Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CICO Self-Rating for**

**Fidelity of Implementation**

***For Caregivers***

* **Read the steps and consider your level of participation in Check-In / Check-Out program.**
* **Place a check in the “Yes” column if you feel you understand and consistently complete the step.**
* **Place a check in the “No” column if you do not consistently use the step or if you do not understand how to complete a step.**

|  |  |  |
| --- | --- | --- |
| **Caregiver Participation** | **Yes** | **No** |
| Ask your child for the home communication card each day |  |  |
| Ask your child if the daily goal was met |  |  |
| If goal was met provide designated home acknowledgement |  |  |
| If goal was not met, give corrective feedback & encouragement  Ask,   * “What do you need to do differently tomorrow?” * “Is there anything I can do to help you with this?” * “I know you can meet your goal tomorrow.” |  |  |
| Use a **positive** **tone** throughout the interaction |  |  |

An example of positive, specific feedback I gave my child was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Please return to \_\_\_\_\_\_by \_\_\_\_\_\_\_.***