**Quality of Universal Implementation Checklist (QUIC)**

**Instructions for Completing**

**The QUIC is designed to provide a brief snapshot of interactions occurring in a setting. The Universal Supports Team will determine who completes a QUIC and how often, as well as follow-up with completed QUICs.**

**To complete the QUIC:**

1. Choose a time for your observation where you will have the full amount of time available. Turn off cell phone or other distracting devices you may carry.

2. Plan to spend 10 -15 minutes completing the QUIC.

3. Try to be as natural as possible while observing. Do not stand with a clipboard, pencil, stop watch, etc.

4. Record the name(s) of staff observed at the top of the page.

5. Indicate the location such as home or day program. Also indicate the setting within the home or day program where observation occurred.

6. Write the date of the observation. Be sure to include year.

7. Indicate the time the observation started and time it ended.

8. In the score column:

* Place a check mark if the skill was demonstrated by staff observed for the duration of the observation or at every possible opportunity.
* Place an X if the skill was not demonstrated by staff observed throughout the observation or at every opportunity. If an X were placed, be sure to specify in the comments column what opportunity was missed or what behavior staff exhibited that was inconsistent with interaction skill observed.
* Place a N/A if there was no opportunity to observe skill.
* ***See Scoring Key for alternate scoring to be use with EXCEL Spreadsheet***

9. On the lines at the bottom of the sheet write comment on overall observation. Try to find some aspect of staff behavior to commend.

10. Sign your name as Observer.

11. Pass completed form to staff designated by the Universal Supports Team.

**Quality of Universal Implementation Checklist (QUIC)**

**Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time: Start \_\_\_\_\_\_\_\_\_Stop\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Interaction Skills** | **Score** | **Comments** |
| 1. Staff use appropriate volume, tone, eye contact, and body language |  |  |
| 2. Staff provide positive interactions, greetings, small talk, and social praise |  |  |
| 3. Staff interact frequently with individuals (every 15min at minimum) |  |  |
| 4. Staff interact using communication system appropriate for individual |  |  |
| 5. Amount of support is adequate |  |  |
| 6. The area is clean and free of obstacles; a desirable place to be |  |  |
| 7.Staff give specific reinforcement that is consistent with program guidelines |  |  |
| 8. There is a clear functional routine occurring |  |  |
| 9. Individuals know what to do in setting or are instructed by staff |  |  |
| 10. Individuals receive assistance within reasonable amount of time |  |  |
| 11. Materials for routine are accessible and in good repair |  |  |
| 12. Opportunities to makes choices given |  |  |
| 13. Data recorded as required |  |  |
| **Total checks:** |  |  |

**Scoring Key:** = Skill demonstrated all opportunities for entire observation

  **X =** Skill not demonstrated throughout the observation.

 **N/A** = No opportunity to demonstrate the skill.

**NOTE: If you are going to use Excel to the scores use this Scoring Key:**

 **N/A =** No opportunity to demonstrate the skill

**0** = Staff did not demonstrate this skill when required

**1** = Staff demonstrated this skill with partial fidelity

**2** =Staff demonstrated this skill with full fidelity

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 **Reviewer Signature Observer Signature**