Name Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: First, ELS should use this scale to self-rate before the Supervisor reviews and makes comments. Have the ELS identify two to three areas where they need support.

(1) Needs support

(2) Meets often

(3) Excels

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **SCALE** | **SUPERVISOR’S COMMENTS** |
| 1. **Core Competencies**
 |  |  |
| Understand ParentChild+ frameworks: race equity and data-driven |  |  |
| Demonstrates cultural humility  |  |  |
| Strength based toward families |  |  |
| Family-centered  |  |  |
| Knowledgeable about child development |  |  |
| Flexible attitude |  |  |
| Problem-solver |  |  |
| Respects privacy and confidentiality |  |  |
|  |  |  |
| 1. **Professionalism**
 |  |  |
| Regularly attends staff meeting  |  |  |
| On-time and prepared |  |  |
| Strong communicator |  |  |
| Maintains regular home visit attendance  |  |  |
| Notifies parent of home visit cancellation |  |  |
| Keeps up-to-date records in DAISY |  |  |
| Completes assessments  |  |  |
| Maintains boundaries |  |  |
|  |  |  |
| 1. **Group Supervision**
 |  |  |
| Active learner  |  |  |
| Asks questions  |  |  |
| Engages in self-reflection |  |  |
| Supports peers during supervision |  |  |
| Responds to input  |  |  |
| Adapts well to change |  |  |
|  |  |  |
| 1. **Use of Best Practices**
 |  |  |
| Interacts with parent-child together |  |  |
| Comments on family strengths during visit |  |  |
| Adapts to family needs or preferences |  |  |
| Collaborates with family |  |  |
| Allows parent to take lead on visits |  |  |
| Asks for family ideas or input |  |  |
| Responds to parent-child emotions |  |  |
| Accepts family’s activity ideas  |  |  |
| Follows child lead during play  |  |  |
|  |  |  |

**ELS self-reflections or goals:**

**Supervisor supports:**

ELS Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_