**DRAFT Early Support of Infants and Toddlers Program Competencies for Providers of Early Intervention Services**

WA Systems Improvement Project

This draft of competencies for the providers of early intervention services, including Family Resources Coordinators, was developed to define necessary knowledge and skills that are needed in order to implement effective and efficient early intervention services in accordance with Part C of IDEA and evidence-based practices.

First, national competencies (DEC) and competencies for Part C and infant mental health service providers from other states were researched and summarized. From this review, areas of competencies were developed including knowledge, skill and abilities that were included in some capacity across all the competencies reviewed. Drafts of potential indicators for each area were also developed. Next, the existing WA competencies, including the newly released DEL Core Competencies and the P-3 Competencies for Early Childhood Special Education, were reviewed and content summarized. Additional indicators were added based on this review. Content from both of these sets of research were then cross walked to ensure alignment and consistency. The early drafts of the competencies were reviewed by national experts participating on the project, as well as by ESIT staff and WATTAC members (WA Training and Technical Assistance Cadre). Input was given into the areas of competencies as well as the individual indicators themselves. The final step in the drafting process was to make recommendations for the use of the competencies. These too were based on research about other states’ use of their competencies.

The Competencies document was presented to ESIT as a draft, so that they might decide how to best proceed with the use of competencies within the Part C program in WA. Currently, the WATTAC group is using the draft to assess the applicability of current training and TA. to the competencies. Next ESIT hopes to finalize the list of indicators, as well as identify possible new areas of training and technical assistance to help providers develop their skills across the areas contained in this document. Conversations about the long term use of this document will continue after the end of the Systems Improvement Project.

| **Early Support of Infants and Toddlers Program Competencies for Providers of Early Intervention Services** |
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| 1. **Foundations of Early Intervention** |
| The Early Intervention Provider: |
| 1. Demonstrates an understanding of the history and philosophy of IDEA Part C early intervention. |
| 1. Demonstrates knowledge of the intent of federal legislation and state requirements that apply to early intervention, including requirements and timelines for the completion of the initial IFSP, the provision of timely services, annual and periodic reviews of the IFSP, transition and the child outcomes summary information. |
| 1. Demonstrates understanding of the state’s early intervention organization, requirements, mission and principles of service delivery. |
| 1. Demonstrates knowledge of the process of early intervention service delivery from time of referral through transition out of early intervention services. |
| 1. Demonstrates knowledge and application of current research, theories, issues and trends in early intervention practices. |
| 1. Demonstrates understanding of the research on the efficacy of early intervention services and how it is measured through the child and family outcomes. |
| 1. Demonstrates the ability to effectively communicate the mission, principles and outcomes of early intervention. |
| 1. **Child Development** |
| The Early Intervention Provider: |
| 1. Demonstrates knowledge of typical development in infants and toddlers, and the ability to identify atypical development. |
| 1. Demonstrates knowledge of the functional expression of developmental skills across developmental domains (expressive and receptive communication, social -emotional, cognitive, fine & gross motor, adaptive behavior). |
| 1. Demonstrates knowledge of the three global child outcomes and can define and describe ‘functional’ outcomes. |
| 1. Demonstrates ability to compare children’s functioning in the 3 global outcome areas (positive social relationships; knowledge and skills and the ability to get needs met appropriately) to what is expected for their age. |
| 1. Demonstrates knowledge of how functioning in the three global child outcomes is supported by the development of skills within domains. |
| 1. Demonstrates understanding of the potential impact of different disabilities on child development and learning. |
| 1. Demonstrates understanding of the multiple interacting factors that influence a child’s development (i.e. family, culture, environment, or risk factors). |
| 1. Demonstrates understanding of how current research and theories in early brain development apply to the learning and development of infants and toddlers. |
| 1. **Family Functioning and Relationships** |
| The Early Intervention Provider: |
| 1. Demonstrates knowledge of family systems and the impact of having a child with special needs on family ecology. |
| 1. Demonstrates understanding and value for diversity in culture, beliefs and values of families, and applies these to work with families of various backgrounds. |
| 1. Demonstrates an understanding of different patterns of parent and child interactions and attachment and their impact on child development. |
| 1. Demonstrates the ability to develop positive, effective and supportive relationships with families that builds on their strengths and capabilities. |
| 1. Demonstrates an understanding and application of the principles of family centered care. |
| 1. Demonstrates ability to build on family’s strengths to enhance their confidence and competence as they move through the early intervention process. |
| 1. Demonstrates knowledge of family outcomes that are intended as the benefits of early intervention for all families. |
| 1. **Screening, Evaluation and Functional Assessment** |
| The Early Intervention Provider: |
| 1. Demonstrates ability to facilitate family involvement in all aspects of the assessment process. |
| 1. Demonstrates understanding of the different functions and purposes of screening, evaluation, and functional and ongoing assessment. |
| 1. Demonstrates ability to effectively communicate the purposes of screening, evaluation and functional assessment to families. |
| 1. Demonstrates ability to effectively gather information from families about their child’s functioning across settings and situations in the 3 global outcome areas. |
| 1. Demonstrates ability to effectively gather information from families about concerns, resources and priorities, family and child routines, and everyday learning opportunities. |
| 1. Demonstrates ability to select and administer appropriate tools and methods for screening, evaluation and functional assessment. |
| 1. Demonstrates ability to conduct evaluations and assessments as a member of a team. |
| 1. Demonstrates ability to effectively use multiple methods of evaluation and assessment, including observations, interviews, norm and criterion-referenced measures. |
| 1. Demonstrates ability to apply principles of universal design or adjust or modify screening, evaluation and functional assessments for culture, assistive technology, or other reasons. |
| 1. Demonstrates ability to summarize and interpret results in a meaningful way for families and colleagues. |
| 1. Demonstrates ability to synthesize assessment information from multiple sources to describe the child’s functioning in each of the 3 global outcome areas. |
| 1. Demonstrates the ability to complete the Child Outcome Summary, providing ratings on the 3 outcome areas and describing evidence that is functional, related to the outcome area, and clearly supports the rating. |
| 1. Demonstrates ability to conduct ongoing assessment of children’s development and learning for the purposes of ongoing service planning, ongoing or exit COSFs, and determining when to evaluate the child’s ongoing eligibility for Part C services. |
| 1. **Teaming** |
| The Early Intervention Provider: |
| 1. Demonstrates knowledge of the various models of teaming and service delivery used in early intervention, including various roles each professional may have in working with a child and family. |
| 1. Demonstrates knowledge of team process within the various steps of early intervention, and applies this knowledge to facilitate effective team relationships and interactions. |
| 1. Demonstrates understanding of collaborative consultation and coaching and use in early intervention service provision. |
| 1. Demonstrates effective communication, interpersonal and problem solving skills to promote effective team collaboration. |
| 1. Demonstrates knowledge and effective application of adult learning principles to all interactions with all IFSP team members, including families and caregivers. |
| 1. **IFSP and Transition Planning** |
| The Early Intervention Provider: |
| 1. Demonstrates the ability to develop an IFSP that is family driven, culturally sensitive, integrated across disciplines and focused on functional individualized outcomes. |
| 1. Demonstrates ability to develop functional, meaningful outcomes for children based on assessment information, family concerns and priorities, and the child’s interests and needs within the context of their daily routines and activities. |
| 1. Demonstrates ability to develop functional, meaningful outcomes for families based on family’s concerns and priorities and needs within the context of their routines and activities. |
| 1. Demonstrates ability to collaborate with the team (including the family) to develop outcomes, intervention strategies/activities, services and supports that address outcomes and enhance learning and participation in natural environments. |
| 1. Demonstrates the ability to make appropriate adaptations to the IFSP as the child grows and changes, or as child and family interests, needs and priorities change. |
| 1. Demonstrates the ability to effectively plan for the child’s transition from early intervention services at age three, or when the child is no longer in need of Part C services. |
| 1. **Service Delivery** |
| The Early Intervention Provider: |
| 1. Demonstrates the ability to identify, implement, and evaluate the effectiveness of evidence-based interventions that are focused on child’s successful participation in everyday routines and activities and that respect the diversity of infants, young children and their families. |
| 1. Demonstrates knowledge and use of evidence and research based practices that have been validated for specific characteristics of exceptional learners. |
| 1. Demonstrates appropriate application of assistive technology to support an individual child’s learning and development in everyday routines and activities. |
| 1. Demonstrates ability to support and facilitate child and family relationships as the primary context for development and learning. |
| 1. Demonstrates the ability to support the parents’ and caregivers’ ability to implement intervention strategies and activities within everyday routines and activities. |
| 1. Demonstrates ability to conduct visits in such a way to be a trusted source of information and support to families and caregivers. |
| 1. Demonstrates ability to implement supports and services through effective teamwork using collaboration, consultation and coaching with families and other members of the team. |
| 1. Demonstrates ability to implement supports and services in the child’s natural environments, within natural learning opportunities throughout the child’s day. |
| 1. Demonstrates ability to enhance the family’s confidence and competence to support their child’s development through effective teaming and coaching. |
| 1. Demonstrates the ability to assess intervention effectiveness and make appropriate adaptations to promote the child’s and family’s success. |
| 1. Demonstrates the ability to use opportunities throughout service delivery to help the family achieve the family outcomes for program accountability. |
| 1. **Professionalism and Ethics** |
| The Early Intervention Provider: |
| 1. Demonstrates adherence to established ESIT and LLA/LEA program policies and procedures. |
| 1. Demonstrates knowledge of Part C procedural safeguards and parental rights, including which forms are required at specific points in the early intervention process. |
| 1. Demonstrates the ability to explain rights and safeguards to families and uses the opportunities throughout the IFSP process to explain the relevant safeguards and the implications for families |
| 1. Demonstrates ability to support families to become effective advocates to meet their child’s needs and their priorities for their family. |
| 1. Demonstrates knowledge and practice of discipline-specific codes of ethics and conduct. |
| 1. Demonstrates ongoing involvement in professional development activities, in order to continually enhance competence and keep abreast of the knowledge base of the field |
| 1. Demonstrates understanding of the value of self assessment and reflective practice, and demonstrates ability to use them for effective professional growth and development. |
| 1. Demonstrates adherence to standards of professionalism including honesty and integrity in work, dependability, responsibility, initiative and the effective use of time. |

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| 1. **Family Resources Coordination** |
| Family Resources Coordinators (FRCs) should demonstrate competency in all of the areas listed above. Because of the specific role of FRCs in the provision of early intervention services in Washington, they should also demonstrate competency in the indicators listed below. The Family Resources Coordinator: |
| 1. Demonstrates knowledge of and compliance with federal and state requirements for service coordination, including requirements and timelines for the completion of the initial IFSP, the provision of timely services, annual and periodic reviews of the IFSP, transition and the child outcomes summary information. |
| 1. Demonstrates ability to assure compliance with family rights and procedural safeguards, including completing required forms. |
| 1. Demonstrates ability to determine whether or not a child referred to services needs screening prior to proceeding to evaluation. |
| 1. Demonstrates the ability to gather information from families about their priorities, concerns and resources, their child’s development, interests and needs, and his behavior and relationships in daily routines and activities. |
| 1. Demonstrates the ability to facilitate the multidisciplinary eligibility determination and assessment for service planning processes, including ensuring selection of appropriate disciplines for the multidisciplinary team. |
| 1. Demonstrates knowledge of other professional and community resources and uses appropriate referral processes and procedures when indicated by family needs and interests. |
| 1. Demonstrates understanding of the importance of, and the ability to continually collect and revisit, all information gathered in the IFSP process to keep families and other team members fully informed. |
| 1. Demonstrates ability to explain the IFSP process to promote a family’s comfort and full participation in the process. |
| 1. Demonstrates ability to effectively prepare the family and other team members for the initial, annual and review IFSP meetings. |
| 1. Demonstrates ability to effectively prepare the family and other team members for the initial and exit child outcome summary measurement. |
| 1. Demonstrates ability to plan and facilitate the IFSP meeting and record decisions made regarding outcomes, strategies and services. |
| 1. Demonstrates the ability to collaborate with other team members to translate assessment information into a description of the child’s functioning in the 3 global outcome areas and to complete the COSF. |
| 1. Demonstrates the ability to facilitate team decisions on which early intervention services and supports should be provided by which team members, and at the frequency and intensity appropriate to achieve the IFSP outcomes. |
| 1. Demonstrates ability to identify and recommend available resources within the child and family’s community based on the family’s identification of their concerns, resources and priorities. |
| 1. Demonstrates ability to identify and support families in accessing and coordinating natural, community-based supports and services. |
| 1. Demonstrates ability to identify, facilitate, and document all referrals to other financial resources for families and children to ensure that Part C funds are used as the payer of last resort. |

**Resources used in the Development of this document:**

Washington Endorsement Competencies for Early Childhood Special Education P-3 (Birth-Grade 3) – 2007 Standards

Washington State Core Competencies for Early Care and Education Professionals – Washington State Department of Early Learning (2010)

Agenda and Minutes from FRC Workgroup to develop FRC competencies, knowledge and skills – May 2008

The Division of Early Childhood Personnel Standards for Early Education and Early Intervention: Guidelines for Licensure in Early Childhood Special Education (DEC Recommended Practices in Early Intervention/Early Childhood Special Education, 2000).

Michigan Infant Family Associate Competencies

California Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health, revised August 12, 2010

Summary of States’ Early Intervention and Service Coordination Competencies, July 2010 (UNC research on EI competencies for Part C programs)

Options for Competencies – Examples from States

Competencies may be used as:

* A foundation for the process for earning either an Early Intervention or Service Coordination credential (i.e. CT, NC, MA and OR - which include portfolio processes, IH, IL, UT). In states that use competencies for this purpose, they have documents outlining the process of obtaining and maintaining the credential, content that must be included and how it competence is determined. Submission of some kind of information, such as a portfolio or application, is required by all. States identify appropriate persons or agencies that may review the information and determine if the person should be deemed eligible for the credential, and this information is tracked for the state. In some states, credentialing is required for the provision of services and in some cases is required in order for an agency to secure an EI contract for service provision.
* A foundation for the content of (online) training modules required or available to all service providers (i.e. FL, MO, VA). In states that use competencies for this purpose, there is a direct link to competencies listed for service providers and the content of required training. In some cases, it is required for a provider to pass the test with a certain score (this is recorded and tracked by an agency or entity appointed by or part of the state EI system) and requires enrollment into online courses. Some states do not require training; in those cases, competencies inform the content of the training offered to providers.
* A foundation for the development of an array of training materials and personnel development activities, on-line, face to face, mentoring etc.
* A foundation for the development of guidance documents for service providers. Competencies may inform the content of guidance documents provided to the field. For example, Indiana created a best practice guide for developmental therapist. This document relates back to the published competencies and in some cases include the competencies as well.
* An appendix to the Policies and Procedures manual, in reference to the section about the Comprehensive System of Personnel Development (CSPD) (i.e. SC).
* A foundation for Individualized Professional Development Plans (i.e. NM). These are available to supervisors of direct service providers to evaluate staff in areas needed to be an effective EI provider. Supervisors may then develop a plan of professional development for each individual staff person that will allow them to develop the knowledge and skills they need to improve their practice.

Competencies may also be used for multiple purposes, including some of those listed above. For example, WV uses their competencies to complement their CSPD as well as a foundation for content of online training modules. Other combinations may also be used depending on the needs of the WA providers.