

Fidelity Checklist

OMB CONTROL NUMBER: 0704-XXXX

OMB EXPIRATION DATE: XX/XX/XXXX

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Instructions: Please complete the following survey after each home visit you have. This should only take approximately 2 minutes to complete

Please select the visit number below:

- Intake visit(s)
- Visit 1
- Visit 2
- Visit 3
- Visit 4
- Visit 5
- Visit 6
- Visit 7
- Visit 8
- Visit 9+

Who was present and engaged during this visit?

	Indicate who was present for the visit:	Indicate how many were present for the visit:	Indicate their level of engagement during the visit:		
	Present	Number	Not at all	Somewhat	Very
Mother(s)	<input type="checkbox"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father(s)	<input type="checkbox"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grandparent(s)	<input type="checkbox"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sibling(s)	<input type="checkbox"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="checkbox"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Goal setting

	Yes	No
Goals set or reviewed during this visit	<input type="radio"/>	<input type="radio"/>

Problem Solving

	Yes	No
Problem-solving strategies discussed during this visit	<input type="radio"/>	<input type="radio"/>

Were referrals to any other services made?

Yes

No

Please indicate any referrals that were made during the visit:

- Anger or Stress Management Class
 - Couples classes/support groups
 - EFMP
 - Family Readiness Group
 - Fatherhood classes/groups education
 - Infant Massage
 - Lending Closet
 - Parenting classes/support groups
 - Play Morning/Group
 - Prenatal/Pregnancy/Baby bootcamp Class
 - SLO
 - WIC
 - Other resource on the installation
-
- Other resource off the installation

Approximately how long did the visit last?

0 15 30 45 60 75 90 105 120 135 150

Minutes	
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Was the visit completed as planned?

Yes

No

Please explain why the visit was not completed as planned. Please do not include any personally identifiable information (PII) in your response.

Please check the content areas covered in the visit.

Family Strengths and Protective Factors

- Concrete Support
- Knowledge of Parenting and Child Development
- Parental Resilience
- Parenting Efficacy
- Social Connections
- Social and Emotional Competence of Children

Parent-Child Interactions

- Communicating
- Designing/Guiding
- Nurturing
- Responding
- Supporting Learning

Development-Centered Parenting

- Attachment
- Discipline

- Health
- Healthy Births
- Nutrition
- Safety
- Sleep
- Transitions/Routines

Child Development

- Cognitive
- Language
- Motor
- Social-Emotional

Family Well-Being

- Basic Essentials
- Early Care and Education
- Education and Employment
- Mental Health and Wellness

- Physical Health
- Recreation and Enrichment
- Relationships with Family and Friends

Military Family Life

- Development with a Military Lens
- Geographic Transitions
- Parental Absence
- New to Military Life
- Reuniting Post-Deployment
- Transitioning to Civilian Life
- Trauma and Loss

Where did you draw resources from for today's visit?

- Nurturing Parenting Program
- Take Root Home Visitation
- Other _____

Do you have any additional comments regarding this visit? Please do not include any PII in your response.
