**STMP Home Visit Check List**

**Student’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Visit**: \_\_\_\_\_\_\_\_\_

**CIL/HS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time of Visit**: \_\_\_\_\_\_\_\_\_

**Name of CIL Coordinator**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Client**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Selected Devices**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Before the Visit**

\_\_ I met with the CIL Coordinator to review the client profile

ii.
\_\_ I practiced how to setup the selected device(s)
ii.

\_\_ I practiced how to operate the selected device(s)

\_\_ I practiced how to enroll the client for the appropriate energy cost savings program

\_\_ I practiced my introduction to the client with the CIL Coordinator

**During the Visit**

\_\_ I have notes about the client and/or devices ready for client visit

\_\_ I met the CIL Coordinator prior to the designated time to ensure a timely arrival

\_\_ We arrived on time for the client home visit

\_\_ I introduced myself and summarized the intent and length of the assistance visit

\_\_ I explained the function of the device and then setup it up

\_\_ I listened to the client’s accessibility preferences and provided feedback on what I heard

\_\_ I adjusted accessibility and operating features to meet the client’s needs and preferences

\_\_ I addressed any issues the client was having with the device prior to my arrival

\_\_ I demonstrated how the device works and then helped the client operate it

\_\_ I answered all questions the client had about the device

\_\_ I thanked the client for the opportunity to meet and work with them