Family Discipline Trainees Pre/Post Self-Assessment of Competencies

Name: Date:	LEND Family Competencies	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.		
	(Family Involvement)			
	 I have knowledge of the history of family involvement in the Maternal and Child Health Bureau (MCHB). 	1.		
мснв	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.	2.		
	 I have a working knowledge of family service and support systems, both formal and informal, at a local, state and national level. 	3.		
	 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. 	4.		
	 I have a working knowledge of and the ability to implement principles of family- centered and family-directed practices. 	5.		
	(Sharing My Story)6. I understand the impact of a range of developmental disabilities and related issues on a variety of families.	6.		

	 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. 	7.	
	 I am able to discuss my family's perspective on access to a medical/dental home, in addition to fiscal, social and community supports. 	8.	
	9. I am able to discuss the current and future hopes and concerns of my family.	9.	
	 I feel comfortable sharing my family story with professionals from a wide range of disciplines, policy makers and other learners. 	10.	
	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.	11.	
	(Overarching/Leadership)		
	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.	12.	
	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.	13.	

14. I have the ability to formulate leadership goals related to being a family member of an individual with a disability or special health care needs.	14.	
15. I am currently able to connect with a network of parent or family leaders based on knowing a range of these leaders in my community and what issues they are addressing.	15.	
16. I have knowledge about state and national family networks and disability organizations; and an understanding of what issues they are working on.	16.	

Comments:

References:

This self-assessment form was developed based on the document:

Cohen, D., Feuer, S., Goldfarb, F., Lalinde, P., Smith, M., Yingling, J., Pariseau, C., Pepper, N. (2006, October). LEND Family Discipline Competencies: Silver Spring, MD. Association of University Centers on Disabilities.

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