

ITC Custom Assessment (Level 5) Family and Practitioner Interview

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| ITC Competencies | <p>FCR1: Describes the inter-relationship between children, family, practitioners, and community contexts, their influence on families' approaches to parenting children birth to age three, and the impact on family-practitioner collaboration.</p> <p>FCR2: Demonstrates behavior that reflects confidentiality and awareness of the unique role of providing services to infants/toddlers and their families.</p> <p>FCR3: Engages in interactions and demonstrates practice with children, families, and practitioners reflective of a strengths-based, family-centered, relationship-based approach.</p> <p>FCR4: Collaborates with families to nurture healthy development, learning, mental health and well-being within and between infant and toddler social and cultural contexts.</p> <p>FCR5: Employs a developmental approach to understanding and collaborating with families of infants and toddlers.</p> <p>FCR6: Plans and implements collaborative learning opportunities, in partnership with families, that are supportive of the healthy development, learning, mental health and well-being of infants and toddlers.</p> <p>FCR7: Designs and advocates for program policies and practices that support a collaborative team approach, with families as essential partners, in supporting the healthy development, learning, mental health and well-being of infants and toddlers.</p> <p>PPD3: Identifies contextual factors that influence infants, toddlers and their families and implications for practice.</p> |
| NAEYC | 1a, 1b, 2a, 2b, 2c, 4a, 4b, 4c, 6b, 6d, 6e |
| IPTS | 8A, 8E, 8H, 8J, 9C, 9D, 9E, 9G, 9H |
| Original Gateways Benchmarks | 2-4A19, 2-4E10, 2-4E18, 2-4F1-3, 2-4F5-11, 2-4F13, 2-4F15, 2-4G7-8, 2-4G11-12, 5A19, 5E10, 5E18, 5F1-3, 5F5-11, 5F13, 5F15, 5G6 |

Assessment Guidelines

In this assessment, you will interview a family member of an infant or toddler and an early childhood practitioner who works with young children, ages birth to 3. The goal of these interviews includes gathering information that will be useful in development a Family Engagement Plan. This assessment is designed to provide you with opportunities to demonstrate competencies in outlining how children, family, practitioners, and community contexts interrelate to impact approaches to parenting and family-practitioner collaboration; utilizing a strengths-based, family-centered, relationship-based approach, and maintaining confidentiality; and collaborating with families to nurture healthy infant toddler development and learning.

Part 1: Family Interview:

Interview Preparation

- Select a family with a child between the ages of birth and three. This family can be a friend, relative (outside of your immediate family), neighbor, or a family in your early childhood classroom environment.
- Review the family interview questions below.
- Arrange a time to interview the family. Your interview is likely to last approximately 30 minutes.

During the Interview:

- Be sure to let the family know that you are completing this interview as a course assignment, and that the purpose of the assignment is to support your mastery of content.
- Let the questions below guide your interview but allow parents to share anything about their family and culture that they feel is pertinent, even if it is not specifically mentioned in the interview questions.

Post Interview Reflection

Using the interview questions as a guide, describe the family and summarize your interview.

- What do you see as the family's strengths?
- What did you learn about the family's culture?
- What did you learn about the family in terms of language and communication preferences?
- What did you learn about the family's goals, hopes and dream for their child?
- How could the information you gained in this interview support your ability to facilitate the development and learning of this family's child?

Part 2: Practitioner Interview (early childhood teacher or director)

Interview Preparation

- Schedule an interview with a teacher, family support person, or director from a Head Start or early childhood program in your area. Plan for your interview to take 30 to 45 minutes.
- Familiarize yourself with the suggested interview questions (see attached)

Interview

The focus of your interview is on identifying family engagement policies and practices within the early childhood program.

- What communication and collaboration strategies do you use to engage families within your infant/toddler program? In what ways are these strategies responsive to communication style, home language, and family communication preferences?
- What areas of your program do you encourage family engagement and collaboration in?
 - Classroom activities
 - Assessment
 - Curricular planning
 - Policy making
- What specific procedures do you have in your program that helps you gain information from families about their children? What information do you gather? How do you use this information within your program?
- What strategies do you use to engage families as team members?
- What do you feel are the biggest barriers to family engagement? How do you work to overcome these barriers?

Post Interview Reflection

- Summarize the answers to the above interview questions

- Evaluate the program’s strengths in terms of the following:
 - Communication and collaboration strategies employed
 - Family engagement strategies
 - Cultural and linguistic responsiveness of family engagement and communication and collaboration strategies
 - Practices used to gain information about children via families, and how this information is used within the program
 - Program policies and practices

Based on your evaluation, what do you see as program opportunities for growth in each of the following areas:

- Communication and collaboration
- Family engagement strategies
- Cultural and linguistic responsiveness of family engagement and communication and collaboration strategies
- Practices used to gain information about children via families, and how this information is used within the program
- Responsiveness to family context

Consider the family you interviewed in Part One of your assessment. What do you feel would be responsive strategies the program could adapt to support this family’s engagement? What strategies would be most effective and culturally responsive in supporting family strengths, expectations, values, and childrearing practices? Please be sure to outline communication and collaboration strategies as well as strategies supporting engagement in the classroom and program.

Part 3: Reflection

After reflecting on the above, describe the following:

- A statement of how families and communities impact infant/toddler development and learning, and the role of the early childhood professional in facilitating this impact.
- Factors that you think a practitioner should be sensitive to when working with this family, including the families developmental stage;
- Culturally and linguistically responsive practices that are supportive of family development and promote culturally sensitive expectations for children’s development and learning.
- Specific strategies you will implement to encourage family engagement in classroom and program activities and problem-solving at the classroom and center/school levels.
- Strategies you can use to support the family within their present context
- 2-3 learning opportunities that you feel would be supportive of the healthy development, learning, mental health and well-being of infants and toddlers.
- An outline of 5 collaborative program practices and practitioner strategies that would support families as essential partners, in supporting the healthy development, learning, mental health and well-being of infants and toddlers.

Family Interview Questions:

1. Please describe your family structure.
2. What do you feel are the major influences on your parenting? How do factors such as your culture and the language you speak impact your parenting?

3. Are there pressing factors you are currently dealing with as a parent? What is most supportive to you in terms of coping with these factors?
4. What factors/resources in your community do you use as a resource relative to your parenting role? Do you feel that these are supportive? Are there additional resources you feel would be beneficial?
5. What relationship do you have with your child's infant toddler teacher? Do you feel that you both have similar values and beliefs regarding interacting with young children? How does this relationship influence your parenting?
6. What are your hopes and for your child? What do you see as the role of your child's early childhood program in fitting within those hopes and dreams?
7. What suggestions do you have or what additional opportunities would you like to be connected to your child's classroom?
8. What are your preferred ways to be communicated with from your child's teacher/school? Face to face? Website? Newsletter? Email? Text?

Practitioner Interview Questions:

1. What communication and collaboration strategies do you use to engage families within your early childhood program?
2. How do you work to ensure these family engagement strategies are culturally and linguistically responsive?
3. What areas of your program do you encourage family engagement in?
 - Classroom activities
 - Assessment
 - Curricular planning
 - Policy making
4. What specific procedures do you have in your program that helps you gain information from families about their children? What information do you gather? How do you use this information within your program?
5. What do you feel are the biggest barriers to family engagement? How do you work to overcome these barriers?
6. What strategies do you use to promote families providing information about home care giving routines, practices, and preferences, and support them in their parenting roles.

Assessment Rubric (pulled from ITC Master Rubrics)

| ITC Custom Assessment (Level 5): Family and Practitioner Interview Rubric | | | | | |
|--|--|--|--|---|-------------------------|
| Competency | Distinguished | Proficient | Needs Improvement | Unsatisfactory | Unable to Assess |
| <p><u>FCR1:</u> Describes the inter-relationship between children, family, practitioners, and community contexts, their influence on families' approaches to parenting children birth to age three, and the impact on family-practitioner collaboration.</p> <p>NAEYC: 1a, 1b, 2a, 2b IPTS: 9C, 9H ITC: 2-4F1, 2-4F8, 5F1, 5F8</p> | <p>Provides examples demonstrating understanding of how family structures, diversity in social, cultural, linguistic, or religious background influence families' approaches to parenting children birth-3, and to practitioners' approaches to collaboration.</p> | <p>Provides examples demonstrating understanding of how family structures, diversity in social, cultural, linguistic, or religious background influence families' approaches to parenting children birth-3, and to practitioners' approaches to collaboration.</p> | <p>Provides limited examples demonstrating understanding of how family structures, diversity in social, cultural, linguistic, or religious background influence families' approaches to parenting children birth-3, and to practitioners' approaches to collaboration.</p> | <p>Provides examples demonstrating a lack of understanding of how family structures, diversity in social, cultural, linguistic, or religious background influence families' approaches to parenting children birth-3, and to practitioners' approaches to collaboration.</p> | |
| | <p>Describes how community characteristics, family structures, and diversity in social, cultural, linguistic, or religious background influence families' and practitioner's perspectives and interactions with children birth-3, each other, and the community.</p> | <p>Describes how community characteristics, family structures, and diversity in social, cultural, linguistic, or religious background influence families' and practitioner's perspectives and interactions with children birth-3, each other, and the community.</p> | <p>Describes, in part, how community characteristics, family structures, and diversity in social, cultural, linguistic, or religious background influence families' and practitioner's perspectives and interactions with children birth-3, each other, and the community.</p> | <p>Inaccurately describes how community characteristics, family structures, and diversity in social, cultural, linguistic, or religious background influence families' and practitioner's perspectives and interactions with children birth-3, each other, and the community.</p> | |
| | <p>Explains how relationships among practitioners, infants/toddlers, and families can impact other child-family, child-practitioner, and practitioner-family relationships.</p> | <p>Explains how relationships among practitioners, infants/toddlers, and families can impact other child-family, child-practitioner, and practitioner-family relationships.</p> | <p>Provides surface explanation of how relationships among practitioners, infants/toddlers, and families can impact other child-family, child-practitioner, and practitioner-family relationships.</p> | <p>Provides an inaccurate explanation of how relationships among practitioners, infants/toddlers, and families can impact other child-family, child-practitioner, and practitioner-family relationships.</p> | |
| | <p>Uses research and evidence-base to support explanation.</p> | | | | |
| <p><u>FCR2:</u> Demonstrates behavior that reflects confidentiality and awareness of the unique role</p> | <p>Provides examples of unique confidentiality issues and responsibilities that may arise in providing services to</p> | <p>Provides examples of unique confidentiality issues and responsibilities that may arise in providing services to</p> | <p>Provides limited examples of unique confidentiality issues and responsibilities that may arise in providing</p> | <p>Does not maintain confidentiality.</p> <p>Behavior not reflective of</p> | |

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|--|---|---|--|---|------------------|
| <p>of providing services to infants/toddlers and their families.</p> <p>NAEYC: 6d IPTS: N/A ITC: 2-4G11, 2-4G12</p> | <p>infants/toddlers and their families.</p> <p>Engages in behavior reflective of confidentiality.</p> <p>Engages in behaviors reflective of understanding the unique role of providing services to infants/toddlers and their families.</p> <p>Identifies strategies that would support colleagues in developing and engaging in confidential behaviors and behaviors that demonstrate awareness of the unique role of providing services to infants/toddlers and their families.</p> | <p>infants/toddlers and their families.</p> <p>Engages in behavior reflective of confidentiality.</p> <p>Engages in behaviors reflective of understanding the unique role of providing services to infants/toddlers and their families.</p> | <p>services to infants/toddlers and their families.</p> <p>Engages in behavior reflective of confidentiality on a fairly consistent basis.</p> <p>Generally, engages in behaviors reflective of understanding the unique role of providing services to infants/toddlers and their families.</p> | <p>understanding the unique role of providing services to infants/toddlers and their families.</p> | |
| <p>FCR3: Engages in interactions and demonstrates practice with children, families, and practitioners reflective of a strengths-based, family-centered, relationship-based approach.</p> <p>NAEYC: 1b, 2a, 2b IPTS: 9C, 9D, 9G ITC: 2-4F2, 2-4F6, 2-4F7, 5F2, 5F6, 5F7</p> | <p>Engages in strengths-based, family-centered, relationship-based interactions with children, families, and other practitioners.</p> <p>Demonstrates strengths-based, family-centered, relationship-based practice within settings serving infants and toddlers.</p> <p>Recognizes the strengths and benefits, and supports any potential challenges of families of infants and</p> | <p>Engages in strengths-based, family-centered, relationship-based interactions with children, families, and other practitioners.</p> <p>Recognizes the strengths and benefits, and supports any potential challenges of families of infants and toddlers who are learning English as a second language and/or multiple languages and families with infants and toddlers with developmental delays,</p> | <p>Engages in positive interactions with children, families, and other practitioners.</p> <p>Demonstrates supportive practices within settings serving infants and toddlers.</p> <p>Recognizes the strengths of families of infants and toddlers who are learning English as a second language and/or multiple languages and families with infants and toddlers with developmental delays,</p> | <p>Engages in interactions with children, families, and other practitioners that are not reflective of a strength-based lens.</p> <p>Demonstrates practices that are not supportive of children, families, and colleagues within settings serving infants and toddlers.</p> <p>Does not recognize the strengths of families of infants and toddlers who are learning English as a second language and/or multiple</p> | |

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| | <p>toddlers who are learning English as a second language and/or multiple languages and families with infants and toddlers with developmental delays, disabilities, and/or other special needs, (e.g., stressful circumstances, illness).</p> <p>Uses research and evidence-base to support and advocate for a strengths-based, family-centered, relationship-based approach.</p> | <p>disabilities, and/or other special needs, (e.g., stressful circumstances, illness).</p> | <p>disabilities, and/or other special needs, (e.g., stressful circumstances, illness).</p> | <p>languages and families with infants and toddlers with developmental delays, disabilities, and/or other special needs, (e.g., stressful circumstances, illness).</p> | |
| <p>FCR4: Collaborates with families to nurture healthy development, learning, mental health and well-being within and between infant and toddler social and cultural contexts.</p> <p>NAEYC: 1b, 2b, 2c, 4a, 4b, 4c IPTS: 9C, 9E ITC: 2-4E10, 2-4F3, 2-4F10, 5E10, 5F3</p> | <p>Provides examples of a range of strategies to promote socialization and nurture social competence in infants and toddlers within their cultural and societal contexts.</p> <p>Collaborates with families as partners to nurture healthy development, learning, mental health and well-being within and between infant and toddler social and cultural contexts.</p> <p>Identifies strategies that support families and other colleagues as advocates for family-practitioner collaboration nurturing healthy development, learning, mental health and</p> | <p>Provides examples of a range of strategies to promote socialization and nurture social competence in infants and toddlers within their cultural and societal contexts.</p> <p>Collaborates with families as partners to nurture healthy development, learning, mental health and well-being within and between infant and toddler social and cultural contexts.</p> | <p>Provides examples of strategies to promote socialization and nurture social competence in infants and toddlers within their cultural and societal contexts.</p> <p>Collaborates with families to nurture healthy development, learning, mental health and well-being within and between infant and toddler social and cultural contexts.</p> | <p>Provides inaccurate examples of strategies to promote socialization and nurture social competence in infants and toddlers within their cultural and societal contexts.</p> <p>Engages in behavior that undermines collaboration with families.</p> | |

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| | well-being within and between infant and toddler social and cultural contexts. | | | | |
| <p>PPD3: Identifies contextual factors that influence infants, toddlers and their families and implications for practice.</p> <p>NAEYC: 2b, 2c, 6b, 6d, 6e IPTS: 8J ITC: 2-4G7, 2-4G8, 5G6</p> | <p>Uses culturally and linguistically responsive strategies to learn about societal, familial, and community characteristics and accepted community beliefs and practices with infants and toddlers.</p> <p>Analyzes information gained from societal, familial, and community characteristics and accepted community beliefs and practices, with the goal creating responsive practices based on understanding individual families' perspectives of their infants/toddlers and of their responsibilities as parents.</p> <p>Identifies strategies supportive of families as partners in the care and education of their young children, within the early childhood program and broader community.</p> | <p>Uses strategies to learn about societal, familial, and community characteristics and accepted community beliefs and practices with infants and toddlers.</p> <p>Analyzes information gained from societal, familial, and community characteristics and accepted community beliefs and practices, with the goal creating responsive practices based on understanding individual families' perspectives of their infants/toddlers and of their responsibilities as parents.</p> | <p>Uses strategies to learn about societal, familial, and community characteristics.</p> <p>Analyzes information gained from societal, familial, and community characteristics and accepted community beliefs and practices, with the goal creating responsive practices.</p> | <p>Develops infant/toddler programming without consideration of contextual factors, including families, society, and community characteristics.</p> | |
| <p>FCR5: Employs a developmental approach to understanding and collaborating with families of infants and toddlers.</p> | <p>Recognizes aspects of early care and education that may be emotionally salient and/or particularly difficult for families of infants and toddlers (e.g., leaving their</p> | <p>Recognizes aspects of early care and education that may be emotionally salient and/or particularly difficult for families of infants and toddlers (e.g., leaving their</p> | <p>Recognizes aspects of early care and education that may be emotionally salient and/or particularly difficult for families of infants and toddlers (e.g., leaving their</p> | <p>Recognition of aspects of early care and education that may be emotionally salient and/or particularly difficult for families of infants and toddlers (e.g., leaving their</p> | |

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| <p>NAEYC: 1a, 1b, 2b, 2c, 6d IPTS: 9C, 9E, 9H ITC: 2-4A19, 2-4F5, 5A19, 5F5, 5F9, 5F10</p> | <p>children for the first time, the families' first experience with practitioners), and names ways to support families and ensure parent-practitioner partnerships.</p> <p>Uses research and developmental theory to support rationale.</p> | <p>children for the first time, the families' first experience with practitioners), and names ways to support families and ensure parent-practitioner partnerships.</p> | <p>children for the first time, the families' first experience with practitioners).</p> | <p>children for the first time, the families' first experience with practitioners) inaccurate or incomplete.</p> | |
| <p>FCR6: Plans and implements collaborative learning opportunities, in partnership with families, that are supportive of the healthy development, learning, mental health and well-being of infants and toddlers.</p> <p>NAEYC: 2b, 2c IPTS: 8A, 8E, 9H ITC: 2-4E18, 2-4F11, 2-4F13, 5E18, 5F11, 5F13</p> | <p>Plans and implements collaborative learning opportunities, in partnership with families, that are supportive of the healthy development, learning, mental health and well-being of infants and toddlers.</p> <p>Identifies strategies that support families and other colleagues as advocates for family-practitioner collaboration in planning learning opportunities for infants and toddlers.</p> | <p>Plans and implements collaborative learning opportunities, in partnership with families, that are supportive of the healthy development, learning, mental health and well-being of infants and toddlers.</p> | <p>Plans and implements learning opportunities, based on family knowledge, that are supportive of the healthy development, learning, mental health and well-being of infants and toddlers.</p> | <p>Plans and implements learning opportunities.</p> | |
| <p>FCR7: Designs and advocates for program policies and practices that support a collaborative team approach, with families as essential partners, in supporting the healthy development, learning, mental health and well-being of infants and toddlers.</p> | <p>Utilizes the positive benefits of a collaborative team approach to working with families and colleagues when supporting the development and learning of infants and toddlers, including children from all cultural backgrounds, who have varying abilities as well as those who are multilingual.</p> | <p>Utilizes the positive benefits of a collaborative team approach to working with families and colleagues when supporting the development and learning of infants and toddlers, including children from all cultural backgrounds, who have varying abilities as well as those who are multilingual.</p> | <p>Utilizes the positive benefits of a collaborative team approach to working with families and colleagues when supporting the development and learning of infants and toddlers.</p> <p>Designs and supports program practices and practitioner strategies that can be used to encourage</p> | <p>Engages in actions that are detrimental to developing and maintaining a collaborative team approach.</p> <p>Designs and supports program practices and practitioner strategies ignore or undermine family sharing of information about home care giving routines, practices, and preferences.</p> | |

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|---|---|--|---|--|------------------|
| <p>NAEYC: 1c, 2c, 4c IPTS: 9C ITC: 2-4F9, 2-4F15, 5F15</p> | <p>Designs and supports program practices and practitioner strategies that can be used to encourage families to share information about home care giving routines, practices, and preferences, and support them in their parenting roles.</p> <p>Advocates for program practices and practitioner strategies that can be used to encourage families to share information about home care giving routines, practices, and preferences, and support them in their parenting roles.</p> <p>Supports families and colleagues as advocates and equal participants in supporting the healthy development, learning, mental health and well-being of infants and toddlers, identifying strategies that support essential knowledge and skills.</p> | <p>Designs and supports program practices and practitioner strategies that can be used to encourage families to share information about home care giving routines, practices, and preferences, and support them in their parenting roles.</p> <p>Advocates for program practices and practitioner strategies that can be used to encourage families to share information about home care giving routines, practices, and preferences, and support them in their parenting roles.</p> | <p>families to share information about home care giving routines, practices, and preferences.</p> <p>Advocates for program practices and practitioner strategies that can be used to encourage families to share information about home care giving routines, practices, and preferences.</p> | <p>Engages in actions that undermine families' sharing of information about home care giving routines, practices, and preferences.</p> | |

Yellow= Level 2

Green=Level 3

Orange=Level 4

Blue=Level 5