

# Performance Rating by Family: An Interview About Experiences with Various Disciplines and Team Process

Family's Name: \_\_\_\_\_

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

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

## The Resident:

1. Asked about the strengths and positive aspects of the child's and family's lives during or after the meeting.  Yes  No
2. Asked about the type of relationship we would like to have with the team of professionals who provide services to our child and family.  Yes  No
3. Asked questions about the team of professionals who provide services to our child and family.  Yes  No
4. Understood how professionals can work together to enhance services to our child and family.  Yes  No
5. Understood the benefits and challenges of communication between professionals and our family.  Yes  No
6. Demonstrated appropriate professional behavior.  Yes  No
7. Actively listened.  Yes  No
8. Communicated clearly, avoided the use of jargon or medical terms, or explained them.  Yes  No
9. Appeared well prepared for this visit.  Yes  No
10. Did the resident arrive/depart at the scheduled time?  
If no, please explain.  Yes  No

## The Visit:

11. Overall, were you satisfied with this experience?  Yes  No
12. Would you be willing to host another resident?  Yes  No

13. Did you have any difficulties during this experience?  
If yes, please describe.

Yes  No

Please return this form to:  
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