



Tennessee Department of Children's Services  
**Tennessee Key Assessment**

Agency Name		Facilitator's Name		Co-Facilitator's Name		
Training Group Number or N/A		Training Region		Training County		
Identifying Information						
Applicant			Co-Applicant			
Name:			Name:			
Phone:			Phone:			
Email:			Email:			
Street Address			City	County	State	Zip
					TN	
Assessment Type (check all that apply)						
<input type="checkbox"/> Kinship <input type="checkbox"/> Traditional <input type="checkbox"/> ICPC <input type="checkbox"/> Reactivation <input type="checkbox"/> Reassessment <input type="checkbox"/> Addendum						
Other Adults in Home Who Attended Training						
Name			Relationship to Applicant			
Other Adults in Home Who Did Not Attend Training						
Name			Relationship to Applicant	Reason for Not Attending		

\*\* This assessment should rate each participant based on their individual attendance and performance during pre-service training in order to accurately assess competency.

Family Name: \_\_\_\_\_

Informational Meeting Prework	Prework Submission Date	Quiz <input checked="" type="checkbox"/>	Prework Submission Date	Quiz <input checked="" type="checkbox"/>		
Foster Care in Tennessee		<input type="checkbox"/>		<input type="checkbox"/>		
Roles & Requirements of Foster Parents		<input type="checkbox"/>		<input type="checkbox"/>		
What it Takes to Become a Successful Foster Parent		<input type="checkbox"/>		<input type="checkbox"/>		
Summary of Pre-service Dates	Applicant Date Attended	Roadwork Submission Date	Quiz <input checked="" type="checkbox"/>	Co-applicant Date Attended	Roadwork Submission Date	Quiz <input checked="" type="checkbox"/>
Informational Meeting		N/A	<input type="checkbox"/>		N/A	<input type="checkbox"/>
Module 1: Navigating the Child Welfare System			<input type="checkbox"/>			<input type="checkbox"/>
Module 2: Exploring the Impact of Trauma			<input type="checkbox"/>			<input type="checkbox"/>
Module 3: Roadmap to Resilience			<input type="checkbox"/>			<input type="checkbox"/>
Module 4: Rerouting Trauma Behaviors			<input type="checkbox"/>			<input type="checkbox"/>
CPR and First Aid (In-Person or Virtual)		N/A	<input type="checkbox"/>		N/A	<input type="checkbox"/>
CPR and First Aid (Skills Demonstration)		N/A	N/A		N/A	N/A
Medical Resources & Information		N/A	<input type="checkbox"/>		N/A	<input type="checkbox"/>
MAP Meeting		N/A	N/A		N/A	N/A
TN KEY Assessment Completion		N/A	N/A		N/A	N/A

**Summary:** Please provide a brief description of all contacts made via letters, calls, meetings, etc. If any sessions were missed, explain how they were made up. List any red flags noted from roadwork, if any. Indicate reasons for not completing the training quiz.

Family Name: \_\_\_\_\_

### Competency Scores

Using the rubric below, score each applicant and co-applicant's competency based on class discussions, completion of roadwork, and understanding of concepts from each TN-KEY Module. **1) Inadequate:** Indicates that the applicant does not show understanding of training concepts; **2) Needs Improvement:** Will need significant support and further training; **3) Meets Expectations:** May need minor guidance and support at times; **4) Exceeds Expectations:** Fully competent with no additional guidance or support needed.

#### Each competency is rated on a scale of 1 to 4:

- 1 – Inadequate
- 2 – Needs Improvements
- 3 – Meets Expectations
- 4 – Exceeds Expectations

<b>Module 1: Navigating the Child Welfare System</b> <i>(Court Process, Permanency Plan, CFTM, Partnership, Eco-Map, Self-Care)</i>	<b>Applicant Score</b>	<b>Co-Applicant Score</b>
<i>Please provide details for scores less than 3 and any additional comments:</i>		
<b>Module 2: Exploring the Impact of Trauma</b> <i>(Trauma/Toxic Stress, Brain Development, Trauma Responses, Loss)</i>	<b>Applicant Score</b>	<b>Co-Applicant Score</b>
<i>Please provide details for scores less than 3 and any additional comments:</i>		
<b>Module 3: Roadmap to Resilience</b> <i>(Resilience Building, Attachment Cycle, Attunement, Circle of Security)</i>	<b>Applicant Score</b>	<b>Co-Applicant Score</b>
<i>Please provide details for scores less than 3 and any additional comments:</i>		
<b>Module 4: Rerouting Trauma Behaviors</b> <i>(Discipline Policy, 3 Rs, Discipline as Teaching, Rerouting Tools)</i>	<b>Applicant Score</b>	<b>Co-Applicant Score</b>
<i>Please provide details for scores less than 3 and any additional comments:</i>		

Family Name: \_\_\_\_\_

**Scoring**

- ◆ Any module with a score below 2 results in automatic disqualification from successfully completing TN KEY.
- ◆ A total of three or more modules scoring 2 or below also results in unsuccessful completion of TN KEY.

Applicant Successfully Completed TN KEY  Yes  No      Date Certified Applicant \_\_\_\_\_

Co-Applicant Successfully Completed TN KEY  Yes  No      Date Certified Co-Applicant \_\_\_\_\_

**When an application includes both an applicant and a co-applicant, each person must successfully complete TN KEY in order to move forward in the approval process.**

**APPLICANT'S Training and MAP Summary:** Include information on the applicant's participation and attitude while in class and while discussing Roadwork responses. Discuss noted strengths. Compare the participant's MAP self-assessment score and the trainer's scores, based on observations throughout pre-service training. Summarize the applicant's support system, self-care plan, and readiness to move forward with process. ***This should include any exceptional strengths or red flags/concerns for the individual applicant.***

Family Name: \_\_\_\_\_

**CO-APPLICANT'S Training and MAP Summary:** Include information on the applicant's participation and attitude while in class and while discussing Roadwork responses. Discuss noted strengths. Compare the participant's MAP self-assessment score and the trainer's scores, based on observations throughout pre-service training. Summarize the applicant's support system, self-care plan, and readiness to move forward with process. ***This should include any exceptional strengths or red flags/concerns for the individual applicant.***

**Other Adults in the Home Training :** Include information on the applicant's role. ***This should include a brief summary of MAP Questionnaire any exceptional strengths or red flags/concerns for the individual applicant.***

Family Name: \_\_\_\_\_

**Coaching Narrative:** Describe any needs for further coaching or training. ***Discuss any Post-Approval training recommendations.***

**Complete a training assessment on applicants who finish three (3) or more pre-service sessions.**

\_\_\_\_\_  
Trainer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date