



Parents as Teachers.

## Group Connection Observation Tool

Home visitor name: \_\_\_\_\_  1<sup>st</sup> year home visitor  2<sup>nd</sup> year or beyond home visitor

Observer name: \_\_\_\_\_ Observer title/role: \_\_\_\_\_

6-month observation  Annual observation  Other (specify): \_\_\_\_\_

Date of observation: \_\_\_\_\_

### Section I: Group connection preparation

1. Group Connection title: \_\_\_\_\_

Location: \_\_\_\_\_

Date and time: \_\_\_\_\_

2. Are the group connection facilitators: (check all that apply)

- Curriculum trained staff  Other staff within the organization  Content expert
- Other community representative

3. Which areas of emphasis will be focused on? (check all that apply)

- Parent-child interaction  Development-centered parenting  Family well-being

4. How many families are expected? \_\_\_\_\_

5. What ages of children are targeted? \_\_\_\_\_

6. What is the format? (check all that apply)

- Community Event  Family Activity  Ongoing Group  Parent Café  Presentation

7. Will refreshments be served?

- Yes  No

**Section I: Group connection preparation**

<p><b>8.</b> Are incentives being offered for attendance? If yes, describe:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>9.</b> Will child care be provided?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>10.</b> Has the intent (focus of the group connection) been clearly defined?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>11.</b> Have topics and key points from PE resources and other sources been selected?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>12.</b> Have prompts and questions for sharing observations, questions or reactions been planned?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>13.</b> Have facilitation strategies been identified?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>14.</b> Have supplies and materials been (or are being) prepared?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>15.</b> Are the selected parent handouts appropriate?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>16.</b> Are the selected parent handouts sufficient?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>17.</b> Are learning activities clearly planned out?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>18.</b> Have rationale statements for the learning activities been developed?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>19.</b> Are the methods for sharing rationale statements prepared? (e.g. talking points, posters, signs, handouts)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section I: Group connection preparation

<p>20. Are methods planned to get feedback from families on the group connection? If yes, how:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>21. Key Strengths/Recommendations:</p>		

### Section II: PAT Group Connection Elements

<p>1. Did the group address the area(s) of emphasis as planned? If not, describe:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2. Were the facilities and materials appropriate for the type and size of this group connection?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>3. Did the expected number of families attend?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>4. Did the group connection seem well suited for the ages of children it was focused on?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>5. If childcare was offered, did it include:  <input type="checkbox"/> Sufficient supervision    <input type="checkbox"/> Adequate space    <input type="checkbox"/> Age-appropriate toys and materials    <input type="checkbox"/> A clean and safe environment</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>6. Did the parent educator(s) provide families with an overview of what to expect during the group connection?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Section II: PAT Group Connection Elements

<p>7. Did the parent educator(s) establish a welcoming group connection environment?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>8. Did the parent educator(s) provide opportunities and experiences during the group connection that help parents build social connections?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>9. Did the parent educators provide experiences and information that promote positive parenting skills and increase parents' understanding of their role in their child's development?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>10. Did the parent educator(s) provide families with clear rationale for the group connection activities?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>11. Were information and resources provided to help families extend their learning beyond the group connection?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>12. Were group facilitation strategies utilized during the group connection?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>13. Was feedback gathered?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>14. Was a Group Connection Planner and Record completed in a timely manner after the group connection?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Note: Documentation following the group connection is completed by the parent educator(s) who led the group. If the group was led by an outside facilitator, the parent educator(s) or supervisor assigned to the group connection typically complete this documentation.*

**15. Key Strengths/Recommendations:**

## Additional Comments:

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