

# Resident Self Evaluation: Participation in a Team Meeting

Resident's Name: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Type of Meeting:  IFSP  IEP  
 Continuity clinic  Specialty clinic  
 Other \_\_\_\_\_

1. How was the child's primary care physician involved in this meeting?
2. How were the family members involved in this team meeting?

Phone  E-mail  
 Letter  Not involved  
 In Person

3. Did team members actively facilitate the family's participation in the meeting?  Yes  No
4. Did all team members, including the family, have an opportunity to contribute to setting the goals for the team, child, and family?  Yes  No
5. Did the team discuss the positive aspects of the child's and family's lives during the meeting?  Yes  No
6. Were there any barriers to effective communication?  
If yes, please describe.  Yes  No
7. Did this visit enhance your understanding of how teams function within an early intervention elementary school or specialty clinic setting?  Yes  No
8. Did this visit enhance your understanding of how primary care physicians can be integrally involved in early intervention, special education, or specialty clinic team meetings?  Yes  No
9. Were you satisfied with the preparation given for this experience during the Team Based Service Models didactic session.  Yes  No
10. Was this visit beneficial to you as a physician?  Yes  No

11. Were you satisfied with the experience and knowledge gained from this visit?  Yes  No

12. What might you do differently in your practice as a result of this experience?

13. Did you have any difficulties during this experience?  
If yes, please describe.  Yes  No

Please return this form to:  
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