

**Indicators of Recommended Practice:
Self-Assessment of Training Needs Related
To Part H Services in Virginia**

**Developed and Endorsed by the Personnel
Training and Development Committee
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Introduction

Beginning in 1989, the Personnel Preparation and Personnel Standards Task Force of the Virginia Interagency Coordinating Council (VICC) began discussions on “qualified personnel.” The idea of a set of “interdisciplinary core competencies” which arose from these discussions was based on the philosophical belief that infants, toddlers, and their families deserve qualified and competent people to work with them. There was a clear consensus among the direct service providers, faculty from universities and colleges, administrators, and parents that there be a set of interdisciplinary core competencies that would be practiced by all persons providing early intervention services in Virginia. The interdisciplinary core competencies were later incorporated into Component Eight, Virginia’s Comprehensive System of Personnel Development (CSPD) and Component Nine, Personnel Standards, of Virginia’s Application. These components are requirements of Part H under the Individuals with Disabilities Education Act, and were approved for Virginia by the U.S. Office of Education.

The members of the Task Force recognized that personnel from many different disciplines and agencies would be providing early intervention services. Two aspects of personnel development are addressed in Virginia’s Application. First, professionals from different disciplines will obtain the **highest standard for that discipline** (as defined in Component Nine, Personnel Standards). Second, in addition to the discipline specific highest standard, the members of the Task Force recognized that there were **interdisciplinary core competencies** which research has shown should be consistent across disciplines.

The process of the development of interdisciplinary core competencies was designed by the Personnel Training and Development Committee of the VICC to be as “user friendly” as possible, to build on existing skills, and to be an ongoing process of bringing one’s skills up to the current level of “recommended practice.” For this reason, the competency statements included in this package were renamed “Indicators of Recommended Practice.”

The indicators of recommended practice included in this package are not intended to be used as a type of certification or licensure. Rather, they are intended to be a collection of skills that should be practiced by providers of early intervention services. Persons should annually conduct the self-assessment process to review their individual status on development of the indicators at the local level. It is not envisioned that a person will be deemed “competent” and stay that way for ever. Providers should review the indicators on a regular basis and seek assistance in addressing the areas identified as relevant and important to develop.

This process of self-assessment should be a time for identification of inservice training needs on the local level. It is the responsibility of the local interagency coordinating council to report a summary of the identified training needs as a component of the Local Application.

Definitions

The definitions of the indicators of recommended practice fall into five broad categories. They form the basis for actions taken by qualified personnel on behalf of infants, toddlers, and their families. As defined in Virginia's Fifth Year Application, the indicators of recommended practice are as follows:

1. **Those that are family-related:**
Knowledge and skills related to parent-child interactions and family systems.
2. **Those that are infant and toddler related:**
Knowledge and skills related to infant/toddler development, assessment, disability, and appropriate intervention strategies.
3. **Those that are related to service coordination:**
Knowledge and skills related to service coordination, advocacy, development and implementation of IFSPs, transition, integration, program evaluation, procedural safeguards, and the definition of eligibility.
4. **Those that are related to functioning as an effective member of a service delivery team within an interagency system:**
Knowledge and skills related to teamwork, group process and conflict resolution, features of service delivery system, roles, functions, and specialized skills of team members according to discipline, promotion of interagency collaboration, and coordination of transition services.
5. **Those that are related to ethnic, cultural, linguistic, and geographic diversity:**
Knowledge and skills related to responding to differences and how these differences may influence your own and the family's values and beliefs, communicating respect, and delivering culturally competent services.

Methodology

The following sections briefly describe the conceptualization of the methods for the self-assessment of the indicators of recommended practice. This information was developed by the Competencies Subcommittee of the VICC Personnel Training and Development Committee.

- I. **Who** will be asked to complete the self-assessment process?

The goal of the process of self-assessment is to help service providers identify their training needs. Local interagency coordinating councils will decide specifically who will participate in this process, and will identify that process in their local policies and procedures. Local councils may find this process helpful for all service providers. However, according to Virginia's Fifth Year Application, service providers working with infants, toddlers, and their families at least 50% of their time will work towards

attainment of the indicators of recommended practice. This includes persons who are involved in all aspects of service delivery, including conducting evaluations and assessments, developing IFSPs, and providing direct services, including service coordination.

II. **Which** indicators of recommended practice will providers be asked to address?

On a yearly basis, service providers will complete a self-assessment of the indicators of recommended practice in all five categories:

- 1) Those that are family related;
- 2) Those that are infant and toddler related;
- 3) Those that are related to service coordination;
- 4) Those that are related to functioning as a member of an interagency service delivery team; and
- 5) Those that are related to ethnic, cultural, linguistic, and geographic diversity.

Based on the results of the self-assessment, service providers will identify those indicators which will be individual priority training needs for the upcoming year.

III. **How** will providers work towards development of the indicators of recommended practice?

Service providers will be able to work towards development of the indicators in a variety of ways. Local interagency coordinating councils have been developing a mechanism to ensure that all appropriate persons who are providing early intervention services (1) meet the highest standard for their specific discipline and (2) participate in the self-assessment of indicators of recommended practice. The mechanisms should include a way for the council to summarize the priority training needs of local providers and a way to link personnel with similar training needs. In general, the process may be conducted in the following way:

- A. The self-assessment is completed. This could occur in a number of ways, for example:
 1. The individual completes the self-assessment in each of the five areas of the indicators.
 2. Members of the council may work together in teams to complete the self-assessment in each of the five areas of the indicators.
 3. Depending on the mechanism developed by the local council, the results of the self-assessment may be reviewed with the individual's supervisor.
- B. The results of the self-assessment are used to determine strategies and options for

training activities which enhance skill areas.

- C. Following the mechanism determined in each locality, the individual will map out a plan to build on their existing competencies, making certain that she/he participate in at least two training activities each year (a requirement for all persons providing early intervention services).
- D. The training activities for the development of the indicators of recommended practice can be addressed in a variety of ways including, but not limited to:
 - 1. Participating in inservice which may take the form of training from:
 - a. local interagency coordinating councils;
 - b. statewide training events sponsored by the lead agency or other state agencies;
 - c. regional consultants;
 - d. professional organizations;
 - e. state and national conferences; and/or
 - f. TACs, VIDD, PEATC, Parent Resource Centers, etc.
 - 2. Accessing the resources of federally funded training projects.
 - 3. Working with a mentor who may come from one of a variety of disciplines at the local level.
 - 4. Participating in an active, hands-on learning process under the guidance of a selected professional.
 - 5. Forming an alliance for self-study with a colleague.
 - 6. Receiving individual consultation from an expert. The Clearinghouse of Training Activities may assist you in identifying such a person.
 - 7. Conducting a comprehensive review of materials and articles.
 - 8. Completing formal course work at institutions of higher education.
- E. The individual is responsible for maintaining personal records of the training activities selected (for example, records of workshops attended, consultations participated in, course transcripts, and name/title of mentor in keeping with mechanism developed by the local interagency coordinating council).
- F. The individual will submit to the local council her/his training priorities for the upcoming year in keeping with the mechanism developed by the local interagency coordinating council.

NOTE: Responsibility for planning training activities rests with the local interagency coordinating council. The Lead Agency is eager to assist in the identification and coordination of training activities. Towards that goal, the Lead Agency is in the process of developing The Clearinghouse of Training Activities. The Clearinghouse will be a mechanism to coordinate training activities between localities, and will provide an information network of what training is available, where, when, cost, etc.

IV. **When** will providers complete the self-assessment process?

The indicators of recommended practice are based on the belief that the field of early intervention is rapidly changing, and that the process of developing professional competency is ongoing. The self-assessment of the indicators should be reviewed as often as needed, but at least once annually.

**SELF-ASSESSMENT TABLES
FOR THE INDICATORS OF RECOMMENDED PRACTICE**

I. THOSE THAT ARE FAMILY RELATED

II. THOSE THAT ARE INFANT/TODDLER RELATED

III. THOSE THAT ARE RELATED TO SERVICE COORDINATION

IV. THOSE THAT ARE RELATED TO FUNCTIONING AS A MEMBER OF AN
INTERAGENCY SERVICE DELIVERY TEAM

V. THOSE THAT ARE RELATED TO ETHNIC, CULTURAL,
LINGUISTIC, AND GEOGRAPHIC DIVERSITY

Philosophical Tenets

These principles are the basis for the competency statements (indicators) which follow. These statements reflect conceptual principles which are based on current recommended practice, the letter and spirit of the Individuals with Disabilities Education Act, Part H, and the current field of early intervention.

- Each infant is unique, special and worthy of respect.
- The first years of development are extremely important.
- Each child has the right to develop his/her potential. The earlier intervention takes place, the more likely this is to occur.
- The family provides the context for development in infancy.
- The process of intervention must be individualized for each family.
- Families are the best sources of information about their child.
- The values, ideas and priorities of the family must be respected.
- Families are agents of change and able to meet their own needs.
- Assistance should be provided in as natural a fashion as possible, utilizing the natural environment, play, and interactions.
- The role of ethnic, cultural, linguistic, and geographic diversity in all aspects of the development of the child and family should be respected.
- Team members demonstrate a family-centered philosophy during the service delivery process.
- The family is the ultimate decision maker on the team, including decisions related to the sharing of information among team members.
- Services, especially service coordination, will be different for each child and family and will address relevant needs and build on existing skills.

I. THOSE THAT ARE FAMILY RELATED:

Personnel providing early intervention services will:	Is this a priority for this year?	How will you address this priority this year?	Progress
1. understand the concept of family-systems theory and apply it to their work with families.	Yes No		
2. share complete, unbiased information with the family so that they can be informed decision makers.	Yes No		
3. understand the importance of parent-child interaction during infancy and its relationship to development.	Yes No		
4. assist families in identifying their concerns, priorities, and resources related to their child's development.	Yes No		
5. interpret technical information (e.g. professional jargon, test scores) in understandable language for all members of the service delivery team.	Yes No		
6. use active listening and other appropriate communication skills with family members.	Yes No		
7. involve family members to the extent/level they desire in all aspects of the Part H system, including evaluation and assessment of the child, the determination of the outcomes, and the determination of strategies to meet those outcomes within the family's daily routine.	Yes No		
8. observe and reinforce the parent's effective intervention techniques and work with the family to incorporate them into future activities as appropriate.	Yes No		
9. recognize the different ways in which adults receive and learn information.	Yes No		
10. involve the family in the evaluation of the service delivery system.	Yes No		
11. facilitate the development of advocacy skills in families, to the extent they desire	Yes No		

II. THOSE THAT ARE INFANT/TODDLER RELATED:

Personnel providing early intervention services will:	Is this a priority for this year?	How will you address this priority this year?	Progress
1. understand the normal growth and developmental sequence, including range and variability, in the areas of communication, social/emotional development, adaptive development, physical development, cognition, health, and nutrition.	Yes No		
2. be familiar with how disabilities may influence individual variations in the sequence.	Yes No		
3. understand risk factors that may affect child development.	Yes No		
4. interact with infants and respond appropriately to their cues.	Yes No		
5. review and share evaluation/assessment results with families and other team members for purposes of making decisions about eligibility for early intervention services and for the development of the IFSP, if appropriate.	Yes No		
6. assist families in developing functional outcome statements that build on the competencies of the child and that accurately reflect the change the family wants to see for their child or for themselves.	Yes No		
7. use specific strategies to promote functional outcomes across developmental domains within the family's natural environment.	Yes No		

III. THOSE THAT ARE RELATED TO SERVICE COORDINATION:

Personnel providing early intervention services will:	Is this a priority for this year?	How will you address this priority this year?	Progress
1. understand the role service coordination plays in the successful delivery of early intervention services.	Yes No		
2. implement Virginia's and local council's policies and procedures for service coordination	Yes No		
3. understand differences among screening, evaluation, assessment and diagnostic techniques.	Yes No		
4. when appropriate, work with the family to develop a transition plan to be included in the IFSP.	Yes No		
5. work with the family to design an evaluation/assessment plan (who, what, when, where and how the process will take place) for their child.	Yes No		
6. assist in providing services that are consistent with family's concerns, priorities and resources.	Yes No		
7. identify and discuss with the family the array of options available in the early intervention system, and the system of payments for Part H services.	Yes No		
8. understand and inform families of their rights and protection of those rights under the Part H system.	Yes No		
9. build on the families' natural support systems in determining Part H and other services needed to meet identified outcomes.	Yes No		
10. share complete, unbiased information with the family so that they can be informed consumers.	Yes No		

IV. THOSE THAT ARE RELATED TO FUNCTIONING AS A MEMBER OF AN INTERAGENCY SERVICE DELIVERY TEAM:

Personnel providing early intervention services will:	Is this a priority for this year?	How will you address this priority this year?	Progress
1. have knowledge of the dynamics of team process.	Yes No		
2. have knowledge of strategies for team collaboration	Yes No		
3. understand the different models,(i.e., multi, inter, trans,) for providing early intervention services.	Yes No		
4. select appropriate evaluations/assessments which emphasize the strengths of observing the child in the natural environment.	Yes No		
5. administer, score, interpret, and write reports of appropriate assessment/evaluation instruments, in collaboration with team members.	Yes No		
6. communicate effectively with families and other team members.	Yes No		
7. establish rapport and maintain positive relations with team members.	Yes No		
8. consult and collaborate with all team members regarding one's areas of expertise.	Yes No		
9. integrate coordinated, naturalistic outcomes with those of other team members.	Yes No		
10. select and use a variety of problem-solving and decision-making techniques including negotiation, among team members.	Yes No		
11. recognize signs of abuse, neglect, or other situations which must, by law, be reported and the appropriate procedures for making the report.	Yes No		
12. provide services consistent with Virginia's and local council's policies and procedures.	Yes No		

V. THOSE THAT ARE RELATED TO ETHNIC, CULTURAL, LINGUISTIC, AND GEOGRAPHIC DIVERSITY:

Personnel providing early intervention services will:	Is this a priority for this year?	How will you address this priority this year?	Progress
1. respect the differences in parental attitudes, expectations, and parenting practices across cultures.	Yes No		
2. acknowledge family’s mechanisms for coping, stress, and grief.	Yes No		
3. acknowledge the family’s value and belief system.	Yes No		
4. recognize cultural and linguistic bias in evaluation/assessment instruments.	Yes No		
5. understand the issues regarding use of translators during evaluation/assessment.	Yes No		
6. interact with families in ways that are responsive to their preferred mode of communication.	Yes No		
7. communicate respect for family’s diversity and how it impacts on their participation in early intervention services and their view of the child’s disability.	Yes No		
8. implement outcomes within the family’s natural environment, as defined in the IFSP, with respect for cultural differences.	Yes No		

**Indicators of Recommended Practice
Summary Sheet**

Date: _____

Current Position: _____

Agency: _____

Percentage of Work Time Spent in Provision of Part H Services: _____

Educational Background:

University/College

Area of Specialization

Degree Year

Professional certification, licensure, or registration held:

Top three training priorities identified for the _____ year:

- 1.
- 2.
- 3.

How will you address your training needs?

**PLEASE RETURN THIS FORM TO YOUR LOCAL INTERAGENCY
COORDINATING COUNCIL COORDINATOR**