

Learning Activity 7: PDC-HS

To begin, access the Performance Diagnostic Checklist- Human Services (PDC-HS) from the assigned Carr et al. (2013) paper. Think about your work experiences and one performance concern you have observed. This can be a performance concern of your own or of another person. Be respectful and avoid the use of any identifying names in your document, except your own.

1. Complete Appendix B, based on the behavior and person you selected. You can print this section of the article and write directly on it.
2. Scan and upload your completed PDC-HS.
3. Provide a brief 1 page reflection about your experience with the PDC-HS. Use APA formatting (e.g., in-text citations, reference page, paragraph formatting, etc.) across your document.

Employee's Name: _____ Interviewer: _____ Date: _____

Describe Performance Concern:

Instructions: Answer the questions below about the employee's specific performance problem (not the employee in general). The problem should be operationalized as either a behavioral excess or deficit. Items with an asterisk (*) should be answered only after the information is verified through direct observation.

TRAINING

1	<input type="radio"/> Yes <input type="radio"/> No	Has the employee received formal training on this task? If yes, check all applicable training methods: <input type="radio"/> Instructions <input type="radio"/> Demonstration <input type="radio"/> Rehearsal
2*	<input type="radio"/> Yes <input type="radio"/> No	Can the employee accurately describe the target task and when it should be performed?*
3	<input type="radio"/> Yes <input type="radio"/> No	Is there evidence that the employee has accurately completed the task in the past?
4*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	If the task needs to be completed quickly, can the employee perform it at the appropriate speed?*

TASK CLARIFICATION & PROMPTING

1	<input type="radio"/> Yes <input type="radio"/> No	Has the employee been informed that he/she is expected to perform the task?
2*	<input type="radio"/> Yes <input type="radio"/> No	Can the employee state the purpose of the task?
3*	<input type="radio"/> Yes <input type="radio"/> No	Is a job aid (e.g., a checklist, data sheet) for completing the task visibly located in the task area?
4	<input type="radio"/> Yes <input type="radio"/> No	Is the employee ever verbally, textually, or electronically reminded to complete the task?
5	<input type="radio"/> Yes <input type="radio"/> No	Is the task being performed in an environment well-suited for task completion (e.g., not noisy or crowded)?

RESOURCES, MATERIALS, & PROCESSES

1	<input type="radio"/> Yes <input type="radio"/> No	Are there sufficient numbers of trained staff available in the program?
2*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	If materials (e.g., teaching stimuli, preferred items) are required for task completion, are they readily available (e.g., easy to find, nearby)? If no materials are required, proceed to question 5. List materials below and indicate their availability. Item 1: _____ Item 2: _____ Item 3: _____ Item 4: _____

3*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Are the materials necessary to complete the task well designed for their intended purpose?
4*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Are the materials necessary to complete the task well organized for their intended purpose?
5	<input type="radio"/> Yes <input type="radio"/> No	<p>Is performance suffering from other tasks not being completed first? If so, indicate those tasks below.</p> <p>Task 1: _____ Task 2: _____ Task 3: _____ Task 4: _____</p>
6	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<p>If you answered YES for Question 5, are other employees responsible for completing any of the earlier tasks in the process? If so, indicate the employee(s) below.</p> <p>Task 1: _____ Task 2: _____ Task 3: _____ Task 4: _____</p>

PERFORMANCE CONSEQUENCES, EFFORT, & COMPETITION

1	<input type="radio"/> Yes <input type="radio"/> No	<p>Is the employee ever directly monitored by a supervisor? If so, indicate the frequency of monitoring.</p> <p><input type="radio"/> hourly <input type="radio"/> daily <input type="radio"/> weekly <input type="radio"/> monthly <input type="radio"/> Other: _____</p>
2	<input type="radio"/> Yes <input type="radio"/> No	<p>Does the employee ever receive feedback about the performance? If yes, indicate below.</p> <p>By whom? _____ How often? _____ Delay from task? _____</p> <p>Check all that apply:</p> <p>Feedback Focus: <input type="radio"/> Positive <input type="radio"/> Corrective Feedback Type: <input type="radio"/> Written <input type="radio"/> Verbal <input type="radio"/> Graphed <input type="radio"/> Other: _____</p>
3	<input type="radio"/> Yes <input type="radio"/> No	Does the employee ever see the effects of accurate task completion? If yes, how? _____
4	<input type="radio"/> Yes <input type="radio"/> No	Is the task particularly effortful or difficult?
5	<input type="radio"/> Yes <input type="radio"/> No	<p>Do other tasks appear to take precedence over the target task? If yes, indicate these tasks below.</p> <p>Task 1: _____ Task 2: _____ Task 3: _____ Task 4: _____</p>