

# Baby Watch Credentialing FORMS

- A. Portfolio Cover Sheet
- B. & C. Portfolio Planning Form
- D. Verification Checklist of Baby Watch Training
- E., F& G. Letters of Recommendation
- H. Final Portfolio Checklist
- I. Credential Application



BABY WATCH EARLY INTERVENTION PROGRAM,  
UTAH DEPARTMENT OF HEALTH,  
DIVISION OF FAMILY HEALTH AND PREPAREDNESS  
3760 S. HIGHLAND DR, P.O. BOX 144720  
SALT LAKE CITY, UTAH 84114-4720  
TEL: (801) 273-2891 FAX: (801) 273-2891  
cmordecai@utah.gov



# Early Intervention Specialist Portfolio

**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EI Specialist I** \_\_\_\_ **EI Specialist I Tech** \_\_\_\_ **EI Specialist II** \_\_\_\_

# PORTFOLIO PLANNING FORM - EARLY INTERVENTION SPECIALIST



Name \_\_\_\_\_ Title \_\_\_\_\_ Program \_\_\_\_\_ Date of Review \_\_\_\_\_  
 Degree \_\_\_\_\_ Discipline \_\_\_\_\_ Date of Degree \_\_\_\_\_

COMPETENCIES	METHOD OF DEMONSTRATION		COMMENTS/ APPROVAL	INSTRUCTIONS
	ACTIVITY	UNIVERSITY COURSE WORK		
<b>HEALTH 1.0</b> ( 3 required) 1.1 health problems common in children with disabilities 1.2 medical resources 1.3 nutritional guidelines 1.4 basic health and safety <b>1.5 child abuse and neglect</b> 1.6 service patterns to accommodate health 1.7 precautionary health measures for staff				Items in <b>BOLD</b> are required  Service Coordinators demonstrate all items in 6.1 & 6.2 and cut one entry from each area of Child Development
<b>CHILD DEVELOPMENT 2</b> <b>PHYSICAL, MOTOR, SENSORY INTEGRATION DEVELOPMENT 2.1</b> ( 5 required) <b>2.1a. gross motor development</b> <b>2.1b. fine motor development</b> <b>2.1c. sensory integration</b> 2.1d. atypical gross and fine motor and sensory integration 2.1e. positioning and handling techniques <b>2.1f. evidence based motor interventions and strategies</b>				
<b>COGNITIVE DEVELOPMENT 2.2</b> ( 5 required) 2.2a. brain development <b>2.2b. cognitive development</b> <b>2.2c. emergent literacy</b> 2.2d. vision and hearing loss <b>2.2e. play and relationship-based approaches</b> 2.2f. atypical cognitive, hearing and vision <b>2.2g. evidence based cognitive interventions and strategies</b>				
<b>SOCIAL EMOTIONAL DEVELOPMENT 2.3</b> ( 5 required) <b>2.3a. social and emotional development</b> 2.3b. attachment, bonding, and responsive care-giving 2.3c. state regulation and temperament 2.3d. behavioral responses to trauma 2.3e. appropriate and inappropriate behaviors <b>2.3f. behavior support</b> 2.3g. atypical social and emotional development <b>2.3h. evidence based social and emotional interventions and strategies</b>				
<b>COMMUNICATION DEVELOPMENT 2.4</b> ( 4 required) <b>2.4a. receptive communication</b> <b>2.4b. expressive communication</b> 2.4c. communication in play interactions 2.4d. atypical communication 2.4e. augmentative devices <b>2.4f. evidence based communication interventions and strategies</b>				
<b>ADAPTIVE DEVELOPMENT, SELF HELP, FEEDING 2.5</b> ( 2 required) <b>2.5a. adaptive and self-help</b> 2.5b. feeding milestones 2.5c. atypical adaptive, self-help, and feeding 2.5d. evidence based adaptive interventions and strategies				

**Early Intervention Credentialing Guide and Portfolio Planner**

COMPETENCIES	METHOD OF DEMONSTRATION		COMMENTS/ APPROVAL	TRAINING COMPLETED
	ACTIVITY	UNIVERSITY COURSE WORK		
<b>DEVELOPMENT IN CHILDREN WITH SPECIAL NEEDS 3.0</b> (3 required) 3.1 variations in development <b>3.2 etiologies and characteristics of specific disabilities</b> 3.3 interrelatedness of domains 3.4 interactions that influence development 3.5 evidence based interventions adapted to child’s unique characteristics				____ <b>Assessment</b>
<b>FAMILIES IN EARLY INTERVENTION 4.0</b> (7 required) 4.1 family’s role in development 4.2 impact of the child with special needs on the family 4.3 grief and loss 4.4 role in Early Intervention <b>4.5 family culture and values</b> 4.6 adult learning styles 4.7 adult literacy/parents with disabilities 4.8 substance abuse problems <b>4.9 maternal depression</b> 4.10 personal/professional boundaries <b>4.11 collaborative partnerships</b> <b>4.12 evidence based interventions with family preferences, routines, child interest</b>				____ <b>Cognitive</b>  ____ <b>Communications</b>  ____ <b>Families in Early Intervention</b>  ____ <b>Health</b>  ____ <b>IFSP/ Service Coordination</b>
<b>EVALUATION AND ASSESSMENT 5.0</b> (4 required) 5.1 purpose of screening, evaluation and assessment 5.2 types of tests <b>5.3 selection, administration and scoring assessments</b> <b>5.4 gather appropriate formal and informal information on child and family</b> 5.5 collaborate with the family <b>5.6 interpret assessment and present results</b>				____ <b>Motor</b>  ____ <b>Social / Emotional</b>
<b>PROGRAM IMPLEMENTATION 6</b>				
<b>SERVICE COORDINATION 6.1</b> (2 required) 6.1.a. role of the service coordinator in the IFSP process 6.1.b. family CPR’s and supports and services <b>6.1c. procedural safeguards</b> 6.1.d. a strength-based approach to families 6.1.e. facilitate transition <u>For Service Coordinators</u> 6.1.f. coordinate and monitor the delivery of services 6.1.g. service delivery to children in child protective services 6.1.h. formulate and identify family-based outcomes, interventions, strategies				____ <b>Orientation/ Foundations DVD</b>  ____ <b>Procedural Safeguards DVD</b>
<b>COLLABORATE WITH FAMILIES AND TEAM IN THE IFSP PROCESS 6.2</b> (2 required) 6.2.a. purpose and use of IFSP 6.2.b. family-centered IFSP <b>6.2c. identify strategies, activities, resources that address outcomes</b> 6.2.d. effective communication with all team members 6.2.e. implementation of the IFSP 6.2.f. legal requirements				

I affirm that the information provided on the Portfolio Planning Form is accurate and complete. I agree to submit the portfolio entry sheets and supporting documents that have been identified on the planning form by \_\_\_\_\_. Applicants Signature \_\_\_\_\_ Baby Watch Staff \_\_\_\_\_



## Verification Checklist of Baby Watch Training

Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Baby Watch Credential being pursued (please check):

- Early Intervention Specialist I
- Early Intervention Specialist II

Training Topic	Type/Location of Training or Section of Baby Watch Orientation Manual	Date of Completion
Orientation and Foundations (self-study DVD)		
Procedural Safeguards (self-study DVD)		
Cognitive Development		
Communication and Language Development		
Evaluation and Assessment		
Families in Early Intervention		
Health Issues		
IFSP/ Service Coordination		
Motor and Physical Development		
Social Emotional Development		

# Letters of Recommendation

**Insert your three letters following this sheet:**

one letter from your program director

one each from two families you have worked with



## Family Letter of Recommendation Guide

Dear Family,

Thank you for writing a letter of support regarding my efforts in trying to meet the unique needs of your child and family. Please describe the following in your comments:

- how long you have known me
- ways in which I have helped your child and family
- qualities and characteristics that you have found most valuable

Your letter may be written in the space provided below or you may attach a separate letter to this form before returning it to me. Again, thank you for your time and support.

Sincerely,

Date \_\_\_\_\_ Program name/location \_\_\_\_\_  
Parent(s)/Guardian(s) name \_\_\_\_\_  
Signature \_\_\_\_\_  
Home address \_\_\_\_\_



## Guia Para Carta de Recomendación de Familia

Estimado Familia,

Gracias por escribiendo una carta de recomendación acerca de mis esfuerzos en tratando de cumplir con las necesidades de su niño y su familia. Por favor cubre lo siguiente en su comentario:

- Cuanto tiempo me ha conocido
- Maneras en que he ayudado a su hijo y familia
- Calidades y características que ha encontrado como los más beneficiosos.

Se puede escribir su carta en el espacio debajo, o se puede colgar una hoja separada a esta forma antes de volviendla a mi. Otra vez, gracias por su tiempo y apoyo.

Sinceramente,

Fecha \_\_\_\_\_ Nombre y ubicación del programa \_\_\_\_\_  
Nombre del padre o guardian \_\_\_\_\_  
Firma \_\_\_\_\_  
Dirección de casa \_\_\_\_\_





# FINAL PORTFOLIO CHECKLIST

- Baby Watch Early Intervention Credential Application**
  - all boxes filled in
  - applicant and director/supervisor signatures
  
- Personal Information (optional)**
  - resume or biographical sketch
  - other
  
- Letters of Recommendation**
  - Director
  - Parent(s)
  - Parent(s)
  
- Verification Checklist of Baby Watch Trainings**
  - type of training (Baby Watch Training or self-study DVD)
  - location of training
  - completion date of training
  - Baby Watch Inservice Training Certificates of Completion
  
- Work-Related Experiences and Activities**
  - Portfolio Planning Form
  - Portfolio Entry Sheets with accompanying document(s)
    - all sections complete
    - mentor signature on all required entry sheets
    - date completed or signed off on all required entry sheets



*Baby Watch Early Intervention Credential Application*

<b>Name</b>	<b>Date</b>
<b>Address, City, State, Zip Code</b>	<b>Telephone</b>
	H:
	W:
<b>EI Program</b>	<b>EI Position</b>
<b>Other Certificate/License</b>	<b>EI Credential Level Applying for</b>
	<input type="checkbox"/> EI Specialist I <input type="checkbox"/> EI Specialist I Tech Prof <input type="checkbox"/> EI Specialist II
<b>Type of Documentation</b>	
<b>Supervisor Signature</b>	<b>Supervisor Title</b>
<b>Applicant Signature</b>	

Return to:  
 Carma Mordecai  
 CSPD Coordinator  
 BabyWatch Early Intervention  
 P.O. Box 144720  
 Salt Lake City, UT 84114-4720  
 Phone: 801-273-2891  
 Fax: 801-273-0042

**\*\*INTERNAL OFFICE USE ONLY\*\***

<b>Date of Credential</b>	<b>Credential Number</b>	<b>Method used for earning credential</b>
		Portfolio _____
<b>Comments</b>		Transcripts _____
		Other _____
<b>Approval Signature</b>		