**Learning Guide 5.9 Family - Practice Profile**

Family practices refer to ongoing activities that (1) promote the active participation of families in decision-making related to their child (e.g., assessment, planning, intervention); (2) lead to the development of a service plan (e.g., a set of goals for the family and child and the services and supports to achieve those goals); or (3) support families in achieving the goals they hold for their child and the other family members.

**How to use this practice profile?**

“Module 5 Family Practice Profile” describes example behaviors of practitioners that are associated with each DEC Recommended Practice along a continuum of expected/proficient behaviors to developmental behaviors and unacceptable behaviors.

| **Core Component** | **Expected/Proficient[[1]](#footnote-1)** | **Developmental[[2]](#footnote-2)** | **Unacceptable[[3]](#footnote-3)** |
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| **F1 Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socioeconomic diversity.** | *A classroom teacher uses a communication journal to share information with the family about how their child is progressing and, in turn, for the family to share information about how their child is doing at home.* | *A classroom teacher asks parents to report on their child’s progress at home but does not use this information for planning or assessment purposes.* | *A classroom teacher sends home communications exclusively in English even though the families primarily speak Spanish.* |
| *A special instructor offers to meet with the church nursery staff to share strategies that will enable a child to successfully participate in Sunday School.* | *A special instructor listens to a family’s concerns about their church nursery’s ability to care for their child but offers no helpful suggestions to increase participation.* | *A special instructor tells a family not to have their child participate in Sunday School because the staff is untrained.* |
| *An occupational therapist brings along an interpreter on her visits so that the family who does not speak English understands the strategies she’s suggesting.* | *An occupational therapist asks if the family members who do not speak English can have their older child translate the visit.* | *An occupational therapist conducts a home visit in English, ignoring the home language of the family.* |
| *A home visitor greets the family in their primary language and removes her shoes at the door to demonstrate her respect for the family’s culture and circumstances.* | *A home visitor is unsure of the routines and cultural values that the family holds and doesn’t ask before entering the home.* | *A home visitor does not greet the family and proceeds to work with the child without including the family.* |
| *A service coordinator shares information about the family’s rights in the format and language with which the family is most comfortable.* | *A service coordinator provides information about the family’s rights in a pamphlet that is at the back of their folder. She tells them to read it at their convenience.* | *A service coordinator does not find out the family’s home language before visiting and provides information about their rights in the wrong language.* |
| **F2 Practitioners provide the family with up-to-date, comprehensive and unbiased information in a way that the family can understand and use to make informed choices and decisions.** | *An early childhood teacher videotapes sessions of children in center-based programs for parents to view if they cannot accompany their child.* | *An early childhood teacher reassures families that their child is doing well in school but is nonspecific in his information.* | *An early childhood teacher does not provide updates to a family whose child is in center-based care for the first time.* |
| *In preparation for transition, a service coordinator supports the family’s interests in exploring programming options by helping the family gather and evaluate information about the effectiveness of each option.* | *A service coordinator is unfamiliar with the area programs for a transitioning two-year-old so refers the family to a colleague (who is unfamiliar to them) to help make the decision.* | *A service coordinator does not provide assistance or support in helping a family transition their child to an early care and education program.* |
| *A Head Start program director makes the parent newsletter available in several formats and in the major languages of families in the program.* | *A Head Start program director posts a single parent newsletter at the entrance without finding out if all the parents will be able to see the information this way.* | *A Head Start program director shares information with families haphazardly without considering language needs and accessibility.* |
| **F3 Practitioners are responsive to the family’s concerns, priorities, and changing life circumstances.** | *A home visitor uses open-ended questions to gather information from the family to understand their concerns and priorities.* | *A home visitor asks a family to fill out a family information form to learn more about them.* | *A home visitor overlooks the family’s concerns regarding their child’s eating patterns and works on alternative motor goals.* |
| *A preschool teacher talks with each family member who is involved in the child’s care to gather information concerning their needs and priorities.* | *A preschool teacher mostly talks with the babysitter who picks up the child and asks the babysitter to relay information between herself and the parents.* | *A preschool teacher does not provide information to the child’s father following a separation of the parents.* |
| *A service coordinator assists the family in identifying and connecting to both formal and informal supports and resources, such as babysitting or respite care with family, friends, and neighbors.* | *A service coordinator listens to a family’s concerns about procuring competent babysitters for their daughter with disabilities and makes a few suggestions on places to look.* | *A service coordinator informs the family that she is not able to help the family in finding informal resources (i.e. babysitting or respite care) because she is untrained in that topic.* |
| *An early interventionist provides the family with the opportunity to discuss and prioritize Individualized Family Service Plan (IFSP) goals, so that she can update other team members on what is important to the family.* | *An early interventionist schedules a time to update the family on IFSP goals based on what she and the other practitioners have observed. They do not invite family input.* | *An early intervention team, including the interventionist, does not prioritize family concerns regarding the IFSP goals.* |
| **F4 Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family’s priorities and concerns and the child’s strengths and needs.** | *A teacher provides many opportunities for parents to ask questions and discuss their child’s activities and progress.* | *A teacher brings a printed copy of the child’s goals to a meeting to present to the family.* | *A teacher does not plan child goals and activities in advance and is therefore unable to share this information with families.* |
| *An Individualized Education Program (IEP) team leader works with the family and other professionals to develop IEP documents that address the needs expressed by the family.* | *An IEP team leader works with other professionals to develop the IEP documents and then shares the final documents with the family.* | *An IEP team leader writes a child’s IEP document without consulting family or other professionals.* |
| *A service coordinator helps the family to understand the importance of developing IFSP outcomes that will address their concerns and help them facilitate their child’s development.* | *A service coordinator provides families with a list of commonly used IFSP outcomes and asks the family to choose an outcome for their child.* | *A service coordinator tells families that the outcomes written on the IFSP are not that important so they shouldn’t spend a lot of time thinking about it.* |
| *A speech language pathologist works with family members to identify the family routines during which IFSP goals can be implemented.* | *A speech language pathologist provides family members a list of activities and materials to buy to implement IFSP goals.* | *A speech language pathologist does not consult the IFSP document or family routines before delivering therapy.* |
| **F5 Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.** | *A developmental specialist focuses on sharing information and providing support so that the family feels confident they can assist their child in-between visits.* | *A developmental specialist quickly explains to family members ways to assist their child between visits.* | *A developmental specialist works with the child one on one because she believes the family does not have the competence to deliver the therapy appropriately.* |
| *A family educator helps the family identify ways to share their parenting accomplishments and successes with other parents experiencing similar challenges.* | *A family educator connects families experiencing similar challenges with their children through a brief introductory email.* | *A family educator tells a family that their practices need strengthening and says they should read more parenting books.* |
| *A physical therapist asks the family what types of activities they currently use to support their child’s efforts to walk and then provides the family with strategies they can use to increase the child’s participation in those activities.* | *A physical therapist tells a family all of the strategies they could use to support their child’s efforts to walk.* | *A physical therapist tells a family that the kinds of activities they are doing with their child will not help the child learn to walk “correctly.”* |
| *An early interventionist acknowledges a family’s strengths and expertise in addressing the child’s challenging behaviors and supports the family in using these skills to address the child’s sleeping difficulties.* | *An early interventionist listens to a family’s concern about their child’s sleeping and suggests strategies that other families have used.* | *An early interventionist blames the family for a child’s sleeping difficulties.* |
| **F6 Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family’s preferences.** | *A speech language pathologist tailors the information that she provides to the family’s level of understanding using the best evidence available.* | *A speech language pathologist has a “Parent Tips” handout based on evidence that she distributes to families.* | *A speech language pathologist distributes information to families about practices that are outdated and/or not evidence based.* |
| *A service coordinator gathers information about available parent education and training activities in their community and helps the family access desired activities.* | *A service coordinator recommends that all parents attend the same parenting workshop given by their agency.* | *A service coordinator does not include parent education or community activities in the materials she shares with parents.* |
| *A preschool teacher works with a family who has recently moved to the United States to help them understand the American school system and to develop a plan for addressing possible differences in school and family expectations so that their child can be successful in both environments.* | *A preschool teacher welcomes a family who has recently moved to the United States into his classroom. He is unaware of possible barriers for the family in accessing resources or navigating the system.* | *A preschool teacher is resentful towards a family who is newly arrived to the United States. He actively tells the parents to learn English quickly and does not make accommodations to help the family access school-based activities.* |
| **F7 Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.** | *A service coordinator helps a family to identify childcare options in their community that meet their needs so that the child’s mother can return to work.* | *When asked about good childcare options, a service coordinator recommends that parents ask other parents for suggestions.* | *A service coordinator tells families of children with complex needs to stay home because childcare will not be able to provide access for their child.* |
| *A social worker asks about state and federal assistance programs as well as other community programs the family uses or would like to use to support their full and active participation in the community.* | *A social worker makes a list of formal resources for families however she is not clear on how each organization will help family’s achieve specific outcomes or goals.* | *A social worker makes assumptions about a family’s goals for their child and connects them with resources that are either useless or inappropriate.* |
| **F8 Practitioners provide the family of a young child who has or is at risk for developmental delay/disability, and who is a dual language learner, with information about the benefits of learning in multiple languages for the child’s growth and development.** | *An early interventionist learns some basic vocabulary words in the child’s and family’s primary language and uses them throughout the intervention visit to acknowledge the importance of multiple languages.* | *An early interventionist conducts visits solely in English but encourages the family to use their home language as well.* | *An early interventionist tells families about the importance of their child learning the dominant language to be successful in school.* |
| *A speech language pathologist working with a family who is concerned about their child’s language development provides them with materials on the benefits of learning in multiple languages. The materials are written in the family’s home language and in a comfortable format for the family.* | *A speech language pathologist working with a bilingual family tells the family that it is beneficial for the child to hear both languages but she has also seen [practitioner bias] that it can make things difficult for children with language delays.* | *A speech language pathologist has not read the recent research on dual language learners and tells families to choose one language to use in the home with their children at all times.* |
| **F9 Practitioners help families know and understand their rights.** | *A service coordinator provides the family with information about state regulations in written form prior to the eligibility evaluation and discusses the implications with the family.* | *A service coordinator provides a family with a pamphlet on state regulations during the initial evaluation and tells them to ask if they have any questions later.* | *A service coordinator does not have the state regulations translated into the correct language for a new family.* |
| *An early childhood program director talks with the family about the policies and procedures related to dispute resolution and answers the questions they have.* | *An early childhood program director is unaware of a change in the procedure for dispute resolutions.* | *An early childhood program director tells families that the state is really backlogged on disputes so even if they have a problem it probably won’t be solved quickly.* |
| **F10 Practitioners inform families about leadership and advocacy skill-building opportunities and encourage those who are interested to participate.** | *A program director recruits a committee of family and staff members to assess the educational interests of families and to develop opportunities to engage and support families in developing those interests.* | *A program director asks one parent to write down a few educational interests so she can present the family perspective at the next committee meeting.* | *A program director decides to cut the family advocacy committee at her early childhood center to save money.* |
| *A parent educator works with families to design a variety of methods to provide resources and supports to all families, including written and electronic newsletters, bulletin board displays, verbal exchanges, and informational meetings.* | *A parent educator surveys families to find out what method of information dissemination would be best however her response rate is very low.* | *A parent educator in a linguistically diverse neighborhood posts information on the bulletin boards solely in English.* |
| *An early childhood teacher brainstorms with a group of families to identify the types of information they would like to receive to help them learn to advocate for their children and then arranges opportunities for families to receive that information.* | *An early childhood teacher chooses a stay-at-home mom to be on the school’s advisory committee because she believes she’ll have more time than other parents.* | *An early childhood teacher does not consider family input or interest when engaging in advocacy and leadership work.* |
| *An early interventionist provides the family with information about serving on the state’s interagency coordinating council.* | *An early interventionist lets an interested family know that there are opportunities to serve in advocacy roles but is unsure of what they are.* | *An early interventionist purposely blocks a family from serving in a leadership role because she disagrees with the family’s values.* |

References

DEC (2016). DEC recommended practices in early intervention and early childhood special education with examples. Retrieved from: <https://divisionearlychildhood.egnyte.com/dl/v7NSuEwqYX>

Metz, A., Bartley, L., Blase, K., and Fixen, D. (2011). Handout 2: Practice profile examples. Retrieved from: <http://implementation.fpg.unc.edu/resources/handout-2-practice-profile-examples>

SISEP (2014). Practice profile planning tool. Retrieved from: <http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-Education-PracticeProfilePlanningTool.pdf>

1. Expected/Proficient examples sourced from: DEC (2016). DEC recommended practices in early intervention and early childhood special education with examples. [↑](#footnote-ref-1)
2. Practitioners in the developmental range are ready for increased coaching and professional development to improve recommended practices. [↑](#footnote-ref-2)
3. Practitioners in the unacceptable range need more focused professional development and intensive coaching. Issues at the administrative level (hiring and credentials requirements) may also need to be addressed within a large-scale implementation infrastructure. (Metz, Bartley, Blase, & Fixen, 2011) [↑](#footnote-ref-3)