

**CREDENTIALING COMPETENCIES FOR
EARLY INTERVENTION SPECIALIST I AND II
UTAH'S PART C PROGRAM, BABY WATCH EARLY INTERVENTION**

The following competencies have been established for the Early Intervention Specialist I and II credential for those working with infants and toddlers (birth to age three) with disabilities.

The Early Intervention Specialist I and II will perform work duties within their licensure, certification or college/university degree. The Early Intervention Specialist I and II will adhere to supervision requirements in accordance with professional licensure and early intervention requirements and abide by professional standards of practice and codes of ethics and behaviors.

1.0 HEALTH

The Early Intervention Specialist I and II will demonstrate knowledge of, recognize and apply the following in work practices:

- 1.1 health problems common in infants and toddlers with disabilities, with chronic disorders, and/or with communicable disease
- 1.2 health, medical resources, services, and procedures to access well child care with a primary health care provider, specialized health care provider, vision/hearing screening, and immunizations according to established protocols
- 1.3 appropriate nutritional guidelines for the child birth to age three
- 1.4 basic health, safety, and nutrition practices and procedures that facilitate growth and prevent disease and injury in children
- 1.5 signs of child abuse, neglect, and emotional distress; the obligation to report suspected abuse or neglect
- 1.6 individualized service patterns to accommodate the child's changing nutrition, health, and medical status
- 1.7 precautionary measures to protect personal health during service delivery

2.0 CHILD DEVELOPMENT

2.1 Physical Development, Motor, Sensory Integration

The Early Intervention Specialist I and II will demonstrate knowledge of, recognize and apply the following in work practices:

- 2.1a theories and patterns of normal gross motor development birth to age three
- 2.1b theories and patterns of normal fine motor development birth to age three
- 2.1c function of sensory integration and it's affect on the development of the child birth to age three
- 2.1d evidence based interventions, strategies, activities and resources that address the outcomes related to the physical development and sensory integration of the child

2.2 Cognitive Development

The Early Intervention Specialist I and II will demonstrate knowledge of, recognize and apply the following in work practices:

- 2.2a the significance of early brain development that occurs during a child's first 3 years of life
- 2.2b cognitive development from birth to age three
- 2.2c emergent literacy development in children birth to age three
- 2.2d the importance of play and relationship-based approaches to promote development
- 2.2e evidence based interventions, strategies, activities and resources that address the outcomes relating to the cognitive development of the child

2.3 Social and Emotional Development

The Early Intervention Specialist I and II will demonstrate knowledge of, recognize and apply the following in work practices:

- 2.3a social and emotional development in children birth to age three
- 2.3b principles of infant mental health, such as attachment, bonding, responsive care-giving, and building confidence and social competencies within the context of relationships
- 2.3c principles of state regulation and temperament
- 2.3d children's behavioral responses to trauma
- 2.3e positive strategies for supporting appropriate behaviors and reducing inappropriate behaviors
- 2.3f evidence based interventions, strategies, activities and resources that address the outcomes relating to the social and emotional development of the child

2.4 Communication Development

The Early Intervention Specialist I and II will demonstrate knowledge of, recognize and apply the following in work practices:

- 2.4a receptive communication development from birth to age three
- 2.4b expressive communication development from birth to age three
- 2.4c interactive nature of communication for child and parent in social play
- 2.4d evidence based interventions, strategies, activities and resources that address the outcomes relating to the communication development of the child

2.5 Adaptive Development, Self Help, Feeding

The Early Intervention Specialist I and II will demonstrate knowledge of, recognize and apply the following in work practices:

- 2.5a adaptive and self-help development from birth to age three, such as feeding, dressing, simple household tasks, and engaging in household routines
- 2.5b feeding developmental milestones, and positioning for feeding from birth to age three
- 2.5c evidence based interventions, strategies, activities and resources that address those outcomes relating to the adaptive development of the child

3.0 CHILDREN WITH SPECIAL NEEDS

The Early Intervention Specialist I and II will demonstrate knowledge of, recognize and apply the following in work practices:

- 3.1 variations in development which may be a result of a disability or health condition and of the potential impact of variations on future development
- 3.2 etiologies and characteristics of conditions associated with specific disabilities and the affect on early development and child-caregiver interactions
- 3.3 interrelatedness of the developmental domains as they influence the overall development of the child
- 3.4 early warning signs of delayed or atypical development that would require referral to a specialist in gross and fine motor, and sensory integration
- 3.5 use of appropriate positioning and handling techniques and the implementation in interventions across environments
- 3.6 early warning signs of delayed or atypical development that would require a referral to a specialist in cognitive, hearing and vision development
- 3.7 the impact of vision and hearing loss on the development of the child
- 3.8 early warning signs of delayed and atypical social and emotional development and referral to specialist when appropriate
- 3.9 methods of behavior support and management appropriate for children birth to three
- 3.10 early warning signs of delayed or atypical development that would require a referral to a specialist in communication and language development
- 3.11 use of augmentative devices to facilitate communication
- 3.12 early warning signs of delayed or atypical development that would require a referral to a specialist in adaptive, self-help, and feeding development
- 3.13 evidence based interventions, strategies, and activities that are adapted to the child's unique characteristics and level of functioning

4.0 FAMILIES IN EARLY INTERVENTION

The Early Intervention Specialist I and II will demonstrate knowledge of, recognize and apply the following in work practices:

- 4.1 the family's role in the development of the very young child, including the child with special needs
- 4.2 potential impact of the child with special needs on the individual family, such as family stressors, divorce rates, and child abuse rates
- 4.3 grief and loss as it applies to parenting a child with special needs
- 4.4 family's role in the Baby Watch Early Intervention system
- 4.5 individual family culture and values and how they affect parent-professional relationships
- 4.6 various adult learning styles
- 4.7 considerations in working with parents with disabilities and/or varying levels of adult literacy
- 4.8 the impact on children of families with a history of substance abuse problems
- 4.9 the impact of maternal depression, and other mental health disorders on children birth to age 3
- 4.10 appropriate personal/professional boundaries and basic staff safety considerations in home-based work
- 4.11 collaborative partnerships with families that build families' sense of parenting competence and confidence
- 4.12 evidence based interventions, strategies, activities, and resources that focus on children's interests within the context of family preferences and daily routines, including natural interactions with family members and other caregivers

5.0 EVALUATION AND ASSESSMENT

The Early Intervention Specialist I and II will demonstrate knowledge of, recognize and apply the following in work practices:

- 5.1 purpose of screening, evaluation, and assessment in the EI system in Utah, including determination of initial and ongoing eligibility, identifying strengths and needs for IFSP outcome development, and measuring progress toward outcome attainment
- 5.2 various types of tests (criterion based, standardized, etc.) and basic statistical concepts (percentile, standard deviations, etc.) underlying the scoring and interpretation of test results
- 5.3 selection, administration, and scoring individualized assessments for the child birth to age 3
- 5.4 how to gather appropriate information on the child and family using multiple procedures and an array of information sources such as formal tools, formal and informal observations, third party reports
- 5.5 collaboration with the family in the evaluation and assessment process to identify the current level of functioning, strengths and needs of the child, including interactions between the child and caregivers in multiple settings
- 5.6 how to integrate and interpret assessment information; summarize and present results of assessment information to the family in jargon-free language and in the context of child strengths

6.0 PROGRAM IMPLEMENTATION

6.1 Duties and Responsibilities of Service Coordination

The Early Intervention Specialist I and II will: Demonstrate knowledge of, recognize and apply the following in work practices:

- 6.1a role of the Service Coordinator in the IFSP process including: coordination of evaluations and assessments of the child and family, facilitation and participation in the development, review, and evaluation of the IFSP, and facilitation of the timely delivery of appropriate services
- 6.1b family-directed assessment of the concerns, priorities, and resources of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child birth to age three
- 6.1c procedural safeguards for families
- 6.1d a strength-based approach to families, and how to facilitate the ability of the family to build on what is working, to identify and solve their needs, and to be an effective advocate for their child
- 6.1e how to facilitate processes and strategies for transition of the toddler with a disability to preschool or other appropriate services

The Early Intervention Specialist I and II acting in the role of Service Coordinator will: Demonstrate knowledge of, recognize and apply the following in work practices:

- 6.1f assistance to families in accessing available services, coordinating services across agencies including medical and health providers
- 6.1g the unique nature of service coordination, planning and service delivery to children who are involved in child protective services
- 6.1h family assessment information to formulate family-based outcomes, identify evidence based interventions, and strategies to address those outcomes

6.2 Collaborate With Families and the Multidisciplinary Team in All Phases of the Individual Family Service Plan Process

The Early Intervention Specialist I and II will demonstrate knowledge of, recognize and apply the following in work practices:

- 6.2a the purpose and use of the IFSP including the Interim IFSP
- 6.2b the philosophy and process of developing and maintaining a family-centered IFSP
- 6.2c evaluation and assessment information, with the family and other team members, to formulate developmentally appropriate outcomes and to identify effective strategies, activities and resources that address those outcomes
- 6.2d importance of communicating effectively with other team members and professionals for the purpose of integrating knowledge and supporting the family with an interdisciplinary approach to services
- 6.2e implementation of the IFSP including gathering data, adapting and developing materials, evaluating, and modifying intervention strategies when needed
- 6.2f legal requirements related to the IFSP process and service provision for children birth to age three and their families