HOT Re-Test Protocol

- The attached checklists must be completed and signed by the worker and supervisor.
- **The worker only completes the checklist for the component they were not successful in completing.**
- They must be turned into the Training Unit prior to workers retesting.
- **Supervisors/Mentors must complete the HOT grading tools while observing the worker interviewing.**
- The grading tools must be turned in along with the completed checklists.
- Email completed checklists to Carla.Ctr.Shackelford@okdhs.org or Robert.Hadden@okdhs.org
# Child Interview Activities Re-Test

**Conduct a minimum of four (4) face to face child interviews**
(Interviews can be mock or live with a client.)

**Interviews MUST be observed by a Supervisor or Mentor (as defined by policy).**

<table>
<thead>
<tr>
<th>Age of Child <strong>MUST be Verbal</strong></th>
<th>Live or Mock?</th>
<th>Comments</th>
<th>Observed &amp; Feedback Given By</th>
<th>Date</th>
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**Supervisor/mentor must provide detailed and specific verbal & written feedback based on what was observed in the interviews and provide additional assistance where worker appeared to struggle.**

Specific strengths noted by supervisor/mentor (and discussed with worker):

________________________________________

________________________________________

Specific need areas noted by supervisor/mentor (and discussed with worker)/Specified Plans to Remediate:

________________________________________

________________________________________

________________________________________

- This checklist must be completed, signed by the supervisor and participant, and turned in prior to retesting date.
- Please email to Carla.Ctr.Shackelford@okdhs.org or Robert.Hadden@okdhs.org

- **By my signature below, I acknowledge the following:**

  1. I received the training indicated above;
  2. I have the right to ask for more time to prepare for HOT
  3. I believe (check one):
     - [ ] I am prepared to successfully complete HOT
     - [x] I am NOT prepared to successfully complete HOT

____________________________  ______________________________
Worker Signature/Date          Supervisor Signature/Date
## Adult Interview Activities Re-Test

<table>
<thead>
<tr>
<th>Conduct a minimum of four (4) face to face adult interviews (Interviews can be mock or live with a client.) <strong>Interviews MUST be observed by a Supervisor or Mentor (as defined by policy).</strong></th>
<th>Feedback Provided By</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mock or Live</strong></td>
<td><strong>Comments</strong></td>
<td><strong>Please Print</strong></td>
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</table>

Supervisor/mentor must provide detailed and specific verbal & written feedback based on what was observed in the interviews and provide additional assistance where worker appeared to struggle.

Specific strengths noted by supervisor and mentor (and discussed with worker): ________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Specific need areas noted by supervisor and mentor (and discussed with worker)/Specified Plans to Remediate:_________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

- This checklist must be completed, signed by the supervisor and participant, and turned in prior to retesting date.
- Please email to Carla.Ctr.Shackelford@okdhs.org or Robert.Hadden@okdhs.org

- **By my signature below, I acknowledge the following:**
  1. I received the training indicated above;
  2. I have the right to ask for more time to prepare for HOT
  4. I believe (check one):
     - [ ] I am prepared to successfully complete HOT
     - [ ] I am NOT prepared to successfully complete HOT

Worker Signature/Date   Supervisor Signature/Date
**AOCS Activities Re-Test**

<table>
<thead>
<tr>
<th>AOCS Name</th>
<th>Comments</th>
<th>Feedback Provided By</th>
<th>Date</th>
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Supervisor and/or mentor should provide detailed and specific verbal and written feedback on all activities (see below), and provide additional assistance where worker appeared to struggle.

**Specific strengths noted by supervisor and mentor (and discussed with worker):**

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

**Specific need areas noted by supervisor and mentor (and discussed with worker)/Specified Plans to Remediate:**

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

- This checklist must be completed, signed by the supervisor and participant, and turned in prior to retesting date.
- Please email to Carla.Ctr.Shackelford@okdhs.org or Robert.Hadden@okdhs.org
- By my signature below, I acknowledge the following:
  1. I received the training indicated above;
  2. I have the right to ask for more time to prepare for HOT
  3. I believe (check one):
     - [ ] I am prepared to successfully complete HOT
     - [x] I am NOT prepared to successfully complete HOT

Worker Signature/Date

Supervisor Signature/Date
KIDS Activities Re-Test

Complete a minimum of four (4) Navigation Exercises and document three (3) of the activities listed below a minimum of four (4) times.

<table>
<thead>
<tr>
<th>Navigation Referral #</th>
<th>Navigation KK Case #</th>
<th>Activity 1</th>
<th>Activity 2</th>
<th>Activity 3</th>
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</thead>
<tbody>
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*activities include: contact, change of placement, child interview, adding allegations, documenting AOCS question

Feedback Provided By Please Print

Date

Specific strengths noted by supervisor and mentor (and discussed with worker): __________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Specific need areas noted by supervisor and mentor (and discussed with worker)/Specified Plans to Remediate:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

- This checklist must be completed, signed by the supervisor and participant, and turned in prior to retesting date.
- Please email to Carla.Ctr.Shackelford@okdhs.org or Robert.Hadden@okdhs.org
- By my signature below, I acknowledge the following:
  1. I received the training indicated above;
  2. I have the right to ask for more time to prepare for HOT
  3. I believe (check one):
     ☐ I am prepared to successfully complete HOT
     ☐ I am NOT prepared to successfully complete HOT

Worker Signature/Date ____________________________  Supervisor Signature/Date ____________________________