

### **Self-Assessment Checklist for Personnel Providing Services and Supports to Children and Youth With Special Health Needs and Their Families**

This instrument was developed by Tawara D. Goode of the Georgetown University Center for Child and Human Development. This version is adapted with permission from *Promoting Cultural Competence and Cultural Diversity in Early Intervention and Early Childhood Settings* (June 1989). It is available from the Web site of the National Center for Cultural Competence (<http://nccc.georgetown.edu/documents/ChecklistEIEC.pdf>).

Select A, B, or C for each numbered item listed:

A = Things I do frequently    B = Things I do occasionally    C = Things I do rarely or never

## Physical Environment, Materials and Resources

\_\_\_\_\_ 1. I display pictures, posters, and other materials that reflect the cultures and ethnic backgrounds of children and families served by my program or agency.

\_\_\_\_\_ 2. I [e]nsure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of children and families served by my program or agency.

\_\_\_\_\_ 3. When using videos, films, or other media resources for health education, treatment, or other interventions, I ensure that they reflect the cultures of children and families served by my program or agency.

\_\_\_\_\_ 4. When using food during an assessment, I [e]nsure that meals provided include foods that are unique to the cultural and ethnic backgrounds of children and families served by my program or agency.

\_\_\_\_\_ 5. I [e]nsure that toys and other play accessories in reception areas and those used during assessment are representative of the various cultural and ethnic groups within the local community and the society in general.

## Communication Styles

\_\_\_\_\_ 6. For children who speak languages or dialects other than English, I attempt to learn and use key words in their language so that I am better able to communicate with them during assessment, treatment, or other interventions.

\_\_\_\_\_ 7. I attempt to determine any familial colloquialisms used by children and families that may have an impact on assessment, treatment, or other interventions.

\_\_\_\_\_ 8. I use visual aids, gestures, and physical prompts in my interactions with children who have limited English proficiency.

\_\_\_\_\_ 9. I use bilingual staff members or trained/certified interpreters for assessment, treatment, and other interventions with children who have limited English proficiency.

\_\_\_\_\_ 10. I use bilingual staff members or trained/certified interpreters during assessments, treatment sessions, meetings, and for other events for families who would require this level of assistance.

11. When interacting with parents who have limited English proficiency I always keep in mind that:

\_\_\_\_\_ Limitation in English proficiency is in no way a reflection of their level of intellectual functioning.

\_\_\_\_\_ Their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin.

\_\_\_\_\_ They may or may not be literate in their language of origin or English.

\_\_\_\_\_ 12. When possible, I ensure that all notices and communiqués to parents are written in their language of origin.

\_\_\_\_\_ 13. I understand that it may be necessary to use alternatives to written communications for some families, as word of mouth may be a preferred method of receiving information.

### Values and Attitudes

\_\_\_\_\_ 14. I avoid imposing values that may conflict or be inconsistent with those of cultures or ethnic groups other than my own.

\_\_\_\_\_ 15. In group therapy or treatment situations, I discourage children from using racial and ethnic slurs by helping them understand that certain words can hurt others.

\_\_\_\_\_ 16. I screen books, movies, and other media resources for negative cultural, ethnic, or racial stereotypes before sharing them with the children and their parents served by my program or agency.

\_\_\_\_\_ 17. I intervene in an appropriate manner when I observe other staff members or parents within my program or agency engaging in behaviors that show cultural insensitivity, bias, or prejudice.

\_\_\_\_\_ 18. I understand and accept that family is defined differently by different cultures (e.g., extended family members, fictive kin, godparents).

\_\_\_\_\_ 19. I recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant culture.

\_\_\_\_\_ 20. I accept and respect that male–female roles in families may vary significantly among different cultures (e.g., who makes major decisions for the family, play, and social interactions expected of male and female children).

\_\_\_\_\_ 21. I understand that age and lifecycle factors must be considered in interactions with individuals and families (e.g., high value placed on the decisions of elders or the role of the eldest male in families).

\_\_\_\_\_ 22. Even though my professional or moral viewpoints may differ, I accept the family/parents as the ultimate decisionmakers for services and supports for their children.

\_\_\_\_\_ 23. I recognize that the meaning or value of medical treatment and health education may vary greatly among cultures.

\_\_\_\_\_ 24. I recognize and understand that beliefs and concepts of emotional well-being vary significantly from culture to culture.

\_\_\_\_\_ 25. I understand that beliefs about mental illness and emotional disability are culturally based. I accept that responses to these conditions and related treatment/interventions are heavily influenced by culture.

\_\_\_\_\_ 26. I accept that religion and other beliefs may influence how families respond to illnesses, disease, disability, and death.

## Improving Cultural Competence

\_\_\_\_\_ 27. I recognize and accept that folk and religious beliefs may influence a family's reaction and approach to a child born with a disability or later diagnosed with a physical/emotional disability or special health care needs.

\_\_\_\_\_ 28. I understand that traditional approaches to disciplining children are influenced by culture.

\_\_\_\_\_ 29. I understand that families from different cultures will have different expectations of their children for acquiring toileting, dressing, feeding, and other self-help skills.

\_\_\_\_\_ 30. I accept and respect that customs and beliefs about food, its value, preparation, and use are different from culture to culture.

\_\_\_\_\_ 31. Before visiting or providing services in the home setting, I seek information on acceptable behaviors, courtesies, customs, and expectations that are unique to families of specific cultures and ethnic groups served by my program or agency.

\_\_\_\_\_ 32. I seek information from family members or other key community informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse children and families served by my program or agency.

\_\_\_\_\_ 33. I advocate for the review of my program's or agency's mission statement, goals, policies, and procedures to ensure that they incorporate principles and practices that promote cultural diversity and cultural competence.

**There is no answer key with correct responses.** However, if you frequently responded "C," you may not necessarily demonstrate values and engage in practices that promote a culturally diverse and culturally competent service delivery system for children with disabilities or special health care needs and their families.