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# FINESSE IIa

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## Families In Natural Environments Scale of Service Evaluation

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Directions: In rating each item, first read all of the descriptors. On the scale above the descriptors, circle the number that best represents your **typical practice**. On the scale below the descriptors, circle the number that represents what you would like to do on this item (**ideal practice**).

## 1. Written Program Descriptions (brochures, flyers, etc.)

*Typical Practice*

1	2	3	4	5	6	7
Written materials exclusively <b>describe</b> services for the child only, such as therapy and instruction.		Written materials <b>emphasize</b> services for the child only, such as therapy and instruction.		Written materials <b>mention</b> emotional, informational, and material support for families.		Written materials <b>emphasize</b> emotional, informational, and material support for families.
1	2	3	4	5	6	7

*Ideal Practice*

**If discrepancy between typical and ideal practice, why?**

## 2. Initial Referral Call

*Typical Practice*

1	2	3	4	5	6	7
Person handling the initial referral call describes the program <b>solely</b> in terms of therapy and instruction for children.		Person handling the initial referral call describes the program <b>primarily</b> in terms of intervention for children.		Person handling the initial referral call describes the program primarily in terms of intervention for the child and <b>mentions</b> support to families.		Person handling the initial referral call describes the program <b>primarily</b> in terms of support to families.
1	2	3	4	5	6	7

*Ideal Practice*

**If discrepancy between typical and ideal practice, why?**



### 3. Supports

*Typical Practice*

1	2	3	4	5	6	7
<b>Child's primary caregivers and services already received</b> are the only supports identified during IFSP/IEP development.		<b>Informal and formal supports</b> are determined <b>without</b> an indication of level of support from each.		<b>Oral or written questionnaire</b> is used to determine the family's supports, <b>with</b> an indication of level of support from each.		An <b>ecomap</b> is used to determine extended family members, friends, neighbors, religious supports, professionals, and financial resources, with an indication of level of support from each.
1	2	3	4	5	6	7

*Ideal Practice*

**If discrepancy between typical and ideal practice, why?**

### 4. Needs Assessment

*Typical Practice*

1	2	3	4	5	6	7
Hardly any needs assessment is conducted. Mostly <b>testing results</b> are used to plan interventions.		In addition to formal testing, <b>formal assessments</b> are carried out to plan interventions.		Everyday routines are considered, but assessment is organized by <b>developmental domains</b> .		In addition to any testing, <b>informal</b> methods are used to determine the child's engagement, independence, and social relationships in everyday <b>routines</b> .
1	2	3	4	5	6	7

*Ideal Practice*

**If discrepancy between typical and ideal practice, why?**

## 5. Family Needs

### Typical Practice

1	2	3	4	5	6	7
Families are <b>asked</b> what their needs are.		Families complete a <b>questionnaire</b> about their needs.		Family-level needs are identified <b>informally</b> but families are <b>not</b> asked directly about their needs and desires for any change in their lives.		Family-level needs are identified primarily through informal or semi-structured conversations about everyday routines as well as <b>direct questions</b> about their needs and desires for any change in their lives.
1	2	3	4	5	6	7

### Ideal Practice

**If discrepancy between typical and ideal practice, why?**

## 6. Satisfaction With Home Routines

### Typical Practice

1	2	3	4	5	6	7
For planning interventions, families are <b>not asked</b> about their satisfaction with everyday routines.		<b>Professionals</b> decide which routines are working well for families.		<b>Families</b> are asked about their satisfaction with routines but <b>do not score</b> their satisfaction.		Families are asked to score their satisfaction with each routine on a 1 (negative)-5 (positive) <b>scale</b> .
1	2	3	4	5	6	7

### Ideal Practice

**If discrepancy between typical and ideal practice, why?**

## 7. Individualized Outcomes/Goals

### Typical Practice

1	2	3	4	5	6	7
Almost all plans have only child-level outcomes that don't specify participation and <b>no family-level outcomes.</b>		Plans have child-level outcomes that <b>don't specify participation</b> and <b>family-level outcomes.</b>		Plans have <b>fewer than 6</b> outcomes, some of which are <b>participation-based</b> child-level outcomes and some of which are family-level outcomes.		Plans have <b>6-12 outcomes</b> , some of which are participation-based child-level outcomes and some of which are family-level outcomes.
1	2	3	4	5	6	7

### Ideal Practice

**If discrepancy between typical and ideal practice, why?**

## 8. Specificity of Outcomes/Goals

### Typical Practice

1	2	3	4	5	6	7
Child-level outcomes <b>do not specify the behavior</b> , just the domain (e.g., <i>Johnny will communicate</i> )		Child-level outcomes <b>specify the behavior</b> but <b>not criteria for acquisition and generalization or time frame.</b>		Child-level outcomes specify the behavior and <b>criterion for acquisition but not generalization or time frame.</b>		Child-level outcomes specify the behavior, criteria for acquisition <b>and generalization, and time frame.</b>
1	2	3	4	5	6	7

### Ideal Practice

**If discrepancy between typical and ideal practice, why?**



## 9. Service Decisions

### Typical Practice

1	2	3	4	5	6	7
Services are decided upon on the basis of <b>the child's delays or diagnoses</b> .		Services are decided upon on the basis of <b>outcomes/goals</b> , assigning professionals to <b>match the domains of the outcomes</b> .		Services are decided upon on the basis of outcomes/goals, assigning professionals to <b>match deficits</b> , so every type of deficit has a specialist.		Services are decided upon, first by assigning a primary service provider, then, outcome by outcome, <b>adding only necessary services</b> .
1	2	3	4	5	6	7

### Ideal Practice

**If discrepancy between typical and ideal practice, why?**

## 10. Transdisciplinarity of Home-Based Early Intervention (write NA if not applicable)

### Typical Practice

1	2	3	4	5	6	7
Two or more service providers work with the family at separate times and with <b>little communication</b> between or among them.		<b>Two or more service providers</b> work with the family at separate times and <b>communicate</b> with each other.		One service provider has the most contact with a family, but others have <b>separate visits</b> .		One primary service provider works with the family, <b>with consultation</b> , as needed, from professionals from other disciplines.
1	2	3	4	5	6	7

### Ideal Practice

**If discrepancy between typical and ideal practice, why?**

## 11. Home-Visiting Practices

*Typical Practice*

1	2	3	4	5	6	7
Visits consist primarily of the home visitor's <b>working directly with the child.</b>		Visits consist primarily of the home visitor's <b>demonstrating techniques</b> to the family, whose main role is to observe.		Visits consist primarily of <b>consultation with/coaching of</b> the family about functional child skills but <b>not meeting family-level needs.</b>		Visits consist primarily of consultation with/coaching of the family about functional child skills <b>and meeting family-level needs.</b>
1	2	3	4	5	6	7

*Ideal Practice*

***If discrepancy between typical and ideal practice, why?***

## 12. Home Visit Agenda

*Typical Practice*

1	2	3	4	5	6	7
The home visit agenda is the <b>activities the home visitor takes</b> , to work on with the child.		The home visit agenda is a <b>mixture</b> of professional-child activities and professional-family talk.		The home visit agenda is <b>almost exclusively predetermined by outcomes/goals</b> on the IFSP.		The home visit agenda is functional outcomes but the <b>family has the opportunity to set the home visit agenda.</b>
1	2	3	4	5	6	7

*Ideal Practice*

***If discrepancy between typical and ideal practice, why?***

### 13. Family Consultation

#### Typical Practice

1	2	3	4	5	6	7
Developing interventions consists of the home visitor's mostly <b>telling</b> the family what they should try.		Developing interventions consists of the home visitor's <b>giving suggestions</b> to the family.		Developing interventions consists of the home visitor's giving suggestions to the family and asking the family for their <b>input</b> .		Developing interventions consists of the home visitor's mostly <b>asking questions</b> of the family, so they arrive at solutions jointly
1	2	3	4	5	6	7

#### Ideal Practice

**If discrepancy between typical and ideal practice, why?**

### 14. Demonstrations for Caregivers

#### Typical Practice

1	2	3	4	5	6	7
The early interventionist works with the child to demonstrate for the caregiver, with <b>little discussion</b> .		The early interventionist works with the child to demonstrate for the caregiver, <b>explaining</b> what he or she is doing.		Demonstrations are accompanied by <b>discussion</b> between the early interventionist and the caregiver, but <b>not preceded by much conversation</b> about this skill.		Demonstrations of interventions occur <b>after conversation</b> about implementation in everyday routines and are accompanied by discussion between the early interventionist and caregiver.
1	2	3	4	5	6	7

#### Ideal Practice

**If discrepancy between typical and ideal practice, why?**



## 15. Community-Visiting Practices

### Typical Practice

1	2	3	4	5	6	7
The early interventionist works directly with the child on skills that might or <b>might not be relevant for classroom routines.</b>		The early interventionist works directly with the child on skills that <b>fit within classroom routines</b> , but spends <b>little time consulting with</b> the teaching staff.		The early interventionist <b>consults with the teaching staff</b> on interventions that fit within classroom routines, but with <b>very little demonstration.</b>		The early interventionist <b>consults with/coaches the teaching staff</b> on interventions that fit within classroom routines, using <b>demonstration</b> as necessary.
1	2	3	4	5	6	7

### Ideal Practice

**If discrepancy between typical and ideal practice, why?**

## 16. Working With Families

### Typical Practice

1	2	3	4	5	6	7
Early interventionists are <b>friendly and respectful to families</b> but do not support their decision making about their child, assess their needs, or attend to their needs.		Early interventionists are friendly and respectful to families and <b>support their decision making</b> about their child but do not assess or attend to their needs.		Early interventionists are friendly and respectful to families, support their decision making about their child, and <b>assess their needs</b> but do not attend to their needs.		Early interventionists are friendly and respectful to families, support their decision making about their child, and assess and <b>attend</b> to their needs.
1	2	3	4	5	6	7

### Ideal Practice

**If discrepancy between typical and ideal practice, why?**

## 17. Focus of Child-Level Assessment and Intervention

### Typical Practice

1	2	3	4	5	6	7
The focus of assessment and intervention is on the child's <b>performance of skills listed on developmental tests or curricula.</b>		The focus is on the child's performance of <b>functional</b> skills listed on developmental tests or curricula.		The focus is on the child's <b>engagement, independence, and social relationships</b> but <b>not necessarily in everyday routines.</b>		The focus of assessment and intervention is on the child's engagement, independence, and social relationships <b>in everyday routines.</b>
1	2	3	4	5	6	7

### Ideal Practice

***If discrepancy between typical and ideal practice, why?***