

## ***Touchpoints* Post-training Assessment**

Welcome *Touchpoints* faculty and/or trainee. As part of your involvement in this training, you will be assisting us in evaluating the *Touchpoints* program in Vermont. Specifically, we are asking you to evaluate how the program is working for you, identify barriers and areas for improvement, and identify opportunities for expanding the program within the state.

All of your responses will remain confidential. However, since we are monitoring your responses over time, we ask you to identify a code that you use each time that you complete an assessment or evaluation.

Your identification code will be the last three digits of your social security number and the first three initials of your mother's maiden name. For example, if your SS# 048-27-9384 and your mother's maiden name is Smith, then your identification code is 384SML.

Thank you in advance for your input and evaluation of this exciting opportunity.

Please write in your identification code here and on each page of this evaluation

\_\_\_\_ \_ (Last three digits of SS#) (First three initials of mother's maiden name)

1. What is your year of birth? \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

2. What is your gender?

- Male
- Female

For each of the following statements, please tell us how much you agree or disagree:

	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
3. The parent is the expert on his/her child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. All parents have strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Parents need the insights of practitioners to really know much about their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. All parents want to do well by their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Some parents just don't care how well their children do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All parents have ambivalent feeling about their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Parenting is really a process of trial and error	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Most parents I see know very little about the development of their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Good (pediatricians, child care providers) need to go beyond their field of specialization in working with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Most parents understand their child's needs...

- Better than I do
- As well as I do
- Not as well as I do
- I've never thought about this
- I am not sure how I would know

13. I believe that a parent/guardian's comfort in communicating with me is...

- Pivotal in the child's development
- Important in the child's development
- Desirable but not essential for the child's development
- Not necessary for the child's development
- Not applicable

14. My capacity to perform to my best potential depends on how much of a positive impact I believe I am making on families:
- All of the time
  - Sometimes
  - Usually, or
  - I perform as well as possible independently of this
  - Not applicable
15. When it comes to child growth and development, the families with whom I have contact know...
- A lot
  - Some
  - A little
  - Almost nothing
  - I don't know/not applicable
16. In caring for the health of their children, the parents/guardians I see take a...
- Very active role
  - A somewhat active role
  - Not a very active role
  - Almost no role at all
  - I don't know/not applicable
17. On a day to day basis, how would you describe what you hear from families?
- It's rarely challenging
  - It's sometimes challenging
  - It's often challenging
  - It's challenging every day
  - Not applicable
18. After our encounters end, families follow-up on the information or resources that I provide...
- Almost always
  - Fairly often
  - Not very often
  - Hardly ever
  - I don't know/not applicable
19. How often do families bring important problem to you and share what is going on with their children or families?
- Very often
  - Sometimes
  - Seldom
  - Never
  - I don't know/not applicable

20. How would you describe how parents/guardians communicate with you about their children?
- They are very guarded about what they tell me.
  - They are somewhat guarded about what they tell me.
  - They are somewhat open in what they tell me.
  - They are very open in what they tell me.
21. Since your training do you purposefully try to use at least one Touchpoints principle in each interaction with families?
- Always
  - Sometimes
  - Rarely
  - Never
  - This is nothing new for me, I don't have to think about it.
22. When using Touchpoints principles what have you noticed about your work with families?  
*(check all that apply)*
- I feel better about my interactions
  - Families seem more responsive and interested in the interaction
  - Families seem happier
  - I have seen fewer cancellations or no show for appointments in these families
  - Families are more willing to accept visits or phone calls
  - Families call me more often with questions
  - I have noticed positive changes in parenting or follow up with well child care
  - I haven't really seen any changes
  - I have always worked like this so I don't see any changes

Comments:

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**We would now like to ask you some questions about your job or practice.**

23. In what type of setting do you work? (Check all that apply)
- Child care
  - Public Health
  - Early Intervention ( FITP/EEE)
  - Hospital
  - Private office
  - Home Health Agency
  - Social Service agency
  - Parent Child Center
  - Other (Specify) \_\_\_\_\_
24. Describe you practice/agency model/type:
- Individual
  - Small group (2-4)
  - Large group (>=5)
  - Other (Please explain) \_\_\_\_\_

25. What ethnic populations do you serve? (*check all that apply*)
- White, not Hispanic
  - Black or African American
  - Asian
  - Latino
  - Native American or Alaskan native
  - Native Hawaiian or other Pacific Islander
  - Other \_\_\_\_\_
26. Please estimate what percentage of your current patients/clients have:
- \_\_\_\_\_ % Public insurance only (Medicaid/Dr. Dynasour)
- \_\_\_\_\_ % Private insurance only
- \_\_\_\_\_ % Private insurance & Medicaid
- \_\_\_\_\_ % Uninsured and paying out-of-pocket
- \_\_\_\_\_ % Other
27. How satisfied are you with your current job? Are you...
- Very satisfied
  - Somewhat satisfied
  - Somewhat unsatisfied
  - Very unsatisfied
28. Do you use staff meetings at your job to discuss challenges and successes using Touchpoints?
- Always
  - Sometimes
  - Rarely
  - Never
29. The time I am able to spend with families now is...
- More than adequate
  - About right
  - Less than adequate
30. When dealing with a parent/guardian and a child, I offer the best service when I focus mostly on...
- The child
  - The parent/guardian and the child equally
  - The parent
  - Not applicable
31. I find that I am excited every day about seeing families and their children.
- Strongly agree
  - Agree
  - Disagree
  - Strongly disagree

32. Overall, I feel that my work with families makes a positive change for:

- Most of them
- Some of them
- A few of them
- Hardly any of them
- I don't know

33. Since attending Touchpoints Training how has your collaborative work with other professionals in your community changed?

Negative changes  
 Many 1      Some 2      Few 3      None 4      Few 5      Some 6      Positive changes  
 Many 7

*Describe what changes you have noticed.*

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**The following questions assess your medical practice/health care setting or childcare setting. If you don't work in a medical practice/health care setting or a childcare setting you may either skip these questions or answer the set of questions that are most close to your setting.**

*If you work in a medical practice or health care setting, please answer these questions:*

	Very high	High	Low	Very low
The patient "no show" rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient compliance with recommended procedures like giving medication or meeting schedules for return visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient involvement in sharing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you work in a day care center or preschool answer these questions:*

	Very high	High	Low	Very low
The degree to which parents get involved in the activities at the center or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent compliance with recommended procedures like attendance at parent-teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent involvement in sharing responsibility for the development of their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you chose not the answer the above questions, please tell us what kind of setting you work in

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