



GUIDANCE
Early Intervention Specialist

(with Infant Toddler Family Specialist
Credential Manual)

INTRODUCTION

The Early Intervention Specialist category in the Birth to Three Personnel Standards was designed to meet the growing need for staff who are able to perform eligibility evaluations. In addition, the system recognized that there were people that had licenses or certifications from other states which made them qualified to perform evaluations but they did not meet the Connecticut Birth to Three System's Personnel Standards.

www.birth23.org/Training%20and%20Events/standards.asp

This document represents the system's desire to ensure that those conducting evaluations are highly qualified and knowledgeable about infants, toddlers, families and Connecticut's Part C program policies.

What follows is information needed to complete the work to obtain the EIS designation.

Obtaining this designation does not require programs to adjust work assignments or compensation for providers. Therefore the EIS process should be between the applicant and the Personnel and Practice Office. PPO will not review transcripts before providers are hired. Program directors may look at transcripts before hire and use the following information to assist in the hiring decision.

Changes to EIS Process as of July 1, 2009

1. The list of Bachelor and Masters Degrees that makes you eligible for the EIS designation has changed.
Added: Communication Disorders
Removed: Education
 Psychology
2. List of 3 credit courses has been modified to say that "...transcripts must reflect successful completion of at least 4 approved three credit courses...Coursework must include:
 - a. 2 courses that focus on infant/toddler;
 - b. 1 course on evaluation and assessment; and
 - c. 1 course on either working with families or early language and literacy."
3. The Indicators of Practice related to Service Coordination have been removed.
4. The number of observations for those seeking the EIS designation has been raised to four. The new requirement is one observation of a home or community visit, one observation of an IFSP meeting, and two observations of the candidate doing an evaluation.

These changes apply only to those that submit their EIS registration forms on or after July 1, 2009. It does not apply to people who have already received the EIS designation.

Requirements

The following requirements must be met to be considered an Early Interventionist Specialist.

1. Hold a Bachelor or Masters degree from an accredited institution with a major or concentration in:
 - a. early intervention
 - b. early childhood education
 - c. child development
 - d. child studies
 - e. special education
 - f. human development and family relations
 - g. communication Disorders, or
 - h. other closely related field

For each of these degree programs, transcripts of degree coursework or subsequent transcripts must reflect successful completion of at least 4 approved three-credit courses from an accredited institution of higher education. Coursework must include 2 courses that focus on infant/toddler, 1 course on evaluation and assessment, and 1 course on either working with families or early language and literacy.

AND

2. Show completion of at least 300 hours of practicum or work experience with young children (birth to 8 years old).

AND

3. Complete the requirements for the ITFS Credential (with endorsement numbers 1.2.0 or 1.2.3) which include a portfolio and multiple choice examination. The ITFS Credential Manual is attached to this guidance.

Obtaining the EIS

The following is the process for applying for the EIS.

1. Submit EIS registration form with transcripts.
2. Make an appointment to take the examination
3. Begin work on portfolio
4. Complete observations

There is no requirement for the order of the test, observation and portfolio. However, in order to register for the test, an EIS Registration Form and transcripts must be on file with PPO.

Registration

The Registration form (Page 7) with transcripts should be completed and submitted to the Personnel and Practice Office by fax or mail.

Birth to Three PPO
460 Capitol Ave.
Hartford, CT 06106

Fax: 860.418.6003

Transcripts

Unofficial transcripts are acceptable. The relevant courses must be highlighted. If not immediately evident from the course title, course descriptions must be included that show that a majority of the course focused on **infants and toddlers**, not school age children.

Some examples of courses that do and do not meet the requirements:

Meet Requirements	Do Not Meet Requirements
Infant/Child Development	Abnormal Psychology
Observing Infant/Toddler Development	Lifespan Development
Infant/Toddler Assessment	Introduction to Special Education
Infant/Toddler Language and Literacy	Adolescent Development

Sample List of Available Courses (Information Subject to Change)

Both on-line and traditional classes are available at Connecticut's public and private universities.

For information on Connecticut Community College on-line and traditional classes http://www.online.commnet.edu/pls/x/bzskfcls.P_GetCrseAgain

On-Line Courses

1. University of Phoenix

http://www.phoenix.edu/online_and_campus_programs.html

2. University of Nebraska

http://www.elearners.com/course/42615/dead_Literacy-Methods-for-the-Preschool-Teacher/University-of-Nebraska-at-Kearney/?

<http://www.elearners.com/course/42972/Introduction-to-Infant-Testing/University-of-Nebraska-at-Kearney/?>

3. University of Cincinnati

<http://www.eclc.uc.edu/plan.php#> (Course descriptions are on left side under Advisors Office)

Phone 888.325.2669 Press 4 and then 1.

ECE 251 Infant Toddler Programming
ECE276 Child Development I
ECE290 Social Development and Self-Regulation
ECE400 Developmental Concerns
ECE402 Families in ECSE
ECE411 Play and Development
ECE412 Selfhood in Infants and Toddlers

Conducting Evaluations

The candidate for the EIS should complete three full evaluations. Because state law requires that evaluations be multidisciplinary and conducted by personnel that meet the personnel standards for licensure and certification, two evaluators must be present and co-sign the evaluation.

A fourth evaluation is required for the purpose of completing the observation. For the fourth evaluation the EIS candidate must conduct the evaluation with one other evaluator while the third person completes the observation using the Observation Checklist and Manual.

The EIS

Once the process has been successfully completed the EIS:

- May perform evaluations and assessments.
- May be listed as a professional on the IFSP without having another professional listed for supervisory purposes.
- Does not require sign off on contact notes.
- Can be reimbursed at the professional level for supplemental rates.



Early Intervention Specialist Application Form

Name:

Program:

Phone Number:

Home Address:

Current Job Title (**use Birth to Three Personnel Standards**):

Bachelors/Masters Degree received in:

____ Early Intervention ____ Child Development ____ Human Development

____ Child/Family Studies ____ Special education ____ Communication

____ Related field _____

Transcript attached that reflects the degree listed above and highlighted 3 three-credit courses that focus on infants, toddlers and families? ____ Yes ____ No

Transcript has appropriate coursework highlighted? ____ Yes ____ No

Completed ITFS Credential registration? ____ Yes ____ No ____ Endorsement # _____

Evidence of 300 hours of work experience with young children attached?

____ Yes ____ No

(evidence may include signed statement from program director or supervisor, performance evaluations, or letters of reference)

Signature of Applicant:

_____ Date: _____

NOTES

Ensure Positive Outcomes for
Children and Families by Assisting
Providers to Reflect Upon Their
Practice. Ensure Providers'
Knowledge and Skills Meet a
State-Wide Standard of Practice.
Ensure Parents That Their Providers
Have Specific Knowledge About
Early Intervention. Offer Professional
Recognition for Early Interventionists.

CREDENTIAL

Infant Toddler Family Specialist (ITFS) Manual



June, 2009

Acknowledgments

The Birth to Three System would like to thank the members of the Credentialing Committee that assisted with the design of the ITFS credential and the process for obtaining the credential. The committee consisted of representation from the following:

- AOTA
- Birth to Three program directors
- Birth to Three regional managers
- CSEA
- CSHA
- Early intervention providers
- Higher education

Requests for copies of this manual may be made by contacting:

The Connecticut Birth to Three System
460 Capitol Avenue
Hartford, CT 06106
860.418.6151

or

Downloaded from our website: www.Birth23.org

Connecticut's lead agency for Part C of IDEA is:



Department of Developmental Services

Peter H. O'Meara, Commissioner
Linda Goodman, System Director

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INTRODUCTION

It is our hope that providers in the Birth to Three System will find what follows helpful in both identifying what is necessary to obtain a credential and in mapping a path of professional development.

To ensure that providers are adequately trained and providing quality services, credentialing programs for early interventionists are currently being implemented in many states. In Connecticut, the Infant Toddler Family Specialist (ITFS) credential was developed to assure the quality of personnel providing supports and services to families. The practice of early intervention requires very specific knowledge and skills that change and develop over time and are not adequately presented in most pre-service training programs.

Providing services to children and families is a complex and demanding role. It is our hope that this opportunity for personal and professional growth will help you meet the challenges and additionally will:

- ensure positive outcomes for children and families by assisting Birth to Three providers to reflect upon their practice,
- ensure providers' knowledge and skills meet a state-wide standard of practice
- ensure parents that their providers have specific knowledge about early intervention
- assist program directors with supervision and goal setting for staff
- offer professional recognition for early interventionists

The following document provides information for completing the work to address the indicators that the State of Connecticut has identified as key to the practice of early intervention.

This process is voluntary; however the ITFS credential is required for anyone seeking to qualify for the Early Intervention Specialist (EIS) designation. See EIS Guidance document for description of process and requirements.

OVERVIEW: THE CREDENTIAL AND ENDORSEMENTS

Anyone who provides direct services to children and families in their home or community may obtain an Infant Toddler Family Specialist credential with the proper endorsement for their role. Completion of the ITFS Credential with endorsement 123 is required for those seeking the EIS. In order to receive a credential, applicants will demonstrate that they meet the Indicators of Effective Practice (Pages 4-8) through submission of a portfolio and passing a multiple choice examination or through alternate means. See page 9 for exceptions.

The Infant Toddler Family Specialist Credential will be awarded with the following endorsements:

ENDORS EMENT	ROLE	PORTFOLIO SECTIONS TO COMPLETE	EXAMINATION SECTIONS
1.0.0	Direct Service Only	Service Delivery	Service Delivery
1.2.0	Direct service and evaluation	Service Delivery and Evaluation	Service Delivery and Evaluation
1.2.3	Direct service, evaluation and service coordination	Service Delivery, Evaluation and Service Coordination	Service Delivery and Evaluation

If, once having received the credential, the provider’s scope of work changes either as a result of completed education requirements or assigned duties, he/she may apply for and receive the appropriate new endorsement and would then complete the additional portfolio sections and examination. For example: A physical therapist that is only providing direct services receives the 1.0.0 endorsement but the following year increases his/her work with Birth to Three and now is expected to complete evaluations. The candidate may complete the evaluation section of the portfolio, the evaluation examination and apply for the 1.2.0 endorsement.

PLEASE NOTE:

It is highly recommended that people work in the Birth to Three System for at least six months before submitting a portfolio and taking the examination.

INDICATORS OF EFFECTIVE PRACTICE

The following chart identifies the requirements in each endorsement area. What is noted in the evidence column are suggestions. Candidates should submit what they feel is necessary to prove the indicator. This may be a work sample, observation, examination or a combination (where indicated) of methodologies chosen by the provider. Where the evidence is listed as “notes” the provider may determine which are the most appropriate to show evidence of the indicator. Notes include:

- Early intervention visit plan
- Contact notes
- Service notes
- Progress notes

Where an IFSP is listed the appropriate section(s) should be included. The reviewer should have enough information to follow the family’s “story”.

INDICATORS OF EFFECTIVE PRACTICE	EVIDENCE	ENDORSEMENT AREA			Endorsement Number
		Service Delivery	Evaluation	Service Coordination	
SD 1. Assess and document progress toward IFSP outcomes and objectives based upon measurable criteria.	<i>Work samples:</i> Annual assessment, notes, IFSP review Report to LEA	X			1.0.0 1.2.3 1.2.0
In partnership with the family/caregiver and other team members:					
SD 2. Implement intervention strategies within the context of the family's self-identified routines and locations.	<i>Work samples:</i> notes, IFSP outcomes <i>Observation</i>	X			1.0.0 1.2.3 1.2.0
SD 3. Incorporate a variety of techniques to support learning, including assistive technology.	<i>Work samples:</i> notes, IFSP outcomes	X			1.0.0 1.2.3 1.2.0
SD 4. Coach family/caregivers and model skills and intervention strategies for integration into daily routines.	<i>Work samples:</i> notes <i>Observation</i>	X			1.0.0 1.2.3 1.2.0
SD 5. Select or develop functionally and developmentally appropriate materials and equipment.	<i>Work samples:</i> notes, IFSP outcomes <i>Observation</i>	X			1.0.0 1.2.3 1.2.0
SD 6. Select and implement methods of behavioral support and management appropriate for infants/toddlers with special needs	<i>Work samples:</i> notes <i>Observation</i>	X			1.0.0 1.2.3 1.2.0
SD 7. Incorporate information and strategies from multiple disciplines in the delivery of services.	<i>Observation</i>	X			1.0.0 1.2.3 1.2.0
SD 8. Ensure that services delivered by team members are consistent and complementary.	<i>Work samples:</i> notes	X			1.0.0 1.2.3 1.2.0

INDICATORS OF EFFECTIVE PRACTICE		ENDORSEMENT AREA			Endorsement Number
		Service Delivery	Evaluation	Service Coordination	
SD 9. Coordinate with providers outside of the Birth to Three system who also provide services to the child/family.	<i>Work samples: notes</i>	X			1.0.0 1.2.3 1.2.0
SD 10. Educate parents regarding the differences between Birth to Three and special education and their rights in the educational system.	<i>Work samples: notes, transition page</i>	X			1.0.0 1.2.3 1.2.0
SD 11. Participate in transition activities identified in the IFSP's transition plan.	<i>Work samples: notes</i>	X			1.0.0 1.2.3 1.2.0
SD 12. Knowledge of Birth to Three service guidelines, policies and procedures.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 13. Knowledge of applicable federal, state, and program regulations, standards, and procedures.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 14. Knowledge of state mandates regarding children and families (e.g., abuse and neglect reporting standards, HIV confidentiality).	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 15. Knowledge of quality assurance outcomes and indicators (e.g., parent surveys, file reviews).	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 16. Knowledge of typical and atypical infant and toddler development in the areas of physical (i.e., motor and sensory) development, cognition, communication, adaptive behavior, and personal-social development.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 17..Knowledge of the and symptomatology of common genetic and medical conditions (e.g., low birth weight, Down syndrome, autism spectrum disorder)	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 18. Knowledge of where to find information on the etiology and symptomatology of low-incidence genetic and medical conditions.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0

INDICATORS OF EFFECTIVE PRACTICE	EVIDENCE	ENDORSEMENT AREA			Endorsement Number
		Service Delivery	Evaluation	Service Coordination	
SD 19. Knowledge of the impact of common medical conditions, medications, and nutrition on the health and physical development of the child.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 20. Knowledge of the impact of environmental risk factors on the health and emotional and physical development of the child.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 21. Knowledge of current theories, trends, issues, and research regarding infant and toddler development and their implications for intervention.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 22. Knowledge of techniques to support infant and toddler learning (e.g., responsive teaching, prompting, reinforcement).	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 23. Knowledge of infant/toddler intervention techniques, such as positioning and handling, total communication, and facilitating peer interaction.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 24. Knowledge of safety precautions (e.g., childproofing home, child safety seats, SIDS).	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 25. Knowledge of adaptive and assistive technology (e.g., how to access, how to incorporate into the child's natural environments).	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 26. Knowledge of data collection techniques.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 27. Knowledge of family systems theory and life cycles (e.g., formation of the family, additional people in the home, birth of a sibling).	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 28. Knowledge of multicultural and multiethnic diversity issues, including deaf culture.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0

INDICATORS OF EFFECTIVE PRACTICE	EVIDENCE	ENDORSEMENT AREA			Endorsement Number
		Service Delivery	Evaluation	Service Coordination	
SD 29. Knowledge of communication principles and techniques to use with adults (e.g., active listening, reflection of feeling and content, questioning techniques).	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 30. Knowledge of team building principles and techniques.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 31. Knowledge of different ways of supporting families (e.g., how to select childcare, accessing parent support groups).	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 32. Knowledge of adult learning principles and styles (e.g., families, colleagues, caregivers).	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 33. Knowledge of coaching and modeling techniques for adults.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 34. Knowledge of principles and techniques to facilitate adult discussion and participation (e.g., IFSP meetings, transition conferences).	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 35. Knowledge of available state and national organizations.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 36. Knowledge of how a child with special needs affects relationships within the family and community.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
SD 37. Knowledge of the range of language and communication options available for children.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0
During period of intake, initial evaluation and assessment:					
E 1 During first contact with family, provide overview of Birth to Three system, eligibility evaluation, and assessment process (e.g., rationale, methods, scoring procedures) to family/caregivers.	<i>Work samples:</i> Evaluation report, notes <i>Observation</i>		X		1.2.3 1.2.0
E 2 Ensure that families are informed of their rights in regard to procedural safeguards.	<i>Work samples:</i> Releases, prior written notice, documentation of providing staying in charge		X		1.2.3 1.2.0

INDICATORS OF EFFECTIVE PRACTICE	EVIDENCE	ENDORSEMENT AREA			Endorsement Number
		Service Delivery	Evaluation	Service Coordination	
E 3 Select and administer evaluation/assessment instruments.	<i>Work sample:</i> evaluation report, notes <i>Observation</i>		X		1.2.3 1.2.0
E 4 Engage family/caregivers in the evaluation and assessment process, including administration of test items to the extent allowable by test instrument protocol.	<i>Work sample:</i> evaluation report, notes <i>Observation</i>		X		1.2.3 1.2.0
E 5 Obtain additional information regarding the child and family through parent/caregiver interview, reported information, clinical observation, and contact with physician as appropriate.	<i>Work samples:</i> Family assessment, notes, evaluation report, IFSP <i>Observation</i>		X		1.2.3 1.2.0
E 6 Upon completion of the evaluation session, provide family/caregivers with initial impressions of the child's performance and projected eligibility status (if possible).	<i>Work samples :</i> notes, evaluation report <i>Observation</i>		X		1.2.3 1.2.0
E 7 Suggest developmental activities to address immediate concerns of family/caregiver.	<i>Work samples :</i> notes, evaluation report <i>Observation</i>		X		1.2.3 1.2.0
E 8 Score test results from all developmental domains to formally determine eligibility for Connecticut Birth to Three services.	<i>Work samples:</i> test score summary, evaluation report <i>Observation</i>		X		1.2.3 1.2.0
E 9 Analyze findings and interpret the child's performance in the summary of the report with emphasis on strengths and needs.	<i>Work samples:</i> Evaluation report		X		1.2.3 1.2.0
E 10 Write evaluation and assessment reports that incorporate findings and information contributed by co-evaluator(s) and family/caregivers (including outside assessments), regarding the child and his/her family.	<i>Work samples:</i> Evaluation report		X		1.2.3 1.2.0
E 11 Offer ASQ and suggest resources to family of child who does not meet eligibility.	<i>Work samples:</i> Evaluation report, notes <i>Observation</i>		X		1.2.3 1.2.0
E 12 (sc4) Develop objectives based on developmental curricula.	<i>Work samples:</i> IFSP		X	X	1.2.3 1.2.0
E 13 Knowledge of procedures for administering, scoring, and interpreting evaluation and assessment tools.	<i>Examination</i>		X		1.2.3 1.2.0

INDICATORS OF EFFECTIVE PRACTICE	EVIDENCE	ENDORSEMENT AREA			Endorsement Number
		Service Delivery	Evaluation	Service Coordination	
E 14 Knowledge of infant/toddler developmental curricula.	<i>Examination</i>		X		1.2.3 1.2.0
E 15 Knowledge of techniques for evaluating effectiveness of interventions for individual children and families.	<i>Examination</i>		X		1.2.3 1.2.0

THE CREDENTIALING PROCESS

Application

- The credentialing process begins when a registration form is submitted to the Birth to Three credentialing office. Upon receipt, the credentialing office will send confirmation that the registration has been received.
- The applicant should then complete the self-study (Appendix 3) to determine areas of strength and need to identify professional development activities that are needed to increase knowledge and skills. The self-study is not submitted but is highly recommended.
- The portfolio will be screened to ensure all necessary components are present. If the portfolio meets requirements it will be sent on for review, if it does not meet requirements it will be returned prior to review for reworking before it can be sent on for review.

Exceptions

1. A graduate of a university program in early intervention may submit evidence of successful completion of a program of study that is competency-based and includes coursework and observation. The Credentialing Committee will then determine whether additional work or documentation is required. The applicant must work in the Birth to Three System for at least 1,000 hours or twelve months whichever comes first before becoming eligible to complete the credential.
2. Applicants who have obtained their early intervention credential in another state may submit a copy of their credential and evidence of that state's required competencies and credentialing process. The Credentialing Committee will then determine if additional observation, testing, or work samples are required.
3. Students who are hired by programs for one year to serve as E.I. Assistants or Associates are required to register upon hire for the credential. Their status as a student with a one-year position should be noted on the registration form.

The Examination

The examination is multiple-choice. The exam is 50 items for those taking the service delivery section and 75 items for those that are seeking an endorsement that includes evaluation (1.2.0 and 1.2.3). It is based on the indicators of effective practice listed on pages 4 - 8.

Applicants who do not pass the exam may take it up to three times in a 12-month period.

An Examination Manual and Study Guide is available on the Birth to Three Website. To register for the exam contact the Personnel and Practice Office at 860-418-6151.

The Portfolio

Work must be compiled into a portfolio for submission. Each section should be clearly divided and begin with the ITFS Portfolio Index Forms (Appendices 5A and 5B) that will allow a reviewer to identify where to find each task. If more than one item is to be found in a particular document, it should be highlighted and the corresponding indicator(s) should be noted on that section's table of contents.

Portfolio documents that are originally done in Spanish must be translated for submission.

The applicant will submit one copy of the portfolio for review. A second copy should be maintained by the candidate. The review process is explained on page 13.

Organization

The following chart identifies how portfolio sections must be labeled.

Endorsement	Endorsement Area(s)	Portfolio Section(s) Label(s)
All	All	Examination Results
1.0.0	Service Delivery	Section A
1.2.0	Service Delivery and Evaluation	Sections A and B
1.2.3	Service Delivery and Evaluation and Service Coordination*	Sections A and B

- The first page must be the ITFS Portfolio Cover Sheet (Appendix 4).
- The first page of each section must be the completed ITFS Portfolio Index Forms (Appendices 5A and 5B) for that section.
- All pages must be printed on one side only.
- All pages must be 8 ½ by 11 inches.
- All reflections must be printed in 12-point font on 8 ½ by 11 inch paper with 1 inch margins.
- Each page of the portfolio must be numbered in the upper right hand corner beginning with the cover sheet.

* The Service Coordination competency is now proven through successful completion of Service Coordination training.

Contents of the Portfolio

1. *Service Coordination Certificate of Completion (Not necessary for 1.2.0 endorsement)*
2. *Work samples (Suggested)*

The list on pages 4 - 8 indicates when work samples must be submitted.

- Work samples can be based on several families,
- For each indicator where work sample is listed as the evidence, at least three examples must be included. For example “SD3 Implement intervention strategies within the context of the families self-identified routines and locations” will be proven by: observation and three (any combination) notes and outcome pages. SD 10 “Conduct ongoing curriculum-based assessments to measure overall child development” will be proven by any combination of an annual review report notes or curriculum based assessment forms, for a total of three samples of work.
- For each service note included, the IFSP outcome(s) or outcome review must be included somewhere in the portfolio and properly referenced.
- One document might address several indicators. The portfolio index form should indicate the page of the portfolio that addresses each indicator. In addition, if more than one indicator is addressed on one page, the applicant should hand write the number of the indicator in the margin next to the appropriate text and reference page on index.

3. *Observation*

The list on pages 4 - 8 indicates when an observation is the evidence for an indicator. Three observations are required to obtain a credential (see chart on page 12). A candidate is expected to achieve a score of “3” on each of the observation items on the checklist(s) submitted.

The Observation Checklist forms are located in Appendix 7. The Observation Manual and Checklist which gives instructions for completing the checklist is available on the Birth to Three Website www.Birth23.org.

Each observation must include the:

- pre-observation checklist,
- actual observation form, and
- post observation checklist

Each form must be completed and signed by the applicant and the observer. Approved observers include those that are licensed or certified in their field by the State of Connecticut. Observations may be accomplished by either on-site observation or through videotaping.

Program supervisors who meet the Birth to Three Personnel Standards for licensure or certification by the State of Connecticut and have completed a Birth to Three System sponsored observation training are exempt from the requirement for observations as part of their own portfolio should they decide to apply for a credential.

The type of activity observed will depend on the endorsement. The following table lists the required observations for each endorsement.

	# Observations	Endorsement/Role	Activities to be Observed
1.0.0	3	Service Delivery	Home visits and/or community visit
1.2.0	3	Service Delivery, Evaluation	Evaluation and home visit and/or community visit
1.2.3	3 (4 for those seeking EIS)	Service Delivery, Evaluation and service coordination	Evaluations and IFSP meeting and home visit and/or community visit (two evals should be observed for EIS)

Pre-Observation Conference

Prior to each observation, there will be a conference between the applicant and the observer. The tasks to be focused on must be identified and should be addressed during the pre-observation conference. The plan for addressing the child and family outcomes should be evident as well. A pre observation form must be completed by the applicant and the supervisor and submitted as part of the portfolio.

The Observation

The observer completes the Observation Checklist (Appendix 7) based on the identified tasks for that endorsement and the family’s outcomes.

Post-observation Conference

After each observation, there should be a conference between the applicant and the observer. The post-observation conference meeting should be a discussion of what occurred during the observation. The form should be completed and signed by both parties. A post observation form must be completed by the applicant and the supervisor and submitted as part of the portfolio.

4. Reflection(s)

The applicant must complete a reflection for each of the endorsement areas for which he or she is applying. For example, if applying for the 1.2.3 the applicant must complete a reflection on the work presented in both sections of the portfolio. The purpose of the

reflection is for the applicant to critique their work and experiences. The reflection should be placed just behind the ITFS Portfolio Index of each section. See the Appendix 6 for more information on reflections.

The Review Process

All information contained in the portfolio must be **free of identifying information** of the **applicant, the children and family** served and the **program name**. The applicant's full name should be only on the portfolio cover sheet. The credentialing office will screen each submission upon receipt. The screen will determine if the following required components are present:

- One copy of the portfolio (Candidates should maintain their own copy)
- Completed portfolio index for each section
- Completed reflection for each section
- Evidence of clearly divided sections and clearly labeled observation and work sample sections
- Three completed observation checklists with pre and post observation forms
- Work samples
- Elimination of any personally identifiable information (applicant and family)

Applicants will be notified within 30 days of receipt whether or not their portfolio has passed the initial screening. If a submission is returned to the applicant it will include information stating why it is being returned. The portfolio must then be resubmitted.

Once a portfolio passes the screening it will be forwarded to a member of the Portfolio Evaluation Committee. Each portfolio will be evaluated by a reviewer who will rate it independently and submit their findings to the credentialing coordinator or the designee. If the reviewer finds that the candidate has been successful, the applicant will be notified and will receive the ITFS credential. If the reviewer finds that the candidate has not successfully proven the indicators the applicant will be informed about what additional work they need to submit.

Portfolios will be forwarded to reviewers in January, May and September. Candidates should expect to hear results in 6-8 weeks depending on when the portfolio is received and the volume of portfolios to be reviewed.

Portfolios will not be returned to the applicant. They will be shredded following successful review.

The Renewal Process

Renewal will be required every five years from date of approval which will be printed on the actual credential. In order to renew the credential providers will be asked to submit an ITFS Credential Renewal Form (Appendix 8) and maintain evidence of appropriate training and workshops attended. This will include a total of 7 continuing education units (CEUs) (70 clock hours) earned over the five-year period for endorsements 1.2.0, 1.2.3 and 5 CEUs (50 clock hours) for endorsement 1.0.0. Applicants are responsible for determining what is appropriate based on their professional development plan or performance goals. CEUs must be relevant to infants, toddlers and their families. Acceptable CEUs include those issued by: the SDE, ASHA, AOTA, APTA, ACSW and others as appropriate.

Applications for renewal will be randomly audited each year (i.e. randomly selected applicants will be asked to produce their CEU certificates).

APPENDICES - INDEX

1. Suggested Credentialing Sequence
2. ITFS Credential Registration Form
3. Self Study
4. Portfolio Cover Sheet
- 5a. ITFS Portfolio Index -- Service Delivery
- 5b. ITFS Portfolio Index -- Evaluation
6. Reflection
7. Observation Checklist
8. ITFS Credential Renewal Form

Suggested Credentialing Sequence

- 
- Application submitted.
 - Applicant completes the self-study
 - Applicant registers for the examination while working on portfolio and observations
 - Applicant takes the examination
 - Full portfolio completed and submitted
 - Credentialing office completes screen of portfolio
 - Provider receives credential after review and approval
 - Applicant submits Renewal Application five years from approval date

ITFS Credential Registration Form

Applicant Name _____

Date _____

Home Address _____

Phone Number (W) _____ (H) _____

Program Name* _____

Program Phone No. _____

Name of Supervisor _____

Applying for Endorsement Number: ___1.0.0 ___1.2.0 ___1.2.3

Applying for exception Applying for EIS Designation

Applicants Race: (For federal reporting)

<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hispanic	<input type="checkbox"/> White non-Hispanic	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	

Licensed or Certified by: SDE (Endorsement #____) DPH Other

License/Certification # _____

Applicant's Signature

Date

SELF STUDY

To indicate your level of competence please read each item and rate your level of competence using the scale below. In the second column indicate whether this is an area you plan to work on. The third column can be used to identify the sources from which you will gain more knowledge in the future. **It is highly recommended that this self assessment be reviewed and discussed with your supervisor and or program director.**

Scale: 1. Very competent in this area
2. Somewhat competent in this area

3. Some knowledge but need to improve
4. Need work in this area

Indicators of Effective Practice	Present level of competence	An area to be addressed?	Planned source for obtaining knowledge or skill (ie. Workshops, reading, mentoring...)
SD 1 Assess and document progress toward IFSP outcomes and objectives based upon measurable criteria.			
SD 2 Ongoing review of child and family outcomes and intervention strategies with various members of a transdisciplinary team to obtain input and suggestions			
In partnership with the family/caregiver and other team members:			
SD 3 Implement intervention strategies within the context of the family's self-identified routines and locations.			
SD 4 Incorporate a variety of techniques to support learning, including assistive technology.			
SD 5 Coach family/caregivers and model skills and intervention strategies for integration into daily routines.			
SD 6 Select or develop functionally and developmentally appropriate materials and equipment.			
SD 7 Select and implement methods of behavioral support and management appropriate for infants/toddlers with special needs			
SD 8 Incorporate information and strategies from multiple disciplines in the delivery of services.			
SD 9 Ensure that services delivered by team members are consistent and complementary.			
SD 10 Conduct ongoing curriculum-based assessments to measure overall child development.			

Indicators of Effective Practice	Present level of competence	An area to be addressed?	Planned source for obtaining knowledge or skill (ie. Workshops, reading, mentoring...)
SD 11 Coordinate with providers outside of the Birth to Three system who also provide services to the child/family.			
SD 12 Educate parents regarding the differences between Birth to Three and special education and their rights in the educational system.			
SD 13 Participate in transition activities identified in the IFSP's transition plan.			
SD 14 Knowledge of Birth to Three service guidelines, policies and procedures			
SD 15 Knowledge of applicable federal, state, and program regulations, standards, and procedures			
SD 16 Knowledge of state mandates regarding children and families (e.g., abuse and neglect reporting standards, HIV confidentiality)			
SD 17 Knowledge of quality assurance outcomes and indicators (e.g., parent surveys, file reviews)			
SD 18 Knowledge of typical and atypical infant and toddler development in the areas of physical (i.e., motor and sensory) development, cognition, communication, adaptive behavior, and personal-social development			
SD 19 Knowledge of the and symptomatology of common genetic and medical conditions (e.g., low birth weight, Down syndrome, autism spectrum disorder)			
SD 20 Knowledge of where to find information on the etiology and symptomatology of low-incidence genetic and medical conditions			
SD 21 Knowledge of the impact of common medical conditions, medications, and nutrition on the health and physical development of the child			
SD 22 Knowledge of the impact of environmental risk factors on the health and emotional and physical development of the child			
SD 23 Knowledge of current theories, trends, issues, and research regarding infant and toddler development and their implications for intervention			

Indicators of Effective Practice	Present level of competence	An area to be addressed?	Planned source for obtaining knowledge or skill (ie. Workshops, reading, mentoring...)
SD 24 Knowledge of techniques to support infant and toddler learning (e.g., responsive teaching, prompting, reinforcement)			
SD 25 Knowledge of infant/toddler intervention techniques, such as positioning and handling, total communication, and facilitating peer interaction			
SD 26 Knowledge of safety precautions (e.g., childproofing home, child safety seats, SIDS)			
SD 27 Knowledge of adaptive and assistive technology (e.g. how to access and incorporate into the child's natural environment)			
SD 28 Knowledge of data collection techniques			
SD 29 Knowledge of family systems theory and life cycles (e.g., formation of the family, additional people in the home, birth of a sibling)			
SD 30 Knowledge of multicultural and multiethnic diversity issues, including deaf culture			
SD 31 Knowledge of communication principles and techniques to use with adults (e.g., active listening, reflection of feeling and content, questioning techniques)			
SD 32 Knowledge of team building principles and techniques.			
SD 33 Knowledge of different ways of supporting families (e.g., how to select childcare, accessing parent support groups)			
SD 34 Knowledge of adult learning principles and styles (e.g., families, colleagues, caregivers)			
SD 35 Knowledge of coaching and modeling techniques for adults			
SD 36 Knowledge of principles and techniques to facilitate adult discussion and participation (e.g., IFSP meetings, transition conferences)			

Indicators of Effective Practice	Present level of competence	An area to be addressed?	Planned source for obtaining knowledge or skill (ie. Workshops, reading, mentoring...)
SD 37 Knowledge of available state and national organizations			
SD 38 Knowledge of how a child with special needs affects relationships within the family and community			
SD 39 Knowledge of the range of language and communication options available for children.			
During period of intake, initial evaluation and assessment:			
E 1 During first contact with family, provide overview of Birth to Three system, eligibility evaluation, and assessment process (e.g., rationale, methods, scoring procedures) to family/caregivers.			
E 2 Ensure that families are informed of their rights in regard to procedural safeguards. .			
E 3 Select and administer evaluation/assessment instruments			
E 4 Engage family/caregivers in the evaluation and assessment process, including administration of test items to the extent allowable by test instrument protocol.			
E 5 Obtain additional information regarding the child and family through parent/caregiver interview, reported information, clinical observation, and contact with physician as appropriate.			
E 6 Upon completion of the evaluation session, provide family/caregivers with initial impressions of the child's performance and projected eligibility status (if possible).			
E 7 Suggest developmental activities to address immediate concerns of family/caregiver.			
E 8 Score test results from all developmental domains to formally determine eligibility for Connecticut Birth to Three services.			
E 9 Analyze findings and interpret the child's performance in the summary of the report with emphasis on strengths and needs.			

Indicators of Effective Practice	Present level of competence	An area to be addressed?	Planned source for obtaining knowledge or skill (ie. Workshops, reading, mentoring...)
E 10 Write evaluation and assessment reports that incorporate findings and information contributed by co-evaluator(s) and family/caregivers (including outside assessments), regarding the child and his/her family.			
E 11 Offer ASQ and suggest resources to family of child who does not meet eligibility.			
E 12 (sc4) Develop objectives based on developmental curricula.			
E 13 Knowledge of procedures for administering, scoring, and interpreting evaluation and assessment tools			
E 14 Knowledge of infant/toddler developmental curricula			
E 15 Knowledge of techniques for evaluating effectiveness of interventions for individual children and families			

Portfolio Cover Sheet
Infant, Toddler, Family Specialist Credential

Date Submitted for Review _____

Date Received _____

Name of Applicant _____

Phone (W) _____ (H) _____

Endorsement: _____ 1.0.0

_____ 1.2.3

_____ 1.2.0

Applicant's Signature _____ Date _____

Supervisor's Signature _____ Date _____

ITFS Portfolio Index

Applicant Identification Number _____

Endorsement Area: **Service Delivery**

Indicator #	Work sample		Observation		Comments
		Page #	Historical? Yes/No	Page #	
SD1					
SD2					
SD3					
SD4					
SD5					
SD6					
SD7					
SD8					
SD9					
SD10					
SD11					
SD12					
SD13					
SD14					
	Date	Page			
Reflection					
Examination Results					

ITFS PORTFOLIO INDEX

Applicant Identification Number _____

Endorsement Area: **Evaluation**

	Work sample		Observation		
Indicator #		Page #	Historical? Yes/No	Page #	Comments
E1					
E2					
E3					
E4					
E5					
E6					
E7					
E8					
E9					
E10					
E11					
E12					
E13					
E14					
	Date	Page			
Reflection					
Examination Results					

Reflection

The following are suggested questions to guide reflections on the practice of early intervention. Each reflection should be at least one page

Sample Questions

- How might you have done things differently with the family presented?
- What do you think are the strong and weak points of what is presented?
- What have you learned about yourself and your practice?
- What have you learned about conducting evaluations? What do you need to learn more about?
- How does what is presented demonstrate your abilities/qualities?

Observation Checklist

G1. Informs the caregiver of the observer attending prior to the visit (1) **

0	1 Briefly introduces caregiver and observer.	2	3 Introduces caregiver and observer and reminds caregiver of the observation.	4	5 Introduces caregiver and observer, reminds caregiver of the purpose of the observation and asks for questions/ concerns.
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G2. Reads caregiver cues to begin session (1)**

0	1 Determines when to begin session without caregiver.	2	3 Begins session when caregiver states s/he is ready despite other contrary cues.	4	5 Responds to caregiver's behavior <u>and</u> requests to start session, wait, or reschedule.
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G3. Briefly recaps last visit/discussion (1)

0	1 Begins visit by acknowledging there was a previous visit/discussion.	2	3 Recaps information from previous visit/discussion, including child progress.	4	5 Reviews information from last visit/discussion to gain a sense of family understanding.
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G4. Inquires about caregiver needs and concerns (1)

0	1 Listens but intent on carrying out own agenda.	2	3 Provides support but no real problem solving.	4	5 Collaborates with caregiver to clearly define steps to address newly identified needs and concerns.
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G5. Shows respect for the family culture (E)**

0	1 Assumes family culture and customs based on family ethnicity.	2	3 Identifies individual family's culture and customs but does not incorporate them in early intervention work.	4	5 Incorporates individual family's culture and customs into early intervention work.
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G6. Uses a variety of communication techniques (E)

0	1 Explains technical jargon then continues to use terms without further explanation.	2	3 States information in a family friendly manner.	4	5 Ensures family understanding through rephrasing, questioning, use of everyday language and/or examples.
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Evaluation

E1. Asks about period since last visit/conversation (1)

0	1 Asks about family and child's well being.	2	3 Asks about child's progress since last visit/conversation.	4	5 Reviews previous notes with family, discusses child progress since last conversation, strategies attempted and child participation in routine activities.
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E2. Discusses/explains plan for this visit (1)

0	1 Briefly describes what will occur during visit.	2	3 Briefly describes procedures for evaluation and family's role.	4	5 Clearly reviews <i>Family Handbook I</i> , procedures for evaluation, eligibility criteria, standardized assessments and caregiver role in the evaluation.
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E3. Selects and administers appropriate evaluation/assessment instruments (1) **

0	1 Selects and administers generic instruments to elicit standardized score.	2	3 Selects and administers instruments that are developmentally appropriate and uses additional assessment methods as needed.	4	5 Selects and administers instruments appropriate for age, ability, and family concerns. Additional assessment methods are used as needed.
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E4. Encourages and facilitates active family participation, accommodating for learning style of family members (E)

0	1 Tells family what is being assessed, uses family as informant, and gives feedback on child performance.	2	3 Asks family items on evaluation that are not observed and explains how the information will be used.	4	5 Explains to family the importance of their participation, rephrases questions asked when needed, uses family friendly language and reinforces family observations.
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E5. Changes or modifies activities per family /child response (E)

0	1 Completes evaluation as prescribed without attention to caregiver/child response.	2	3 Balances interventionist and caregiver/child needs.	4	5 Is flexible and prepared to modify activities based on caregiver/child needs and responses.
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E6. Debriefs with family at the end of the visit and sets the stage for the next visit (1)

0	1 Briefly explains evaluation and eligibility status.	2	3 Explains evaluation, eligibility status and next steps. Asks family if there are any questions.	4	5 Attempts to elicit from family their perceptions of the evaluation, clarifies each other's perceptions, describes eligibility status and ensures the family understands next steps.
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E7. Makes recommendations, offers resources and addresses family concerns (1)

0	1 Provides summary of evaluation, eligibility status and what will happen next.	2	3 Provides summary of child's development, eligibility and cursory recommendations based on family concerns regarding child's development.	4	5 Clearly summarizes child's functioning according to family concerns, provides family options and offers specific strategies to try in different routine activities in written format.
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IFSP

11. Explains early intervention, the IFSP process and family rights under IDEA (1)

0	1 Briefly reviews the philosophy of early intervention, the IFSP process and family rights.	2	3 Explains early intervention, the IFSP process and family rights separately.	4	5 Explains the philosophy of early intervention and how the IFSP process and family rights fit into the philosophy.
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12. Discusses purpose and plan for meeting (1)

0	1 Begins meeting with no overview of purpose or agenda.	2	3 Briefly describes the purpose and agenda of the meeting.	4	5 Fully describes the purpose of the meeting, the agenda, what is expected to be accomplished, and the roles and responsibilities of each meeting participant.
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13. Asks about period since last conversation (1)

0	1 Asks about family's and child's well being.	2	3 Asks about child's abilities since last visit/conversation.	4	5 Reviews previous notes with family, attempts to discuss child abilities since last conversation, strategies attempted and child participation in routine activities.
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14. Elicits family concerns, priorities and resources (E)

0	1 Uses family's previous concerns, priorities and resources without discussion.	2	3 Discusses with family concerns, priorities and resources directly related to child learning and development and uses them in IFSP development.	4	5 Explains to family the relationship between concerns, priorities, and resources to child learning and attempts to elicit that information to include in IFSP development.
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15. Reviews integrated assessment report (1)

0	1 States assessment findings according to developmental domains and age equivalents.	2	3 States assessment findings relevant to underlying developmental functioning.	4	5 Collaborates with family in discussing assessment findings in terms of child participation in routine activities.
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16. Supports family in identifying outcomes for themselves and their child (E)

0	1 Asks family for outcomes with no guidance or leads family to provider outcomes.	2	3 Asks family for outcomes related to assessment findings but not to family concerns, priorities or resources or child participation in routine activities.	4	5 Supports family in formulating outcomes that are functional to the family and child's routine activities and the family's concerns, priorities and resources.
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17. Creates objectives that are sequentially appropriate and incorporated into routine activities (E)

0	1 Task analyzes domain-specific objectives.	2	3 Task analyzes objectives that are measurable but does not address functioning.	4	5 Task analyzes objectives that are functional for participating in routine activities, measurable, integrated across domains and generalizable.
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18. Incorporates strategies into family routines (E)

0	1 Creates therapeutic strategies that do not reflect family routine activities.	2	3 Creates strategies that are play-based and/or functional but not individualized to family routine activities.	4	5 Creates strategies related to participating in the family's routine activities.
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19. Collaboratively identifies roles of team members (1)

0	1 Identifies early interventionists and frequency and intensity of services.	2	3 Identifies primary interventionist and consulting interventionists and respective responsibilities.	4	5 Clearly identifies and explains primary interventionist, roles of other interventionists, family members and community providers and their respective responsibilities.
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110. Encourages active family participation, accommodating for learning style (E)

0	1 Drives the meeting with little input from the family.	2	3 Asks family questions to elicit information but does not guide the family through the decision-making process.	4	5 Attempts to guide the family to make decisions and provides pertinent information to family.
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111. Changes/modifies meeting process based on family response (E)

0	1 Acknowledges family response but returns to interventionist's meeting process.	2	3 Uses family response in one item during the meeting process but does not apply the response to other items.	4	5 Incorporates family response into all aspects of the IFSP meeting process.
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112. Debriefs with family at the end of the meeting and sets the stage for the next visit (1)

0	1 Tells family about next steps. Leaves Birth to Three brochures and/or other generic material.	2	3 Summarizes meeting in written note and next steps. Asks if there are any questions.	4	5 Attempts to elicit from family members their impression of the meeting and clarifies perceptions. Provides note of service coordinator contact information, next steps and suggested strategies to try until first visit, ensuring all family members understand next steps.
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Home or Community Visit

V1. Comes with plan for visit (1) **

0	1 Creates plan with objectives and strategies that enhance general development.	2	3 Creates written plan with objectives and strategies that are aligned with the IFSP and allows for flexibility.	4	5 Creates plan with objectives and strategies that are functional and measurable based on caregiver-identified priorities using criteria for measurement that is easily identified by the family, with data collection procedures for visit.
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V2. Utilizes plan based on caregiver priority at time of visit (1)**

0	1 Acknowledges caregiver priorities but does not integrate into plan.	2	3 Determines how to utilize plan independently depending on caregiver statement of priority.	4	5 Improvises how to utilize plan, if at all, based on conversation regarding caregiver priority.
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V3. Asks about period since last visit (1)

0	1 Asks general questions.	2	3 Reviews with caregiver routine activities engaged in and strategies used since last visit.	4	5 Reviews with caregiver any formal or informal data collected, including strategies used between visits.
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V4. Assesses child's ability to participate in routine activities at time of visit (E)

0	1 Assesses child through activities other than the child's routine activities.	2	3 Asks caregiver about child's participation in routine activities.	4	5 Observes child participation in routine activities as the basis for intervention.
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V5. Integrates activities into family and community routine activities (E)

0	1 Brings toy bag and explains properties of activity.	2	3 Uses toys or objects in the house/community in intervention activities and gives suggestions how activity can be carried over using similar materials.	4	5 Embeds strategies into what is naturally occurring in the home/community at the time of visit using child and family materials.
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V6. Uses appropriate adaptations, supports and intervention strategies based on ability and level of engagement (models, least prompt) (E)

0	1 Implements generic intervention strategies specific to a discrete developmental milestone with no evidence of a research base.	2	3 Individualizes intervention strategies to child's ability using appropriate (evidence based) methods.	4	5 Uses appropriate (evidence-based) adaptations, supports and intervention strategies with criteria for measurement that is easily understood by the family, sequentially appropriate, individually based and promote competency and participation in routine activities.
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V7. Engages the caregiver in activity (E)

0	1 Verbally debriefs at the end of the session.	2	3 Encourages caregiver to observe while modeling and explaining strategies.	4	5 Encourages caregiver to implement intervention strategies while the interventionist coaches through modeling, explaining and providing feedback.
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V8. Changes/modifies activity based on caregiver/child response (E)

0	1 Acknowledges caregiver/child response and proceeds with activity.	2	3 Attempts to interest and engage child in the activity and modifies as needed.	4	5 Attempts to interest and engage child and family in the activity and modifies as needed.
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V9. Debriefs with caregiver at the end of the visit and sets the stage for the next visit (1)

0	1 Briefly summarizes visit and recommendations to try between visits.	2	3 Explains what occurred during visit, asks caregiver if there are questions and provides recommendations to try during same activity routine. Tells caregiver what will happen next visit.	4	5 Attempts to discuss caregiver's comfort with visit and competence in using the strategies between visits across multiple routine activities, together determining the expected plan for next visit.
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V10. Leaves visit note with caregiver, which clearly identifies things to work on between visits (1) **

0	1 Provides note summarizing visit and cursory recommendations.	2	3 Provides note on strategies and identifies different routine activities in which to use the strategies.	4	5 Provides note on strategies to use across a variety of routine activities with formal or informal data collection procedures appropriate to activity and family preference.
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