

**1. What is coaching in early intervention?**

The Early Childhood Coaching Handbook (Rush and Shelden, 2011) defines coaching as “an adult learning strategy in which the coach promotes the learner’s ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations” (p.8).

Coaching in early intervention, then, involves early intervention providers collaborating with families and other caregivers to help them promote learning and development in their child. Coaching includes five research-based practice characteristics: joint planning, observation, action/practice, reflection, and feedback. Coaching is a complex process that requires training, practice and ongoing reflection. It focuses on building the capacity of caregivers to handle current situations, while also building problem-solving skills to address future events. Early intervention coaches support families in identifying their priorities, coming up with their own ideas and practicing them. Coaching can be used with all families.

**2. Why are we training in early intervention coaching?**

The Office of Special Education Programs (OSEP’s) new accountability system, Results Driven Accountability, requires states to have plans to improve developmental and educational results and functional outcomes for young children and students with disabilities. Kentucky’s Early Intervention System’s (KEIS) current State Systematic Improvement Plan (SSIP) focuses on family outcomes and includes components targeting the skills of both the Point of Entry (POE) staff and providers who conduct early intervention services. The POE activities aim to strengthen the use and fidelity of the Routines Based Interview (RBI). For providers, the stakeholder group chose to focus on four evidence-based practices (EBPs): coaching as a parent-mediated intervention, routine-based interventions, natural environments, and strength-based coaching. The CEITMP is designed to provide the foundational knowledge and supports for implementation of these EBPs.

The Coaching in Early Intervention Training and Mentorship Program (CEITMP) clearly centers on coaching as an interaction style to frame visits with caregivers. We have used the word "consultation" in Kentucky since 2004 when we moved toward a Primary Service Provider (PSP) model to describe our visits with children and caregivers. There are clear differences between these 2 interaction styles. In traditional consultation the therapist is the expert, leads the session and focuses on the child, whereas in coaching the caregiver is the focus, is the expert, and jointly plans the visit. Coaching is more consistent with early intervention, while consultation is more consistent with clinic-based or home health medical therapy.

So we have developed a “model” research-based framework for early intervention sessions that can be implemented with all caregivers: joint-planning, observation, action/practice, feedback, and reflection. So coaching is not a specific or exclusive intervention strategy as some have suggested. Instead, coaching is the approach used to help families realize their critical role in making the most impact on their child’s development and the approach used to support caregivers in capturing opportunities in their daily routines to achieve outcomes.

**3. Who will participate in the training?**

As part of the SSIP, all providers who deliver services in the Lincoln Trail, Big Sandy and Bluegrass pilot sites will participate in the CEITMP, consistent with their Kentucky’s Early Intervention System provider agreement. However, a primary guiding principle of the SSIP is to be able to scale up early intervention evidence-base practices. Therefore, it is the goal of KEIS to have all providers, statewide participate in the CEITMP to insure all are coaching families

**4. What is the training for providers?**

The training is divided into four phases. There are only two face-to-face trainings: a kick off training to introduce the program content and activities and a second that introduces the technology and platforms used.

Your Master Coach (MC), who coaches and mentors your team, will support flexibility, collaboration with other members of your team, and strength-based learning. We recognize the demands on providers and therefore ongoing meeting times are flexible and offered via teleconference.

The program's four phases include:

- **Discovery:** providers will begin to reflect on their current practices and begin to gain insight on coaching. Providers gain knowledge on coaching through focused readings, eLearning modules, group meetings and practicing coaching with a peer.
- **Mentorship Phase:** providers begin to apply what they have learned in Discovery and are introduced to Kentucky's Coaching Adherence Rubric. Practicing within early intervention visits occurs here, while using ongoing video review. Providers will self-reflect on their strengths and obtain peer and Master Coach feedback.
- **Fidelity Phase:** providers continue to refine coaching skills with caregivers while learning to provide feedback to others. The goal is to focus on implementing coaching practices with fidelity. We want to see providers moving across the rubric continuum to use coaching accurately and consistently in all early intervention visits.
- **Professional Development Phase:** providers develop a professional development plan to maintain their skills in strength-based coaching; mentor other early interventionists; and stay engaged in learning with colleagues.

After successfully completing the training, Master Coaches will continue to check-in with providers, helping maintain the momentum across pilot sites and the on-going expectation of coaching.

#### 5. What if I do not reach fidelity of coaching to successfully complete the CEITMP?

During the final stages of program, providers will submit at least 2 videos representing their best coaching in early intervention and a professional development plan to target areas for continued growth in coaching. With the participation in activities and ongoing support and mentorship provided by the master coaches in the CEITMP, reaching fidelity should not be a concern for those providers who are open to learning and put forth the effort.

However, in the event a provider does not achieve the minimum fidelity criteria on their fidelity video submissions, they will have 30 days to submit additional video(s) for review and scoring to demonstrate coaching with fidelity. If after 30 days the provider does not reach fidelity, they will need to submit a corrective action plan to the SLA outlining the strategies to be used to improve coaching to allow the provider to reach fidelity. This plan will be consistent with the activities identified on the professional development plan. Non-compliance may result in contract termination.

#### 6. How long will visits be monitored for fidelity of coaching?

The sustainability plan for the SSIP calls for KEIS to have all providers, statewide, participate in the CEITMP to insure all are coaching families. Therefore, ongoing monitoring of coaching practices will be part of KEIS for the foreseeable future. So after successful completion of the CEITMP, participants in the pilot sites will continue to receive periodic checks of coaching practices to maintain the momentum and consistency of using evidence based coaching practices in early intervention home visits. The frequency of these fidelity/maintenance checks is determined by the performance of providers during review with those consistently meeting fidelity having longer periods of time between reviews. When rolling out the CEITMP statewide starting in July of 2020 a similar process will occur.

**7. What is important for all Kentucky’s Early Intervention System stakeholders to know and do to educate others about coaching in early intervention?**

Part C of the Individuals with Disability Education Act authorizes early intervention services and requires intervention to enhance the capacity of families to meet their child's needs. It is the responsibility of all First Step stakeholders to understand that Kentucky’s Early Intervention System provides early intervention services using evidence-based practices, like coaching. It is important that all effectively convey a consistent message regarding the intent and scope of early intervention services with referral sources and caregivers during initial conversations and subsequent interactions.

Services offered through Kentucky’s Early Intervention System emphasize that intervention occurs during every day opportunities the child has to develop and learn, throughout the day with the important people in their lives; a typical two-year old is awake 84 hours per week. So intervention occurs between visits with their early intervention providers. A coaching approach is used to help families realize their critical role in making the most impact on their child’s development, and to support them in capturing opportunities in their daily routines to achieve outcomes.

**8. What is the role of the POE Staff (Managers, SCs, DCES) in supporting the CEITMP?**

The primary roles of POE staff are to provide district content expertise and support communication efforts. The State Lead Agency (SLA) contracted with the University of Louisville to oversee and implement the CEITMP. Therefore, the University of Louisville team relies heavily on the knowledge of the POE Manager and staff regarding district providers (e.g., full-time vs. part-time, availability, caseload) when forming cohorts and teams.

As noted above, we believe it is critical for referral sources and families to have consistent messaging about what early intervention services are and are not. POE staff play key roles in laying the foundation for this understanding as they have the initial dialogue with families regarding coaching in early intervention visits. A training has been provided to POE staff that supports this crucial role in communicating to families about early intervention coaching. We developed materials to support SC’s in their discussions with families, such as the Coaching Families to Support Children’s Learning and Development handout and made available a video from Virginia to be shared with families during the intake process.

Recognizing the importance of the family assessment in identifying priorities, the SLA is providing additional training for POE Managers and Service Coordinators on the family assessment process.

**9. How do you know the program is successful and providers are coaching?**

The design and length of the program supports current research about adult learning; ongoing learning, support and mentorship is effective in creating behavior change. This is a primary reason the CEITMP is not a one-day professional development seminar or an Adobe training module. We recognize providers’ knowledge of coaching will vary, as will their rates of transitioning their practice from traditional methods to coaching. “Best practice” is always evolving within all practices/professions.

Activities include a variety of learning experiences. Providers complete reading and online learning modules on coaching practices. They begin to experiment with coaching with other team members and refine these skills to expand coaching into home visits with families. The Master Coaches use a reflection process to gain insight on the provider’s knowledge of coaching practices and implementation of coaching in their practice, and use these insights to continue to foster further development. The Master Coaches support providers through written feedback on video recorded visits and verbal feedback/reflection during monthly meetings.

The success of the program will be evident through informal and formal data collected. First, family and provider reports should begin to reflect coaching practices. We will know the training and mentorship is working when we see families more engaged in the early intervention process. Success occurs when caregivers are active participants in intervention and outcome development, and demonstrate confidence in helping their child

develop and learn. Provider communication within service logs, assessments and dialogue with IFSP teams should also reflect a shift from traditional child-directed therapy to coaching practice. More directly, the Master Coaches are collecting data with pre-post video reviews using a scoring rubric measuring the provider's ability to use the foundational quality indicators of coaching with families. Importantly, the SLA is collecting outcome data via a family survey. If the program is successful, we expect to see higher scores relating to families' perception of their ability to help their child learn and develop in the pilot districts.

Throughout the CEITMP process, the Master Coach team collects participant feedback after each phase to continually improve the program and promote successful completion of the program. After successful completion of the program, participants will continue to receive periodic checks of coaching practices to maintain the momentum and consistency of using evidence based coaching practices in early intervention home visits. In addition, the SLA will monitor the implementation of activities by the Master Coaches and the providers.

**10. What are the tools available to stakeholders to explain the benefits of coaching in early intervention?**

- Handout: Coaching Families to Support Children's Learning and Development
- Video: <https://www.youtube.com/watch?v=OpxGC6G0HMY>
- Develop and use a personalized script based on your understanding of coaching
- 7 Question Parental Self-Perception of Competency Survey administered at the onset of services
- The Early Childhood Coaching Handbook by Rush and Shelden (2011)

**11. What is the provider's role in using a coaching approach during early intervention visits?**

A coaching approach includes several key elements. We expect providers to:

Foster trusting relationships

Early intervention providers believe that families are the experts on their child, and that all families have the capacity to help their children develop and learn. Treating the family with respect and starting with the family "where they are" provides the family with a sense of being valued.

As we establish trusting relationships with the families they feel more comfortable entering the coaching relationship. This safe interaction supports them in trying new things and questioning other things that have already been tried. When the provider asks the family to tell about what they have tried and how it worked, or tell about a time when they were successful, the family feels heard. By trying new things and having successes, families gain confidence in their ability to teach their children and problem solve through future challenges they encounter.

Developing joint plans based on caregiver priorities

Early Interventionists support the family in identifying their own priorities and ideas, and developing plans for implementing them is an effective way of achieving outcomes based on the current evidence. All families have routines and these routines are learning opportunities. As we support families in realizing those opportunities that are ingrained in their daily activities, we help build their confidence and competence as a teacher for their child.

Observe

Providers observe the child, and/or the caregiver and child's interaction within routine activities in the natural contexts they occur.

Promote Action and practice

Providers support and encourage caregivers to be a part of the process and practice ideas so that they

become more confident in strategies that help their children learn.

Provide feedback

Coaching includes sharing ideas and expertise when invited, at the appropriate times, and in a capacity-building manner. Coaches ask permission before sharing information and they share sparingly because coaching requires active engagement of both parties. When providers offer their ideas, they are risking the possibility of derailing the family with an idea that does not match their priority or routines.

Reflect

In coaching, providers ask reflective questions to prompt the caregivers to think deeply about situations and gain insights that will be applicable to present and future. It can be hard to wait for a caregiver to present an idea when providers are used to giving suggestions. Evidence suggests that when families develop their own plans and carry them through, the result is better outcomes.

**12. Is it true that providers are not allowed to touch the child when using a coaching approach?**

This is clearly not accurate as many of the quality indicators of coaching relate directly to engaging in activities or routines and practicing WITH caregivers. A vital quality indicator of coaching is action/practice. Coaching is an EBP communication strategy we use to structure our early intervention visits. Observation by the coach of the caregiver and child engaged in an activity provides opportunities for reflection with the caregiver. This reflective process leads to opportunities for the coach/provider to provide feedback and planned modeling with the permission of the caregiver.

Coaching can be as “hands-on” as it needs to be while using the action/practice component of coaching.

**13. How do providers utilize their expertise when coaching?**

All providers are early interventionists and all disciplines continue to be valuable stakeholders in KEIS. As early intervention providers we partner with families. Families bring the expertise of their child, families, routines/activities and priorities/concerns, while providers bring their knowledge of development and discipline specific expertise. Coaching is one strategy used by all early interventionists, regardless of discipline. The RBI and IFSP team still determine the PSP (or Primary Coach). The PSP may need coaching (or consultation) with discipline specific providers in order to support the family in addressing their priorities/concerns. The feedback and planned modeling components of coaching allow the coach to share the expertise of their field with both families and other providers.

**14. What if the child requires specialized therapy?**

KEIS is not and has never been a replacement for needed clinical services. Families that prefer a medical model type of therapy or if a child needs specialized therapy that requires the therapist to implement, they can seek those services at their local clinic outside of Kentucky’s Early Intervention System. We encourage interested stakeholders to review respective professional association guidelines for providing services in early intervention.

ASHA-Roles and Responsibilities of Speech-Language Pathologists in Early Intervention Guidelines:

<https://www.asha.org/policy/GL2008-00293/>

APTA Maximizing Your Role in Early Intervention

<https://pediatricapta.org/includes/fact-sheets/pdfs/IDEA%20EI.pdf>

AOTA-What is the Role of Occupational Therapy in Early Intervention?

[https://www.aota.org/~media/Corporate/Files/Practice/Children/Browse/EI/Role-of-OT\\_1/Early-Intervention-FAQ.pdf](https://www.aota.org/~media/Corporate/Files/Practice/Children/Browse/EI/Role-of-OT_1/Early-Intervention-FAQ.pdf)

DEC Recommended Practices: Family, Checklists, Practice Guides, Video Illustrations

<http://ectacenter.org/decrp/decrp.asp>

### **15. What do we do when we encounter challenges when using a coaching approach?**

Providers will encounter challenges with coaching in the same way they encounter challenges when providing direct therapy. In our experience, some solutions to challenges include:

#### What if a caregiver does not want to participate in the visit?

This challenge speaks to our failure to clearly communicate what early intervention services should look like and the importance of their involvement or have created a home visit structure that is not consistent with a coaching approach. Highlighting the vital role of the caregiver(s), we conduct a family assessment to understand their routines and priorities in order to guide the IFSP and intervention.

Some parents have expressed that they feel fearful or unconfident in helping their children develop the skills they need. It is not unusual to encounter families that are reluctant to participate for these and other reasons. When families feel acceptance about their interactions, they are proud to show us how they interact with their child. Coaching is the intervention approach we use to support them in helping their children develop and learn. The coaching literature indicates that the act of trying something and reflecting on what happens is a critical ingredient in the capacity building process.

#### What if caregivers expect or want traditional therapy?

Families who are experiencing a shift in service delivery may need additional support to realize the crucial role they have in their children's learning and the many opportunities for intervention available in their daily routines. Families need to know the difference between Kentucky's Early Intervention System services and clinical services in order to make informed choices. KEIS is not a replacement for clinical services if they are needed. Finding a match between the services that are offered within Kentucky's Early Intervention System's evidence-based coaching approach, the needs of the child, and the desires of the family are essential.

#### How do we balance the multiple distractions that may be present in natural environments to ensure caregiver involvement?

Coaching in early intervention occurs in natural contexts and routines, which frequently includes environments where there are competing factors for the attention of caregivers. We meet families where they are and use a coaching approach that helps families realize their roles as having the most impact on the child's development. Sometimes we coach families to reflect on the factors (e.g., day of the week, time of day, location, routine, cellphone usage, screens) that support successful home visits.

#### What do we do when caregivers suggest inappropriate goals or activities?

A coach limiting the family by presuming that an activity or strategy may not be effective creates a barrier to the family learning how to support their child. When we support the family in trying activities and provide them feedback, we build their capacity and competence. These opportunities allow the coach and caregiver to reflect on what was or was not effective to inform future priorities. It is important to remember that it is appropriate to tell a family when an activity or strategy may pose a danger or be unsafe.

**16. How does coaching work with the added dynamic of foster parents, grandparents and other family members as caregivers?**

The family assessment is a critical step in the process of early intervention services. Family priorities and concerns are essential for understanding the family dynamics. The dynamics and context of the family drives all early intervention services.

The strategies we use are used with all caregivers. Caregivers are typically eager to learn how to help the child be successful, regardless of settings. Coaching empowers all caregivers to feel confident in supporting the child.

**17. How do you coach a family of children seen in a childcare setting?**

Coaching families whose children attend a childcare program necessitates creative planning and scheduling, which may include planning for visits at the childcare program and at the home. Coaching will occur with the childcare staff if the IFSP indicates childcare for service delivery. Ideally, in these instances childcare providers will participate in the IFSP development.

If the childcare program was not represented during the RBI/IFSP development, providers should collaborate with childcare directors, childcare providers and families at the onset of services to establish a communication system and educate the team on the coaching approach. The provider must be mindful of the childcare provider's busy schedule and work to accommodate his/her scheduling needs. The strategies we use with parents will be used with childcare providers. Childcare providers are typically eager to learn how to help a child be successful in the group setting. Coaching supports the childcare provider in feeling confident to support a child's participation in daily routines.

**18. Do interpreters have knowledge of coaching and how services should be delivered?**

As part of their training, interpreters learn strategies to negotiate conversations with multiple partners. Providers should collaborate with interpreters before implementing services to discuss his/her experience with coaching and educate him/her on the early intervention coaching approach that will be used, as well as highlight the purpose of services are to build the family's capacity to help their child develop and learn. It is not the role of the interpreter to guide or advise the family; the role is to facilitate communication.

**19. Is coaching a billable service?**

"Third party payers reimburse for medically necessary services that require expertise to remediate deficits and promote skill acquisition, which is the ultimate result of early intervention. The manner in which the practitioner delivers the service should not be dictated by the payer. Part C of IDEA does, however, state that supports and services should be provided in the child's natural environment and be designed to promote the competence and confidence of care providers to enhance the child's growth and development through participation in everyday activities. Coaching is the evidence-based strategy the practitioner uses to interact with parents and care providers to maximize child progress both when the practitioner is and is not present. Mediating parents' knowledge and skills is an added benefit of the use of coaching practices. The practitioner is not, however, billing the third party payer for how he/she interacts with the parent or care provider (i.e., coaching), but rather for the time and expertise necessary to achieve the developmental progress of the child." Common Misperceptions about Coaching in Early Intervention (Rush and Shelden, 2008)

Billing in Kentucky's Early Intervention System has not changed since the inception of the Primary Service Provider model in 2004. We are currently building skills of KEIS providers so that the services are more effective and consistent with the evidence. According to the American Academy of Pediatrics, "Rather than a "medical model" wherein a specific treatment is applied directly to the child for a specific malady, the paradigm is shifted to a contextual and consultation-based delivery of supports and services to the family and the infant. Similar to the

concept of the medical home being a process, rather than an address, the concept of natural environment describes process rather than a physical address. These concepts have been endorsed by national stakeholder organizations, including those of speech, physical, and occupational therapies. Increasingly, a best practice method, endorsed across diverse disciplines, provides coaching strategies to families for use in the child’s natural learning environments. This method has been shown to build the capacities of a parent or other caretaker as new skills (both in the family member and the child) are acquired” (Adams, Tapia and The Council on Children with Disabilities, 2013).

An early intervention session should always include planning, observation, action/practice, feedback and reflection and additional planning for the next session—these are necessary elements of the visit and are billable to insurance. The child must be present and the provider models strategies, gives feedback to the parent/caregiver as they implement the strategy. These same practices often occur in a clinic setting as well.

**20. What billing codes do we use to bill for services when we use coaching?**

When billing for early Intervention services, 2 types of codes are required:

- Current Procedural Terminology (CPT) Codes: This is a procedure code for the treatment provided during the service.
- International Classification of Diseases (ICD) Codes: This is the diagnosis code that the provider is addressing; this may be different from the medical diagnosis of the child and must be specific.

The State Lead Agency is unable to provide specific codes for providers to use for their billing, because all billing must be individualized to the diagnosis of the child and the treatment that is being provided. However, should you have general billing questions, you can always contact the State Lead Agency for guidance.

**21. What if a family I see requests a different distribution of service than traditionally distributed in planned services?**

Sometimes when coaching a family, they request a different frequency or intensity than how we have traditionally distributed service units (weekly or bimonthly visits). Often these changes would support their participation or address priorities in their lives. KEIS does recognize these family needs. According to KAR 30:200, unless approval for exemption to the limits has been obtained, IFSP teams design a plan within the service limits by placing the child’s needs and the family’s priorities as their primary consideration and by utilizing the PSP model. To act in the best interest of the child and family, providers must implement the PSP model, use a professional approach to decision-making, use a proactive approach to service decisions about frequency and intensity, and adapt the planning process to incorporate the required limitations. [8.17 (3) (a)] The IFSP team may make a Request for Exception to Service Limitations to the Record Review team if they feel additional minutes are warranted. The procedure for submitting a Request for Exception to Service Limitations can be found in the Policy and Procedure Manual.

**22. If we are using coaching, what is the purpose of having an IFSP and why do we need specialized therapy services such as OT, PT and ST?**

The IFSP guides the family and early intervention providers in meeting the developmental needs of a young child from birth to age three (3) with special needs. It is a contract between the family and the state’s early intervention system that carries the full rights and safeguards of federal and state law. The IFSP identifies the outcomes for the child and family and the early intervention services that will be provided to help the child and family achieve the identified outcomes.

The IFSP team relies on the expertise and knowledge of disciplines to build the capacity of the family in addressing their child’s needs. There is no “one discipline” that can address all children, all families, and all functional skills. It takes a team approach to fully support achieving the outcomes.

Early intervention services are chosen based on the priorities of the family. Families participate in assessments of their concerns, resources and priorities related to the child's development. The family chooses the outcomes and priorities that they want to address through IFSP services. Decisions about service intensity, frequency and service providers are based on the functional outcomes and are made at the IFSP team meetings. Physicians or other professionals may provide recommendations for services which are considered by the IFSP team; however, services are selected based on the family's priorities. As a family-centered system, Kentucky's Early Intervention System upholds the priorities of the family, even when the professionals have different priorities for the child.

The match between the IFSP outcomes and the ability of the provider(s) to support and assist the family in accomplishing those outcomes is the critical factor when choosing service providers to partner with each family. Once chosen, the IFSP team must consider the following factors to determine frequency and intensity of service: the complexity of the priority outcomes for the child, the nature and complexity of the child's needs, the confidence of the family in the knowledge and skills required to address their child's needs, the complexity of the family's needs, the extent of their social support network, and the nature of the intervention strategies.

One (1) provider is selected as the PSP/Primary Coach who meets with the family most often for coaching visits. However, Kentucky has not strictly adhered to a PSP model of intervention. KEIS has allowed consultant support for providers in a vendor-based model to allow our providers more flexibility than states that strictly limit early intervention services to one provider. So the Primary Coach uses assistance from the other team members to address IFSP outcomes and participate in co-treatment visits as needed. The purpose of the co-treatment visits is to expand the observation, practice and feedback during coaching with caregivers as the child progresses. At times the co-treatment visits may be needed for problem-solving issues that are impeding the child's successful learning. There is no set number of co-treatment visits allotted for each IFSP- the number is determined by the child and family's needs and the progress towards achievement of IFSP outcomes. (Kentucky's Early Intervention System Policy and Procedure Manual- Section 8.1)

### **23. How is coaching documented in the Service Log?**

The key components of coaching can easily be used to document the visit in the Service Log. The Joint Plan at the beginning of the session can be used to document the *Caregiver Report*. The Reflection, Observation, Action/Practice and Feedback components document the *Description of Intervention and Response to Intervention* portions of the service log. The Joint Plan at the end of the visit is documented in the *Plan for Next Visit*. As part of the ongoing mentorship of providers in the CEITMP, example service logs have been developed to support application.

### **24. What studies support coaching practices?**

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**25. What other states are using a coaching approach?**

Most states are using a coaching approach to implement their early intervention system. Florida, Iowa, Virginia, Washington, D.C., Ohio, Connecticut, Kansas, Wisconsin, Colorado, Vermont, Illinois, North Carolina, Georgia, Minnesota, New Mexico, Massachusetts, Idaho, Arizona, Tennessee, New York, Maryland, Nebraska, Washington, Rhode Island, Texas, Missouri, Hawaii, and Michigan all focus on coaching for delivery of early intervention.

**26. What CEU's and Course Credit opportunities does the program provide?**

The CEITMP has been approved by Kentucky Board of Licensure for Occupational Therapy and Kentucky Board of Speech-Language Pathology and Audiology for 12 hours and by Kentucky Physical Therapy Association for 15 hours. Providers will be given a certificate of completion at the conclusion of the program that documents the full estimated contact hours engaged in the program to submit to satisfy board requirements.

Nationally, the American Physical Therapy Association has indicated that with state approval, no further action is required. Our certificate will allow providers to fulfil national certification requirements. Opportunities to award American Occupational Therapy Association and American Speech and Hearing Association credit continues to be explored. At present, ASHA CEUs can be obtained through an Independent Study but requires a personal fee. If interested, it requires an Independent Study Provider, which can be located on the ASHA website.

Graduate credit for educators also continues to be explored for those willing to pay tuition for the credit(s). You may want to reach out to your college program to determine if the CEITMP could complete course requirements.



COACHING IN EARLY INTERVENTION TRAINING AND MENTORSHIP  
PROGRAM (CEITMP)  
FREQUENTLY ASKED QUESTIONS (FAQ)

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