



# **Core Competencies for Adolescent Sexual and Reproductive Health**

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## **Performance Assessment and Human Resources Toolkit**

June 2009  
Core Competencies Subcommittee of the  
California Adolescent Sexual  
Health Work Group (ASHWG)

*This document is a companion to Core Competencies for Adolescent Sexual and Reproductive Health. It provides the background and tools to apply the Core Competencies to the evaluation of staff and performance assessment in a work setting. It offers strategies and techniques to assist in the implementation of high quality and effective competency assessment.*

*This document was developed by an Ad Hoc Committee of the California Adolescent Sexual Health Work Group, an association of public and private-sector professionals with a shared interest in developing the capabilities of adult providers of adolescent sexual and reproductive health services. The members of the Ad Hoc Committee are listed below. The views expressed in the Performance Assessment and Human Resources Toolkit do not necessarily represent the official position of the institutions that provided financial support for the development of the document. The Core Competencies for Adolescent Sexual and Reproductive Health document is available to the public in a downloadable format at the California Adolescent Health Collaborative website:*

<http://www.californiateenhealth.org/download/ASHWGcorecompetencies2008.pdf>

*The California Adolescent Health Collaborative is a statewide coalition of representatives from public and private agencies committed to a comprehensive, asset-based, multidisciplinary approach to improving the health and well-being of California youth.*

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## The Core Competencies

An increasing number of professions have begun to articulate the knowledge and skills necessary to be successful in a profession in the form of competencies. This recent emphasis on competence represents a movement away from knowledge-only or process-based assessments towards outcome-based assessment. The movement toward models of competence represents a more faithful description of the expectations and demands of a profession. It implies a shift in the way in which educators, trainers, and supervisors understand and conceptualize the role of a practitioner or service provider. A focus on competence creates opportunities for improvements in staff development, supervision, and evaluation in the field of reproductive health.

The key elements of a competency are the description of knowledge, skills, or an attitude, sometimes framed as a characteristic or ethic. In fact, several organizations use the acronym KSA (knowledge, skills, attitudes) as shorthand for competency. Competencies can be acquired through formal training but also through experience, performance support systems, and on the job training. They may require that practice and performance complement knowledge-based learning (*Competency-to-curriculum toolkit: Developing curricula for public health workers, 2004*).

The competencies common to everyone working within a discipline or population-specific profession are generally termed “core” competencies. The *Core Competencies for Adolescent Sexual and Reproductive Health* are intended to apply to all staff and professionals who interact with youth in the area of reproductive health, including health clinic workers, test counselors, case managers, clinicians, classroom teachers, community educators, and health outreach workers, to name a few. Each of these professions will demand additional job-specific or role-specific competencies. The Core Competencies addressed here are those that all staff should strive to possess in order to deliver effective, sensitive, and appropriate sexual and reproductive health programs/services to adolescents.

# Performance Appraisal in a Work Setting

The workplace presents an ideal setting for evaluating and assessing staff progress toward the learning and application of competencies. Managers can look beyond the facts and knowledge to the real-life application of what has been learned. Effective assessment strategies provide both supervisors and staff with a clear sense of a practitioner's strengths and weaknesses and relevant information for ongoing training and staffing needs. The workplace also provides multiple opportunities for evaluation as an integral part of ongoing supervision, role modeling, mentoring, and training. Well-structured evaluation can encourage self-directed learning that combines continuing education opportunities with on-the-job learning.

In any given educational, clinic or other work setting, the job specific requirements will likely involve more than the Core Competencies addressed here. There are additional knowledge, skills, and attitudes that are specific to a role or work setting. However, the same principles of assessment will apply. The tools offered here are easily modified to be applicable to additional competencies.

In 1990 psychologist George Miller proposed a framework for conceptualizing the assessment of competence (Figure 1). At the foundational level of the pyramid is the basic facts or knowledge (knows). The next level is applied knowledge (knows how), which indicates the ability to use that knowledge appropriately and in the correct setting. The next level of competence describes the hands-on ability to demonstrate the application of a competency (shows how). The final achievement of competence is independent action (does) on a consistent basis.

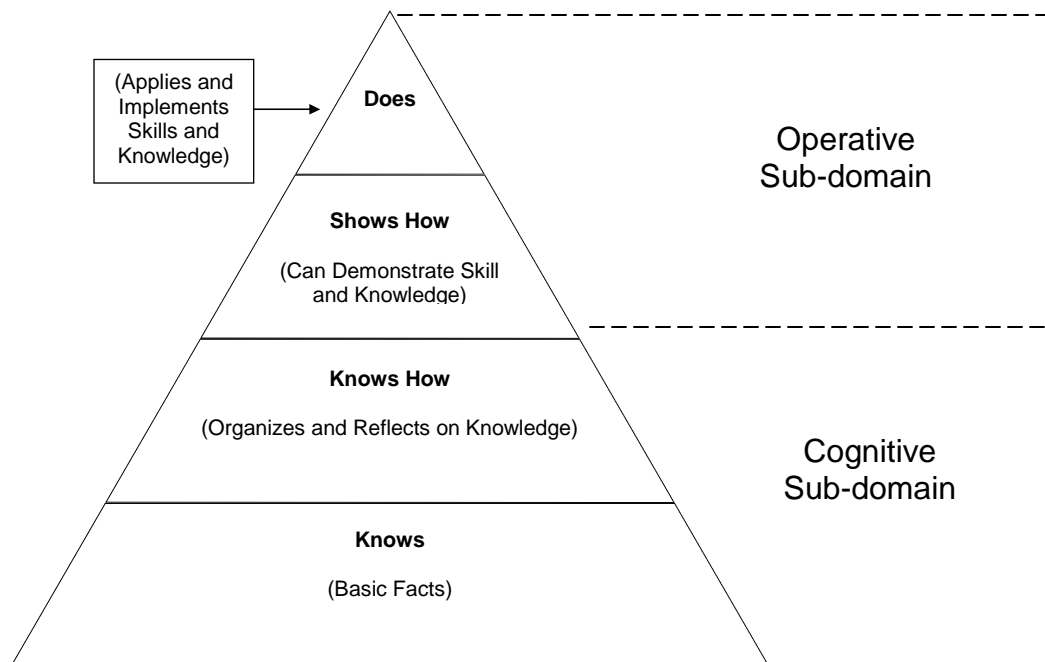


Figure 1. Miller's Pyramid aligned with sub-domains of the Core

Miller's framework distinguishes between knowledge and performance. The first two levels of the pyramid correspond to the cognitive sub-domain of the Core Competencies. The higher two levels correspond to the operative sub-domain. Performance focuses on what occurs in practice rather than what happens in an artificial testing situation. Assessment methods in the work setting primarily target this higher level of the pyramid and collect information about an individual's performance in his/her everyday setting. An important point to bear in mind is that performance requires a level of knowledge of basic facts and applied knowledge. In other words, doing implies a measure of knowing. However, the converse is not necessarily true. Possessing knowledge of a subject does not necessarily imply the ability to translate that knowledge into the day-to-day demands of action required by job performance. This distinction becomes important when determining methods for assessing either knowledge or performance.

There are 52 *Core Competencies for Adolescent Sexual and Reproductive Health*. Of these, 31 are operative and 21 are cognitive. While this number may seem overwhelming, remember that performance assessment will probably involve only a few at any one time. The Core competencies may represent a lifelong blueprint for professional self-improvement. Having staff complete a self-assessment to identify areas for competency improvement is an ideal strategy for determining staff training needs. This can be done even by looking at one of the domains and focusing training efforts on the competencies within that domain.

There is no single best assessment method for evaluating competence, or even a specific competency. An ideal approach is to develop multiple assessment methods tailored to the competency being measured (Bashook, 2005). A combination of assessment methods creates a richer profile of the individual practitioner. Assessment should not be done in isolation from the real and complex world of performance. Effective assessments allow staff to reveal as many dimensions of knowledge, skills, and attitudes as possible. Assessment methods should be designed to capture the complexity of learning and performance. They allow staff to demonstrate how well they:

- Integrate and transfer their learning over time,
- Apply knowledge and understanding into new settings and contexts,
- Engage in a variety of problem-solving strategies, and
- Create, express, and interpret meaning.

This requires a comprehensive approach that acknowledges and values the diverse ways that adults learn. The use and/or design of multiple methods of assessment reduce the limitations that characterize the application of single methods.

## Structuring Competency Assessment

Assessments and evaluations can be structured to meet the human resources requirements of an organization, as well as create an in-depth and meaningful assessment of competence. Doing so involves rethinking the traditional mechanics of evaluation as a discrete annual event, conducted by the supervisor, in order to quantify employee performance. Evaluation can be a collaborative venture that creates opportunity for practitioner and supervisor growth. Effective assessment should be dynamic, ongoing, and involve multiple evaluative strategies.

Think of evaluation as beginning with employee self-assessment. Learning and performance are almost universally enhanced by the structured opportunity for periodic reflection. Self-reflection promotes intrinsic motivation. Before sharing an evaluation, it can be instructive to ask the practitioner to rate their own performance.

The first step in determining an assessment method is to clearly articulate the competency to be measured or observed. Once a competency has been stated in behavioral terms, that is, with a clear sense of what you are looking for, strategies for measuring that competency will begin to suggest themselves. Having a clearly articulated competency will increase evaluator confidence in the validity of the assessment method. In most cases you will not be using evidence-based or formally validated instruments, but more locally determined measures. Having clarity in what you are looking for will suggest effective and creative methods for finding that.

A primary distinction to make is whether the competency is cognitive or operative. Measuring knowledge will suggest different assessment strategies than performance-based competencies. Returning to Miller's pyramid of competence (Figure 1), knowledge and applied knowledge are the foundation of performance. In terms of assessment, this would suggest that it is critical to assess someone's level of knowledge in a particular area before assessing performance. Performance is built on accurate understanding even as it goes beyond that knowledge when it is applied in the work setting.

A word of caution: measures of knowledge and performance, without regard to the specific form of the measure, can be sources of anxiety for people. Well-known "test anxiety" can sometimes take extreme forms. The anxiety associated with being evaluated through direct observation may also create intense levels of anxiety. It is important to keep this in mind when choosing an assessment method and when analyzing the results. The anxiety associated with such performance can influence a person's ability to demonstrate an accurate level of competence.

## Assessment of Knowledge

Assessment of knowledge will undoubtedly be the most familiar to a practitioner or service provider. Courses of education, beginning in elementary school, rely heavily on these objective, pencil-and-paper measures of knowledge. They are easily administered and scored, and have the advantage of being standardized. On the downside, such measures may only elicit understanding of a narrow slice of cognitive knowledge.

Knowledge assessment is relevant to the 21 Core Competencies in the cognitive sub-domain. Instructor-made tests, or tests created locally by an organization, will not have the high level of validity and reliability that characterize standardized testing. This is why it is important to have a clear idea of what you want to measure, and to critically look at the measures you use to see if they conform to the expected standard. The usefulness and credibility of knowledge assessment instruments must be determined their alignment with the needs of the organization.

Generic tests, pre-post tests, or multiple-choice questions may be found in curricula or as part of standard training programs. Increasingly, computer-delivered testing is being used because of the ease of administration and scoring. There is some evidence that users find increased satisfaction in computer-delivered assessments and prefer these over paper and pencil tests (Bashook, 2005).



# Knowledge Assessment Instruments

## *Multiple Choice Questions*

Standardized testing frequently utilizes a multiple-choice format. These tests consist of questions that require identifying the correct answer, incorrect answer, or best choice, among several plausible options. Some offer a brief synopsis of a situation and then ask for the best response or choice. Pencil and paper questionnaires are excellent for measuring fact-based knowledge, application of knowledge, and reasoning skills. Standardized tests have generally been rigorously validated with high reliability. When properly designed and administered, multiple-choice questionnaires are the gold standard for knowledge assessment.

## *Short Answer*

Short answer instruments may take the form of fill-in-the-blank questions or written responses to knowledge-based questions. This type of measurement is easy to construct and does not require sophisticated technology to score. Whereas multiple-choice questions require the test-taker to recognize the correct answer, short answer tests require the practitioner to convey the correct response from memory. An easy method for creating a short answer assessment is to take written material on a topic and strategically delete phrases or words. These become the basis for the short answer format.

## *Essay Questions*

Essay questions often allow the practitioner to reveal a breadth and depth of knowledge not possible in multiple choice formats. Tests and surveys that include essay questions often request more thoughtful responses. Well-constructed essay questions might invite the responder to reveal sequential thinking, decision-making patterns and the application of knowledge to specific situations. Essay topics may elicit personal values and attitudes that relate to real-life practice.

## *Oral Questioning*

A simple method for determining what someone knows is to simply ask. Oral questioning can take the form of a Socratic dialogue, in which well-formed questions are used to elicit a practitioner's level of knowledge and understanding. If this format is used,

carefully consider the types of questions that are used. Questions can either be open-ended or close-ended. Like essay questions, oral questioning can be used to elicit values, patterns of reasoning and decision-making. There is also the added advantage of observing how a practitioner formulates ideas, the tempo and pace of responses, the level of technical or non-technical language etc.

### *Oral Presentations*

Arranging for a trainee or practitioner to give an oral presentation serves multiple purposes. It allows staff to take responsibility for their own learning, provides for a measure of creativity, requires the use of presentation skills, and focuses on the application of knowledge rather than a recitation of facts. This places staff in the position of teaching each other, which can create team-building. Consider using staff meetings as an opportunity for individual practitioners to review basic or even advanced knowledge. They can use existing written material as a foundation, create handouts or bullet points, or design a PowerPoint presentation.

### *Pre-Post Tests*

Many curricula, trainings, and workshops use a pre/post questionnaire as a measure of knowledge gained in a course of study. Most written questionnaires can be used in a pre/post format. In fact, all of the knowledge assessments listed above can be used in a pre/post format. Simply administer the same instrument prior to a course of study or period of learning, and then immediately following. Improved scores on a post-test become the measure of increased knowledge. The same instrument can be administered even months later to chart knowledge gain and loss over time. Consider using knowledge-based instruments as an outline for expected knowledge that staff can revisit periodically.

## Assessment of Performance

The 31 competencies in the operative sub-domain involve at least some level of performance. In general, performance must be measured by direct methods requiring observation of a practitioner's behavior over time. Indirect methods, such as self-assessment and client reports can supplement the more direct methods but cannot substitute for observation.

The operative competencies may require some measure of knowledge for performance. Some individuals comprehend the basic facts of a topic but have difficulty communicating that knowledge to others. Or, they have difficulty in applying the knowledge. That is why, if a competency is founded on knowledge, it is important to begin with measures of knowledge before measures of performance. In the absence of evidence-based approaches to performance assessment, combining strategies that involve a variety of methods provide the best measures of competence. Involving clients, supervisors, and the practitioner helps to complete a broad picture of competence (Vess, 2007).

## Performance Assessment Instruments

### *Global Assessment Form*

A Global Assessment Form is intended to provide a comprehensive view of a practitioner's performance. It involves selecting specific Core Competencies and/or competencies specific to a job role or setting. The competencies under review are given a scale and then one or more supervisors rates the practitioner separately. Written comments are made to elaborate on the rating, adding retrospective impressions or judgments about a person's performance. This type of scale is considered superior to checklists for assessing performance. The Global Rating Form is ideal for both clinic and educational settings. The *Competency and Assessment and Evaluation Tool* on page 26 functions as a Global Assessment Form.

### *Supervisors Summary Reports*

Summary Reports represent a generic class of employee evaluations that are produced as part of an annual review. This report consists of a supervisor's personal evaluation of trainee or practitioner performance. Often these evaluations are specific to an organization and focus on many areas of performance outside of the Core Competencies. Summary Reports can be an important contribution to a larger effort to assess practitioner competence. They are generally retrospective assessments, reflecting on past performance, rather than direct observation of performance in action.

### *Client Surveys*

Client Surveys are questionnaires that are completed by customers and clients regarding their encounter with a specific practitioner. The questionnaires typically include a rating system for commenting on satisfaction with the quality of service or care, the overall relationship, and perception of competence in specific knowledge or skill. Such feedback forms are also appropriate to educators teaching in group or classroom settings. They provide a volume of data about client perceptions of a practitioner's efficacy, demeanor, and attitude. The scoring and analysis of client surveys can be informal or the data can be subjected to a more rigorous analysis. The results of the surveys can be compared to a pre-determined

standard of performance. They can be collected over time to view trends in client perceptions.

### *Client Record Audits*

Virtually all job-related activities in the area of reproductive health require some type of record keeping. One insight into job performance can be through the review and auditing of written records. Beyond looking for compliance with record-keeping, some records can reveal evidence of performance levels. Client Record Audits should be based on clearly defined criteria and protocols. They should be undertaken by supervisors with knowledge of what to look for and with authority to review what might be confidential material. Record Audits can surface strengths and weakness of competencies related to professional practice, ethics, assessment, and quality of interventions.

### *Portfolios*

The Portfolio is a collection of products prepared by the practitioner that documents progress toward mastery of a competency or skill-set. The Portfolio is based on a set of requirements that the practitioner must follow. However, Portfolios also allow for high levels of creativity in the design and presentation of the products. Each product provides evidence of the level of the practitioner's accomplishment. One of the products may be a written statement that details the learning process, a summary of what was learned, and a plan for future learning. Portfolios are excellent for both cognitive and operative competencies. Vess (2007) characterized the Portfolio as the method with the greatest potential for encompassing all aspects of clinical and professional competence. An additional advantage is that responsibility for preparing the Portfolio and documenting learning falls on the practitioner. The preparation itself can become a self-validating testimonial of competence and allow for individual creativity.

### *360 Degree Evaluation*

The 360 Degree Evaluation is also referred to as Multi-Source Feedback (MSF). This assessment strategy involves a series of standardized ratings that are completed concurrently by a set of individuals who have been able to observe practitioner performance, such as supervisors, peers, co-workers, and clients. The ratings are done retrospectively with

all evaluators completing an identical survey using the same rating scale. The time period for each rater's judgment will also be the same. Evaluators generally include written comments to enhance the numerical ratings. This strategy is useful for competencies related to knowledge, performance, relationships, professionalism, communication skills, and attitudes. When complete, these evaluations create a *360 Degree Evaluation* of practitioner performance as evidenced through a variety of perspectives. One caution in using this method is taking care to keep information confidential.

### *Role Playing Simulations*

When direct observation of practitioner or educator performance is unrealistic or impractical, role-play can be used to approximate the context for targeted performance assessment. Of course, a simulation that closely resembles the reality of an interaction will produce richer and more detailed results. Specific job-related scenarios can serve as a focus for simulation, taking a practitioner through the management of complex situations. Simulations need not be complex. Saying, "Pretend I am a 15 year-old female and explain this material to me," can create a setting for evaluating communication and nonverbal behavior. Co-workers can alternate between the role of client and practitioner for both practice and assessment. Bringing a trained youth peer educator into the room for practice takes the simulation to another level. Actors in simulations are valuable sources of feedback to practitioners.

### *Direct Observation*

The gold standard of performance assessment is the direct observation of a practitioner working in the actual setting, whether it is a classroom, clinic, or other venue. Videotaping client interactions can be just as valuable, providing evidence of competency and allowing for later review. Direct observation may carry with it a high level of anxiety for some practitioners, which can interfere with performance. Direct or videotaped observations of a practitioner generally involve a rating scale and checklist. The *Competency Assessment and Evaluation Tool* on page 26 can serve as the foundation of a checklist as it includes the option of a self-chosen rating scale.

There is also room to include additional competencies for observation.

### *Multi-Stage Assessment*

Multiple methods and strategies of assessment create a more global view of practitioner performance and accommodate different learning styles. Building on that principle, Multi-Stage Assessment is a model that combines self-assessment, written examinations, and direct observation of performance skills. This approach captures both cognitive and operative sub-domains of the Core Competencies. The results of these individual assessments are then combined to create an integrated picture of employee competence.

These assessment measures are based on Bashook (2005) and the Competency-to-Curriculum Toolkit (2004).

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## Resources

- California Adolescent Health Collaborative <http://www.californiateenhealth.org/>
- Adolescent Health Work Group Resources and Toolkit <http://www.ahwg.net/>
- National Youth Development Information Center <http://www.nydic.org/>
- National Organization for Competency Assurance (NOCA) <http://www.noca.org/>
- National Commission for Health Education Credentialing <http://www.nchec.org/>
- Society for Human Resources Management (SHRM) <http://www.shrm.org>





# Human Resources Toolkit

This section includes several instruments to assist with performance assessment and human resources management. The samples and templates are designed to help integrate the Core Competencies into existing instruments. They can be easily modified and structured to fit the specific demands of your organization.

## Job Description

Job descriptions are designed to attract the best-qualified and competent candidates. In many cases, the profile and look of a job description are determined by the organization, leaving supervisors with little input into the overall structure. However, the job requirements for any position will need to have clearly defined and tangible skills. Think of your job description as a performance profile rather than a litany of tasks and responsibilities. The Core Competencies can be used to identify the most salient skills, knowledge, and attitudes that relate to job performance. The sample job description below provides language that can be included in the list of job specific requirements. The samples are organized according to the five domains of the Core Competencies. Identify the domains and competencies that most closely match the requirements for the job. Choose from the sample items and integrate them into a job description. Alter the language as needed or design additional requirements using the Core Competencies as a guide.

### **Adolescent Sexual and Reproductive Health Provider**

#### NATURE OF WORK

To provide professional, high-quality health services to adolescents.

#### SUCCESS FACTORS (Knowledge, Skills and Attitudes)

##### *Professional and Legal Role*

- Enjoys working with adolescents
- Comfort and confidence discussing topics related to adolescent sexuality,
- Comfort in working with adolescents from a variety of cultural backgrounds, including race, ethnicity, gender, spirituality, and religion.
- Knowledge of specific legal rights of adolescents obtaining sexual and reproductive health services,
- The skill and willingness to collaborate and work on a team,

##### *Adolescent Development*

- The ability to apply key theories/models of behavior change as they relate to adolescents,
- Knowledge of the cognitive, psychological, social, emotional, and physical dimensions of adolescent sexual development,
- Understanding of the importance of gender and sexual orientation in adolescent sexual identity,
- Knowledge of the dynamics of healthy adolescent relationships,

### *Youth Centered Approach and Youth Culture*

- The ability to discuss the contexts and factors that influence adolescent sexual decision-making.
- Knowledge of current trends in youth culture, including the use of media,
- Communication skills that emphasize a strengths-based approach to youth development,
- The ability to motivate youth to identify and participate in health communities,
- Knowledge of community health resources,

### *Sexual and Reproductive Health*

- Knowledge of the anatomical, physiological, and psychological changes that take place during puberty,
- Knowledge of the physiology of the human sexual response,
- The ability to describe the importance of reproductive life-planning and reproductive health care to adolescents,
- The ability to discuss sexual information using non-technical language,

### *Pregnancy, STIs, HIV*

- Knowledge of the common behavioral factors linking prevention of unintended pregnancy, STIs and HIV,
- Knowledge of the fundamental facts of hormonal and barrier methods of contraception,
- Knowledge of the fundamental facts on STIs, including transmission, signs and symptoms, consequences, and the types of risk elimination,
- Knowledge of the fundamental facts on HIV, including transmission, the spectrum of HIV disease and opportunistic infections, risk reduction, and testing,
- The ability to discuss the potential physical, emotional, economic, and social consequences of unintended pregnancy, STI infection, and HIV infection on adolescents.

# Structured Interview Guide

Screening applicants to determine the best qualified candidates is important to any organization. Beyond an applicant's resume and application, the screening interview is a critical opportunity for determining level of competence for a potential employee. Think of applicant screening as the first step in a continuum of competency assessment. Begin with a comprehensive list of the specific competencies that you are looking for in a candidate. If the job description for this position does not include a comprehensive list, you will need to create one. The sample questions in this *Structured Interview Guide* suggest wording that allows each candidate to reveal their knowledge, skills, and attitudes. Some of the competencies related to comfort and skill in communication are implicit and need to be discerned in the quality of the responses. Choose from the sample questions below to elicit a demonstration of competence from each of the Core Competency domains. It is not uncommon for potential candidates to be asked to give a formal presentation during an interview to demonstrate skill level in presenting information, describing technical material, or conducting a lesson for a small group. You can specify the profile of an adolescent audience as the target group for a demonstration. These activities allow you to combine several competencies for observation and assessment.

## **Adolescent Sexual and Reproductive Health Provider**

### *Professional and Legal Role*

- Describe a memorable experience working with adolescents from diverse cultural backgrounds.
- What are specific legal issues to keep in mind when working with adolescents?
- Pretend that I am a 15 year-old adolescent. Explain the protection of confidentiality and the limits of confidentiality to me.
- What is most rewarding and what is most challenging about working on a team? Can you offer examples?
- How would you respond to an adolescent who discloses sexual behavior that conflicts with your personal morality?
- Describe the steps you would take when an adolescent reveals to you in confidence that he/she has been sexually molested.

### *Adolescent Development*

- Describe some of the factors that influence adolescent decision-making and behavior change.
- Describe some of the social and emotional changes that occur during adolescence.
- If an adolescent revealed that he/she had same-sex attractions, how would you respond?
- What do you consider to be the hallmarks of healthy adolescent relationships?

- Pretend that I am a 17 year-old adolescent male. Describe a range of healthy sexual behaviors that are low-risk.
- Describe some of the strategies you would use to create comfort with an adolescent and elicit disclosures about sexual behavior.

### *Youth Centered Approach and Youth Culture*

- Describe some of the factors that would distinguish healthy and potentially harmful relationship patterns in adolescence.
- What are some of the ways that media such as cell phones and the internet can impact adolescent relationships?
- How would you respond when youth use slang terms for sexual behavior?
- What are some ways to motivate youth to take responsibility for their behavior?
- What considerations would you make when deciding to refer youth to community health resources?

### *Sexual and Reproductive Health*

- Describe some of the anatomical and physiological changes that take place during puberty.
- What questions would you ask a teen who was preparing for a pregnancy?
- What are some of the ways that drug use affects sexual decision-making and sexual behavior in adolescents?
- What is your understanding of the distinction between sexual orientation and transgender?
- In what ways would you adjust your communication to address the needs of gay, lesbian, or transgendered youth?

### *Pregnancy, STIs, HIV*

- What are some of the signs and symptoms that would indicate that an adolescent had an STI?
- Describe some of the common behavioral factors linking the prevention of pregnancy, STIs and HIV.
- What consideration might a teen make when deciding between hormonal and barrier methods of contraception?
- What are some of the ways that teens can reduce the risk of STIs including HIV?
- Under what conditions would you recommend that a teen be tested for HIV?
- Pretend that I am a 16 year-old (male or female) adolescent. Describe to me some of the potential physical, emotional, economic, and social consequences of unintended pregnancy.

## Performance Descriptors

Standardized testing typically rates someone's performance against other test-takers (norm referenced testing) or against a pre-established rating scale (criterion referenced testing). In performance appraisal in the work setting, it is likely that the level of performance will be measured against expectations for a particular job or role. As an evaluator, you have a level of expectation for job performance. This may be written down or exist as a subjective measure in your mind. It is against this expected level of competence that you are rating your observations.

Some models of competence are worded to describe the highest level of achievement. Other models define the progressive levels or benchmarks of competence from an introductory level to an accomplished level. However, a basic assumption of competency assessment is that the progression from awareness to knowledge to proficiency is a continuum without distinct boundaries. Learning does not always take place in a linear, step-wise fashion. There may be transitional skills that emerge between stages.

Most evaluations use a rating scale, generally from 1 to 4, or 1 to 5. The rating scale translates the level of competence from a word to a number (Satisfactory = 2), which may be useful in tabulating a more global assessment, or determining trends over time. Defining the terms used in the rating scale can increase both understanding and reliability when more than one person is conducting an assessment. When choosing a scale to describe levels of competence, consider both the descriptive nature of the terms as well as the impact of the terminology on staff. Does the terminology describe the sentiments you would like to convey?

Below are two sample scales with descriptors to make the numeric rating more precise.

**Instructions:** Rate your personal level of accomplishment for each of the competencies using the scale outlined below:

**1 – No Prior Experience:** has no prior experience with this competency at this time.

**2 -- Introductory Level:** is just beginning to learn and use this competency. There is little prior experience.

**3 -- Intermediate:** is familiar with the competency and uses it regularly, but feels that there is still much room for growth and improvement.

**4 -- Competent:** is able to use this competency without preparation in a variety of settings. The practitioner feels that he/she would be a good role model for others in learning this competency.

**5 -- Accomplished:** consistently demonstrates a high degree of skill in using this competency and is able to use it in unique and creative ways.

Teacher Competencies for HIV/STD Prevention

**1. Unsatisfactory** – Performance is consistently below expectations

**2. Needs Improvement** -- Performance does not consistently meet expectations

**3. Satisfactory** – Solid performance, consistently fulfills expectations and at times exceeds them

**4. Above Average** – Performance is consistently beyond expectations

**5. Excellent** – Performance well exceeds expectations and is consistently outstanding

Vista Community Clinic Job Description

### Additional Examples of Rating Scales

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Absent	Emerging	Present	Strong
Emerging	Intermediate	Proficient	Expert
Deficient	Below Expectations	Meets Expectations	Exceptional Skills
Unsatisfactory	Satisfactory	Commendable	Exemplary
Unacceptable	Needs Improvement	Good	Excellent
Novice	Apprentice	Practitioner	Professional

## Professional Development Plan

The *Professional Development Plan* provided here is a natural extension to the process of assessment. It is intended to be a collaborative map that supervisor and practitioner use to define the parameters for ongoing development of competence. The *Professional Development Plan* begins with the identification and recognition of employee strengths. This will form the foundation for increasing strength as defined by the goals. Each goal is a specific competency that has been identified for improvement. Goals need not be entry level or remedial. They may target an existing area of expertise to take to a new level. Goals can be determined by looking at each of the five domains of the Core Competencies and making sure that adequate progress is being made in each. Additional goals unrelated to the Core Competencies will also be an element of an overall plan.

Employee:

Job Title:

Review Period:

Date Began Present Position:

**STRENGTHS AND ACCOMPLISHMENTS:** List employee strengths and accomplishments for this time period.

Goal 1:

Goal 2:



Goal 3:

Goal 4:

Goal 5:

Employee \_\_\_\_\_

Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

## Competency Assessment and Evaluation Tool

This instrument organizes the entire set of 52 Core Competencies into a flexible tool that can be applied or modified for a variety of evaluation strategies. Before using the tool, you must choose an appropriate scale, and establish a numbered rating system. Each competency is labeled according to its sub-domain as either *Cognitive* or *Operative*. As described earlier, competencies in the cognitive sub-domain will suggest different types of assessment than competencies in the operative sub-domain. Operative competencies generally require some type of observation to determine level of competence. Under each competency are listed several *Possible Indicators*. They suggest some of the many ways that a competency can be demonstrated by a practitioner. These indicators are only suggestions and some may not be appropriate to a specific setting or practitioner. There is room to insert additional indicators that may better reflect level of competence. Conversely, you may want to insert some of these competencies into an existing evaluation instrument. Below are some of the applications of the *Competency Assessment and Evaluation Tool*.

**Self Assessment:** Practitioners can evaluate their strengths in all domains by completing the tool as a self-assessment. The results can be compared to an assessment by a peer, a supervisor, or several supervisors to form a complete picture of practitioner competence and performance. Gaps in competence are easily identified and can become the basis for targeted improvement.

**Performance Evaluation:** Supervisors can use this tool to independently rate the competence and performance of practitioners. Choose an appropriate rating scale to apply to the document. The results can be viewed by individual competency or by domains. The *Competency Assessment and Evaluation Tool* leads naturally to the *Professional Development Plan* for designing goals for targeted improvement.

**Compare Strengths of Team Members:** Conducting a performance evaluation on several practitioners can provide a picture of the range of competence embodied in a team. Comparing the results of several practitioners provides a mosaic that allows a manager to better match skill level to the demands of the organization, strategize on-the-job mentoring for increased competence, assess training needs, and develop a training or mentoring plan.

**Assess Training Needs:** The *Competency Assessment and Evaluation Tool* can be applied as a guide for determining training needs of the organization. Taking a survey of practitioner preferences, or applying a more rigorous assessment can help assess training needs. Such assessments can also surface those practitioners who might be able to share their expertise as trainers or mentors.



# COMPETENCY ASSESSMENT AND EVALUATION TOOL

Name \_\_\_\_\_

Evaluator \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

*Choose a rating scale from the performance descriptors listed on page 22 and 23.*

### Rating Scale

\_\_\_\_\_

1

\_\_\_\_\_

2

\_\_\_\_\_

3

\_\_\_\_\_

4

\_\_\_\_\_

5

## A: Professional and Legal Role

### A:1 Demonstrates a desire to work with young people. (Operative)

**Possible Indicators:**

- Maintains relaxed comportment when communicating with youth
- Easily establishes rapport with youth
- Shows concern for the welfare of young people
- Seeks out opportunities to interact with youth
- Actively develops relationships with young people
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

### A:2 Identifies and continues to clarify his/her own personal values, beliefs, biases, stereotypes, and feelings related to sexuality, and specifically adolescent sexuality. (Operative)

**Possible Indicators:**

- Is able to distinguish between personal values and beliefs and those of adolescents
- Demonstrates the ability for self-reflection and appraisal of personal attitudes
- Can articulate personal values and beliefs while communicating respect for the values and beliefs of others
- Can identify his/her values, biases and stereotypes that may interfere with professional role
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**A:3 Conducts interactions with youth without emphasizing personal information and history, attitudes, values, beliefs, feelings, or religion. (Operative)**

**Possible Indicators:**

	Self Assessment	Evaluator
<input type="checkbox"/> Demonstrates several appropriate strategies for eliciting self-disclosure from youth.	_____	_____
<input type="checkbox"/> Engages in active listening while youth are speaking.	_____	_____
<input type="checkbox"/> Focuses conversation on youth and issues raised by youth.	_____	_____
<input type="checkbox"/> Maintains appropriate personal and professional boundaries when communicating with adolescents.	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**A:4 Takes a non-judgmental approach when dealing with attitudes, behaviors, beliefs, or cultures at variance with his/her personal beliefs or convictions – especially as they relate to adolescents and adolescent sexuality. (Operative)**

**Possible Indicators:**

	Self Assessment	Evaluator
<input type="checkbox"/> Identifies the influence of culture and environment in the shaping of values and beliefs.	_____	_____
<input type="checkbox"/> Uses active listening and open-ended questions to clarify and understand the attitudes, behaviors, and beliefs of youth.	_____	_____
<input type="checkbox"/> Does not make assumptions about youth behaviors without clarifying with them.	_____	_____
<input type="checkbox"/> Helps young people feel welcome and included.	_____	_____
<input type="checkbox"/> Recognizes personal attitudes and beliefs that may be judgmental or adversely impact youth.	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**A:5 Demonstrates confidence and comfort when discussing topics related to adolescent sexuality. (Operative)**

***Possible Indicators:***

	Self Assessment	Evaluator
<input type="checkbox"/> Maintains a professional yet welcoming and appropriate demeanor when communicating with adolescents.	_____	_____
<input type="checkbox"/> Does not change posture or tone of voice when discussing topics related to sexuality.	_____	_____
<input type="checkbox"/> Verbal and nonverbal communication is congruent.	_____	_____
<input type="checkbox"/> Does not react negatively to sexual terminology used by youth.	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**A:6 Complies with the specific legal rights for California adolescents obtaining sexual and reproductive health services (i.e., birth control, STI treatment, HIV testing, etc.), such as confidentiality, minor consent to services without parental notification, access to care and treatment, and the safe surrender law. (Operative)**

***Possible Indicators:***

	Self Assessment	Evaluator
<input type="checkbox"/> Models ethical behavior to clients and staff.	_____	_____
<input type="checkbox"/> Takes steps to reassure adolescents that their privacy and confidentiality are protected within the specified limits.	_____	_____
<input type="checkbox"/> Understands the steps involved in making an ethical decision.	_____	_____
<input type="checkbox"/> Recognizes situations in which ethical or legal considerations apply.	_____	_____
<input type="checkbox"/> Recognizes when a legal consultation is necessary.	_____	_____
<input type="checkbox"/> Seeks advice from peers or other professionals when making ethical decisions.	_____	_____
<input type="checkbox"/> Takes appropriate action when legal or ethical issues emerge.	_____	_____
<input type="checkbox"/> Undertakes appropriate follow-up measures and reporting when legal issues must be applied.	_____	_____
<input type="checkbox"/> Takes measures to remain knowledgeable of changes to legal and ethical requirements.	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**A:7 Adheres to the provider’s legal and ethical responsibilities regarding adolescent sexual health, including: reporting coercive and/or abusive sex, disclosure, confidentiality, sexual responsibility, and the safe surrender law. (Operative)**

***Possible Indicators:***

	Self Assessment	Evaluator
<input type="checkbox"/> Clearly communicates the limits of confidentiality to adolescents.	_____	_____
<input type="checkbox"/> Articulates the provider’s legal and ethical responsibilities regarding adolescent sexual health.	_____	_____
<input type="checkbox"/> Explains legal and ethical issues related to adolescent sexuality to youth as well as professionals in appropriate terminology.	_____	_____
<input type="checkbox"/> Involves legal or law enforcement authorities in a manner that maintains positive relationships.	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**A:8 Complies with the job-specific professional limits and expectations as a provider of sexual or reproductive health services to adolescents. (Operative)**

***Possible Indicators:***

	Self Assessment	Evaluator
<input type="checkbox"/> Recognizes the limits of job-related responsibilities and communicates these to clients.	_____	_____
<input type="checkbox"/> Articulates the services and limits of those services to youth in concrete language.	_____	_____
<input type="checkbox"/> Refers clients to appropriate professionals when their needs exceed the capabilities of the provider.	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**A:9 Adheres to the policies and procedures of the employing organization, program, local community, and law enforcement. (Operative)**

***Possible Indicators:***

- Knows the policies and procedures of the employing organization.
- Applies policies and procedures appropriately in real situations.
- Seeks clarification on organizational policies as needed.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**A:10 Demonstrates openness to receiving feedback from clients, colleagues, mentors and supervisors. (Operative)**

***Possible Indicators:***

- Maintains an open comportment when receiving feedback.
- Regularly requests input about his/her performance from clients, colleagues, mentors and supervisors.
- Asks for follow-up or clarification of feedback as appropriate.
  
- Assumes responsibility and ownership for his/her own performance.
- Models openness to feedback when around others.
- Integrates feedback into ongoing job performance.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:



**A:11 Collaborates with colleagues and agencies in the delivery of adolescent sexual and reproductive health programs and services. (Operative)**

***Possible Indicators:***

- Demonstrates skill and willingness to work on a team.
- Is able to participate in joint problem-solving with colleagues and other staff.
- Seeks information and advice from others as part of working with adolescents.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment

Evaluator

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

## B: Adolescent Development

**B:1 Summarizes the cognitive, psychological, social, emotional, and physical dimensions of adolescent sexual development. (Cognitive)**

***Possible Indicators:***

- Identifies the cognitive, psychological, social, emotional, and physical dimensions of adolescent sexual development.
- Defines the cognitive, psychological, social, emotional, and physical dimensions of adolescent sexual development.
- Offers examples of the cognitive, psychological, social, emotional, and physical dimensions of adolescent sexual development.
- Makes distinctions between the cognitive, psychological, social, emotional, and physical dimensions of adolescent sexual development.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**B:2 Summarizes the key theories/models of behavior change as they apply to adolescents. (Cognitive)**

***Possible Indicators:***

- Defines current theories and models of behavior change.
- Recognizes principles of behavior change in real life examples.
- Makes distinctions between two or more theories or models of behavior change.
- Applies the principles of theories to adolescent behavior.
- Adapts communication and interventions based on an adolescent's profile of risk factors.
- Easily identifies the level of risk for the behavior of an adolescent.
- Frames adolescent sexual behaviors in terms of social, cognitive, and behavior change theories.
- Identifies protective factors for adolescents
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**B:3 Describes the importance of gender, gender identity, sexual orientation, and gender expression in the development of sexual identity in youth. (Cognitive)**

***Possible Indicators:***

- Offers clear definitions of gender, gender identity, sexual orientation, and gender expression in language understandable to adolescents.
- Characterizes the distinctions between gender, gender identity, sexual orientation, and gender expression.
- Normalizes issues of gender, gender identity, sexual orientation, and gender expression when speaking to youth.
- Uses personal understanding of client’s gender profile to guide and inform interventions and communication.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**B:4 Explains how race, ethnicity, genetics, spirituality, religion, and culture influence the development of sexual identity. (Cognitive)**

***Possible Indicators:***

- Understands that learning about culture is an ongoing process and seeks out opportunities to learn.
- Identifies the influence of race, ethnicity, gender, spirituality, religion, and culture in relation to adolescent behavior and development.
- Uses personal understanding of client’s ethnic and cultural profile to guide and inform interventions and communication.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**B:5 Explains how developmental stages, perception of time, and worldview are often different for adolescents than for adults. (Cognitive)**

**Possible Indicators:**

- Defines the developmental stages, perception of time, and worldview of adolescents.
- Identifies and recognizes examples of the developmental stages, perception of time, and worldview of adolescents.
- Contrasts the developmental stages, perception of time, and worldview of adolescents with that of adults.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**B:6 Explains the role of experimentation and risk-taking in the ongoing development of adolescence, including sexual behavior. (Operative)**

**Possible Indicators:**

- Distinguishes between harmful and healthy risk-taking in adolescent behavior.
- Prioritizes adolescent behaviors along a continuum of risk.
- Characterizes adolescent sexuality in a way that encourages healthy expression and incorporates risk-reduction.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**B:7 Communicates that healthy sexuality is more than the avoidance of risk. (Operative)**

***Possible Indicators:***

- Employs several strategies to elicit an adolescent’s personal understanding of the role of pleasure, gender roles etc. on sexual behavior.
- Displays comfort when discussing sexuality with adolescents.
- Is comfortable discussing a wide range of sexual topics beyond the avoidance of risk.
- Reinforces positive, less risky behavior and attitudes in youth.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**B:8 Explains how sexual health and decision-making can involve the interplay of knowledge, attitudes, experiences, and context with various social determinants of health, (e.g. social and economic inequities, disempowerment, etc.) and psychological state. (Operative)**

***Possible Indicators:***

- When counseling adolescents, takes into account the various social determinants that influence attitudes and decision-making.
- Understands that decision-making is context dependent and helps adolescents learn to make healthy decisions.
- Describes the contribution of social determinants and psychological state to a profile of sexual development.
- Models the steps of healthy decision-making.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**B:9 Explains the boundaries, levels of intimacy, and dynamics of healthy adolescent relationships with peers and family. (Operative)**

***Possible Indicators:***

- Offers concrete examples of the many types of relationships, intimate and otherwise, that youth can be involved in.
- Describes boundaries in healthy peer and family relationships.
- Distinguishes between levels of intimacy within adolescent relationships.
- Can discuss levels of intimacy in concrete terms that youth understand.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment

Evaluator

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**B:10 Identifies the indicators and/or warning signs of unhealthy adolescent risk-taking (Operative)**

***Possible Indicators:***

- Describes the distinctions between health and unhealthy adolescent risk-taking.
- Is alert to clues that indicate healthy vs. unhealthy adolescent risk-taking.
- Uses open-ended questions with adolescents to elicit disclosure of risk-behaviors.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment

Evaluator

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

## C: Youth-Centered Approach and Youth Culture

**C:1 Explains the contexts and factors that can influence sexual behaviors and relationships (e.g., pleasure, gender roles, socio-economic environment, power dynamics, sexual coercion, date rape, peer pressure, survival sex, alcohol/drugs). (Cognitive)**

***Possible Indicators:***

	Self Assessment	Evaluator
<input type="checkbox"/> Stays current and knowledgeable on trends in youth culture.	_____	_____
<input type="checkbox"/> Describes the contexts and factors that can influence sexual behaviors and relationships in concrete language for teens.	_____	_____
<input type="checkbox"/> pleasure	_____	_____
<input type="checkbox"/> gender roles	_____	_____
<input type="checkbox"/> socio-economic environment	_____	_____
<input type="checkbox"/> power dynamics	_____	_____
<input type="checkbox"/> sexual coercion, date rape	_____	_____
<input type="checkbox"/> peer pressure	_____	_____
<input type="checkbox"/> survival sex	_____	_____
<input type="checkbox"/> alcohol/drugs	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**C:2 Describes how technologies (e.g., cell phones, internet, text messaging) can impact on adolescent communication, relationships, dating patterns, bullying and harassment, sexual values and norms. (Cognitive)**

***Possible Indicators:***

	Self Assessment	Evaluator
<input type="checkbox"/> Maintains a current understanding of technologies used by adolescents.	_____	_____
<input type="checkbox"/> Is alert to the impact of technology on all types of youth relationships.	_____	_____
<input type="checkbox"/> Recognizes healthy and unhealthy use of technology by teens.	_____	_____
<input type="checkbox"/> Asks youth about their use of media and communication technology.	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**C:3 Explains how the media’s portrayal of sexuality can impact youth and youth culture. (Cognitive)**

***Possible Indicators:***

- Is alert to the role of media in potentially healthy and harmful relationships.
- Distinguishes between media portrayal of sexuality and real-life conditions and situations for youth.
- Describes the impact of the media on youth values and culture in concrete terms.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment

Evaluator

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**C:4 Treats all youth with respect and positive regard. (Operative)**

***Possible Indicators:***

- Takes time to develop respectful interactions with youth.
- Knows the names of youth and uses those names.
- Responds positively to the wide range of emotions, feelings, and moods expressed by youth.
- When appropriate, speaks to youth and their families in their own language or idioms, while maintaining a professional relationship.
- Follows through on commitments made to youth.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment

Evaluator

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:



**C:5 Adopts an asset/strength-based approach when interacting with youth, that is, the belief that all youth have strengths that can be built on. (Operative)**

***Possible Indicators:***

- Easily identifies client strengths and helps client to see these personal strengths.
- Reframes adolescent behaviors in terms of strengths and challenges.
- Uses language and terms that are strength based.
- Elicits disclosures that reveal client assets, strengths, and needs.
- Uses open-ended questions to probe for deeper understanding of client strengths and needs.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**C:6 Applies the principles of resiliency, personal responsibility, and self-reliance to empower youth. (Operative)**

***Possible Indicators:***

- Identifies and encourages skills of self-reliance and resilience.
- Uses strength-based language to promote personal responsibility and self-reliance in youth.
- Encourages and motivates youth to take personal responsibility for their behavior.
- Holds adolescents accountable for their behavior.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**C:7 Encourages young people to build connections to family and community and to find appropriate places/ways to get emotional support. (Operative)**

**Possible Indicators:**

- Views adolescents in the context of parents, siblings, guardians and/or extended family.
- Helps youth identify positive and healthy communities and encourages participation in these communities.
- Remains up to date with community resources.
- Is aware of issues and challenges for youth in local neighborhoods and community.
- Helps connect youth to healthy community resources.
- Promotes the understanding that sexual behaviors impact members of a family (i.e. parents, siblings) and community.
- Helps adolescents identify family strengths and resources and the importance of using them.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**C:8 Avoids the use of authoritarian, shame, and fear based tactics to motivate youth. (Operative)**

**Possible Indicators:**

- Distinguishes between authoritarian, shame, and fear-based motivators and empowering motivators.
- Attempts to empower youth through positive and healthy approaches and motivators.
- Chooses empathic motivators over guilt and shame-based.
- Holds youth accountable for their behavior without using shame.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**C:9 Avoids the use of labels when discussing sexuality and sexual behaviors with youth. (Operative)**

***Possible Indicators:***

- Communicates about sexuality and sexual behaviors in concrete language.
- Asks adolescents to describe slang-terms and labels in concrete, behavioral terms.
- Avoids terms that stereotype or label sexual behavior.
- Is able to assess the impact of words and language on youth.
- Respectfully challenges an adolescent's use of stereotyping and discriminatory statements.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment

Evaluator

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes:

## D: Sexual and Reproductive Health

**D:1 Summarizes the stages of sexual development over the life span: prenatal, infancy, early and middle childhood, adolescence, and adulthood. (Cognitive)**

***Possible Indicators:***

	Self Assessment	Evaluator
<input type="checkbox"/> Identifies the stages of sexual development over the life span: prenatal, infancy, early and middle childhood, adolescence, and adulthood.	_____	_____
<input type="checkbox"/> Defines the stages of sexual development over the life span: prenatal, infancy, early and middle childhood, adolescence, and adulthood.	_____	_____
<input type="checkbox"/> Offers examples of the stages of sexual development over the life span: prenatal, infancy, early and middle childhood, adolescence, and adulthood.	_____	_____
<input type="checkbox"/> Makes distinctions between the stages of sexual development over the life span: prenatal, infancy, early and middle childhood, adolescence, and adulthood.	_____	_____
<input type="checkbox"/> Elicits an understanding of adolescent’s current existing knowledge about the stages of sexual development.	_____	_____
<input type="checkbox"/> Describes the features of an adolescents’ profile of sexual development.	_____	_____
<input type="checkbox"/> Clarifies myths about knowledge of sexual development.	_____	_____
<input type="checkbox"/> Offers clear messages in concrete language that encourage adolescent understanding of the stages of sexual development.	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**D:2 Summarizes the anatomical, physiological, and psychological changes that take place during puberty. (Cognitive)**

**Possible Indicators:**

- Identifies the anatomical, physiological, and psychological changes that take place during puberty.
- Defines the anatomical, physiological, and psychological changes that take place during puberty.
- Offers examples of the anatomical, physiological, and psychological changes that take place during puberty.
- Makes distinctions between the anatomical, physiological, and psychological changes that take place during puberty.
- Characterizes changes in a way that normalizes healthy sexual changes and development.
- Clarifies myths about sexual anatomy, physiological, and psychological development.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**D:3 Describes the physiology and range of the human sexual response. (Cognitive)**

**Possible Indicators:**

- Identifies the physiology and range of the human sexual response.
- Offers examples of the physiology and range of the human sexual response.
- Describes sexual anatomy and physiology using a variety of terms understandable to youth.
- Clarifies myths about the physiology of the human sexual response.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**D:4 Summarizes the psychosocial and environmental factors that impact sexual and reproductive health. (Cognitive)**

**Possible Indicators:**

- Identifies the psychosocial and environmental factors that impact sexual and reproductive health.
- Defines the psychosocial and environmental factors that impact sexual and reproductive health.
- Offers examples of the psychosocial and environmental factors that impact sexual and reproductive health using concrete terms.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**D:5 Explains the concept of reproductive life planning, i.e. the importance of careful planning for intended pregnancy and parenthood and the importance of achieving good health during adolescence in order to ensure optimal reproductive potential in the future. (Cognitive)**

**Possible Indicators:**

- Identifies the concept of reproductive life planning.
- Defines the concept of reproductive life planning.
- Offers examples of the concept of reproductive life planning.
- Describes the importance of reproductive life planning in concrete terms.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**D:6 Explains the meaning of gender; gender identity; gender presentation; sexual orientation; transgender, assigned sex, and intersex individuals. (Cognitive)**

**Possible Indicators:**

	Self Assessment	Evaluator
<input type="checkbox"/> Identifies the meaning of gender; gender identity; gender presentation; sexual orientation; transgender, assigned sex, and intersex individuals.	_____	_____
<input type="checkbox"/> Defines the meaning of gender; gender identity; gender presentation; sexual orientation; transgender, assigned sex, and intersex individuals.	_____	_____
<input type="checkbox"/> Offers examples of the meaning of gender; gender identity; gender presentation; sexual orientation; transgender, assigned sex, and intersex individuals.	_____	_____
<input type="checkbox"/> Makes distinctions between gender; gender identity; gender presentation; sexual orientation; transgender, assigned sex, and intersex.	_____	_____
<input type="checkbox"/> Can readily distinguish between the many features of gender.	_____	_____
<input type="checkbox"/> Understands that each individual has a unique sex/gender profile.	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**D:7 Summarizes the range of appropriate and inappropriate non-sexual and sexual relationships in which adolescents may be involved. (Cognitive)**

**Possible Indicators:**

	Self Assessment	Evaluator
<input type="checkbox"/> Identifies the range of appropriate and inappropriate non-sexual and sexual relationships in which adolescents may be involved.	_____	_____
<input type="checkbox"/> Defines appropriate and inappropriate non-sexual and sexual relationships in which adolescents may be involved.	_____	_____
<input type="checkbox"/> Offers examples of the range of appropriate and inappropriate non-sexual and sexual relationships in which adolescents may be involved.	_____	_____
<input type="checkbox"/> Makes distinctions between the range of appropriate and inappropriate non-sexual and sexual relationships in which adolescents may be involved.	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**D:8 Explains the impact and consequences of bullying, harassment, and abuse (sexual, physical, and emotional) on adolescent development and sexual and reproductive health. (Operative)**

***Possible Indicators:***

- Identifies the impact and consequences of bullying, harassment, and abuse (sexual, physical, and emotional) on adolescent development and sexual and reproductive health.
- Defines the impact and consequences of bullying, harassment, and abuse (sexual, physical, and emotional) on adolescent development and sexual and reproductive health.
- Offers examples of the impact and consequences of bullying, harassment, and abuse (sexual, physical, and emotional) on adolescent development and sexual and reproductive health.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**D:9 Emphasizes the importance of sexual and reproductive health care for adolescents with a focus on reproductive life planning. (Operative)**

***Possible Indicators:***

- Offers examples of the importance of sexual and reproductive health care for adolescents with a focus on reproductive life planning in concrete terms.
- Understands barriers that prevent teens from seeking reproductive health care and addresses these.
- Clarifies teens' expectations about health care.
- Motivates youth to seek sexual and reproductive health care
- Helps teens to articulate the importance of sexual and reproductive health care in their own words.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:



**D:10 Discusses sexual information and behaviors in a manner that is developmentally-appropriate using non-technical understandable language without labeling people and/or behaviors. (Operative)**

***Possible Indicators:***

	Self Assessment	Evaluator
<input type="checkbox"/> Uses medical terminology to discuss sexual information and behaviors and translates these terms into concrete language.	_____	_____
<input type="checkbox"/> Describes sexual behaviors in specific terms without resorting to stereotypes or labels.	_____	_____
<input type="checkbox"/> Asks youth to define the labels that they use in behavioral terms.	_____	_____
<input type="checkbox"/> Considers a youth’s age and developmental stage when discussing sexual information and behaviors.	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**D:11 Uses medically accurate terminology related to the anatomy and physiology of sexual organs, sexual behaviors, pregnancy, sexually transmitted infections, and HIV, and clarifies unfamiliar terms used by adolescents. (Operative)**

***Possible Indicators:***

	Self Assessment	Evaluator
<input type="checkbox"/> Asks adolescents to define slang and unfamiliar terms.	_____	_____
<input type="checkbox"/> Translates medical terms into concrete language for teens and checks for understanding.	_____	_____
<input type="checkbox"/> Uses medically accurate terminology related to:		
<input type="checkbox"/> The anatomy and physiology of sexual organs	_____	_____
<input type="checkbox"/> sexual behaviors	_____	_____
<input type="checkbox"/> pregnancy	_____	_____
<input type="checkbox"/> sexually transmitted infections	_____	_____
<input type="checkbox"/> HIV	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**D:12 Explains how alcohol and other drug use/abuse can influence sexual decision-making and sexual behavior.  
(Operative)**

***Possible Indicators:***

	Self Assessment	Evaluator
<input type="checkbox"/> Understands the impact of substance use on adolescent sexual behavior and decision-making.	_____	_____
<input type="checkbox"/> Understands that denial and relapse are typical features of substance abuse and recovery.	_____	_____
<input type="checkbox"/> Clarifies an adolescent’s understanding of the effects of substance use on sexual behavior.	_____	_____
<input type="checkbox"/> Remains up-to-date on adolescent drug-use choices and patterns of use.	_____	_____
<input type="checkbox"/> Explains the actions of different drugs on the body, mind, and emotions in non-technical language	_____	_____
<input type="checkbox"/> Explains side effects or consequences of drugs on the body, mind, and emotions	_____	_____
<input type="checkbox"/> Explains the process of addiction	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

## E: Pregnancy – STIs – HIV

**E:1 Explains the common behavioral factors often linking adolescent health issues; including unintended pregnancy, STIs, HIV infection, alcohol/drug use, and intimate partner violence. (Cognitive)**

***Possible Indicators:***

	Self Assessment	Evaluator
<input type="checkbox"/> Identifies the common behavioral factors often linking adolescent health issues.	_____	_____
<input type="checkbox"/> Defines the common behavioral factors often linking adolescent health issues, including:		
<input type="checkbox"/> peer pressure	_____	_____
<input type="checkbox"/> hormonal influence	_____	_____
<input type="checkbox"/> risk-taking	_____	_____
<input type="checkbox"/> disinhibition from substance use	_____	_____
<input type="checkbox"/> Makes distinctions between the common behavioral factors often linking adolescent health issues.	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**E:2 Summarizes the fundamental facts of hormonal and barrier methods of contraception, including: mechanism of action, effectiveness, benefits/risks, how to obtain contraception and emergency contraception, and which methods do not provide protection against STI or HIV infection. (Cognitive)**

***Possible Indicators:***

	Self Assessment	Evaluator
<input type="checkbox"/> Identifies and describes the fundamental facts of hormonal and barrier methods of contraception, including:		
<input type="checkbox"/> mechanism of action	_____	_____
<input type="checkbox"/> effectiveness	_____	_____
<input type="checkbox"/> benefits/risk	_____	_____
<input type="checkbox"/> how to obtain contraception and emergency contraception	_____	_____
<input type="checkbox"/> which methods do not provide protection against STI or HIV infection	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**E:3 Summarizes the fundamental facts on STIs, including: transmission, signs and symptoms, complications/consequences, the range of risk elimination (abstinence, Hepatitis A & B vaccines), and risk reduction options (condoms, HPV vaccines), the importance of STI testing if sexually active, and how STIs increase the risk for HIV transmission and infection. (Cognitive)**

***Possible Indicators:***

	Self Assessment	Evaluator
<input type="checkbox"/> Identifies and describes the fundamental facts on STIs. Including:		
<input type="checkbox"/> transmission	_____	_____
<input type="checkbox"/> signs and symptoms	_____	_____
<input type="checkbox"/> complications/consequences	_____	_____
<input type="checkbox"/> the range of risk elimination	_____	_____
<input type="checkbox"/> risk reduction options	_____	_____
<input type="checkbox"/> the importance of STI testing if sexually active	_____	_____
<input type="checkbox"/> how some STIs increase the risk for HIV transmission and infection	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**E:4 Summarizes the fundamental facts on HIV; including transmission, the spectrum of HIV disease and opportunistic infections, risk reduction, HIV testing options, and how HIV affects the immune system. (Cognitive)**

***Possible Indicators:***

	Self Assessment	Evaluator
<input type="checkbox"/> Identifies and defines the fundamental facts on HIV, including:		
<input type="checkbox"/> transmission	_____	_____
<input type="checkbox"/> the spectrum of HIV disease and opportunistic infections	_____	_____
<input type="checkbox"/> risk reduction	_____	_____
<input type="checkbox"/> HIV testing options	_____	_____
<input type="checkbox"/> how HIV affects the immune system	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**E:5 Keeps updated on current, medically accurate information on pregnancy prevention, STIs, and HIV, including local and state data on disease trends, through credible web sites, periodicals, journals, news reports, and workshops. (Operative)**

**Possible Indicators:**

- Takes advantage of opportunities to remain current on medically accurate information.
- Uses updated information to inform professional decision-making.
- Seeks out a variety of information sources (i.e. professional journals, web-based sources).
- Can identify credible sources of medically accurate information.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**E:6 Explains the potential physical, emotional, economic, and social consequences of unintended pregnancy, STI infection, and HIV infection on adolescents. (Operative)**

**Possible Indicators:**

- Uses open-ended questions to encourage disclosure of teen’s perceptions of consequences
- Describes consequences in a way that is respectful to an adolescent’s level of decision-making.
- Offers examples of the potential physical, emotional, economic, and social consequences in concrete terms for:
  - unintended pregnancy
  - STI infection
  - HIV infection
  - \_\_\_\_\_
  - \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**E:7 Discusses the current, medically accurate data on the effectiveness of condoms for reducing the chances of pregnancy and transmission of STIs and HIV. (Operative)**

***Possible Indicators:***

- Asks teens about their concerns about or challenges with using condoms.
- Explains current and accurate data on condom effectiveness in language that is accessible to adolescents.
- Uses open-ended questions to encourage disclosure of teen’s understanding of condom effectiveness.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**E:8 Discusses the importance of prenatal care and STI testing to sexually-experienced adolescents. (Operative)**

***Possible Indicators:***

- Discusses prenatal care and STI testing in a manner that motivates teens to seek reproductive health care.
- Anticipates teens’ concerns or issues about prenatal care and testing and addresses these.
- Uses realistic examples to motivate youth to seek reproductive health care.
- Uses open-ended questions to encourage disclosure of teens’ perceptions of prenatal care and STI testing.
- \_\_\_\_\_
- \_\_\_\_\_

Self Assessment	Evaluator
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Notes:

**E:9 Maintains familiarity with local community resources and accessible, teen-friendly health services for sexual and reproductive health. (Operative)**

***Possible Indicators:***

	Self Assessment	Evaluator
<input type="checkbox"/> Regularly reviews available literature to make sure it is accurate and up-to-date.	_____	_____
<input type="checkbox"/> Knows what services are available at local clinics.	_____	_____
<input type="checkbox"/> Networks with other providers to maintain familiarity with community resources.	_____	_____
<input type="checkbox"/> Has visited all sites where teens may be referred to determine teen-friendliness.	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes:

**E:10 Provides information to teens on how to obtain sexual and reproductive health care. (Operative)**

***Possible Indicators:***

	Self Assessment	Evaluator
<input type="checkbox"/> Offers literature to teens on local clinics and resources.	_____	_____
<input type="checkbox"/> Understands barriers that prevent teens from seeking resources and addresses these.	_____	_____
<input type="checkbox"/> Informs teens as to what to expect in health care.	_____	_____
<input type="checkbox"/> Reviews with teens strategies and skills for accessing health care.	_____	_____
<input type="checkbox"/> Discusses the importance of self-care and personal responsibility	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Notes: