

Performance Rating by Parent: Home Visit Family Centered Care Module

Family Member's Name: _____

Resident's Name: _____

Date of Visit: _____

The Resident:

1. Appeared to appreciate our strengths as a family. Yes No
2. Asked about our support systems and resources. Yes No
3. Asked how our family's cultural beliefs, values, and customs are included in:
 - (a) School/early intervention. Yes No NA
 - (b) Home and community life. Yes No NA
 - (c) Medical and health issues. Yes No NA
 - (d) Care from professionals. Yes No NA
 - (e) Milestones, transitions, lifespan issues. Yes No NA
4. Encouraged us to share our priorities and concerns regarding our child and all aspects of our child's life. Yes No
5. Demonstrated appropriate professional behavior. Yes No
6. Actively listened. Yes No
7. Communicated clearly. Yes No
8. Appeared comfortable with our child and family. Yes No
9. Asked questions when he/she was confused. Yes No NA
10. Appeared well prepared for this visit. Yes No
11. Did the resident spend an adequate amount of time with your family? Yes No
12. Overall, were you satisfied with this experience? Yes No
13. Would you be willing to host another resident? Yes No

14. Did you have any difficulties during this experience? If yes, please describe.

Yes No

Please return this form to:
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