

SEVERITY Instructions: Complete the following items by rating your child's ability to participate in routines and challenges in different developmental skill areas.

Use the following rating definitions:

1 = No Challenges: There are no challenges in this area.

2 = Some Challenges: The child experiences some challenges in this area but challenges are small or don't occur often (e.g., less than once per week)

3 = Mild Challenges: The child experiences challenges in this area that affect him/her daily and sometimes impact others.

4 = Moderate Challenges: The child experiences challenges in this area which affect him/her and the family on a daily basis.

5 = Significant Challenges: The child experiences significant challenges in this area which affect him/her and the family multiple times throughout the day.

6 = Severe Challenges: The child experiences severe challenges in this area that cause significant issues or stress for the child and family throughout the day.

7 = Very Severe Challenges: The child experiences severe challenges in this area that cause significant issues or stress throughout the day and the challenges have not been reduced by treatment (e.g, speech, ABA, developmental therapy).

1) 1. Rate the child's ability to participate in caregiving routines (e.g., mealtimes, bathtime, toileting).

- 1 = No Challenges
- 2 = Some Challenges
- 3 = Mild Challenges
- 4 = Moderate Challenges
- 5 = Significant Challenges
- 6 = Severe Challenges
- 7 = Very Severe Challenges

2) 2. Rate the child's ability to participate in play-based routines (e.g., toy play, songs, games).

- 1 = No Challenges
- 2 = Some Challenges
- 3 = Mild Challenges
- 4 = Moderate Challenges
- 5 = Significant Challenges
- 6 = Severe Challenges
- 7 = Very Severe Challenges

3) 3. Rate the child's ability to use verbal communication skills.

- 1 = No Challenges
- 2 = Some Challenges
- 3 = Mild Challenges
- 4 = Moderate Challenges
- 5 = Significant Challenges
- 6 = Severe Challenges
- 7 = Very Severe Challenges

4) 4. Rate the child's ability to use nonverbal communication skills (e.g., facial expressions, hand or body gestures).

- 1 = No Challenges
- 2 = Some Challenges
- 3 = Mild Challenges
- 4 = Moderate Challenges
- 5 = Significant Challenges
- 6 = Severe Challenges
- 7 = Very Severe Challenges

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- 5) 5. Rate the child's ability to participate in social interactions (e.g., eye contact/gaze, social/emotional connection).
- 1 = No Challenges
 - 2 = Some Challenges
 - 3 = Mild Challenges
 - 4 = Moderate Challenges
 - 5 = Significant Challenges
 - 6 = Severe Challenges
 - 7 = Very Severe Challenges
-
- 6) 6. Rate the child's ability to expand his/her play skills or interests (e.g., ability to adapt to sudden changes in routine, flexibility with preferences for certain item/toy/type of item).
- 1 = No Challenges
 - 2 = Some Challenges
 - 3 = Mild Challenges
 - 4 = Moderate Challenges
 - 5 = Significant Challenges
 - 6 = Severe Challenges
 - 7 = Very Severe Challenges
-
- 7) 7. Rate the child's ability to use adaptive behavior (e.g., communicating wants/needs) rather than using aggressive or self-injurious behavior to have his/her needs met at this time.
- 1 = No Challenges
 - 2 = Some Challenges
 - 3 = Mild Challenges
 - 4 = Moderate Challenges
 - 5 = Significant Challenges
 - 6 = Severe Challenges
 - 7 = Very Severe Challenges

CGI Improvement (Post)

IMPROVEMENT Instructions: Complete the following items by rating the child's improvement in the daily routines and general areas of development since you began participating in TRIAD's EI-CAPSS program.

Use the following rating definitions:

1 = Very much improved: There are no longer challenges in this area.

2 = Much improved: The child has made significant improvement in this area and any remaining challenges do not regularly impact family (e.g., less than once per week).

3 = Minimally improved: The child has made some improvement in this area but challenges continue to impact the child or family often (e.g., daily or several times per week).

4 = No change: The child has shown no noticeable change in challenges since treatment started.

5 = Minimally worse: Some challenges have gotten worse, but their impact on the family is the same.

6 = Much worse: Some challenges are much worse and it negatively impacts the child and/or family sometimes (e.g., daily).

7 = Very much worse: Challenges are much worse and it negatively impacts the child and/or family most of the time (e.g., several times per day).

-
- | | | |
|-------|--|---|
| 1) | 1. Improvement of ability to participate in caregiving routines (e.g., mealtimes, bathtime, toileting) | <input type="radio"/> 1= Very much improved
<input type="radio"/> 2= Much improved
<input type="radio"/> 3= Minimally improved
<input type="radio"/> 4= No change
<input type="radio"/> 5= Minimally worse
<input type="radio"/> 6= Much worse
<input type="radio"/> 7= Very much worse |
| <hr/> | | |
| 2) | 2. Improvement of ability to participate in play-based routines (e.g., toy play, songs, games) | <input type="radio"/> 1= Very much improved
<input type="radio"/> 2= Much improved
<input type="radio"/> 3= Minimally improved
<input type="radio"/> 4= No change
<input type="radio"/> 5= Minimally worse
<input type="radio"/> 6= Much worse
<input type="radio"/> 7= Very much worse |
| <hr/> | | |
| 3) | 3. Improvement of verbal communication skills | <input type="radio"/> 1= Very much improved
<input type="radio"/> 2= Much improved
<input type="radio"/> 3= Minimally improved
<input type="radio"/> 4= No change
<input type="radio"/> 5= Minimally worse
<input type="radio"/> 6= Much worse
<input type="radio"/> 7= Very much worse |
| <hr/> | | |
| 4) | 4. Improvement of nonverbal communication skills (e.g., facial expressions, hand or body gestures) | <input type="radio"/> 1= Very much improved
<input type="radio"/> 2= Much improved
<input type="radio"/> 3= Minimally improved
<input type="radio"/> 4= No change
<input type="radio"/> 5= Minimally worse
<input type="radio"/> 6= Much worse
<input type="radio"/> 7= Very much worse |

-
- 5) 5. Improvement of ability to participate in social interactions (e.g., eye contact/gaze, social/emotional connection)
- 1= Very much improved
 2= Much improved
 3= Minimally improved
 4= No change
 5= Minimally worse
 6= Much worse
 7= Very much worse
-
- 6) 6. Improvement of flexibility in routines and expansion of play interests.
- 1= Very much improved
 2= Much improved
 3= Minimally improved
 4= No change
 5= Minimally worse
 6= Much worse
 7= Very much worse
-
- 7) 7. Improvement of adaptive behavior (e.g., using language to communicate wants/needs, asking for help when needed, etc.) instead of aggressive or self-injurious behavior.
- 1= Very much improved
 2= Much improved
 3= Minimally improved
 4= No change
 5= Minimally worse
 6= Much worse
 7= Very much worse
-

Please rate the following aspects of your family's life:

-
- 8) The information our family has about our child's development and needs.
- Poor
 Fair
 Good
 Very Good
 Excellent
-
- 9) Has this improved as a result of your participation in EI-CAPSS?
- No
 Probably
 Definitely
-
- 10) The information our family has about resources and services to help our child.
- Poor
 Fair
 Good
 Very Good
 Excellent
-
- 11) Has this improved as a result of your participation in EI-CAPSS?
- No
 Probably
 Definitely
-
- 12) Our family's ability to take our child on routine errands (e.g., grocery store, doctor, mall) or community outings (e.g., zoo, library, church).
- Poor
 Fair
 Good
 Very Good
 Excellent
-
- 13) Has this improved as a result of your participation in EI-CAPSS?
- No
 Probably
 Definitely
-

F POST Curriculum Impact

Please consider the services that you have received from TRIAD and respond to the following questions about the strategies you learned and the impact those strategies have had for you and your child.

Which curriculum did you complete with your TRIAD consultant?

- Communication
- Challenging Behavior
- Social Play
- Toilet Training
- Sleep

Participating in EI-CAPSS visits has helped me learn and use strategies to support my child's [curriculum_impact:checked].

- Strongly Agree
- Agree
- Not sure
- Disagree
- Strongly Disagree

How confident do you feel implementing what you learned in EI CAPSS?

- Highly confident
- Somewhat confident
- Neutral
- Not confident

How often do you use the strategies you learned in EI-CAPSS?

- Often each day
- A few times each day
- A few times weekly
- Less than once per week
- Never

How has your usage of the strategies you learned impacted your child?

- No impact
- Some impact
- Medium impact
- High impact

What was the most impactful thing you learned from EI CAPSS?

Note: This is the end of the post-paperwork for caregivers. Please save your responses before exiting the app.

Caregiver Satisfaction (Post)

Please respond to the following statements regarding the consultation services you recently completed with Vanderbilt Kennedy Center's (VKC) Treatment and Research Institute for Autism Spectrum Disorders (TRIAD)

	Strongly Disagree	Disagree	Agree	Strongly Agree
The objectives of the consultation were clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appointments were appropriate in length and were scheduled at convenient times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consultant was knowledgeable about interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consultant was knowledgeable about child development and my child's specific developmental challenges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consultant understood and addressed our needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consultant was well prepared and well organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consultant communicated clearly throughout the process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consultant provided recommendations that were useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's target behavior(s) and skills improved during this service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The final report provided was understandable and useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was pleased with the outcome of TRIAD services for me and my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend TRIAD services to other parents of children with ASD or related developmental delays.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many sessions did you participate in via telemedicine (the consultant joined your session from a different location)?		<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		
	Strongly Disagree	Disagree	Agree	Strongly Agree

I felt that the telemedicine provider was engaged and part of the visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to communicate my concerns to the telemedicine provider during the visit(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that the equipment used during the telemedicine visit was not distracting and did not take away from the effectiveness of the visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telemedicine made it easier and more convenient for me to visit with a provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am interested in participating in future telemedicine visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I am satisfied with my telemedicine experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many in-person visits did you participate in?

- 0
- 1
- 2
- 3
- 4
- 5
- 6

	Strongly Disagree	Disagree	Agree	Strongly Agree
In person visits allowed me to access services that weren't available via telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In person visits allowed me to better understand the consultant's recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In person visits were necessary for my family to benefit from this program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide additional details about the services that were available via in-person visits that would not have been available via telehealth

What aspects of the EI CAPSS program did you find to be most beneficial? (check all that apply)

- number and frequency of visits
- amount and level of information shared
- learning about my child's development and strategies to support him/her
- modules
- tip sheets
- video examples
- support with planning and practicing how to use strategies
- learning about additional resources from the consultant
- opportunities to ask questions

Please provide additional details about any parts of this service that were beneficial.

What suggestions for improvement do you have?

Additional comments (if any):

C Coaching Fidelity

Please complete the survey below to report on the coaching strategies you observed during your recent visit with a TRIAD consultant.

Please be honest in your responses. It is not our expectation that all visits include each of these components and your response will not be used to evaluate consultants in any way.

Thank you!

-
- 1) Date _____
-
- 2) Consultant Name
- Ashley Vogel
 - Amanda Spiess
 - Kathleen Simcoe
 - Kristen Dorris
 - LaTamara Garrett
 - Marie Martinez
 - Mary Morton
 - Mary Fleck
 - McKenzie Peeler
 - Shauna Foell
-
- 3) EI: _____
-
- 4) Curriculum
- Communication
 - Challenging Behavior
 - Social Play
 - Toilet Training
 - Sleep
-
- 5) Session Number
- 1
 - 2
 - 3
 - 4
 - 5
 - 6

Did the consultant do these things today?

	Yes	No	NA
6) Review previous concerns and goals from earlier sessions (FGRBI KI 2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Discuss plan for the session based on family priorities and identified routines (FGRBI KI 4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Ensure goals are addressed during an established routine that is predictable for the child (FGRBI KI 5 & 9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9)			

- | | | | |
|--|-----------------------|-----------------------|-----------------------|
| Provide caregiver with opportunity to ask questions about intervention strategies and answers questions until caregiver clearly understands recommendations (FGRBI KI 8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10) Provide caregivers with materials to support use of intervention strategy (e.g., pictures to aid in creating communication system) (N/A if materials not needed or already provided in previous session) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11) Engage caregiver in a reflective discussion about intervention practice and what worked well or needs to be changed (FGRBI KI 10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12) Encourage caregiver to reflect on child participation in routine and identify what ideal participation will look like (FGRBI KI 11) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13) Create a plan for family practice that supports caregiver priorities/decisions and provides 1-3 clear action steps for caregiver (FGRBI KI 12) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Rate the following areas on a scale of 1 (not at all) to 4 (consistently throughout session):

- | | 1 | 2 | 3 | 4 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 14) Engage in conversation/activity that served to build rapport with the caregiver (FGRBI KI 1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15) Use family friendly communication (non-judgmental/non-technical language) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16) Coach caregiver to support child's developmental needs (ex: use simple language, fewer instructions, visual supports, verbal and nonverbal models, etc.) (FGRBI KI 3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17) | | | | |

Coach caregiver to practice intervention strategy(ies) and provide supportive feedback (via gestural support, verbal support, positive praise, or additional coaching) (FGRBI KI 6)

18) Provide positive feedback on child and caregiver behavior (FGRBI KI 7)

19) List 2 things you really liked about this session:

20) List 1 idea for consideration in future session(s):

Provider Post Satisfaction

Please respond to the following statements regarding the consultation services you recently completed with Vanderbilt Kennedy Center's (VKC) Treatment and Research Institute for Autism Spectrum Disorders (TRIAD)

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The consultant was knowledgeable about interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consultant was knowledgeable about child development and this child's specific developmental challenges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consultant understood and addressed the family's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consultant was well prepared and well organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consultant communicated clearly throughout the process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consultant provided recommendations that were useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This child's target behavior(s) and skills improved during this service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The final report provided was understandable and useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was pleased with the outcome of TRIAD services for me and this family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend TRIAD services to other parents of children with ASD or related developmental delays.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many sessions did you participate in via telemedicine (the consultant joined your session from a different location)?		<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		
	Strongly Disagree	Disagree	Agree	Strongly Agree

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I was able to communicate my concerns to the telemedicine provider during the visit(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that the equipment used during the telemedicine visit was not distracting and did not take away from the effectiveness of the visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telemedicine made it easier and more convenient for me to visit with a provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am interested in participating in future telemedicine visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I am satisfied with my telemedicine experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many in-person visits did you participate in?

- 0
- 1
- 2
- 3
- 4
- 5
- 6

	Strongly Disagree	Disagree	Agree	Strongly Agree
In person visits allowed me to access services that weren't available via telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In person visits allowed me to better understand the consultant's recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In person visits were necessary for my family to benefit from this program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide additional details about the services that were available via in-person visits that would not have been available via telehealth

What aspects of the EI CAPSS program did you find to be most beneficial? (check all that apply)

- number and frequency of visits
- amount and level of information shared
- learning about my child's development and strategies to support him/her
- modules
- tip sheets
- video examples
- support with planning and practicing how to use strategies
- learning about additional resources from the consultant
- opportunities to ask questions

Please provide additional details about any parts of this service that were beneficial.

What suggestions for improvement do you have?

Additional comments (if any):
