



EARLY INTERVENTION PROVIDER SELF-ASSESSMENT

Purpose

The purpose of the self-assessment is to give early intervention (EI) providers a tool to evaluate their practices used from IFSP development through transition and case closure. This tool was developed in conjunction with a workgroup of early intervention providers and point of entry managers. The checklist is divided into three key sections designed to review EI provider responsibilities and identify best practices and areas for potential growth and training.

Julie Brooks & Melissa Hardison
Kentucky Early Intervention System

Directions: Read each step in the process and indicate the number that best fits how you feel each statement represents your work. There are no right or wrong answers. The scoring is not weighted and is intended to provide input on progress toward mastery. *The bold items are related to the Early Intervention Provider Performance Standards.*

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1.0 Attending an IFSP Meeting						
<i>Ability to work effectively and consult with a variety of early intervention team members and community partners in determining eligibility, conducting assessment for service planning and planning and implementing integrated intervention strategies, supports and services for children and their families.</i>	Review documentation beforehand.					
	Introduce yourself and explain your role as an early interventionist in the natural environment.					
	Ask parents reflective questions and utilize active listening to build a trusting and respectful partnership with the family.					
	Listen to others' comments about early intervention services and invite IFSP team members to contribute.					
	Provide input on outcomes related to procedures/data collection methods and criteria that reflect the family resources, priorities and concerns within the context of everyday activities.					
	Collaborate with team members and families to identify one practitioner from the team who serves as the primary service provider who is a liaison between the family and other team members based on child and family priorities and needs.					

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	<p>Consult on the service delivery structure including location, duration and frequency of early intervention sessions, co-treatment sessions (if necessary), taking into consideration the family's schedule and the outcomes/routines that are impacted.</p>					
	<p>Discuss the family's preferred method of communication regarding early intervention visits- phone, text, email, written log.</p>					
	<p>Schedule initial early intervention visit timely.</p>					
	<p>Provide the family with contact information.</p>					
<p>Complete the paperwork:</p>						
	<p>Ask the parent to sign any necessary forms and consents (if applicable).</p>					
	<p>Sign IFSP Signature Page (FS-15).</p>					
	<p>Complete Service log for the meeting.</p>					
<p>Attending 6-month, annual and requested review IFSP meetings:</p>						
	<p>Participate regularly in team meetings to ensure that the full team reviews each child's plan.</p>					
	<p>Review the progress reports, which include IFSP outcome data, in order to make decisions about early intervention services.</p>					
	<p>Participate in the review of the current IFSP and revise/add outcomes and strategies based upon team discussion.</p>					

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	Provide input in the development of a transition plan that includes the outcomes and activities to prepare the child and family for participating in the new setting when transition occurs.					
	Identify the need for assistive technology for the child to promote access to and participation in everyday activities.					
ATTENDING AN IFSP MEETING TOTAL =						
2.0 Conducting Early Intervention Visits						
<i>Ability to utilize everyday routines and activities at home and in the community to identify the child's functional abilities and motivators, parent-child or caregiver-child interactions and the need for assistive technology and/or environmental adaptations.</i>	First EI Visit Following IFSP Meetings (Initial, 6-month, Annual)					
	Preparing to meet with the family:					
	Review the child's record including: Family Assessment, notes on routines, IFSP outcomes, and planned services.					
	Confirm or schedule first visit at a time and place that is convenient for the child and family.					
	Ask the parent if they have any household rules that you need to know.					
	Ask the parent if they have any questions.					
	Schedule an interpreter (if needed).					
	Prepare resources and supports based on the child and family needs.					
	During the Visit:					
Use communication styles and social behaviors that are respectful of family culture and circumstances.						

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	Review the IFSP document and discuss how outcomes, activities and strategies will be a starting place for each home visit.					
	Describe a typical early intervention visit and what the family can expect including that the parent plays an active role throughout the visit, the length of a typical visit and the variety of settings where visits can occur.					
	Explain that toys and materials found in the home/community setting are used during intervention, so that the parent can continue strategies in between visits.					
	Discuss how the parent prefers to learn new skills.					
	Ask the parent to sign any necessary forms and consents (if not completed at IFSP Meeting).					
If conducting an assessment during the initial visit:						
	Clarify the purpose of the assessment.					
	Describe the tool/protocol that you will be using.					
	Gather information about the child's present level of development using the assessment tool.					
	Use prompts and observations to encourage the family to describe their child's engagement/participation, independence, and social interaction in various routines and activities.					

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	Discuss assessment results in a manner that is understandable and useful to families.					
Reflection of EI Visit:						
	Discuss what will happen with the family between visits, within routines, what they are going to try. Ask if there are any issues or concerns.					
	Schedule date, time and location of next visit.					
	Complete service Log documentation and billing.					
Early Intervention Visits: On-going						
Preparing to meet with the family:						
	Review the child's record including: Family Assessment and notes on routines, IFSP outcomes, planned services, service and communication logs for all team members including "plan for next visit".					
	Contact IFSP team members for: consultation, additional information, resources, or to schedule a co-treatment.					
	Prepare resources and supports based on the child and family needs.					
	Schedule the visit at the time and place when identified routines occur.					
During the Visit:						
	Obtain update from the family about any significant family events, Dr. Appointments, activities or needs.					

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	<p>Ask the parent if intervention strategies from previous visit have been implemented, asking for specifics about what worked and didn't work.</p>					
	<p>Consult with the family to determine which IFSP outcomes to focus on during the visit.</p>					
	<p>Discuss with the parent the child interests, abilities and challenges in everyday activities and daily routines related to the IFSP outcomes.</p>					
	<p>Ask open-ended questions to support parent reflection on why a strategy, skill or routine is important.</p>					
	<p>Support the parent to identify multiple routines in which embedded instruction and generalization can occur.</p>					
	<p>Assist parent to embed strategies into everyday routines and activities with materials found in the home.</p>					
	<p>Identify ways to include siblings, other children and other family members who are in the home regularly in the intervention strategies and activities.</p>					
	<p>Seek opportunities to incorporate what families are already doing that is working well to build upon strengths.</p>					
	<p>Help the parent develop strategies for increasing participation and independence in current IFSP outcomes.</p>					

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	Support parents to determine adaptations and augmentations to toys, materials, or environments that are necessary for the child to participate in everyday routines and activities.					
	Implement assistive technology supports within everyday routines and reduce, modify or eliminate the use of the supports as the child becomes more independent.					
	Modeling strategies or activities.					
	Observe the family using the strategies during everyday activities.					
	Provide feedback, discussing ways to refine or revise the skill to be sure family members can do strategies on their own.					
	Discuss what worked, what did not work, in an effort to support the family to gain insights.					
	Determine which strategies the parent would like to use.					
	Gather IFSP outcome data by noting any progress related to IFSP outcomes.					
	Review the IFSP outcome data/information with the parent in order to make decisions about changes to strategies and activities.					
Reflection of EI Visit:						
	Develop a plan for the next visit with the family.					

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	<p>Determine if and what type of support from other team members is needed for the next steps (consultation, information, co-treatment) and what additional resources are needed to support the families' plans.</p>					
	<p>Plan the date, time and location of next visit.</p>					
	<p>Use reflective questions to invite the family to expand their thinking and insights.</p>					
	<p>Complete a service log entry for the visit including progress-monitoring data on specific IFSP outcomes.</p>					
	<p>Follow-up with SC about changes in insurance, phone number, address, additional resources that the family may need, etc. (if needed).</p>					
<p>Progress Report:</p>						
	<p>Write a Progress Report on TOTS that is jargon-free, clear and simply stated that includes on-going progress monitoring data (at 6-month, Annual and at Exit).</p>					
	<p>Ensure the family receives a copy of the progress report days before the IFSP meeting.</p>					

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<p>CONDUCTING EARLY INTERVENTION VISITS TOTAL =</p>					

3.0 Completing the Annual/Exit Assessments

<p><i>Ability to assess infant and toddler development by selecting and using a variety of culturally sensitive informal and formal methods and procedures (including observational methods) as guided by the family's needs, concerns and priorities for their child's development.</i></p>	<p>Preparing for the Assessment:</p>					
	<p>Explain that the assessment visit will be more structured and will not have an emphasis on intervention.</p>					
	<p>Clarify the purpose of the assessment.</p>					
	<p>Confirm or schedule the assessment at a time and place that is convenient for the child and family.</p>					
	<p>Request access to the child's record in KEDS.</p>					
	<p>Contact the SC in a timely manner to open the plan on TOTS so that the evaluation may be entered into the child's electronic record.</p>					
	<p>Review the child's record on TOTS including service logs, communication logs, family assessment, progress reports, and previous evaluation.</p>					
	<p>Gather necessary materials to conduct the assessment(s) (protocol(s), manipulatives, etc.).</p>					
	<p>Conducting the assessment:</p>					
	<p>Describe the Cabinet approved, criterion-referenced protocol that you will be using.</p>					
<p>Obtain information about the child's general health status including the child's vision and hearing.</p>						

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	Capture information about the child's present level of development including emerging skills.					
	Observe the child's authentic behaviors in typical routines and activities.					
	Use open-ended questions and observations to determine the child's engagement/participation, independence, and social interaction in various routines and activities.					
	Gather information from the family on previously used strategies that increase their child's participation in everyday activities.					
	Discuss any strengths and new skill development in addition to new concerns or continued concerns with the parent.					
	Adapt assessment methods to meet the unique needs of the child and family.					
	Complete the assessment protocol.					
	Notify the parent that an assessment report will be provided.					
After completion of the assessment:						
	Enter line item data from the protocol in KEDS.					
	Apply clinical reasoning in addition to assessment results to identify the child's current levels of functioning.					
	Write an assessment report on TOTS that is jargon-free, clear and simply stated and includes child specific data.					

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	Discuss assessment results in a manner that is understandable and useful to families.					
	Mail or deliver assessment report to the family.					
	Complete service Log documentation and billing.					
COMPLETING ANNUAL/EXIT ASSESSMENTS TOTAL =						
TOTAL ALL AREAS =						

Scoring

Task	Area of Significant Strength	Area of Moderate Strength	Making Progress Toward Fidelity	Opportunity for Improvement
Attending an IFSP Meeting	72 - 65	64 - 50	49 - 36	< 36
Conducting Early Intervention Visits	208 - 187	186 - 146	145 - 104	< 104
Completing Annual/Exit Assessments	92 - 83	82 - 64	63 - 46	< 46
TOTAL SCORE	372 - 335	334 - 261	260 - 186	< 186
	100 - 90%	90 - 70%	70 - 50%	< 50%

Commitment to Professional Growth and Development:
Trainings attended in the last year:
Targeted training for next year:
Plan for further action:

The following resources were used in the development of this document:
<i>Infant & Toddler Connection of Virginia, comprehensive system of personnel development core competencies.</i> (2009). Retrieved from https://www.veipd.org/main/pdf/Core_Competencies_FINAL-2-5-09.pdf
<i>Relationship of Quality Practices to Child and Family Outcome Measurement Results</i> (Lucas et al. 2011).
<i>Activity Based Teaming Fidelity Checklist</i> developed by the Connecticut Birth to Three System
<i>Agreed Upon Practices for Providing Early Intervention Services in Natural Environments.</i> Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice-Part C Settings (02/01/08).
<i>Early Intervention Home Visit Framework,</i> Educational and Developmental Intervention Services (EDIS). (2010).
<i>Reaching Potentials through Recommended Practices Observation Scale- Home Visiting (RP2 OS-HV)</i> Early Childhood Technical Assistance Center (2015)
Division for Early Childhood. (2014). <i>DEC recommended practices in early intervention/early childhood special education 2014.</i> Retrieved from http://www.dec-sp.ed.org/recommendedpractices
<i>Core Knowledge and Skills for Oregon Parenting Educators; Kim Deck, Angela Bodwell, and Denise Rennekamp</i> (2016). Oregon State University

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