

Performance Rating by Preceptor: Home-Based Early Intervention Program Visit

Preceptor's Name: _____

Preceptor's Title: _____

Program Name: _____

Resident's Name: _____

Date of Visit: _____

The Resident:

1. Discussed aspects of child development including strengths and needs. Yes No
2. Inquired about the integration of intervention into naturally occurring routines. Yes No
3. Asked questions about activities engaged in by the early intervention professional in relationship to the child's development. Yes No
4. Asked about the need for or use of assistive technology and/or alternative communication for this child. Yes No
5. Demonstrated appropriate professional behavior. Yes No
6. Actively listened. Yes No
7. Communicated clearly, avoided using jargon or medical terms, or explained them. Yes No
8. Interacted comfortably with family members, including siblings. Yes No
9. Did the resident arrive/depart on time?
If no, please explain. Yes No

The Visit:

10. Overall, were you satisfied with this experience? Yes No
11. Did you discover ways in which a physician can be helpful to Birth to Three providers? 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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