Promoting Communication Strategies

T A L K

Tools for Advancing Language in Kids

PC TALK Intervention Delivery Checklist-Provider Checklist

Provider:	Caregiver:	Date:

Meeting Location: Home   Home-remote   Center/School   Other (please describe):

1. Did you receive an updated PC-Obs graph prior to this session?	Yes No
2. Was PC TALK addressed during this session? (if "no", do not complete items 3-19)	Yes No

3. What PC TALK Communication Strategies were addressed/taught in this session? (check all that apply)

☐ Arrange the Environment ☐ Ask Open-Ended Question
☐ Follow the Child's Lead ☐ Give Praise & Positive Attention
☐ Comment & Label ☐ Provide Choices
☐ Imitate & Expand ☐ Fill-in-the-Blank ☐ none

4. What activities for PC TALK intervention delivery were addressed during this session? (check all that apply)

☐ Play ☐ Meals & snacks
☐ Reading ☐ Outdoor & community
☐ Structured activity ☐ Other (please describe):
☐ Routine care ☐ none

5. What PC TALK Tools were provided, discussed, or used? (check all that apply)

☐ Manual ☐ Activity Cards ☐ Text messaging
☐ Strategy Handouts ☐ Self-Check
☐ Poster ☐ Strategy Videos ☐ none

Intervention Approaches	Circle one
6. **Discussed background and rationale** for using PC TALK.	Yes No
7. **Introduced, discussed, or reviewed** one or more PC TALK strategy	Yes No
8. **Demonstrated** or **prompted** caregiver to practice PC TALK strategy during visit and/or after this visit	Yes No
9. **Individualized** PC TALK strategy use to family/child/classroom needs	Yes No
10. Reviewed or engage in discussion **about the caregiver's use of one or more PC TALK strategies in specific routines/activities**	Yes No
11. **Encouraged caregiver reflection** on PC TALK strategy use.	Yes No
12. Discussed caregiver's **Self-Check responses** (N/A if self-check not introduced yet)	Yes No N/A
13. **Shared and discussed PC-Obs graph report** (N/A if there is no new graph)	Yes No N/A
14. **Provided positive or supportive feedback** on the use of PC TALK strategies	Yes No
15. **Provided constructive feedback** on the use of PC TALK strategies	Yes No
16. **Inquired or engaged in a discussion about challenges** experienced in using PC TALK strategies, and/or ways the caregiver might address challenges.	Yes No
17. **Developed a plan** with caregiver for using PC TALK strategies in specific **routines/activities** after this visit (the plan can be discussed or written down).	Yes No
18. **Discussed PC TALK text messaging** (planned for use, checked in about experience) (N/A if texting not being used)	Yes No N/A
19. For center-based care only: Discussed or planned how teachers can share PC TALK strategies with **families.**	Yes No N/A
Notes	

See PC TALK Manual for more info:
Background and rationale: pgs 3-8
Tools: pgs 9-12
Intervention Approaches: pgs 14-17