











# Family Discipline Trainees

## Pre/Post Self-Assessment of Competencies

Name: _____	<b>LEND Family Competencies</b>	Rating scale 0-5: 0=no mastery 5=full mastery <u>Instructions:</u> Write a self-rated number in the circle for each question below.
    	<p><b>(Family Involvement)</b></p> <ol style="list-style-type: none"> <li>1. I have knowledge of the history of family involvement in the Maternal and Child Health Bureau (MCHB).</li> <li>2. I have knowledge of the history of the developmental disabilities and advocacy movement in the United States and what constitutes best practice in the field today.</li> <li>3. I have a working knowledge of family service and support systems, both formal and informal, at a local, state and national level.</li> <li>4. I have knowledge of and skills in systems advocacy, systems change and policy development, including working in a culturally competent way with families, consumer groups and professional organizations.</li> <li>5. I have a working knowledge of and the ability to implement principles of family-centered and family-directed practices.</li> </ol>	<ol style="list-style-type: none"> <li>1. <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/></li> <li>2. <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/></li> <li>3. <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/></li> <li>4. <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/></li> <li>5. <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/></li> </ol>
	<p><b>(Sharing My Story)</b></p> <ol style="list-style-type: none"> <li>6. I understand the impact of a range of developmental disabilities and related issues on a variety of families.</li> </ol>	<ol style="list-style-type: none"> <li>6. <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/></li> </ol>

    	<p>7. I am able to discuss my individual and family's experiences of having a child or family member with a disability or special health care needs within the context of my family's culture.</p> <p>8. I am able to discuss my family's perspective on access to a medical/dental home, in addition to fiscal, social and community supports.</p> <p>9. I am able to discuss the current and future hopes and concerns of my family.</p> <p>10. I feel comfortable sharing my family story with professionals from a wide range of disciplines, policy makers and other learners.</p> <p>11. I feel confident that I am sharing my family story effectively to promote improved systems of care and outcomes for individuals with developmental disabilities or special health care needs and their families.</p>	<p>7. <input type="text"/></p> <p>8. <input type="text"/></p> <p>9. <input type="text"/></p> <p>10. <input type="text"/></p> <p>11. <input type="text"/></p>
	<p><b>(Overarching/Leadership)</b></p> <p>12. I understand my inspiration and motivation for pursuing leadership development as a parent or family member of an individual with a developmental disability, related disability or special health care needs.</p> <p>13. I understand some of the ways in which my own family experience is both connected to and distinct from that of other families of individuals with developmental disabilities, related disability or special health care needs.</p>	<p>12. <input type="text"/></p> <p>13. <input type="text"/></p>

