Connecticut Birth to Three

Early Intervention Specialist Credential Manual

(revised to replace previous ITFS credential)

The Connecticut Birth to Three System is responsible for assuring its workforce possesses the expertise to provide high quality, effective early intervention (EI) supports and services. EI is unique in its practice (home versus classroom, clinic, or hospital; focus on the whole family versus solely the child) and population given child age (infants and toddlers) and developmental status (developmental delays or disabilities) that results in family eligibility. Preservice preparation programs develop initial expertise in one's discipline, a necessary foundation for EI but not sufficient unless demonstration of competencies specific to EI, such as home visiting, service coordination, and family capacity-building, are intentionally embedded in that preparation. Given the breadth in which disciplines are licensed, opportunities to focus on EI competencies can be limited during initial preparation. Allied health professionals, such as occupational therapists, physical therapists, and speech-language pathologists, are prepared across the lifespan. Depending on certification areas, special educators may be broadly prepared up to 21 years of age. While there are preservice programs that prepare disciplinary professionals in the competencies unique to EI, either as required or elective components, the inclusion of EI specific competencies is determined by and dependent on the individual preparation program rather than universally required for disciplinary licensure/certification. **The *Early Intervention Specialist* (*EIS*; formerly the *Infant-Toddler Family Specialist*) *Credential* was created by the Connecticut Birth to Three System so EI practitioners could demonstrate competence in evidence-based EI practices.**

Who is the *EIS Credential* for?

ALL EI practitioners – licensed/certified professionals, associates, and assistants – are eligible to obtain the *EIS Credential* as official recognition of one's competence in the expected indicators of effective EI practice. Throughout this manual, EI practitioners pursuing the *EIS Credential* are referred to as "*EIS Credential* candidates." **To successfully obtain the *EIS Credential*, all components are required by all *EIS Credential* candidates except for Evaluation and Assessment.** This component is required solely for *EIS credential* candidates who are already approved to conduct eligibility evaluations and those who are developmental therapy associates (DTAs) seeking advancement to the developmental therapy specialist position.

***EIS Credential* Indicators**

The *EIS Credential* indicators of effective practice were developed from the most up-to-date national and state standards and competencies most directly related to EI practice. Five field-based standards were used:

1. *Early Childhood Personnel Center Cross-Disciplinary Competency* (ECPC CDC) areas, definitions, and indicators (Bruder et al., 2019).
2. *Infant and Early Childhood Mental Health Consultation Competencies* (Center of Excellence for Infant and Early Childhood Mental Health Consultation, n.d.).

3. *ZERO TO THREE Competencies for Prenatal to Age 5 (P-5) Professionals* (ZERO TO THREE, 2018).
4. *Connecticut Core Knowledge and Competency Framework for Professionals Working with Young Children and Their Families* (Connecticut Office of Early Childhood, 2016).
5. *Connecticut Birth to Three Infant-Toddler Family Specialist Indicators of Effective Practice* (ITFSI; Connecticut Birth to Three System, 2008).

The final *EIS Credential* indicators represent the depth and breadth of competencies synthesized across these standards, assuring the full range of ECPC competencies are embedded as *the* foundation of expected EI practice. The *EIS Credential* indicators also were designed to:

- Comprehensively cover the **depth and breadth in infant-toddler development** to demonstrate the complex and extensive knowledge and skills needed in this area.
- **Span EI processes** by identifying universal practices regardless of whether one is conducting eligibility evaluations and initial assessments, developing initial, annual and review Individualized Family Service Plans (IFSPs) and coordinating services, or implementing interventions in homes or the community (e.g., childcare).
- Intentionally include **equitable practices** with families from diverse identities, especially those historically and contemporaneously marginalized.

Forty-three indicators of effective practice were developed across the areas of child development, assessment and evaluation, planning and intervention, coordination and collaboration, family-centered practice, and professionalism. The indicators are further defined through sub-indicators that detail critical components of the indicator. The majority of indicators and sub-indicators represent *what one does* as one implements their practices. These **implementation** indicators require demonstrating competence via observable actions within the everyday work of EI rather than one's knowledge or application in hypothetical scenarios. **All EI professionals should familiarize themselves with the *EIS Credential* implementation indicators as they were developed from expected EI competencies in practice as defined nationally and backed by the EI evidence base.**

Four Child Development and four Professionalism indicators define one's expected **knowledge**, while the remaining indicators in these domains delineate practice **implementation**. The Child Development knowledge indicators were designed to expand the breadth of developmental content to be demonstrated beyond those that can be implemented within the developmental profiles of the particular children and families with whom the EI practitioner is partnering. The Professionalism knowledge indicators represent laws, procedures, and rights and responsibilities that assure practitioner understanding without creating inauthentic discussions with families for the sole purpose of demonstrating the use of this knowledge during family-professional interactions. These knowledge and implementation

indicators are outlined in Appendix A and form the basis for demonstrating EI competence through the *EIS Credential* portfolio.

EIS Credential Portfolio

EI practitioners seeking the *EIS Credential* submit evidence of competence through a portfolio system developed by the Birth to Three System. The portfolio is comprised of six components which, together demonstrate the practitioners knowledge and skills of the *EIS Credential* indicators across EI processes:

1. Written examination to demonstrate competence in the *EIS Credential* knowledge indicators.

Observation and other evidence demonstrating effective practice in the *EIS* implementation indicators when implementing EACH of the following:

2. Service Coordination during an IFSP meeting.
3. Evaluation and Assessment (*for those qualified to conduct eligibility evaluations and DTAs seeking to advance to a developmental therapy specialist role).*
4. Home Interventions.
5. Community Interventions that occur with other children.

Supervisor attestation that the *EIS Credential* candidate has successfully met:

6. Overall professionalism indicators and other specific requirements.

All evidence for each component MUST be submitted into the *EIS Credential* portfolio system as a record of successful completion. See Appendix C for he procotol for documenting and scoring the *EIS Credential* portfolio. This manual outlines the path to completing the six components of the *EIS Credential* portfolio, including the sequence, specific requirements, and criteria for each component.[1]

EIS Credential Sequence

While *EIS Credential* candidates may move at their own pace, *EIS Credential* components must be successfully completed in a designated order. *EIS Credential* candidates must **submit and receive notification of passing**:

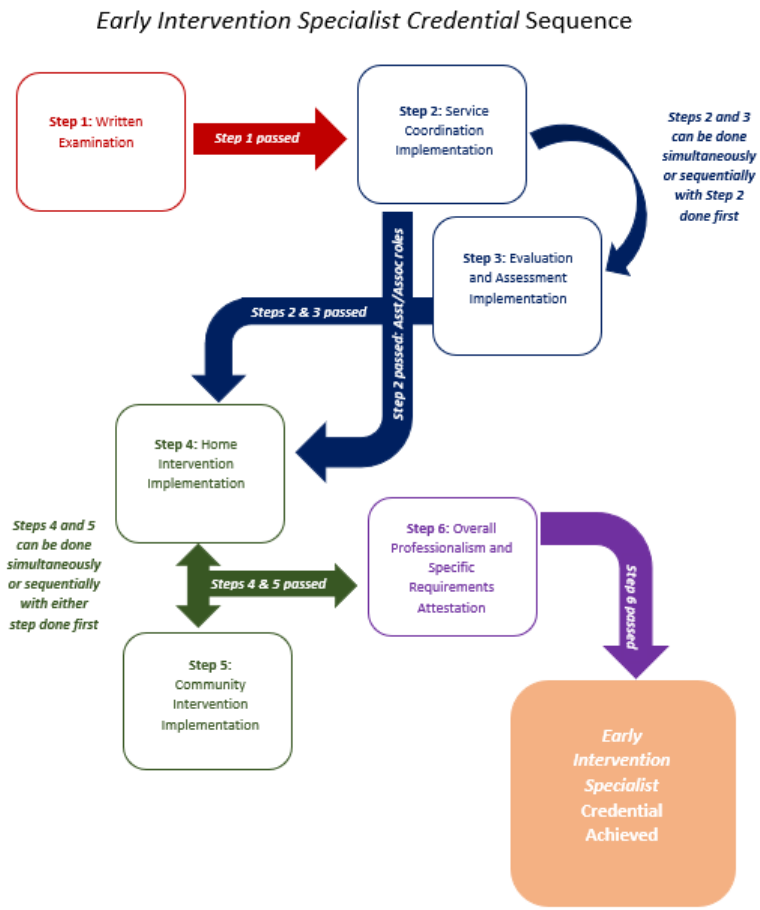
1. The written examination (STEP 1) **before moving on to…**

[1] EI practitioners may submit individual evidence to meet some or all of the indicators. Individual pathways are outside the scope of this manual. Practitioners should contact the Birth to Three System for more information.

2. Service Coordination (STEP 2) and Evaluation and Assessment (STEP 3). These two components can be worked on at the same time or sequentially. If the *EIS Credential* candidate choses to work on one component then the other, the Service Coordination component must be completed first. **Once step 2 and, for those required to complete step 3, are passed, the *EIS Credential* candidate can move on to…**
3. Home (STEP 4) and Community Interventions (STEP 5). These two components can be worked on at the same time or sequentially. Neither one must be completed first. **Once steps 4 and 5 are passed, the *EIS Credential* candidate can meet with their supervisor to complete the…**
4. Attestation of Professionalism (STEP 6) as confirmation of current competencies in select indicators and assurance other specific requirements have been met.

Figure 1 illustrates this sequence toward achieving the *EIS Credential*. Each component is outlined in separate sections of this manual to facilitate understanding and ease while working through the *EIS Credential* requirements.

Figure 1



SPECIFIC REQUIREMENT: Diversity, Equity, and Inclusion

Diversity, equity, and inclusion (DEI) are at the forefront of current child and family practice, evidenced in competencies and positions of disciplinary and cross-disciplinary professional associations. *EIS Credential* candidates must demonstrate competence in meeting the *EIS credential* indicators with families from diverse identities, especially those historically and contemporaneously marginalized. To do so, ***EIS Credential*** **candidates must successfully demonstrate competence in implementing Service Coordination AND EITHER Home OR Community Intervention components with a family whose identity characteristics are different from the EI practitioner's identity characteristics.** This will satisfy EIS Indicator FCP4: *Demonstrate expected Early Intervention competencies in diverse settings with diverse families, in recognition of the program, neighborhood, and family characteristics including cultural and historical contexts, race/ethnicity, and primary language*. Specific markers for meeting this requirement are outlined within the Service Coordination and Interventions sections and attested to in Step 6 as a specific requirement.

SPECIFIC REQUIREMENTS: Developmental Therapy Associates and Waived Developmental Therapists

Birth to Three personnel who fulfill the service known federally as Special Instruction are developmental therapists (DTs) and developmental therapy specialists who move into this position from the DTA role. The *Initial Practice-Based Professional Standards for Early Interventionists/Early Childhood Special Educators* (EI/ECSE Initial Preparation Standards; Division for Early Childhood of the Council for Exceptional Children, 2020) outline the national competencies expected of beginning special instructors and guide preparation programs for certification in early childhood special education, such as those in Connecticut that prepare practitioners for the Integrated Early Childhood/Special Education (#112) certification. DTAs seeking to become developmental therapy specialists and DTs with special education certification working under a waiver may or may not have had preparation and/or demonstrated initial competence in all aspects of the Special Instruction discipline. **The *EIS Credential* builds in specific requirements for DTAs and waived DTs to demonstrate initial competence in the disciplinary role of Special Instruction similar to that required for #112 certification.**

Each national EI/ECSE standard was analyzed to determine which standards were already represented in the *EIS* knowledge and implementation indicators – and therefore embedded into the *EIS Credential* – and which ones were not. Ten of the 27 EI/ECSE standards were found not to be fully represented in the *EIS* indicators. These standards represent:

- Developmental theories (1.1), characteristics and etiologies of disability (1.4), and collaboration and teaming (3.1).
- Professional participation and ethical practice (7.1 and 7.4).

- Planning and implementing meaningful experiences and interventions in the specific Special Instruction disciplinary expertise of universal design for learning and early childhood curricular frameworks (5.2), learning content such as literacy and math (6.1 and 6.3), social-emotional development (6.4), and object and social play (6.5).

The Division for Early Childhood of the Council for Exceptional Children (DEC; 2014) position statement on the role of Special Instruction particularly identifies "cognitive processes" (p. 2) as areas of Special Instruction disciplinary expertise. **The ten remaining EI/ECSE standards and "cognitive processes" were integrated into seven *EIS Credential* sub-indicators specifically for DTAs and waived DTs to demonstrate initial disciplinary competence in Special Instruction.**

Special instructors are responsible for blending the early childhood education expertise of learning and development with the special education expertise of individualized outcomes, strategies, and approaches in inclusive contexts. DTAs and waived DTs who have preparation in early childhood education or special education may have had partial preparation of the seven Special Instruction-specific sub-indicators through their preservice programs. For the purposes of the *EIS Credential*, certified special educators as waived DTs are assumed to have demonstrated initial competence in special education approaches such as *characteristics and etiologies of individual differences* (1.4) and *universal design for learning* (5.2). However, no assumptions can be made regarding early childhood education competencies. Alternately, DTAs with early childhood education but not special education preparation would have needed to demonstrate competence in the early childhood aspects of the EI/ECSE standards – *early childhood developmental theories* (1.1) and *frameworks* (5.2), *cognitive processes* (DEC, 2014), and learning content (*object and social play* (6.5) and *academic content such as literacy and math* (6.1 and 6.3)) as they pertain to early childhood – but not the special education competencies waived DTs bring to the role. To recognize these initial preparation experiences, certified special educators as waived DTs (CSE) and early childhood educators (ECE) do not need to demonstrate competence in the sub-indicators specific to special education and early childhood education, respectively. Other developmental therapy associates (ODTAs) working towards becoming developmental therapy specialists are required to demonstrate competence in all the sub-indicators.

Table 1 outlines each *EIS Credential* sub-indicator with associated evidence required to meet that sub-indicator within particular credential components and the candidate type required to demonstrate competence.[2] The evidence and criteria for meeting these sub-indicators is embedded in each section where the *EIS Credential* component is explained. When candidates can choose the component to embed the requirement, the supervisor completing Step 6 will attest to its successful completion.

[2] The evidence listed does not prohibit other ways to meet the sub-indicators. *EIS Credential* candidates may submit alternate evidence demonstrating competence in a particular sub-indicator for DTAs and waived DTs.

Table 1: Additional Requirements for DTAs and Waived DTs

Additional EIS Sub-Indicator	*EIS Credential* Evidence	ODTA	CSE	ECE
CD5.7: Child development theories and philosophies in evaluation and intervention practices.	**Evaluation/Assessment:** Describe and interpret the child's development through the lens of one theoretical perspective and critically evaluate research and practices associated with that theory. **Home Intervention:** Use a specific developmental theory and related practices when planning and implementing intervention.	X	X	
CD5.8: Overarching developmental characteristics and etiologies of specific disabilities.	**Evaluation/Assessment:** Alter evaluation/assessment procedures, including assessment interpretations, to accommodate child disability characteristics and defend decisions made.	X		X
CC3.8: Explain to families EI teaming models and use the models to determine team member roles and responsibilities.	**Service Coordination:** Describe to the family the model of teaming agreed upon to implement intervention, including the roles of each team member.	X	X	X
PI2.12: Blend early childhood curriculum frameworks and universal design for learning into interventions to promote access and engagement in infant-toddler settings.	**Community Intervention**: Plan, implement, and evaluate strategies to promote THREE specific early learning strands of the *Connecticut Early Learning and Development Standards* into the intervention to support the child learning each strand.	X	X	
	Community Intervention: Plan, implement, and evaluate strategies to embed EACH of the three principles of Universal Design for Learning in the intervention to support child participation.	X		X
PI2.11: Assess, plan, and implement a variety of practices, strategies, resources, and supports to promote cognitive development, social and object play, social-emotional learning, and learning content such as literacy and math.	**Evaluation/Assessment:** Assess child's strengths and needs in cognitive processes and include those strengths and needs in the written reports. **Home OR Community Intervention:** Plan, implement, and evaluate strategies to promote cognitive processes AND ONE academic content domain into the intervention. **Evaluation/Assessment:** Assess child's strengths and needs in object and social play and include those strengths and needs in the written reports. **Home Intervention:** Plan, implement, and evaluate strategies to support object and/or social play development within the family's cultural conception of play. **Community Intervention:** Plan, implement, and evaluate targeted strategies to support object and/or social play development within the community setting's philosophy and approach to play.	X	X	
	Home OR Community Intervention: Plan, implement, and evaluate strategies to promote social emotional development with a rationale of why those strategies were utilized, backed by assessment data demonstrating how the intervention was function-based.	X	X	X
PR15.5: Engage with the EI profession at the local, state, national and/or international levels.	**Overall Professionalism:** Document active participation and engagement with the larger EI profession in the past year. This engagement MUST be specifically focused on infants and toddlers with developmental delays/disabilities and their families.	X	X	X
PR7.1.1: Practice according to the five core principles of DEC's Code of Ethics	**Candidate Choice:** Describe how EACH of the 5 core principles of DEC's Code of Ethics were met when the observed *EIS Credential* component was implemented.	X	X	X

ODTA = Other Developmental Therapy Associate; CSE = Certified Special Educator; ECE = Early Childhood Educator

STEP 1: WRITTEN EXAMINATION

The first step in the *EIS Credential* is a written examination to assess candidates' applied understanding of the *EIS* knowledge indicators and sub-indicators. These knowledge indicators focus on child development and the cultural, biological, and environmental influences on child development, as well as the policies, procedures, systems, and supports that guide EI practice. The written examination covers the critical components of each knowledge sub-indicator, reflecting both the science and art of EI practice. Through the examination, EI practitioners demonstrate their nuanced understanding of the principles that guide EI, inclusive of families and their parenting role, infant-toddler development and developmental variability, and the intersection of systemic and disciplinary expectations, applied in an individualized approach for each and every family.

The written examination is comprised of 49 items using multiple choice, true/false, matching, and open-ended, short-answer questions. The examination is divided into two parts to allow for a break in the middle. ***EIS Credential* candidates are strongly encouraged to review the *EIS Written Examination Study Guide* that outlines the type of knowledge assessed in the written examination and free online resources covering those topics.** The study guide can assist *EIS Credential* candidates in determining their readiness to sit for the written examination and, if necessary, engage in professional development to obtain the knowledge needed prior to the written examination.

The written examination is scored by a member of the Birth to Three professional development team. Closed-ended, single-response items (i.e., items with one correct response) are worth one point each. Closed-ended, multi-response items (i.e., items with more than one correct response) are assigned a half point per response option in the particular item. For each correct response selected AND each incorrect response NOT selected, .5 points is added to the score. Each open-ended, short-answer item is worth 2 to 5 points depending on the complexity and number of components expected in the item response. Open-ended, short-answer items are scored using a rubric outlining the criteria for each possible point value for the individual item. Each item is scored by reviewing the criteria for the highest points possible. If all criteria for the highest point are met, then the item is scored at that highest point and the scorer moves on to the next item. If all criteria are not met, the scorer moves to the next highest point possible. If the response does not fully meet the criteria, the item is scored at the lower point even if the response seems somewhere in between. If the criteria for 1 point is not met, the item is scored a zero.

GENERAL PROCEDURES FOR OBSERVED *EIS CREDENTIAL* COMPONENTS (STEPS 2-5)

Steps 2-5 evaluate effective practice in the *EIS Credential* implementation indicators for the EI processes of Service Coordination (step 2), Evaluation and Assessment (step 3), Home Interventions (step 4), and Community Interventions (step 5). Each of these components require the submission of an observation and other evidence demonstrating effective practice with a particular family. These components could be completed with the same family, or different families as makes sense based on family interests and where they are in the EI process. A reviewer assigned by Birth to Three will evaluate the *EIS Credential* candidate's evidence for the specific *EIS Credential* component. Steps 2-5 follow the same overall procedures. These procedures are delineated in this section, with specific procedures for each component described in subsequent sections.

Markers of Effectiveness

Since the *EIS Credential* implementation indicators span all EI processes, markers of effectiveness were developed to describe the specific practices within each particular component. These effectiveness markers were developed by reviewing national materials (see Appendix B for resources) and identifying the most critical practices. Then, these practices were cross-referenced with the *EIS* implementation indicators to make sure the overwhelming majority[3] of indicators are represented in each component. Each effectiveness marker includes the associated indicators. The effectiveness markers do not replace but complement the indicators as specific practices in which multiple indicators are applied. ***EIS Credential* candidates are strongly encouraged to review the cross-referenced indicators to fully understand the underlying expectations for the effectiveness marker.**

Each effectiveness marker is further defined with criteria detailing the expectations for successful implementation. ***EIS Credential* candidates should familiarize themselves with the effectiveness markers and criteria before initiating that component of the *EIS Credential*.**

Supervisor Confirmation

Before the *EIS Credential* candidate engages in a particular component for *EIS Credential* review, their supervisor must confirm the candidate has the requisite competencies to be reviewed. Once the supervisor attests, the *EIS Credential* candidate can begin that component of the *EIS Credential*. **While supervisor confirmation does not guarantee a passing score, the expectation is that it would increase the likelihood of strong implementation.**

[3] See step 6 for indicators that represent overall professionalism outside of direct practice with families.

Pre-Observation Discussion

Before the observation of practice, the *EIS Credential* candidate and Birth to Three-assigned reviewer meet for a pre-observation discussion. This discussion is an opportunity for the *EIS Credential* candidate to share information about the family and what has already happened in their EI process pertinent to the observation. This will be helpful for the reviewer to understand the practice context. The *EIS Credential* candidate will also share what is expected to occur during the observation, recognizing that EI is a transactional, dynamic practice and that what is expected may not occur. **The pre-observation discussion situates how effectiveness markers are expressed but does excuse practices that do not align with those markers.** If, based on the pre-observation discussion, the reviewer has concerns about the *EIS Credential* candidate's readiness to implement the particular component in a manner aligned with the effectiveness markers, the reviewer contacts the Birth to Three professional development team who will then coordinate a meeting among the reviewer, Birth to Three professional development team, and the *EIS credential* candidate's supervisor. **The pre-observation discussion MUST occur prior to the observation, even if the observation is video recorded.**

Observation

Since the focus of steps 2-5 is implementation, observation of the *EIS Credential* candidate's practices is essential. The observation can be conducted in person or via video. In either case, the observation should encompass the entire time the *EIS Credential* candidate is with the family so all aspects can be evaluated. If in-person, the *EIS Credential* candidate and reviewer should arrive at the same time. If video recorded, the video should begin immediately following the greeting and answering any questions the family has about video recording and securing consent. No aspect of the session should occur prior to recording. **Reviewers cannot score an effectiveness marker based on candidate report that it occurred before the recording started.**

Whether in person or via video, the *EIS Credential* candidate should make sure the reviewer is able to see and hear ALL the interactions occurring. That way, the reviewer can evaluate every opportunity the *EIS Credential* candidate has to implement the effectiveness markers. The reviewer's responsibility is to:

- Be well-versed in the effectiveness markers including their specific criteria.
- Take copious notes while observing, attuned to the effectiveness markers.
- Note any questions, missed opportunities, and needed clarifications to discuss in the post-observation reflection.

Post-Observation Reflection

The post-observation reflection provides an opportunity for further clarification and understanding of what occurred during the observation. Since EI practices are not prescriptive, but adapted to the individual family, the post-observation reflection is a time to discuss what the reviewer observed and for the *EIS credential* candidate to provide a rationale for what occurred. The post-observation discussion may uncover that a practice that appeared aligned (or not) with an effectiveness marker was actually the opposite. This discussion may also clarify that what may have appeared to be a missed opportunity was not an opportunity after all. This may include, but not limited to, clarifying a mismatch between what was discussed in the pre-observation and what actually happened, whether or not a specific occurrence was an implementation opportunity, or why the *EIS Credential* candidate chose a certain course of action. The questions asked and the manner discussed are at the discretion of the *EIS Credential* reviewer. Suggested but not required question stems are:

- Why did you…?
- Why did you choose not to…?
- How did you…?

The post-observation discussion results in clarity of how the effectiveness markers were implemented with the individual family. However, the reviewer is still responsible for determining the successful implementation of those practices. **Credit is NOT given for explanations of what "usually" happens, reflections from the *EIS credential* candidate on what they "should" have done, or any suggestion that the effectiveness marker does not "fit" the family or situation.**

Written Evidence

Every EI process, as reflected in the *EIS Credential* components steps 2-5, has written evidence naturally associated with the particular process as it occurs – a visit plan and note for the interventions, an IFSP document for service coordination/IFSP meetings, and evaluation and assessment reports. This evidence is an *EIS Credential* requirement and submitted for each component. **The written evidence is combined with the observation to determine the final score for each effectiveness marker.** Family name and identifying information should be redacted from any written evidence prior to portfolio submission.

Additional Requirements for DTAs and Waived DTs

As described previously, each *EIS Credential* component has specific Special Instruction competencies DTAs and waived DTs are expected to evidence. These requirements are outlined within the particular *EIS Credential* component and, as needed, confirmed and attested to by their supervisor when completing the professionalism component (step 6) of the *EIS Credential*.

Scoring

To score each effectiveness marker, the reviewer examines all the evidence – observed, discussed, and written – combined. Each effectiveness marker is scored based on the *EIS Credential* candidate's **implementation** of that marker using two conditions:

1. **Opportunities:** Throughout the evidence, the *EIS Credential* candidate has openings (i.e., "opportunities") to implement each effectiveness marker. These openings will be different for each individual family. The "opportunities" condition is defined as number of times the *EIS Credential* candidate took advantage of those openings by implementing the effectiveness marker. The post-observation discussion is important for identifying the number of opportunities available. For example, the reviewer may identify a potential opportunity however, the *EIS Credential* candidate may have a **defensible rationale** that it was not actually an opportunity and therefore should not be counted as missed.
2. **Criteria:** Each effectiveness marker is defined by a set of conditions (i.e., "criteria"). The item score reflects the amount of the listed criteria the *EIS Credential* candidate implemented.

Using these two conditions, each effectiveness marker is scored on a 0-5 point scale:

0 – No opportunities and evidence met criteria

1 – Few opportunities and evidence met less than half criteria

2 – Some but less than half opportunities and evidence met criteria

3 - Half opportunities and evidence met criteria

4 – Most opportunities and evidence met criteria

5 – All opportunities and evidence met criteria

The degree defined in each possible score reflects BOTH the opportunities and the criteria. For example, a rating of 5 means the *EIS Credential* candidate implemented the effectiveness marker **every time** there was an opportunity **AND** implemented **every criteria** in each opportunity. To obtain a rating of 3, the *EIS Credential* candidate would have implemented the effectiveness marker **half the time AND** met the criteria **half the time**. If both conditions are not met, then the item is scored at the next lower point value. For example, if the *EIS Credential* candidate implemented the effectiveness marker for **most** of the opportunities – representing the opportunities condition at a score of 4 – but met the criteria half the time – representing the criteria condition at a score of 3 – then the score for that marker is a 3. **Every effectiveness marker is expected to occur anytime the particular EI component is implemented. Therefore, if NO opportunities arise for a particular effectiveness marker, then that marker is scored a 0.**

Definitions of EI Outcomes

Child, family, and transition outcomes are the core focus of EI. These outcomes are uncovered during evaluation and assessment, defined in the IFSP meetings with service coordinators verifying ongoing progress, and targeted in home and community interventions. In this manual, these outcomes are defined as follows:

- **Child outcomes** are those expected next steps in child learning and development expressed within the everyday goings on – frequently called "routines" or "activities"– where families help their child develop. These outcomes are functional in that the child uses their current and newly learned abilities across developmental domains to participate in everyday life.

- **Family outcomes** are the priorities the family has for their entire family or those of other family members outside of child outcomes. These outcomes can be related to the child, such as finding the right type of playgroup to join, or indirectly related to the child, such as planning how to balance the activities and schedules of all family members.

- **Transition outcomes** include child or family outcomes that occur prior to the actual transition period. For example, a child outcome for an infant who is expected to attend childcare when they turn two years old may be to focus on peer relationships. A related family outcome may be to plan for the cost of that childcare. Transition outcomes can also be specific transitions occurring right before, during, and after the child or family shifts from one setting or service to another.

These outcomes are known collectively as IFSP outcomes in the *EIS Credential* effectiveness markers across the implementation components in steps 2-5.

STEP 2: SERVICE COORDINATION

Service coordination is an essential EI service, responsible for assuring families have quality supports and services – in and outside of EI – that meet families' individual priorities and desired resources. Service coordinators facilitate IFSP meetings so that all participants' input is respected and included in developing a plan that addresses family priorities, within the family's vision for how their family works and the mission and vision of early intervention. Service coordinators ensure the IFSP document resulting from the meeting is clear, comprehensive, and all components are aligned – family and child assessment data, resulting outcomes and objectives, and the disciplines, frequency, and intensity of services to meet those outcomes in functional, participatory ways. In between IFSP meetings, service coordinators make sure supports and services are not only being conducted but those services are in fact facilitating progress toward meeting IFSP outcomes in ways that are comfortable for the family and how their family functions.

Service Coordination *EIS Credential* Requirements

Service coordinators keep up to date on IFSP implementation by connecting with the family and EI professional team members to monitor progress. This knowledge is used by the service coordinator during the IFSP meeting so (a) the family doesn't need to repeat themselves, (b) the family sees how their thoughts and ideas are used by the service coordinator, and (c) all team members are on the same page as the IFSP is reviewed and revised. For purposes of the *EIS Credential*, the following requirements are necessary to evaluate all effectiveness markers of Service Coordination:

1. The observation must occur during an IFSP meeting where the *EIS Credential* candidate is the family's identified service coordinator.

2. The IFSP meeting should be *either* an annual or initial IFSP. It should *NOT* be an IFSP review. It is assumed most families would be more comfortable during an annual rather than an initial IFSP. However, some families, such as a family who was enrolled in EI with an older child, may feel comfortable with an observation occurring during an initial IFSP.

3. The *EIS Credential* candidate must be sufficiently familiar with the family so that all effectiveness markers, including those focused on service coordination tasks in between IFSP meetings, can be evaluated.

Diversity, Equity, and Inclusion REQUIREMENT

EIS Credential candidates are required to implement the Service Coordination (step 2) component with a family whose identity characteristics differ from the candidate's identity characteristics.

REQUIREMENTS for DTAs and Waived DTs

The following requirements must be embedded into the *EIS Credential* Service Coordination, which are outlined in sources of evidence and effectiveness markers:

> **Models of teaming in early intervention.** DTAs and waived DTs must describe to the family the model of teaming agreed upon to implement intervention, including the roles of each team member.
>
> **(Optional) DEC Code of Ethics.** DTAs and waived DTs must apply and describe how EACH of the 5 core principles of DEC's Code of Ethics were met. *Could be met in any of the observed EIS Credential components (steps 2- 5).*

Sources of Evidence

- Pre-Observation Discussion
- Observation
- Written, agreed-upon IFSP document
- Post-Observation Reflection
- Written Reflection for DTAs and waived DTs (optional)

Pre-Observation Discussion: This discussion should focus on what the *EIS Credential* reviewer needs to know to observe and assess implementation of the Service Coordination effectiveness markers within the context of the particular family and their EI services. The following are sample questions. The *EIS Credential* reviewer uses their discretion in selecting and creating their own questions.

1. How have you engaged with this family since the last IFSP meeting? What are you currently working on with this family?
2. What do you already know about this family's priorities? How do you expect to ensure those priorities remain at the forefront of the IFSP meeting and planning decisions?
3. How would you describe how this EI team functions?
4. What was already learned when monitoring IFSP progress? How do you expect this information to be used during the IFSP meeting?
5. Who will be attending this IFSP meeting? What are their roles and how do you expect them to participate? Who else did you obtain updates from? What do you need from those individuals specifically?
6. What resources do you expect this family might identify as wanting support from EI in accessing? What do you know about specific resources to meet these priorities? Consider eligibility, availability, and contact information.

7. **DEI Requirement:** The *EIS Credential* requires the Service Coordination component be implemented with a family whose diversity characteristics are different from your own. How are your identity characteristics different from the family's identity characteristics? How did you come to understand these identity characteristics are different from your own? How will your interactions during the IFSP reflect this understanding?
8. **DTAs and waived DTs:** What are the possible teaming models to consider during the IFSP meeting? Why do you think those models are possible? What are the pros and cons of each?

Observation: The observation should occur as outlined in the general procedures section.

Observations of **DTAs and waived DTs** must include explaining to the family the model of teaming agreed upon during IFSP meeting, why that model was agreed on, how that model is different from other models, and how that model resulted in the roles of each team member.

Written, agreed-upon IFSP document: The fully executed IFSP document is submitted.

Post-Observation Reflection: This discussion centers on the *EIS Credential* reviewer's questions or needed clarifications to accurately score the effectiveness markers. The suggested question stems in the General Procedures section could be used.

Written Reflection for DTAs and Waived DTs: In a separate written reflection, DTAs and waived DTs must submit a written reflection on the following:

- **Optional for all DTAs and waived DTs:** If the *EIS Credential* candidate elects to meet the code of ethics requirement in the Service Coordination (instead of one of the other three) component, describe one specific way EACH of the 5 core principles of DEC's Code of Ethics were met during this component.

Service Coordination Effectiveness Markers

The assigned *EIS Credential* reviewer evaluates the *EIS Credential* candidate's Service Coordination (SC) competencies using the following effectiveness markers.

SC1. Facilitates meeting so all team members contribute their perspectives to IFSP development. (A4, A5, PI1, CC1, CC2, CC3, CC4, FCP1, FCP3, FCP5, PR7, PR10, PR16)

SC2. Describes, checks for understanding, and assures all aspects of IFSP meeting and document are aligned with the Birth to Three philosophy and reminds the team of the philosophy as needed. (CC1, CC3, FCP1, FCP 3, FCP 5, FCP 6, FCP8, PR11, PR16)

SC3. Elicits, listens, asks questions, and documents to assure the IFSP is detailed and individualized. (A1, A2, A3, A5, PI1, PI2, FC[1, FCP2, FCP3, FCP8)

SC4. Family understands the IFSP process and is ready to contribute. (CC1, FCP1, FCP3, FCP5, FCP6, PR16)

SC5. Coordinates assessment information with family input given equal weight, if not more, as professional input. (CD5, CD6, A1, A2, A3, A4, A5, FCP1, FCP2, FCP3, FCP5, PR16)

SC6. Assessment information and resulting IFSP are individualized, functional and participatory, and crosses domains. (CD5, CD6, A1, A2, A3, A4, A5, PI1, CC3, FCP1, FCP2, FCP8)

SC7. Demonstrates delivery of services has been monitored, is coordinated, and the family is satisfied. (A2, A4, PI1, PI2, CC2, CC3, CC4, FCP1, FCP3, FCP5, PR14, PR16)

SC8. Follows, informs team, and answers questions about policies and procedures. (CC1, CC3, CC5, FCP5, FCP6, PR5)

SC9. Avoids family repeating contributions from prior discussions AND assures family openly contributes new information and ideas. (CC1, FCP1, FCP3, FCP5, FCP8, PR16)

SC10. Shares perspectives of team members not in attendance such as other family members, childcare and other community professionals, and medical home. (A2, A3, A4, A5, PI1, CC1, CC2, CC3, CC4, CC5, FCP1, FCP3, FCP5)

SC11. Elicits, shares information about, and easily connects family to formal and informal resources that are responsive to individual family culture and designed to meet IFSP outcomes. (PI1, PI2, CC2, CC4, FCP1, FCP2, FCP3, FCP5, FCP7, FCP8)

SC12. Elicits, listens, asks questions, and documents child outcomes, objectives, and strategies that are individualized to child and family everyday life and aligned with current child developmental status. (CD5, CD6, A1, A2, A3, A4, A5, PI1, PI2, FCP1, FCP2, FCP3, FCP5)

SC13. Elicits, listens, asks questions, and documents family outcomes that align with information derived from the family and the family's vision for their family. (CD6, A4, A5, PI1, CC1, FCP1, FCP2, FCP3, FCP5, FCP6, FCP7, FCP8, PR16)

SC14. Elicits, listens, asks questions, and documents outcomes, objectives, and strategies that are individualized to family's vision for child's next environment (transition). (A1, A2, A3, A4, A5, PI1, PI2, CC2, CC3, CC4, CC5, FCP1, FCP2, FCP3, FCP5, FCP6, FCP7, PR5, PR6)

SC15. Identifies, reviews, and revises the early intervention team as needed to best fit the family. (A5, PI1, CC1, CC2, CC3, CC4, FCP1, FCP2, FCP3, FCP5, FCP6, FCP8, PR16)

SC16. Describes and gains consensus on frequency and duration of services. (A5, PI1, CC1, CC3, FCP1, FCP2, FCP3, FCP5, PR16)

SC17. Summarizes decisions made and next steps including the responsibilities of each team member and any required timelines. (A5, CC1, CC3, CC5, FCP1, FCP3, FCP5)

SC18. Helps family make decisions by eliciting information from professionals and family. (CC1, CC3, FCP1, FCP3, FCP5, FCP7, FCP8, PR7, PR14, PR16)

SC19. Carries themselves in a professional manner when interacting with families and other team members and holds others to ethical and evidence-based practices. (CC1, CC3, FCP3, FCP5, FCP8, PR7)

SC20. Coaches family to advocate for their entire family and their child. (CC2, CC4, CC5, FCP3, FCP5, FCP7, FCP8, PR5, PR14, PR16)

SC21. Follows any related federal and state policies, regulations, and procedures for early intervention and the larger early childhood field and, as needed, accurately and clearly communicates this information to the family. (PR5, PR6)

SC22. Follows one's disciplinary scope of practice and standards of professional conduct and, as needed, accurately and clearly communicates this information as well as that of other disciplines with the family. (PR7, PR17)

DTAs and Waived DTs:

SC23. REQUIRED for ALL: Explains to family models of early intervention teaming and uses the selected model to determine team member roles and responsibilities. (CC3.8)

SC24. OPTIONAL for ALL: Applies the five core principles of DEC's Code of Ethics to Service Coordination. (PR7.11)

Service Coordination: Effectiveness Marker Descriptions

SC1. Facilitates meeting so all team members contribute their perspectives to IFSP development. (A4, A5, PI1, CC1, CC2, CC3, CC4, FCP1, FCP3, FCP5, PR7, PR10, PR16)

a. Invites family to speak first and often.

b. Schedules meeting at a time most team members can attend, including extended family members and childcare professionals as applicable.

c. Respects disciplinary expertise while building consensus for functional participation.

d. Uses open-ended questions to obtain and understand each team member's perspective.

SC2. Describes, checks for understanding, and assures all aspects of IFSP meeting and document are aligned with the Birth to Three philosophy and reminds the team of the philosophy as needed. (CC1, CC3, FCP1, FCP 3, FCP 5, FCP 6, FCP8, PR11, PR16)

a. Describes how each aspect of the IFSP meeting and form contributes to the decisions to be made and how those aspects are connected to the Birth to Three philosophy and current EI evidence base.

b. Family conveys an understanding of what the IFSP meeting is and how it fits within the overall EI process.

c. Uses questioning to further consider team member contributions within the Birth to Three philosophy when unclear.

d. Provides a rationale, including the evidence base, for the Birth to Three philosophy and specific examples of what that philosophy looks like in action.

e. Sets the stage for and reminds as needed that family priorities guide IFSP decisions.

SC3. Elicits, listens, asks questions, and documents to assure the IFSP is detailed and individualized. (A1, A2, A3, A5, PI1, PI2, FC[1, FCP2, FCP3, FCP8)

a. Considers and creates plan across activities and environments in which the individual child engages.

b. Creates a plan supporting all caregivers within those environments who promote child's development and participation.

c. Respects and supports the distinctive quality of each family. Connects decisions to family's unique culture, way of life, and parenting roles and vision.

d. Uses child and family assessment data to uncover concerns, priorities, and resources that could result in family, child, and transition outcomes.

SC4. Family understands the IFSP process and is ready to contribute. (CC1, FCP1, FCP3, FCP5, FCP6, PR16)

a. Schedules meeting at a time when family can focus and participate.

b. Family is ready to advocate.

c. Family clearly describes their perspectives.

d. Scaffolds family to contribute to meeting.

e. Ensures family understands.

f. Attends to family's comfort and ways of interacting and engaging.

g. Communicates verbally and in writing that aligns with family's communicative approaches including use of trained interpreters as needed.

h. Monitors family comfort in sharing and what is being said by others.

SC5. Coordinates assessment information with family input given equal weight, if not more, as professional input. (CD5, CD6, A1, A2, A3, A4, A5, FCP1, FCP2, FCP3, FCP5, PR16)

a. Family perspectives on child strengths and needs are integrated with professional team member perspectives rather than separated as "parent report."

b. Consolidates assessment information across all developmental domains.

c. Describes child strengths and needs according to individual family culture and parenting choices.

SC6. Assessment information and resulting IFSP are individualized, functional and participatory, and crosses domains. (CD5, CD6, A1, A2, A3, A4, A5, PI1, CC3, FCP1, FCP2, FCP8)

a. Describes child strengths and needs in strengths-based language while not ignoring needs.

b. Describes child functioning in terms of participating in everyday family life.

c. Explains or elicits from other team members how child's strengths and needs in each domain contribute to child functioning and participation, using specific examples from child and everyday life rather than tasks on instruments or general milestones.

d. Explains or elicits from other team members child's developmental competencies based on family values.

e. Explains or elicits from other team members the impact of the social, physical, and temporal environment on child participation and development.

SC7. Demonstrates delivery of services has been monitored, is coordinated, and the family is satisfied. (A2, A4, PI1, PI2, CC2, CC3, CC4, FCP1, FCP3, FCP5, PR14, PR16)

a. Demonstrates familiarity with: (1) outcomes progress, (2) timely delivery of services, and use of (3) evidence-based and (4) family capacity-building approaches by all team members during prior monitoring discussions.

b. Connects different team member contributions since the last meeting to achieving IFSP outcomes.

c. Summarizes actions taken since last IFSP meeting to remedy any issues regarding (1) outcomes progress, (2) timely delivery of services, and (3) evidence-based practices.

d. Any family dissatisfaction arising during the IFSP meeting is clearly very new and/or the service coordinator is already aware of and actively working on remedying.

e. No team members appear surprised or uninformed about any dissatisfaction or needs.

f. Monitors resources and services outside of EI to assure family priorities and resources are met.

SC8. Follows, informs team, and answers questions about policies and procedures. (CC1, CC3, CC5, FCP5, FCP6, PR5)

a. Shares family rights in format and language family is most comfortable.

b. Ensures family rights and procedural safeguards are followed.

c. Reminds team members about required timelines and ensures those timelines are met.

d. Checks for family understanding of policies and procedures.

SC9. Avoids family repeating contributions from prior discussions AND assures family openly contributes new information and ideas. (CC1, FCP1, FCP3, FCP5, FCP8, PR16)

a. Sets the agenda for the meeting by summarizing previous discussions with family pertinent to the IFSP meeting.

b. Recognizes family life as dynamic and avoids assuming previous discussions still hold.

c. Regularly invites family to share and confirm previous discussions.

SC10. Shares perspectives of team members not in attendance such as other family members, childcare and other community professionals, and medical home. (A2, A3, A4, A5, PI1, CC1, CC2, CC3, CC4, CC5, FCP1, FCP3, FCP5)

a. Has sufficient information from absent team members to share their perspectives clearly and comprehensively.

b. Identifies when decisions need to be tabled until those team members can contribute, if applicable.

SC11. Elicits, shares information about, and easily connects family to formal and informal resources that are responsive to individual family culture and designed to meet IFSP outcomes. (PI1, PI2, CC2, CC4, FCP1, FCP2, FCP3, FCP5, FCP7, FCP8)

a. Discusses existing formal and informal resources in place and any need for changes or additions to resources, including those accessed privately.

b. Identifies gaps in services rather than duplicates or replaces successful resources already in place.

c. Ties formal and informal resources to meeting IFSP outcomes.

d. Supports family in identifying the effectiveness of resource options.

e. Is well-familiar with the eligibility requirements, availability, and services provided by potential resources.

f. Has resource contact information easily accessible and shares that information with family or connects family directly.

SC12. Elicits, listens, asks questions, and documents child outcomes, objectives, and strategies that are individualized to child and family everyday life and aligned with current child developmental status. (CD5, CD6, A1, A2, A3, A4, A5, PI1, PI2, FCP1, FCP2, FCP3, FCP5)

a. Makes sense for how the individual family's life unfolds.

b. Considers multiple caregivers and how caregivers and settings are different, including characteristics of social and physical environment.

c. Integrates domains into holistic child functioning.

d. Aligns with assessment data.

e. Makes sense for a 6-12 month period.

f. Family conveys comfort and capability in measuring progress as outcomes and objectives are defined.

SC13. Elicits, listens, asks questions, and documents family outcomes that align with information derived from the family and the family's vision for their family. (CD6, A4, A5, PI1, CC1, FCP1, FCP2, FCP3, FCP5, FCP6, FCP7, FCP8, PR16)

a. Explains and checks for understanding why family outcomes are included in EI and on the IFSP.

b. Discusses various areas of family outcomes including advocacy, and communicating child needs.

c. Uses examples specifically resulting from the family assessment (if implemented) or from other discussions that could uncover potential family outcomes.

SC14. Elicits, listens, asks questions, and documents outcomes, objectives, and strategies that are individualized to family's vision for child's next environment (transition). (A1, A2, A3, A4, A5, PI1, PI2, CC2, CC3, CC4, CC5, FCP1, FCP2, FCP3, FCP5, FCP6, FCP7, PR5, PR6)

a. Identifies key differences between next and current environments.

b. Considers steps toward readying family and child for that next environment.

c. Reaches consensus with team members and creates transition outcomes applicable to child age and time until transition.

d. Ensures family understands the differences between EI and next environments.

SC15. Identifies, reviews, and revises the early intervention team as needed to best fit the family. (A5, PI1, CC1, CC2, CC3, CC4, FCP1, FCP2, FCP3, FCP5, FCP6, FCP8, PR16)

a. Describes and assures family understands primary service provider approach and how that provider engages with other team members in general.

b. Builds consensus on choice of primary service provider and role of each team member.

c. Assures services will be delivered in family's native language which may include documenting interpretation services.

d. Determines with team how services outside of EI will be coordinated.

e. EI team makes sense given identified outcomes and discussions prior to and throughout IFSP meeting.

f. Considers and as needed identifies team members outside of EI to support family outcomes and resource needs.

SC16. Describes and gains consensus on frequency and duration of services. (A5, PI1, CC1, CC3, FCP1, FCP2, FCP3, FCP5, PR16)

a. Assures family actively contributes how they want team members supporting them.

b. Identifies and shares rationale for services that are individualized to the particular family.

c. Frequency and duration of services aligns with (i) supporting family as they promote development between visits, (ii) IFSP outcomes, and (iii) family and child strengths and needs.

d. Frequency and duration of services aligns with a primary service provider approach.

e. Frequency and duration of services recognizes the multiple caregivers and adults involved with the child.

SC17. Summarizes decisions made and next steps including the responsibilities of each team member and any required timelines. (A5, CC1, CC3, CC5, FCP1, FCP3, FCP5)

a. All team members leave the meeting with a clear vision of what to achieve and how to achieve it for the family.

b. Sets a time to follow-up with family.

c. Identifies when next intervention visit would occur.

d. Emphasizes and ensures family understands the IFSP document can be revised at any time.

e. Establishes or confirms a schedule for sharing of information across team members.

SC18. Helps family make decisions by eliciting information from professionals and family. (CC1, CC3, FCP1, FCP3, FCP5, FCP7, FCP8, PR7, PR14, PR16)

a. Ensures family understands.

b. Responds to family questions and attends to needs and comfort.

c. Uses open-ended questions/statements to facilitate reflection and information sharing.

d. Asks questions when unsure of family's statements or actions.

SC19. Carries themselves in a professional manner when interacting with families and other team members and holds others to ethical and evidence-based practices. (CC1, CC3, FCP3, FCP5, FCP8, PR7)

a. Adheres to professional boundaries while maintaining friendly demeanor.

b. Shares or asks for clarification on evidence base behind statements made.

c. Regulates emotions of self.

d. Works within one's disciplinary practice standards and respects those of other professional team members.

e. Understands, respects, and works within family's history interacting with developmental, educational, and other support programs.

f. Uses respectful and avoids derogatory or biased language.

SC20. Coaches family to advocate for their entire family and their child, inclusive of but not limited to: (CC2, CC4, CC5, FCP3, FCP5, FCP7, FCP8, PR5, PR14, PR16)

a. Navigating the EI system.

b. Engaging with physicians, service providers, and other community partners outside of the EI system.

c. Understanding their rights in EI and other programs.

d. Understanding and navigating transition to next settings.

SC21. Follows any related federal and state policies, regulations, and procedures for early intervention and the larger early childhood field and, as needed, accurately and clearly communicates this information to the family. (PR5, PR6)

a. Adheres to all federal, state, and program regulations, standards, Birth to Three service guidelines, policies, and procedures including but not limited to mandated reporting and confidentiality.

b. Identifies transition plans considerate of child age and time to transition.

c. Maintains documentation.

SC22. Follows one's disciplinary scope of practice and standards of professional conduct and, as needed, accurately and clearly communicates this information as well as that of other disciplines with the family. (PR7, PR17)

a. Adheres to professional ethics and professional boundaries.

b. Maintains professional licensure, certification, and/or other professional endorsements.

c. Demonstrates awareness of other disciplines' practice standards and guidelines for early childhood intervention.

DTAs and Waived DTs:

SC23. REQUIRED for ALL: Explains to family models of early intervention teaming and uses the selected model to determine team member roles and responsibilities. (CC3.8)

a. Explains to family the various teaming models in EI and how they differ from each other.

b. Explains why the particular model of teaming was agreed upon based on the IFSP discussion.

c. Explains how the model selected resulted in the roles of each team member.

SC24. OPTIONAL for ALL: Applies the five core principles of DEC's Code of Ethics to Service Coordination. (PR7.11)

a. Describes in writing ONE specific way, using examples, *EIS Credential* candidate met EACH of the five core principles.

b. The ways described align with what was observed.

c. The ways described accurately align to the core principle.

STEP 3: EVALUATION AND ASSESSMENT

NOTE: This step is ONLY for (1) EI professionals permitted to conduct eligibility evaluations based on their personnel standards and (2) DTAs seeking to advance to a developmental therapy specialist position. If you are an assistant and associate who is not permitted to conduct eligibility evaluations nor looking to advance to a developmental therapy specialist role, skip this step and move to Step 4: Home Intervention.

Assessment is the process of gathering meaningful data and interpreting those data to make decisions. The purpose of the assessment determines the kinds of data needed. Evaluations are a specific assessment for the purpose of determining a family's eligibility for EI using multiple sources of data and, when possible, a standardized instrument. Once a family is eligible, assessment for the purpose of intervention planning requires data on family priorities, functional child participation within everyday life, and the way the environment promotes or impedes that participation. That way, the resulting IFSP outlines a route to meet meaningful child, family, and transition outcomes in ways that fit the individual family. For both eligibility and planning decisions, effective assessment practices require converging data across people and settings to uncover an authentic, strengths-based, functional profile of the child's learning and development focused on the family's priorities with resulting strategies and resources to meet those priorities.

Evaluation/Assessment *EIS Credential* Requirements

The overarching intent of this *EIS Credential* component is to ascertain candidates' competencies in implementing assessment practices that often distinguish EI from assessment practices in other settings and at other ages. EI already qualified to conduct eligibility evaluations are assumed to be competent in implementing assessment instruments. Therefore, the *EIS Credential* Evaluation/Assessment component focuses on the interactions with families and collection of authentic assessment data and resulting decisions. For purposes of the *EIS Credential*, the following requirements are necessary to evaluate all effectiveness markers of Evaluation/Assessment:

1. The *EIS Credential* candidate is expected to implement procedures for BOTH evaluation for eligibility and assessment for IFSP planning decisions.

2. Because determining eligibility can be a stressful time for families, this component could occur at times other than the initial eligibility evaluation, such as prior to an annual IFSP or as part of transition. The *EIS Credential* candidate should identify a family with whom conducting an evaluation/ assessment would be beneficial. However, the initial evaluation/assessment could be used if there is a family willing, such as families already enrolled in EI and eligibility is being determined for another child.

3. The *EIS Credential* candidate takes on the team role of engaging with the family during evaluation and assessment.

4. The discussion must occur with a family member unfamiliar to the *EIS Candidate*. This could be a family who has been in EI but the *EIS Candidate* is new to the team, or with a caregiver who is not usually a part of EI visits with the *EIS Candidate*.

REQUIREMENTS for DTAs

DTAs must demonstrate competence in all evaluation/assessment practices given they are not currently approved to conduct eligibility evaluations. DTAs seeking to advance to a developmental therapy specialist role must meet the **additional** following requirements:

1. The *EIS Credential* candidate takes on the team role of implementing a comprehensive (i.e., all domains) instrument(s) for determining eligibility. This can be completed with families already enrolled in EI who may be interested or families the *EIS Credential* candidate knows outside of EI. This could be with the same family as the one used for the overall Evaluation/Assessment requirements or a different family.
2. All DTAs must demonstrate competence in the characteristics and etiologies of disabilities. As such, the instrument implementation must be completed with a family whose infant or toddler has an identified disability. That way, the *EIS Credential* candidate can adapt their practices as needed to accommodate the child's specific disability characteristics.
3. The *EIS Credential* candidate must score a comprehensive eligibility evaluation instrument alongside an EI evaluator eligible to conduct EI evaluations.

REQUIREMENTS for DTAs and waived DTs

The following requirements are embedded into the *EIS Credential* Evaluation/Assessment and described in sources of evidence and effectiveness markers:

Child Developmental Theories. CSEs and ODTAs must describe and interpret the child's learning and behavior from one theoretical perspective and critically evaluate research and practices associated with that theory.

Developmental Characteristics and Etiologies of Specific Disabilities. ECEs and DTAs must alter evaluation procedures, including assessment interpretations, to accommodate child disability characteristics.

Cognitive Processes. CSEs and ODTAs must assess child strengths and needs in cognitive processes and include those strengths and needs in the written reports.

Object and Social Play. CSEs and ODTAs must assess child strengths and needs in object and social play and include those strengths and needs in the written reports.

(Optional) DEC Code of Ethics. DTAs and waived DTs must apply and describe how EACH of the 5 core principles of DEC's Code of Ethics were met. *Could be met in any of the observed EIS Credential components (steps 2- 5).*

Sources of Evidence

- Pre-Observation Discussion(s)
- Observation of *EIS Credential* candidate implementing discussion with family during Evaluation/Assessment
- Post-Observation Reflection(s)
- Written Evaluation Report
- Written Assessment Report
- Observation of Item Administration (DTAs only)
    a. Written Evaluation Report
- Completed Protocol scored alongside and signed by EI evaluator (DTAs only)
    a. Written Reflection of Scoring Disagreements
- Written Reflection for DTAs and Waived DTs

Pre-Observation Discussion: This discussion should focus on what the *EIS Credential* reviewer needs to know to observe and assess implementation of the Evaluation/Assessment effectiveness markers within the context of the particular family and their EI services. The following are sample questions. The *EIS Credential* reviewer uses their discretion in selecting and creating their own questions.

1. What do you already know about the family's priorities? How are you using that information in the evaluation/assessment?
2. What are your program's assessment requirements? What policies and procedures do you need to follow?
3. What decisions were or need to be made to plan the assessment process?

4. How will you explain why families are observed as they participate in authentic activities?

5. How will you partner with your assessment team member(s)?

6. How will you gather the observations and perceptions of other team members, including the family?

7. What data have/will you gather from outside EI?

8. How familiar are you with this family? How does that influence how you will start the session?

9. How will you explain the purposes of the evaluation and assessment procedures to be used?

10. What instruments are you using? Why?

11. **CSEs and ODTAs:** How will you assess cognitive processes specifically? How will you gather the family's perceptions of play? How will those perceptions influence how you assess object and social play?

Family Discussion Observation: The observation should occur as outlined in the general procedures section.

Observations of **DTAs and waived DTs** must include assessment of cognitive processes and object and social play.

Post-Observation Reflection(s): This discussion centers on the *EIS Credential* reviewer's questions or needed clarifications to accurately score the effectiveness markers. The suggested question stems in the General Procedures section could be used.

Written Evaluation Report: The *EIS Credential* candidate takes the lead in writing the evaluation report with other team members' contributing as expected in a team evaluation. The evaluation report should reflect the effectiveness markers with the purpose of making an informed decision on eligibility. **CSEs and ODTAs must explicitly integrate child strengths and needs in cognitive processes and object and social play into the evaluation report.**

Written Assessment Report: The *EIS Credential* candidate takes the lead in writing the assessment report with other team members' contributing as expected in a team assessment. The assessment report should reflect the effectiveness markers with the purpose of making informed program planning decisions via the IFSP process. **CSEs and ODTAs must explicitly**

integrate child strengths and needs in cognitive processes and object and social play into the assessment report.

Item Administration Observation and Written Report (DTAs Only): DTAs must implement a comprehensive (all domains) evaluation instrument that is approved for use in Birth to Three eligibility decisions AND write an evaluation report based on the findings. **This instrument implementation must be with a child with an identified disability diagnosis.** The *EIS Credential* candidate should consider the characteristics often seen in infants and toddlers with that diagnosis, as well as what they already know about the child, to select an appropriate evaluation instrument and make any accommodations necessary for the child to access the instrument and gather a valid representation of the child's developmental strengths and needs. The *EIS Credential* reviewer will be looking for these accommodations when observing and within the evaluation report, which will be included in scoring across all Evaluation/Assessment effectiveness markers.

Completed Co-Scored Protocol (DTAs Only): As identified above, the *EIS Credential* candidate scores a comprehensive (all domains) eligibility evaluation instrument alongside a Birth to Three evaluator as they implement the instrument. The *EIS Credential* candidate should not see the evaluator's protocol while scoring. The *EIS Credential* candidate should also independently calculate (sub)domain and other summary scores available for the instrument. After scoring independently:

1. The *EIS Credential* candidate and evaluator review compare the protocols and physically highlight and discuss any scoring disagreements centered around each scorer's rationale for scoring as they did. The evaluator signs the *EIS Credential* candidate's co-scored protocol with highlighted disagreements to attest this requirement occurred.

2. The *EIS Credential* candidate crafts and submits a written reflection describing why EACH disagreement occurred and what they learned about scoring instruments. NOTE: There may be times the *EIS Credential* candidate stands by their score versus the evaluator's score. When this occurs, the *EIS Credential* candidate defends their score in the written reflection and, like all other items, what they learned about scoring instruments.

Written Reflection for DTAs and Waived DTs: In a separate written reflection, DTAs and waived DTs must submit a written reflection on the following:

- **Required for CSEs and ODTAs:** Describe and interpret the child's development and participation through the lens of one theory of child development and critically evaluate the research and practices associated with that theory.

- **Required for ECEs and ODTAs:** Describe how the child's specific disability characteristics were considered in their evaluation/assessment processes, including how they altered implementation and how the disability was considered in assessment interpretations.

- **Optional for all DTAs and waived DTs:** If the *EIS Credential* candidate elects to meet the code of ethics requirement in the Evaluation/Assessment (instead of one of the other three) component, describe one specific way EACH of the 5 core principles of DEC's Code of Ethics were met during this component.

Evaluation and Assessment Effectiveness Markers

The assigned *EIS Credential* reviewer evaluates the *EIS Credential* candidate's Evaluation and Assessment (EA) competencies using the following effectiveness markers.

EA1. Clearly explains early intervention and how the evaluation/assessment procedures contribute to the early intervention process. (CC1, CC2, CC4, CC5, FCP6, FCP7)

EA2. Designs and implements evaluation and assessment focused on family priorities. (CD5, CD6, A1, A2, A3, PI1, CC1, CC5, FCP1, FCP2, FCP3, FCP5, FCP8)

EA3. Assesses in ways and shares information that demonstrates the complexity of child development rather than general milestones. (CD5, CD6, A1, A2, PI1, PI2, CC1, FCP1, FCP2, FCP3, FCP5)

EA4. Designs and implements evaluation/assessment procedures that align with its purpose and results in valid and reliable decisions. (CD5, CD6, A1, A2, A3, PI1, CC1, CC3, FCP3, FCP5, FCP6)

EA5. Readies family to participate in evaluation/assessment. (A3, A4, CC2, CC4, FCP1, FCP3, FCP5, FCP6, FCP7, FCP8, PR5, PR6, PR14)

EA6. Assures active family participation in ALL aspects of evaluation/assessment, including interpreting child behavior/development and synthesizing findings. (A1, A3, CC1, FCP1, FCP3, FCP5, FCP, FCP8, PR14)

EA7. Collaborates with professional team members fluidly and effectively. (A4, CC1, CC3, FCP6, PR7, PR17)

EA8. Uses multiple sources (people, types, activities) of evaluation/assessment data to yield valid and reliable information about child's developmental functioning. (CD5, CD6, A1, A2, A3, PI1, PI2, CC1, CC2, CC3, CC4, CC5, FCP1, FCP2, FCP3, FCP5)

EA9. Conducts evaluation/assessment methods in authentic ways and settings to yield valid and reliable information about child's developmental functioning in real life. (CD5, CD6, A1, A2, A3, PI1, PI2, CC1, CC2, CC3, CC4, FCP1, FCP2, FCP3, FCP5, FCP6, FCP8)

EA10. Uncovers, utilizes, and conveys child and family strengths. (CD5, A1, A2, A5, PI1, PI2, CC1, CC5, FCP1, FCP2, FCP5, FCP8)

EA11. Selects and individualizes evaluation/assessment approaches to child characteristics. (CD5, CD6, A1, A2, A3, PI1, FCP1, FCP2, FCP3, FCP5, FCP8)

EA12. Elicits, listens, and asks questions to reliably gather observations and other data from family. (CD5, CD6, A1, A3, PI1, PI2, CC1, FCP3, FCP5)

EA13. Recognizes strengths and limitations of evaluation/assessment instruments and selects and utilizes instruments according to those strengths and limitations. (CD5, CD6, A2, A3, FCP1, FCP3)

EA14. Assesses strengths and needs of social, physical, and temporal environment in fostering child development and participation. (CD5, CD6, A1, A2, A5, PI1, PI2, CC2, CC4, FCP1, FCP2, FCP3, FCP5, FCP8)

EA15. Converges data across all sources and family and professional team members into a strengths-based, holistic picture of child functioning. (CD5, A1, A3, A4, A5, CC1, CC2, CC3, CC4, FCP1, FCP2, FCP3, FCP5, FCP6, FCP7, PR14, PR16)

EA16. Summarizes developmental profile verbally and in writing that is strengths-based and aligns with agreed upon convergence. (CD5, CD6, A1, A2, A3, A4, A5, PI1, PI2, CC1, CC3, CC5, FCP1, FCP2, FCP3, FCP5, FCP5, FCP8)

EA17. Discusses, agrees upon, and reports on resulting decisions and next steps that align with the converged data. (CD5, CD6, A1, A2, A3, A4, A5, PI1, PI2, CC1, CC2, CC3, CC4, CC5, FCP1, FCP2, FCP3, FCP5, FCP6, FCP7, FCP8, PR5, PR6, PR16)

EA18. Carries themselves in a professional manner when with family and other team members and holds themselves and others to ethical and evidence-based practices. (CC1, CC3, FCP1, FCP2, FCP3, FCP5, FCP7, FCP8)

EA19. Practices are attuned to understanding how the individual family functions including their values, priorities, ways of being, and how they choose to engage with professionals. (CD6, A1, PI1, PI2, CC2, CC5, FCP1, FCP2, FCP3, FCP5, FCP8)

EA20. Follows any related federal and state policies, regulations, and procedures for early intervention and the larger early childhood field and, as needed, accurately and clearly communicates this information with the family. (PR5, PR6)

EA21. Follows one's disciplinary scope of practice and standards of professional conduct and, as needed, accurately and clearly communicates this information as well as that of other disciplines with the family. (PR7, PR17)

For DTAs and Waived DTs:

EA22. REQUIRED for CSEs and ODTAs: Integrates child's strengths and needs in cognitive processes into evaluation/assessment. (PI2.11)

EA23. REQUIRED for CSEs and ODTAs: Integrates child's strengths and needs in object and social play into evaluation/assessment. (PI2.11)

EA24. REQUIRED for CSEs and ODTAs: Interprets child's development and participation through the lens of a specific theory. (CD5.7)

EA25. OPTIONAL for ALL: Applies the five core principles of DEC's Code of Ethics to Evaluation/Assessment. (PR7.11)

ADDITIONAL Items When DTAs Administer Comprehensive Instrument:

EA26. Clearly communicates to family reason for and procedures of instrument administration. (A1, A3, CC1, FCP1, FCP3)

EA27. Sets up a comfortable environment for child and family. (CD5, CD6, A4, FCP1, FCP3, FCP5)

EA28. Administers instrument fluidly and knowledgeably. (CD5, A3)

EA29. Follows all instrument procedures with fidelity. (A3, CC1)

EA30. Adapts evaluation/assessment procedures to fit child's specific disability characteristics. (CD5, CD5.8, CD6, A1, A2, A3, A4, A5, CC1, FCP1, FCP3)

ADDITIONAL Items When DTAs Co-Score Comprehensive Assessment Instrument:

EA31. Reliably scores every domain of evaluation/assessment instrument. (CD5, CD6, A3)

EA32. Reflects on and shares defensible rationale for any disagreements. (CD5, CD6, A3)

Evaluation and Assessment Effectiveness Markers Descriptions

EA1. Clearly explains early intervention and how the evaluation/assessment procedures contribute to the early intervention process. (CC1, CC2, CC4, CC5, FCP6, FCP7)

a. Describes to family and ensures family understands Birth to Three philosophy and mission.

b. Ensures family understands their rights and procedural safeguards using a format and language family is most comfortable.

c. Accurately differentiates evaluation and assessment and how these assessments fit into the EI process.

d. Clearly describes to family and ensures family understands what is happening during the session and why.

e. Reminds/further clarifies for family understanding throughout session.

EA2. Designs and implements evaluation and assessment focused on family priorities. (CD5, CD6, A1, A2, A3, PI1, CC1, CC5, FCP1, FCP2, FCP3, FCP5, FCP8)

a. Reviews notes and previous discussions to clarify and update family priorities.

b. Elicits, listens, and asks questions to uncover family values and cultural expectations for their family, child, and parenting vision.

c. Elicits, listens, and asks questions to uncover the developmental abilities important to the individual family and parenting choices.

d. Selects and administers evaluation/assessment procedures that align with family values, cultural expectations, and developmental abilities important to the family.

e. Discusses family vision for future environments.

f. Discusses child development and participation in relation to family priorities.

EA3. Assesses in ways and shares information that demonstrates the complexity of child development rather than general milestones. (CD5, CD6, A1, A2, PI1, PI2, CC1, FCP1, FCP2, FCP3, FCP5)

a. Attunes to and accurately describes quality, functionality, fluidity, and generalization/mastery of child competencies.

b. Assesses and accurately describes child's executive functioning, self-regulation, play skills, and parent-child interactions.

c. Focuses on and describes all developmental domains and transactional influences across domains.

EA4. Designs and implements evaluation/assessment procedures that align with its purpose and results in valid and reliable decisions. (CD5, CD6, A1, A2, A3, PI1, CC1, CC3, FCP3, FCP5, FCP6)

a. Articulates the purpose(s) of the evaluation/assessment clearly.

b. Assures everyone on the team, including the family, understands the purpose of the evaluation/assessment and the necessary procedures.

c. Chooses procedures that align with the types of decisions to be made.

d. Chooses procedures that fit child and family.

EA5. Readies family to participate in evaluation/assessment. (A3, A4, CC2, CC4, FCP1, FCP3, FCP5, FCP6, FCP7, FCP8, PR5, PR6, PR14)

a. Builds a rapport with the family as an integral team member.

b. Describes and assures family understanding of the Birth to Three model and philosophy.

c. Describes and assures family understanding of Birth to Three eligibility requirements, including informed clinical opinion, and the next steps if they do or do not qualify.

d. Describes and assures family understanding of evaluation/assessment purposes and processes, including strengths and limitations of instruments, and the family's participation in those processes.

e. Explains to family the importance of their participation.

EA6. Assures active family participation in ALL aspects of evaluation/assessment, including interpreting child behavior/development and synthesizing findings. (A1, A3, CC1, FCP1, FCP3, FCP5, FCP, FCP8, PR14)

a. Invites and includes ALL family members who want to be a part of the evaluation/assessment.

b. Uses information the family brings to the evaluation.

c. Invites family to ask questions and accurately responds to those questions.

d. When interpretation is needed, uses professional interpreters trained in EI and evaluation/assessment.

e. Uses family friendly language throughout evaluation/assessment.

f. Reads family's cues and checks in on family's comfort, ease, and understanding.

g. Recognizes the high stakes and emotional aspect of evaluation/assessment for families.

EA7. Collaborates with professional team members fluidly and effectively. (A4, CC1, CC3, FCP6, PR7, PR17)

a. Roles and responsibilities of each team member are discussed and defined so everyone is comfortable in their roles.

b. Identifies and shares with family the roles of each disciplinary team member according to the evaluation/assessment purpose.

c. Interacts with professional team members openly and honestly.

d. Communicates and coordinates with professional team members with respect and collegiality, including professional team members' disciplinary expertise.

EA8. Uses multiple sources (people, types, activities) of evaluation/assessment data to yield valid and reliable information about child's developmental functioning. (CD5, CD6, A1, A2, A3, PI1, PI2, CC1, CC2, CC3, CC4, CC5, FCP1, FCP2, FCP3, FCP5)

a. Observes and obtains observations from various sources, most particularly the family.

b. Collects data from various authentic activities and settings to (i) offer multiple opportunities to demonstrate competencies, (ii) ascertain generalization of those competencies, and (iii) consider the impact of the social and physical environment.

c. Collects and utilizes observational, written, and interview data from various sources including but not limited to medical records, evaluations/assessments outside of EI, team members not in attendance such as other family members, childcare and other community professionals, child's medical home, and, if transitioning soon, those in the next environment.

EA9. Conducts evaluation/assessment methods in authentic ways and settings to yield valid and reliable information about child's developmental functioning in real life. (CD5, CD6, A1, A2, A3, PI1, PI2, CC1, CC2, CC3, CC4, FCP1, FCP2, FCP3, FCP5, FCP6, FCP8)

a. Schedules evaluation/assessment when various everyday activities can be observed.

b. Explains to family and assures their understanding of why authentic assessments are valued and used.

c. Assesses child as they participate in real life as much as possible.

d. Privileges data obtained from authentic approaches over inauthentic means.

e. Assesses child development during enjoyable and more difficult times of the day.

EA10. Uncovers, utilizes, and conveys child and family strengths. (CD5, A1, A2, A5, PI1, PI2, CC1, CC5, FCP1, FCP2, FCP5, FCP8)

a. Focuses equally on child's strengths as their needs.

b. Assesses all aspects of child development rather than solely area(s) of concern.

c. Uncovers and discusses verbally and in writing how child strengths contribute to their participation and development in current and future environments.

d. Utilizes strengths-based language verbally and in writing, conveying what the child does as opposed to what the child does not do.

EA11. Selects and individualizes evaluation/assessment approaches to child characteristics. (CD5, CD6, A1, A2, A3, PI1, FCP1, FCP2, FCP3, FCP5, FCP8)

a. Assesses in and across child's communication modalities including assistive technology, sign language, and multiple languages.

b. Considers cultural characteristics that influence opportunities and perceived importance of specific competencies and particular experiences.

c. Avoids situating cultural characteristics as child or family deficits.

d. Considers and adapts for child's sensory functions.

e. Utilizes evaluation/assessment approaches sufficiently sensitive to understanding child competencies.

f. Selects and utilizes evaluation/assessment approaches according to child age.

g. Is flexible and modifies evaluation/assessment approaches based on family/child needs and responses.

EA12. Elicits, listens, and asks questions to reliably gather observations and other data from family. (CD5, CD6, A1, A3, PI1, PI2, CC1, FCP3, FCP5)

a. Asks open-ended yet targeted questions rather than yes/no questions.

b. Asks about child functioning and participation rather than items directly from instruments.

c. Asks for specific examples to determine mastery and generalization.

d. Asks follow-up questions (e.g., What does that look like? How does that happen?) and/or rephrases questions based on family comments.

e. Uses family friendly language.

f. Reinforces family observations.

EA13. Recognizes strengths and limitations of evaluation/assessment instruments and selects and utilizes instruments according to those strengths and limitations. (CD5, CD6, A2, A3, FCP1, FCP3)

a. Weighs instrument options carefully and identifies best possible instrument for child and family characteristics and priorities.

b. Chooses instruments with acceptable levels of validity and reliability.

c. Has additional instruments available to use as needed, including domain-specific instruments.

d. Follows instrument procedures and chooses least intrusive and most authentic administration options when permitted.

e. Administers instrument in flexible ways according to child response (e.g., not interested) and functional demonstration of competencies underlying particular items.

EA14. Assesses strengths and needs of social, physical, and temporal environment in fostering child development and participation. (CD5, CD6, A1, A2, A5, PI1, PI2, CC2, CC4, FCP1, FCP2, FCP3, FCP5, FCP8)

a. Identifies social, physical, and temporal environmental characteristics that facilitate or impede child participation.

b. Situates environmental assessment within the EI evidence base and family cultural context.

EA15. Converges data across all sources and family and professional team members into a strengths-based, holistic picture of child functioning. (CD5, A1, A3, A4, A5, CC1, CC2, CC3, CC4, FCP1, FCP2, FCP3, FCP5, FCP6, FCP7, PR14, PR16)

a. Collaborates with family and professional team members to converge data representing everyone's perspectives.

b. Supports family to advocate for their positions.

c. Uses family assessment contributions on equal footing as professional team members.

d. Accurately and comprehensively represents evaluation/assessment data.

e. Results in information about the child's development and participation, and how people, objects, and settings support the child's development and participation.

EA16. Summarizes developmental profile verbally and in writing that is strengths-based and aligns with agreed upon convergence. (CD5, CD6, A1, A2, A3, A4, A5, PI1, PI2, CC1, CC3, CC5, FCP1, FCP2, FCP3, FCP5, FCP5, FCP8)

a. Clearly summarizes child's functioning according to family priorities.

b. Clearly summarizes child's functioning across domains, focused on functioning and participation.

c. Conveys examples of child participation and developmental competencies within everyday context rather than general milestones or items on instruments.

d. Integrates family perspectives into verbal and written summaries as opposed to separately (e.g., "parent report").

e. Collaborates with family and professional team members to identify and agree on key findings to then apply in written reports.

f. All team members, including the family, agree with the final results.

EA17. Discusses, agrees upon, and reports on resulting decisions and next steps that align with the converged data. (CD5, CD6, A1, A2, A3, A4, A5, PI1, PI2, CC1, CC2, CC3, CC4, CC5, FCP1, FCP2, FCP3, FCP5, FCP6, FCP7, FCP8, PR5, PR6, PR16)

a. Discusses and comes to consensus on next steps.

b. Aligns interpretations, recommendations, and next steps with results and family priorities.

c. Discusses and agrees upon final decisions that make sense given the data.

d. Ensures EI team makes final decisions rather than one tool or other mechanism.

e. Identifies culturally responsive, evidence-based strategies and resources the family can use to address their priorities.

f. Avoids recommendations or resources that are generic, items on an instrument, or not based in the assessment data.

g. Provides family with information and other tools to advocate during next steps.

EA18. Carries themselves in a professional manner when with family and other team members and holds themselves and others to ethical and evidence-based practices. (CC1, CC3, FCP1, FCP2, FCP3, FCP5, FCP7, FCP8)

a. Accurately and sensitively communicates evaluation/assessment information, including findings and recommendations.

b. Assures family comfort and agreement with decisions made.

c. Adheres to professional boundaries while maintaining friendly demeanor.

d. Regulates emotions.

e. Uses respectful and avoids derogatory or biased language.

f. Works within one's disciplinary practice standards and respects those of other professional team members.

EA19. Practices are attuned to understanding how the individual family functions including their values, priorities, ways of being, and how they choose to engage with professionals. (CD6, A1, PI1, PI2, CC2, CC5, FCP1, FCP2, FCP3, FCP5, FCP8)

a. Understands, respects, and works within the family's communication and interaction style, decision-making structures and child-rearing roles, and the type and level of support expected.

b. Understands, respects, and works within family's beliefs about child development, valued outcomes, parenting, and disability and intervention.

c. Understands, respects, and works within family's history interacting with developmental, educational, and other support programs.

EA20. Follows any related federal and state policies, regulations, and procedures for early intervention and the larger early childhood field and, as needed, accurately and clearly communicates this information with the family. (PR5, PR6)

a. Adheres to all federal, state, and program regulations, standards, Birth to Three service guidelines, policies, and procedures including but not limited to mandated reporting and confidentiality.

b. Maintains documentation.

EA21. Follows one's disciplinary scope of practice and standards of professional conduct and, as needed, accurately and clearly communicates this information as well as that of other disciplines with the family. (PR7, PR17)

a. Adheres to professional ethics and professional boundaries.

b. Maintains professional licensure, certification, and/or other professional endorsements.

c. Demonstrates awareness of other disciplines' practice standards and guidelines for early childhood intervention.

<u>For DTAs and Waived DTs:</u>

EA22. REQUIRED for CSEs and ODTAs: Integrates child's strengths and needs in cognitive processes into evaluation/assessment. (PI2.11)

a. Uses multiple means and data sources to uncover child's strengths and needs in cognitive processes.

b. Identifies strengths and needs aligned with constructs of cognitive processing and child's expression of cognitive processes.

c. Written evaluation and assessment reports integrate cognitive processes as a developmental area.

EA23. REQUIRED for CSEs and ODTAs: Integrates child's strengths and needs in object and social play into evaluation/assessment. (PI2.11)

a. Uncovers family cultural conception of play.

b. Uses multiple means and data sources to uncover child's strengths and needs in object and social play.

c. Identifies strengths and needs aligned with constructs of play and child's expression of object and social play.

d. Written evaluation and assessment reports integrate object and social play.

EA24. REQUIRED for CSEs and ODTAs: Interprets child's development and participation through the lens of a specific theory. (CD5.7)

a. Interprets child's development and participation within a specific developmental theory.

b. Critically and accurately evaluates the research and practices associated with that theory.

c. Interpretation of child development and participation is aligned with the theoretical concepts and constructs of the particular theory identified.

d. Description of theoretical concepts and constructs are aligned with child's development and participation during evaluation/assessment.

EA25. OPTIONAL for ALL: Applies the five core principles of DEC's Code of Ethics to Evaluation/Assessment. (PR7.11)

a. Describes in writing ONE specific way, using examples, *EIS Credential* candidate met EACH of the five core principles.

b. The ways described align with what was observed.

c. The ways described accurately align to the core principle.

<u>ADDITIONAL Items When DTAs Administer Comprehensive Instrument:</u>

EA26. Clearly communicates to family reason for and procedures of instrument administration. (A1, A3, CC1, FCP1, FCP3)

a. Clearly and accurately describes the instrument, the reason for choosing the instrument, and purposes for which it was designed.

b. Prepares family for procedures that might be confusing or difficult, such as establishing a ceiling by child consistently making errors.

c. Accurately describes the ways data can be collected per instrument procedures.

EA27. Sets up a comfortable environment for child and family. (CD5, CD6, A4, FCP1, FCP3, FCP5)

a. Creates rapport with child to maximize child participation and responses.

b. Creates interest to maximize child participation and responses.

c. Positions self and others so that family can engage with child and administer items as permitted.

EA28. Administers instrument fluidly and knowledgeably. (CD5, A3)

a. Uses manual sparingly.

b. Organizes items and, as needed, objects to move efficiently through item administration.

c. Scores multiple items across domains as permitted.

EA29. Follows all instrument procedures with fidelity. (A3, CC1)

a. Accurately determines and adheres to basal and ceiling rules.

b. Accurately administers each item.

EA30. Adapts evaluation/assessment procedures to fit child's specific disability characteristics. (CD5, CD5.8, CD6, A1, A2, A3, A4, A5, CC1, FCP1, FCP3)

a. Describes in writing how the child's specific disability characteristics were considered, including how procedures were altered.

b. Description is aligned with the research on the particular disability characteristics.

c. Adaptations identified in the written description were actually implemented.

d. Describes in writing how child's disability and resulting adaptations were considered when interpreting assessment data.

e. Interpretations in written report align with those described in written reflection.

ADDITIONAL Items When DTAs Co-Score Comprehensive Assessment Instrument:

EA31. Reliably scores every domain of evaluation/assessment instrument. (CD5, CD6, A3)

a. Achieves at least 90% agreement with evaluator for each domain to represent accurate scoring of instrument.

EA32. Reflects on and shares defensible rationale for any disagreements. (CD5, CD6, A3)

a. Clearly articulates errors in interpretation and/or scoring and ways to avoid those errors in the future.

b. Provides defensible rationale for why original score is the accurate score.

STEP 4: HOME INTERVENTION

The role of EI is to support the family as they help their child learn within their everyday life. As such, the entire focus of intervention visits is what the family does to meet their IFSP outcomes in between visits. The part of the visit that addresses *child outcomes* occur within the everyday goings on so the family-professional partnership is certain any ideas (i.e., strategies) to promote child development work within that family's everyday life and larger cultural values and beliefs, including their own conceptions and ways of parenting. When visits focus on *family outcomes*, the family-professional partnership brainstorms ways to use family strengths and resources to achieve those outcomes, with professionals providing a "just right" level of support so the family achieves their outcomes rather than the professional achieving it for them. Regardless of the IFSP outcomes addressed in any particular intervention visit, the expectation is that, at the end of every visit, the family-professional partnership is assured the family feels comfortable and confident using agreed upon ideas and strategies between visits.

Home Intervention *EIS Credential* Requirements

Home interventions occur within the family's place of residence. For purposes of the *EIS Credential*, the following requirements are necessary to evaluate all effectiveness markers of Home Intervention:

1. While EI can occur in the home with other childcare providers, the session should be with the child's primary caregivers who took the lead in developing the IFSP.

2. Attention to child outcomes must be a part of the session. Family and transition outcomes should also be addressed as they make sense for the particular session.

3. The intervention should occur in ***at least*** one activity other than play. While play could be one activity during the session, it is not a required activity. There is no limit to the number of activities occurring in the session. *NOTE: CSEs and ODTAs must include play in the session.*

4. The *EIS Credential* candidate should be the only interventionist present and engaging with the family. Co-visits should NOT be used as it could limit the time the candidate interacts with the family and therefore reduce opportunities to score specific effectiveness markers.

Diversity, Equity, and Inclusion REQUIREMENT

EIS Credential candidates are required to implement EITHER the Home Intervention (step 4) or Community Intervention (step 5) component with a family whose identity characteristics differ from the candidate's identity characteristics.

REQUIREMENTS for DTAs and WAIVED DTs

The following requirements must be embedded into the *EIS Credential* Home Intervention, which are outlined in sources of evidence and effectiveness markers:

> **Child Developmental Theories.** CSEs and ODTAs must plan, implement, and evaluate intervention through the lens of a specific developmental theory and related practices.
>
> **Social and Object Play.** CSEs and ODTAs must plan, implement, and evaluate strategies to support object and/or social play development within the family's cultural conception of play.
>
> **(Optional) Cognitive Processes and Academic Content.** CSEs and ODTAs must plan, implement, and evaluate strategies to promote cognitive processes AND ONE academic content domain into the intervention. *Could be met in Community Intervention (step 5).*
>
> **(Optional) Social-Emotional Learning.** DTAs and waived DTs must plan, implement, and evaluate strategies to promote social emotional development with a rationale of why those strategies were utilized, backed by assessment data demonstrating how the intervention was function-based. *Could be met in Community Intervention (step 5).*
>
> **(Optional) DEC Code of Ethics.** DTAs and waived DTs must apply and describe how EACH of the 5 core principles of DEC's Code of Ethics were met. *Could be met in any of the observed EIS Credential components (steps 2- 5).*

Sources of Evidence

- Written Visit Plan
- Pre-Observation Discussion
- Observation
- Written Visit Note
- Post-Observation Reflection
- Written Reflection for DTAs and waived DTs

Written Visit Plan: When EI practitioners plan their intervention visits, they do not always write those plans down. For *EIS Credential* purposes, a written plan is required and submitted to the reviewer **prior to the pre-observation discussion**. This will facilitate the reviewer's understanding of the visit purpose and expectations, recognizing the plan may change entirely during the actual visit based on family priorities and child interests and caregiving needs.

The *EIS Credential* candidate can select any format they choose to craft the written visit plan as long as the following components are included:

- Background: What previously occurred that informs this visit and resulted in this plan?
- Family Preparation: How did you ensure the family understands their role in intervention and wants to participate in the visit?
- IFSP Outcomes: What child, family, and transition outcomes and objectives do you expect to cover in this visit?
- Time Selection: Why was this particular day and time chosen for this visit? How/why are child outcomes and objectives expected to be embedded into this time? What usually happens during this time?
- Visit Expectations: What do you expect to occur during this visit? What potential strategies will be discussed? How do you expect to support the family to use those strategies comfortably and effectively?
- **For DTAs and waived DTs:**
    - **Required:** CSEs and ODTAs must include evidence-based strategies to support object and/or social play development within the family's cultural conception of play.
    - **Optional:** CSEs and ODTAs must integrate evidence-based strategies to promote cognitive processes AND ONE academic content domain into the intervention plan.
    - **Optional:** All DTAs and waived DTs must integrate evidence-based strategies to promote social emotional development.

Pre-Observation Discussion: This discussion should focus on what the *EIS Credential* reviewer needs to know to observe and assess implementation of the Home Intervention effectiveness markers within the context of the particular family and their EI services. The following are sample questions. The *EIS Credential* reviewer uses their discretion in selecting and creating their own questions.

1. How familiar are you with the family's routines and ways of being? How does that influence how you will start the visit?
2. How have you modified ideas and strategies as well as your thinking to fit the family culture?

3. What routines or activities have you already observed/worked within? What routine(s) or activities will you be observing/working within for this visit? What do you know about the social, physical, and temporal characteristics of those routines or activities?

4. How have you collaborated with other EI disciplinary professionals to meet this family's IFSP outcomes? How is that collaboration expected to be used?

5. How have you collaborated with other programs and agencies outside of EI to meet this family's IFSP outcomes? How is that collaboration expected to be used?

6. What have you considered to make sure there is consistency across the various settings the child experiences? Consider different caregiver's interaction styles and environmental characteristics of activities and routines in and outside of home. How do you expect those considerations will apply during this visit?

7. **DEI Requirement:** The *EIS Credential* requires either the Home or Community Intervention to be implemented with a family whose diversity characteristics are different from your own. If you choose this intervention to meet this requirement. How are your identity characteristics different from the family's identity characteristics? How did you come to understand these identity characteristics are different from your own? How will your interactions during the intervention reflect this understanding?

8. **Visit Plan Review**. Review visit plan including any clarification such as:

    a. How do you expect strategies to promote child development and participation in family life, most particularly around the IFSP outcomes?

    b. If no family outcomes included, what have you discussed with this family about family outcomes? Where did those conversations go in terms of creating and/or meeting family outcomes? Why did you choose not to include family outcomes in this visit? How have you previously supported the family in meeting family outcomes?

    c. If no transition outcomes are included, what have you discussed with this family about transition outcomes? Where did those conversations go in terms of creating and/or meeting transition outcomes? Why did you choose not to include transition outcomes in this visit? How have you previously supported the family in meeting transition outcomes?

    d. Review visit plan requirements for **DTAs and waived DTs**.

Observation: The observation should occur as outlined in the general procedures section.

Observations of **DTAs and waived DTs** must address the required aspects outlined in the visit plan.

Written Visit Note: The written visit note is submitted.

Post-Observation Reflection: This discussion centers on the *EIS Credential* reviewer's questions or needed clarifications to accurately score the effectiveness markers. The suggested question stems in the General Procedures section could be used. The following are sample questions. The *EIS Credential* reviewer uses their discretion in selecting and creating their own questions.

1. What strengths and needs in the social, physical, and temporal environment did you see? How did that inform your next steps during the visit? How did it inform your strategy selection?
2. How did you modify ideas and strategies as well as your thinking to fit the family culture?
3. How did you interact according to the individual family culture?

Written Reflection for DTAs and Waived DTs: In a separate written reflection, DTAs and waived DTs must submit a written reflection on the following:

- **Required for CSEs and ODTAs:** Describe how a specific theory of child learning and development was used when planning and implementing the visit. Include the specific practices used that were guided by the theory.

- **Required for CSEs and ODTAs:** Provide a rationale for the strategies utilized to support object and/or social play development based on the current evidence-base, assessment data, and family's cultural conception of play.

- **Optional for all DTAs and waived DTs:** If the *EIS Credential* candidate elects to include social-emotional development in the Home Intervention (instead of Community Intervention) component, describe why particular social-emotional strategies were utilized, including assessment data supporting how the intervention was function-based within the family's cultural context.

- **Optional for CSEs and ODTAs:** If the *EIS Credential* candidate elects to include cognitive processes and ONE academic content domain in the Home Intervention (instead of Community Intervention) component, provide a rationale for the strategies utilized to support cognitive processes development and learning the content domain based on the current evidence-base and assessment data.

- **Optional for all DTAs and waived DTs:** If the *EIS Credential* candidate elects to meet the code of ethics requirement in the Home Intervention (instead of one of the other three) component, describe one specific way EACH of the 5 core principles of DEC's Code of Ethics were met during this component.

Home Intervention Effectiveness Markers

The assigned *EIS Credential* reviewer evaluates the *EIS Credential* candidate's Home Intervention (HI) competencies using the following effectiveness markers.

HI1. Plans visit based on in-between visit data and family priorities and child interest and caregiving needs. (CD5, CD6, A1, A2, A3, A4, PI1, CC1, CC2, CC4, CC5, FCP1, FCP2, FCP3, FCP5, FCP8)

HI2. Uses authentic observations and discussions to identify strategies to meet child outcomes. (CD5, CD6, A1, A2, A3, A4, PI1, PI2, CC1, FCP1, FCP3, FCP5, FCP8)

HI3. Identifies and discusses strengths and needs of responsive caregiving context and possible ways to promote quality interactions to meet family priorities and child outcomes aligned with and respectful of family's ways of being. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP2, FCP3, FCP8)

HI4. Identifies and discusses strengths and needs of the physical and temporal environment and possible ways to adapt those environmental characteristics to meet family priorities and child outcomes aligned with and respectful of family's ways of being. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP3, FCP8)

HI5. Collaborates with family to determine potential strategies. (CD5, CD6, A2, A4, PI1, PI2, CC1, CC5, FCP1, FCP3, FCP5, FCP8)

HI6. Shares evidence-based strategies in ways that fit and are individualized to family culture and everyday way of life. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP2, FCP3, FCP5, FCP8)

HI7. Is knowledgeable and comfortable integrating strategies across domains and team members. (CD5, A1, A3, A4, PI2, CC2, CC3, CC5, PR17)

HI8. Assures strategies make sense to family and links strategies to family priorities reflected in IFSP outcomes. (CD6, A1, PI1, CC1, CC5, FCP1, FCP2, FCP5)

HI9. Uses modeling effectively and judiciously. (CC1, FCP3, FCP5)

HI10. Affirms family competencies by reinforcing family's ideas, actions, and insights. (CD5, A2, CC1, CC5, FCP1, FCP3, FCP5)

HI11. Family practices strategies during visit where and when they will use strategies in between visits. (CD6, A1, A2, PI1, FCP3, FCP8)

HI12. Both family and professional share perspectives on how strategy worked to determine next steps. (CD5, CD6, A1, A2, A3, A4, PI1, PI2, CC1, FCP1, FCP3, FCP5, FCP8)

HI13. Ensures family has access to resources in and outside of early intervention to meet family and child outcomes including advocacy efforts. (PI1, CC2, CC3, CC4, CC5, FCP1, FCP2, FCP3, FCP5, FCP7, FCP8, PR16)

HI14. Collaborates with family to write strengths-based visit note focusing on time in between visits. (CD5, CD6, A1, A3, A4, A5, PI2, CC1, CC5, FCP1, FCP3, FCP8)

HI15. Interacts with family members with warmth, positivity, respect, and interest in the partnership. (CC1, CC5, FCP3)

HI16. Carries themselves in a professional manner when interacting with all individuals in the home. (CC1, CC2, CC4, CC5, FCP1, FCP3)

HI17. Family interacts with child for the majority of the visit. (CD6, A1, A3, A4, PI1, PI2, FCP1, FCP2, FCP5)

HI18. Intervention focused on child outcomes takes place within whatever the family is usually doing at the time of the visit, with the people and materials that are usually there. (CD6, A1, A2, A4, PI1, PI2, FCP1, FCP2)

HI19. Practices with a strong cultural understanding of how the individual family functions including their values, priorities, ways of being, and how they choose to engage with professionals. (CD6, A1, PI1, PI2, CC2, CC5, FCP1, FCP2, FCP3, FCP5, FCP8)

HI20. Practices in response to family interest, priorities, and perspectives. (CD6, A1, PI1, CC1, CC5, FCP1, FCP3, FCP5, FCP7, FCP8)

HI21. Shares information about how Early Intervention functions. (CC1, CC5, FCP6, FCP7, PR14, PR16)

HI22. Follows any related federal and state policies, regulations, and procedures for early intervention and the larger early childhood field and, as needed, accurately and clearly communicates this information to the family. (CC5, FCP6, PR5, PR6)

HI23. Follows one's disciplinary scope of practice and standards of professional conduct and, as needed, accurately and clearly communicates this information as well as that of other disciplines to the family. (CC3, PR7, PR17)

For DTAs and Waived DTs:

HI24. REQUIRED for CSEs and ODTAs: Applies a specific developmental theory to intervention planning and implementation and practices according to that theory. (CD5.7)

HI25. REQUIRED for CSEs and ODTAs: Creates, implements, and evaluates evidence-based strategies to support object and/or social play development within the family's cultural conception of play. (PI2.11)

HI26. OPTIONAL for CSEs and ODTAs: Creates, implements, and evaluates evidence-based strategies to support cognitive processes and academic content into the intervention that aligns with child's developmental status and family context. (PI2.11)

HI27. OPTIONAL for ALL: Supports family in facilitating social-emotional development using targeted intervention strategies. (PI2.11)

HI28. OPTIONAL for ALL: Applies the five core principles of DEC's Code of Ethics to Home Intervention. (PR7.11)

Home Intervention Effectiveness Marker Descriptions

HI1. Plans visit based on in-between visit data and family priorities and child interest and caregiving needs. (CD5, CD6, A1, A2, A3, A4, PI1, CC1, CC2, CC4, CC5, FCP1, FCP2, FCP3, FCP5, FCP8)

a. Elicits, listens, and asks questions to understand family's current priorities and child interest and caregiving needs.

b. Elicits, listens, and asks questions to understand what has happened with family since last visit.

c. Elicits, listens, and asks questions to understand the impact and related effectiveness of previous visit on the family in between visits including (i) which strategies were used and which were not, (ii) how often each strategy was used and when (what contexts), (iii) any changes to the strategies and why, (iv) how well the strategy worked for family – comfort, ease embedding – and child in promoting IFSP objectives, functional participation, and as applicable, transition outcomes.

d. Elicits, listens, and asks questions to understand how else family helped child develop and participate that were not discussed in previous visit(s).

e. Elicits, listens, and asks questions to understand how family achieved family and transition outcomes, if applicable.

f. Uses effective communication skills including asking explicit questions rather than broad questions (e.g., "How has have you been/how did it go").

g. Asks clarifying questions to ensure full understanding of the family, their strengths, needs and priorities, and their ways of being in their community, recognizing the family system is dynamic and may be different from previous visits.

h. Understands how other supports, including other disciplinary professionals on the EI team and/or resources outside EI, contributed to family functioning since the last visit.

i. Discusses and agrees on a plan for the visit that builds on the prior visit or shifts to a new plan based on family priorities and child interest and caregiving needs.

j. Plans visit aligned with what the family shared and focuses on family strengths.

HI2. Uses authentic observations and discussions to identify strategies to meet child outcomes. (CD5, CD6, A1, A2, A3, A4, PI1, PI2, CC1, FCP1, FCP3, FCP5, FCP8)

a. Observes family as they engage in their usual ways at the time of the visit.

b. Elicits, listens, and asks questions to understand family's thoughts around (i) what is currently happening, (ii) how they think it's going, and (iii) what they would like to see happen.

c. Notes strategies family is using and finds out what family thinks of those strategies.

d. Explicitly shares own thinking *based on* family's thoughts.

HI3. Identifies and discusses strengths and needs of responsive caregiving context and possible ways to promote quality interactions to meet family priorities and child outcomes aligned with and respectful of family's ways of being. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP2, FCP3, FCP8)

a. Shares previously identified family strengths in adult-child interaction before identifying new ideas.

b. Responsive caregiving strategies make sense for scaffolding child participation and development and building child interest, engagement, and just-right challenge.

c. Individualizes any suggested responsive caregiving strategies and accommodates interactional differences across caregivers, activities, and any settings the child experiences.

HI4. Identifies and discusses strengths and needs of the physical and temporal environment and possible ways to adapt those environmental characteristics to meet family priorities and child outcomes aligned with and respectful of family's ways of being. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP3, FCP8)

a. Shares previously identified family strengths in the physical and temporal environment before identifying new ideas.

b. Temporal and physical adaptations make sense for scaffolding child participation and development and building child interest, engagement, and just-right challenge.

c. Individualizes possible ways to adapt the physical and temporal environment to differences across caregivers, activities, and any settings the child experiences.

HI5. Collaborates with family to determine potential strategies. (CD5, CD6, A2, A4, PI1, PI2, CC1, CC5, FCP1, FCP3, FCP5, FCP8)

a. Problem solves with family to uncover the best strategies rather than immediately give ideas to address an IFSP outcome or a raised concern/question.

b. Links strategies to child development, particular IFSP outcomes, and evidence base.

c. Ideas and suggestions flow both ways and address the priorities of the family.

HI6. Shares evidence-based strategies in ways that fit and are individualized to family culture and everyday way of life. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP2, FCP3, FCP5, FCP8)

a. Strategies are specific to family context and based on authentic assessment rather than general strategies or "typical" routines as perceived by *EIS Credential* candidate.

b. Modifies strategies to fit particular family and their culture while retaining the critical components that make the strategy effective.

c. Strategies are evidence-based and make sense for scaffolding child participation and development and building child interest, engagement, and challenge.

HI7. Is knowledgeable and comfortable integrating strategies across domains and team members. (CD5, A1, A3, A4, PI2, CC2, CC3, CC5, PR17)

a. Integrates child development across domains related to child functioning.

b. References and includes ideas and strategies from other team members.

HI8. Assures strategies make sense to family and links strategies to family priorities reflected in IFSP outcomes. (CD6, A1, PI1, CC1, CC5, FCP1, FCP2, FCP5)

a. Family describes how each strategy is expected to occur.

b. Family describes how each strategy aligns with their priorities and IFSP outcomes.

HI9. Uses modeling effectively and judiciously. (CC1, FCP3, FCP5)

a. Determines whether or not modeling is needed.

b. Models within context of everyday life occurring at the time of visit.

c. Expressly demonstrates strategy by showing family *and* describing how to apply strategy.

d. Elicits family observation of child's response to strategy modeled.

e. Builds on family's observations.

f. Invites and clearly answers family's questions about strategy.

g. Gathers family's thoughts on their interest and comfort in trying strategy.

HI10. Affirms family competencies by reinforcing family's ideas, actions, and insights. (CD5, A2, CC1, CC5, FCP1, FCP3, FCP5)

a. Shares how family strengths, including strategies family uses, contribute to child development and meeting child and family outcomes.

b. Shares how child strengths contribute to child development and meeting child outcomes.

c. Builds on family ideas rather than shift conversation to ideas and perspectives of *EIS Credential* candidate.

HI11. Family practices strategies during visit where and when they will use strategies in between visits. (CD6, A1, A2, PI1, FCP3, FCP8)

a. Family articulates interest in using strategy prior to practicing. If family is not interested, strategy is not practiced.

b. Family practices strategies multiple times in each activity that naturally occurs at time of the visit.

c. Family feels they had sufficient practice prior to moving on to next strategy or activity.

HI12. Both family and professional share perspectives on how strategy worked to determine next steps. (CD5, CD6, A1, A2, A3, A4, PI1, PI2, CC1, FCP1, FCP3, FCP5, FCP8)

a. Family explicitly and honestly shares comfort with strategy, including its fit with their family and parenting vision and the way their everyday life occurs.

b. Both family and professional share effectiveness of strategy for child.

c. Gives feedback by making comments, providing information, and/or suggesting.

d. Family shares any concerns or reservations about strategy.

e. Fully addresses family's questions and any reservations by adapting strategy or replacing strategy with another idea. Avoids convincing family that questions and reservations are unwarranted.

f. Family decides whether to use strategy in between visits.

HI13. Ensures family has access to resources in and outside of early intervention to meet family and child outcomes including advocacy efforts. (PI1, CC2, CC3, CC4, CC5, FCP1, FCP2, FCP3, FCP5, FCP7, FCP8, PR16)

a. Checks in with family around success of resources shared in prior visits.

b. If previously shared resources are unsuccessful, adapts or substitutes resources.

c. Checks in with family around any new resources needed to meet child, family, and transition outcomes.

d. If new or substituted resources are needed, identifies resources that meet family's interests and needs and shares all the necessary information for family to easily access those resources.

e. As desired by the family, shares ways and resources to advocate for their family and child outcomes (could be in everyday life, with the EI team and/or other supports, or at the program or system levels).

HI14. Collaborates with family to write strengths-based visit note focusing on time in between visits. (CD5, CD6, A1, A3, A4, A5, PI2, CC1, CC5, FCP1, FCP3, FCP8)

a. Family participates in summarizing visit and identifying ideas for the time in between visits.

b. Assures agreement and clearly delineates what the family and professional will do in between visits, noting any specific times and ways to do so.

c. Only strategies the family tried, feels comfortable and successful using, and agreed to use in between visits are included in the visit note.

d. Recognizes any generalization of strategies to times not observed or a part of previous visits may not be effective. Notes potential snags in using strategies at different times.

HI15. Interacts with family members with warmth, positivity, respect, and interest in the partnership. (CC1, CC5, FCP3)

a. Uses a friendly and assuring tone.

b. Conducts entire session in family's preferred language.

c. Paces visit in ways that demonstrate a desire to be at the visit and engage with the family.

d. Avoids dismissing family's statements and actions.

HI16. Carries themselves in a professional manner when interacting with all individuals in the home. (CC1, CC2, CC4, CC5, FCP1, FCP3)

a. Adheres to professional boundaries while maintaining friendly demeanor.

b. Regulates emotions of self and others.

c. Works within one's disciplinary practice standards and respects those of other professional team members.

d. Uses respectful and avoids derogatory or biased language.

HI17. Family interacts with child for the majority of the visit. (CD6, A1, A3, A4, PI1, PI2, FCP1, FCP2, FCP5)

a. Avoids intruding on family-child interaction in positioning, words, and actions.

b. Interacts with child to convey interest in and positive affection for child and, as needed, to model strategies.

HI18. Intervention focused on child outcomes takes place within whatever the family is usually doing at the time of the visit, with the people and materials that are usually there. (CD6, A1, A2, A4, PI1, PI2, FCP1, FCP2)

a. Schedules visit at the time when family will be expected to apply strategies in between visits.

b. Assures context is the same as it usually is when the professional is not there – family is doing what they usually do at that time, with the same people present, and the same materials used.

c. Changes to the social, physical, and temporal environment are limited, and only to ways the family feels comfortable changing and has an evidence base behind the change.

d. Encourages everyone in the home to engage in the visit.

HI19. Practices with a strong cultural understanding of how the individual family functions including their values, priorities, ways of being, and how they choose to engage with professionals. (CD6, A1, PI1, PI2, CC2, CC5, FCP1, FCP2, FCP3, FCP5, FCP8)

a. Understands, respects, and works within family's communication and interaction style, decision-making structures and child-rearing roles, and the type and level of support expected.

b. Understands, respects, and works within family's beliefs about child development and valued outcomes, parenting, and disability and intervention.

c. Distinguishes between evidence-based strategies and professional's own beliefs about child development and valued outcomes, parenting, disability, and intervention.

d. Understands, respects, and works within the family's history interacting with developmental, educational, and other support programs.

HI20. Practices in response to family interest, priorities, and perspectives. (CD6, A1, PI1, CC1, CC5, FCP1, FCP3, FCP5, FCP7, FCP8)

a. Gathers information from family by asking open-ended questions to avoid assumptions.

b. Elicits family perspective before sharing own.

c. Tailors practices based on family perspectives and information shared.

d. Engages family in meaningful and thought provoking ways.

e. Ensures family makes final decisions – what to focus on during the visit and prior to next visit (professional may provide choices to scaffold family decision-making).

HI21. Shares information about how Early Intervention functions. *Can be scored not applicable if family actions convey understanding within the particular session context.* (CC1, CC5, FCP6, FCP7, PR14, PR16)

a. Reminds family as needed of (i) what is happening during the session and why, (ii) next steps in the EI process such as upcoming meetings or transition processes, and/or (iii) legal and ethical obligations including procedural safeguards.

b. Ensures family understands the information shared.

c. Builds family capacity in advocating during EI processes.

HI22. Follows any related federal and state policies, regulations, and procedures for early intervention and the larger early childhood field and, as needed, accurately and clearly communicates this information to the family. (CC5, FCP6, PR5, PR6)

a. Adheres to all federal, state, and program regulations, standards, Birth to Three service guidelines, policies, and procedures including but not limited to mandated reporting and confidentiality.

b. Implements transition plans based on IFSP transition outcomes if a part of the visit.

c. Maintains documentation.

HI23. Follows one's disciplinary scope of practice and standards of professional conduct and, as needed, accurately and clearly communicates this information as well as that of other disciplines to the family. (CC3, PR7, PR17)

a. Adheres to professional ethics and professional boundaries.

b. Maintains professional licensure, certification, and/or other professional endorsements.

c. Demonstrates awareness of other disciplines' practice standards and guidelines for early childhood intervention.

For DTAs and Waived DTs:

HI24. REQUIRED for CSEs and ODTAs: Applies a specific developmental theory to intervention planning and implementation and practices according to that theory. (CD5.7)

a. Describes in writing how a specific theory was used in planning and implementing the intervention.

b. Describes in writing specific practices used, with examples, and how those practices were guided by that theory.

c. Description of theory and practices is aligned with the theoretical concepts and constructs of particular theory identified.

d. Description of theory and practices is aligned with what actually occurred in visit.

HI25. REQUIRED for CSEs and ODTAs: Creates, implements, and evaluates evidence-based strategies to support object and/or social play development within the family's cultural conception of play. (PI2.11)

a. Creates and effectively implements evidence-based, targeted intervention strategies to promote object and/or social play.

b. Strategies make sense for child characteristics including age and developmental status.

c. Strategies make sense for family's cultural context.

d. Written reflection satisfactorily defends the strategies utilized with assessment data.

HI26. OPTIONAL for CSEs and ODTAs: Creates, implements, and evaluates evidence-based strategies to support cognitive processes and academic content into the intervention that aligns with child's developmental status and family context. (PI2.11)

a. Creates and effectively implements evidence-based, targeted intervention strategies to promote cognitive processes and ONE academic content domain.

b. Strategies make sense for child characteristics including age and developmental status.

c. Strategies make sense for the family's cultural context.

d. Written reflection satisfactorily defends the strategies utilized with assessment data.

HI27. OPTIONAL for ALL: Supports family in facilitating social-emotional development using targeted intervention strategies. (PI2.11)

a. Creates and effectively implements evidence-based, targeted intervention strategies to promote social emotional development

b. Strategies make sense for child characteristics including age and developmental status

c. Strategies make sense for family's cultural context

d. Written response satisfactorily defends strategies utilized, including assessment data supporting how the intervention was function-based.

HI28. OPTIONAL for ALL: Applies the five core principles of DEC's Code of Ethics to Home Intervention. (PR7.11)

d. Describes in writing ONE specific way, using examples, *EIS Credential* candidate met EACH of the five core principles.

e. The ways described align with what was observed.

f. The ways described accurately align to the core principle.

STEP 5: COMMUNITY INTERVENTION

EI provides services and supports in communities as well as homes, recognizing homes are not the only natural environment in which infants and toddlers participate. Community interventions can occur in formal and/or structured settings such as center or family-based childcare, toddler gyms, and library story hours. Community interventions can also occur in informal and/or unstructured settings such as at a local park or birthday party. Given the diversity of settings that constitute "community," some settings will include the same family members as those participating in home interventions while in others the family is not the direct developmental promoters (e.g., childcare). Whether the "target caregiver" is a family member, early childhood educator, a community leader such as librarian, and/or someone else, the EI practitioner's role in community interventions is the same as home interventions – to support those target caregiver(s) who are with the child in the community setting as they help the child develop by participating within the contexts of that setting. Also similar to home interventions, the entire focus of community interventions is what the target caregiver(s) does in between EI visits to meet child outcomes within the everyday context of how the particular setting unfolds. One difference, however, is that while home interventions are driven by the family's cultural values and beliefs including ways of parenting, community interventions blend these family values and priorities with the philosophy, approach, environmental context, and support needs of those target caregiver(s) directly interacting with the child in the community. To do this, interventions must be "community appropriate" which includes being responsive to the family's comfort with strategies used in public and the target caregiver(s)'s multiple responsibilities such as other children in the setting and coordination with other adults. When families are not present in community interventions, the early intervention professional is responsible for ensuring the intervention still occurs within the family's priorities, culture, and vision for their child.

Community Intervention *EIS Credential* Requirements

Community interventions occur in settings outside the family's place of residence. For purposes of the *EIS Credential*, the following requirements are necessary to evaluate all effectiveness markers of Community Intervention:

1. The session should be during a community intervention when the child could engage with multiple children outside of the family.

2. These naturally occurring community settings can be formal and/or structured settings OR informal and/or unstructured settings as described previously. As such, family members may or may not be target caregiver(s) depending on the community setting.

3. Attention to child outcomes must be a part of the session. Family and transition outcomes could also be addressed if they make sense for the particular session.

4. The intervention should occur in ***at least*** one activity other than play. While play could be one activity during the session, it is not a required activity. There is no limit to the number of activities occurring in the session. *NOTE: CSEs and ODTAs must include play in the session.*

5. The *EIS Credential* candidate should be the only interventionist present and engaging with the target caregiver(s). Co-visits should NOT be used as it could limit the time the candidate interacts with the target caregiver(s) and therefore reduce opportunities to score specific effectiveness markers.

Diversity, Equity, and Inclusion REQUIREMENT

EIS Credential candidates are required to implement EITHER the Home Intervention (Step 4) or Community Intervention (Step 5) component with a family whose identity characteristics differ from the candidate's identity characteristics.

REQUIREMENTS for DTAs and WAIVED DTs

The following requirements must be embedded into the *EIS Credential* Community Intervention, which are outlined in sources of evidence and effectiveness markers:

Early Childhood Curriculum Frameworks. CSEs and ODTAs must plan, implement, and evaluate strategies that embed THREE specific early learning strands of the *Connecticut Early Learning and Development Standards* into the intervention to support child learning each strand.

Universal Design for Learning. ECEs and ODTAs must plan, implement, and evaluate strategies to embed EACH of the three principles of Universal Design for Learning in the intervention to support child participation.

Social and Object Play. CSEs and ODTAs must plan, implement, and evaluate strategies to support object and/or social play development within the community setting's play philosophy and approach.

(Optional) Cognitive Processes and Academic Content. CSEs and ODTAs must plan, implement, and evaluate strategies to promote cognitive processes AND ONE academic content domain into the intervention. *Could be met in Home Intervention (step 4).*

(Optional) Social-Emotional Learning. DTAs and waived DTs must plan, implement, and evaluate strategies to promote social emotional development with a rationale of why

those strategies were utilized, backed by assessment data demonstrating how the intervention was function-based. *Could be met in Home Intervention (step 4).*

(Optional) DEC Code of Ethics. DTAs and waived DTs must apply and describe how EACH of the 5 core principles of DEC's Code of Ethics were met. *Could be met in any of the observed EIS Credential components (steps 2- 5).*

Sources of Evidence

- Written Visit Plan
- Pre-Observation Discussion
- Observation
- Written Visit Note
- Post-Observation Reflection
- Written Reflection for DTAs and waived DTs

Written Visit Plan: When EI practitioners plan their intervention visits, they do not always write those plans down. For *EIS Credential* purposes, a written plan is required and submitted to the reviewer **prior to the pre-observation discussion**. This will facilitate the reviewer's understanding of the visit purpose and expectations, recognizing the plan may change entirely during the actual visit based on target caregiver(s) priorities and child interests and caregiving needs.

The *EIS Credential* candidate can select any format they choose to craft the written visit plan as long as the following components are included:

- Background: What previously occurred that informs this visit and resulted in this plan?
- Target Caregiver(s) Preparation: How did you ensure target caregiver(s) understands their role in intervention and wants to participate in the visit?
- IFSP Outcomes: What IFSP outcomes and objectives do you expect to cover in this visit?
- Time Selection: Why was this particular day and time chosen for this visit? How/why are child outcomes and objectives expected to be embedded into this time? What usually happens during this time?

- Visit Expectations: What do you expect to occur during this visit? What potential strategies will be discussed? How do you expect to support target caregiver(s) in effectively using those strategies?

- **For DTAs and Waived DTs:**

  Required: CSEs and ODTAs must include evidence-based strategies to support object and/or social play development within the community setting's play philosophy and approach.

  Required: CSEs and ODTAs must include ways to support the child in learning THREE specific early learning strands of the *Connecticut Early Learning and Development Standards*. Each learning strand should come from a different domain.

  Required: ECEs and ODTAs must include in the visit plan ways EACH of the three principles of Universal Design for Learning will be embedded in the community context.

  Optional: CSEs and ODTAs must integrate evidence-based strategies to promote cognitive processes AND ONE academic content domain into the intervention plan.
  Optional: All DTAs and waived DTs must integrate evidence-based strategies to promote social emotional development.

Pre-Observation Discussion: This discussion should focus on what the *EIS Credential* reviewer needs to know to observe and assess implementation of the Community Intervention Coordination effectiveness markers within the context of the particular family and their EI services. The following are sample questions. The *EIS Credential* reviewer uses their discretion in selecting and creating their own questions.

1. How familiar are you with the community setting's philosophy, approach, and activities? How does this align with family's activities and ways of being? How does that influence how you will start the visit?

2. How have you modified ideas and strategies as well as your thinking to fit the community setting's philosophy, approach and activities AND family culture?

3. What routines or activities have you already observed/worked within? What routine(s) or activities will you be observing/working within for this visit? What do you know about the social, physical, and temporal characteristics of those routines or activities?

4. How have you collaborated with other EI disciplinary professionals to meet this family's IFSP outcomes in this community setting? How is that collaboration expected to be used?

5. How have you collaborated with other programs and agencies outside of EI around to meet this family's IFSP outcomes in this community setting? How is that collaboration expected to be used?

6. What have you considered to make sure there is consistency across the various settings the child experiences? Consider different caregivers within the community setting, environmental characteristics of activities in the community setting, as well as in the home and other community settings. How do you expect those considerations will apply during this visit?

7. What do you know about this family that you consider when designing home and community appropriate strategies?

8. **DEI Requirement:** The *EIS Credential* requires either the Home or Community Intervention to be implemented with a family whose diversity characteristics are different from your own. If you choose this intervention to meet this requirement: How are your identity characteristics different from the family's identity characteristics? How did you come to understand these identity characteristics are different from your own? How will your interactions during the intervention reflect this understanding?

9. **Visit Plan Review**. Review visit plan including any clarification such as:

    a. How do you expect the strategies will promote child development and participation, most particularly to meet the IFSP outcomes?

    b. If no transition outcomes are included, what have you discussed with this family about transition outcomes? Where did those conversations go in terms of creating and/or meeting transition outcomes in this community setting? Why did you choose not to include transition outcomes in this visit? How have you previously supported the family and/or target caregiver(s) in meeting transition outcomes in community settings with other children?

    c. Review visit plan requirements for DTAs and waived DTs.

Observation: The observation should occur as outlined in the general procedures section.

Observations of **DTAs and waived DTs** must include address the required aspects outlined in the visit plan.

Written Visit Note: The written visit note is submitted.

Post-Observation Reflection: This discussion centers on the *EIS Credential* reviewer's questions or needed clarifications to accurately score the effectiveness markers. The suggested

question stems in the General Procedures section could be used. The following are sample questions. The *EIS Credential* reviewer uses their discretion in selecting and creating their own questions.

1. What strengths and needs in the social, physical, and temporal environment did you see? How did that inform your next steps during the visit? How did it inform your strategy selection?

2. How did you modify ideas and strategies as well as your thinking to fit the philosophy, activities, and approaches of the community setting AND family culture?

3. How did you interact according to the philosophy, activities, and approaches of the community setting?

4. How did you ensure strategies were community appropriate?

Written Reflection for DTAs and Waived DTs: In a separate written reflection, DTAs and waived DTs must submit a written reflection on the following:

- **Required for CSEs and ODTAs:** Provide a rationale for the strategies utilized to support object and/or social play development based on the current evidence-base and assessment data, within the community setting's play philosophy and approach.

- **Required CSEs and ODTAs:** Describe the THREE specific early learning strands – one from each of three different domains – of the *Connecticut Early Learning and Development Standards* addressed. Include why those were chosen for this particular child in this particular setting and the strategies used to address those strands. Share data on the success of those strategies used.

- **Required ECEs and ODTAs:** Describe how EACH of the three principles of Universal Design for Learning were embedded. Include why they were embedded that way. Share data on the success of those strategies.

- **Optional for all DTAs and waived DTs:** If the *EIS Credential* candidate elects to include social-emotional development in the Community Intervention (instead of Home Intervention) component, describe why particular social-emotional strategies were utilized, including assessment data supporting how the intervention was function-based within the family's cultural context AND the philosophy and approach of this community setting.

- **Optional for CSEs and ODTAs:** If the *EIS Credential* candidate elects to include cognitive processes and ONE academic content domain in the Community Intervention (instead of Home Intervention) component, provide a rationale for the strategies utilized to support

cognitive processes development and learning the content domain based on the current evidence-base and assessment data.

- **Optional for all DTAs and waived DTs:** If the *EIS Credential* candidate elects to meet the code of ethics requirement in the Community Intervention (instead of one of the other three) component, describe one specific way EACH of the 5 core principles of DEC's Code of Ethics were met during this component.

Community Intervention Effectiveness Markers[4]

The assigned *EIS Credential* reviewer evaluates the *EIS Credential* candidate's Community Intervention (CI) competencies using the following effectiveness markers.

CI1. Plans visit based on in-between visit data, family priorities, target caregiver(s) interest, and child interest and caregiving needs. (CD5, CD6, A1, A2, A3, A4, PI1, CC1, FCP1, FCP2, FCP8)

CI2. Uses authentic observations and discussions to identify strategies to meet child outcomes. (CD5, CD6, A1, A2, A3, A4, PI1, PI2, CC2, FCP1)

CI3. Identifies and discusses strengths and needs of responsive caregiving context and possible ways to promote quality interactions to meet child outcomes aligned with and respectful of family priorities AND philosophy and approach of community setting. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP2, FCP8)

CI4. Identifies and discusses strengths and needs of physical and temporal environment and possible ways to adapt those environmental characteristics to meet child outcomes aligned with and respectful of family priorities AND philosophy and approach of community setting. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP2, FCP8)

CI5. Collaborates with target caregiver(s) to determine potential strategies. (CD5, CD6, A2, A4, PI1, PI2, CC1, CC5, FCP1)

CI6. Shares evidence-based strategies in ways that fit and are individualized to family culture and the philosophy and approach of the community setting. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP2, FCP8)

[4] The identified *EIS Credential* indicators were determined for when community members are the target caregiver(s). By definition, all effectiveness markers meet the indicators CC2, CC4, and, if a transition is occurring CC5 since community members outside of EI are participating. The indicators denoted in the corresponding Home Intervention effectiveness markers are the same as when families are the target caregiver.

CI7. Is knowledgeable and comfortable integrating strategies across domains and team members. (CD5, A1, A3, A4, PI2, CC2, CC3, PR7)

CI8. Assures strategies make sense to target caregiver(s) and links strategies to priorities reflected in IFSP outcomes. (CD6, A1, PI1, CC1, CC5, FCP1, FCP2)

CI9. Uses modeling effectively and judiciously. (CC1)

CI10. Affirms target caregiver(s)'s competencies by reinforcing their ideas, actions, and insights. (CD5, A2, CC1)

CI11. Target caregiver(s) practices strategies during visit where and when they will use the strategies in between visits. (CD6, A1, A2, PI1)

CI12. Both target caregiver(s) and early intervention professional share perspectives on how strategy worked to determine next steps. (CD5, CD6, A1, A2, A3, A4, PI1, PI2, CC1)

CI13. Effectively applies community appropriate practices and shares community appropriate strategies. (CD5, CD6, A1, PI1, PI2, CC1, CC3, CC4, FCP1, FCP2, FCP3, FCP8)

CI14. Collaborates with target caregiver(s) to write strengths-based visit note focusing on the time in between visits. (CD5, CD6, A1, A3, A4, A5, PI2, CC1, FCP1, FCP3, FCP8)

CI15. Interacts with target caregiver(s) with warmth, positivity, respect, and interest in the partnership. (CC1, PR8, PR9)

CI16. Carries themselves in a professional manner when interacting with all individuals in the community setting. (CC1, CC2, CC4, PR8, PR9)

CI17. Child interacts with target caregiver(s) and other children for the majority of the visit. (CD6, A1, A3, A4, PI1, PI2)

CI18. Intervention takes place within whatever is usually happening at the time of the visit, with the people and materials that are usually there. (CD6, A1, A2, A4, PI1, PI2)

CI19. Practices with a strong understanding of how the community setting functions including their philosophy and approach. (CD6, A1, PI1, PI2, CC2, CC4)

CI20. Practices in response to target caregiver(s)'s interest, priorities, and perspectives. (CD6, A1, PI1, CC1, CC2, CC4)

CI21. Shares information about how Early Intervention functions. (CC1, CC2, CC4, CC5, FCP6, FCP7, PR14)

CI22. Follows any related federal and state policies, regulations, and procedures for early intervention and the larger early childhood field and, as needed, accurately and clearly communicates this information to the family. (CC5, FCP6, PR5, PR6)

CI23. Follows one's disciplinary scope of practice and standards of professional conduct and, as needed, accurately and clearly communicates this information as well as that of other disciplines to the target caregiver(s). (CC3, PR7, PR17)

For DTAs and Waived DTs:

CI24. REQUIRED for ECEs and ODTAs: Embeds universal design for learning principles into intervention design. (PI2.12)

CI25. REQUIRED for CSEs and ODTAs: Integrates early childhood curriculum frameworks into the community visit that aligns with child's developmental status and community context. (PI2.12)

CI26. REQUIRED for CSEs and ODTAs: Creates, implements, and evaluates evidence-based strategies to support object and/or social play development within community setting's philosophy and approach to play. (PI2.11)

CI27. OPTIONAL for CSEs and ODTAs: Creates, implements, and evaluates evidence-based strategies to support cognitive processes and academic content into the intervention that aligns with child's developmental status and community context. (PI2.11)

CI28. OPTIONAL for ALL: Supports target caregiver(s) in facilitating social-emotional development using targeted intervention strategies. (PI2.11)

CI29. OPTIONAL for ALL: Applies the five core principles of DEC's Code of Ethics to Community Intervention. (PR7.11)

Community Intervention Effectiveness Marker Descriptions

CI1. Plans visit based on in-between visit data, family priorities, target caregiver(s) interest, and child interest and caregiving needs. (CD5, CD6, A1, A2, A3, A4, PI1, CC1, FCP1, FCP2, FCP8)

a. Elicits, listens, and asks questions to understand what has happened with target caregiver since last visit.

b. Elicits, listens, and asks questions to understand the impact and related effectiveness of previous visit on target caregiver(s) in between visits including (i) which strategies were used and which were not, (ii) how often each strategy was used and when (what

contexts), (iii) any changes to the strategies and why, (iv) how well strategy worked for target caregiver(s) – comfort, ease embedding – and child in promoting IFSP objectives, functional participation, and as applicable transition goals.

c. Elicits, listens, and asks questions to understand how else target caregiver helped child develop and participate that were not discussed in previous visit(s).

d. Uses effective communication skills including asking explicit questions rather than broad questions (e.g., "How has have you been/how did it go").

e. Asks clarifying questions to ensure full understanding of target caregiver, their strengths, needs and priorities, and community setting, recognizing environment is dynamic and may be different from previous visits.

f. If family not present, shares and integrates family priorities into intervention plan.

g. Discusses and agrees upon a plan for visit that builds on prior visit or shifts to a new plan based on target caregiver(s) interest and child interest and caregiving needs.

h. Plan for the visit aligns with family priorities and what target caregiver(s) shared.

CI2. Uses authentic observations and discussions to identify strategies to meet child outcomes. (CD5, CD6, A1, A2, A3, A4, PI1, PI2, CC2, FCP1)

a. Observes target caregiver(s) as they engage in their usual ways at the time of the visit.

b. Elicits, listens, and asks questions to understand target caregiver(s)'s thoughts around (i) what is currently happening, (ii) how they think it's going, and (iii) what they would like to see happen.

c. Notes strategies the target caregiver(s) is using and finds out what the target caregiver(s) thinks of those strategies.

d. Explicitly shares own thinking *based on* target caregiver(s)'s thoughts as well as thoughts of the family if not present.

CI3. Identifies and discusses strengths and needs of responsive caregiving context and possible ways to promote quality interactions to meet child outcomes aligned with and respectful of family priorities AND philosophy and approach of community setting. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP2, FCP8)

a. Shares previously identified strengths in adult-child interaction before identifying new ideas.

b. Responsive caregiving strategies make sense for scaffolding child participation and development and building child interest, engagement, and just-right challenge.

c. Individualizes any suggested responsive caregiving strategies and accommodates interactional differences across caregivers, activities, and settings the child experiences, including home and other community settings.

CI4. Identifies and discusses strengths and needs of physical and temporal environment and possible ways to adapt those environmental characteristics to meet child outcomes aligned with and respectful of family priorities AND philosophy and approach of community setting. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP2, FCP8)

a. Shares previously identified strengths in the physical and temporal environment before identifying new ideas.

b. Temporal and physical adaptations make sense for scaffolding child participation and development and building child interest, engagement, and just-right challenge.

c. Individualizes possible ways to adapt physical and temporal environment to differences across caregivers, activities, and settings the child experiences, including home and other community settings.

CI5. Collaborates with target caregiver(s) to determine potential strategies. (CD5, CD6, A2, A4, PI1, PI2, CC1, CC5, FCP1)

a. Problem solves with target caregiver(s) to uncover the best strategies rather than immediately gives ideas to address an IFSP outcome or a raised concern/question.

b. Links strategies to child development, particular IFSP outcomes, and evidence base.

c. Ideas and suggestions flow both ways and address the priorities of the family and target caregiver(s).

CI6. Shares evidence-based strategies in ways that fit and are individualized to family culture and the philosophy and approach of the community setting. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP2, FCP8)

a. Strategies are specific to the community context and based on authentic assessment rather than general strategies or "typical" routines as perceived by *EIS Credential* candidate.

b. Modifies strategies to fit the particular family culture AND philosophy and approach of community setting while retaining the critical components that make the strategy effective.

c. Strategies are evidence-based and make sense for scaffolding child participation and development and building child interest, engagement, and challenge.

CI7. Is knowledgeable and comfortable integrating strategies across domains and team members. (CD5, A1, A3, A4, PI2, CC2, CC3, PR7)

a. Integrates child development across domains related to child functioning.

b. References and includes ideas and strategies from other team members.

CI8. Assures strategies make sense to target caregiver(s) and links strategies to priorities reflected in IFSP outcomes. (CD6, A1, PI1, CC1, CC5, FCP1, FCP2)

a. Target caregiver(s) describes how each strategy is expected to occur.

b. Target caregiver(s) describes how each strategy aligns with the philosophy and approach of the community setting.

CI9. Uses modeling effectively and judiciously. (CC1)

a. Determines whether or not modeling is needed.

b. Models within context of community activities occurring at time of the visit.

c. Expressly demonstrates strategy by showing target caregiver(s) *and* describing how to apply strategy.

d. Elicits target caregiver(s)'s observation of child's response to strategy modeled.

e. Builds on target caregiver(s)'s observation.

f. Invites and clearly answers target caregiver(s)'s questions about strategy.

g. Gathers target caregiver(s)'s thoughts on their interest and comfort in trying the strategy.

CI10. Affirms target caregiver(s)'s competencies by reinforcing their ideas, actions, and insights. (CD5, A2, CC1)

a. Shares how target caregiver(s)'s strengths, including strategies target caregiver(s) uses, contribute to child development and meeting child outcomes.

b. Shares how child strengths contribute to child development and meeting child outcomes.

c. Builds on target caregiver(s)'s ideas rather than shift the conversation to ideas and perspectives of *EIS Credential* candidate.

CI11. Target caregiver(s) practices strategies during visit where and when they will use the strategies in between visits. (CD6, A1, A2, PI1)

a. Target caregiver(s) articulates interest in using strategy prior to practicing. If target caregiver(s) is not interested, the strategy is not practiced.

b. Target caregiver(s) practices strategies multiple times in each activity that naturally occurs at the time of the visit.

c. Target caregiver(s) feels they had sufficient practice prior to moving on to next strategy or activity.

CI12. Both target caregiver(s) and early intervention professional share perspectives on how strategy worked to determine next steps. (CD5, CD6, A1, A2, A3, A4, PI1, PI2, CC1)

a. Target caregiver(s) explicitly and honestly shares comfort with strategy, including its fit with their philosophy, approach, and the way activities occur.

b. Both target caregiver(s) and professional share effectiveness of strategy for child.

c. Gives feedback by making comments, providing information, and/or suggesting.

d. Target caregiver(s) shares any concerns or reservations about strategy.

e. Fully addresses target caregiver(s)'s questions and any reservations by adapting the strategy or replacing strategy with another idea. Avoids convincing target caregiver(s) that questions and reservations are unwarranted.

f. Target caregiver(s) decides whether to use strategy in between visits.

CI13. Effectively applies community appropriate practices and shares community appropriate strategies. (CD5, CD6, A1, PI1, PI2, CC1, CC3, CC4, FCP1, FCP2, FCP3, FCP8)

a. Is flexible in visit structure to accommodate target caregiver(s)'s multiple responsibilities including other children in setting.

b. Considers alternate times for modeling, discussing, and/or debriefing to occur when target caregiver(s) has time to engage in such practices.

c. Plans ahead of time as needed to ready target caregiver(s) for strategy practice.

d. Coordinates how *EIS Credential* candidate will be described to others in the community as determined by the family.

e. Family is comfortable with strategies to be used in public and with their child.

f. Respects target caregiver(s)'s background and professional experience.

CI14. Collaborates with target caregiver(s) to write strengths-based visit note focusing on the time in between visits. (CD5, CD6, A1, A3, A4, A5, PI2, CC1, FCP1, FCP3, FCP8)

a. Target caregiver(s) participates in summarizing visit and identifying ideas for the time in between visits.

b. Assures agreement and clearly delineates what the target caregiver(s) and professional will do in between visits, noting any specific times and ways to do so.

c. Only strategies target caregiver(s) tried, feels comfortable and successful using, and agreed to use in between visits are included in the visit note.

d. Recognizes any generalization of strategies to times not observed or a part of previous visits may not be effective. Notes potential snags in using strategies at different times.

e. If family is not present, coordinates with target caregiver(s) to share community visit actions and decisions with family.

CI15. Interacts with target caregiver(s) with warmth, positivity, respect, and interest in the partnership. (CC1, PR8, PR9)

a. Uses a friendly and assuring tone.

b. Conducts entire session in target caregiver(s) preferred language.

c. Paces visit in ways that demonstrate a desire to be at the visit and engage with the target caregiver(s).

d. Paces visit to recognize the various goings on and the priorities of other children participating in the community setting.

e. Avoids dismissing target caregiver(s)'s statements and actions.

CI16. Carries themselves in a professional manner when interacting with all individuals in the community setting. (CC1, CC2, CC4, PR8, PR9)

a. Adheres to professional boundaries while maintaining friendly demeanor.

b. Asks questions when unsure of target caregiver(s)'s statements or actions.

c. Avoids derogatory or biased language.

CI17. Child interacts with target caregiver(s) and other children for the majority of the visit. (CD6, A1, A3, A4, PI1, PI2)

a. Avoids intruding on the naturally occurring interactions occurring between target caregiver(s) and child as well as child with peers by considering positioning, words, and actions.

b. Interacts with child to convey interest in and positive affection for child and, as needed, to model strategies.

CI18. Intervention takes place within whatever is usually happening at the time of the visit, with the people and materials that are usually there. (CD6, A1, A2, A4, PI1, PI2)

a. Schedules visit at the time when target caregiver(s) will be expected to apply strategies in between visits.

b. Assures context is the same as it usually is when the professional is not there – target caregiver(s), other children, and other adults are doing what they usually do at that time, with the same people present and same materials used.

c. Changes to the social, physical, and temporal environment are limited, and only to ways the target caregiver(s) feels comfortable changing and has an evidence base behind the change.

d. Encourages everyone in the community setting to engage in the visit.

CI19. Practices with a strong understanding of how the community setting functions including their philosophy and approach. (CD6, A1, PI1, PI2, CC2, CC4)

a. Understands, respects, and works within the policies and procedures of community setting.

b. Understands, respects, and works within the philosophy and approach of community setting.

c. Distinguishes between evidence-based strategies and professional's own beliefs about child development and valued outcomes, the way activities are structured, disability, and intervention.

d. Recognizes and respects the responsibilities of community leaders including balancing the needs of all children.

CI20. Practices in response to target caregiver(s)'s interest, priorities, and perspectives. (CD6, A1, PI1, CC1, CC2, CC4)

a. Gathers information from target caregiver(s) by asking open-ended questions to avoid assumptions.

b. Elicits target caregiver(s)'s perspective before sharing own.

c. Tailors practices based on target caregiver(s)'s perspectives and information shared.

d. Engages target caregiver(s) in meaningful and thought provoking ways.

e. Ensures target caregiver(s) makes final decisions – what to focus on during the visit and prior to next visit.

CI21. Shares information about how Early Intervention functions. *Can be scored not applicable if target caregiver(s)'s actions convey understanding within the particular session context.* (CC1, CC2, CC4, CC5, FCP6, FCP7, PR14)

a. Reminds target caregiver(s) as needed of what is happening during the session and why, including the importance of coaching significant others in the child's life and inclusion.

b. Ensures target caregiver(s) understands information shared.

c. Builds caregiver capacity in taking an active role in EI planning and implementation.

CI22. Follows any related federal and state policies, regulations, and procedures for early intervention and the larger early childhood field and, as needed, accurately and clearly communicates this information to the family. (CC5, FCP6, PR5, PR6)

a. Adheres to all federal, state, and program regulations, standards, Birth to Three service guidelines, policies, and procedures including but not limited to mandated reporting and confidentiality.

b. Implements transition plans based on IFSP transition outcomes if a part of the visit.

c. Maintains documentation.

CI23. Follows one's disciplinary scope of practice and standards of professional conduct and, as needed, accurately and clearly communicates this information as well as that of other disciplines to the target caregiver(s). (CC3, PR7, PR17)

a. Adheres to professional ethics and professional boundaries.

b. Maintains professional licensure, certification, and/or other professional endorsements.

c. Demonstrates awareness of other disciplines' practice standards and guidelines for early childhood intervention.

For DTAs and Waived DTs:

CI24. REQUIRED for ECEs and ODTAs: Embeds universal design for learning principles into intervention design. (PI2.12)

a. Plans for and embeds EACH of the three principles of UDL to promote accessible community experiences.

b. UDL approaches make sense for child characteristics including age and developmental status.

c. UDL approaches make sense for community context.

d. Written reflection satisfactorily defends approaches used and evaluates the success of those approaches with assessment data.

CI25. REQUIRED for CSEs and ODTAs: Integrates early childhood curriculum frameworks into the community visit that aligns with child's developmental status and community context. (PI2.12)

a. Creates and effectively implements evidence-based, targeted intervention strategies to promote THREE specific early learning strands – each one from three different domains – of the *Connecticut Early Learning and Development Standards*.

b. Early learning strands and strategies selected make sense for child characteristics including age and developmental status.

c. Early learning strands and strategies make sense for community context.

d. Written reflection satisfactorily defends strategies used with assessment data.

CI26. REQUIRED for CSEs and ODTAs: Creates, implements, and evaluates evidence-based strategies to support object and/or social play development within community setting's philosophy and approach to play. (PI2.11)

a. Creates and effectively implements evidence-based, targeted intervention strategies to promote object and/or social play.

b. Strategies make sense for child characteristics including age and developmental status.

c. Strategies make sense for community context including philosophy and approach.

d. Written reflection satisfactorily defends strategies utilized with assessment data.

CI27. OPTIONAL for CSEs and ODTAs: Creates, implements, and evaluates evidence-based strategies to support cognitive processes and academic content into the intervention that aligns with child's developmental status and community context. (PI2.11)

a. Creates and effectively implements evidence-based, targeted intervention strategies to promote cognitive processes and ONE academic content domain.

b. Strategies make sense for child characteristics including age and developmental status.

c. Strategies make sense for community context including philosophy and approach.

d. Written reflection satisfactorily defends strategies utilized with assessment data.

CI28. OPTIONAL for ALL: Supports target caregiver(s) in facilitating social-emotional development using targeted intervention strategies. (PI2.11)

a. Creates and effectively implements evidence-based, targeted intervention strategies to promote social emotional development.

b. Strategies make sense for child characteristics including age and developmental status.

c. Strategies make sense for the community context.

d. Written response satisfactorily defends strategies utilized, including assessment data supporting how the intervention was function-based.

CI29. OPTIONAL for ALL: Applies the five core principles of DEC's Code of Ethics to Community Intervention. (PR7.11)

a. Describes in writing ONE specific way, using examples, *EIS Credential* candidate met EACH of the five core principles.

b. The ways described align with what was observed.

c. The ways described accurately align to the core principle.

STEP 6: OVERALL PROFESSIONALISM

The last step of the *EIS Credential* examines the broader role of the EI professional as a colleague, lifelong learner, and active contributor to the profession and its continued evolution. How one represents oneself and one's profession is a core tenet of every field. While professionalism underlies all practices, select *EIS Credential* implementation indicators are reflected outside of the EI components observed in steps 2-5 and/or are included but span beyond those particular components. For example, how one engages in teaming in between intervention visits may or may not be readily observable during evaluation/assessment, IFSP meetings, and intervention visits. These select implementation indicators are evidenced in **Professionalism effectiveness markers**.

The *EIS Credential* candidate's supervisor completes the professionalism effectiveness markers as the individual who knows the candidate's professionalism best. The supervisor utilizes their current knowledge of the candidate's professionalism overall with supporting evidence.

Sources of Evidence

- Supervisor-Candidate Discussion
- Concrete Verification
- Written reflection for DTAs and waived DTs

Supervisor-Candidate Discussion. The supervisor asks open-ended questions to obtain the information necessary to score each effectiveness marker, probing for specific examples. Particular questions could include:

1. How have you collaborated with childcare professionals in designing interventions that respect the role of the childcare professional? What do you consider when teaming with childcare and other community professionals?

2. What have you done this year to evolve your own practices? How did you specifically apply that to your work?

3. What have you learned this year about your own biases and assumptions? What have you done to actively work against those biases and assumptions? What specific examples can you share?

4. What have you done to contribute to the profession? How did that contribution make a difference to the field?

Concrete Verification. The *EIS Credential* candidate shares and/or supervisor obtains any verification available of the activities and experiences uncovered during the supervisor-candidate discussion. Evidence *could* include meeting minutes noting the *EIS Credential* candidate's name in attendance, emails, and verbal or written testimonials. However, not all effectiveness markers will have supporting documentation. The supervisor is expected to use their discretion as to what requires verification based their knowledge of the candidate's professionalism and service.

Written Reflection for DTAs and Waived DTs. DTAs and waived DTs must, **in writing and with supporting documentation**, identify one way they engaged with the larger EI profession in the past year. This engagement *could* include local or state professional meetings such as an ICC meeting, conference participation, professional organization activities, and community events. This engagement *must* be specifically focused on infants and toddlers with developmental delays/disabilities and their families and demonstrate active participation as opposed to attendance only.

Scoring System

Scoring for Overall Professionalism is similar to scoring the observed EI processes (steps 2-5) with different conditions. Each effectiveness marker is scored based on two conditions:

1. **Expectations:** The criteria describing the effectiveness marker.
2. **Evidence:** The sufficiency with which the criteria was verified. Evidence includes concrete verification, specific examples provided in the supervisor-candidate discussion, and supervisor's existing knowledge of the *EIS Credential* candidate's professionalism.

Using these conditions, each effectiveness marker is scored on the following 5-point scale:

0 – Does not meet any expectations with no evidence provided or unsubstantiated evidence

1 – Meets few expectations with vague evidence

2 – Meets some but less than half expectations with general rather than specific evidence

3 – Meets most expectations with some evidence sufficient while other evidence general

4 – Meets all expectations with sufficient evidence

5 – Exceeds expectations with robust evidence

Each score reflects BOTH the expectations and evidence. For example, a rating of 5 means the *EIS Credential* candidate provided more than enough evidence **AND** went above and beyond the criteria listed in the effectiveness marker. For a rating of 3, the *EIS Credential* candidate met

the majority of criteria listed in the effectiveness marker **AND** the evidence provided across all the met criteria was balanced between sufficient and general. If both conditions are not met, then the item is scored at the lower number. For example, if the *EIS Credential* candidate met all criteria – representing the expectations condition at a score of 4 – but some of the evidence was general – representing the evidence condition at a score of 3 – then the score for that marker is a 3.

Overall Professionalism Effectiveness Markers

The *EIS Credential* candidate's supervisor evaluates the *EIS Credential* candidate's Overall Professionalism (OP) using the following effectiveness markers.

OP1. Develops and sustains positive relationships with all adults in which they engage during their work. (PR9, PR10, PR11)

OP2. Reflects productively on one's own practices and interactions to intentionally continue certain practices and change others. (PR8, PR12)

OP3. Seeks out and participates in a variety of professional development experiences to advance one's knowledge and practice in early intervention. (PR13)

OP4. Seeks out and participates in leadership opportunities at the individual, program, state, or national levels that promotes the early intervention profession and/or early intervention supports that build family capacity and inclusive child opportunities. (PR15)

For DTAs and Waived DTs:

OP5. REQUIRED for DTAs and Waived DTs: Engages with the early intervention profession at the local, regional, national, and/or international levels. (PR15.5)

Overall Professionalism Effectiveness Marker Descriptions

OP1. Develops and sustains positive relationships with all adults in which they engage during their work. (PR9, PR10, PR11)

a. Respects the roles of families, administrators, early childhood educators (e.g., childcare professionals), paraprofessionals, other community members, medical community, and other EI team members.
b. Consistently collaborates with families, administrators, early childhood educators (e.g., childcare professionals), paraprofessionals, other community members, medical community, and other EI team members so that everyone's ideas and perspectives are included in all work pertaining to their roles.

c. Is considered collegial and easy to work with by families, administrators, early childhood educators (e.g., childcare professionals), paraprofessionals, other community members, medical community, and other EI team members.
d. Shares knowledge and strategies in ways that builds the capacities of families, administrators, early childhood educators (e.g., childcare professionals), paraprofessionals, other community members, medical community, and other EI team members.
e. Builds own capacity by learning new knowledge and strategies from families, administrators, early childhood educators (e.g., childcare professionals), paraprofessionals, other community members, medical community, and other EI team members.

OP2. Reflects productively on one's own practices and interactions to intentionally continue certain practices and change others. (PR8, PR12)

a. Creates or takes advantage of planned reflection opportunities by oneself.
b. Creates or takes advantage of planned reflection opportunities with others including peers and supervisors.
c. Identifies own strengths and areas to strengthen based on their experiences with families and others AND intentionally changes one's practices based on those reflections.
d. Considers and shifts practices to respect cultural variations in the ways individuals work, including families, administrators, early childhood educators (e.g., childcare professionals), paraprofessionals, other community members, medical community, and other EI team members.
e. Actively works to understand how their own biases and assumptions impact their practices AND intentionally uses that understanding to evolve their practices with both families and other professionals including administrators, early childhood educators (e.g., childcare professionals), paraprofessionals, other community members, medical community, and other EI team members.

OP3. Seeks out and participates in a variety of professional development experiences to advance one's knowledge and practice in early intervention. (PR13)

a. Stays apprised and identifies gaps in one's knowledge and practice of the latest research, current EI evidence-base, and innovative systems and service delivery models specific to EI practice.
b. Utilizes multiple mechanisms (e.g., ongoing professional development, attending conferences, reading the latest research, and networking with peers across disciplines) to remedy gaps in one's knowledge and practice specific to EI, including the latest research, current EI evidence-base, and innovative systems and service delivery models.

c. Mechanisms are aligned with one's gaps and are effective means to remedy those gaps.
d. Utilizes the latest research, current EI evidence-base, and innovative systems and service delivery models specific to EI practice when reflecting on practices, strengths, and areas to strengthen.

OP4. Seeks out and participates in leadership opportunities at the individual, program, state, or national levels that promotes the early intervention profession and/or early intervention supports that build family capacity and inclusive child opportunities. (PR15)

a. Identifies gaps in program or (national, state, or local) system implementation of and advocates for evidence-based practices and service delivery models that build family capacity AND inclusive child opportunities.
b. Recognizes equity disparities occurring in programs, systems, and services, and actively works towards equitable practices.
c. Contributes to one's disciplinary and/or EI profession to build a coalition and/or advocate for policies and/or procedures that advance EI.

OP5. REQUIRED for DTAs and Waived DTs: Engages with the early intervention profession at the local, regional, national, and/or international levels. (PR15.5)

a. Actively participates in the larger EI profession over the past year, such as local or state professional meetings, ICC meetings, conferences, professional organizations, and community events.
b. Engagement specifically pertains to infants and toddlers with developmental delays/disabilities and their families.
c. Shares supporting documentation evidencing this engagement.

REFERENCES

Bruder, M. B., Catalino, T., Chiarello, L. A., Cox Mitchell, M., Deppe, J., Gundler, D., Kemp, P., LeMoine, S., Long, T., Muhlenhaupt, M., Prelock, P., Schefkind, S., Stayton, V., & Ziegler, D. (2019). Finding a common lens: Competencies across professional disciplines providing early childhood intervention. *Infants & Young Children, 32*(4),280-293. doi: 10.1097/IYC.0000000000000153

Center of Excellence for Infant and Early Childhood Mental Health Consultation. (n.d.). *Infant and Early Childhood Mental Health Consultation – Competencies.* http://www.iecmhc.org/documents/IECMHC-competencies.pdf

Connecticut Birth to Three System (2008). *Infant Toddler Family Specialist (ITFS) Credential Manual.* Hartford, CT. https://www.birth23.org/files/Training/ITFSManual.pdf

Connecticut Office of Early Childhood (2016). *Connecticut Core Knowledge and Competency Framework for Professionals Working with Young Children and Their Families*. Hartford, CT.

Division for Early Childhood of the Council for Exceptional Children. (2014). *DEC Position Statement: The Role of Special Instruction in Early Intervention*. https://www.decdocs.org/position-statement-role-of-special

Division for Early Childhood of the Council for Exceptional Children. (2020). Initial Practice-Based Professional Preparation Standards for Early Interventionists/Early Childhood Special Educators (EI/ECSE) (Initial birth through age 8). https://www.dec-sped.org/ei-ecse-standards

ZERO TO THREE. (2018). *ZERO TO THREE Competencies for Prenatal to Age 5 (P-5) Professionals.* Washington, DC.

APPENDIX A

EIS CREDENTIAL INDICATORS OF EFFECTIVE PRACTICE

EARLY INTERVENTION SPECIALIST INDICATORS

*Required only for developmental therapy associates and waived developmental therapists
** Modified requirements for developmental therapy associates and waived developmental therapists

CHILD DEVELOPMENT (KNOWLEDGE)

CD1: Knowledge of infant-toddler developmental sequences, indicators, and variations.

- CD1.1: Analyze how developmental strengths and needs across domains – physical (i.e., motor, sensory), cognition, communication, adaptive, and social-emotional – transact into functional participation.
- CD1.2: Identify developmental variability in each domain that signals need for individualized assessment and intervention (EI).
- CD1.3: Identify developmental indicators within universals and cultural variations with examples of cultural variations of infant-toddler development and how those variations result from caregiving beliefs, vision, and interaction style.
- CD1.4: Identify multiple modes of effective communication.
- CD1.5: Describe how communication development unfolds in dual and multi-language learners and implications for assessment and intervention.
- CD1.6: Describe self-regulation and coping in the infant-toddler years, and indicators of external regulation needs.
- CD1.7: Describe ways learning (e.g., math, literacy) domains and progressions are related to developmental domains and functioning.
- CD1.8: Explain how an infant-toddler's biology (e.g., genes, brain development, constitution such as temperament) and experiences contribute to their developmental profile.
- CD1.9: Articulate a strengths-based mindset to cultural and developmental variations in child development and caregiving.

CD2: Knowledge of common characteristics and varying developmental and participatory impact of medical and developmental labels seen in EI.

- CD2.1: Describe the potential developmental and participatory impact of genetic and medical labels frequently seen in EI, such as low birthweight, Down syndrome, and autism spectrum disorder, including the variability of attributes and impact on development and participation.
- CD2.2: Identify evidence-based resources to access information on genetic and medical labels seen less frequently in EI.
- CD2.3: Describe the potential impact of specific medications and nutrition on infant-toddler development.
- CD2.4: Articulate a strengths-based and individualized mindset for children with developmental and/or medical labels.

CD3: Knowledge of environmental factors that promote or impede infant-toddler development, including the impact of systemic racism for families with traditionally marginalized attributes and communities.

- CD3.1: Describe how trauma and toxic stress influences development, and the factors that could ameliorate or exacerbate the impact.

CD3.2: Identify when other professionals and/or agencies are needed to promote children's development, participation, and healthy functioning.

CD4: Knowledge of responsive adult-child interactions and the role of the family system and culture as the foundation of EI.

CD4.1: Describe the key features of caregiving responsiveness and the impact of adult-child interaction on infant-toddler development.
CD4.2: Describe the ways caregiving responsiveness can vary by family cultural context and child attributes.
CD4.3: Explain why families and family outcomes are integral to EI success.
CD4.4: Identify, using evidence-based knowledge, when other professionals and/or agencies are needed to support families in expert areas such as mental health, attachment, and resource needs.
CD4.5: Describe how trauma and stress could influence family functioning.
CD4.6: Describe the current evidence base on how a child's developmental delay or disability may influence family functioning.
CD4.7: Describe how systemic racism and historical inequities could influence family functioning, access to resources, and interactions with EI personnel.
CD4.8: Articulate a strengths-based and individualized mindset for all families and family cultural context and attributes.

CHILD DEVELOPMENT (IMPLEMENTATION)

CD5: Assess, plan, intervene, and describe to families typical developmental sequences, indicators, and cultural variations in:

CD5.1: The integration and reciprocal influences of developmental strengths and needs across domains – physical (i.e., motor), sensory, cognition, communication, adaptive, and social-emotional – and learning areas (e.g., math, literacy) into functional participation.
CD5.2: Developmental competencies (e.g., self-regulation, executive functioning, social relationships, play, approaches to learning, positive behaviors).
CD5.3: The multiple ways a child communicates.
CD5.4: Developmental universals and cultural variations.
CD5.5: Developmental variability in each domain that signals eligibility for EI.
CD5.6: Developmental competencies of self-regulation, executive functioning, social relationships, play, approaches to learning, and positive behaviors.
CD5.7: Child development theories and philosophies in evaluation and intervention practices.*
CD5.8: Overarching developmental characteristics and etiologies of specific disabilities.*

CD6: Assess, plan, and intervene within the developmental impact of the family system and resulting priorities including:

CD6.1: Individual culture and parenting choices.
CD6.2: Family experiences with trauma and toxic stress including systemic racism.
CD6.3: Need for other professionals and/or agencies to promote child's development, participation, and healthy functioning.

ASSESSMENT

A1: Assess in continuous and substantial ways to make informed decisions within the family's cultural context.

- A1.1: Assess child functioning in multiple everyday routines based on where the family would like the child to be engaged in meaningful experiences in home and, as decided by the family, community/neighborhood, and early childhood programs.
- A1.2: Differentiate cultural differences from developmental delays.
- A1.3: Assess how the social and physical environment, including changes to the environment, influences child development within the family's cultural context and priorities.

A2: Assess in ongoing and substantial ways to make informed decisions for screening, eligibility, planning, and progress monitoring purposes.

- A2.1: Assess and document progress toward IFSP outcomes and objectives based on measurable criteria.
- A2.2: Use data collection approaches that measure what is intended to be measured.
- A2.3: Use data collection approaches that fit the family and routine activities.
- A2.4: Develop functional, participation-based objectives aligned with assessment findings in recognition of child and family strengths.

A3: Use and synthesize multiple approaches across multiple sources of assessment to obtain meaningful information, aligned with particular assessment decision(s) (screening, eligibility, planning, progress).

- A3.1: Select and accurately administer evaluation and assessment instruments that inform the particular assessment decision.
- A3.2: Observe and obtain observations and other assessment data from family members, other EI practitioners, and, as appropriate, caregivers and physicians.
- A3.3: Accurately score assessment instruments.

A4: Team with family members, other EI practitioners, and, as appropriate, caregivers and physicians, to synthesize and interpret assessment information to make strengths-based assessment decision(s) (screening, eligibility, planning, progress).

- A4.1: Reach consensus on the findings and interpretations that incorporate perspectives of family members, other practitioners, and, as appropriate, caregivers and physicians.
- A4.2: Reach consensus on findings and interpretations that are aligned with the assessment data collected.
- A4.3: Align planning and intervention with family and child assessment data.
- A4.4: At each assessment decision (e.g., screening, evaluations, planning, progress), assure family has resources to meet their priorities.

A5: Write reports, IFSPs, and visit notes that are strengths-based and reflect consensus decisions of assessment findings and interpretations.

PLANNING AND INTERVENTION

PI1: Use culturally responsive, strengths-based (child and family) practices in planning and intervention that fit within the individual family's routines, interactions, and home language.

PI1.1: Plan (e.g., objectives, strategies, team members, intensity) and intervene aligned to family identified IFSP outcomes.
PI1.2: Intervene in multiple routines based on where the family would like the child to be engaged in meaningful experiences in home and, as decided by the family, community/neighborhood and early childhood programs.
PI1.3: Use and modify intervention strategies and approach to fit the way the individual family implements the routines within their individual culture and parenting vision.
PI1.4: Use family and user-friendly, developmentally appropriate materials and equipment naturalistic to the family's routines, culture, comfort.
PI1.5: Schedule visits and other interactions to respond to family priorities and provide ongoing, flexible support.
PI1.6: At each interaction (e.g., evaluations, IFSP development, home visits), ensure family has developmental strategies that meet their priorities.

PI2: In partnership with the family, plan and implement a variety of practices, strategies, resources, and supports that are evidence-based, specifically designed for infants and toddlers, and differentiated for the individual family and child, including family and parenting choices.

PI2.1: Affirm strengths in the physical and temporal environment (e.g., materials, physical layout, timing) that fit the family and enable child learning and participation.
PI2.2: Modify to address needs in the physical and temporal environment (e.g., materials, physical layout, timing) in ways that fit the family and enable child learning and participation.
PI2.3: Affirm and promote responsive caregiver-child interactions as the foundation of developmental promotion.
PI2.4: Integrate knowledge and strategies across disciplines including learning strategies (e.g., modeling, responsive teaching, prompting, reinforcement) and positioning and handling techniques.
PI2.5: Defend strategies selected using the latest research.
PI2.6: Scaffold child learning and development by challenging child.
PI2.7: Support various modalities of child functioning, including the use of assistive and augmentative technologies for communication and mobility.
PI2.8: Design and implement interventions that provide multiple opportunities to practice over time and in different natural environment contexts.
PI2.9: Build child engagement and curiosity in learning.
PI2.10: Promote positive behaviors including interactions with adults and other children.
PI2.11: Assess, plan, and implement a variety of practices, strategies, resources, and supports to promote cognitive development, social and object play, social-emotional learning, and learning content such as literacy and math.*
PI2.12: Blend early childhood curriculum frameworks and universal design for learning into interventions to promote access and engagement in infant-toddler settings.*

COORDINATION AND COLLABORATION

CC1: Use effective communication skills (listening, speaking, writing) with others. (ECPC CC.2)

- CC1.1: Use reflective listening.
- CC1.2: Ask questions to increase understanding.
- CC1.3: Share information in ways that families and/or other professionals can understand, embrace, and use.
- CC1.4: Use principles and techniques to facilitate adult discussion and participation in meetings (e.g., IFSP meetings, transition conferences).
- CC1.5: Negotiate, adapt to, and work with others respectful of cultural differences.

CC2: Maintain partnerships with multiple programs and agencies (e.g., Early Head Start, family support, mental health, medical specialists, child welfare, other home visiting) and positive relationships with professionals in those programs/agencies that are culturally and linguistically responsive.

- CC2.1: Value the impact of health and social service systems on supporting children and families.
- CC2.2: Reduce barriers and challenges for families to acquire services, especially those historically marginalized, including due to race or immigration status.
- CC2.3: Maintain up-to-date information about community resources, limiting unnecessary barriers for families.
- CC2.4: Nurture positive, responsive, respectful relationships with other professionals through an open attitude, flexibility, creativity, and trust.
- CC2.5: Ensure mechanisms are in place for seamless referrals and information sharing.

CC3: Identify when and collaborate with other EI disciplinary professionals.

- CC3.1: Collaborate with families to identify and coordinate across child environments (e.g., multiple homes, home and childcare).
- CC3.2: Use team building principles and techniques, including establishing roles and responsibilities of each team member.
- CC3.3: Respect and incorporate the contributions of each professional.
- CC3.4: Explore a wide variety of approaches and understand that there is no one correct strategy.
- CC3.5: Assure services across team members are consistent and complementary.
- CC3.6: Create and maintain clear lines of communication.
- CC3.7: Incorporate information and strategies from multiple disciplines.
- CC3.8: Explain to families EI teaming models and use the models to determine team member roles and responsibilities.*

CC4: Identify when and collaborate with professionals in agencies outside of EI, including medical home, mental health, and social services.

- CC4.1: Collaborate with families to identify and access desired resources including medical insurance, childcare, and parent support groups.
- CC4.3: Respect and incorporate the contributions of each professional and agency, including establishing roles and responsibilities of each team member.
- CC4.3: Explore a wide variety of approaches and understand that there is no one correct strategy.

CC4.4: Assure services across agencies are consistent and complementary.
CC4.5: Create and maintain clear lines of communication.
CC4.6: Incorporate information and strategies from multiple disciplines.

CC5: Facilitate transitions from EI to another program with the family and service providers from different disciplines and agencies. (ECPC CC.9)

FAMILY CENTERED PRACTICE

FCP1: Respect and implement all aspects of EI (assess, planning, intervention, and transition) within the family context and family decisions regarding parenting and child rearing practices.

FCP1.1: Define the family the way the individual family defines it.
FCP1.2: Include the perspectives and engagement of all family members in the way those members want to be included.
FCP1.3: Respect family members' role in supporting children's development.
FCP1.4: Honor the family context as already rich, with family culture, knowledge, and already existing resources as strengths and intentionally use in planning and intervention.
FCP1.5: Modify ones practices, recommendations, and developmental strategies to the particular family context, including how routines already occur.
FCP1.6: Explore own and others' values, beliefs, backgrounds, privilege, biases, assumptions, and experiences to enhance effectiveness in interactions with families.
FCP1.7: Recognize and interact according to individual family cultures, including deaf culture, and structures, including intergenerational values and attitudes.

FCP2: Assess, plan, and intervene within family's role as parent which includes:

FCP2.1: Parent-child interaction.
FCP2.2: Family values they want to convey to their children.
FCP2.3: Health and safety (e.g., childproofing home, child safety seats, SIDS, nutrition).
FCP2.4: Child developmental strengths as well as needs.

FCP3: Communicate regularly and effectively with families through a variety of techniques that fit the individual family communication style and preferences.

FCP3.1: Speak with families in preferred language or through culturally responsive professional interpreters.
FCP3.2: Design and/or share culturally and linguistically appropriate materials with attention to reading level.
FCP3.3: Gather information through nonthreatening, respectful, collaborative, and supportive means.
FCP3.4: Use active reflective listening, observations, and questioning to increase understanding.
FCP3.5: Communicate in ways that are meaningful, engaging and thought provoking for each family.

FCP4: Demonstrate expected Early Intervention competencies in diverse settings with diverse families, in recognition of the program, neighborhood, and family characteristics including cultural and historical contexts, race/ethnicity, and primary language.

FCP5: Engage families in EI components (assessment, planning, intervention, transition, service coordination) and activities in ways that are meaningful for the family.

- FCP5.1: Intentionally seek family contributions (e.g., information, ideas) and use that information in all EI components (assessment, planning, intervention, transition, service coordination).
- FCP5.2: Support and ensure each family identifies and is actively achieving their own goals.
- FCP5.3: Respect and work (assess, plan, intervene) within individual family's culturally preferred practices for types of resources, supports, and services.
- FCP5.4: Identify and address with the family transition activities and outcomes listed on each IFSP.

FCP6: Share with and ensure family members understand Early Intervention (what is happening, what needs to happen, and why) including:

- FCP6.1: An overview of the Birth to Three system.
- FCP6.2: Each step in the Early Intervention process.
- FCP6.3: Procedural safeguards.
- FCP6.4: Legal and ethical obligations.
- FCP6.5: Benefits of natural and inclusive environments.
- FCP6.6: The differences between EI and next settings, including preschool special education, and their rights.

FCP7: Provide responsive, concrete, capacity-building supports when families identify such needs to navigate systems, policies and procedures including transition.

FCP8: Create an authentic, shared understanding of each family and their community.

- FCP8.1: Assess family strengths and needs based on the family's determination of their strengths and needs and utilize that information as the foundation for all intervention decisions.
- FCP8.2: Observe and listen to understand individual family cultural values.
- FCP8.3: Act on current culturally relevant information and individual family preferences versus generalities or stereotypes.
- FCP8.4: Value and utilize family's current and need for support networks.
- FCP8.5: Respect and intervene according to the way the family's individual culture shapes their interactions, relationships, family structures, behaviors, and development.
- FCP8.6: Acknowledge how families' past experiences with systemic racism and implicit bias could affect their behaviors, interactions, and ways they access services.
- FCP8.7: Respect and incorporate how having a child with special needs has impacted the individual family.
- FCP8.8: Frequently uncover and revisit family strengths, needs, concerns and priorities in recognition of the family system as a dynamic process.

PROFESSIONALISM (KNOWLEDGE)

PR1: Knowledge of Birth to Three-specific mandated and expected practices, procedures, and outcomes as outlined in service guidelines, policies, and procedures.

- PR1.1: Identify requirements, including timelines, outlined in Birth to Three policies, procedures, and service guidelines for various EI processes (e.g., evaluation, IFSP development, intervention, transition).
- PR1.2: Explain how Birth to Three mandates and expected practices, procedures, and guidelines align to the vision and mission of EI.
- PR1.3: Connect quality assurance outcomes and indicators to the vision and mission of EI.

PR2: Knowledge of federal laws, regulations, and guidance for EI systems, supports, and services.

- PR2.1: Identify timelines required for various EI processes (e.g., evaluation, IFSP development, transition).
- PR2.2: Define requirements outlined in federal laws and regulations for EI systems, supports, and services.
- PR2.3: Connect federal requirements to vision and mission of EI.

PR3: Knowledge of professional ethics, practice standards, and responsibilities as an EI practitioner.

- PR3.1: Describe state and federal regulations for childcare, early childhood education, and other systems in which EI practitioners interact.
- PR3.2: Identify the mandated reporting requirements.
- PR3.3: Identify legal practices, including confidentiality and rules regarding research participation for professionals and families.
- PR3.4: Articulate the importance of maintaining documentation.
- PR3.5: Describe the impact of other systems, such as health, social services, child welfare, and early childhood education, on supporting families and related EI practices.

PR4: Knowledge of professional organizations and resources to guide and update disciplinary and cross-disciplinary EI practices.

- PR4.1: Identify interdisciplinary professional organizations and national centers that provide current, evidence-based resources on EI practices and expectations.
- PR4.2: Identify discipline-specific professional and other organizations that provide current, evidence-based resources on EI practices and expectations.

PROFESSIONALISM (IMPLEMENTATION)

PR5: Follow and accurately communicate with families federal and state policies, regulations, and procedures for early intervention including:

- PR5.1: Federal, state, and program regulations, standards, and procedures.
- PR5.2: Birth to Three service guidelines, policies, and procedures.
- PR5.3: Transition planning and implementation prior to and during the transition period.
- PR5.4: Documentation maintenance.

PR6: Follow and accurately communicate with families federal and state policies, regulations, and procedures for the larger early childhood field including:

- PR6.1: Mandated reporting of suspected abuse and neglect.
- PR6.2: Confidentiality.
- PR6.3: Transition planning and implementation for sending and receiving programs.
- PR6.4: Research participation.

PR7: Follow and accurately communicate with families one's disciplinary scope of practice and standards of professional conduct including:

- PR7.1: Professional ethics.
  - PR7.1.1: Practice according to the five core principles of DEC's Code of Ethics.*
- PR7.2: Professional boundaries with coworkers, families, and other professionals.
- PR7.3: Current professional licensure, certification, and/or other professional endorsements.
- PR7.4: Documentation maintenance.

PR8: Explore and negotiate cultural differences including the influences of race/ethnicity, primary language, culture, abilities, disposition, and life circumstances on how one interacts.

- PR8.1: Understand unconscious and implicit bias on interpersonal interactions and decision making.
- PR8.2: Recognize and respect diverse styles of leadership and collaboration.

PR9: Has positive workplace relationships based on respect, consistency, and collaboration, including with early childhood educators, other caregivers, and community members.

PR10: Seek out and utilize new knowledge and strategies from family and professional team members.

PR11: Share knowledge and strategies with family and professional team members, including early childhood educators, other caregivers, and community members, in ways that are useful for implementation.

PR12: Regularly reflect by oneself and with peers and supervisors.

- PR12.1: Acknowledge personal limitations and knowledge of particular cultures.
- PR12.2: Engage in activities to examine values, beliefs, privilege, biases, assumptions, and experiences to ensure that misinterpretation or judgment is not imposed on others' intentions or actions.

PR13: Seek continuing education experiences (e.g., ongoing professional development, attending conferences, reading the latest research, and networking with peers across disciplines) to stay apprised of and utilize new research, evidence-based practices, and innovative systems and service delivery models.

PR14: Apply adult learning principles and capacity building practices in coaching with all families, professional team members, early childhood educators, other caregivers, and community members that comprise the EI team including:

- PR14.1: Asking questions.

PR14.2: Problem solving.
PR14.3: Modeling.
PR14.4: Observing.
PR14.5: Reflecting.

PR 15: Take responsibility for one's own personal leadership.

PR15.1: Leverage opportunities to be a voice for equity including building more equitable systems.
PR15.2: Discover gaps between policies and program practices.
PR15.3: Advocate for inclusion, families, and young children.
PR15.4: Advocate for national, state, and local policies and legislation that affect children and families.
PR15.5: PR15.5: Engage with the EI profession at the local, regional, national, and/or international levels.**

PR16: Support families in advocacy efforts, including every day, EI team-based, and systemic advocacy.

PR17: Demonstrate awareness of other disciplines' practice standards and guidelines for early childhood intervention. (ECPC PR.4)

APPENDIX B

RESOURCES FOR DEVELOPING MARKERS OF EFFECTIVENESS

RESOURCES

Service Coordination:

Resources available at:

- *Service Coordination Community of Practice* webpage of the Division for Early Childhood of the Council for Exceptional Children: https://www.dec-sped.org/servicecoordinationcop

Evaluation and Assessment:

Keilty, B. (2016). *The Early Intervention Guidebook for Families and Professionals: Partnering for Success, 2nd edition.* New York: Teachers College Press.

Keilty, B. (2020). Assessing the home environment to promote infant-toddler learning within everyday family routines. *Young Exceptional Children, 23*(4) 199-211. doi: 10.1177/1096250619864076

McLean, M., Banerjee, R., Squires, J., & Hebbeler, K. (Eds.). (2020). *Assessment: Recommended practices for young children and families* (DEC Recommended Practices Monograph Series No. 7). Washington, DC: Division for Early Childhood.

Home and Community Interventions:

Hancock, C. L. (2023). Moving toward more meaningful family participation during home visit decision-making. *Young Exceptional Children, 26*(1) 42-54. 10.1177/10962506211035362

Keilty, B. (2016). *The Early Intervention Guidebook for Families and Professionals: Partnering for Success, 2nd edition.* New York: Teachers College Press.

Keilty, B. (2020). Assessing the home environment to promote infant-toddler learning within everyday family routines. *Young Exceptional Children, 23*(4) 199-211. doi: 10.1177/1096250619864076

Keilty, B. (2008). Early intervention home visiting principles in practice: A reflective approach. *Young Exceptional Children, 11*, 29-40. doi: 10.1177/1096250607311933

Marvin, C. A., Moen, A. L., Knoche, L. L., & Sheridan, S. M. (2020). *Getting Ready* strategies for promoting parent-professional relationships and parent-child interactions. *Young Exceptional Children , 23*(1) 36-51. 10.1177/1096250619829744

Resources available at:

- Evidence-Based Interventional Early Intervention Office: https://eieio.ua.edu/materials.html
- Family Guided Routines Based Intervention: https://fgrbi.com/
- Family, Infant and Preschool Program (FIPP):
- https://fipp.ncdhhs.gov/prof-development/tools-and-products/

Trivette, C. M., & Keilty, B. (Eds.). (2017). *Family: Knowing Families, Tailoring Practices, Building Capacity* (DEC Recommended Practices Monograph Series No. 3). Washington, DC: Division for Early Childhood.

APPENDIX C

EIS CREDENTIAL PROTOCOL

EIS Credential Protocol

Candidate Name:

Candidate's Title/Discipline:

Birth to Three Program:

Years of EI Practice:

Date of Initiating *EIS Credential* Portfolio:

STEP 1: WRITTEN EXAMINATION

☐ Reviewed *EIS Credential Study Guide* to determine readiness to sit for examination

☐ Engaged in any professional development needed to ready for examination

☐ Signed up for written examination (Date:)

☐ Completed written examination (Date:)

☐ If needed, retook written examination (Date(s):)

☐ Notification of passed written examination (Date:)

Once passed, move on to STEP 2 and, if doing simultaneously, STEP 3.

STEP 2: SERVICE COORDINATION

Candidate Name: _____ **Reviewer Name:** _____ **Date:** _____

Supervisor confirmation candidate ready to implement? Yes No

Candidate ready to implement based on pre-observation discussion? Yes No
(*If no, please contact the Birth to Three Professional Development staff for next steps)*

Scoring System:

0 – No opportunities and evidence met criteria
1 – Few opportunities and evidence met less than half criteria
2 – Some but less than half opportunities and evidence met criteria
3 - Half opportunities and evidence met criteria
4 – Most opportunities and evidence met criteria
5 – All opportunities and evidence met criteria

Effectiveness Marker	0	1	2	3	4	5	Comments
SC1. Facilitates meeting so all team members contribute their perspectives to IFSP development. (A4, A5, PI1, CC1, CC2, CC3, CC4, FCP1, FCP3, FCP5, PR7, PR10, PR16)							
SC2. Describes, checks for understanding, and assures all aspects of IFSP meeting and document are aligned with the Birth to Three philosophy and reminds the team of the philosophy as needed. (CC1, CC3, FCP1, FCP 3, FCP 5, FCP 6, FCP8, PR11, PR16)							
SC3. Elicits, listens, asks questions, and documents to assure the IFSP is detailed and individualized. (A1, A2, A3, A5, PI1, PI2, FC[1, FCP2, FCP3, FCP8)							
SC4. Family understands the IFSP process and is ready to contribute. (CC1, FCP1, FCP3, FCP5, FCP6, PR16)							
SC5. Coordinates assessment information with family input given equal weight, if not more, as professional input. (CD5, CD6, A1, A2, A3, A4, A5, FCP1, FCP2, FCP3, FCP5, PR16)							
SC6. Assessment information and resulting IFSP are individualized, functional and participatory, and crosses domains. (CD5, CD6, A1, A2, A3, A4, A5, PI1, CC3, FCP1, FCP2, FCP8)							
SC7. Demonstrates delivery of services has been monitored, is coordinated, and the family is satisfied. (A2, A4, PI1, PI2, CC2, CC3, CC4, FCP1, FCP3, FCP5, PR14, PR16)							
SC8. Follows, informs team, and answers questions about policies and procedures. (CC1, CC3, CC5, FCP5, FCP6, PR5)							

Effectiveness Marker	0	1	2	3	4	5	Comments
SC9. Avoids family repeating contributions from prior discussions AND assures family openly contributes new information and ideas. (CC1, FCP1, FCP3, FCP5, FCP8, PR16)							
SC10. Shares perspectives of team members not in attendance such as other family members, childcare and other community professionals, and medical home. (A2, A3, A4, A5, PI1, CC1, CC2, CC3, CC4, CC5, FCP1, FCP3, FCP5)							
SC11. Elicits, shares information about, and easily connects family to formal and informal resources that are responsive to individual family culture and designed to meet IFSP outcomes. (PI1, PI2, CC2, CC4, FCP1, FCP2, FCP3, FCP5, FCP7, FCP8)							
SC12. Elicits, listens, asks questions, and documents child outcomes, objectives, and strategies that are individualized to child and family everyday life and aligned with current child developmental status. (CD5, CD6, A1, A2, A3, A4, A5, PI1, PI2, FCP1, FCP2, FCP3, FCP5)							
SC13. Elicits, listens, asks questions, and documents family outcomes that align with information derived from the family and the family's vision for their family. (CD6, A4, A5, PI1, CC1, FCP1, FCP2, FCP3, FCP5, FCP6, FCP7, FCP8, PR16)							
SC14. Elicits, listens, asks questions, and documents outcomes, objectives, and strategies that are individualized to family's vision for child's next environment (transition). (A1, A2, A3, A4, A5, PI1, PI2, CC2, CC3, CC4, CC5, FCP1, FCP2, FCP3, FCP5, FCP6, FCP7, PR5, PR6)							
SC15. Identifies, reviews, and revises the early intervention team as needed to best fit the family. (A5, PI1, CC1, CC2, CC3, CC4, FCP1, FCP2, FCP3, FCP5, FCP6, FCP8, PR16)							
SC16. Describes and gains consensus on frequency and duration of services. (A5, PI1, CC1, CC3, FCP1, FCP2, FCP3, FCP5, PR16)							
SC17. Summarizes decisions made and next steps including the responsibilities of each team member and any required timelines. (A5, CC1, CC3, CC5, FCP1, FCP3, FCP5)							
SC18. Helps family make decisions by eliciting information from professionals and family. (CC1, CC3, FCP1, FCP3, FCP5, FCP7, FCP8, PR7, PR14, PR16)							
SC19. Carries themselves in a professional manner when interacting with families and other team members and holds others to ethical and evidence-based practices. (CC1, CC3, FCP3, FCP5, FCP8, PR7)							

SC20. Coaches family to advocate for their entire family and their child. (CC2, CC4, CC5, FCP3, FCP5, FCP7, FCP8, PR5, PR14, PR16)							
Effectiveness Marker	**0**	**1**	**2**	**3**	**4**	**5**	**Comments**
SC21. Follows any related federal and state policies, regulations, and procedures for early intervention and the larger early childhood field and, as needed, accurately and clearly communicates this information to the family. (PR5, PR6)							
SC22. Follows one's disciplinary scope of practice and standards of professional conduct and, as needed, accurately and clearly communicates this information as well as that of other disciplines with the family. (PR7, PR17)							
DTAs and Waived DTs:							
SC23. REQUIRED for ALL: Explains to family models of early intervention teaming and uses the selected model to determine team member roles and responsibilities. (CC3.8)							
SC24. OPTIONAL for ALL: Applies the five core principles of DEC's Code of Ethics to Service Coordination. (PR7.11)							

Average Score:

# of markers scored ≤3:

Circle one: PASS FAIL

Overall comments:

STEP 3: EVALUATION AND ASSESSMENT

Candidate Name: _____ **Reviewer Name:** _____ **Date:** _____

Supervisor confirmation candidate ready to implement? Yes No

Candidate ready to implement based on pre-observation discussion? Yes No
(*If no, please contact the Birth to Three Professional Development staff for next steps)*

Scoring System:

0 – No opportunities and evidence met criteria
1 – Few opportunities and evidence met less than half criteria
2 – Some but less than half opportunities and evidence met criteria
3 - Half opportunities and evidence met criteria
4 – Most opportunities and evidence met criteria
5 – All opportunities and evidence met criteria

Effectiveness Marker	0	1	2	3	4	5	Comments
EA1. Clearly explains early intervention and how the evaluation/assessment procedures contribute to the early intervention process. (CC1, CC2, CC4, CC5, FCP6, FCP7)							
EA2. Designs and implements evaluation and assessment focused on family priorities. (CD5, CD6, A1, A2, A3, PI1, CC1, CC5, FCP1, FCP2, FCP3, FCP5, FCP8)							
EA3. Assesses in ways and shares information that demonstrates the complexity of child development rather than general milestones. (CD5, CD6, A1, A2, PI1, PI2, CC1, FCP1, FCP2, FCP3, FCP5)							
EA4. Designs and implements evaluation/assessment procedures that align with its purpose and results in valid and reliable decisions. (CD5, CD6, A1, A2, A3, PI1, CC1, CC3, FCP3, FCP5, FCP6)							
EA5. Readies family to participate in evaluation/assessment. (A3, A4, CC2, CC4, FCP1, FCP3, FCP5, FCP6, FCP7, FCP8, PR5, PR6, PR14)							
EA6. Assures active family participation in ALL aspects of evaluation/assessment, including interpreting child behavior/development and synthesizing findings. (A1, A3, CC1, FCP1, FCP3, FCP5, FCP, FCP8, PR14)							
EA7. Collaborates with professional team members fluidly and effectively. (A4, CC1, CC3, FCP6, PR7, PR17)							

Effectiveness Marker	0	1	2	3	4	5	Comments
EA8. Uses multiple sources (people, types, activities) of evaluation/assessment data to yield valid and reliable information about child's developmental functioning. (CD5, CD6, A1, A2, A3, PI1, PI2, CC1, CC2, CC3, CC4, CC5, FCP1, FCP2, FCP3, FCP5)							
EA9. Conducts evaluation/assessment methods in authentic ways and settings to yield valid and reliable information about child's developmental functioning in real life. (CD5, CD6, A1, A2, A3, PI1, PI2, CC1, CC2, CC3, CC4, FCP1, FCP2, FCP3, FCP5, FCP6, FCP8)							
EA10. Uncovers, utilizes, and conveys child and family strengths. (CD5, A1, A2, A5, PI1, PI2, CC1, CC5, FCP1, FCP2, FCP5, FCP8)							
EA11. Selects and individualizes evaluation/assessment approaches to child characteristics. (CD5, CD6, A1, A2, A3, PI1, FCP1, FCP2, FCP3, FCP5, FCP8)							
EA12. Elicits, listens, and asks questions to reliably gather observations and other data from family. (CD5, CD6, A1, A3, PI1, PI2, CC1, FCP3, FCP5)							
EA13. Recognizes strengths and limitations of evaluation/assessment instruments and selects and utilizes instruments according to those strengths and limitations. (CD5, CD6, A2, A3, FCP1, FCP3)							
EA14. Assesses strengths and needs of social, physical, and temporal environment in fostering child development and participation. (CD5, CD6, A1, A2, A5, PI1, PI2, CC2, CC4, FCP1, FCP2, FCP3, FCP5, FCP8)							
EA15. Converges data across all sources and family and professional team members into a strengths-based, holistic picture of child functioning. (CD5, A1, A3, A4, A5, CC1, CC2, CC3, CC4, FCP1, FCP2, FCP3, FCP5, FCP6, FCP7, PR14, PR16)							
EA16. Summarizes developmental profile verbally and in writing that is strengths-based and aligns with agreed upon convergence. (CD5, CD6, A1, A2, A3, A4, A5, PI1, PI2, CC1, CC3, CC5, FCP1, FCP2, FCP3, FCP5, FCP5, FCP8)							
EA17. Discusses, agrees upon, and reports on resulting decisions and next steps that align with the converged data. (CD5, CD6, A1, A2, A3, A4, A5, PI1, PI2, CC1, CC2, CC3, CC4, CC5, FCP1, FCP2, FCP3, FCP5, FCP6, FCP7, FCP8, PR5, PR6, PR16)							
EA18. Carries themselves in a professional manner when with family and other team members and holds themselves and others to							

ethical and evidence-based practices. (CC1, CC3, FCP1, FCP2, FCP3, FCP5, FCP7, FCP8)							

Effectiveness Marker	0	1	2	3	4	5	Comments
EA19. Practices are attuned to understanding how the individual family functions including their values, priorities, ways of being, and how they choose to engage with professionals. (CD6, A1, PI1, PI2, CC2, CC5, FCP1, FCP2, FCP3, FCP5, FCP8)							
EA20. Follows any related federal and state policies, regulations, and procedures for early intervention and the larger early childhood field and, as needed, accurately and clearly communicates this information with the family. (PR5, PR6)							
EA21. Follows one's disciplinary scope of practice and standards of professional conduct and, as needed, accurately and clearly communicates this information as well as that of other disciplines with the family. (PR7, PR17)							
DTAs and Waived DTs:							
EA22. REQUIRED for CSEs and ODTAs: Integrates child's strengths and needs in cognitive processes into evaluation/assessment. (PI2.11)							
EA23. REQUIRED for CSEs and ODTAs: Integrates child's strengths and needs in object and social play into evaluation/assessment. (PI2.11)							
EA24. REQUIRED for CSEs and ODTAs: Interprets child's development and participation through the lens of a specific theory. (CD5.7)							
EA25. OPTIONAL for ALL: Applies the five core principles of DEC's Code of Ethics to Evaluation/Assessment. (PR7.11)							
ADDITIONAL items when DTAs administer comprehensive instrument:							
EA26. Clearly communicates to family reason for and procedures of instrument administration. (A1, A3, CC1, FCP1, FCP3)							
EA27. Sets up a comfortable environment for child and family. (CD5, CD6, A4, FCP1, FCP3, FCP5)							
EA28. Administers instrument fluidly and knowledgeably. (CD5, A3)							
EA29. Follows all instrument procedures with fidelity. (A3, CC1)							
EA30. Adapts evaluation/assessment procedures to fit child's specific disability characteristics. (CD5, CD5.8, CD6, A1, A2, A3, A4, A5, CC1, FCP1, FCP3)							
ADDITIONAL items when DTAs score comprehensive assessment instrument alongside evaluator:							
EA31. Reliably scores every domain of evaluation/assessment instrument. (CD5, CD6, A3)							

EA32. Reflects on and shares defensible rationale for any disagreements. (CD5, CD6, A3)							

Average Score:

# of markers scored ≤3:

Circle one: PASS FAIL

Overall comments:

STEP 4: HOME INTERVENTION

Candidate Name: _____ **Reviewer Name:** _____ **Date:** _____

Supervisor confirmation candidate ready to implement? Yes No

Candidate ready to implement based on pre-observation discussion? Yes No
(*If no, please contact the Birth to Three Professional Development staff for next steps)*

Scoring System:

0 – No opportunities and evidence met criteria
1 – Few opportunities and evidence met less than half criteria
2 – Some but less than half opportunities and evidence met criteria
3 - Half opportunities and evidence met criteria
4 – Most opportunities and evidence met criteria
5 – All opportunities and evidence met criteria

Effectiveness Marker	0	1	2	3	4	5	Comments
HI1. Plans visit based on in-between visit data and family priorities and child interest and caregiving needs. (CD5, CD6, A1, A2, A3, A4, PI1, CC1, CC2, CC4, CC5, FCP1, FCP2, FCP3, FCP5, FCP8)							
HI2. Uses authentic observations and discussions to identify strategies to meet child outcomes. (CD5, CD6, A1, A2, A3, A4, PI1, PI2, CC1, FCP1, FCP3, FCP5, FCP8)							
HI3. Identifies and discusses strengths and needs of responsive caregiving context and possible ways to promote quality interactions to meet family priorities and child outcomes aligned with and respectful of family's ways of being. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP2, FCP3, FCP8)							
HI4. Identifies and discusses strengths and needs of the physical and temporal environment and possible ways to adapt those environmental characteristics to meet family priorities and child outcomes aligned with and respectful of family's ways of being. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP3, FCP8)							
HI5. Collaborates with family to determine potential strategies. (CD5, CD6, A2, A4, PI1, PI2, CC1, CC5, FCP1, FCP3, FCP5, FCP8)							
HI6. Shares evidence-based strategies in ways that fit and are individualized to family culture and everyday way of life. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP2, FCP3, FCP5, FCP8)							

HI7. Is knowledgeable and comfortable integrating strategies across domains and team members. (CD5, A1, A3, A4, PI2, CC2, CC3, CC5, PR17)							
Effectiveness Marker	**0**	**1**	**2**	**3**	**4**	**5**	**Comments**
HI8. Assures strategies make sense to family and links strategies to family priorities reflected in IFSP outcomes. (CD6, A1, PI1, CC1, CC5, FCP1, FCP2, FCP5)							
HI9. Uses modeling effectively and judiciously. (CC1, FCP3, FCP5)							
HI10. Affirms family competencies by reinforcing family's ideas, actions, and insights. (CD5, A2, CC1, CC5, FCP1, FCP3, FCP5)							
HI11. Family practices strategies during visit where and when they will use strategies in between visits. (CD6, A1, A2, PI1, FCP3, FCP8)							
HI12. Both family and professional share perspectives on how strategy worked to determine next steps. (CD5, CD6, A1, A2, A3, A4, PI1, PI2, CC1, FCP1, FCP3, FCP5, FCP8)							
HI13. Ensures family has access to resources in and outside of early intervention to meet family and child outcomes including advocacy efforts. (PI1, CC2, CC3, CC4, CC5, FCP1, FCP2, FCP3, FCP5, FCP7, FCP8, PR16)							
HI14. Collaborates with family to write strengths-based visit note focusing on time in between visits. (CD5, CD6, A1, A3, A4, A5, PI2, CC1, CC5, FCP1, FCP3, FCP8)							
HI15. Interacts with family members with warmth, positivity, respect, and interest in the partnership. (CC1, CC5, FCP3)							
HI16. Carries themselves in a professional manner when interacting with all individuals in the home. (CC1, CC2, CC4, CC5, FCP1, FCP3)							
HI17. Family interacts with child for the majority of the visit. (CD6, A1, A3, A4, PI1, PI2, FCP1, FCP2, FCP5)							
HI18. Intervention focused on child outcomes takes place within whatever the family is usually doing at the time of the visit, with the people and materials that are usually there. (CD6, A1, A2, A4, PI1, PI2, FCP1, FCP2)							
HI19. Practices with a strong cultural understanding of how the individual family functions including their values, priorities, ways of being, and how they choose to engage with professionals. (CD6, A1, PI1, PI2, CC2, CC5, FCP1, FCP2, FCP3, FCP5, FCP8)							
HI20. Practices in response to family interest, priorities, and perspectives. (CD6, A1, PI1, CC1, CC5, FCP1, FCP3, FCP5, FCP7, FCP8)							

HI21. Shares information about how Early Intervention functions. (CC1, CC5, FCP6, FCP7, PR14, PR16) *Can be scored N/A.*							
HI22. Follows any related federal and state policies, regulations, and procedures for early intervention and the larger early childhood field and, as needed, accurately and clearly communicates this information to the family. (CC5, FCP6, PR5, PR6)							
Effectiveness Marker	**0**	**1**	**2**	**3**	**4**	**5**	**Comments**
HI23. Follows one's disciplinary scope of practice and standards of professional conduct and, as needed, accurately and clearly communicates this information as well as that of other disciplines to the family. (CC3, PR7, PR17)							
DTAs and Waived DTs:							
HI24. REQUIRED for CSEs and ODTAs: Applies a specific developmental theory to intervention planning and implementation and practices according to that theory. (CD5.7)							
HI25. REQUIRED for CSEs and ODTAs: Creates, implements, and evaluates evidence-based strategies to support object and/or social play development within the family's cultural conception of play. (PI2.11)							
HI26. OPTIONAL for CSEs and ODTAs: Creates, implements, and evaluates evidence-based strategies to support cognitive processes and academic content into the intervention that aligns with child's developmental status and family context. (PI2.11)							
HI27. OPTIONAL for ALL: Supports family in facilitating social-emotional development using targeted intervention strategies. (PI2.11)							
HI28. OPTIONAL for ALL: Applies the five core principles of DEC's Code of Ethics to Home Intervention. (PR7.11)							

Average Score:

# of markers scored ≤3:

Circle one: PASS FAIL

Overall comments:

STEP 5: COMMUNITY INTERVENTION

Candidate Name: _____ **Reviewer Name:** _____ **Date:** _____

Supervisor confirmation candidate ready to implement? Yes No

Candidate ready to implement based on pre-observation discussion? Yes No
(*If no, please contact the Birth to Three Professional Development staff for next steps)*

Scoring System:

0 – No opportunities and evidence met criteria
1 – Few opportunities and evidence met less than half criteria
2 – Some but less than half opportunities and evidence met criteria
3 - Half opportunities and evidence met criteria
4 – Most opportunities and evidence met criteria
5 – All opportunities and evidence met criteria

Effectiveness Marker	0	1	2	3	4	5	Comments
CI1. Plans visit based on in-between visit data, family priorities, target caregiver(s) interest, and child interest and caregiving needs. (CD5, CD6, A1, A2, A3, A4, PI1, CC1, FCP1, FCP2, FCP8)							
CI2. Uses authentic observations and discussions to identify strategies to meet child outcomes. (CD5, CD6, A1, A2, A3, A4, PI1, PI2, CC2, FCP1)							
CI3. Identifies and discusses strengths and needs of responsive caregiving context and possible ways to promote quality interactions to meet child outcomes aligned with and respectful of family priorities AND philosophy and approach of community setting. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP2, FCP8)							
CI4. Identifies and discusses strengths and needs of physical and temporal environment and possible ways to adapt those environmental characteristics to meet child outcomes aligned with and respectful of family priorities AND philosophy and approach of community setting. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP2, FCP8)							
CI5. Collaborates with target caregiver(s) to determine potential strategies. (CD5, CD6, A2, A4, PI1, PI2, CC1, CC5, FCP1)							
CI6. Shares evidence-based strategies in ways that fit and are individualized to family culture and the philosophy and							

approach of the community setting. (CD5, CD6, A1, A2, PI1, PI2, FCP1, FCP2, FCP8)							

Effectiveness Marker	0	1	2	3	4	5	Comments
CI7. Is knowledgeable and comfortable integrating strategies across domains and team members. (CD5, A1, A3, A4, PI2, CC2, CC3, PR7)							
CI8. Assures strategies make sense to target caregiver(s) and links strategies to priorities reflected in IFSP outcomes. (CD6, A1, PI1, CC1, CC5, FCP1, FCP2)							
CI9. Uses modeling effectively and judiciously. (CC1)							
CI10. Affirms target caregiver(s)'s competencies by reinforcing their ideas, actions, and insights. (CD5, A2, CC1)							
CI11. Target caregiver(s) practices strategies during visit where and when they will use the strategies in between visits. (CD6, A1, A2, PI1)							
CI12. Both target caregiver(s) and early intervention professional share perspectives on how strategy worked to determine next steps. (CD5, CD6, A1, A2, A3, A4, PI1, PI2, CC1)							
CI13. Effectively applies community appropriate practices and shares community appropriate strategies. (CD5, CD6, A1, PI1, PI2, CC1, CC3, CC4, FCP1, FCP2, FCP3, FCP8)							
CI14. Collaborates with target caregiver(s) to write strengths-based visit note focusing on the time in between visits. (CD5, CD6, A1, A3, A4, A5, PI2, CC1, FCP1, FCP3, FCP8)							
CI15. Interacts with target caregiver(s) with warmth, positivity, respect, and interest in the partnership. (CC1, PR8, PR9)							
CI16. Carries themselves in a professional manner when interacting with all individuals in the community setting. (CC1, CC2, CC4, PR8, PR9)							
CI17. Child interacts with target caregiver(s) and other children for the majority of the visit. (CD6, A1, A3, A4, PI1, PI2)							
CI18. Intervention takes place within whatever is usually happening at the time of the visit, with the people and materials that are usually there. (CD6, A1, A2, A4, PI1, PI2)							
CI19. Practices with a strong understanding of how the community setting functions including their philosophy and approach. (CD6, A1, PI1, PI2, CC2, CC4)							
CI20. Practices in response to target caregiver(s)'s interest, priorities, and perspectives. (CD6, A1, PI1, CC1, CC2, CC4)							
CI21. Shares information about how Early Intervention functions. (CC1, CC2, CC4, CC5, FCP6, FCP7, PR14) *Can be scored N/A.*							

CI22. Follows any related federal and state policies, regulations, and procedures for early intervention and the larger early childhood field and, as needed, accurately and clearly communicates this information to the family. (CC5, FCP6, PR5, PR6)							
Effectiveness Marker	**0**	**1**	**2**	**3**	**4**	**5**	**Comments**
CI23. Follows one's disciplinary scope of practice and standards of professional conduct and, as needed, accurately and clearly communicates this information as well as that of other disciplines to the target caregiver(s). (CC3, PR7, PR17)							
DTAs and Waived DTs:							
CI24. REQUIRED for ECEs and ODTAs: Embeds universal design for learning principles into intervention design. (PI2.12)							
CI25. REQUIRED for CSEs and ODTAs: Integrates early childhood curriculum frameworks into the community visit that aligns with child's developmental status and community context. (PI2.12)							
CI26. REQUIRED for CSEs and ODTAs: Creates, implements, and evaluates evidence-based strategies to support object and/or social play development within community setting's philosophy and approach to play. (PI2.11)							
CI27. OPTIONAL for CSEs and ODTAs: Creates, implements, and evaluates evidence-based strategies to support cognitive processes and academic content into the intervention that aligns with child's developmental status and community context. (PI2.11)							
CI28. OPTIONAL for ALL: Supports target caregiver(s) in facilitating social-emotional development using targeted intervention strategies. (PI2.11)							
CI29. OPTIONAL for ALL: Applies the five core principles of DEC's Code of Ethics to Community Intervention. (PR7.11)							

Average Score:

# of markers scored ≤3:

Circle one: PASS FAIL

Overall comments:

STEP 6: OVERALL PROFESSIONALISM AND SPECIFIC REQUIREMENT ATTESTATION

Candidate Name: _____ **Supervisor Name:** _____ **Date:** _____

Overall Professionalism

Scoring System:

0 – Does not meet any expectations with no evidence provided or unsubstantiated evidence
1 – Meets few expectations with vague evidence
2 – Meets some but less than half expectations with general rather than specific evidence
3 – Meets most expectations with some evidence sufficient while other general
4 – Meets all expectations with sufficient evidence
5 – Exceeds expectations with robust evidence

Effectiveness Marker	0	1	2	3	4	5	Comments
OP1. Develops and sustains positive relationships with all adults in which they engage during their work. (PR9, PR10, PR11)							
OP2. Reflects productively on one's own practices and interactions to intentionally continue certain practices and change others. (PR8, PR12)							
OP3. Seeks out and participates in a variety of professional development experiences to advance one's knowledge and practice in early intervention. (PR13)							
OP4. Seeks out and participates in leadership opportunities at the individual, program, state, or national levels that promotes the early intervention profession and/or early intervention supports that build family capacity and inclusive child opportunities. (PR15)							
DTAs and Waived DTs:							
OP5. REQUIRED for DTAs and Waived DTs: Engages with the early intervention profession at the local, regional, national, and/or international levels. (PR15.5)							

Average Score:

# of markers scored ≤3:

Circle one: PASS FAIL

Overall comments:

SPECIFIC REQUIREMENT: Diversity, Equity, and Inclusion

Successfully implemented:

□ Service Coordination

AND EITHER

□ Home Intervention OR □ Community Intervention

with a family whose identity characteristics are different from candidates' identity characteristics. Success is defined in the criteria outlined for the particular *EIS Credential* component.

SPECIFIC REQUIREMENTS: DTAs and Waived DTs

Check off that these requirements occurred within one of the optional *EIS Credential* components by reviewing the scored rubric. *The item must be scored a 4 or 5*:

□ Created targeted strategies to promote **social-emotional development**.

- Item HI27 in Home Intervention
  OR
- Item CI28 in Community Intervention

□ Written reflection described one specific way the candidate met EACH of the 5 core principles of **DEC's Code of Ethics**.

- Item SC24 in Service Coordination
  OR
- Item EA25 in Assessment/Evaluation
  OR
- Item HI28 in Home Intervention
  OR
- Item CI29 in Community Intervention

□ *For CSEs and ODTAs only:* Integrated **cognitive processes** AND ONE **academic content domain** into the intervention.

- Item HI26 in Home Intervention
  OR
- Item CI27 in Community Intervention