Kentucky's Early Intervention System Core Competencies

| 1.0 Early Intervention | 1.0 Early Intervention Foundations | | | | |
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| To demonstrate an | 1.1 | Knowledge of the historical foundation, supports and service delivery in the | | | |
| understanding of the | | Kentucky Early Intervention System (KEIS). | | | |
| historical, legal and | 1.2 | Knowledge of relevant federal and state legislation, regulations and program | | | |
| organizational components | | policies and procedures that provide a foundation for KEIS. | | | |
| that provide the foundation | 1.3 | Knowledge of KEIS phases: Referrals, Intake, Screening, Evaluation/Child | | | |
| and guiding principles of | | Assessment, Eligibility Determination, Family Assessment for Service Planning, | | | |
| the Kentucky Part C early | | IFSP Development, IFSP Implementation and Review, Transition. | | | |
| intervention system. | 1.4 | Knowledge of the organizational structures that support the KEIS (e.g. State lead | | | |
| | | agency, Interagency Coordinating Council (ICC), local POE, etc.). | | | |
| | 1.5 | Knowledge of funding for Part C supports and services including: Family Share | | | |
| | | Cost Participation fee, Medicaid, Private insurance, Payor of last resort | | | |
| | | requirements, Services that must be provided at no cost to families. | | | |
| | 1.6 | Knowledge of the requirements for complete, accurate and timely documentation | | | |
| | | including the completeness of the child's early intervention record in the data | | | |
| | | management system. | | | |
| | 1.7 | Understanding the importance of professional growth and development through | | | |
| | | ongoing participation in training, professional organizations and literature review | | | |
| | | and research related to evidence-based early intervention practices. | | | |
| 2.0 Family Centered Pr | ractio | ces | | | |
| To demonstrate an | 2.1 | Ability to build and maintain parent-professional partnerships with families by | | | |
| understanding that all | | honoring each family's race, language, culture, history and approach to parenting. | | | |
| families are unique and | 2.2 | Knowledge of and sensitivity to the cultural diversity of all families in order to | | | |
| have strengths. They are | | build relationships with families, resulting in comfort in sharing their challenges. | | | |
| the primary agents of | 2.3 | Knowledge of and respect for diverse family structures, dynamics, learning styles, | | | |
| change in their child's | | coping styles, daily activities, routines and environments. | | | |
| development. | 2.4 | Ability to build on families' strengths to enhance their confidence and | | | |
| | | competence as they move through the early intervention process. | | | |
| | 2.5 | Understanding of the role of early interventionists in helping families develop the | | | |
| | | skills and tools necessary to identify their needs and connect to supports. | | | |
| 3.0 Effective Team Practices | | | | | |
| To demonstrate an | 3.1 | Knowledge of team models, including how teams develop, team processes and | | | |
| understanding that an | | dynamics. | | | |
| integrated and coordinated | 3.2 | Ability to effectively communicate with a variety of people (e.g., families, service | | | |
| team approach is essential | | providers, community providers) in a jargon free and culturally sensitive manner | | | |
| when delivering effective | <u> </u> | both orally and in written formats. | | | |
| early intervention supports | 3.3 | Ability to use effective problem-solving, decision-making and conflict resolution | | | |
| and services to infants and | | strategies. | | | |
| toddlers and their families. | 3.4 | Ability to acquire and integrate knowledge from other disciplines and professions | | | |
| | | in order to meet the interrelated developmental needs of infants and toddlers. | | | |
| 4.0 Infant and Toddler | 4.0 Infant and Toddler Development | | | | |
| and roudici | | | | | |

| To utilize knowledge of typical and atypical child | 4.1 | Understanding of typical infant/toddler development including knowledge of developmental sequences, the impact of maturation, the interrelatedness of | | | |
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| development in providing | | developmental domains and the variability of development from child to child. | | | |
| developmentally | 4.2 | Knowledge of how atypical development impacts functional abilities. | | | |
| appropriate, research- based early intervention | 4.3 | Understanding of the impact of family structure, dynamics, health, mental health, cultural influences and multiple languages on infant/toddler development. | | | |
| supports and services. | 4.4 | Understanding of the impact of adverse childhood experiences such as economic | | | |
| | | status, mental health issues, violence in the home and community influences on infant/toddler development. | | | |
| | 4.5 | Understanding of medical conditions, nutritional issues, and biological and | | | |
| | | environmental risk factors that may affect infant/toddler development including | | | |
| | | issues related to prematurity, special health care needs and prenatal exposure to | | | |
| | | toxins and infectious diseases. | | | |
| | 4.6 | Knowledge of the etiology and characteristics of common disabilities in young children and the implications for development. | | | |
| | 4.7 | Understanding of the importance of social-emotional development, including | | | |
| | | attachment, as the foundation for building healthy relationships with adults and | | | |
| E O Frankricki a a and A a | | peers. | | | |
| 5.0 Evaluation and Assessment Practices | | | | | |
| Personnel gather, | 5.1 | Knowledge of screening and assessment tools used to determine infant and | | | |
| synthesize and interpret | | toddler development. | | | |
| information from medical reports, developmental | 5.2 | Ability to explain the screening, evaluation and assessment process. | | | |
| screening results, parent | | | | | |
| report, observation | F 2 | Variable of the importance of atticine at a set board leaves on the time of the set is a set to be a s | | | |
| summaries and assessment | 5.3 | Knowledge of the importance of utilizing strength based language that is sensitive | | | |
| summaries, if available, to | | and easily understood by families and provides information concerning the child's performance in daily activities and routines within the home and community. | | | |
| determine whether or not | | | | | |
| the child is eligible for Part | 5.4 | Ability to discuss assessment results in a manner that is jargon-free, | | | |
| C services; and to identify | | understandable and useful to families. | | | |
| the functional level of the | 5.5 | Ability to use data to make decisions regarding eligibility and early intervention | | | |
| child to facilitate service | 3.3 | services. | | | |
| planning for eligible | Г.С | | | | |
| children. | 5.6 | Ability to work in a multidisciplinary team to review developmental and medical information and progress monitoring data to determine a child's ongoing | | | |
| | | eligibility. | | | |
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| 6.0 Family Assessment for Service Planning | | | | | |
| Guided by each family's | 6.1 | Ability to effectively utilize respectful and responsive interview techniques including the use of culturally sensitive and family centered practices to gather | | | |
| concerns, priorities and resources, personnel review | | information from parents, family members, caregivers and others as identified by | | | |
| existing medical and | | the family. | | | |
| developmental information | | the family. | | | |
| and conduct the family | 6.2 | Ability to engage family members as active participants in the family assessment | | | |
| assessment to assist the | | process. | | | |
| IFSP team in identifying the | | | | | |
| early intervention supports | | | | | |
| and services necessary to | 6.3 | Ability to assess the family's satisfaction throughout daily routines in order to | | | |
| meet the child's unique | | develop family-driven IFSP outcomes. | | | |
| needs in all areas of | | | | | |
| development. | | | | | |
| 7.0 Individualized Family Service Plan | | | | | |

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| To assist families, other | 7.1 | Understanding of the intent of the IFSP as a process that documents the changes | | | |
| early interventionists and | | a family wants to see for their family and their child. | | | |
| community partners in | 7.2 | Understanding that the IFSP processes must also enhance the family's confidence | | | |
| designing functional and | | and competence to meet the specific needs of their child. | | | |
| meaningful IFSPs to meet | 7.3 | Ability to assist families in identifying everyday routines and activities in which the | | | |
| the developmental needs of | | supports and services strategies will be implemented. | | | |
| children and to enhance | 7.4 | Ability to assist families in identifying appropriate criteria for success in meeting | | | |
| the capacity of families to | | the outcomes they have identified for their child and family. | | | |
| meet developmental needs. | 7.5 | Understanding of informal and formal systems of supports to assist families in | | | |
| | | identifying all options available throughout implementation of the IFSP. | | | |
| | 7.6 | Ability to assist families in deciding which combination, frequency and provider(s) | | | |
| | | of early intervention services may be appropriate in meeting the IFSP outcomes. | | | |
| | 7.7 | Ability to report the infant and toddler's present level of performance in all areas | | | |
| | | of development including what the child does well and areas of concern. | | | |
| 8.0 Early Intervention Service Delivery | | | | | |
| Guided by each family's | 8.1 | Knowledge of current trends, practices, research and ethical considerations | | | |
| concerns, priorities and | | regarding early intervention services, and ability to apply research-based effective | | | |
| resources, KEIS early | | practices. | | | |
| intervention personnel | 8.2 | Ability to support and facilitate parent/child and caregiver/child interactions as | | | |
| provide supports and | | the primary context for development and learning. | | | |
| services that are integrated | 8.3 | Understanding of the rationale and importance of early intervention services | | | |
| into daily routines and | | supporting the child in the daily activities and routines within natural | | | |
| activities within natural | | environments where children live, learn and play. | | | |
| environments where | 8.4 | Knowledge of embedding intervention strategies that support the infant and | | | |
| children and families live, | | toddler's ability to participate in the everyday routines and activities of the family | | | |
| learn and play. | | within natural environments where children live, learn and play. Encourage | | | |
| | | parents to observe, ask questions, explore parenting issues and try out new | | | |
| | | strategies. | | | |
| | 8.5 | Ability to assist families in understanding their child's delay(s) or medical | | | |
| | | condition and how these may impact infant and toddler development and to | | | |
| | | provide information and resources on parenting and child development as | | | |
| | | needed. | | | |
| | 8.6 | Understanding the benefits of inclusion within community activities and settings. | | | |
| | 8.7 | Understanding of assistive technology and augmentative communication | | | |
| | | including adaptations and modifications to the environment, activities, materials | | | |
| | | and equipment. | | | |
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