

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



March, 2008

## 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:

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or

Downloaded from our website: [www.Birth23.org](http://www.Birth23.org)

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



Department of Mental Retardation

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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, the EIS designation 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 Appendix \_\_\_\_\_ for EIS 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 4-10) through submission of a portfolio and passing a multiple choice examination or through alternate means (see page 11).

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 evaluations	Service Delivery and Evaluation	Service Delivery and Evaluation
1.2.3	Direct service, evaluations and service coordination	Service Delivery, Evaluation and Service Coordination	Service Delivery and Evaluation
1.0.3	Direct service and service coordination services	Service Delivery and Service Coordination	Service Delivery

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 sections 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 one calendar year before submitting a portfolio and two calendar years before taking the examination.

The examination should be scheduled early enough in the three-year timeframe to allow for unforeseen circumstances or in case retaking the exam is necessary.

Those who are not expected to complete the credentialing process (but may if they choose to) are professional consultants who:

1. Provide a discrete early intervention service (i.e. nutrition, marriage and family counseling, social work, psychological, nursing, or medical) which is limited to:
  - Evaluation in their discipline only or
  - Consultation to a team in that particular area only and/or
  - counseling to a family in that provider's area of expertise
2. Perform diagnostic services only, and do not provide direct services to children and/or
3. Only go on home visits with another provider.

### **INDICATORS OF EFFECTIVE PRACTICE**

The following chart identifies the requirements in each endorsement area. Indicators must be addressed by submitting what is noted in the evidence column. 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 includes:

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

Where an IFSP is listed the appropriate section(s) should be included.

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 1.0.3
3e	<i>Work samples:</i> Annual assessment, notes, IFSP review, report to LEA	X			1.0.0 1.2.3 1.2.0 1.0.3
<b>In partnership with the family/caregiver and other team members:</b>					
SD 3 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 1.0.3
SD 4 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 1.0.3
SD 5 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 1.0.3
SD 6 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 1.0.3
SD 7 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 1.0.3
SD 8 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 1.0.3
SD 9 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 1.0.3
SD10 Conduct ongoing curriculum-based assessments to measure overall child development.	<i>Work samples</i> Annual review report, notes, CBA forms	X			1.0.0 1.2.3 1.2.0 1.0.3



INDICATORS OF EFFECTIVE PRACTICE	EVIDENCE	ENDORSEMENT AREA			Endorsement Number
		Service Delivery	Evaluation	Service Coordination	
SD 11 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 1.0.3
SD 12 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 1.0.3
SD 13 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 1.0.3
SD 14 Knowledge of Birth to Three service guidelines, policies and procedures.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0 1.0.3
SD 15 Knowledge of applicable federal, state, and program regulations, standards, and procedures.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0 1.0.3
SD 16 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 1.0.3
SD 17 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 1.0.3
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.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0 1.0.3
SD 19 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 1.0.3
SD 20 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 1.0.3

INDICATORS OF EFFECTIVE PRACTICE	EVIDENCE	ENDORSEMENT AREA			Endorsement Number
		Service Delivery	Evaluation	Service Coordination	
SD 21 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 1.0.3
SD 22. 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 1.0.3
SD 23 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 1.0.3
SD 24 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 1.0.3
SD 25 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 1.0.3
SD 26 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 1.0.3
SD 27 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 1.0.3
SD 28 Knowledge of data collection techniques.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0 1.0.3
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).	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0 1.0.3
SD 30 Knowledge of multicultural and multiethnic diversity issues, including deaf culture.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0 1.0.3

INDICATORS OF EFFECTIVE PRACTICE	EVIDENCE	ENDORSEMENT AREA			Endorsement Number
		Service Delivery	Evaluation	Service Coordination	
SD 31 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 1.0.3
SD 32 Knowledge of team building principles and techniques.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0 1.0.3
SD 33 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 1.0.3
SD 34 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 1.0.3
SD 35 Knowledge of coaching and modeling techniques for adults.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0 1.0.3
SD 36 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 1.0.3
SD 37 Knowledge of available state and national organizations.	<i>Examination</i>	X			1.0.0 1.2.3 1.2.0 1.0.3
SD 38 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 1.0.3
SD 39 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 1.0.3
<b>During period of intake, initial evaluation and assessment:</b>					
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
<b>In partnership with the family/caregivers and other team members:</b>					
SC 1 Plan and conduct IFSP meeting after obtaining input from evaluation team and physician.	<i>Work samples: IFSP Observation</i>			X	1.2.3 1.0.3
SC 2 Develop IFSP that supports positive child and family outcomes and/or addresses the transition plan/process.	<i>Work samples: Initial or annual IFSP</i>			X	1.2.3 1.0.3
SC 3 Identify family concerns, priorities resources and preferences and address them through outcomes objectives and strategies.	<i>Work samples: IFSP</i>			X	1.2.3 1.0.3
SC 4 (E13) Develop objectives based on developmental curricula.	<i>Work samples: IFSP</i>		X	X	1.2.3 1.0.3
SC 5 Design intervention strategies within the context of the family's self-identified routines and locations.	<i>Work samples: IFSP Observation</i>		X	X	1.2.3 1.0.3
SC 6 Ensure that services determined in the IFSP are provided as specified.	<i>Work samples: Attendance, notes</i>			X	1.2.3 1.0.3
SC 7 Review/modify IFSP at least every six months, including revised outcomes and intervention strategies as a result of ongoing measurement of progress and family input.	<i>Work samples: IFSPs</i>			X	1.2.3 1.0.3
SC 8 Prepare and maintain child records and share with collaborating providers and agencies as appropriate and as agreed upon by parents/caregivers.	<i>Work samples: notes, signed releases</i>			X	1.2.3 1.0.3
<b>In partnership with the family/caregivers and other team members:</b>					
SC 9 Coordinate services and supports for children and their families in partnership with the family.	<i>Work samples: IFSP</i>			X	1.2.3 1.0.3

INDICATORS OF EFFECTIVE PRACTICE	EVIDENCE	ENDORSEMENT AREA			Endorsement Number
		Service Delivery	Evaluation	Service Coordination	
SC 10 Identify (Community mapping) and support family in accessing natural community-based supports/resources including healthcare providers, childcare and social service agencies.	<i>Work samples:</i> IFSP, notes			X	1.2.3 1.0.3
SC 11 Assist family in identifying informal networks of support (e.g., other family members, neighbors, church, etc.).	<i>Work samples:</i> notes, IFSP			X	1.2.3 1.0.3
SC 12 Coordinate with providers outside of the Birth to Three System who also provide services to the family.	<i>Work samples:</i> notes			X	1.2.3 1.0.3
SC 13 Make referrals to school systems or other community programs.	<i>Work samples:</i> notes, transition page			X	1.2.3 1.0.3
SC 14 Ensure that a transition meeting is held and a transition plan written in accordance with regulation.	<i>Work samples:</i> Transition plan			X	1.2.3 1.0.3
SC 15 Provide updated information at the request of the school(s) or other community program(s).	<i>Work samples:</i> Transition plan, transition summary report			X	1.2.3 1.0.3

## 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 applicant will receive notice that the portfolio was screened to ensure all necessary components are present. The notice will confirm that the portfolio meets requirements and has been sent on for review, or that it is being 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

A multiple-choice examination, 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), and EIS is based on the indicators of effective practice listed on pages 4 - 10.

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

An Examination Manual and Study Guide is available on the Birth to Three Website. To register for the exam contact the Birth to Three program Secretary at 860-418-6155.

## 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 (Appendix 5A, 5B and 5C) 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 should be noted on that section's table of contents.

The applicant will submit two copies of the portfolio for review. The review process is explained on page 15.

### Organization

The following chart identifies how portfolio sections must be labeled.

<b>Endorsement</b>	<b>Endorsement Area(s)</b>	<b>Portfolio Section(s) Label(s)</b>
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, B, and C
1.0.3	Service Delivery and Service Coordination	Sections A and C

- 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 (Appendix 5A, 5B and 5C) 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.



## Contents of the Portfolio

### 1. *Work samples*

The list on pages 4 - 10 indicates when work samples must be submitted.

- Work samples can be based on one family or more,
- 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.

### 2. *Observation*

The list on pages 4 - 10 indicates when an observation is the evidence for an indicator. Three observations are required to obtain a credential (see chart on page 14). 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 which gives instructions for completing the checklist is available on the Birth to Three Website [www.Birth23.org](http://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.

For those that have been working in the system for more than three years as of February 1, 2005, historical observations will be accepted. A current or previous supervisor who meets the Birth to Three Personnel Standards for licensure or certification must complete the forms, indicate that they are historical, and attest to the fact that they have observed this person in the field and that they have the skills that are indicated on the observation form(s).

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.

	<b># Observations</b>	<b>Endorsement/Role</b>	<b>Activities to be Observed</b>
<b>1.0.0</b>	3	Service Delivery	Home visits and/or community visit
<b>1.2.0</b>	3	Service Delivery, Evaluation	Evaluation and home visit and/or community visit
<b>1.2.3</b>	3	Service Delivery, Evaluation and service coordination	Evaluation and IFSP meeting and home visit and/or community visit
<b>1.0.3</b>	3	Service Delivery and service coordination	IFSP meeting and home visit and/or community visit

#### *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 will 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.

### 3. 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 each of the three sections of the portfolio (A, B, and C). The purpose of the reflection is for the applicant to critique the documented 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 applicants 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:

- Two copies of the portfolio
- Confirmation of passing the examination
- 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. Applicants whose portfolios have passed the screening will be informed as to which month their portfolio will be evaluated by the Portfolio Evaluation Committee.

Once a portfolio passes the screening it will be forwarded to the Portfolio Evaluation Committee. Each portfolio will be evaluated by a team of two reviewers who will rate it independently and submit their findings to the credentialing coordinator or the designee. If the reviewers are in agreement that the candidate has been successful, the applicant will be notified and will receive the ITFS credential. If the reviewers are not in agreement, a third reviewer will be asked to evaluate the portfolio. If the third reviewer confirms that the applicant did not pass, the applicant will be instructed on which sections of the port should be resubmitted.

A cadre of reviewers will be developed and trained. Review teams will consist of people who are knowledgeable and experienced in the field of early intervention.

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 or 1.0.3 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
- 5C. ITFS Portfolio Index -- Service Coordination
6. Reflection
7. Observation Checklist
8. ITFS Credential Renewal Form
9. EIS Description

## 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 sends confirmation of receipt/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 \_\_\_1.0.3  
 Applying for exception  Applying for EIS

Expected Month/Year of Completion :  
 \_\_\_\_\_ Multiple Choice Exam \_\_\_\_\_ Portfolio

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	

Discipline Licensed or Certified by:  SDE (Endorsement #\_\_\_\_\_)  DPH  Other

License/Certification # \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

To be completed by credentialing office:  
 Applicant Identification Number: \_\_\_\_\_

\* If working for more than one program, choose a primary program





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			

<b>Indicators of Effective Practice</b>	<b>Present level of competence</b>	<b>An area to be addressed?</b>	<b>Planned source for obtaining knowledge or skill (ie. Workshops, reading, mentoring...)</b>
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)			

<b>Indicators of Effective Practice</b>	<b>Present level of competence</b>	<b>An area to be addressed?</b>	<b>Planned source for obtaining knowledge or skill (ie. Workshops, reading, mentoring...)</b>
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.			
<b>During period of intake, initial evaluation and assessment:</b>			
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			
<b>In partnership with the family/caregivers and other team members:</b>			
SC 1 Plan and conduct IFSP meeting after obtaining input from evaluation team and physician			
SC 2 Develop IFSP that supports positive child and family outcomes and/or addresses the transition plan/process			
SC 3 Identify family concerns, priorities resources and preferences and address them through outcomes objectives and strategies			
SC 4 (E13) Develop objectives based on developmental curricula.			
SC 5 Design intervention strategies within the context of the family's self-identified routines and locations.			
SC 6 Ensure that services determined in the IFSP are provided as specified			
SC 7 Review/modify IFSP at least every six months, including revised outcomes and intervention strategies as a result of ongoing measurement of progress and family input			

<b>Indicators of Effective Practice</b>	<b>Present level of competence</b>	<b>An area to be addressed?</b>	<b>Planned source for obtaining knowledge or skill (ie. Workshops, reading, mentoring...)</b>
SC 8 Prepare and maintain child records and share with collaborating providers and agencies as appropriate and as agreed upon by parents/caregivers			
<b>In partnership with the family/caregivers and other team members;</b>			
SC 9 Coordinate services and supports for children and their families in partnership with the family.			
SC 10 Identify (Community mapping) and support family in accessing natural community-based supports/resources including healthcare providers, childcare and social service agencies			
SC 11 Assist family in identifying informal networks of support (e.g., other family members, neighbors, church, etc.)			
SC 12 Coordinate with providers outside of the Birth to Three System who also provide services to the family			
SC 13 Make referrals to school systems or other community programs			
SC 14 Ensure that a transition meeting is held and a transition plan written in accordance with regulation			
SC 15 Provide updated information at the request of the school(s) or other community program(s)			

**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  
                                      \_\_\_\_\_ 1.0.3

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					
	<b>Date</b>	<b>Page</b>			
Reflection					
Examination Results					

## ITFS PORTFOLIO INDEX

Applicant Identification Number \_\_\_\_\_

Endorsement Area: **Evaluation**

Indicator #	Work sample		Observation		Comments
		Page #	Historical? Yes/No	Page #	
E1					
E2					
E3					
E4					
E5					
E6					
E7					
E8					
E9					
E10					
E11					
E12					
E13 (SC 4)					
E14					
	<b>Date</b>	<b>Page</b>			
Reflection					
Examination Results					



## ITFS PORTFOLIO INDEX

Applicant Identification Number \_\_\_\_\_

Endorsement Area: **Service Coordination**

Indicator #	Work sample		Observation		Comments
		Page #	Historical?	Page #	
SC1					
SC2					
SC3					
SC4 (E13)					
SC5					
SC6					
SC7					
SC8					
SC9					
SC10					
SC11					
SC12					
SC13					
SC14					
SC15					
	<b>Date</b>	<b>Page</b>			
Reflection					
Examination Results					

## Reflection

The following are suggested questions to guide reflections on the practice of early intervention.

### 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?
- How does what is presented demonstrate your abilities/qualities?



## Observation Checklist

Appendix 7

### General

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

<b>0</b>	<b>1</b> Briefly introduces caregiver and observer.	<b>2</b>	<b>3</b> Introduces caregiver and observer and reminds caregiver of the observation.	<b>4</b>	<b>5</b> 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)\*\*

<b>0</b>	<b>1</b> Determines when to begin session without caregiver.	<b>2</b>	<b>3</b> Begins session when caregiver states s/he is ready despite other contrary cues.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Begins visit by acknowledging there was a previous visit/discussion.	<b>2</b>	<b>3</b> Recaps information from previous visit/discussion, including child progress.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Listens but intent on carrying out own agenda.	<b>2</b>	<b>3</b> Provides support but no real problem solving.	<b>4</b>	<b>5</b> 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)\*\*

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

<b>0</b>	<b>1</b> Explains technical jargon then continues to use terms without further explanation.	<b>2</b>	<b>3</b> States information in a family friendly manner.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Asks about family and child's well being.	<b>2</b>	<b>3</b> Asks about child's progress since last visit/conversation.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Briefly describes what will occur during visit.	<b>2</b>	<b>3</b> Briefly describes procedures for evaluation and family's role.	<b>4</b>	<b>5</b> 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) \*\*

<b>0</b>	<b>1</b> Selects and administers generic instruments to elicit standardized score.	<b>2</b>	<b>3</b> Selects and administers instruments that are developmentally appropriate and uses additional assessment methods as needed.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Tells family what is being assessed, uses family as informant, and gives feedback on child performance.	<b>2</b>	<b>3</b> Asks family items on evaluation that are not observed and explains how the information will be used.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Completes evaluation as prescribed without attention to caregiver/child response.	<b>2</b>	<b>3</b> Balances interventionist and caregiver/child needs.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Briefly explains evaluation and eligibility status.	<b>2</b>	<b>3</b> Explains evaluation, eligibility status and next steps. Asks family if there are any questions.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Provides summary of evaluation, eligibility status and what will happen next.	<b>2</b>	<b>3</b> Provides summary of child's development, eligibility and cursory recommendations based on family concerns regarding child's development.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Briefly reviews the philosophy of early intervention, the IFSP process and family rights.	<b>2</b>	<b>3</b> Explains early intervention, the IFSP process and family rights separately.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Begins meeting with no overview of purpose or agenda.	<b>2</b>	<b>3</b> Briefly describes the purpose and agenda of the meeting.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Asks about family's and child's well being.	<b>2</b>	<b>3</b> Asks about child's abilities since last visit/conversation.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Uses family's previous concerns, priorities and resources without discussion.	<b>2</b>	<b>3</b> Discusses with family concerns, priorities and resources directly related to child learning and development and uses them in IFSP development.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> States assessment findings according to developmental domains and age equivalents.	<b>2</b>	<b>3</b> States assessment findings relevant to underlying developmental functioning.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Asks family for outcomes with no guidance or leads family to provider outcomes.	<b>2</b>	<b>3</b> Asks family for outcomes related to assessment findings but not to family concerns, priorities or resources or child participation in routine activities.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Task analyzes domain-specific objectives.	<b>2</b>	<b>3</b> Task analyzes objectives that are measurable but does not address functioning.	<b>4</b>	<b>5</b> 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)

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

<b>0</b>	<b>1</b> Identifies early interventionists and frequency and intensity of services.	<b>2</b>	<b>3</b> Identifies primary interventionist and consulting interventionists and respective responsibilities.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Drives the meeting with little input from the family.	<b>2</b>	<b>3</b> Asks family questions to elicit information but does not guide the family through the decision-making process.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Acknowledges family response but returns to interventionist's meeting process.	<b>2</b>	<b>3</b> Uses family response in one item during the meeting process but does not apply the response to other items.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Tells family about next steps. Leaves Birth to Three brochures and/or other generic material.	<b>2</b>	<b>3</b> Summarizes meeting in written note and next steps. Asks if there are any questions.	<b>4</b>	<b>5</b> 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) \*\*

<b>0</b>	<b>1</b> Creates plan with objectives and strategies that enhance general development.	<b>2</b>	<b>3</b> Creates written plan with objectives and strategies that are aligned with the IFSP and allows for flexibility.	<b>4</b>	<b>5</b> 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)\*\*

<b>0</b>	<b>1</b> Acknowledges caregiver priorities but does not integrate into plan.	<b>2</b>	<b>3</b> Determines how to utilize plan independently depending on caregiver statement of priority.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Asks general questions.	<b>2</b>	<b>3</b> Reviews with caregiver routine activities engaged in and strategies used since last visit.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Assesses child through activities other than the child's routine activities.	<b>2</b>	<b>3</b> Asks caregiver about child's participation in routine activities.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Brings toy bag and explains properties of activity.	<b>2</b>	<b>3</b> Uses toys or objects in the house/community in intervention activities and gives suggestions how activity can be carried over using similar materials.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Implements generic intervention strategies specific to a discrete developmental milestone with no evidence of a research base.	<b>2</b>	<b>3</b> Individualizes intervention strategies to child's ability using appropriate (evidence based) methods.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Verbally debriefs at the end of the session.	<b>2</b>	<b>3</b> Encourages caregiver to observe while modeling and explaining strategies.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Acknowledges caregiver/child response and proceeds with activity.	<b>2</b>	<b>3</b> Attempts to interest and engage child in the activity and modifies as needed.	<b>4</b>	<b>5</b> 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)

<b>0</b>	<b>1</b> Briefly summarizes visit and recommendations to try between visits.	<b>2</b>	<b>3</b> 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.	<b>4</b>	<b>5</b> 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) \*\*

<b>0</b>	<b>1</b> Provides note summarizing visit and cursory recommendations.	<b>2</b>	<b>3</b> Provides note on strategies and identifies different routine activities in which to use the strategies.	<b>4</b>	<b>5</b> 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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### Early Intervention Specialist

This position is considered a Birth to Three professional delivering special instruction under IDEA. The specific duties they are able to provide include:

- Ability to perform evaluations and assessments.
- Being listed as a professional on the IFSP without having another professional listed for supervisory purposes.
- No sign off required on contact notes.
- Reimbursed at professional rate on supplemental requests

The following are the requirements 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. infants and toddlers (includes early intervention and early childhood education)
  - b. child development
  - c. child studies
  - d. education
  - e. special education
  - f. psychology
  - g. human development and family relations
  - h. related field

For each of these degree programs, transcripts of degree coursework or subsequent transcripts must reflect successful completion of at least 3 approved three-credit courses from an accredited institution of higher education that focus on infants and toddlers OR 2 courses in infant/toddler and 1 course in Early Language and Literacy.

AND

2. Obtain the Connecticut Birth to Three Infant Toddler Family Specialist Credential with endorsement 1.2.0 or 1.2.3.; this covers the roles of direct service, evaluations, and 1.2.3 also covers service coordination.

AND

3. Have completed at least 300 hours of practicum or work experience with young children (birth to 8 years old).