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ABSTRACT

        The Skills Inventory for Teams (SIFT) was developed
for early intervention practitioners from a variety of disciplines to
help them evaluate their ability to work as part of an early
intervention team in identifying and serving young children with
disabilities. The Team Member section is designed to help individual
team members identify the skills that they need to work on a team,
and the Team section helps the whole team identify team development
needs. The SIFT includes items that reflect competencies or skills
that can be observed as well as items that address the team member's
values and attitudes regarding teamwork. It does not assess specific
clinical skills and competencies. It uses a criterion-referenced
system and is an expansion of the "Team Effectiveness Rating Scale"
developed by R. Neugebauer. Results can be used to create staff
development plans. For each of the two sections, a screening scale
and an assessment checklist is provided. The screening scales are
administered first, to identify key areas of need and strength
regarding teamwork. Based on the results of the screening scales,
assessment checklists are used to help team members further define
and clarify their areas of need. (Contains 30 references.) (JDD)

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SKILLS INVENTORY FOR TEAMS

(SIFT)

By:

Corinne Garland
Adrienne Frank
Deana Buck
Patti Seklemian

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PREFACE

This publication was developed by Capital Outreach Project through the Training Center of Child Development Resources, Inc.

Child Development Resources, Inc., (CDR) in Lightfoot, Virginia, is a twenty-five-year-old private, nonprofit agency providing services for young children and their families and training for the professionals who serve them. CDR has won national recognition for the quality of its early intervention programs, for its commitment to a family-centered team approach to service delivery, and for its training and technical assistance to early intervention professionals throughout the United States.

Capital Outreach, a three-year project, was designed to enhance the number and quality of early intervention services in the District of Columbia through training and technical assistance in a team approach to early intervention.

Corinne Garland
Project Director

Patti Seklemian
Project Coordinator

Martha Toomey
Training Consultant

INTRODUCTION

INTRODUCTION

The Skills Inventory for Teams (SIFT), an adaptation and expansion of the "Team Effectiveness Scale" (Neugebauer, 1983), was developed specifically for early intervention practitioners from a variety of disciplines to help them evaluate their ability to work as part of a team. It is designed to help individual team members identify the skills that they need to work on a team and to help the whole team identify team development needs. The SIFT includes items that reflect competencies or skills that can be observed as well as items that address the team member's values and attitudes regarding teamwork.

A team approach, which includes families as full, decision-making members of the team, is now recognized as best practice for providing early intervention services. Part H of the Individuals with Developmental Disabilities Education Act (I.D.E.A.) has formalized the concept of team by mandating that early intervention services, particularly child assessment, IFSP development, and IFSP implementation, be provided by a team. Few early intervention practitioners are trained to work as part of a team, nor is there methodology to help team members determine their current team skills and staff development needs.

Purpose of the SIFT

1. To provide early intervention team members with a criterion-referenced system for assessing their own teamwork skills;

2. To provide early intervention teams with a system for assessing the status of their team work;

3. To provide individual team members or entire teams with a system of staff development; and

4. To specify, for personnel decision makers and supervisors, the specific skills needed by persons providing early intervention services in a team setting. The instrument may also be used to assist team members and their supervisors in determining the degree to which these skills are present.

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Use of the SIFT

The SIFT is an inventory of skills needed to function as part of an early intervention team. It is important to remember that teams go through a developmental sequence and that not all items on the instrument will be appropriate for all teams. Because specific clinical skills and competencies are not assessed by this instrument, it should not be the only instrument used to determine staff development needs. Other instrumentation and methods should be used to address clinical skills or general performance requirements (quality of work, time management skills, etc.).

Teams may choose to use the SIFT as one part of a system of personnel evaluation and staff development that addresses key competencies for working in a team setting. Individual team members may complete the instrument and review the results with a supervisor. Teams may choose to have both individual team members and supervisors complete the SIFT and review the results together. The results can be used to develop a plan to address identified needs.

Organization of the SIFT

The instrument is divided into Team and Team Member sections. The Team Member section examines individual teamwork skills; the Team section examines overall team functioning. Each section is organized with a screening scale and an assessment checklist.

Administration of the SIFT

The screening scales are administered first. The screening scales help teams and individual team members identify key areas of need and strength regarding teamwork. Based on the results of the screening scales, assessment checklists are used to help team members further define and clarify their areas of need. For example, a team determines, through use of the screening scales, that they need to develop decision-making procedures. The team can use the corresponding assessment checklist to learn more about their team's decision-making procedures, including responsibility for decision making, follow-through on decisions made, and team participation in decision making.

Directions for use are provided at the beginning of each section.

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SECTION I:

TEAM SCREENING AND ASSESSMENT

TEAM SCREENING AND ASSESSMENT

Purpose

Effective teams are more than a collection of individual team members. To work together as an effective team, the group must share a sense of common mission and a commitment to working together. The Team Performance Screening Scale and the Team Assessment Checklist found in this section are designed to help team members discuss the overall functioning of their team and to help teams plan activities to address needs of the entire team.

The Team Performance Screening Scale is designed to help the team identify broad areas of need. All team members should complete the Team Performance Screening Scale before completing the Team Assessment Checklist. The Team Assessment Checklist is a more specific diagnostic instrument to help the team identify specific competencies and/or procedures to address as part of a team development plan.

General Directions for Completing This Section

STEP 1.   Each member of the team completes the Team Performance Screening Scale, pages 6-11.

STEP 2.   Complete the Summary of Results form on pages 12-16. As a group, discuss these results and decide which areas of team functioning need further assessment.

STEP 3.   When the team has decided which areas of team function need further assessment, complete those items on the Team Assessment Checklist on pages 17-31. The three-point rating scale used on the Team Assessment Checklist is intended to help clarify needs for team development.

STEP 4.   Use the Team Action Plan on pages 32 and 33 to develop specific team development goals. Include activities, time lines, person(s) responsible, and any outside resources necessary to meet the identified goals.

STEP 1:
TEAM PERFORMANCE SCREENING SCALE

<u>Directions</u>

Each member of the team completes the Team Performance Screening Scale. For each item, circle the number that most closely describes your team. Descriptors are provided for responses 1 and 5. Responses 2-4 can be used to show where the team's performance falls between the descriptors. Write your comments or questions in the space following each item. You may share your comments or not, as you choose.

1. **CLARITY OF PURPOSE** *(Team mission, philosophy, and goals).*

1	2	3	4	5

We have no clearly defined philosophy or goals to which our team is committed.			Our philosophy and goals are written and clearly understood by members.

Please comment:_____

_____

2. **COHESION** *(Team member's sense of belonging and identity to the team; level of cohesion).*

1	2	3	4	5

Our team has no sense of group loyalty or belonging; members are uninvolved or even hostile.			Our team members feel a strong sense of loyalty and identity.

Please comment:_____

_____

3. **CLARITY OF ROLES** *(Member's understanding of leadership and membership roles on the team).*

1	2	3	4	5

Our roles on the team are unclear, and/or members are not committed to roles as defined by the team.			Each team member's role is clearly defined and understood by all; each member is highly committed to his/her role.

Please comment:_____

_____

4. **COMMUNICATION** *(Openness and clarity of communication among team members).*

1	2	3	4	5

Members are reluctant to speak honestly or critically.			We have open and honest communication; members express ideas, thoughts, or feelings without fear of reprisal.

Please comment:_____

_____

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5. **USE OF RESOURCES** *(Team's use of member knowledge, skills, and experiences).*

1	2	3	4	5

Resources are not identified by the team; team members' skills/expertise are not used to accomplish the team's work.			Resources of all members are recognized and used; team members contribute fully to the team.

Please comment:_____

_____

6. **DECISION MAKING/PROBLEM SOLVING** *(Processes of decision making and problem solving used by the team).*

1	2	3	4	5

We have no effective, efficient process for decision making and problem solving that involves all team members.			We have a timely, effective, and efficient process involving all team members.

Please comment:_____

_____

7. **RESPONSIBILITY/IMPLEMENTATION** *(Responsibility for accomplishing the work of the team; team's progress toward achieving goals).*

1	2	3	4	5

No one assumes responsibility, and our work does not get done.

Members take responsibility for the work of the team, & we make steady progress toward team goals.

Please comment:_____

_____

8. **CONFLICT RESOLUTION** *(Team's ability to recognize and manage conflict).*

1	2	3	4	5

Conflict or differences are denied, ignored, or not worked through.

Conflict or differences are openly aired and worked through.

Please comment:_____

_____

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9. **VIEW OF FAMILY ROLE** *(Attitudes, acceptance, and actions of the team related to the family's role on the team).*

1	2	3	4	5
Families are viewed as clients not as decision makers on our team.			Our policies and procedures support the family's role as team members and decision makers.	

Please comment:_____

_____

10. **EVALUATION** *(Continuing assessment and planning to improve team function).*

1	2	3	4	5
Our team does not regularly assess overall team performance.			We regularly evaluate how our team works and set goals in areas of need.	

Please comment:_____

_____

11. **EXTERNAL SUPPORT** *(Administrative or community interaction or support for the team).*

1	2	3	4	5

Our team is not known in our agency or in the community, and/or our work is not respected.			Our team is involved in the community and respected for the services we provide.	

Please comment:_____

_____

12. **INTERNAL SUPPORT** *(Administrative procedures that authorize and support the work of the team).*

1	2	3	4	5

We do not have administrative support to work as a team.			We have time, resources, and authority to work together as a team.	

Please comment:_____

_____

STEP 2:
TEAM PERFORMANCE SCREENING SCALE:
SUMMARY OF RESULTS

<u>Directions</u>

- Using the responses of all team members, calculate the range and the mean for each item.

- For each item, determine the range of scores, i.e., the lowest and highest that item has received. Record the ranges on the form that follows.

- For each item, total the scores of all team members. Divide the total by the number of respondents to obtain the mean for each item. Record the means on the form that follows.

- Determine priorities for further assessment by reviewing all ranges and means. Items with an extreme range and/or a mean less than 3 are areas in need of further assessment.

1. **CLARITY OF PURPOSE** *(Team mission, philosophy, and goals).*

   1-   We have no clearly defined philosophy or goals to which our team is committed.

   5-   Our philosophy and goals are written and clearly understood by members.

   <u>RANGE (Low and High)</u>   <u>MEAN</u>

2. **COHESION** *(Team member's sense of belonging and identity to the team; level of cohesion).*

   1-   Our team has no sense of group loyalty or belonging; members are uninvolved or even hostile.

   5-   Our team members feel a strong sense of loyalty and identity.

   <u>RANGE (Low and High)</u>   <u>MEAN</u>

3. **CLARITY OF ROLES** *(Member's understanding of leadership and membership roles on the team).*

   1-   Our roles on the team are unclear, and/or members are not committed to roles as defined by the team.

   5-   Each team member's role is clearly defined and understood by all; each member is highly committed to his/her role.

   <u>RANGE (Low and High)</u>   <u>MEAN</u>

4. **COMMUNICATION** *(Openness and clarity of communication among team members).*

   1-   Members are reluctant to speak honestly or critically.

   5-   We have open and honest communication; members express ideas, thoughts, or feelings without fear of reprisal.

   <u>RANGE (Low and High)</u>   <u>MEAN</u>

5.. **USE OF RESOURCES** *(Team's use of member knowledge, skills, and experiences).*

   1-   Resources are not identified by the team; team members' skills/expertise are not used to accomplish the team's work.

   5-   Resources of all members are recognized and used; team members contribute fully to the team.

   <u>RANGE (Low and High)</u>   <u>MEAN</u>

6. **DECISION MAKING/PROBLEM SOLVING** *(Processes of decision making and problem solving used by the team).*

   1-   We have no effective, efficient process for decision making and problem solving that involves all team members.

   5-   We have a timely, effective, and efficient process involving all team members.

   <u>RANGE (Low and High)</u>   <u>MEAN</u>

---

7. **RESPONSIBILITY/IMPLEMENTATION** *(Responsibility for accomplishing the work of the team; team's progress toward achieving goals).*

1- No one assumes responsibility, and our work does not get done.

5- Members take responsibility for the work of the team, and we make steady progress toward team goals.

<u>RANGE (Low and High)</u>   <u>MEAN</u>

8. **CONFLICT RESOLUTION** *(Team's ability to recognize and manage conflict).*

1- Conflict or differences are denied, ignored, or not worked through.

5- Conflict or differences are openly aired and worked through.

<u>RANGE (Low and High)</u>   <u>MEAN</u>

9. **VIEW OF FAMILY ROLE** *(Attitudes, acceptance, and actions of the team related to the family's role on the team).*

1- Families are viewed as clients not as decision makers on our team.

5- Our policies and procedures support the family's role as team members and decision makers.

<u>RANGE (Low and High)</u>   <u>MEAN</u>

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10. **EVALUATION** *(Continuing assessment and planning to improve team function).*

   1-   Our team does not regularly assess overall team performance.

   5-   We regularly evaluate how our team works and set goals in areas of need.

   RANGE (Low and High)   MEAN

11. **EXTERNAL SUPPORT** *(Administrative or community interaction or support for the team).*

   1-   Our team is not known in our agency or in the community, and/or our work is not respected.

   5-   Our team is involved in the community and respected for the services we provide.

   RANGE (Low and High)   MEAN

12. **INTERNAL SUPPORT** *(Administrative procedures that authorize and support the work of the team).*

   1-   We do not have administrative support to work as a team.

   5-   We have time, resources, and authority to work together as a team.

   RANGE (Low and High)   MEAN

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STEP 3:
TEAM ASSESSMENT CHECKLIST

Directions

The Team Assessment Checklist should be completed through a process of group discussion during which each team member has a chance to be heard. Complete only those items that your team identified in Step 2 as areas needing further assessment. For example, if your team identified cohesion, communication, and decision making as needing further assessment, you would complete only items 2, 4, and 6. The three-point rating scale used on the checklist will help your team clarify needs for further team development. Discuss each statement and place a check to indicate whether the statement is high, medium, or low priority for your team's development.

1. **CLARITY OF PURPOSE** *(Team mission, philosophy, and goals).*

PRIORITY OF NEED

Our team needs:	High-3	Med-2	Low-1
a clear sense of team purpose/mission	_____	_____	_____
to define our team philosophy, including:			
-a rationale for service delivery	_____	_____	_____
-clarification of parent/ professional relationship	_____	_____	_____
to commit to a team approach . .	_____	_____	_____
to develop realistic team goals using a collaborative process	_____	_____	_____
to obtain commitment of team members to goals	_____	_____	_____
to translate goals into objectives, strategies, time lines, and person(s) responsible	_____	_____	_____
policies and procedures that reflect team philosophy and goals	_____	_____	_____

---

2. **COHESION** *(Team member's sense of belonging and identity to the team; level of cohesion).*

PRIORITY OF NEED

Our team needs:	High-3	Med-2	Low-1
to plan activities and interactions that foster group cohesion	____	____	____
to encourage members to participate equally and collaboratively	____	____	____
to create a working atmosphere that is comfortable and relaxed ..	____	____	____
a system for incorporating new staff members, including orientation, observation, and training experiences	____	____	____
to structure and carry out its work so that members are actively involved	____	____	____
to develop strategies that insure that each member feels responsible for carrying out the work of the team	____	____	____
to balance assignments so that all members share responsibility for the work of the team	____	____	____
to provide formal and informal mechanisms for providing support to colleagues	____	____	____

2. **COHESION** ... *continued*

PRIORITY OF NEED

Our team needs:	High-3	Med-2	Low-1
members that show sensitivity to one another, are supportive, and help each other	_____	_____	_____
strategies to ensure that members perceive and define themselves as part of the team	_____	_____	_____

3. **CLARITY OF ROLES** *(Member's understanding of leadership and membership roles on the team).*

PRIORITY OF NEED

Our team needs:	High-3	Med-2	Low-1
to define its membership clearly	____	____	____
to define roles of members clearly	____	____	____
to specify roles and responsibilities (e.g., written job descriptions)	____	____	____
to secure commitment to assigned roles	____	____	____
to have an acknowledged administrative leader who is responsible for budget, staff supervision, liaison to funding sources, etc. ..	____	____	____
to have members who participate in shared leadership activities ...	____	____	____

4. **COMMUNICATION** (*Openness and clarity of communication among team members*).

PRIORITY OF NEED

Our team needs:	High-3	Med-2	Low-1
a work environment that encourages open, honest communication	_____	_____	_____
clear channels of formal and informal communication with colleagues	_____	_____	_____
clear channels of formal and informal communication with supervisors	_____	_____	_____
to structure time for members to meet together and share ideas . .	_____	_____	_____
to provide opportunities to learn and practice communication skills	_____	_____	_____
help in understanding and using nonverbal communication	_____	_____	_____
help in using verbal communication	_____	_____	_____
help in using effective questioning techniques	_____	_____	_____
help in using effective listening skills	_____	_____	_____

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5. **USE OF RESOURCES** *(Team's use of member knowledge, skills, and experiences).*

PRIORITY OF NEED

Our team needs:	High-3	Med-2	Low-1
a sufficient number of team members to accomplish the work of the team	_____	_____	_____
team members with sufficient expertise to accomplish the work of the team	_____	_____	_____
to recognize and respect the expertise of its members	_____	_____	_____
to use the knowledge, skills, and experiences of each member	_____	_____	_____
to schedule time for collegial exchange of information and skills among team members	_____	_____	_____

6. **DECISION MAKING/PROBLEM SOLVING** *(Processes of decision making and problem solving used by the team).*

PRIORITY OF NEED

Our team needs:	High-3	Med-2	Low-1
to identify and use opportunities for solving team problems	____	____	____
to generate a full range of options for consideration when solving problems	____	____	____
to use appropriate processes for generating options (e.g., brainstorming, Delbecq nominal process)	____	____	____
to use appropriate decision-making methods for varied situations and needs	____	____	____
to have strategies that ensure equal participation in team decision making	____	____	____
to make decisions in a timely, effective, and efficient manner	____	____	____
to know/understand the limits of team decision making	____	____	____

7. **RESPONSIBILITY/IMPLEMENTATION** *(Responsibility for accomplishing the work of the team; team's progress toward achieving goals).*

PRIORITY OF NEED

Our team needs:	High-3	Med-2	Low-1
to have clearly defined goals that are understood by all team members	____	____	____
to use a variety of strategies to get jobs done (e.g., individual assignments/committees, task forces)	____	____	____
to develop more specific work plans for implementing decisions, (i.e., organizing plan into realistic steps, specific strategies, time lines, and person[s] responsible)	____	____	____
to select work strategies that are consistent with team and agency policies and procedures	____	____	____
to assign clear responsibility for carrying out the work of the team	____	____	____
to develop mechanisms for monitoring the implementation of the team's plans	____	____	____
to monitor the action plan to ensure that the work is carried out and the strategies are implemented	____	____	____

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8. **CONFLICT RESOLUTION** *(Team's ability to recognize and manage conflict).*

PRIORITY OF NEED

Our team needs:	High-3	Med-2	Low-1
clear procedural and behavioral standards that govern team activities	_____	_____	_____
to develop clearly defined methods, processes, or procedures for conflict resolution	_____	_____	_____
to develop strategies to constructively air conflict/ disagreement	_____	_____	_____
to practice a variety of strategies to resolve conflict	_____	_____	_____
to have clearly specified procedures for resolving differences of opinion between staff and families	_____	_____	_____
to understand the supervisor's role in continuing or unresolved conflict among team members	_____	_____	_____
to have clear procedures for formal redress of grievances	_____	_____	_____

9. **VIEW OF FAMILY ROLE** (*Attitudes, acceptance, and actions of the team related to the family's role on the team*).

PRIORITY OF NEED

Our team needs:	High-3	Med-2	Low-1
to view families as the center of the service planning process	____	____	____
policies and procedures that support a family-centered approach to service planning ...	____	____	____
mechanisms for involving families on policy planning teams as well as on IFSP teams	____	____	____
procedures that support families as they join the team	____	____	____
to respect and advocate family participation in team decision making	____	____	____
to assist each family in participating on the team at the level the family desires	____	____	____
to foster collaborative decision making with families	____	____	____
strategies for encouraging participation of families from a variety of cultural, educational, and geographic backgrounds	____	____	____

9. VIEW OF FAMILY ROLE ... *continued*

PRIORITY OF NEED

Our team needs:	High-3	Med-2	Low-1
pre-service and in-service training working collaboratively with parents	_____	_____	_____
mechanisms for including parents in in-service programs to build skills in family-centered service planning ....,....	_____	_____	_____

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10. **EVALUATION** *(Continuing assessment and planning to improve team function).*

PRIORITY OF NEED

Our team needs:	High-3	Med-2	Low-1
a system for examining, on a regular basis, current levels of team interaction and teamwork	_____	_____	_____
to assess its need for staff or team development/team building	_____	_____	_____
to evaluate team goals on a regular basis	_____	_____	_____
to compare group decisions with group goals	_____	_____	_____
to monitor results pertaining to decisions	_____	_____	_____
to evaluate strategies, time lines, and persons responsible for implementation	_____	_____	_____
to provide recognition and rewards for a job well done	_____	_____	_____
to establish and maintain a continuing process of team building	_____	_____	_____
a system for assessing and meeting individual staff development needs	_____	_____	_____

11. **EXTERNAL SUPPORT** *(Administrative or community interaction or support for the team).*

PRIORITY OF NEED

Our team needs:	High-3	Med-2	Low-1
to have a system for creating and maintaining community awareness of the team and its work (e.g., brochures, advertisements)	____	____	____
a system to secure community participants in team activities (e.g., board, volunteers, in-service) . . .	____	____	____
to be represented on local and state interagency committees . . .	____	____	____
to have a system for advocating on behalf of team needs/mission with fiscal program and policy makers	____	____	____
to develop/secure/increase fiscal, material, or personnel resources	____	____	____

12. **INTERNAL SUPPORT** (*Administrative procedures that authorize and support the work of the team*).

PRIORITY OF NEED

Our team needs:	High-3	Med-2	Low-1
time to work together as a team .	___	___	___
administrative support for using staff time on team's work	___	___	___
to have direction from administration about the decisions the team can make and administrative support for those decisions	___	___	___
prompt administrative response to team requests for decisions and information	___	___	___
to have regularly scheduled meeting times	___	___	___
to have a system of identifying and notifying team members for meetings	___	___	___
to start and end meetings on time	___	___	___
to have a designated meeting facilitator or chairperson	___	___	___
to have agendas developed prior to each meeting	___	___	___
to have a system for recording and following up on decisions made by the team	___	___	___

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STEP 4:
TEAM ACTION PLAN

Directions

Review the areas that your team identified as high priorities for further team development on the Team Assessment Checklist. Based on the team's discussion, determine three to four goals that you are ready to work on now. Duplicate the Team Action Plan form on the following page. Use a separate page for each goal.

For each goal, state the item from the Team Assessment Checklist that the team has chosen as a priority. In the objectives column, state the skill or characteristic the team needs to develop. In the activities column, list the strategies the team will use to achieve the objective. Decide which team members will be responsible for each activity. Set dates to review progress or complete the objective. Finally, list any resources that the team may need to accomplish the objective.

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TEAM ACTION PLAN

GOAL:

OBJECTIVES	ACTIVITIES	PERSON(S) RESPONSIBLE	TARGET DATE	RESOURCES NEEDED

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SECTION II:

INDIVIDUAL TEAM MEMBER
SCREENING AND ASSESSMENT

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INDIVIDUAL TEAM MEMBER
SCREENING AND ASSESSMENT

Purpose

Teams can only be as effective as the individual team members who come together to work as a team. It is important that each team member have or develop the skills necessary to contribute effectively to the team. The Team Member Screening Scale and Assessment Checklist are designed to help you learn more about your own teamwork skills and to help you plan staff development activities to meet your individual teamwork needs.

The Team Member Screening Scale is designed to help you identify broad areas of need. The Team Member Assessment Checklist is a more specific diagnostic instrument to help you identify specific skills and competencies you would like to address.

General Directions for Completing This Section

STEP 1. Complete the Team Member Screening Scale, pages 36-41.

STEP 2. Use the Team Member Screening Scale: Summary of Results on page 42 to list areas you identified as strengths (scores of 4-5) and areas in need of further assessment (scores of 1-2).

STEP 3. Based on your results in Step 2, select the appropriate items on the Team Member Assessment Checklist, pages 43-61, to decide on your priorities for staff development.

STEP 4. Review your results on the Team Member Assessment Checklist, with particular attention to those items rated as a high priority need (3). Complete the Individual Staff Development Plan on page 62.

Directions

Read each item and circle the response that most closely describes your current skill level. Descriptors are provided for responses 1 and 5. Other responses can be used to show where your behavior falls between these descriptors. Write your questions or comments in the space provided. You may share your results with others or not, as you choose.

1. **CLARITY OF PURPOSE** (*Consistency between your own goals and philosophy and the team's mission, philosophy, and goals*).

1	2	3	4	5

I do not know the team's goals and philosophy; or my own beliefs are in conflict with those of the team's.			I understand the team's goals and philosophy; my own beliefs are consistent with those of the team.

Please comment:_____

_____

2. **COHESION** (*Individual's sense of belonging and identity with the team*).

1	2	3	4	5

I do not feel I am a part of the team.			I have a strong sense of belonging and loyalty to the team.

Please comment:_____

_____

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3. **CLARITY OF ROLE** *(Individual's understanding of own role on the team).*

1	2	3	4	5

I am unsure of my role on the team, and/or I do not agree with my role as defined by the team.

I have a clear understanding of my role on the team, and I am committed to that role.

Please comment:_____

_____

4. **COMMUNICATION** *(Individual's openness and clarity of communication with team members).*

1	2	3	4	5

I feel guarded and hesitant to share my ideas, thoughts, & feelings with the team or with other team members.

I am open and willing to share my ideas, thoughts, & feelings with the team or with other team members.

Please comment:_____

_____

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5(a). **MY USE OF TEAM RESOURCES** *(Individual's use of other team members' knowledge, skills, and experiences).*

1	2	3	4	5

I am unsure of or do not use the resources of my team.			I seek out and use the resources of my team.

Please comment:_____

_____

5(b). **TEAM'S USE OF MY RESOURCES** *(Individual's ability to share knowledge and skills).*

1	2	3	4	5

I am uncomfortable sharing my knowledge & skills with the team.			I am comfortable sharing my knowledge & skills with the team.

Please comment:_____

_____

6. **DECISION MAKING/PROBLEM SOLVING** *(Individual's contribution to making decisions and solving problems on the team).*

1	2	3	4	5

I make few contributions to team decisions, and/or my contributions are not used by the team.			I always contribute to team decision making.

Please comment:_____

_____

7. **RESPONSIBILITY/IMPLEMENTATION** *(Individual's responsibility for accomplishing the work of the team).*

1	2	3	4	5

I do not assume responsibility; I am not efficient in carrying out my responsibility for the team's work.		I take responsibility for my work; I am prompt, dependable, & thorough.

Please comment:_____

_____

8. **CONFLICT RESOLUTION** *(Individual's ability to manage conflict among team members).*

1	2	3	4	5

I do not let the team know if I feel angry or upset, and/or I am uncomfortable bringing up problems or disagreeing.		I am able to air problems or to disagree without fear of reprisal and rarely am I uncomfortable when others disagree with me.

Please comment:_____

_____

9. **VIEW OF FAMILY ROLE** *(Individual's attitudes and acceptance of the family's role on the team).*

1	2	3	4	5
I feel uncomfortable working collaboratively with families.			I respect and support family participation as decision makers on the team.	

Please comment:_____

_____

10. **SELF-EVALUATION** *(Individual's assessment of own performance and participation in staff development for personal, team, and professional growth).*

1	2	3	4	5
I rarely take advantage of opportunities for personal growth; I do not regularly evaluate my performance on the team.			I evaluate my work regularly; I seek personal, team, and professional growth to meet identified needs.	

Please comment:_____

_____

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11. **EXTERNAL SUPPORT** (*Individual's interaction with other agency personnel or individuals in the community*).

1	2	3	4	5

I rarely participate in community activities; I am unaware of community issues or resources.			I take advantage of opportunities to interact with my community on behalf of the team; I am knowledgeable about community issues.	

Please comment:_____

_____

12. **INTERNAL SUPPORT** (*Individual's participation in regular administrative team functions*).

1	2	3	4	5

I rarely take responsibility for team maintenance tasks (i.e., taking notes at meetings, adding items to the agenda, participating in discussions).			I take responsibility for contributing to the administrative tasks of the team.	

Please comment:_____

_____

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STEP 2:
TEAM MEMBER SCREENING SCALE:
SUMMARY OF RESULTS

Directions

     Review the items on the Team Member Screening Scale. Any item that you scored as a 4 or 5 should be listed as a strength. (Use the back of the page if you need more space.) Any item that you scored 1 or 2 should be listed as an area in need of further assessment. Proceed to the Team Member Assessment Checklist on pages 43-61 to further assess these areas.

Strengths

    Item Number   Item

_____   _____

_____   _____

_____   _____

_____   _____

Need Further Assessment

    Item Number   Item

_____   _____

_____   _____

_____   _____

_____   _____

STEP 3:
TEAM MEMBER ASSESSMENT CHECKLIST

Directions

Review the summary you completed in Step 2. Complete only those items on this checklist that you identified as needs for further assessment at Step 2 (score of 1 or 2). The rating scale on the checklist is intended to help you identify priorities for individual staff development.

1. **CLARITY OF PURPOSE** (*Consistency between your own goals and philosophy and the team's mission, philosophy, and goals*).

PRIORITY OF NEED

I need help:	High-3	Med-2	Low-1
identifying my personal values related to a team approach to early intervention services	_____	_____	_____
resolving the differences between my personal values and the team's philosophy, including:			
-the rationale for service delivery	_____	_____	_____
-the clarification of parent/ professional relationships ...	_____	_____	_____
carrying out my responsibilities despite differences between my personal beliefs and the team philosophy	_____	_____	_____
understanding the team's mission and philosophy	_____	_____	_____
supporting the team's mission ...	_____	_____	_____
understanding the team approach and the purposes of team building	_____	_____	_____
participating in developing team goals and work plans	_____	_____	_____

1. **CLARITY OF PURPOSE** ... *continued*

                                                        PRIORITY OF NEED

    I need help: High-3   Med-2   Low-1

    working toward team goals and/or
    implementing work plans ......   _____   _____   _____

    understanding the impact of the
    team's philosophy and goals on
    policies and procedures ....   _____   _____   _____

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2. **COHESION** *(Individual's sense of belonging and identity with the team).*

PRIORITY OF NEED

I need help:	High-3	Med-2	Low-1
actively participating in team meetings	_____	_____	_____
expressing my views and opinions freely	_____	_____	_____
offering assistance to new team members	_____	_____	_____
carrying out my tasks on the team	_____	_____	_____
assuming responsibility for team tasks	_____	_____	_____
providing constructive feedback to other team members	_____	_____	_____
responding to team members in a warm, friendly, and supportive manner	_____	_____	_____
advocating team decisions with others	_____	_____	_____

3. **CLARITY OF ROLE** *(Individual's understanding of own role on the team).*

PRIORITY OF NEED

I need help:	High-3	Med-2	Low-1
understanding my role and responsibilities related to team development and team building	_____	_____	_____
understanding roles and responsibilities of others on the team	_____	_____	_____
accepting roles and responsibilities of others on the team	_____	_____	_____
supporting the roles and responsibilities of others on the team	_____	_____	_____
understanding my role and responsibilities as defined by the team	_____	_____	_____
seeking clarification of my role and responsibilities when unsure	_____	_____	_____
accepting my role and responsibilities as defined by the team	_____	_____	_____
carrying out the responsibilities of my assigned role	_____	_____	_____
assuming my share of the responsibility for team function ..	_____	_____	_____

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4. **COMMUNICATION** *(Individual's openness and clarity of communication with team members).*

PRIORITY OF NEED

I need help:	High-3	Med-2	Low-1
communicating openly and honestly	_____	_____	_____
expressing my thoughts and feelings clearly and concisely	_____	_____	_____
objectively recalling and describing events	_____	_____	_____
using effective listening skills, including active listening	_____	_____	_____
recognizing and using various types of nonverbal communication (e.g., tone, facial expression, gestures, posture, physical proximity)	_____	_____	_____
recognizing and using various types of verbal communication skills (e.g., furthering responses, paraphrasing/reflection of feelings, questioning, summarizing/maintaining, integrating)	_____	_____	_____
recognizing and using effective questioning strategies (e.g., encouraging remarks, probes, future-oriented questions; exploring solutions, outcomes, consequences)	_____	_____	_____

4. **COMMUNICATION** ... *continued*

PRIORITY OF NEED

I need help:	High-3	Med-2	Low-1
using formal and informal channels of communication with colleagues	_____	_____	_____
using formal and informal channels of communication with supervisors	_____	_____	_____

5(a). MY USE OF TEAM RESOURCES *(Individual's use of other team members' knowledge, skills, and experiences).*

PRIORITY OF NEED

I need help:	High-3	Med-2	Low-1
seeking out information and assistance from other team members	_____	_____	_____
recognizing other team members' strengths/abilities	_____	_____	_____
understanding theoretical/ philosophical principles of other disciplines	_____	_____	_____
understanding and explaining language of other team members (professional, cultural, etc.)	_____	_____	_____
understanding strategies of other team members/disciplines	_____	_____	_____
implementing strategies of other team members/disciplines	_____	_____	_____
respecting and making good use of time and availability of team members	_____	_____	_____
asking for feedback from other team members	_____	_____	_____
accepting and using feedback from other team members	_____	_____	_____

5(b). TEAM'S USE OF MY RESOURCES *(Individual's ability to share knowledge and skills).*

PRIORITY OF NEED

I need help:	High-3	Med-2	Low-1
identifying my own strengths and needs	_____	_____	_____
demonstrating confidence in my skills	_____	_____	_____
developing more skills in my own area of expertise	_____	_____	_____
communicating my expertise to others concisely and efficiently . .	_____	_____	_____
giving clear explanations of ideas or strategies	_____	_____	_____
providing instruction according to another team member's level of understanding and skill	_____	_____	_____
suggesting strategies that are practical	_____	_____	_____
demonstrating or modeling a strategy and providing team members with opportunities to practice it	_____	_____	_____
providing constructive feedback to the learner	_____	_____	_____
showing appreciation to colleagues	_____	_____	_____
asking for feedback	_____	_____	_____

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6. **DECISION MAKING/PROBLEM SOLVING** *(Individual's contribution to making decisions and solving problems on the team).*

PRIORITY OF NEED

I need help:	High-3	Med-2	Low-1
seeking and gathering information needed for decision making (i.e., suggestions, ideas, feelings, and beliefs)	_____	_____	_____
expressing my opinions or contributing beliefs	_____	_____	_____
identifying needs and initiating team decision making/problem solving	_____	_____	_____
clarifying purpose, problem, or task or asking for clarification . . .	_____	_____	_____
assisting the team in weighing options, summarizing/restating suggestions, elaborating/clarifying, giving examples	_____	_____	_____
encouraging the team's development of options and strategies	_____	_____	_____
considering other's ideas carefully before evaluating	_____	_____	_____
encouraging and supporting team decision making	_____	_____	_____

7. **RESPONSIBILITY/IMPLEMENTATION** *(Individual's responsibility for accomplishing the work of the team).*

PRIORITY OF NEED

I need help:	High-3	Med-2	Low-1
working in ways that are consistent with the team philosophy	_____	_____	_____
accepting responsibility for tasks	_____	_____	_____
functioning more independently in completing routine assignments . .	_____	_____	_____
asking for assistance with completing tasks when needed	_____	_____	_____
managing time effectively	_____	_____	_____
using a variety of strategies to accomplish tasks	_____	_____	_____
completing assigned tasks on time	_____	_____	_____

8. **CONFLICT RESOLUTION** *(Individual's ability to manage conflict among team members).*

PRIORITY OF NEED

I need help:	High-3	Med-2	Low-1
coping effectively with stress (i.e., understanding work-related stresses, recognizing life-style factors, using skills for physical relaxation)	____	____	____
receiving and making use of feedback; evaluating and modifying my behaviors	____	____	____
identifying my personal style of dealing with conflict (e.g., negotiating, denying, competing, or accommodating, collaborating)	____	____	____
choosing the appropriate time and place to address conflict	____	____	____
informing team members of disagreement, confronting issues openly, and dealing with conflict directly	____	____	____
giving others opportunities to express their perspectives about the conflict	____	____	____
considering others' ideas before evaluating	____	____	____

8. **CONFLICT RESOLUTION** ... *continued*

PRIORITY OF NEED

I need help:	High-3	Med-2	Low-1
clarifying and negotiating areas of conflict with others	_____	_____	_____
developing goals and strategies with other team members to deal with conflict	_____	_____	_____
understanding the role of conflict in team and organizational development	_____	_____	_____

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9.   **VIEW OF FAMILY ROLE** (*Individual's attitudes and acceptance of the family's role on the team*).

PRIORITY OF NEED

I need help:	High-3	Med-2	Low-1
understanding the theoretical and legislative basis for family-centered services	_____	_____	_____
bringing a family-centered perspective to our team's decision making	_____	_____	_____
bringing a family-centered perspective to my own work	_____	_____	_____
adapting my interactions with families based on understanding and respect for differences in ethnic, cultural, and socioeconomic status	_____	_____	_____
preparing the family for participation in team/program services	_____	_____	_____
encouraging and supporting family decision making in all aspects of the program	_____	_____	_____
assisting families in identifying their priorities, concerns, resources, and goals	_____	_____	_____

10. **SELF-EVALUATION** *(Individual's assessment of own performance and participation in staff development for personal, team, and professional growth).*

PRIORITY OF NEED

I need help:	High-3	Med-2	Low-1
identifying and understanding my areas of strengths and needs (personal, professional, or team related)	_____	_____	_____
completing tasks/assignments on time	_____	_____	_____
recognizing and expressing my own need for information and skills	_____	_____	_____
assuming responsibility for professional development	_____	_____	_____
planning and following through on professional development tasks (e.g., in-service, conferences, educational course work)	_____	_____	_____
keeping informed of current practices/approaches in my own area of expertise	_____	_____	_____
accepting positive and negative feedback; changing my behavior based on feedback	_____	_____	_____
seeking objective feedback from my colleague team members and supervisors	_____	_____	_____

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10. **SELF-EVALUATION** ... *continued*

<center>PRIORITY OF NEED</center>

I need help:	High-3	Med-2	Low-1
giving feedback to my colleagues in a caring and helpful way	_____	_____	_____
managing time and/or stress	_____	_____	_____

11. **EXTERNAL SUPPORT** *(Individual's interaction with other agency personnel or individuals in the community).*

PRIORITY OF NEED

I need help:	High-3	Med-2	Low-1
explaining the purpose and goals of the team/agency to individuals in the community	_____	_____	_____
advocating on behalf of the needs/mission of the team/agency	_____	_____	_____
increasing my skills when working with other agencies	_____	_____	_____
finding and using expertise/ services not available within my agency	_____	_____	_____
being sensitive to local issues during interactions with members of the community	_____	_____	_____
learning about and/or participating in community activities	_____	_____	_____
developing written and oral communication for use in public awareness activities (letter writing, public speaking, etc.)	_____	_____	_____
understanding the impact of national and regional events and legislation on local services, policies, and procedures	_____	_____	_____

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11. **EXTERNAL SUPPORT** ... *continued*

PRIORITY OF NEED

I need help:	High-3	Med-2	Low-1
gathering information on state and federal legislative issues	_____	_____	_____
learning about and/or participating on local, state, or national committees	_____	_____	_____

12. **INTERNAL SUPPORT** *(Individual's participation in regular administrative team functions).*

<table>
<tr><th></th><th colspan="3">PRIORITY OF NEED</th></tr>
<tr><td>I need help:</td><td>High-3</td><td>Med-2</td><td>Low-1</td></tr>
<tr><td>identifying the routine administrative maintenance tasks of the team ....</td><td>_____</td><td>_____</td><td>_____</td></tr>
<tr><td>developing/acquiring skills necessary to carry out maintenance tasks ....</td><td>_____</td><td>_____</td><td>_____</td></tr>
<tr><td>ensuring support from the administration in order to take on additional tasks ....</td><td>_____</td><td>_____</td><td>_____</td></tr>
<tr><td>participating in group discussions ....</td><td>_____</td><td>_____</td><td>_____</td></tr>
<tr><td>reviewing and negotiating with the team when maintenance tasks are taking too much time ....</td><td>_____</td><td>_____</td><td>_____</td></tr>
</table>

STEP 4:
INDIVIDUAL STAFF DEVELOPMENT PLAN

<u>Directions</u>

Review the items you rated on the Team Member Assessment Checklist, with particular attention to those that you rated as a high priority (3). Select three items that you are ready to begin working on now and list them in the column below. Now list the activities necessary and the resources available to you in order to acquire these skills.

SKILL	ACTIVITIES	RESOURCES
#1		
#2		
#3		

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TEAM-BUILDING RESOURCES

TEAM BUILDING RESOURCES

American Association of University Affiliated Programs for the Developmentally Disabled. (No date). Developing a community team. Washington, DC.

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Williamsburg Area Child Development Resources,Inc.
Post Office Box 299
Lightfoot, Virginia 23090-0299
(804) 565-0303
FAX (804) 564-0114

CDR 92 I

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