



## Fidelity Checklist & Participant Outcome Assessment

### **Purpose:**

- The purpose of this form is to review key components of the Parent Partner support to ensure that there is consistency among Parent Partners.
- This form is intended to evaluate the effectiveness of the support provided, not the personal behavior of the Parent Partner nor the participant.
- The form may also be used as a tool to assess the fidelity of the Parent Partner Program.

### **Who completes form?**

This form should be completed by the Parent Partner and the Local Coordinator or Lead Parent Partner.

### **When is form to be completed?**

- The form should be completed upon the participant exiting the program.
- Upon completion of this form it must be entered into the database within 30 days.

### **What to do with form?**

The Local Coordinator will enter the information into the database and keep the form in a secured locked location once it has been completed.

### **How is the information used?**

- The form will be used to assess a participant's experience through the Parent Partner Mentoring Process. It is not a way to evaluate an individual Parent Partner, but rather to evaluate the participant's experience with the mentoring process overall.
- The Local Coordinator may use the information on this form to discuss the participant's overall case with the assigned Parent Partner.

### **Where is this information kept after the participant is no longer involved?**

This information remains in a secured locked location for ten years following a participant's exiting the program, and then this form is destroyed.

**Parent Partner Program**  
**Fidelity Checklist & Participant Outcome Assessment**

This form is to be completed **by the Parent Partner with the Local Coordinator** or Lead Parent Partner upon the participant exiting from the program.

Consider using participant file and database records as a reference when completing this form.

- **There are two sections to this checklist; be sure to complete both.**

Participant being mentored:	FACS ID#:
Parent Partner:	Date:

**Using the scale below, mark the appropriate box to indicate your response for each item.**

**The Parent Partner...**

	Never	Rarely	Some- times	Often	Always	My parent declined or did not partici- pate (N/A)
1. Encouraged the participant to fulfill their case plan activities						
2. Had regular face-to-face visits with the participant						
3. Had other (email, phone, web) communication and contact with the participant						
4. Advocated for the participant for needed resources						
5. Encouraged the participant						
6. Connected the participant with community resources						
7. Helped the participant connect with the community						
8. Coached the participant on communication strategies						
9. Supported the participant at Family Focused Meeting (FFM), court, treatment, other gatherings						
10. Coached the participant on what to expect throughout the process						

Please provide additional comments regarding the participant's performance on these activities throughout the Parent Partner Program. If you rated any of the above statements as "Always" or "Rarely" or "Never," please explain **why** below.

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**Using the scale below, mark the appropriate box to indicate your response for each item.**

**Please rate the participant improvement on their...**

	Significant Improvement	Some Improvement	Remained the Same	Decreased	Don't Know
1. Relationship with people who are able to connect them with resources					
2. Relationship with people who support their positive changes					
3. Level of communication with their HHS worker					
4. Level of communication with attorney(s)					
5. Ability to advocate appropriately for themselves and family					
6. Knowledge of what needs to be done for custody of their children					
7. Ability to get to appointments on time (visitation, FFMs, counseling session, substance use treatment, etc.)					
8. Ability to find community resources for their family					
9. Knowledge of who to contact with needs or concerns regarding their case					
10. Level of personal responsibility and accountability for their actions					
11. Willingness to make changes					

If you rated any of the above statements as “Significant Improvement” or “Remained the Same” or “Decreased,” please explain **why** below. Note that “Remained the Same” could mean that no change was needed, or the indicator was satisfactory to begin with.