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# Family Support Partner Coach ATCR Tracking Sheet:

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date of HFW Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YFTI Credentialing Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Advanced Training (8hrs)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Topic** | **Hour/s** | **Requirement** | **Reviewed By** | **Date Completed** |
| Advanced Training |  |  | Pre-training approval from coach |  |  |
| Post training reflection with coach |  |  |
| **Activity** | **Topic** | **Hour/s** | **Requirement** | **Reviewed By** | **Date Completed** |
| Advanced Training |  |  | Pre-training approval from coach |  |  |
| Post training reflection with coach |  |  |
| **Activity** | **Topic** | **Hour/s** | **Requirement** | **Reviewed By** | **Date Completed** |
| Advanced Training |  |  | Pre-training approval from coach |  |  |
| Post training reflection with coach |  |  |

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| --- | --- | --- | --- | --- | --- |
| **One Complete Coaching Circuits Activity for Each FSP in ATCR** | | | | | |
| **Activity-Coaching Circuit (**complete) | **Start/PDP Date** | **Topic** | **Workforce participants** | **Circuit/ tool completion date** | **Submission of PDP, circuit outline/tool, scoring tools for modeling, BR and live demonstration** |
| Coach Circuit |  |  |  |  |  |

**Credentialing FSP Packet Submission (1 for each FSP being recredentialed)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Submit two videos for IRR review and scoring tools for all** | | | | | | |
| **Activity** | **Requirement** | **Format** | **Reviewed By and Date** | **Reviewed By and Date** | **Reviewed By and Date** | **Reviewed By and Date** |
| Engaging Family | 1 Pass | Scoring Tool |  |  |  |  |
| Gathering Information | 1 Pass | Scoring Tool |  |  |  |  |
| Planning Meeting | 1 Pass | Scoring Tool |  |  |  |  |
| Critical Points 1-4 | 1 Pass | Scoring Tool | 1. | 2. | 3. | 4. |
| Critical Points 5-8 | 1 Pass | Scoring Tool | 5. | 6. | 7. | 8. |
| Critical Points 9-12 | 1 Pass | Scoring Tool | 9. | 10. | 11. | 12. |
| Implementation Critical Points 13-16 | 1 Pass | Scoring Tool | 13. | 14. | 15. | 16. |
| Transition Critical Points 17-20 | 1 Pass | Scoring Tool | 17. | 18. | 19. | 20. |
| **Submit Contact Notes for IRR review and scoring tools** | | | | | | |
| Contact Notes | 1 Pass | Scoring Tool |  |  |  |  |