Chapter 3
Evaluating Your Knowledge of ASD

Overview: This chapter discusses content knowledge and process skills needed by the COMPASS consultant. Various types of training and the competencies achieved from the training are discussed. A self-evaluation form is provided for further self-study.

In this chapter, we describe the following:

1. The importance of social validity.
2. The difference between content knowledge and process knowledge.
3. The three skill levels that COMPASS consultants must obtain.
4. The eight content knowledge and nine process skill competencies required of COMPASS consultants.

Before we describe the components of a COMPASS consultation, several factors must be considered. We have learned that the successes and outcomes of consultation are dependent upon the knowledge and skills of the consultant. To effectively support people with autism, it is not enough to have a consultant who is an expert in consultation: he or she must also have specific knowledge about autism spectrum disorder and developmental disabilities. We have also learned that effective consultation is based on socially valid approaches to assessment of concerns, problem solving, and identifying outcomes. That is, the more the processes, procedures, and outcomes of consultation are relevant and meaningful to the participants, the greater the likelihood of success.

This chapter focuses on influences the consultant can have on students with autism spectrum disorders. Chapter 4 covers other factors related to teacher, parent, and school influences. To ensure children with ASD reach their full potential, consultants must have the ability to carry out a socially valid consultation and apply both knowledge and process skills, as well as the ability to interact and establish a trusting, collaborative partnership with the teacher and the parent or caregiver. Thus, this chapter reviews content knowledge and process skills necessary for a COMPASS consultant and provides an overview of the concept of social validity—a critical ingredient of effective consultation.

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Social Validity

A key feature of COMPASS is its emphasis on social validity. Social validity refers to the relevance of the treatment goals, intervention procedures, and evaluation methods to the consultees (i.e., teachers and parents) (Gresham & Lopez, 1996). Consultees are empowered to decide for themselves what behaviors and skills are important. However, the COMPASS consultant shapes these perceptions by educating the consultees on outcomes in adulthood and pivotal skills that the child needs to learn to meet optimal outcomes. That is why it is important for consultants to have an enhanced understanding of outcome and longitudinal research in autism and quality of life issues.

When consultants collaborate with consultees—teachers and parents and the child with autism when appropriate and possible—on developing intervention recommendations based on their concerns, higher acceptability of the intervention plans and recommendations is the result. That is, there is a better probability of the interventions being used and adopted by teachers and parents compared to interventions of lower acceptability. Parents and teachers who increase their knowledge and understanding through consultation are more likely to accept intervention recommendations compared to parents and teachers who are not provided a means to be educated through consultation.

Content Knowledge Versus Process Knowledge

An effective COMPASS consultant must possess both content knowledge and process knowledge about autism spectrum disorder and students with ASD.

A necessary requirement for all consultants is comprehensive attainment of the subject matter (Gutkin, 1996; Sheridan, Salmon, Kratochwill, & Carrington Rotto, 1992). Content knowledge pertains to the educational and psychological base of information being shared (Gutkin, 1996). In this case, it is knowledge about ASD and developmental disabilities, educational rights of students with disabilities, assessment and IEP development, evidence based practices and programming for students with ASD, positive behavioral supports, comorbid medical problems and daily living skills, and working with parents and other school personnel.

When all personnel working with a student with ASD have a base of common knowledge on which to build, better outcomes for the student are realized. People acquire content knowledge about autism in a variety of ways, including mass media, knowing people with autism, workshops, conferences, and formal coursework. Because knowledge about ASD is constantly emerging and changing, it is important to establish ways to keep current with new knowledge as it emerges. In the forms section of this chapter, we have included resources to assist in maintaining current knowledge of research supported practices and approaches.

In addition to content knowledge, a COMPASS consultant must possess effective process skills that are utilized throughout a consultation. Process skills refer to the ability to carry out the problem-solving steps necessary to meet the goals of the consultation. While content knowledge refers to the consultant's understanding of ASD, process skills refer to the consultant's ability to actively shape understanding, teach concepts, and transfer skills to others so that teachers and parents are empowered to understand and implement program recommendations. Examples of essential process skills described by Bramlett and Murphy (1998) include competency in such core areas as: (a) social and communication skills (active listening, paraphrasing, summarizing, and reflecting feelings); (b) knowledge and application of systematic problem solving; and (c) self-reflection and self-evaluation. Competency in these areas is necessary to effectively build bridges between home and school environments, to help participants find common goals and steps to meet shared goals, and to empower participants to answer their own questions rather than need to rely on "experts." At the end of this chapter is a self-report rating scale focused on process skills.

Skill Levels Needed by COMPASS Consultants

To assist with understanding the various levels and applications of competency that a consultant should possess, a three-level approach to categorize training is offered for comparison. This approach is based on Dalrymple (1993).

- Level 1: Trainees master this competency level by identifying, discussing, and defining the concepts and skills.
- Level 2: Trainees master this competency level by participating, designing, applying, and evaluating the concepts and skills themselves.
- Level 3: Trainees master this competency level by applying, teaching, demonstrating, training, and evaluating the concepts and skills as applied to others.

These levels are illustrated in Fig. 3.1.

Level 1 is the most basic skill category and relates to the attainment of knowledge, concepts, and skills from university courses, professional development training, workshops, and conferences.

Understanding which teaching methods have research support and which ones do not is critical. The important feature for evaluating how well an intervention works is to consider its evidence. The National Professional Development Center on Autism Spectrum Disorders (NPDCASD) defines evidence-based practice as methods that have been reported in peer-reviewed scientific journals using (a) randomized or quasi-experimental design studies, such as two high-quality experimental or quasi-experimental group design studies; or (b) single-subject design studies, such as three different investigators or research groups who have conducted five high-quality single subject design studies, or (c) a combination of evidence, such as one high-quality randomized or quasi-experimental group design study and three

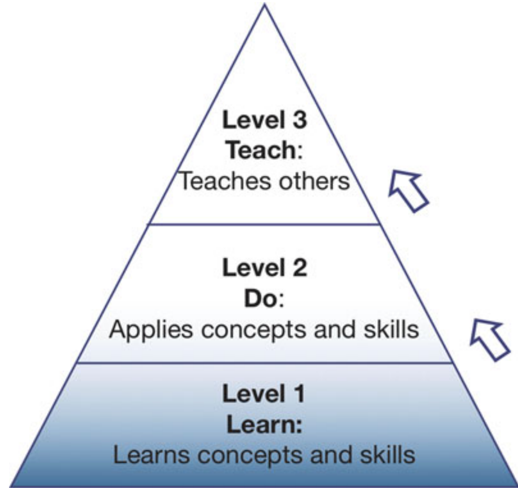

Fig. 3.1 Skill levels needed by the COMPASS consultant

high-quality single subject design studies conducted by at least three different investigators or research groups (across the group and single subject design studies). Table 3.1 lists the evidence-based practices identified by the NPDCASD.

Establishing Level 1 competencies, including knowledge of evidence based practices, can be accomplished in several ways. For teachers of children with autism, obtaining competencies in the area of autism is a practice standard. In 2009, the National Council for Accreditation of Teacher Education (NCATE) endorsed performance-based standards in autism developed by the Council for Exceptional Children. The standards are categorized into initial and advanced knowledge/skill sets and are online at http://www.cec.sped.org/Content/NavigationMenu/ProfessionalDevelopment/ProfessionalStandards/default.htm—Standards. As a result of requirements for competencies in autism, a number of helpful online sources have been made available that can facilitate assessment of learning needs and resources to acquire Level 1 competencies. As more research is conducted, the list of evidence based practices will change and grow. At the time of this writing this list is current, but the Web site ukautism.org will be maintained with an up-to-date description of Web sites that provide information on research supported practices in autism.

- The first comes from the National Professional Development Center on Autism Spectrum Disorders at the Frank Porter Graham Child Development Institute. Information on research-supported teaching methods is available at http://autismpdc.fpg.unc.edu/content/briefs. Each of these treatment methods represents a focused intervention designed to target a specific skill. An overview of the method is provided, followed by step-by-step instructions for implementation, an implementation checklist, and a description of the evidence base (see Table 3.1).

Table 3.1 Evidence-based practices for children and youth with ASD[a]

• Antecedent-based interventions (ABI)
• Computer-aided instruction
• Differential reinforcement
• Discrete trial training
• Extinction
• Functional behavior assessment
• Functional communication training
• Naturalistic intervention
• Parent-implemented interventions
• Peer-mediated instruction and intervention
• Picture exchange communication system (PECS)
• Pivotal response training
• Prompting
• Reinforcement
• Response interruption/redirection
• Self-management
• Social narratives
• Social skills groups
• Speech-generating devices/VOCA
• Structured work systems
• Task analysis
• Time delay
• Video modeling
• Visual supports

[a]From the National Professional Development Center on Autism Spectrum Disorders

Other valuable resources are accessible such as the National Professional Development Center on Autism Spectrum Disorders' course content for foundation of ASD, available at http://autismpdc.fpg.unc.edu/content/foundations-autism-spectrum-disorders-online-course-content. A reading list and PowerPoint presentation are available for eight areas that include understanding ASD, characteristics of ASD, assessment of ASD, guiding principles for working with children and youth with ASD, factors that impact learning, instructional strategies and learning environments, communication and social interventions, and increasing positive behavior.

- A second online resource comes from the Ohio Center for Autism and Low Incidence at http://www.autisminternetmodules.org. Information on recognizing autism and on strategies for the home, the classroom, the workplace, and the community is provided through videos and text. Each module has a list of objectives, a definition of the intervention, a summary, references, and a self-assessment.
- A third online resource, from the Interactive Collaborative Autism Network, can be found at http://www.autismnetwork.org/modules/index.html. This comprehensive online resource represents a collaborative effort among three states for

training in autism spectrum disorders. The site provides information on characteristics of autism, functional behavioral assessment, and academic, behavioral, communication, environmental, sensory, and social interventions. Each learning module has an introduction, lecture, quiz, frequently asked questions, and references.

Once Level 1 competencies are achieved and the learner can identify, discuss, and define the concepts and skills indicated in the key content areas, the learner then focuses on Level 2 competencies. At this second level, the learner applies the knowledge and concepts obtained from Level 1 using a variety of approaches. Level 2 competency includes participating, designing, applying, and evaluating the concepts and skills depicted by discussing, reviewing, analyzing, describing, and explaining content areas through verbal, written, and other means. Level 2 content knowledge is demonstrated through observable actions that might include activities such as discussing current theories of autism, conducting a functional behavioral assessment, writing measurable IEP objectives, analyzing and critiquing one's own teaching skills, etc. The ability to model, provide performance feedback, and direct teaching are Level 2 skills that are important for learning how to transfer knowledge and skills to another person. Our experience tells us that achievement of Level 1 skills alone is not sufficient and does not lead automatically to competency of Level 2 skills. Further, attainment of Level 2 skills does not necessarily lead to accomplishment of Level 3 skills. Supervised practice and feedback are suggested ways to develop Level 2 skills.

Level 3 competencies emphasize the ability to teach and train others in the content described in Levels 1 and 2 categories. To effectively consult with others regarding students with ASD, a person should be able to meet Levels 1, 2, and 3 competencies. Level 3 competency is based on the ability to apply, teach, demonstrate, and train concepts and skills to others. Examples of Level 3 competencies include the ability to teach others about the characteristics and causes of autism, to train others to assess the learning strengths and weaknesses of individuals with autism and develop teaching plans based on assessment information, and to teach others to teach individuals with autism using research-supported methods. The ability to transfer such knowledge and skills to other professionals requires specialized process skills described in the next section.

Competencies for a COMPASS Consultant

Content Knowledge

A lot has already been said about competencies in autism. The Level 1 competencies we suggest for a COMPASS consultant are listed in Table 3.2. Eight areas of competency are recommended and range from understanding the basics on developmental disabilities, to inclusion and public policy, to assessment and intervention

Table 3.2 The COMPASS consultant must be competent in eight key areas

• Developmental disabilities and ASD
• Inclusion, public policy, and the service system
• Assessment and IEP development for students with ASD
• Programming for students with ASD
• Positive behavior support
• Medical needs and daily living skills
• Collaboration with parents
• Involvement with school personnel

Table 3.3 The COMPASS consultant must be competent in nine key process areas

• Explaining the purpose and outlining the agenda
• Clarifying questions and concerns
• Keeping the group moving and focused
• Involving all participants
• Valuing all participants' input
• Questioning members effectively to draw ideas from group
• Collaborating with parents
• Being flexible enough to include unexpected information
• Summarizing as group moves along

planning and implementation, to medical issues, and collaborating with families and school personnel (Dalrymple, 1993). A more detailed list of items within these domains and a self-report rating questionnaire are provided at the end of this chapter. You should use this questionnaire to identify areas of further study and concentration. The items in the self-report questionnaire are not meant to be comprehensive, but are meant to represent minimal areas of knowledge required. To address gaps in knowledge identified by the self-report questionnaire, it is necessary for the reader to seek out sources of training, such as the online sources of training described earlier. Also, a reading list associated with the self-evaluation form is provided at the end of the chapter.

Process Skills

The ability to transfer skills and knowledge from the COMPASS consultant to the teacher is facilitated by nine key process skills depicted in Table 3.3. Consultation begins with a clear explanation of the purpose and expected outcomes and ends with a mutually defined plan of action. In between these two actions are the active listening and group management skills that ensure that participants are purposefully and

meaningfully involved and that the agenda for the consultation is successfully met. As the information is shared about the child's strengths and weaknesses and teacher and parent concerns, the consultant asks questions and clarifies comments to ensure that all participants have a common understanding. The consultant maintains awareness of the time spent on various components of the consultation and gently transitions from one area to another by summarizing information that keeps the group moving and the topic focused. This is done by acknowledging comments and concerns and reminding the group of the task at hand. If some participants are particularly domineering and others passive, the consultant directs nonthreatening open-ended questions and elicits input from the quiet participants. Participants' viewpoints are valued and not judged by using active listening techniques that include paying attention, staying on topic and avoiding distractions, asking questions or making comments about the topic, and reflecting the person's feelings.

Paying attention is demonstrated through providing undivided attention. This can include looking at the speaker, using an open and inviting posture, "listening" to the speaker's body language and the body language of the other participants, communicating attentive body language through gestures, nods, and facial expressions, using minimal encouragers such as "yes" and "uh huh," and a tone of voice that communicates interest.

Reflecting what is said includes paraphrasing and asking clarification questions. As the consultant, it is important to maintain awareness of the impact statements have on the participants and you. In emotionally charged communications, the consultant may listen for feelings. Rather than paraphrase what was said, the consultant may describe the underlying emotion involved.

Although COMPASS is best applied as a proactive intervention planning process, it may be used during times of conflict between the parents and school personnel. Under such conditions, it is important to keep in mind that individuals in conflict may contradict each another. We have found, however, that this is less likely to occur when focus is maintained on the child and agreement is made at the outset that the purpose of the consultation is to help the child. Remind the participants that they are all there because they care about the child and are all critical to finding, agreeing on, and implementing solutions. They are not part of the problem, but part of the solution, and a consistent, unified approach is necessary. Cognitive reframing is helpful in maintaining a positive tone. If everyone is focused on understanding the child and his/her needs, an atmosphere of cooperation and collaboration can be created. This increases the possibility of true collaboration and conflict resolution.

In summary, possessing knowledge of evidence-based practices in autism is necessary for being a good consultant, but this knowledge alone is not sufficient to help a student with ASD realize optimal outcomes. In addition to possessing knowledge, an effective consultant must be able to transfer skills to others. This transfer happens through the use of effective process skills. Chapter 4 presents additional information on issues that a consultant should consider. Chapter 5 describes effective IEPs for students with autism. Together, Chaps. 3–5 provide the foundations for applying the COMPASS Consultation Action Plan and the COMPASS Coaching Protocol is presented in Chaps. 6–8.

Appendix A Self-Evaluation of Competencies for Consultants and People Teaching Students with Autism Spectrum Disorders

By completing this checklist, you can assess your areas of strengths and determine areas where you may need to gain more knowledge and experience. A resource list of readings is provided for each of the areas. References refer to specific readings for that competency. The list of readings is not comprehensive. Consultants should seek out additional resources as needed.

Please rate each skill from 1 ("not very much/well") to 4 ("very much/well") based on where you believe your skills are at the present time.

1	2	3	4
Not very much/well			Very much/well

Area 1: Developmental Disabilities and ASD

Knowledge about general child development	1	2	3	4
Motor skills: fine motor, gross motor, perceptual motor (National Research Council, 2001a)	1	2	3	4
Communication: receptive, expressive, social (National Research Council, 2001b)	1	2	3	4
Social skills and play (National Research Council, 2001c)	1	2	3	4
Cognitive development (National Research Council, 2001d)	1	2	3	4
Adaptive behavior (self-care, community skills, functional skills) (National Research Council, 2001e)	1	2	3	4
Affective/emotional/behavior development (National Research Council, 2001f)	1	2	3	4
Knowledge about causes, definitions, and functional implication of developmental disabilities	1	2	3	4
Can describe various causes of developmental disabilities (Lord & Spence, 2006)	1	2	3	4
Can name several developmental disabilities (Lord & Spence, 2006)	1	2	3	4
Can distinguish between terms: disease, impairment, disability, handicap, birth defect, developmental disability (Heward, 2009)	1	2	3	4
Can discuss the functional definition for developmental disability (National Institutes of Health (2011))	1	2	3	4
Knowledge about the characteristics of ASD and criteria used to diagnose ASD (Quill, 2000a, 2000b)	1	2	3	4
Characteristics of ASD and how these affect the individual (Lord & Spence, 2006)	1	2	3	4
Strategies for intervention with core deficits of ASD individually identified (Pretzel & Cox, 2008)	1	2	3	4
Knowledge of current theories about the causes of ASD (Hale & Tager-Flusberg, 2005; Bebko & Ricciuti, 2000; López, Leekam, & Arts, 2008; Grandin, 2006a)	1	2	3	4

1	2	3	4
Not very much/well			Very much/well

Knowledge of historical controversies about the causes of ASD (Eggertson, 2010; Fombonne, 2003)	1	2	3	4
Knowledge of the work of significant contributors to the field of ASD	1	2	3	4
Early pioneers (Wing, 1997; Grandin, 2006b)	1	2	3	4
People with ASD (Grandin, 2006b)	1	2	3	4
Field of communication (National Professional Development Center on Autism Spectrum Disorders, 2008a)	1	2	3	4
Field of medical interventions (IAN Community, 2011)	1	2	3	4
Field of educational intervention (National Professional Development Center on Autism Spectrum Disorders, 2008b; Autism Spectrum Disorder Foundation, 2007)	1	2	3	4
Field of psychological intervention (Grandin, 2006b; Howlin, 2003)	1	2	3	4
Knowledge of factors contributing to quality of life for individuals with ASD (Ruble & Dalrymple, 1996)	1	2	3	4

Area II: Inclusion, Public Policy, and the Service System

Knowledge of major legislation regarding education and rights of students with disabilities (Heward, 2009)	1	2	3	4
Knowledge of structure and function of state and local agencies and groups that serve or advocate for individuals with disabilities (Heward, 2009)	1	2	3	4
Knowledge of current concepts that are important in education and rights of individuals with disabilities (inclusion, supported services) (Heward, 2009; Nickels, 1996)	1	2	3	4

Area III: Assessment and IEP Development for Students with ASD

Knowledge of the value of collaboration across disciplines and situational assessments in diagnosis and educational planning (Smith, Slattery, & Knopp, 1993)	1	2	3	4
Knowledge of effective use of assessment procedures with individuals with ASD (Pretzel & Cox, 2008)	1	2	3	4
Knowledge of the use of assessment information to design individual objectives that relate to current skills, functional needs, age-appropriate curriculum, state academic content standards, and federal guidelines (Smith et al., 1993; Burns, 2001)	1	2	3	4

1	2	3	4
Not very much/well			Very much/well

Area IV: Programming for Students with ASD

Knowledge of evidence-based strategies for teaching students with ASD (The National Professional Development Center on Autism Spectrum Disorders)	1	2	3	4
Knowledge of ways to design and structure teaching environments and supports that best accommodate the needs of students with ASD (Quill, 2000b; Heward, 2009)	1	2	3	4
Knowledge of how to design individual teaching strategies, interventions, and activities to assure success for each IEP objective (Jung, Gomez, Baird, & Galyon-Keramidas, 2008; Ruble et al., 2010b)	1	2	3	4
Knowledge of how to design and maintain a useful, functional data-keeping system relevant to IEP objectives (Jung et al., 2008)	1	2	3	4
Knowledge of how to implement positive teaching strategies when implementing educational activities (positive reinforcement, fading of prompts, shaping and reinforcing successive approximations, task analysis, chaining, desensitization, incidental teaching, relaxation, rehearsal, generalization) (Heward 2009a; Nounopoulos, Ruble & Mathai, 2009; Roselione, 2007)	1	2	3	4
Knowledge of how to account for individual learning challenges such as generalization difficulties, over-selectivity, processing style, expressive and receptive communication difficulties, sensory and perceptual problems, and social interaction difficulties (Quill, 2000a, 2000b)	1	2	3	4
Knowledge of communication strategies that effectively enhance competence for individuals with ASD (Quill, 2000a, 2000b)	1	2	3	4
Knowledge of social interaction strategies that effectively enhance inclusion and self-esteem for individuals with ASD (Quill, 2000a, 2000b)	1	2	3	4
Knowledge of current teaching programs or strategies and when and how to effectively use these for individual students (e.g., applied behavior analysis, structured teaching, incidental teaching) (Quill, 2000b)	1	2	3	4

Area V: Positive Behavior Support

Knowledge of analysis of behavioral challenges encountered by students with ASD (Quill, 2000; Nounopoulos et al., 2009)	1	2	3	4
Knowledge of a functional assessment of behavior and understanding the purposes of behavior (Koegel & Koegel, 2006)	1	2	3	4
Knowledge of skills that can be taught to replace challenging behavior (Heward, 2009a)	1	2	3	4
Knowledge of data keeping and adjustments to a behavioral program (National Professional Development Center on Autism Spectrum Disorders, 2008c)	1	2	3	4

1	2	3	4
Not very much/well			Very much/well

Area VI: Medical Needs and Daily Living Skills

Knowledge of common medical issues encountered by individuals with ASD (Thompson, 2007)	1	2	3	4
Knowledge of common challenges of daily living encountered by individuals with ASD (sleeping, eating, toileting, understanding danger) (Autism Services Research Group, 2004)	1	2	3	4

Area VII: Collaboration with Parents

Knowledge of ways to involve parents as partners in the educational process (Wetherby & Prizant, 2000)	1	2	3	4
Knowledge of ways to effectively share information and problem solve throughout the school year (Nickels, 1996)	1	2	3	4

Area VIII: Involvement with School Personnel

Knowledge of ways to inform staff members about students with ASD and how they can be collaborative partners in the education of the students (Ruble & Akshoomoff, 2010; Ruble & Dalrymple, 2002; Schwartz, Shanley, Gerver, & O'Cummings)	1	2	3	4
Knowledge of ways to share information and build a collaborative team for a student with ASD across all team members who work with the student (Ruble & Dalrymple, 2002; Snell & Janney, 2000)	1	2	3	4
Knowledge of ways to build a team within the classroom and interface with teaching assistants to benefit students with ASD (Walther-Thomas, Bryant, & Land, 1996)	1	2	3	4

Appendix B Self-Evaluation of Process Skills Necessary for Level III COMPASS Consultation

By completing this checklist, you can assess your areas of strength and determine areas where you may need to gain more knowledge and experience. Suggested resources for more information on consultation and coaching with teachers and families, including culturally diverse families, are provided at the end of this questionnaire. Chapters 3 and 7 cover each of these areas.

Please rate each skill from 1 ("not very much/well") to 4 ("very much/well") based on where you believe your skills are at the present time.

1	2	3	4
Not very much/well			Very much/well

Area 1: Explaining the Purpose and Outlining the Agenda

Provide an overview and explanation of COMPASS	1	2	3	4
Explain the purpose/outcomes of COMPASS consultation	1	2	3	4
Provide an overview of best practices in teaching children with autism	1	2	3	4

Area 2: Clarifying Questions and Concerns

Ask open-ended questions	1	2	3	4
Paraphrase what is said	1	2	3	4
"Listen" for feelings	1	2	3	4

Area 3: Keeping the Group Moving and Focused

Attend to the time involved for each aspect of the consultation and monitor allotted time throughout consultation	1	2	3	4
Allow enough time for information to be shared, but not too much time that all activities are not completed	1	2	3	4
Gently redirect conversations that stray from the goal of the activity	1	2	3	4

Area 4: Involving All Participants

Steer dominant participants to listen	1	2	3	4
Ask open-ended questions and seek information from quiet participants	1	2	3	4
Summarize concerns as a topic area closes	1	2	3	4

1	2	3	4
Not very much/well			Very much/well

Area 5: Valuing All Participants' Input

Remain nonjudgmental	1	2	3	4
Use attentive and open body posture	1	2	3	4
Use gestures, nods, and facial expressions to communicate attending	1	2	3	4
Use minimal encouragers	1	2	3	4
Use a tone of voice that communicates interest	1	2	3	4

Area 6: Demonstrating Sensitivity and Responsivity to Culturally Diverse Families and Teachers

Identify colloquialisms used by families or teachers that may impact consultation	1	2	3	4
Provide written information to parents in their language of origin	1	2	3	4
Use alternative formats to communicate with family members who experience disability	1	2	3	4
Avoid imposing one's own values that may conflict or be inconsistent with those of other cultures or ethnic groups	1	2	3	4
Demonstrate understanding that traditional approaches to disciplining children are influenced by family culture	1	2	3	4
Be able to adapt many evidence-based approaches with children and their families from culturally and linguistically diverse groups	1	2	3	4
Demonstrate that family/parents are the ultimate decision makers for services and supports for their child	1	2	3	4

Area 7: Questioning Members Effectively to Draw Ideas from Group

Ask questions that relate to the topic and are open-ended	1	2	3	4
Use Socratic questioning techniques	1	2	3	4
Avoid giving answers and instead ask questions	1	2	3	4
Avoid acting as "expert"	1	2	3	4

Area 8: Being Flexible Enough to include Unexpected Information

Adjust allotted time to address issues or concerns that arise	1	2	3	4
Prioritize time to address unexpected information	1	2	3	4
Validate concerns	1	2	3	4

1	2	3	4
Not very much/well			Very much/well

Area 9: Summarizing as Group Moves Along

Summarize information before moving on to new topic or area of discussion	1	2	3	4
Rephrase information in your own words	1	2	3	4

Area 10: Concluding with a Plan for Further Action

Develop clear action plan for follow-up	1	2	3	4
Check everyone's understanding of plan and clarify any questions or ambiguities	1	2	3	4