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Thomas Jefferson University Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teaching and Learning Collaborative Discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Philadelphia, PA 19107

215.503.4019 or [teaching.collaborative@jefferson.edu](file:///%5C%5Ctju-res.jefferson.edu%5Cgroup%5CTLC%202014-15%5CFoundations%20of%20EI_Philadelphia%5Cteaching.collaborative%40jefferson.edu)

Website: <http://jeffline.tju.edu/cfsrp/>

**2016-17 Competency: Helping Families Promote SE Development - Follow-up Activity**

Teach parents/caregivers how to implement strategies to support social emotional (SE) competence within a participation-based framework. The 10-15 minute video should include you teaching the parent followed by them practicing the strategy while you provide feedback. Please ensure the parent signs the written consent form below. Using the space below, identify the following:

Check the SE strategy(s) that you have taught to the parent/caregiver **over the last month** (check all that apply):

\_\_\_Nurturing and Responsive Relationships

 What specific strategy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Supportive Environments and Routines

 What specific strategy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Individual Activities to Support SE Health

 What specific strategy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the SE strategy(s) the parent is practicing **in the video** (check all that apply):

\_\_\_Nurturing and Responsive Relationships

 What specific strategy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Supportive Environments and Routines

 What specific strategy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Individual Activities to Support SE Health

 What specific strategy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why did you choose this/these SE activity(s) for the family? Please provide a brief background of child.

What method(s) did you use to teach the parent the SE strategy during the video session?

\_\_\_Direct Teaching

\_\_\_Demonstration with Narrative

\_\_\_Guided practice with feedback

\_\_\_Caregiver practice with feedback

\_\_\_Information Sharing

\_\_\_Problem solving

\_\_\_Reflection

During the video session, did you do anything else to support the parent?

 (See Reverse Side)

What went well?

If there were challenges, what were the barriers to teaching this parent/caregiver?

What will you try during future sessions with this parent?

**Please hand in a copy of this sheet and your video (CD, SD card, USB) by the second workshop of this series, 1 month from this workshop date. Please be sure to finalize your CD to ensure it plays. You can also send via e-mail or Dropbox Application (instructions course registration page on TLC website) to** **teaching.collaborative@jefferson.edu****.**

Release Form

Audiotape, Photographs, Videotape or Film

Name of Person Enrolled in Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Address (Street, City, State, Zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_

Family Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Audiotape, Photography, Videotape or Film

*A videotape example of the child and family carrying out a typical family routine or family activity, at home or in a community setting OR an example of an IFSP meeting OR a video recording of a family EI home visit.*

I hereby agree and consent to be audiotaped, photographed, videotaped or filmed in my home or a location of my choosing in the community (e.g., someone else’s house, park, playground, library, child care setting) as part of an assignment that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is completing in order to meet Pennsylvania Department of Welfare requirements for working within early intervention.

I have been told that these recorded materials will be used for educational, monitoring, or regulatory purposes and that I will be provided with a copy of the tape to keep. A second copy of the tape will be viewed and retained by the Philadelphia Teaching and Learning Collaborative (TLC) and may be shared with program analysts in Intellectual disAbility Services. I permit TLC to use this tape in future training activities in the education of early intervention professionals. TLC will do their best not to associate the name of provider/parent/child with these materials. The videotape already may identify participants by name. However, TLC will not provide any identifying information about participants that is not already in existence on the videotape.

I waive all claims for any compensation for this agreement herein. I have been told that I will receive a copy of this release form.

***Parents:***

Printed name of Child

Signature of Parent/Next of Kin/Child’s Surrogate Date

If you do not give permission for TLC to use the tape for future training opportunities, please check here: [ ]

*Persons Enrolled in Training:*

Signature of Person Enrolled in Training Date

If you do not give permission for TLC to use the tape for future training opportunities, please check here: [ ]