?"

Reflection to support decision-making

Follow-up question(s)

"How often can you practice during play and chores? Does that seem like enough for Reese?"

"How can you add other caregiving routines with Dad or Big Sister?"

"You've identified several strategies that are working well for you and Matteo. Which ones do you want to try when you go to the park?"

"How will you know the strategies are working for Matteo outside of the usual play in the living room?"

"When and where else could this work in your day?"

"What, if anything, will you need to change?"

KI-10

Asks questions and makes comments that promote caregiver reflection and review - *identifies what works for the caregiver and child*

Reflection to encourage problem solving

Follow-up question(s)

"How do you think it will work when you are on your own?"

"For example, is it clumsy? Too hard to do with both boys? Just right?"

"What else can you try if these strategies don't work as planned?"

"Which strategies are your "go-to" ones to use when it just isn't working?"

"How could you increase Joel's motivation in this routine to get even more practice?"

"When will you know it is time to move ahead or fall back during the routine?"

Review of routines and session

Follow-up question(s)

"Think about today. What worked that you want to keep doing?"

"How did you help Evie play with her sister?"

"Pretend I'm Zeke's dad. How will you describe what to do for practice during bathtime?"

"How can you explain why it's important for him to use strategies?"

"Describe something we did today that helped you plan for Aurora's next week."

"What strategies from today will you use to expand Aurora's practice?"

Differences Between:

Information Gathering

When you use questions and comments to gather information, you are seeking descriptions of what did or didn't happen, what was observed, or what was heard. The inquiry is a request for a statement of the other person's facts or beliefs, such as those gathered during updates or in a routine when the caregiver describes what is or has happened. The question or the answer isn't evaluative or interpretive and may not need further discussion. It's informative.

Reflection

When reflecting, you are looking at or discussing information from your own perspective. It's more than a statement or a description; it takes the information and evaluates or interprets it from a personal perspective. When asking a caregiver to reflect, you may be encouraging them to share why they felt their child struggled with a target, how one strategy worked better than another, what they liked about a routine, or what they think will be a better match for the family. Reflection questions are not closed-ended. There isn't a right answer. They are asked to encourage the caregiver to share their perceptions, ideas, and assessments of a situation.

“ We do not learn from experience; we learn from reflecting on experience. ”
~John Dewey

Reflection

How do I encourage reflections with the caregiver throughout the session? What do I do to match the supports the caregiver needs from me?

How do I reflect on my own practice after each session? What are my takeaways from my process?

11

Encourages the caregiver to describe what it will look like when the intervention is working - *specifies a functional measure of the target within routines*



One way we know caregivers are gaining confidence is when they can describe how the child uses their targets to participate in everyday family routines. KI-11 focuses on asking the caregiver to think through and describe how they will know the intervention promotes the child's progress toward their outcomes. The use of self-reflection, an essential adult learning strategy, is the rationale behind KI-11.

The *Is it working* question in the Family 5Q serves multiple purposes. First, it describes how the caregiver will measure the child's learning of the targeted skills. It's an internal snapshot or video of the child accomplishing the target the way the caregiver would like it to look. Second, when answering *Is it working*, the caregiver reviews the targets, routines, activities, and strategies to determine if it is a "good fit" for embedding the intervention now. The "fit" for the family is important so that it reflects what they want to do to be successful between sessions. Third, it's a preview of the caregiver's expectations for what the child should learn within a specified time period, allowing you to reflect on realistic goals with the caregiver. Finally, it is an opportunity for you and the caregiver to discuss the level of support the child may need to demonstrate the skill as described.

Small steps are important steps, and answering *Is it working* supports the child's continuous progress while building the caregiver's understanding and motivation to embed the child's learning targets throughout the day.

"The largest effect sizes were related to the use of evaluation strategies, such as encouraging the adult to think about the impact of their new knowledge, and reflection, in which the learner engages in self-assessment about the application of their knowledge and practice."

Dunst et³ Trivette, 2009

Examples of Key Indicator 11.

- "What will bedtime look like when the routine is working the way you would like it?"
- "You made a list of words for Mollie to work on. How will you know she's using them to communicate with you?"
- "Close your eyes and tell me what it looks like when Patrick plays independently. Now, what's the first step he can work on this week?"

Looks Like

Emphasizing the connection between the child's practice of learning targets in routines and activities and their progress toward broader goals (e.g., "Pulling to stand by the couch will help him walk with support, which is a small step toward walking independently. What will you look for this week to get closer to your goal?").

Directing the caregiver's attention to the child's current skill and to look where they will go next (e.g., "Katie looked at you and reached for the cookies. What would you like to see her ask for next? When and how often can we do this?").

Celebrating a successful interaction or activity and helping the family connect their actions to the child's outcomes (e.g., "Frankie walked to the table carrying his cup because you waited and encouraged him. What will it look like when you use wait time during diaper change?").

Doesn't Look Like

Giving the family-specific skills that the child should be doing (e.g., stacking four blocks or naming 10 body parts) without including how skills can be used in a meaningful routine.

Using jargon to measure progress that does not fit in the family activity (e.g., "Shawn will push up from the prone position for 60 seconds on three of four trials after a diaper change.").

Telling the family what the targets in the routine should be and assigning how many times to practice (e.g., "Chloe can make choices between apples and crackers at least five times in each snack. Can you see doing that with her?").

KI-11

Encourages the caregiver to describe what it will look like when the intervention is working - *specifies a functional measure of the target within routines*

Considerations for Key Indicator 11.

When caregivers answer *Is it working*, they are using their own words to narrate the video they want to see as they work with their child during the week. Caregivers learn ways to evaluate and keep track of their child's learning targets from one visit to the next. By asking the caregiver this question, you make sure the caregiver's answer to *Is it working* is feasible, acceptable, efficient for the caregiver, and effective for child learning.

Caregivers may find it easier to reflect on their expectations for their child's progress when they understand why it's important. Before asking caregivers to describe what progress will look like to them, explain why this information is important for the child and caregiver and it will help with their practice between sessions. Understanding why this question is asked helps the caregiver know how and what to share.

It can take time and practice for some caregivers to understand what embedding intervention into everyday routines and activities looks like and how they can tell if it's working or not. Some caregivers have an "ah-ha" moment early in the process, while others need you to share more examples and offer choices of options that could work for their family. Using concrete examples within the family's contexts (e.g., their living room, highchair, books, and toys) supports the caregiver's learning just as it does for their child.

Talk about expectations during or after coaching in the routine to provide information in the moment when it is easiest to understand. KI-11 can be a summary of previous discussions on what the child is doing now and problem solving on expectations for the time between sessions.

For children with greater learning needs, learning to identify small targets that can increase participation can also support the family's motivation and persistence. Helping caregivers reflect on positive changes increases understanding of their child's development. For some children, the progress may be slower, and the caregiver will need additional information on the use of support strategies. Making connections to the family's priorities also keeps the focus on the "larger" learning outcomes when the child's targets are small.

A key term in KI-11 is the word "functional." The caregiver's response to *Is it working* should show how the child will use the target within routines to enhance their participation, rather than specifying a percentage or number of trials to measure the child's progress. For example, "Tommy will put cups in the dishwasher to practice grasping and releasing objects."

More Ways to Ask KI-11

"Last week, you mentioned that he needs a little less help than before. What are you going to look for this week?"

"You want her to show you what she wants. What's a realistic first step for this week? What's a long shot?"

"How will you know when he understands your words more? What will he do?"

"What would you want to see between now and next time to be able to say, 'It's going great!'"

"What will make you think, 'Ah-ha! She's getting it!'"

Reflection & Review	Yes	Partial	Not Observed
KI-11. Encourages the caregiver to describe what it will look like when the intervention is working - <i>specifies a functional measure of the target within routines</i>	Score Yes if the provider makes comments/asks questions that promote the caregiver to describe functional measures of the target that are specific and observable in the identified routines.	Score Partial if the provider takes the lead, suggesting what the functional measures of the target will be in their routines with minimal caregiver problem solving or reflection OR if the measure is not specific, observable, or account for incremental gains.	Score N/O if a discussion does not occur OR if the provider describes how to measure without caregiver input OR if the description is general in nature without an observable, functional measure of the target in routines.

Measuring Progress is More than Numbers

Progress is personal and reflects the family's priorities. Describing learning expectations allows you and the caregiver to identify a measure of the target that is meaningful to the family in their routines, an observable next step for the child, and a reminder to the caregiver how to embed strategies into the routine. Review the examples below to see "value added" for the caregiver when they describe how they will know the intervention is working.

It's helpful to the routine and the caregiver's role



I'll know it's working when

She walks to her dad bringing a diaper and wipes when he asks.

It supports the caregivers to embed the targets



I'll know it's working when

She takes turns initiating and responding in conversations during the teaparty.

It's meaningful and measurable for the family in their everyday activities



I'll know it's working when

She gets into her car seat next to her brother and stays busy looking at books on their way to his soccer games.

It reminds the caregivers of routines and activities that occur frequently and consistently



I'll know it's working when

He uses words to tell us what he wants for snacks/meals, when choosing toys and games, and when he's getting ready for childcare or bedtime.

KI-11

Encourages the caregiver to describe what it will look like when the intervention is working - *specifies a functional measure of the target within routines*

KI-11 Questions and Answers



Is simply asking the question enough?

No, KI-11 is more than the question; it's the caregiver's self-reflection. After you ask the caregiver a KI-11 reflection question, you will continue with follow-up questions or comments to ensure that the caregiver's response is a "right-sized" expectation for the child's progress. Parents don't always know how much to expect or how to know when or where to provide additional support to their children. Reflecting on *Is it working* helps prepare for the action plan (KI-12).

Just like with other reflection questions, the caregiver may need scaffolds or additional information to develop a measurable and realistic goal for the child. Developmental information can guide the expectations around how much and how soon the child can accomplish the target. Think about it as a three-part process: 1) You ask what the target will look like when the child is making progress, 2) the caregiver describes observable and measurable behaviors that illustrate how it will look as the child is learning, and 3) then together, you can discuss and determine the size or amount of change that is realistic.



Won't caregivers wonder why I am asking these questions?

You may wonder about the value of this question and be tempted to skip it. Don't! It's worth it! Caregivers may be surprised and not know how to answer this question at first, but that doesn't mean it isn't helpful. Recently, a provider shared that she asked this question for the first time, and the parent looked at her and said, "That's an excellent question. I don't think I have ever stopped to think about it." They continued to reflect and review what would make the practice on the target a success for the upcoming week, and the provider reflected that she felt her partnership with the caregiver had greatly improved. You can gauge how confident and competent the caregivers feel by asking this question and problem solving "right-sized" answers.

Providers often report that caregiver answers do not match the measure used in educational plans. That's fine; this is the family's measure. They don't need to identify the percent correct or number of trials. They are looking for the child's participation and independence in family activities. Your documentation requirements may be written differently from the Family 5Q.



What needs to be included in KI-11?

When listening to the caregiver reflect on how they will know it's working, you can check to see if the key components are included by using FUMM (FACETS, 2000). FUMM stands for **F**amily-identified, **U**seful within the routine, **M**eaningful for the child and family, and **M**easurable in a format that is relevant to that caregiver—all the components needed for KI-11. Have some FUMM with the family!



Include conversations throughout the session that share helpful information for KI-11. Don't wait. Talking about their expectations for what it will look like during the session sets the caregiver up for success when describing their vision of the plan for the next routine, as well as the upcoming weeks.

Reflection

How can I encourage caregivers to think about the Is it working Q throughout the session?

How would I answer the question "How will I know it is working?" with families I coach?

12

Engages the caregiver to lead the development of an action plan for embedding intervention in multiple routines and activities throughout the day - *facilitates caregiver leadership and decision-making*



The Family 5Q framework is used in KI-12 to develop an action plan for caregivers to use between sessions. Answering the Family 5Qs helps caregivers become systematic in identifying opportunities and embedding multiple strategies throughout the day and in a variety of different routines. This short-term plan has specific details of what to do right now that will ultimately achieve the outcomes listed on the IFSP. The action plan is designed to be individualized, flexible, family-friendly, and portable.

Engaging caregivers in reviewing and developing their action plan is essential because it's their plan! Not only do caregivers know what will and will not work for them and their families, but

they are the best ones to figure out how to address any changes that may need to occur if their plans are interrupted. Action plans developed collaboratively with the caregiver, based on practice and discussion during the session, are more likely to be implemented than those developed for them. Clearly and succinctly summarizing what is practiced in the session offers the caregiver an opportunity to discuss the jointly created plan for the future.

Examples of Key Indicator 12.

- “Are you ready to decide on the Qs for today? What are your Whats for this week? Are there new Whens/Wheres to try? You added some new Hows. Which ones do you want to put on your plan?”
- “Do you want to write the action plan, or should I? You used a wipe-off board last week. Did it work, or do you want to try something else? Ok, let’s use it again. What targets and routines are you thinking of? Which strategies worked best for you? How will you know it’s working? And what is your backup plan if it isn’t working?”
- “Let’s look at your last action plan. What do you want to keep working on? Is that enough? Do you want to add another target? Do you want to add some new routines? Which strategies do you want to keep? Do you want to add anyone else to the plan? Tai Neeta?”
- “How do you want to capture your plans for the upcoming week? Sending a text to your mom, the childcare teacher, and yourself keeps everyone on the same page. You’re great with using talk-to-text.”

Looks Like

Reviewing the action plan together, either verbally, in writing, via email, or any method preferred by the caregiver, to make sure it's straightforward with the roles clearly assigned (e.g., “I’ll bring you new snack pictures next week while you work on the picture choices at bedtime this week.”).

Asking the caregiver open-ended questions followed by choices as needed to develop a flexible plan with options that match the child and family's needs (e.g., “How do you want to try to help her pull to stand at home? Can you think of ways to do that at the doctor’s office or Grandma’s?”).

Summarizing together (e.g., verbally, in writing, via email, an activity matrix, or any method preferred by the caregiver) what the action plan could include for the coming period based on what happened in this session and the discussion on what next steps the caregiver wants to take.

Doesn’t Look Like

Skipping the action plan because the caregiver appears too busy or overwhelmed to complete any intervention with the child.

Offering a plan or “homework” to the caregiver that the provider believes is best for the child and family.

Assuming the caregiver knows what the plan should be based on the session without discussing it or writing it down.

KI-12

Engages the caregiver to lead the development of an action plan for embedding intervention in multiple routines and activities throughout the day - *facilitates caregiver leadership and decision-making*

Considerations for Key Indicator 12.

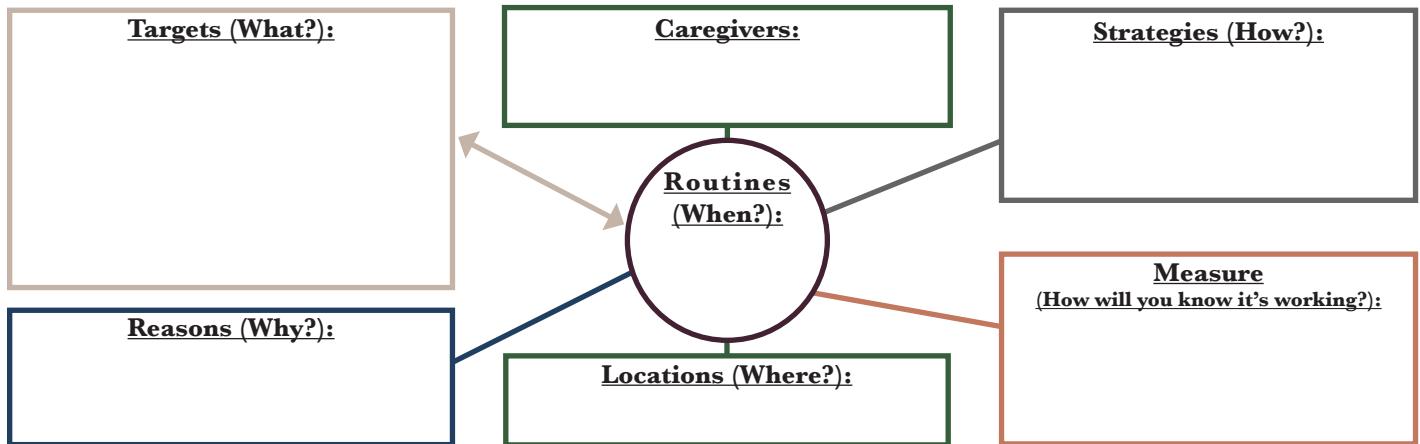
Remember, the action plan belongs to the family. It's not homework or a list of suggestions offered by you, documentation of the home visit, or plans for the next one. It is the plan for what the family will do to support their child's learning and participation throughout their day. It is genuinely their plan, using their words, the targets they prioritize for their child, the activities and routines they identify, and the strategies they confidently use to encourage their child's participation and learning.

Not all caregivers will be comfortable taking the lead in writing or reviewing the plan. Some will take the lead in writing, while others prefer talking it through. Ensuring the caregiver's ideas lead the plan development is more important than who writes it. If the caregiver prefers, you can take turns writing, change up the format, or involve the siblings. Flexibility doesn't equate to inconsistency; make sure the caregivers have all the Qs. Encourage them to use the 5Qs as a self-reflection checklist to be sure they have all the pertinent details. The way it looks doesn't matter; having the answers to the 5Qs does.

The action plan supports caregivers to problem solve and reflect. This gives them the power to substitute routines and activities that might fit better into the schedule when a change occurs because of visitors, illness, or appointments. Life happens! Planning for change in advance (e.g., how to have a snack in the car instead of at the table, how to use wipes to wash hands instead of the sink at home) gives the caregiver the power to make things happen no matter what occurs. Encourage caregivers to have "backup plans" in mind, just in case. Generating solutions to unanticipated events that interrupt their everyday routines illustrates that the caregiver is confident in their ability to support their child's learning anywhere or anytime.

The action plan is a working document. It doesn't need to be rewritten every session but should be reviewed and revised as needed. Caregivers should discuss what's working that they want to continue, what they want to add or revise for the future, and how they will include new opportunities. New targets, routines, or strategies can be added. The *Is it working* Q can show the change in what the child is learning. Sometimes, it's easier to start fresh or use a different format. If no revisions are needed, that could be an indication that the plan may not be working as well as it could.

Family Guided Routines Based Intervention Action Plan



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Reflection & Review	Yes	Partial	Not Observed
KI-12. Engages the caregiver to lead the development of an action plan for embedding intervention in multiple routines and activities throughout the day - <i>facilitates caregiver leadership and decision-making</i>	Score Yes if the provider supports the caregiver to take the lead to identify strategies (<i>How</i>), specific routines (<i>When/Where</i>), targets (<i>What</i>) for embedding throughout the day, and a description of how they will know it is working AND the caregiver makes the decisions based on what was practiced in the session on and why it is important.	Score Partial if the provider takes the lead with minimal caregiver input and decision-making on the action plan OR if all components are not included OR if it is not related to what was practiced in the session.	Score N/O if there is not a specific action plan with action steps with the caregiver's input.

KI-12

Engages the caregiver to lead the development of an action plan for embedding intervention in multiple routines and activities throughout the day - *facilitates caregiver leadership and decision-making*

Connecting the KIs with the Family 5Q

Every practice used in the session (KIs 1-12) includes one or more of the Family 5Qs that can be helpful when developing the action plan. The discussions, practice, reflection, and problem solving that occur throughout the session systematically promote the family's decision-making on their next steps. As you review the FGRBI Key Indicators below, notice how each KI contributes to the family's responses to five questions in their action plan. Understanding the interconnectedness of the KIs and the Family 5Q facilitates your ability to be flexible with each family during the session while also including the coaching practices that build the family's confidence and competence.

- KIs 1 & 2** Family updates, family priorities, and progress on child targets (**What**) - Where are we starting today? (**When/Where, How, Is it working**)
- KI-3** Family and provider discuss priorities and next steps for targets (**What**) connected to IFSP (**Why**) - What steps are next and why?
- KI-4** Caregiver guides plan for session to embed "right-sized" targets (**What**) in everyday routines (**When/Where**) - What are we going to do today and how will we do it? (**How**)
- KI-5** Observation and feedback occur on what's working for targets (**What**), routines (**When/Where**), and strategies (**How**) - What does it look like now?
- KIs 6 & 7** Caregiver coaching and feedback to support the acquisition and functional use of child targets (**What**) embedded in multiple routines (**When/Where**) - How do you use strategies to embed targets in your everyday routines and activities with confidence and competence? (**How**)
- KI-8** Problem solving discussions on intervention strategies (**How**) that clarify and expand caregiver competence - Which strategies are or are not working? Which is the best match?
- KI-9** Expansion of caregiver-identified routines (**When/Where**) for additional practice and generalization - What are some other times and places that the child can increase practice on the targets? (**What**)
- KI-10** Caregiver reflects on targets (**What**), routines (**When/Where**), strategies (**How**), and reviews session - What worked or didn't that you can use to support your child's learning? (**Is it working**)
- KI-11** Caregiver describes observable and measurable next steps (**Is it working**) - How will you know the intervention is successful?
- KI-12** Caregiver, with support from the provider, specifies their Family 5Qs to develop an action plan identifying **Why, What, When/Where, How** will the intervention occur, and how they will know **It is working**

Family and Provider Quotes: What works for KI-12?

"Trisha is the best. We talked through the plan, and she wrote it down and sent me a copy on my phone. I need a visual reminder. Talking through the 5Qs really helps me see how I can make it work.

The text reminds me to do it."

Caregiver



"I try to keep the plan specific enough that the caregiver can see at least a little progress every week. If the targets are 'right-sized' and strategies match the routines, then the updates at the following session can be reasons to celebrate. I think caregivers find more time to embed when the plan is simple, and they can see the child working on something they need."

Provider

"I'm terrible at keeping track of paper, but I always know where the refrigerator and the bathroom mirror are! Since so many of our routines are in the kitchen and bathroom, those are the best spots for posting my 5Q notes."

Caregiver

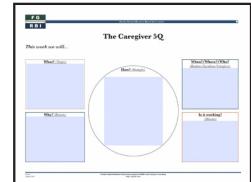
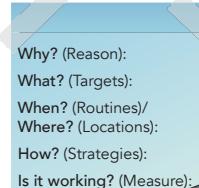


"I have tried lots of ways to help families develop an action plan that works best for them. They come up with what they are going to do and decide how they want to remember it. Some like forms to post, some want texts, and others use sticky notes. My documentation is separate, so we can be as flexible as they want."

Provider

Strategies to Help the Caregiver Reflect & Remember

The Family 5Q format is flexible to meet the caregiver and child's needs. Checklists, whiteboards, text messages, activity matrices, and sticky notes on the mirror in the bathroom are all strategies that can help caregivers remember the specific targets, strategies, and expectations necessary for the child's learning. Caregivers may benefit from a variety of formats to master new strategies (e.g., a whiteboard on the refrigerator to review signs, a text or photo on their phone to list strategies, or a short video to share with other caregivers demonstrating positioning). Adults, including caregivers and providers, rarely learn new information from hearing or watching a brief demonstration without the opportunity to practice, discuss, or reflect. Providing reminders with key information is valuable to support implementation.



Reflection

What strategies do I use to keep the Family 5Q relevant and useful for each session?

After the session, how do I answer the question, "What did the family learn from me today?"

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Early Care and Education



SS-OO-PP-RR Coaching in Early Care and Education Programs

Providers frequently ask us the question, "So, how do you do all this in childcare? That's where I see most of my kids." Our traditional response has been that once you know the KIs, it is not hard to shift from home visiting to ECE or childcare programs. While we still believe that is true, we understand that not everyone is comfortable jumping in without a little guidance and encouragement. So here you go! We have compiled information, resources, and practical ideas to help you with the differences in this addition to the 2025 FGRBI Key Indicators Manual.

— Rationale for FGRBI and SS-OO-PP-RR in Early Care & Education —



We believe in the importance of service delivery options for families. Early care and education (ECE) programs offer an environment for consistent adult-child and peer interaction, developmental learning opportunities, toys and educational materials, and a safe and supportive environment for social-emotional well-being. Families may decide to use ECE in lieu of or in addition to home-based services. Caregiver coaching is appropriate for both, without one being preferential to the other. The model remains FGRBI because the family is still engaged in their child's embedded intervention program, even if they are not being coached directly by the provider.

We use the term ECE to be inclusive of community-based childcare centers, early childhood (birth-5) education programs, family in-home childcare, and other more informal social supports (e.g., relatives, neighbors, or parent cooperatives) outside of the child's home. Just as we used the terms "family," "parents," and "caregivers" to describe the adults who were coached to support the child's learning during home visits, we will use "caregivers" and "teachers" to describe those supporting the child's learning within ECE programs. Different programs may have various titles for their staff (such as teacher, lead, assistant), so it's essential to understand the roles and preferred titles of the individuals you are working with in order to show respect and foster collaboration. Ensuring the environment is maximized for the child's learning necessitates the use of a collaborative coaching approach with both family members and caregivers in the program. We have learned that establishing and maintaining collaboration increases success for coaching. Recognizing and respecting the contributions, experiences, and interests of the ECE caregivers and teachers is an essential component of the coaching process.

— Application of FGRBI and SS-OO-PP-RR in Early Care & Education —

In case you skipped the introduction to the FGRBI Key Indicators Manual, we offer a few reminders. The KIs represent evidence-based practices for embedding intervention into everyday routines and activities to support child development and learning. As described in this guide, the KIs have been used as a fidelity measure to promote consistency of service delivery and to support program sustainability within home-based programs. We use the KI Checklist to guide implementation and professional development. Currently, we do not have sufficient data to consider the use of the KI Checklist form within ECE programs as a fidelity measure. We do, however, believe it offers a general guide to support consistent implementation for coaching caregivers to embed instructional strategies for young children and can also serve as a tool for self-assessment and professional development. We have tested variations of SS-OO-PP-RR and the KI Checklist in multiple studies (e.g., Romano & Woods, 2018). Those studies show that the core coaching components can be used to collaboratively coach teachers while enhancing child outcomes in daily classroom routines.

While the KI practices are appropriate for both the home and classroom settings, there are some differences in how they would be implemented in ECE. Generally, there is more variability in how, when, and how much the practices are implemented when the setting includes multiple children and caregivers rather than with family members. "Where" you coach is not different- you're coaching in everyday routines and activities! Pulling the child to the side or leaving the room for individual intervention is not congruent with the philosophy and guidance from Part C, IDEA, or FGRBI. Rather, providers approach the partnership with the ECE caregivers or teachers as they do with the family members, with the intent to build their capacity to support the child's individualized learning needs within their everyday routines and activities while also engaging with peers.

ECE programs may have specific guidelines and procedures that necessitate flexibility in the application of the KIs in a single visit. For example, the classroom may have a specific schedule for all children to follow, or certain materials may only be available for designated activities, limiting access for coaching specific routines. Time is also a factor that can influence the provider's ability to coach, problem solve, reflect, and plan in multiple diverse routines within a session. ECE coaching sessions are often shorter, and time for collaboration and communication may occur within activities instead of before and after. However, our research supports the process of caregiver coaching using the basic FGRBI practices and principles with modification. The purpose of the comparison table below is to share examples of modifications and strategies for success using the model in ECE settings.

Home Visiting vs. ECE Programs

We've adapted the "Looks Like-Doesn't Look Like" section of the KI manual to a comparison table for the two types of programs. There are lots of similarities, but some key differences as well.

Home	ECE
Service delivery model identified on IFSP by the team with family as their preferred natural environment <ul style="list-style-type: none">• Can be changed as family priorities or needs change	Service delivery model identified on IFSP by team with family as their preferred natural environment <ul style="list-style-type: none">• Should include a regularly scheduled home-based component and session update(s)
Collaborative partnership that recognizes and respects knowledge, experiences and priorities of family	Collaborative partnership that recognizes and respects knowledge, experiences and priorities of early childhood educators, caregivers, in addition to family <ul style="list-style-type: none">• Communication between classroom caregivers and family should be established and maintained in a format that works for everyone (e.g., texts, notes, voicemail)
Family's routines, activities, organization, linguistic and cultural preferences are the context	Classroom model, curriculum, routines and schedules serve as context. <ul style="list-style-type: none">• Family's routines, activities, linguistic and cultural preferences are integrated into classroom intervention as possible for continuity between environments• Generalization between settings should be a priority for embedding

<p>Collaborative partnership with family as decision maker to establish intervention that matches caregiver's values and priorities</p>	<p>ECE partners integrate family priorities and collaborate on implementation within their program model</p> <ul style="list-style-type: none"> Teachers have experiences, expertise, and priorities that may influence their use of intervention strategies in the coaching process requiring collaboration on the best approach for the child Curriculum may emphasize learning targets and preferred instructional strategies requiring integration of family priorities to ensure a coordinated program
<p>Focus on parent – child interaction in their everyday routines and activities using their materials, locations, and expectations</p>	<p>Supportive interactions between child and caregivers, and when possible, other children in their everyday routines and activities</p> <ul style="list-style-type: none"> Intervention is embedded into ECE routines and schedules with peers participating when possible Classroom expectations are delineated and support the child's current skills and plan for new targets Responsive (or universal) intervention strategies are prioritized as they support learning for all children Use of specialized instructional strategies are jointly planned to support the child and classroom success
<p>Use of specific coaching strategies embedded in routines matched to family/caregiver learning to build confidence and competence</p>	<p>Use of specific coaching strategies embedded in routines and activities matched to setting and teacher/caregiver learning to build confidence and competence</p> <ul style="list-style-type: none"> Coaching strategies are individualized for the teacher, child, and routine Previous experience of caregiver's are valued and maximized in the coaching process
<p>Multiple, diverse routines identified by parent/caregiver to provide sufficient opportunities for learning to occur</p>	<p>Intervention within multiple, diverse routines identified to provide sufficient opportunities for learning to occur</p> <ul style="list-style-type: none"> Opportunities to embed may be fewer in a single routine (e.g., book reading) because of the other children's participation, but more routines are likely available throughout the day Problem solving with the teacher is used to identify times throughout the day for repetition
<p>Ongoing plan of action (Family 5Q) supports implementation between visits</p>	<p>Ongoing plan of action supports implementation between visits</p> <ul style="list-style-type: none"> Plan may extend for multiple sessions Updates on plan are shared with family

Getting Started

Collaborative partnerships are crucial to establishing the classroom coaching process. Just like with families, every center and classroom within the center is unique. Your skills in connecting, communicating, and coaching to build capacity will support coaching in diverse community settings that range from Early Head Start centers to faith-based institutions and home-based childcare. Building a trusting and reciprocal partnership is key to your success. This partnership extends beyond the ECE teachers and caregivers to the administrators of the program. Everyone, including the family, needs to understand and agree to the coaching process for it to be beneficial for the child.

Communicating a clear definition of caregiver coaching is an essential first step for success. Coaching with caregivers and teachers in ECE is a strength-based collaboration focused on the identification and implementation of supports and strategies for the child's learning targets that can be embedded into their classroom or group's routines and activities. Clarity on the coaching process is important because it may involve changing the perspectives of the ECE staff. Administrators and classroom teachers may expect a pull-out procedure and be surprised by the coaching process in the classroom. Comments may include "It's always been done this way" or "The other children will distract the child or interfere with your therapy" when the provider explains their intent to join in the classroom activities. In addition to verbal and written explanations of coaching, joining in an activity as a partner to demonstrate the coaching may help clarify the process.

Focal KIs for ECE

We believe the 12 KIs are important for ECE as well as home-based sessions. While some do not garner as much attention due to the setting, time available, or multiple children served, they are still applicable and can be adapted to suit individual needs. Some could occur together, such as KIs 1 and 2. KI-3 may be a component of KIs 6 and 8. KI-5 might be three or four 10-second observations instead of one 20-second observation. KI-8 may be combined with KI-6 frequently, and KI-11 could be folded into KI-12. The key features of SS-OO-PP-RR are described below.

Common Sequence

1 Quick check-in and greeting Updates on the child's targets and reflections from caregivers/teachers on how the strategies are working. (KIs 1 and 2)	2 Sharing child information Information exchange or review as needed on why coaching is key, why these targets matter, developmental information as needed, and how embedding works. (KI-3)	3 Joint plan for the day Plan may be repeated or varied slightly for multiple sessions. (KI-4)	4 Observation and feedback Observation length may be shortened. (KI-5)
5 Coaching and feedback Should occur in multiple jointly identified routines in ECE schedule. (KIs 6 and 7)	6 Problem solving on instructional strategies Collaborative plan for teacher and family. (KI-8)	7 Review of current and potential routines for embedding Ongoing process. (KI-9)	8 Developing an action plan An action plan that includes measures of progress until the next session, a review of who does what, reflections on the session, and a schedule for the next visit. Don't forget to update the family on the session as well! (KIs 10-12)

Using SS-OO-PP-RR as a Familiar and Flexible Framework in ECE Programs

Setting the Stage

Setting the Stage (SS) with teachers in ECE settings focuses on the same goals, practices, and principles as those described for home visits; however, as mentioned previously, the process differs to accommodate the setting and collaboration with the teachers while including and engaging the family through ongoing communication.

When SS occurs in the classroom, we continue to incorporate the FGRBI Key Indicators (KIs) to support the collaborative relationship, gather and discuss updates for the child's targets and classroom routines, exchange information to support next steps, and develop the plan for the session.



Considerations for Setting the Stage

- In the classroom, SS may be more fluid than during a home visit. The KIs occur in an abbreviated manner and continue throughout the session as time and the context permit.
- Rather than a sit-down and catch-up conversation, providers may plan a short-hand information exchange that works for your partnership with the educator and the classroom. Gathering updates while joining in with the classroom activities ensures that teachers do not need to take "time away" from the group to update you. For example, picking up toys while hearing about what is new, or chatting while helping the teacher set up art projects or center time, are both examples of ways to get updates without interrupting the classroom's schedule.
- While abbreviated and somewhat fluid, it's important to encourage the teacher to reflect on what has occurred since your last collaboration so that the updated information can be used to develop the plan for the current visit.
- Updates are a time to catch up on what is working and what is not in the plan. It is also an opportunity to review and answer questions about the coaching process and the roles each partner plays.
- In classrooms with multiple teachers, it can be helpful to have one primary point of contact to connect with each session. However, be sure to gather updates and reflections from each individual who interacts with the child. This helps to ensure consistency in cases of staff changes and that all potential partners with the child are included. It also maximizes learning opportunities for the child when multiple caregivers are included.
- Updates may be shared on a wall chart, text message, or brief description as the activity starts. Check with the ECE program guidelines for confidentiality.
- Session plans will reflect the classroom schedule of routines and activities. Targets and strategies will continue or be revised based on updates and requests for support during the visit.
- Try to schedule sessions based on the classroom schedule of activities and routines so that coaching occurs during opportunities for high-frequency practice.
- Collaborative experiences over time will increase fluency of the intervention and the efficiency of the coaching process as the relationship evolves.

The child's targets, connected to the IFSP and based on family priorities, will be similar at home and in the classroom. However, there may be targets specific to the classroom that are not relevant or priorities for the family at home, e.g., clearing the table after snack, sharing toys, sitting on a chair at a table for play, and taking turns with peers and these targets will support the child's participation within the classroom routines and with other children. They should be included in the development of the session plan. Please remember, some home targets may not be appropriate at ECE.

Observation & Opportunities to Embed

Observation and Opportunities to Embed (OO) occurs within the classroom much as it does in home visits. Observation is a mainstay for gathering information for coaching during each session. Moments of observation throughout the session help providers identify future routines, targets, or strategies that may be useful. Observations may be shorter (sometimes significantly shorter when multiple children are involved) and not immediately tied to the session plan. Even brief observations provide an opportunity for feedback to the caregivers! Just like with families, observations also ensure that teacher/child interactions are at the forefront of each session.



Considerations for Observation and Opportunities to Embed

- Providers may find that they join the teacher and children in the routine and participate briefly before sitting back to capture an observation of what is currently happening in the routine.
- Strengths-based feedback may not occur immediately following the observation if it will interrupt the ongoing interactions or activity, but it should not be forgotten! Save it for a transition moment or when the kids are all engaged, so it will not be intrusive to share. Learn some shortcuts with feedback that provide encouragement and information in the moment.
- Due to time and availability for discussion, the diversity of coaching strategies used in classrooms may vary more than they do in home visits.
- DT and Dem/N may occur more frequently in the classroom, especially for new targets and strategies in the activity with children as a group.
- Joining in routines and activities with all the children increases the collaborative partnership. It's not only that two heads are better than one and four hands are better than two, but your observation and participation facilitate the identification of what is or isn't working.
- GP is helpful for engaging and maintaining child participation as well as revising or adding instructional strategies.
- CP with feedback is a priority, because the teacher may have only 1-2 opportunities to practice with the focus child in a specific routine. Coaching, including CP, in multiple routines is necessary to support the teacher to embed the target and strategies.
- Using the same cluster of instructional strategies in multiple routines can increase the teacher's acquisition rate and fluency using the strategies.
- Peers are outstanding "coaches" and "influencers" for the child. Their supportive interactions multiply the learning opportunities while increasing each child's social development. Engaging peers also makes coaching interactions easier for teachers because they can include the group, not just one child at a time.
- Coaching across teachers in the classroom promotes the child's opportunities throughout the day. More opportunities with multiple teachers are better than one! Including additional caregivers in the classroom also promotes their learning for other children.

It is important to remember that your coaching can and should adapt for each child, setting, and teacher involved. Joining in the identified routines for embedding may necessitate pre-planning so that you and the teacher are ready for interactions as you arrive. You may also complete two to five routines and activities together before there is time for feedback, reflection, and problem solving. The graphic below illustrates the fluidity between the SS-OO-PP-RR components. It also emphasizes the importance of adequate time and opportunity for coaching with teachers.



Problem Solving & Planning

Problem Solving and Planning (PP) are key components that make sure teachers can adapt, expand, and modify strategies as needed throughout their day to increase opportunities for the child. However, these exchanges might be quick, and they may occur in "spurts" throughout the session. For some providers, it may be hard to keep the problem solving exchanges going when there are frequent interruptions (i.e., noses need to be wiped, a parent pops in the door, or a child trips and needs a hug). On the other hand, teachers can be masterful multitaskers and are used to returning to conversations where they left off. Providers should consider strategies to help them initiate and return to problem solving conversations, even if the exchanges take place bit by bit during sessions.

Considerations for Problem Solving and Planning

- Teachers will not likely be able to focus solely on the conversation, so non-verbal cues within the exchanges might look different in classrooms than they do in home-based settings. For instance, teachers might not make direct eye contact when offering up ideas if they are also wiping a table or helping a child put on their shoe. This does not signify a lack of engagement. You may also get lots of "uh's or yeah's" as you go, but that doesn't indicate disinterest either. Make sure to create space for teacher participation by asking, "What do you think?"
- Providers could use visual supports like the Family 5Q or the FGRBI Routine Categories to help with problem solving. Learning about the program's daily schedule enables you to learn about potential routines for embedding, just like it does in homes.
- Consider using asynchronous methods to get started or to keep a conversation going. A quick text to preview the teacher with a message like "Remind me to ask you how his seating supports are going and if we need to change anything!"
- Use more specific conversation starters like "What might be some pros and cons of this strategy during the transition to the playground?" or "What do you think a backup strategy should be if the first one doesn't work?"

Reflection & Review

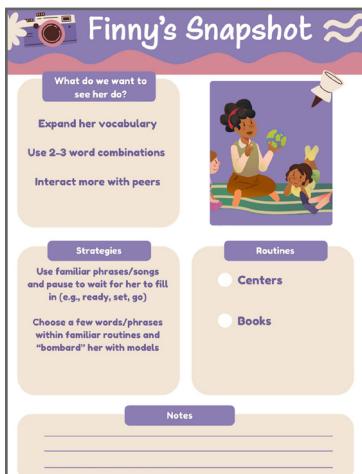
Reflection and Review (RR) conversations need to be efficient. Like many components in ECE, the 'talk-based' coaching strategies may need to take place while simultaneously engaging other children. Linear conversations are rare in group settings. While teachers are often used to weaving in adult-to-adult exchanges within child-oriented interactions in a group, providers may not need to learn this skill.

Reflection on the session in ECE is crucial because visits often have so much "action" that taking a moment to process might make the difference in whether the teacher identifies important ideas from the session or whether they will move on with their day without taking much from the visit at all. Planning for between sessions is also key, just as it is with families. Teachers in ECE are often familiar with planning, and they may have a process that they can build on for individualized support for each child. Take the time to learn about how they ordinarily plan for activities (or whether they follow a thematic sequence or curriculum) so that you can offer ideas for how to create a meaningful plan for individualized supports that works for both of you.

Considerations for Reflection and Review

- Let teachers know that you'll reflect and plan together as part of each session. This insight into the coaching process helps them understand their role and facilitates their ability to reflect and plan with you.
- Come prepared with a few "ready to go" reflective questions to use: "What do you think worked best for him today?" or "Did you notice anything today that you hadn't noticed before?"
- Ask teachers how they want to plan for between sessions. Do they like to use whiteboards, written notes, or an action plan handout? Teachers will have different preferences. Asking what works best for them builds the expectation that joint planning will occur, and it aligns the planning with their preferred learning style. Electronic communications, such as text messages or emails, can help solidify plans, particularly if the session concludes on short notice. Whether low- or high-tech tools are used, be sure you have a record of them to use while gathering updates during the next visit.
- Follow the plan you made with the teacher to communicate with the family who will take the lead, what will be sent, when, and how. Joint communication supports collaboration.

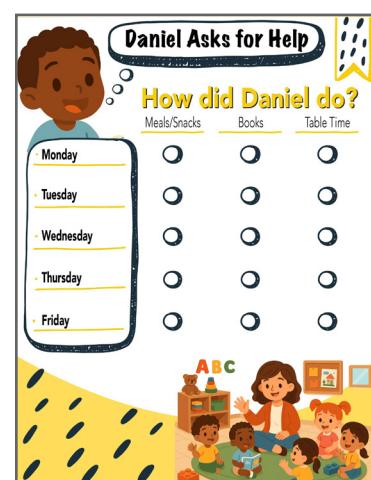
Communication Supports



We've used various strategies to support teachers in embedding targets in routines.

They are individualized to match the individual teacher and their specific setting.

Ms. Rachel's Planning Checklist for Emmy		
	Play in Kitchen	Handwashing
Establish routine	Say, "Let's play in the kitchen."	Say, "Get your stool, so we can wash hands."
Arrange environment	<ul style="list-style-type: none"> • Sit face-to-face or by her side • Offer choices between materials (e.g., "Do you want the bowl or the cup?") • Respond at least 75% of the time 	<ul style="list-style-type: none"> • Hold your hand on the faucet until she requests water • Keep soap out of reach so she needs to request • Pause two to three seconds before giving her a towel
Responding	<ul style="list-style-type: none"> • Expand communication by adding a word • Take a long pause (3s) before next turn • Imitate actions in play (stirring, scooping, feeding, hugging baby) 	<ul style="list-style-type: none"> • Expand communication by adding a word • Take a long pause (3s) before next turn • Imitate actions in play (rub hands together, dry hands, throw towel away)
Modeling target phrases	Give at least five 2-3 word models (stir soup, eat toast, hug baby, etc.) after pause	Give at least five 2-3 word models (water on, more soap, throw it away, etc.) after pause



ECE Questions and Answers



There aren't any routines, what should I do?

Not every setting has established predictable routines, although many do. Some level of busyness and commotion is to be expected with multiple infants and toddlers present. Differing child-to-teacher ratios or mixed age groupings can make it more challenging to build predictable routines that benefit both the child with a disability and all the children in the classroom. Before proposing adaptations or suggesting how to build routines, take the time to understand the teacher's perspective. Gather information about what they believe is working in their classroom and what could be improved for the children. Listening to their thoughts will help you collaborate on effective problem solving and empower them to create sustainable routines that work for everyone. If the teacher doesn't yet recognize the benefit of routines, consider sharing information about the value of routines for embedding intervention for the child.



What do I do if the partnership feels awkward initially?

Survey and focus group research tell us that, overall, teachers are open to collaboration with providers. However, they may not be sure how—what will they do, what will you do, and how will it impact their classroom. Teachers might assume that you are going to complicate their day, and until the partnership is established, you may. Your presence is novel and may change interactions between the children. If teachers don't understand that you want to join them as a partner to support the focal child, they may perceive you to be a visitor or an additional pair of hands to provide general help in their classroom. There are other reasons that awkwardness may occur initially. Differences in age, experience, culture, or social norms can impact how you are welcomed into the classroom. It is also important to realize that the teachers may be experiencing stressors of their own or are incredibly busy at the time you arrive. Also, they may not realize that you, too, are unsure of how to develop a partnership with them. Little by little, you can build trust and contribute to the classroom as a partner to support the child's learning.



How can I move from their “special therapy space” into the classroom?

This can be tricky, but it does offer you an entry point into discussing what FGRBI is and how you work within classrooms! You can pivot the conversation by saying something like, "Thanks so much for showing me this space. I can see how dedicated you are to helping kids with disabilities and delays learn and grow. The model I use, though, takes place with the child in the classroom. This way, I can work with their teacher to find ways to embed strategies into the things they do together every day to support the child's development—whether that's walking, talking, gesturing, or feeding themselves. With this model, the child gets a chance to practice every day, not just when I am here, and they can learn while interacting with familiar people, including their teacher and peers!" You can share more information about the model with handouts, information from research, or even about your program's approach.



I had a great relationship with one teacher, but the child transitioned to the next age group. What do I do now?

One of the hardest things about working within ECE programs is how often the adults around the child change. Turnover is high, and children age up to other classrooms. To minimize the impact of transitions, there are two essential steps you can take. First, get to know ALL the teachers in the program. This takes time, but making sure that everyone knows who you are and what you do makes it easier as the child changes rooms. The director can also play an important role in introducing you to everyone. Make an effort to greet other teachers and staff when the opportunity arises. The second step is to maintain well-defined intervention plans in a format that is friendly for teachers. Using a visual model, whiteboard, or even a simple notebook can help create continuity between teachers. If a child has a planned move between rooms, you can plan this move collaboratively with the two teachers and the family.

Teacher and Provider Quotes: What works for ECE?

Teacher



She just gave me a level of confidence that I didn't know that I had working with the kids. So it brought me out a lot more, it kind of took away my shell a little bit, and let me be a lot more confident in working with the kids.



It was my job to get a plan, set it up, and work with it and then to see the outcome of that plan...



She focused on all the children and helped us teachers come up with a plan, and showed us more interactions. She supported the whole classroom and the teachers. She always asked our feedback and wanted to make sure we were comfortable to move onto the next step.

Provider



My childcare center had a spot for me to do pull-out physical therapy. But after I had been coaching caregivers in my home-based visits, I wanted to try it with my kids at childcare. One of the teachers was open to the idea and worked with me to figure out how we could collaborate. It took us a while to identify the best routines and strategies that gave us the most opportunities. But we both agree it's amazing, and I'm not going back to pull-out!



I developed a planning and update form for the classroom staff to know what Adam was working on each week. I used the form to share strategies the teacher could try, and then offered to demonstrate or work alongside them to try it. I didn't make a big deal about "coaching". I just joined in and we talked while we worked with Adam and others.



We started small. I joined in with the teachers for story time, centers, and snacks—the activities that were occurring while I was there for my session. It gave me the opportunity to share ideas that would fit into their plans. Later, we started planning and keeping track between visits.

Final Thoughts

We believe the 12 FGRBI Key Indicators are important for Early Care and Education programs as well as home-based early intervention. While some do not garner as much attention due to the setting, time available, or multiple children, they are still integral to the model. Some may be combined, such as KIs 1 and 2. KI-3 may be a component of KIs 6 and 8, KI-5 might be three or four 10-second observations instead of one 20-second observation, KI-8 may occur before or after CP in KI-6, or KI-11 may be folded into KI-12 with the plan to be repeated across several sessions. Adaptations will vary. The value of the KIs lies in the consistent attention to both the practices and the underlying principles, no matter the setting.

What have we learned?

ECE caregivers, teachers, and environments vary widely, just as families and homes do. It's important to remember that appearances can be misleading. Each classroom, facility, or in-home childcare setting has its own culture that deserves respect. Additionally, every teacher or caregiver brings valuable knowledge, life experience, and expertise that are crucial to the success of the child's intervention.

Treat each teacher as an individual with unique knowledge and experiences that contribute to and enhance collaborative partnerships. Teachers who may not have extensive backgrounds in early childhood development or education can still bring valuable insights from their personal experiences, such as caring for younger siblings, babysitting, or their own children.

Time is a valuable commodity. Planning ahead with teachers can help maximize the time available for caregiver practice, while preparing for reflection and problem solving can lead to meaningful discussions. Once a "plan" for the partnership has been established, maintaining consistent interactions, coaching, and documentation ensures that both teachers and providers feel confident in their ability to achieve their goals in supporting the child.

Routines are not the same as schedules and can successfully occur throughout the day based on the teacher's preferences. Flexibility is key. Many ECE programs offer early morning, late afternoon, and evening hours. Learning who cares for children during these time blocks and what they do during those times ensures that you are maximizing opportunities for the children while adhering to the program's structure. Schedules change. Holidays, special events, and changes in staff assignments all occur regularly. Instead of feeling frustrated, focus on generalization!

Communication strategies between providers, teachers, and families will vary and should be tailored to accommodate the preferences of the caregivers. Options for communication may include sending notes home from the classroom, texts, or emails; however, the choice of the best method is up to the caregiver. Conversations with teachers are confidential, so it's best to avoid discussing the child in front of others. Keeping these discussions private helps build trust and ensures everyone feels comfortable.

Be creative and consider ways to boost teachers' and staff members' understanding of early intervention. Brief group trainings on intervention strategies can benefit all the children in the program. Consider offering snacks or organizing convenient training hours. Providing opportunities like these helps build relationships with the ECE program and may also benefit teachers by earning in-service hours. Consider creating short-form videos (Instagram Reels, YouTube Shorts, TikTok) as a way to share strategies or developmental information when they have a moment. This offers a way to lead into coaching and helps teachers "see" the strategy in action.

Using instructional strategies that are appropriate for all children is highly effective. Responsive instructional strategies serve as an excellent starting point for both children and teachers, since they can be used widely with groups and easily adapted. Additionally, when these strategies involve peers, they promote inclusion for the child.

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Appendices



Supplemental Materials

FGRBI Coaching Strategies (KI-6, p. 36)	83
FGRBI Family Routine Categories (KI-6, p. 37)	87
Systematic Use of Evidence-Based Instructional Strategies (KI-8, p. 45).....	89
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FGRBI Coaching Strategies

A variety of general and specific coaching strategies to support caregiver-implemented intervention in families' everyday routines and activities are used in early intervention.

General Coaching Strategies

- Information Sharing (IS)
- Observation* (Ob)

Specific Coaching Strategies

- Direct Teaching (DT)
- Demonstration with Narration* (Dem/N)
- Guided Practice* (GP)
- Caregiver Practice* (CP)
- General and Specific Feedback (GF & SF)
- Problem Solving (PS)
- Reflection (Re)

* Should occur within routines

Note

In this document, "provider" refers to any member of the child and family's team. Use of these strategies should be in the context of caregiver and child participation within the family identified routine or activity.

General Coaching Strategies

Information Sharing (IS)

The caregiver and provider exchange information about the child's and family's outcomes, priorities, and IFSP. Both participate in the conversation by asking and answering questions, listening, sharing ideas, and clarifying information relevant to the intervention. Information sharing is used to gather updates about the child and family, progress on outcomes, child health status, and other services. IS is used to review priorities, share developmental information and resources, and plan for the session.

- e.g., Dad shares updates on their activities and the child's participation in home/community routines while the provider listens and asks follow-up questions.
- e.g., Mom shares that she successfully got an eye doctor's appointment for next week for Ella and herself.
- e.g., The provider shares resources on safe finger foods as Dad offers updates from last week, and they plan for the snack routine.

*Observation (Ob)

Ob occurs when the caregiver interacts with the child while the interventionist observes quietly. The primary role of the caregiver is to interact with the child in a new or familiar routine; the role of the provider is to observe, gather information, and after observing, share specific feedback with the caregiver. The provider should be nearby but not part of the activity. Observations should last at least 20 seconds before feedback to ensure an adequate picture is obtained. Specific feedback builds on the caregiver's strengths for engaging the child's participation in the interaction.

- e.g., The provider observes Sarah's handwashing routine. Mom waits for Sarah to ask before turning the water on and offering her soap. Sarah requests excitedly and completes the routine, including drying her hands.

Specific Coaching Strategies

Direct Teaching (DT)

The provider shares information about a specific intervention strategy or how to establish opportunities for repetition in a routine with the intent for the caregivers to learn how to support their child's learning. The child may or may not be included in the interaction during the explanation of the strategy and how it helps support development. A handout or video clip may be used for illustration.

- e.g., *The provider tells the caregiver, "Mikala can reach for toys easier when her trunk is stable. You can help her be stable by placing your hands slightly above her waist as you hold her on your lap. This will allow her to use her arms to reach. As she gains strength, you can use less and less support to help her."*

*Demonstration with Narration (Dem/N)

The provider takes the lead in demonstrating a strategy with the child while the caregiver observes. The provider sets up the demonstration by telling the caregiver what she is going to do and why. The provider narrates during and after the demonstration with the purpose of explaining how to use the strategy as it is being demonstrated. Dem/N offers caregivers an opportunity to see the strategy while also observing how the child responds. Dem/N may be repeated and should evolve into GP or CP so that the caregiver can practice while the provider is available for support.

- e.g., *The provider positions the child on her lap and places the book on the child's lap so he can see the pictures and turn the pages. She explains how Mom can put her arms around the child and physically assist him to turn the page and point to the picture as she names it. The provider asks Mom if she has any questions and then places the child on her lap with the book so she can try.*

*Guided Practice (GP)

In GP, the provider supports the caregiver and child to learn new strategies or skills or practice ones that have been revised in the identified routine. The provider may offer suggestions about how or when to use a strategy, how to adapt materials, where else to embed the strategy to increase opportunities, recommend variations or share examples of other strategies to try. The provider may join in briefly to try a strategy with the caregiver and child during the routine but backs out for the caregiver to continue practicing with the child. The caregiver should have multiple turns to practice using the strategy(ies). GP often leads to CP.

- e.g., *The provider hands Mom a cup and suggests she hold it in front of Anna for a moment giving her an opportunity to reach for it.*
- e.g., *While playing ring around the roses, the provider guides Mom to not fall down until Mia "tells" her to, via either gestures or words.*
- e.g., *The provider suggests to Dad that he move a few of the toys behind him so the child wasn't distracted by so many options for play.*

*Caregiver Practice (CP)

The caregiver takes the lead in interacting with the child as the provider observes and supports the interaction as needed. As the caregiver practices, the provider identifies the caregiver and child's strengths to share specific feedback to the caregiver or child's behavior, offer encouragement, or ask a reflective question without interrupting the routine. The provider is less actively involved or 'hands-on' than in GP. The intent is for the caregiver to practice new or revised strategies in a familiar or new routine with the provider available to offer GP, DT, or Dem/N only as needed. SF or Re follows each CP.

- e.g., *Grandma uses a brief wait time and a smile to encourage Amy to take a turn during book reading rather than asking, "What's that?" Grandma waits after reading the title; Amy vocalizes, and Grandma turns the page. Amy points, vocalizes, and looks up at Grandma to "tell" her about the picture. When the book is finished, the provider asks Grandma what she thought went well.*
- e.g., *Mom asks Billy where he wants to sit to put on his shoes. Billy helps by lifting up each foot when it is time for his socks and then his shoes while Mom shows him and labels the clothing items as she puts them on. She waits for him to stand up on his own so they could go outside.*

Specific Coaching Strategies

General and Specific Feedback (GF and SF)

The provider comments about the caregiver's use of strategies with the child or the child's behavior/responses. Feedback may be specific (citing something the provider observed) or general in nature encouraging or affirming participation. SF to the caregiver is encouraged throughout the session to provide additional information to the caregiver about what is working and why. SF that links what the caregiver does to how the child responds promotes confidence and competence. Feedback may be provided during or after the routine and may be directed to the child or the caregiver. Feedback should occur after observation, guided practice, and caregiver practice.

- e.g., "Look at you both smiling!" (GF)
- e.g., The provider comments to Dad, "Emil stacked the blocks when you handed him 1 at a time. He piled them 6 high! You gave him time and your attention while he put it on top." (SF)
- e.g., The provider makes a comment to the child that serves as feedback on Mom's strategy use, "You like it when Mom imitates your sounds, don't you? You just keep talking back to her." (SF)
- e.g., "Awesome! You did great, Sebastian!" (GF)

Problem Solving (PS)

The caregiver and provider consider and discuss routines, outcomes/targets, and strategies to identify options and revise or expand the current plan. Both parties contribute, define, or clarify solutions to a problem, situation, or concern and develop an action plan for when or how the strategy will be used in the routine. If needed, the provider supports the caregiver's active participation with questions and comments for discussion, such as "What do you think worked," "What didn't feel quite right," or "What do you think will make this easier for you or the child to participate?" The provider and caregiver must contribute substantively for at least **2** turns in the exchange that results in ideas to try, different routines for practice, or plans for new outcomes for it to be PS.

- Provider: "How do you think we could help him get the ball to you?"
Mom: "Maybe if I hold the laundry basket, he can throw the ball into the basket."
Provider: "That's a great idea. Have you tried 'ready, set, go' to get his attention?"
Mom: "Not here, but other times like on the swing. It helps; I'll try it."

Reflection (Re)

The provider supports the caregiver in reflecting on a routine, home visit, strategy, or child's progress. The provider may ask questions or make comments to encourage the caregiver to reflect. Re encourages the caregiver to generate ideas to enhance strategy use and ways to generalize strategies to new routines. Reflection helps the caregiver put words around what the child is learning to do and how they want it to look as Re is made. The provider may also build or expand upon the caregiver's comments to encourage continued Re. Videos or other tools may be used to create opportunities for reflection.

- e.g., "Let's watch this video clip to see how he responded when you gave him a 'job' to do while cleaning up after breakfast. Tell me what you think you did to make this work so well."
- e.g., "You told me that drinking from a cup wasn't working very well. What do you think makes that so hard?"
- e.g., "What are some activities you do outside with the family that Ava could join? How could that benefit your family?"

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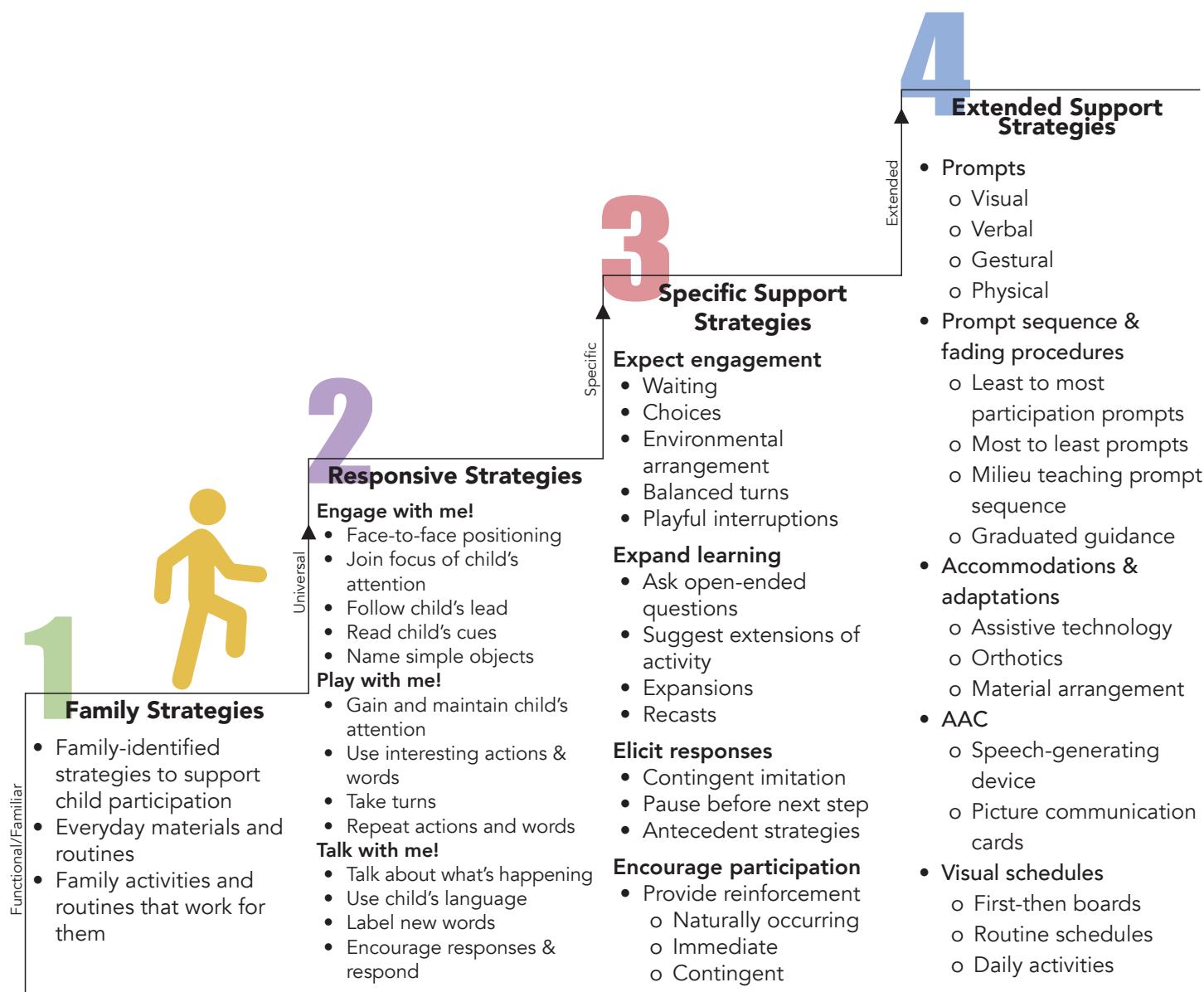
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FG RBI Family Routine Categories

Play Routines		Caregiving Routines	
Play with Objects/ Constructive Play	Pretend Play	Transition(s), Care, and Safety	Dressing Related
Physical Play	Social Games	Hygiene Related	Food Related
Learning Activities		Community and Family Errands	
Literacy and Books	Music, Songs, and Rhymes	Family Chores	Community and Family Errands
Technology Supported	Writing and Drawing	Socialization Activities	Family Recreation

Systematic Use of Instructional Strategies

Many instructional strategies with an evidence base have been used effectively in parent-implemented interventions and caregiver coaching with infants and toddlers. The strategies listed in the graphic below are helpful tools when considering how to support the caregiver and child's learning. Building on the family's strengths with familiar and functional strategies and supports they are already using is an essential first step. Responsive or universal intervention strategies are integral throughout the intervention process and build a foundation for positive caregiver/child interaction. Specific support strategies are valuable when caregivers teach the child new or complex behaviors. Extended support strategies offer the most structure and support or address the child's specific learning needs. Most, if not all, of the strategies are familiar and intended to be used with caregivers to ensure options that match the child and family are available. The intent is to use the lowest level of support for the child and caregiver to be successful and reduce support as targets are learned, increasing the child's functional and independent use.



Definitions of Instructional Strategies

This handout provides definitions for instructional strategies caregivers use to support their child's learning in everyday routines and activities.

Functional/Familiar

Family Strategies

Caregivers know their child and have strategies they use to support their child's learning. They may not know their names or even know they are using them! These strategies and supports provide a strengths-based foundation for expanding the caregiver's ability to embed intervention throughout the day.

Family-identified strategies to support child participation

- Strategies that caregivers identify or describe that they currently use to support their child's learning.
- Strategies that caregivers identify as comfortable and a good fit for their family.

Everyday materials and routines

- Supports, such as child-preferred items (e.g., toys and clothing, favorite cups, or toothbrush) and proximity are used with the child to increase ease of participation.

Family activities and routines that work for them

- Activities, routines, and strategies observed by providers that families use naturally to support the child that they did not identify or may not realize are functional for their child's learning.

Universal Strategies

Responsive Strategies

The responsive interaction strategies in this list are supports for parent-child engagement and can be useful for embedding a wide variety of targets in routines and play. Building on what the parent already uses and works for the child promotes participation for both. Systematically expanding the strategies as needed can provide options for the parent to use in other routines, to increase opportunities for the child, and to increase independence and diversity.

Engage with me!

- **Face-to-face positioning:** Arrange positioning (e.g., sit, hold, bend, use an infant seat) so that the child and adult are comfortably face-to-face to facilitate interaction.
- **Join focus of child's attention:** Join the child in looking at or interacting with family materials or child-preferred objects in an activity (e.g., sit at their level, put your hand out as a request for an object, do what they do) to maximize opportunities for simple interactions that are interest-based and directed by the child.

- **Follow child's lead:** Identify the child's focus of attention and follow the child's focus as their interest changes. Comment on their interest, label the new interest, and give them time to process and respond to your comment.
- **Read child's cues:** Observe the child's signals and actions in an activity or routine. Anticipate and respond to the child's looks, sounds, and movements to know when to support their engagement, avoid frustration, and expand learning. Reading cues and responding to the child's focus of attention builds their trust and partnership in the interaction.
- **Name simple objects:** Use sounds, gestures, and words to name familiar objects and identify actions (e.g., reaching toward or pointing to an object, using sounds/simple words to label the object and action) to provide experiences in hearing sounds and seeing signs that lead to understanding and using language.

Play with me!

- **Gain and maintain child's attention:** Encourage the child to focus with you on an object or action and to continue the interaction throughout play and everyday routines in addition to focusing on their interests and following their lead.
- **Use interesting sounds, actions, and words:** Label objects and actions that are interesting and functional for the child to increase their attention and support communication learning. This may include making animal or truck sounds, changing pitch or tone when saying familiar words, and adding fun actions to interactions.
- **Take turns:** Take back and forth turns (serve and return) with the child in the interaction. Respond and wait for the child before responding again. Hugs, kisses, sounds or words, silly faces, clapping, or simple actions such as dropping or stacking blocks are examples of early turn taking play routines.
- **Repeat actions and words:** Repeat words, gestures, and actions within an interaction and throughout the day to provide repetition that is essential to learning.
- **Build routines:** Responding to child attempts, approximations, and target behavior in a similar manner within the activity establishes predictability that allows the child to anticipate what is coming next and to be prepared to participate which in turn increases independence for the child. Routines can be as simple as using "1-2-3-Go" before letting go of the swing or rolling a ball to each other or a series of steps such as a snack routine.

Talk with me!

- **Talk about what's happening:** Describe what you are doing when the child is attending to your actions or your actions are impacting the child (e.g., brushing child's hair). Describe what the child is doing.
- **Use child's language:** Use the child's preferred words for specific items or actions (e.g., "Blue kitty" for the favorite stuffed animal; "round and round" for their favorite spinning game).
- **Label new words:** Use new descriptive words to go along with familiar words (e.g., "fast car" "big bubbles" "green socks"). Add more specific words to general familiar categories (e.g., "water" instead of "drink"; "race car" instead of "car").
- **Encourage responses and respond:** Build on early back and forth turn-taking actions with objects by expanding responses and including language.

Specific Strategies

Specific Support Strategies

These intervention strategies focus on the individual needs of the child and parent to teach specific targets embedded in routines. We say they are increasing skills because specific attention is directed to the child's acquisition and competence in using the skill. The caregiver may add one or more of these to the responsive strategies already in place to increase skills or frequency of practice.

Expect engagement

- **Waiting:** Gain the child's attention and pause. Use facial expressions and body language that signal that the adult is interested and ready to interact. Always give the child an opportunity to respond to the adult's attention and take a turn. Continue the interaction by responding and waiting for the child again. If the child does not respond in a few seconds, offer another cue to encourage the child's response and model the response if the child does not respond after 2-3 opportunities. Variations of this strategy are also known as time delay or positive expectation.
- **Choices:** Offer the child a verbal or nonverbal choice (e.g., hold up two items and see which the child reaches for; ask the child, "Play with cars or Play-Doh?"). Be sure the choices are meaningful and motivating to the child.
- **Environmental arrangement:** This is a broad strategy that includes arranging materials in the environment to promote access, interaction, and communication. Examples include: visible but out of reach: cup is on the counter so the child will request it for a drink; setting up boundaries: placing toys on a blanket to designate the play space; organized spaces: toys or objects have a specific location for access to encourage turn-taking, communication, and social interaction with others; doing something unexpected (playfully): putting their shoe on their hand instead of foot.
- **Balanced turns:** This strategy builds on basic turn-taking to extend interaction and increase child initiation. Child turns may be communication attempts or motor actions in familiar routine. Too many turns from one partner leads to decreased initiation and participation by the other partner. Prompts or cues are provided as needed to support the child's participation and then to fade the supports.
- **Playful interruptions:** Get in the way of the child's play to encourage them to communicate their requests or imitate your actions. Interruptions should be fun and not cause frustration.

Expand learning

- **Ask open-ended questions:** Ask the child a question that provides them an opportunity to independently generate ideas or actions (e.g., "What comes next?" or "Where should we go?").
- **Suggest extensions of activity:** Add supplemental material to the activity to connect it to other areas of learning.
- **Expansions:** Repeat the child's communication or motor or play action and add something small and related. Expanding connects what the child already knows and can do to new information or skills. It supports learning through observation and imitation.
- **Recasts:** Repeat the child's communication or motor movement in a more advanced or correct way. Recasting reinforces both the child's attempts and the caregiver's clear models, which are important for child learning. Supporting another turn to practice with more information or adaptation is important to increase accuracy.

Elicit responses

- **Contingent imitation:** Join in and repeat what the child says or does (gesture/action/words) to establish an interaction. Think of it as a “copycat” strategy with the child taking the lead.
- **Pause before the next step:** Give the child a moment to process information before switching the activity or target. Intentional pausing supports understanding and interaction and can provide opportunities to respond (such as using expectant waiting/time delay strategies).
- **Antecedent strategies:** Preventative strategies that are used to minimize challenging behaviors. This may include removing aspects of the environment that provoke an undesired response from the child.

Encourage participation

- **Social reinforcement:** Celebrate the child for their attempts at targeted behavior and skills with positive social responses such as smiles, excited facial expressions, and attention.
- **Naturally occurring:** The response is the reinforcer. For example, when the child asks for a cookie, he gets a cookie. When he pulls up to the couch, he is standing there with you. The cookie or the standing is the natural consequence. You do not need to say “good talking” or “good standing.”
- **Immediate:** Providing the child with immediate encouragement or reinforcement increases their enjoyment of the activity or routine and maintains a high level of motivation. The immediacy of response also helps the child connect the impact of their action or communication.
- **Contingent:** Reinforcement given after a specified behavior is done supports the likelihood of repeating the same behavior in similar circumstances. Expectations need to be clear and static.

Extended Strategies

Extended Support Strategies

Children may need additional specialized supports layered on top of or integrated within foundational, responsive, and specific support strategies. Information on these types of intervention strategies should be planned by the team in collaboration with the family and should address the unique needs of the child.

Prompts

- **Visual:** Using cues that are visible to the child to support communication, participation, and use of other new skills. Visual prompts may include gestures, directed gaze, pictures, visual organizers, or picture schedules.
- **Verbal:** Verbal assistance given to the child that helps them use target skills such as spoken words, signs, or phrases.
- **Gestural:** Gestures (e.g., pointing, hand gesture, head nod) used to encourage the child’s participation.
- **Physical:** Physically guiding or touching the child to help them use the target behavior or skill.

Prompt sequence & fading procedures

- **Least to most participation prompts:** Provide the least intrusive or supportive prompt possible (e.g., time delay or a task direction) and increase support if the child needs it (for example, if the child does not respond to a time delay to request “help,” ask “what do you want” or tell him to “say help”; if the child does not respond to a direction to “turn the water on” to wash hands, increase support by pointing while saying “turn the water on,” or use a touch cue moving his arm toward the faucet).

- **Most to least:** Providing the child with the most supportive prompt first, then decreasing the intrusiveness of support as the routine progresses.
- **Milieu teaching prompt sequence:** A prompting procedure in which the child's interest in the environment is used as a basis for teaching. This is best used when a child asks for something (makes a request) at a lower-than-target level. Go through a prompting sequence (stopping when the child uses the target level request) – start with a time delay (wait expectantly), then ask, "What do you want?" then offer a choice between two things (list the desired item/action second), then a model prompt (e.g., say "desired object/action"). If the child doesn't produce the target level, repeat the model prompt and complete the request (do not "hold out" - honor the communication attempt while helping support to target level).
- **Graduated guidance:** Provide the amount and type of assistance that the child needs to complete the targeted behavior and reduce support as the child begins to use the skill (e.g., begin by providing full support for transitioning to sitting and reduce support as soon as the child begins to acquire the skill). Be careful to fade support as quickly as possible to encourage the child's independence!

Accommodations & adaptations

- **Assistive technology:** Any item that supports a child's ability to participate actively in his or her home, childcare program, school, or other community settings. Examples include walkers, Braille books, spoons with wider handles, and positioning pillows.
- **Orthotics and related physical technology support:** Artificial support or brace for the limbs or spine, helmets, splints, or related materials to support physical positioning and movement to increase engagement in activities.
- **Material arrangement:** The use and placement of materials relevant to the child's needs and organized/provided in a way that is easy for them to access, understand, and use.

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- **Speech-generating device:** Computerized speech-output devices that increase opportunities for communication.
- **Picture communication cards:** To communicate, the child may use cards with pictures, symbols, or words to ask for things, comment on things, or answer questions.

Visual Schedules

- **First-then boards:** A support to clarify expectations by showing the child what first needs to be completed before gaining access to one of their preferred items/activities. A visual support may include objects, pictures, and/or written words.
- **Routine schedules:** A visual support that provides the steps within a routine or the materials used in a routine. This promotes understanding and engagement within a routine.
- **Daily activity schedule:** A visual support that gives the child information about what is going to happen, what is happening, the sequence of events, and when it is time to stop an activity and move on to another.

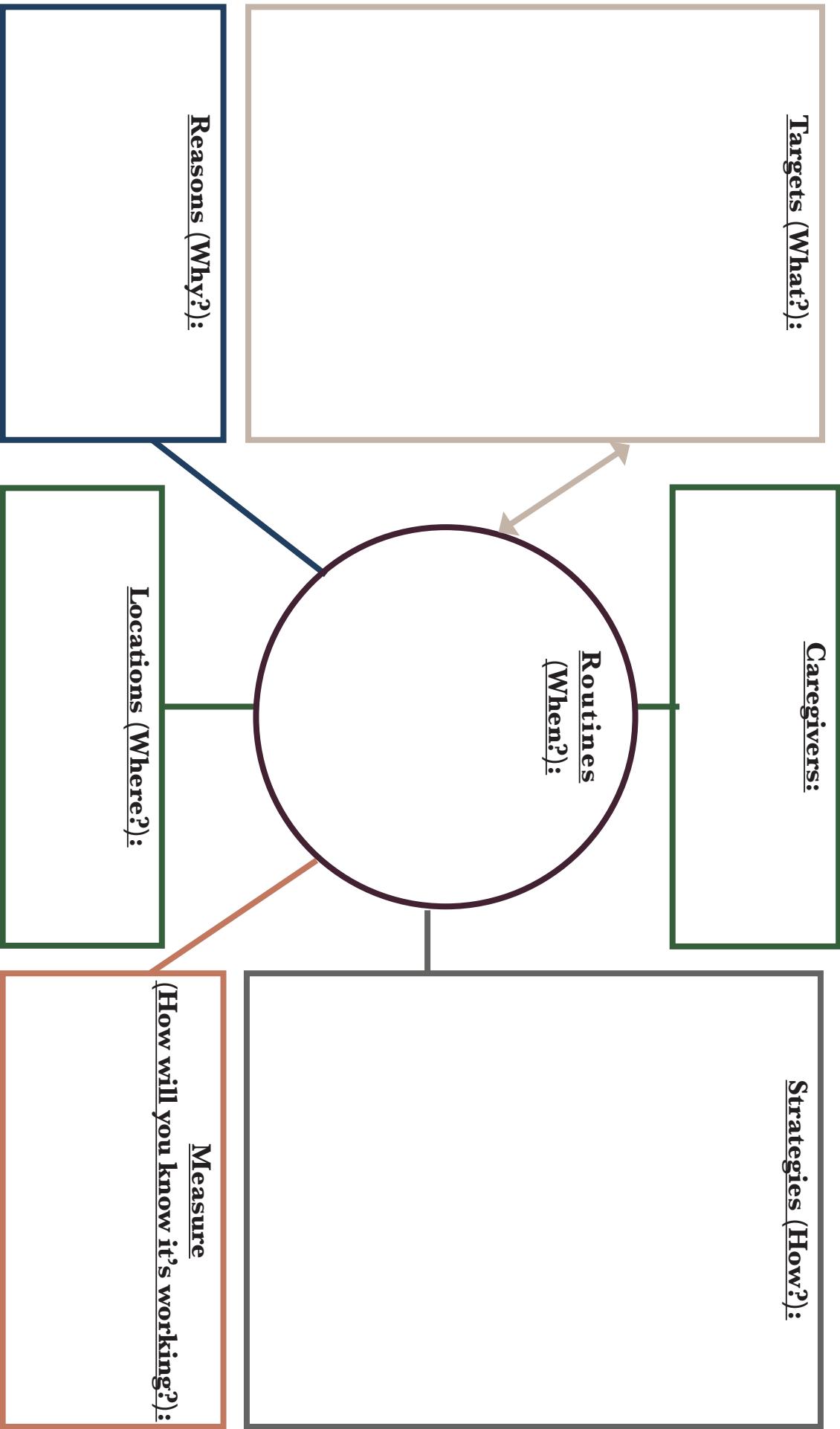
Embedding in Everyday Routines

Which intervention strategies can I use in routines to support learning?

Identify routines and intervention strategies in the boxes to practice the target identified in the circle.



Family Guided Routines Based Intervention Action Plan



Created by:



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Family Guided Routines Based Intervention and Caregiver Coaching

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