

Early Intervention Training Record

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

As part of the Early Intervention Certification requirements for the Infant & Toddler Connection of Virginia, practitioners must maintain a summary of training and activities completed. Please use this form to track your professional development during the three-year cycle. A supervisor's initials are required for each training activity. Independent practitioners who practice without a supervisor are required to obtain the initials of the Local System Manager. Practitioners must retain documentation of successful completion of the training requirements for this certification for three years following the issuance of the renewal certification. A copy of your completed form must be made available upon request to the Department of Behavioral Health and Developmental Disabilities (such as in conjunction with a Quality Management Review).

| Name of Training<br>or<br>Training Activity | Sponsor | Number<br>of Hours<br><br>*Minimum<br>of 1 hour<br>per activity | Date | Check all that apply:     |  |  |                                    | Supervisor's<br>Initials |
|---|---------|---|------|---------------------------|--|--|------------------------------------|--------------------------|
|   |         |   |      | Evidenced Based Practices | Changes in Fed or State law,<br>regs, or practice requirements | Identified on Personal<br>Development Plan | Needed For New<br>Responsibilities |                          |
|   |         |   |      |                           |  |  |                                    |                          |
|   |         |   |      |                           |  |  |                                    |                          |
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