



FSS Individual Learning Plan for Pre-Service

Support Team Information

New Hire: _____
Pre-Service Start Date: _____
Pre-Service Group #: _____
Team Members: _____

Quick Links

Classroom	OJT	Certification	Extended OJT
Week 1: Core	Week 5: OJT 1	Case Presentation	Partial Recommendation STMs/ Coaching Sessions
Week 2: Specialty	Week 6: OJT 2	Professional Development Plan	Second Case Presentation
	Week 7: OJT 3		
	Week 8: OJT 4	Rubric	
	Additional STMs/Coaching Sessions		

Orientation Week: Initial STM

Support Team Meeting (STM) Date: _____

Meeting Content: _____

Questions,
onboarding issues,
etc.: _____

Week 1: Core Foundations

Waived

Core Foundations Topics

Cultural Competency
Family-Centered Practice
Strengths-Based Approach
Intro to Engagement
Intro to Child & Family Team

Global Assessment
Assessment Integration Quality Documentation
Self-Care
Intro to Trauma
CANS/FAST Certification

Trainers:

Trainer Observations:

Week 2: FSS Specialty

Waived

Family Support Services Specialty Topics

DCS Values	Policy 14.18
Non-Custodial Program Areas	Global Assessment
CFSR	Assessment Integration
Engagement Skills	IPA (Policy 14.13)
Referral Sources	CFTM Prep & Process
Case Transfer Process	Permanency Planning (Policy 31.1)
Joint Home Visits	Quality Documentation
Intervention Tracks	Successful Case Closure
MI & Scaling	

Trainers:

Trainer Observations:

Additional Training Support *(optional Coaching by Trainer)*

Date:	Trainer:	Comments:

Week 3: TFACTS *(optional comments/additional support)*

Date:	Trainer:	Comments:

Week 4: Bridge/Sim Lab (no documentation required)

Assignment of Training Cases:

☐ Ready for Training Cases

- **Number of Training Cases** (up to 5):
- Document special notes about case transitioning, planned case transition meetings, and special considerations (do not include client information in the ILP)

OR

☐ Not ready for Training Cases

- Document next steps needed to develop skills necessary to receive training cases

Week 5: OJT 1 STM **OR** Coaching Session

☐ Additional Support/Coaching Recommended Attempted/Rescheduled STMs:

STM Date:

STM Participants:

Shadowing experiences
(NH observing)

OJT experiences
(NH co-leading/leading)

Weekly Supervision &
Field Observation
(by Supervisor)

Strengths

Development
opportunities

Other

Action steps
(including OJT Plan of Action)

OR Coaching Session
Documentation

Week 6: OJT 2 STM **OR** Coaching Session

☐ Additional Support/Coaching Recommended

Attempted/Rescheduled STMs:

STM Date:

STM Participants:

Shadowing experiences
(NH observing)

OJT experiences
(NH co-leading/leading)

Weekly Supervision &
Field Observation
(by Supervisor)

Strengths

Development
opportunities

Other

Action steps
(including OJT Plan of Action)

OR Coaching Session
Documentation

Additional Training Cases:

☐ Ready for additional Training Cases

- **Number of additional Training Cases** (up to 3):
- Document special notes about case transitioning, planned case transition meetings, and special considerations (do not include client information in the ILP)

OR

☐ Not Ready for additional Training Cases

- Document next steps needed to develop skills necessary to receive additional training cases

Week 7: OJT 3 STM **OR** Coaching Session

☐ Additional Support/Coaching Recommended

Attempted/Rescheduled STMs:

STM Date:

STM Participants:	
Shadowing experiences (NH observing)	
OJT experiences (NH co-leading/leading)	
Weekly Supervision & Field Observation (by Supervisor)	
Strengths	
Development opportunities	
Other	
Action steps (including OJT Plan of Action)	
OR Coaching Session Documentation	

Week 8: OJT 4 STM <u>OR</u> Coaching Session	
<input type="checkbox"/> Additional Support/Coaching Recommended Attempted/Rescheduled STMs:	
STM Date:	
STM Participants:	
Shadowing experiences (NH observing)	
OJT experiences (NH co-leading/leading)	
Weekly Supervision & Field Observation (by Supervisor)	
Strengths	
Development opportunities	
Other	
Action steps (including OJT Plan of Action)	
OR Coaching Session Documentation	

ADDITIONAL STM OR Coaching Session

☐ Additional Support/Coaching Recommended

Attempted/Rescheduled STMs:

STM Date:

STM Participants:

Shadowing
experiences (*observed*):

OJT experiences (*co-
lead or lead*):

Weekly Supervision &
Field Observation:

Strengths:

Development
opportunities:

Other:

Action steps:
(including OJT Plan of
Action)

OR Coaching Session
Documentation:

ADDITIONAL STM OR Coaching Session

☐ Additional Support/Coaching Recommended

Attempted/Rescheduled STMs:

STM Date:

STM Participants:

Shadowing
experiences (*observed*):

OJT experiences (*co-
lead or lead*):

Weekly Supervision &
Field Observation:

Strengths:

Development
opportunities:

Other:	
Action steps: (including OJT Plan of Action)	
OR Coaching Session Documentation:	

ADDITIONAL STM <u>OR</u> Coaching Session	
<input type="checkbox"/> Additional Support/Coaching Recommended Attempted/Rescheduled STMs:	
STM Date:	
STM Participants:	
Shadowing experiences (<i>observed</i>):	
OJT experiences (<i>co-lead or lead</i>):	
Weekly Supervision & Field Observation:	
Strengths:	
Development opportunities:	
Other:	
Action steps: (including OJT Plan of Action)	
OR Coaching Session Documentation:	

Week 9: Case Presentation

New Hire Name: _____
 Presentation Date: _____

Group #: _____
 Region: _____

Case Presentation Rating Summary				
	Exceeds Expectations 4	Meets Expectations 3	Development Opportunity 2	Skill Not Demonstrated 1
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning, Implementation, Tracking and Adjusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Welfare Mission and Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Presentation Total Score:				

[Quick Link to Case Presentation Rubric with Detailed Scoring and Notes](#)

Certification Recommendation		
Panel Consensus	Case Presentation Score	Plan/Next Steps
<input type="checkbox"/> Fully Recommend	20 and above	
<input type="checkbox"/> Partially Recommend	14 – 19	
<input type="checkbox"/> Not Recommending	less than 14	

*In case of partial recommendation, continue documentation with [Week 10:OJT 5 STM/Coaching Session](#)

Please have all panelists sign this form to verify agreement to above recommendation and scores.

Name	Position	Date	Signature
------	----------	------	-----------

_____	Professional Development Coach	_____	_____
_____	Supervisor	_____	_____
_____	Mentor	_____	_____
_____	Other	_____	_____
_____	Other	_____	_____

Certification Requirement Checklist			
Completed	Waived	Requirement	Comments
<input type="checkbox"/>	<input type="checkbox"/>	Core	
<input type="checkbox"/>	<input type="checkbox"/>	Specialty	
<input type="checkbox"/>	<input type="checkbox"/>	TFACTS	
<input type="checkbox"/>	<input type="checkbox"/>	Bridge	
<input type="checkbox"/>	<input type="checkbox"/>	Sim Labs	
<input type="checkbox"/>	<input type="checkbox"/>	Google Classroom Assignments	
<input type="checkbox"/>	<input type="checkbox"/>	OJT Checklist	
<input type="checkbox"/>	<input type="checkbox"/>	Motivational Interviewing	
<input type="checkbox"/>	<input type="checkbox"/>	TFACTS: MI Documentation	

New Hire Acknowledgement:

☐ I verify that I completed Pre-Service as documented on the Individual Learning Plan and outlined by policy.

New Hire

Date

Professional Development Plan		
Strengths		
Areas to Develop	Target Date	Professional Development Strategies & Action Steps

Case Presentation Rubric

COMMUNICATION

Clarity & Attentive Listening

	4	3	2	1
	Exceeds Expectations	Meets Expectations	Development Opportunity	Skill Not Demonstrated
Articulation	<input type="checkbox"/> Superior ability to articulate thoughts through clear language and wording.	<input type="checkbox"/> Able to clearly articulate thoughts most of the time.	<input type="checkbox"/> Limited articulation ability; frequently uses unclear language, awkward wording, or searches for words.	<input type="checkbox"/> Consistently struggles to articulate thoughts.
Non-Verbal Cues	<input type="checkbox"/> Consistently uses and accurately identifies non-verbal cues; verbally clarifies meaning.	<input type="checkbox"/> Uses and identifies non-verbal cues effectively during most interactions; occasionally hesitates to clarify verbally.	<input type="checkbox"/> Limited use and inaccurate interpretation of non-verbal cues.	<input type="checkbox"/> Neither uses nor recognizes non-verbal cues; displays lack of understanding or interest.
Complete & Concise	<input type="checkbox"/> Consistently delivers complete, thorough & concise information.	<input type="checkbox"/> Delivers complete information most of the time.	<input type="checkbox"/> Often delivers incomplete information and/or over-verbalizes.	<input type="checkbox"/> Consistently delivers incomplete information.
Interpretation	<input type="checkbox"/> Consistently interprets information (<i>others' stories, questions, explanations, etc.</i>) accurately as evidenced by responses.	<input type="checkbox"/> Interprets information accurately most of the time; usually asks for clarification and responds appropriately.	<input type="checkbox"/> Often interprets information inaccurately or provides some irrelevant responses.	<input type="checkbox"/> Consistently interprets information inaccurately and provides irrelevant responses or does not request clarification.
Attribution	<input type="checkbox"/> Consistently recognizes and verbalizes the difference between personality and behavior; does not define others based on their behavior (<i>"is a liar" vs. "told a lie"</i>).	<input type="checkbox"/> Occasionally fails to differentiate between personality and behavior.	<input type="checkbox"/> Expresses limited awareness of differentiation between personality and behavior.	<input type="checkbox"/> Demonstrates no awareness of the difference between personality and behavior.
Confidence	<input type="checkbox"/> Articulates and explains views in a confident, non-defensive manner.	<input type="checkbox"/> With a few exceptions, articulates and explains views in a confident, non-defensive manner.	<input type="checkbox"/> Typically articulates views in a tentative manner; may share reasons for those views defensively at times.	<input type="checkbox"/> Consistently articulates views in a tentative manner and often shares reasons for views in a defensive manner.

Communication Comments:

COMMUNICATION Score:

ENGAGEMENT

Use of Interpersonal Skills, Respect, Genuineness, and Empathy to Build Professional Relationships

	4	3	2	1
	Exceeds Expectations	Meets Expectations	Development Opportunity	Skill Not Demonstrated
Self-Disclosure	<input type="checkbox"/> Thorough understanding of pros/cons of using self-disclosure and uses in a manner that enhances engagement.	<input type="checkbox"/> General understanding of pros/cons of using self-disclosure and uses appropriately most of the time.	<input type="checkbox"/> Aware of self-disclosure concept but does not use purposefully (<i>overuses or misses opportunities where it would be helpful</i>).	<input type="checkbox"/> Inappropriate use of self-disclosure and/or lacks personal boundaries.
MI Skills	<input type="checkbox"/> Employs a variety of Motivational Interviewing skills (<i>reflection, summarization, open-ended questions, etc.</i>) effectively to engage families and help them envision positive outcomes.	<input type="checkbox"/> Employs basic Motivational Interviewing skills to engage families and to help them envision positive outcomes.	<input type="checkbox"/> Limited use of Motivational Interviewing skills with limited awareness of signs of resistance in envisioning positive outcomes.	<input type="checkbox"/> Serious deficiencies in Motivational Interviewing/ interpersonal helping skills; refers to them but does not recognize their importance or apply them in practice.
Shared Perspective	<input type="checkbox"/> Consistently encourages others to share their thoughts/feelings; able to view situations from the perspective of others.	<input type="checkbox"/> Usually encourages others to share their thoughts/feelings; able to view situations from the perspective of others most of the time.	<input type="checkbox"/> Limited ability or interest in understanding the thoughts, feelings, and perspectives of others.	<input type="checkbox"/> Views situations exclusively from own perspective or in terms of DCS authority; shows no interest in the thoughts/feelings of others.
Resistance Strategies	<input type="checkbox"/> Displays advanced awareness of resistance being a part of the change process and addresses it in an effective, professional manner.	<input type="checkbox"/> Displays basic understanding of resistance being part of the change process and addresses it effectively most of the time.	<input type="checkbox"/> Appears uncomfortable when encountering resistance; focuses entirely on "fixing the client" rather than balancing client resistance with managing own feelings.	<input type="checkbox"/> Unable to enact strategies that are helpful to alleviate tension in situations where resistance is encountered.
Transparency	<input type="checkbox"/> Consistently honest, even in difficult situations.	<input type="checkbox"/> Displays honesty regarding own feelings/perspective but may conceal them in some difficult situations.	<input type="checkbox"/> Sometimes avoids, withholds, or misrepresents information.	<input type="checkbox"/> Consistently avoids, withholds, or misrepresents information.

Engagement Comments:

ENGAGEMENT Score:

TEAMING				
Team Building & Fostering Collaboration				
	4	3	2	1
	Exceeds Expectations	Meets Expectations	Development Opportunity	Skill Not Demonstrated
Community Network	<input type="checkbox"/> Demonstrates excellent knowledge of available networks/providers and ability to identify beneficial potential team members.	<input type="checkbox"/> Demonstrates good knowledge of available networks/providers and willingness to seek help from colleagues when resources cannot be found.	<input type="checkbox"/> Displays limited awareness of community networks and does not seek help from colleagues when resources cannot be found.	<input type="checkbox"/> Displays little or no awareness of community networks and is unable to identify appropriate potential team members.
Informal Supports	<input type="checkbox"/> Consistently engages families to identify informal supports and explores their willingness/ability to be members of the family team.	<input type="checkbox"/> Usually engages families in identifying informal supports; takes a "supports list" approach as opposed to exploring contribution potential.	<input type="checkbox"/> Uses few strategies to help families identify supports and only does so as part of the initial assessment.	<input type="checkbox"/> Focuses on own role and does not include the family in identifying supports.
Partnership	<input type="checkbox"/> Takes advantage of all opportunities to work with a team which includes nonprofessional and non-traditional helpers/supports.	<input type="checkbox"/> Takes advantage of opportunities to work with a team most of the time and shows commitment to partnering.	<input type="checkbox"/> Misses many opportunities to use the team approach; casework is mostly caseworker driven.	<input type="checkbox"/> Recognizes teaming as a requirement but does not acknowledge the benefits; works and makes decisions unilaterally.
Fosters Collaboration	<input type="checkbox"/> Uses exceptional variety of techniques to foster collaboration in a formal team meeting setting and in other interactions with various team members.	<input type="checkbox"/> Uses basic techniques to foster collaboration in formal meetings and most other interactions.	<input type="checkbox"/> Uses limited techniques to foster collaboration.	<input type="checkbox"/> Does not foster collaboration; may use strategies that have the opposite effect.
Conflict Resolution	<input type="checkbox"/> Uses effective conflict resolution strategies in any given situation.	<input type="checkbox"/> Uses basic skills for de-escalating team conflicts (<i>e.g., taking breaks, advance preparation/follow up with team members, etc.</i>).	<input type="checkbox"/> Struggles to de-escalate team conflicts or facilitate constructive resolution.	<input type="checkbox"/> Unable to de-escalate team conflicts or facilitate constructive resolution in any given situation.
Inclusion Strategies	<input type="checkbox"/> Recognizes the value of relationships/connections between family members and informal supports; implements inclusion strategies.	<input type="checkbox"/> Recognizes the value of relationships/connections between family members and informal supports; implements strategies to include them most of the time.	<input type="checkbox"/> Recognizes the value of some of the relationships/connections between family members and informal supports but has difficulty involving them.	<input type="checkbox"/> Little to no recognition of value of relationships/connections between family members and informal supports; may quickly discount them based on incomplete/erroneous information.
Teaming Comments:				
TEAMING Score:				

ASSESSMENT

Gathering & Analyzing Critical Information

	4	3	2	1
	Exceeds Expectations	Meets Expectations	Development Opportunity	Skill Not Demonstrated
Global Assessment	<input type="checkbox"/> Casework reflects global assessment as a fluid, ongoing process throughout the life of the case.	<input type="checkbox"/> Recognizes that assessment is an ongoing process throughout the life of the case.	<input type="checkbox"/> Lacks clear understanding of how assessment is an ongoing process; views assessment as an event.	<input type="checkbox"/> Minimal assessment skills; assessment is driven by compliance and completed only during designated timeframes.
Next Steps	<input type="checkbox"/> Develops a comprehensive, prioritized set of next steps to build on existing information.	<input type="checkbox"/> Develops steps to build on existing information but misses some opportunities for additional follow-up or fails to explore all useful sources.	<input type="checkbox"/> Misses critical pieces of information that lead to inadequate development of next steps, inefficiencies, and missed opportunities.	<input type="checkbox"/> Misses several opportunities/resources for gathering information or suggests questionable sources for the information being sought.
Prioritizing	<input type="checkbox"/> Consistently and accurately prioritizes critical factors (<i>safety, risks, strengths etc.</i>) based on gathered information.	<input type="checkbox"/> Uses gathered information to prioritize critical factors most of the time.	<input type="checkbox"/> Evidence of difficulty prioritizing next steps; misses several opportunities to gather critical information.	<input type="checkbox"/> Unable to effectively prioritize next steps; misses most opportunities to gather critical information.
Conclusion Accuracy	<input type="checkbox"/> Consistently develops accurate and logical conclusions based on available information.	<input type="checkbox"/> Develops accurate and logical conclusions based on available information most of the time.	<input type="checkbox"/> Frequently draws inaccurate or premature conclusions based on provided information.	<input type="checkbox"/> Draws mostly inaccurate or distorted conclusions.
Risk Assessment	<input type="checkbox"/> Consistently identifies all signs of risk when assessing for safety.	<input type="checkbox"/> Identifies all critical signs of risk but may miss some secondary ones.	<input type="checkbox"/> Occasionally misses one critical sign and many secondary ones when assessing for safety.	<input type="checkbox"/> Minimal ability to identify signs of safety; regularly overlooks critical signs.

Assessment Comments:

ASSESSMENT Score:

PLANNING, IMPLEMENTATION, TRACKING & ADJUSTING

Assessment Integration & Comprehensive Permanency Planning

	4	3	2	1
	Exceeds Expectations	Meets Expectations	Development Opportunity	Skill Not Demonstrated
Assessment Integration	<input type="checkbox"/> Presents clear, visible links to assessment information in the development and implementation of the family plan.	<input type="checkbox"/> Evidence of assessment information is apparent in most action steps; the assessment tool information has been applied to action steps in most instances.	<input type="checkbox"/> Limited use of assessment information in planning of next steps, resulting in “cookie cutter” approach.	<input type="checkbox"/> Does not utilize assessment information in planning, resulting in “cookie cutter” plan or assessment tools were used inaccurately with the family.
Track & Adjust	<input type="checkbox"/> Regularly and accurately adjusts and updates action steps based on case progress.	<input type="checkbox"/> Ability to track progress and make adjustments to action steps with some support.	<input type="checkbox"/> Little evidence of tracking during further contact with family and progress in not addressed or documented; no updates or charges are made.	<input type="checkbox"/> Lacks understanding of the purpose and process of developing plans for families as evidenced by use of inappropriate phrasing and attitudes.
Quality Perm Plans	<input type="checkbox"/> Able to develop quality family plans with clear goals and action steps which are directly related to the family's needs and strengths. Appropriate target dates and responsible parties are clearly identified.	<input type="checkbox"/> Able to develop family plans with minimal assistance. Actions steps are mostly clear and most often contain responsible parties and reasonable target dates.	<input type="checkbox"/> Requires significant assistance in creating family plans. Actions steps have no responsible parties identified and lack of target dates.	<input type="checkbox"/> Unable to create effective family plans. Action steps, if present, may show no relation to the goal, the results of assessment tools, or other case information.
Contingency Planning	<input type="checkbox"/> Shows comprehensive understanding of contingency and concurrent planning in ensuring children's need for permanency in a timely manner.	<input type="checkbox"/> Shows general understanding of contingency and concurrent planning in ensuring children's need for permanency in a timely manner.	<input type="checkbox"/> Refers to contingency and concurrent planning but does not implement it.	<input type="checkbox"/> Demonstrates little to no understanding of the need for contingency and concurrent planning.
Change Cycle	<input type="checkbox"/> Demonstrates clear understanding of the Change Cycle and commitment to aftercare planning with families.	<input type="checkbox"/> Demonstrates basic understanding of the Change Cycle and the importance of aftercare planning with families.	<input type="checkbox"/> Minimal understanding of the Change Cycle and the need for aftercare planning in casework.	<input type="checkbox"/> Lacks understanding of the Change Cycle and/or the need of aftercare planning process.

Planning, Implementation, Tracking & Adjusting Comments:

PLANNING, IMPLEMENTATION, TRACKING & ADJUSTING Score:

CHILD WELFARE MISSION & VALUES

Strengths-Based, Family-Centered Practice & Focus on Safety, Permanence, & Well-Being

	4	3	2	1
	Exceeds Expectations	Meets Expectations	Development Opportunity	Skill Not Demonstrated
Change Potentia	<input type="checkbox"/> Displays firm belief that people are capable of change.	<input type="checkbox"/> Shows belief that in most cases and with the right supports, people can change.	<input type="checkbox"/> Displays doubt that people are capable of change.	<input type="checkbox"/> Displays set view that people are incapable of change.
Family-Driven	<input type="checkbox"/> Demonstrates firm commitment to the principle of family-driven casework by treating the family as the expert (<i>e.g., long-term skills to solve own problems, investment in success of goals set, etc.</i>).	<input type="checkbox"/> Demonstrates commitment to family-driven casework, allowing families to be involved in a meaningful manner in most decisions; believes that in some cases case manager-driven work is required.	<input type="checkbox"/> Demonstrates limited understanding of family-driven casework by involving families in few of the decisions or just in the formation of the team.	<input type="checkbox"/> Demonstrates little or no understanding of family-driven casework by primarily focusing on own role in guiding families' decision-making.
Family Preservation	<input type="checkbox"/> Demonstrates deep commitment to family preservation & children's need for permanency.	<input type="checkbox"/> Demonstrates good understanding of family preservation & children's need for permanency.	<input type="checkbox"/> Some understanding of family preservation & children's need for permanency but does not consistently act in accordance with that understanding.	<input type="checkbox"/> Minimal commitment or understanding of family preservation & children's need for permanency.
Inherent Strengths	<input type="checkbox"/> Demonstrates commitment to the principle that all families have strengths and connects those strengths to relevant goals.	<input type="checkbox"/> Demonstrates belief that every family has strengths; frames situations as source of challenge and opportunity rather than focusing on deficits.	<input type="checkbox"/> Some investment in principle that all families have strengths; limited ability to identify strengths and difficulty relating strengths to relevant goals.	<input type="checkbox"/> Focuses on family deficits and is generally unable to identify functional strengths.
Well-Being Principle	<input type="checkbox"/> Demonstrates commitment to the principle of well-being by assessing and addressing all critical issues (<i>e.g. current functioning, parenting capabilities, education status, physical health, mental health status, etc.</i>).	<input type="checkbox"/> Demonstrates commitment to the principle of well-being by assessing and addressing most critical issues.	<input type="checkbox"/> Limited understanding of the principle of well-being; may not comprehensively assess and address critical issues within the family.	<input type="checkbox"/> Lacks understanding of general principles underlying comprehensive assessment of family well-being.

Child Welfare Mission & Values Comments:

CHILD WELFARE MISSION & VALUES Score:

SELF-MANAGEMENT

Self-Awareness & Confidence

	4	3	2	1
	Exceeds Expectations	Meets Expectations	Development Opportunity	Skill Not Demonstrated
Cultural Competence	<input type="checkbox"/> Demonstrates well-developed sense of cultural competence by using personal strategies to identify, include, and openly explore others' view of the world.	<input type="checkbox"/> Demonstrates cultural competence and an understanding of how it impacts work with children & families.	<input type="checkbox"/> Demonstrates little cultural competence; can identify differences in others' world view but is largely unaware of own reluctance towards inclusiveness.	<input type="checkbox"/> Demonstrates severely limited cultural competence; may deny or reject others' view of the world in favor of own view or comes across as judgmental.
Stressful Situations	<input type="checkbox"/> Appears calm and composed in stressful situations.	<input type="checkbox"/> Appears composed in stressful situations with some visible signs of nervousness.	<input type="checkbox"/> Appears quite nervous in stressful situations.	<input type="checkbox"/> Appears nervous in stressful situations; anxiety interferes with ability to think or communicate clearly.
Self-Awareness	<input type="checkbox"/> Openly, honestly, and accurately identifies own strengths and limitations.	<input type="checkbox"/> Identifies own strengths and limitations with some reserve.	<input type="checkbox"/> Identifies some strengths and limitations; some inconsistency between what is described & what is observed.	<input type="checkbox"/> Not able to identify own strengths and limitations; significant inconsistency between what is described and what is observed.
Professional Development	<input type="checkbox"/> Eagerly pursues opportunities for professional development.	<input type="checkbox"/> Demonstrates openness to professional development.	<input type="checkbox"/> Verbalizes openness to professional development but does not acknowledge its benefits.	<input type="checkbox"/> Verbalizes little or no interest in training or lifelong learning.
Seeks Supervision	<input type="checkbox"/> Seeks supervision at all appropriate instances.	<input type="checkbox"/> Seeks supervision in most instances as needed.	<input type="checkbox"/> Seeks supervision in a mix of appropriate and inappropriate instances.	<input type="checkbox"/> Does not know how or when to seek supervisory support.
Attitude	<input type="checkbox"/> Consistently demonstrates a positive, optimistic attitude in working with families.	<input type="checkbox"/> Demonstrates positive, optimistic attitude about work with families overall but expresses occasional apprehension.	<input type="checkbox"/> Displays doubts and apprehension in work with families; some lack of enthusiasm.	<input type="checkbox"/> Regularly expresses or displays doubts and apprehension regarding ability to work with families; demonstrates clear lack of enthusiasm.
Coping Skills	<input type="checkbox"/> Consistently employs proven, effective coping skills to deal with professional stress.	<input type="checkbox"/> Usually relies on proven, effective coping skills to deal with professional stress.	<input type="checkbox"/> Describes/demonstrates limited awareness and use of coping skills.	<input type="checkbox"/> Shows limited awareness of coping skills or uses inappropriate coping skills.

Self-Management Comments:

SELF-MANAGEMENT Score:

DOCUMENTATION

Professional Writing & Quality Contacts

	4	3	2	1
	Exceeds Expectations	Meets Expectations	Development Opportunity	Skill Not Demonstrated
Clear Content	<input type="checkbox"/> All documentation content is clear, concise, and organized in a logical manner.	<input type="checkbox"/> Documentation content is mostly clear and concise; some wordiness or lack of flow may be present.	<input type="checkbox"/> Content includes many vague statements, some disorganization, or a lot of wordiness interfering with communication of main issues.	<input type="checkbox"/> Content is confusing and wordy; details are presented in a disorganized, unrelated way.
Complete Content	<input type="checkbox"/> Documentation meets all quality contacts requirements and includes all content needed for thorough and complete case record.	<input type="checkbox"/> Documentation meets most quality contacts requirements and includes most of the relevant content needed for the case record.	<input type="checkbox"/> Major details are omitted, and documentation appears to be incomplete.	<input type="checkbox"/> Documentation content is seriously lacking and appears incomplete.
Grammar	<input type="checkbox"/> Writing is free of grammatical, spelling, and punctuation errors.	<input type="checkbox"/> Writing contains occasional grammatical, spelling, or punctuation errors.	<input type="checkbox"/> Writing contains many grammatical, spelling, and/or punctuation errors.	<input type="checkbox"/> Frequent spelling, punctuation, and grammatical errors which make the writing seem unprofessional and difficult to understand.
Professional Wording	<input type="checkbox"/> All documentation is professionally worded (<i>acronyms are explained, fact is distinguished from opinion, slang and buzzwords are avoided</i>).	<input type="checkbox"/> Documentation style is mostly professional; some acronyms, judgements, or slang may be present.	<input type="checkbox"/> Documentation includes several unprofessional statements which may interfere with communication.	<input type="checkbox"/> Text includes many unprofessional statements which disrupt communication.
Quality Contacts	<input type="checkbox"/> Documentation reflects quality contacts and global assessment with each case member (<i>e.g. if a home visit occurred, there is a description of discussion with each person in the home.</i>).	<input type="checkbox"/> Documented evidence of quality contacts and global assessment with critical case members; some assessment opportunities were missed or not documented.	<input type="checkbox"/> According to documentation, not all case members were interviewed; several assessment opportunities were missed or not documented.	<input type="checkbox"/> Based on documentation, few case members were interviewed, and critical case information was missed in assessment.

Documentation Comments:

DOCUMENTATION Score:

Week 10: OJT 5 STM OR Coaching Session *(Ongoing Partial Recommendation Support)*

STM Date:

Attempted/Rescheduled STMs:

STM Participants:

Shadowing
experiences
*(NH observing)*OJT experiences
*(NH co-leading/leading)*Weekly Supervision &
Field Observation
(by Supervisor)

Strengths

Development
opportunities

Other

Action steps
*(including OJT Plan of
Action)***OR** Coaching Session
Documentation:**Week 11: OJT 6 STM OR Coaching Session** *(Ongoing Partial Recommendation Support)*

STM Date:

Attempted/Rescheduled STMs:

STM Participants:

Shadowing
experiences
*(NH observing)*OJT experiences
*(NH co-leading/leading)*Weekly Supervision &
Field Observation
(by Supervisor)

Strengths

Development
opportunities

Other

Action steps

(including OJT Plan of Action)	
OR Coaching Session Documentation:	

Week 12: Second Case Presentation

New Hire Name: _____ Group #: _____
 Presentation Date: _____ Region: _____

Case Presentation Rating Summary				
	Exceeds Expectations 4	Meets Expectations 3	Development Opportunity 2	Skill Not Demonstrated 1
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning, Implementation, Tracking and Adjusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Welfare Mission and Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Presentation Total Score:				

Certification Recommendation		
Panel Consensus	Case Presentation Score	Plan/Next Steps
<input type="checkbox"/> Fully Recommend	20 and above	
<input type="checkbox"/> Not Recommending	less than 14	

Please have all panelists sign this form to verify agreement to above recommendation and scores.

Name	Position	Date	Signature
	Professional Development Coach		

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

_____	_____	_____
_____	Supervisor	_____
_____	Mentor	_____
_____	Other	_____
_____	Other	_____

New Hire Acknowledgement:

☐ I verify that I completed Pre-Service as documented on the Individual Learning Plan and outlined by policy.

_____	_____
New Hire	Date

Reserved for use by Office of Training and Professional Development:

_____	_____
Training Manager	Date

_____	_____
Executive Director of Training and Professional Development	Date