**Hawai'i and Pacific Deaf-Blind Consortium**

**Liaison Self-Assessment**

***State deaf-blind projects have permission to adapt this tool for use by their own projects. Please include appropriate citation information. For example, "Adapted with permission from [document name, state deaf-blind project name, date (if available)]."***

**Self-Assessment for Focus Child with Deaf-Blindness (5-21)**

 **Quality of Life – Meaningful Participation in Home, School, and Community**

[Note: This evaluation was developed as a tool that liaisons working with children who are deaf-blind in Pacific Island nations/jurisdictions can use to assess their practice and TA needs. Each liaison is asked to pick a specific child to use as a focus for the assessment. The tool could be adapted for other uses. For example, for educational teams to assess their use of recommended practices with a specific student.]

| **AREA** | **Evidence** | **0** | **1** | **2** | **3** | **Score/Goals** |
| --- | --- | --- | --- | --- | --- | --- |
| **1a. General Medical****Quality Indicator: Medical plan is in place for student** | Observation, interviews, medical document review | Healthy medical check not completed (including checks for otitis media, pink eye, impetigo, bedsores, worms, obesity, diabetes) | Healthy checkup completed &updated vaccinations, medications | Identification of appropriate medication, lenses, listening devices, or other assistive technology, but may not be available in school program | DB student is maintaining medical plan in place for student, medications taken;  |  |
| **1b. Audiological** | Observation, interviews, medical document review | Hearing assessment not completed | Student has hearing assessment | Functional hearing assessment completed if necessary | Complete audiological assessment |  |
| **1c. Vision** | Observation, interviews, medical document review | Vision assessment not completed | Student has vision assessment | Functional vision assessment completed if necessaryStudent on current deaf-blind census | Student uses corrective lenses, assistive learning devicesComplete vision assessment |  |
| **2.** **Nutrition****Quality Indicator:****Student has appropriate diet and positioning to support their nutritional needs** | Observation, interviews,document review (medical documents,diet calendars) | Nutrition has not been addressed,including special dietary needs for focus child (e.g., diabetes, obesity, caloric intake)  | Training has been provided to family around basic nutrition, including feeding. Evidence of some nutritional planning. | Family has been provided training on food preparation and feeding specific to their own child and family. Evidence of providing some appropriate diet choices for child. | DB student has a nutritious diet appropriate to their health needs, including feeding & positioning techniques |  |
| **3.** **Home****Quality Indicator:****Student participates with family in all** **home activities** | Interviews,observation | Does not participate in home/family routines | Family routines have been identified (e.g. meals, celebrations, leisure). DB child occasionally included in activities. | Family has been trained to assist their child in routines. DB student is beginning to partially participate in 2 or more routines.  | DB student regularly participates in all family activities and routines (family meals, celebrations, chores, leisure with sibs).Some family activities planned with DB child’s interests/needs included. |  |
| **4.** **Community****Quality Indicator:****Student participates with family in community activities** | Interviews,observation | Does not leave home | Community activities and routines have been identified. DB child occasionally included in community activities | Family has been trained to assist child in community routines. Child is beginning to partially participate in 2 or more routines.  | Student regularly participates in all community activities and routines (e.g., church, grocery store, visiting relatives, games) |  |
| **5. Communication****Quality Indicator:****Student effectively communicates with appropriate system if needed**Note: This is for DB students who are not using ASL as primary means of communication | Observation,written program, IEP communication goals and objectives, interviews  | No communication systems in place | Assessment has been completed and communication systems have been identified(e.g., give examples, ASL, picture books, greeting, response routine, combination) | Team has been trained on communication system implementation. Implementation of communication system is in place across some environments and activities. | DB student effectively uses a communication system that is reciprocal in nature and used across environments |  |
| **6. School****Quality Indicator:****Student actively participates in an ASL language-rich educational environment**(for DB students who use ASL or are able to use ASL as an effective means of communication and instruction) | Observation, interviews, document review (IEPs,student schedule) | Does not attend school | Attends regular or separate class (i.e., Special Ed) with no access to communication or instruction (teachers and peers do not use ASL)  | DB student participates in Deaf Ed environments with teachers/aides who have varied levels of fluency in ASL. DB students receive instruction in a limited language-rich environment with peers (ASL class) | DB student receives instruction in ASL language-rich environment for the majority of their school day but has access to general ed classes with well-prepared teachers/support staff |  |
| **7. Integrated Services****Quality Indicator:****Delivery is provided by student’s team in integrated environments** | Schedules, activities, routines | Identified related services are provided in isolation only | Training for the identification of routines in home, school, and community has been provided for integrated service delivery | Some identified service delivery is provided to support students in accessing typical routines in home, school, and community | Service delivery is provided in home, school classroom, and community environments by teachers (Gen Ed and SPED) and related service providers |  |
| **8. Access to Core Curriculum****Quality Indicator:****Student has appropriate supports to participate in Common Core curriculum** | Schedule (service providers, student, classroom) | DB student does not participate in Core curriculum | Some effort has been made for student to be instructed in Core curriculum | Major efforts are underway to include student in as much of the Core curriculum as possible(with accommodations and adaptions) | DB student has access to Common Core curriculum with appropriate supports, accommodations, and adaptations as needed(i.e., braille, O&M, ASL) |  |
| **9. Instruction****Quality Indicator:****Data-driven, systematic instruction is provided by student team members across home, \*school, & community environments** | Observation, lesson plans,data | Data-driven, systematic instruction based on appropriate assessments is not in place | Some systematic instruction is in place, but all team members have not been trained to implement | Major efforts are underway to provide data-driven, systematic instruction for portions of the student’s day | Data-driven, systematic instruction is provided by student team members across home, \*school, & community environments(\*school access and meaningful participation in the core curriculum) |  |
| **10. Social Networks/Friends****Quality Indicator:****Student has a social network of age-appropriate peers and is supported as necessary** | Circles of Support,interviews | Does not have access to peers (age appropriate or peer mentors) | A Circle of Friends has been developed by school and/or family, and peers have been identified to be involved with child | Peer group has been developed and trained as necessary, activities have been identified, and child is beginning to participate in selected activities with peers | Student participates with peers in school, home, and community activities and has an ongoing Circle of Support or Peer Network |  |
| **11. Transition****(Post-School)****Quality Indicator: ITP has been developed and is being implemented** | Transition plan, ITP | No ITP in place | Training has been provided on Person-Centered Planning, andPerson-Centered Plan has been conducted which includes student | Action plan has been developed from Person-Centered Plan | ITP is being implemented at home, school, and identified community environments |  |

**HPDBC RENEWABLE ACTION PLANNING TOOL**

What are the highest priority needs for the focus child?

Rank the following areas with 1 being the current highest priority, 2 being the second highest, etc. until you reach 11.

| **Area** | **Rank** | **TA planned using local resources? (yes/no)****What?** | **TA you will be requesting from HPDBC project?** |
| --- | --- | --- | --- |
| Medical |   |   |   |
| Nutrition |  |  |  |
| Home |   |   |   |
| Community |  |  |  |
| School |   |   |   |
| Integrated Services |   |   |  |
| Access to Common Core |   |   |  |
| Instruction |   |   |  |
| Communication |   |   |  |
| Social Networks/Friends |   |   |   |
| Transition |   |   |   |