Maryland's **P**ersonnel **S**tandards **G**uide

For **E**arly **I**ntervention **S**ervice **P**roviders

April 2015

Maryland State Department of Education
Division of Special Education/Early Intervention Services
MARYLAND INFANTS AND TODDLERS PROGRAM
200 West Baltimore Street
Baltimore, Maryland 21201
(410) 767-0100
www.marylandpublicschools.org

TABLE OF CONTENTS

Mission/Introduction

Personnel Standards
- A. Professional Entry Level Degree Requirements
- B. Suitable Qualifications

  - o What are suitable qualifications?
  - o What are the nine competency areas and the minimum contact hours required?
  - o What is a contact hour?
  - o To whom do personnel standards apply?
  - o Do personnel standards apply to service coordinators?
  - o When must these standards be met?
  - o How does one verify that personnel standards are met?
  - o How is the Verification of Suitable Qualifications Form completed?
  - o After personnel standards have been met, what happens next?
  - o How are contact hours obtained for in-service training?
  - o How are contact hours obtained for pre-service or accredited semester hours?
  - o How are contact hours obtained for on-site consultation?

Roles and Responsibilities
- A. Early Intervention Service Provider Personnel
- B. Local Infants and Toddlers Program Directors

Training to Enhance Practice

Competency Domains and Knowledge Indicators

  - o Infant and Toddler Development (Typical)
  - o Infant and Toddler Development (Atypical)
  - o Infant and Toddler Assessment (Instruments)
  - o Infant and Toddler Assessment (Procedures)
  - o Family Assessment
  - o Family Partnerships
  - o Early Intervention Service Options, Strategies, and Instructional Practices
  - o Team Process
  - o Service Coordination (Case Management)

Maryland's Personnel Standards Guide For Early Intervention Service Providers

MISSION & VISION

The Maryland State Department of Education (MSDE), Division of Special Education/Early Intervention Services (DSE/EIS) provides leadership, support, and accountability for results to Local School Systems, Public Agencies, and stakeholders through a seamless, comprehensive system of coordinated services to children and students with disabilities, birth through 21, and their families.

Through its strategic plan, *Moving Maryland Forward*, the DSE/EIS continues to focus efforts on the development of a birth through five seamless and comprehensive system of coordinated services within the framework of a larger birth through 21 service delivery system. The ultimate goal of the birth through five system is to narrow the school readiness gap as young children with developmental delays and disabilities enter kindergarten. *Moving Maryland Forward* promotes evidence-based practices, family partnerships, data-informed decisions, and strategic collaboration among all public and private partners to ensure access to learning opportunities that support high expectations for all children to help realize this goal. Utilization of these strategies will be the key to building family capacity and improving results for children.

In an effort to improve results and narrow the school readiness gap, the Maryland Infants and Toddlers Program (MITP) implemented the Extended IFSP Option on February 1, 2010. The Extended IFSP Option gives families of eligible children a choice to remain on an IFSP after age three and combines family education, service coordination, and year-round services with special instruction (educational outcomes) to promote school readiness. Services provided under the Extended IFSP must include promotion of pre-literacy, language, and numeracy skills in addition to the early intervention services offered under the original IFSP.

The MITP's goal of providing high-quality services is accomplished through the implementation of a comprehensive system of personnel development. Toward this end, the DSE/EIS is devoted to developing and maintaining highly effective early childhood service providers, teachers, related service providers, and paraprofessionals of infants, toddlers, and preschool-age children with disabilities through the implementation of a statewide system of differentiated tiers of professional learning and support to Local School Systems and Public Agencies.

INTRODUCTION

"One of the most vital qualities of all professionals is the commitment to continuous learning and growth in knowledge, skills and attitudes."

The biggest influence on the quality of early care and education is its workforce. The earliest years of a child's life are the key to predicting ultimate success in school and adult living. Research findings in the area of neurological development point to the importance of early brain development and the serious implications for education. A child's brain needs specific types of stimulation to develop properly. Without that stimulation, certain types of learning will not be possible when the child enters school. Their early experiences in the home, the neighborhood, in child care, and in early care and education programs such as pre-kindergarten, and kindergarten all affect how successful they will become later in life. Therefore, it is important that everyone who engages with children, supporting their learning and interactions within their environment provide high quality learning experiences that nurture the child's emotional and intellectual development and overall wellbeing.

Quality is essential to ensuring successful learning experiences that lead to positive developmental and academic outcomes. Access to staff who are equipped with the necessary skills, knowledge and understanding is a critical component of that quality. The structuring and facilitation of high quality experiences in the early years can aid in narrowing the performance gap between children with disabilities and their typical peers. Therefore, it is imperative that young children with disabilities and their families have the benefit of high-quality supports and targeted interventions provided by highly skillful professionals. These individuals must be appropriately trained in the use, selection, implementation, and evaluation of developmentally appropriate curriculum and practices (aligned to Maryland's College and Career Readiness Standards), evidence-based methodologies, assistive technology, and data-informed decision making approaches that are individualized to meet the special needs of each child in structured and nurturing environments, with their same aged peers without disabilities. The delivery of services and programs for these youngest learners should fully engage parents as active and informed partners as their child's first teacher, foster the development of independence, social and play skills, communication, and school readiness skills in healthy and safe early care and educational settings.

The expectations of early intervention personnel are multi-faceted in scope. Therefore, their professional preparation and continued learning in the field must be based on the most current evidence for high quality practice in early intervention. They must be able to embed their services in each family's existing priorities, practices, routines and settings of child rearing rather than creating new roles and responsibilities for families. This is especially important in Maryland, a diversity rich state in its population and environments. Here, families enter the early intervention system, from various ethnic backgrounds and socio-economic designations. Service providers working with families under Part C of the Individuals With Disabilities Education Act (IDEA) have the responsibility to consider each family's unique culture and preferences as they provide quality services in natural environments (settings that are natural or typical for the child and family and in which children without disabilities participate) such as homes, child care settings, residences of extended family and friends, parks, shopping areas, recreation sites, houses of worship, early education programs, and elsewhere.

The Maryland State Department of Education's Maryland Infants and Toddlers Program (MITP) governs the provision of early intervention services under Part C of IDEA. The MITP represents the State's effort to coordinate and regulate those services required to meet the needs of children birth through age 4 and their families deemed eligible under Part C of IDEA, including:

- Any public agency in the State that receives funds under 34 CFR 303;
- Other State and local agencies administering programs involved in the provision of early intervention services, including but not limited to:
  - Assistance to States Program under Part B of the Act,
  - Maternal and Child Health Program under Title V of the Social Security Act,
  - Medicaid's Early and Periodic Screening, Diagnosis and Treatment Program under Title XIX of the Social Security Act,
  - Developmental Disabilities Assistance and Bill of Rights Act,
  - Head Start Act, and
  - Supplemental Social Security Income program under Title XVI of the Social Security Act
- Private service providers under public supervision.

Services that are:
- Designed to meet the developmental needs of the eligible child and the needs of the family related to enhancing the child's development;
- Selected in collaboration with parents; and
- Provided:
  - Under public supervision,
  - By qualified personnel,
  - In conformity with an Individualized Family Service Plan (IFSP),
  - At no cost to families,
  - Consistent with State Standards, and
  - In natural environments.

The Maryland State Department of Education, Maryland Infants and Toddlers Program has established and maintains personnel standards to ensure that early intervention services are provided by highly qualified personnel. Suitable Qualifications is a process of accumulating credits through pre-service (college courses) and in-service (workshops, seminars, conferences, etc.). The practice of early intervention requires very specific knowledge and skills that can change and develop over time and may not be adequately addressed through pre-service training programs exclusively.

These personnel standards requirements are based on the highest requirements in the State applicable to the profession or discipline in which a person is providing early intervention services pursuant to IDEA Part C to eligible children and their families who are served by State, local or private agencies.

The purpose of this document is to assist:

- Local Infants and Toddlers Programs in implementing policies and procedures related to personnel standards;

- Early intervention personnel in meeting personnel standards; and

- Institutions of higher education in reviewing curricula for consistency with personnel standards.

PERSONNEL STANDARDS

Regulations to Part C of the Individuals with Disabilities Act (IDEA) require that:

1. Early Intervention services are provided by qualified personnel [(34 CFR §303.13(a)(7)], and
2. Statewide systems have policies and procedures related to personnel standards (34 CFR §303.119)

Each state participating in Part C of the Individuals with Disabilities Education Act (IDEA) must establish qualifications to assure that persons providing early intervention services are adequately prepared as defined in 34 CFR §303.119. The term "early intervention" refers to required services provided to eligible infants and toddlers with special needs and their families. Early intervention services are provided through Local Infants and Toddlers Programs throughout the state in each of Maryland's 24 jurisdictions, the Maryland School for the Deaf (MSD), and Maryland School for the Blind (MSB).

Individualized early intervention services are services determined through the evaluation and assessment process designed to meet the developmental needs of the eligible child and the family to enhance the child's development and the capacity of the family to and advocate for their child. These services as defined in 34 CFR §303.13(b) are as follows:

1. Assistive Technology Devices/Services
2. Audiology Services
3. Family Training, Counseling, and Home Visits
4. Health Services
5. Medical Services (Diagnostic/Evaluative Purposes)
6. Nursing Services
7. Nutrition Services
8. Occupational Therapy
9. Physical Therapy
10. Psychological Services
11. Service Coordination
12. Sign Language and Cued Language Services
13. Social Work Services
14. Special Instruction
15. Speech/Language Pathology
16. Transportation
17. Vision Services
18. Other Early Intervention Services

The Maryland State Department of Education/Maryland Infants and Toddlers Program has established policies relating to the establishment and maintenance of personnel standards pursuant to **COMAR 13A.13.02.08(I)** and **34 CFR §303.119.** There are two components to Maryland's Personnel Standards for Early Intervention Service Providers:

1. Personnel providing early intervention services to eligible children and their families shall meet highest requirements in the State that apply to the profession or discipline in which a person is providing early intervention services.

2. Personnel providing early intervention services under this part to eligible children and their families in **excess of 15 percent of employment hours** shall meet:

6

a. Highest requirements in the State that apply to the profession or discipline in which a person is providing early intervention services; and
b. Suitable qualifications.

A. Professional Entry-Level Degree Requirements

Each state is required to compare the entry-level academic degree requirements stipulated by all State agencies that promulgate personnel standards applicable to professions and disciplines in which personnel provide early intervention services. In Maryland, the State Boards of Examiners and the State Board of Education promulgate personnel standards applicable to early intervention service providers. Currently, entry-level academic degree requirements are consistent between the two promulgating agencies.

The State of Maryland currently does not promulgate professional standards for orientation and mobility specialists. Local jurisdictions, however, require that personnel employed as orientation and mobility specialists meet certification standards set by the Association for the Education and Rehabilitation of the Blind and Visually Impaired.

B. Suitable Qualifications

The process of Suitable Qualifications for early intervention service providers values competency in nine areas, containing a total of 120 contact hour credits across domains. Competency as an early intervention service provider is gained and demonstrated through formal learning and the informal practicing of skills gained in both pre-service and in-service training programs. Both types of learning are valued as acquired skills and knowledge for an early intervention service provider.

What are suitable qualifications?

Suitable qualifications refers to requirements for personnel employed by State, local, and private agencies who provide early intervention services to eligible children and their families in excess of 15% of their employment hours. Requirements include a minimum of 120 contact hours of documented pre-service and/ or in-service training, as well as on-site consultation, in nine competency areas. Identified competency areas include cross-disciplinary topics that are considered essential to providing family-centered early intervention services.

What are the nine competency domains and the minimum contact hours required?

Nine Competency Domains /Contact Hours Requirements

Competency Domains	Contact Hours
Competency Domain 1: Infant and Toddler Development (Typical)	30
Competency Domain 2: Infant and Toddler Development (Atypical)	15
Competency Domain 3: Infant and Toddler (Instruments)	3

Competency Domain 4: Infant and Toddler (Procedures)	12
Competency Domain 5: Family Assessment	3
Competency Doman 6: Family Partnerships	6
Competency Domain 7: Early Intervention Service Options, Strategies, and Instructional Practices	45
Competency Domain 8: Team Process	3
Competency Domain 9: Service Coordination (Case Management)	3
Total	**120**

What is a contact hour?

A contact hour is the unit awarded to individuals for completing training activities, based on the following equivalents:

- 1 semester hour
- 2 approved in-service hours
- 2 approved on-site consultation hours

Acceptable semester hours are earned through formal study at an accredited two-year or four-year college or university (post-secondary program). Course work must be taken for credit with a passing grade.

Approved in-service includes conferences, workshops, seminars, and other similar activities sponsored by national, state, and/ or local professional organizations, State and local agencies, and other training initiatives.

Approved on-site consultation includes on-site training in specific competencies, through a written plan outlining goals and objectives in consultation with an early intervention practitioner who meets personnel standards, has a minimum of three years professional experience in service delivery to the eligible population, and has current responsibilities for the eligible population as an administrator or service provider. A maximum of sixty (60) contact hours may be earned through approved on-site consultation.

To whom do personnel standards apply?

Personnel standards apply to all practitioners providing early intervention services in professions or disciplines for which the State promulgates standards. Personnel who provide early intervention services to eligible children and their families 15% or less of their employment hours must meet the highest entry-level academic degree requirement for their discipline. Personnel who provide early intervention services to eligible children and their families in excess of 15% of their employment hours must also meet the suitable qualifications requirement.

Do personnel standards apply to paraprofessionals or technicians?

Personnel standards do not apply to paraprofessionals or technicians (e.g., Applied Behavior Analysis Technician). Personnel standards apply only to disciplines and professions for which the State promulgates standards.

Do personnel standards apply to service coordinators?

Personnel standards apply only to disciplines and professions for which the State promulgates standards. Since Maryland currently does not promulgate standards for service coordinators, individuals who provide service coordination are required to meet the qualifications specified in 34 CFR §303.34 and COMAR 13A.13.01.03(B)(58). Service coordinators must have demonstrated knowledge and understanding about:

- **Infants and toddlers who are eligible under Part C of IDEA;**

- **Part C of IDEA and the regulations in 34 CFR and COMAR 13A.13; and**

- **The nature and scope of services available under the State's early intervention program, the system of payments for services in the State, and other pertinent information.**

Service coordination that is to be reimbursed by Medical Assistance must be provided by individuals who meet the requirements specified in the Department of Health and Mental Hygiene's Medical Care Program regulation COMAR 10.09.40, Early Intervention Services Case Management.

To ensure that service coordinators meet required qualifications, they are included in the State and local Comprehensive Systems for Personnel Development.

Do personnel standards apply to individuals employed temporarily (i.e., in a substitute capacity or to ensure the provision of year-round services)?

Personnel who provide early intervention services on a temporary basis must meet highest entry-level academic degree requirements but are not required to meet suitable qualifications. However, individuals who repeatedly provide early intervention services on a temporary basis (e.g., each summer or during regular staff vacations) or who would like a permanent position are encouraged to participate in training activities that lead to meeting suitable qualifications.

When must these standards be met?

As of July 1, 1991, all personnel providing early intervention services to eligible children and their families were required to meet the highest entry-level academic degree requirements in the State that apply to the profession or discipline in which a person is providing early intervention services.

Personnel employed on or before October 1, 1994 who provide early intervention services to eligible children and their families in excess of 15% of employment hours were required to meet suitable qualifications by October 1, 1995.

Personnel employed after October 1, 1994 who provide early intervention services to eligible children and their families in excess of 15% of employment hours, but who do not meet suitable qualifications at the time of employment must do so **within one year** **from date of employment.** The local Infants and Toddlers Program will develop a training plan to be approved by MSDE/MITP to assure that

appropriate professional requirements are met within that time period.

The MSDE/MITP reviews annually the status of early intervention personnel who are required to meet suitable qualifications. Directors of local Infants and Toddlers Programs should notify MSDE/MITP of any personnel who have not met suitable qualifications so an appropriate training plan can be developed and implemented in a timely manner.

How does one verify that personnel standards are met?

Local Infants and Toddlers Program Directors are asked to maintain a list of all personnel providing early intervention services within the jurisdiction, identifying individuals by name, employing agency, profession or discipline, highest academic degree earned in that profession or discipline, and the approximate percentage of employment hours in which early intervention services are provided. They are also asked to verify that each provider meets the appropriate highest entry-level academic degree requirement and to indicate which individuals have met suitable qualifications, those that have not, and the competency areas needed. Local Program Directors are asked to submit this information annually with their Early Intervention Personnel Count report.

Personnel who provide early intervention services to eligible children and their families in excess of 15% of their employment hours must complete a Verification of Suitable Qualifications Application, which may be obtained from the local Infants and Toddlers Program Director. The director forwards the completed application to the MSDE/MITP for review by the Comprehensive System of Personnel Development (CSPD) Coordinator, who will generate an individual status report. Applicants and local program directors should keep a copy of the application. When the suitable qualifications requirement is met, a Certificate of Suitable Qualifications Verification will be issued by mail directly to the applicant.

The Suitable Qualifications Coordinator provides periodic status reports for all personnel to the local program director. Status reports are also available upon request.

How is the Verification of Suitable Qualifications Application completed?

General descriptions of the nine competency areas, content indicators, examples of course and in-service titles associated with each area, and a completed sample Verification of Suitable Qualifications Application are attached to each blank form to assist early intervention personnel in documenting pre-service and in-service training. When assigning courses and in-service topics to competency areas, applicants will need to identify the content indicator and determine what portion of courses or in-service trainings pertain to early intervention. Unless otherwise indicated on the application, general courses are assumed to cover a broader age-range than early intervention and should be prorated when assigning contact hours. Additional assistance may be requested from the local Infants and Toddlers Program Director.

Pre-service training refers to formal study at accredited post-secondary programs that results in earning semester credit hours. One course may have content relevant to several competency areas. If so, credit hours may be divided among the competency areas. Copies of transcripts from institutions of higher education that were attended may be useful in documenting pre-service training.

In-service training refers to continuing education and staff development activities that are not part of a formal course of study and typically result in earning continuing education units. In-service activities include conferences, workshops, seminars, and other training initiatives sponsored by national, state, and/ or local professional organizations and agencies. Conference brochures, catalog descriptions,

and workshop handouts and agendas may be helpful in deciding appropriate competency area designations.

On-site consultation refers to on-the-job training that addresses specific competency areas through a written plan of goals and objectives. A maximum of sixty (60) contact hours may be earned through approved on-site consultation, which must be provided by an early intervention practitioner who currently meets personnel standards, has a minimum of three years professional experience in service delivery to the eligible population, and has current responsibilities for the eligible population as an administrator or service provider.

How are contact hours obtained for in-service training?

The sponsoring organization, agency, or training initiative is requested to submit the agenda, outline, and/ or training plan, the date(s) of the training, and the total program length in clock hours to the CSPD Coordinator at the MSDE/MITP no later than two weeks prior to the training activity.

Upon receipt of the information, the CSPD Coordinator determines the number of contact hours to be awarded, as well as the competency area(s) to which the contact hours are to be designated. A Training Verification form is sent to the individual conducting the training activity for duplication in sufficient quantity for distribution to each participant. At the conclusion of the in-service, trainers are asked to verify attendance by signing each form in the designated space, and returning it to the participant.

How are contact hours obtained for pre-service or accredited semester hours?

Accredited post-secondary institutions may request the MSDE/MITP to review curricula relevant to the field of early childhood so that students will be informed about how specific coursework applies to meeting the suitable qualifications requirement. Information submitted to the CSPD Coordinator should include course titles and syllabi, term dates, and academic credit hours.

Upon receipt of the information, the CSPD Coordinator determines the number of contact hours to be awarded, as well as the competency area(s) to which the contact hours are to be designated. Some institutions of higher education include this information in course descriptions.

A Training Verification form is sent to the instructor of each course for duplication in sufficient quantity for distribution to students. At the conclusion of the course, instructors are asked to verify completed forms by signing each form in the designated space, and returning it to the student. Copies of transcripts from activities of higher education may also be used to documents pre-service training.

How are contact hours obtained for on-site consultation?

In most instances, on-site consultation is arranged after review of a completed Verification of Suitable Qualifications form indicates that an individual needs additional contact hours in one or more competency areas in order to meet suitable qualifications within a particular time period. Personnel who want to schedule on-site consultation should request assistance from their Local Infants and Toddlers Program Director and the MSDE/MITP CSPD Coordinator to develop training plan and Training Verification form. When the training plan has been implemented, the consultant will verify successful completion by signing the Training Verification form in the designated space. The signed Training Verification form should be submitted to the Local Program Director.

ROLES AND RESPONSIBILITIES

A. Early Intervention Service Providers

All professional providing early intervention services to eligible children and their families in excess of 15% of their employment hours are required to complete an initial **Verification of Suitable Qualifications Application**. The application should be obtained and submitted to the director or supervisor of the local Infants and Toddlers Program at the time of employment. Each of the nine competency domains requires documentation of a formal knowledge source (i.e., college course, workshop or training). Therefore, completed applications must include the appropriate supporting documentation (i.e., undergraduate, graduate transcripts and in-service training verification). The local Infants and Toddlers Program Director or Supervisor will forward completed applications to the Maryland State Department of Education, Division of Special Education/Early Intervention Services, Maryland Infants and Toddlers Program (MSDE/MITP) for review by the CSPD Coordinator. If the suitable qualifications requirements are not met at the time of employment, a provider must do so within one year from the date of employment. The local Infants and Toddlers Program is responsible for developing a training plan that must be approved by the MSDE/MITP. Once the initial Suitable Qualification Certificate has been issued, an early intervention service provider will need to submit evidence of additional professional courses or training 5 years from the date of the issuance of the original Certificate.

Early intervention service provider personnel should begin the Suitable Qualifications certification process with a self-evaluation of the knowledge and skills gained from both formal learning experiences (including classroom settings, topic-specific mentorship, distance learning, conferences and workshops) and work experiences of daily practice with children and families and interactions with colleagues and supervisors. Through the self-evaluation process, they should identify the knowledge, skills, and documentation they already have and those needed to complete the Suitable Qualifications Application submission process.

B. Local Infants and Toddlers Program Directors

1. Local Infants and Toddlers Program Directors are required to maintain a list of all personnel providing early intervention services within the jurisdiction which includes:

   - Name of individual
   - Employing agency
   - Profession or discipline
   - Highest academic degree earned in that profession or discipline
   - Approximate percentage of employment hours in which early intervention services are provided. (If the individual provides early intervention services in more than one jurisdiction, total employment hours in which early intervention services are provided must be considered)
   - Verification that each individual meets the highest entry-level academic degree requirement. (This information should be obtained from the individual's employing agency)

Note: *"All personnel providing early intervention services" is interpreted to mean all service providers, regardless of the employing agency, who are providing early intervention services in a local jurisdiction. This includes those employed through a private provider agency. **Program Administrators and Service Coordinators are not included in this definition unless they are also service providers.*

2. MSDE/MITP will provide a personnel list based on the suitable qualifications database to each LITP at least annually. Update the list to include all information identified in #1 above for all current service providers.

3. LITP Directors should **submit an updated list to MSDE/MITP as part of the Personnel Count submission due on June 1** or when requested.

4. Identify personnel who are required to meet the suitable qualifications requirement and assist them to complete and submit the Verification of Suitable Qualifications Application at the time of employment, including the review of the application for completion.

5. Identify personnel who are required to meet suitable qualifications but have not yet done so, assist them in developing an appropriate training plan which will ensure that the requirements are met in a timely manner, and monitor the completion of the training plan. The training plan must be submitted to MSDE/MITP for approval prior to implementation.

6. Include personnel standards needs of staff when developing local CSPD Plans.

7. Submit training agendas, including training date and time per presentation in clock hours, to MSDE/MITP at least two weeks prior to the date of the training to obtain contact hours.

TRAINING TO ENHANCE PRACTICE

Professional Learning programs have become more sophisticated in recent years with the advent of needs assessment, program design, training, implementation, follow-up, and evaluation components being included in professional learning activities. The research on effective professional learning includes a large body of knowledge on adult learning that describes which types of programs will best meet the instructional, psychological, emotional, and physical needs of the participants. Quality professional learning is sequential in nature and involves ongoing support and/or follow-up in-service programs.

Standards for Professional Learning outline the characteristics of professional learning that lead to effective teaching practices, supportive leadership, and improved student results. Professional learning that increases results for all students:

- occurs within **Learning Communities**;
- requires prioritizing, monitoring, and coordination of **resources**;
- integrates theories, research, and **models of human learning (learning designs)**;
- aligns its **outcomes** with educator performance and student curriculum standards;
- requires skillful **leaders (leadership)** who develop capacity, advocate, and create support systems;
- uses a variety of sources and types of student, educator, and system **data** to plan, assess, and evaluate; and
- applies research on change and sustains support for **implementation**.

Early intervention service providers are responsible for maintaining and improving the skills and knowledge that support professional growth. The Maryland Infants and Toddlers Program system, through the locally developed CSPD Plan, is intended to provide a series of professional learning opportunities for that purpose. These activities are tailored to the specific needs of the credentialed or certified practitioner, whether new to the field or considered an experienced professional, and provide essential information for all team members, across disciplines. Accessing relevant training opportunities offered by other organizations or agencies is also the responsibility of the practitioner.

Employing agencies are encouraged to design professional learning activities using a collaborative team approach, inclusive of early care and education personnel, families and primary referral sources working in partnership enhance child and family outcome results, professional growth and advance the goals of the State and local lead agency.

Child Outcome Summary-Competency Check (COS-CC)
To help ensure accurate data, the Early Childhood Technical Assistance Center (ECTA) is currently creating the Child Outcome Summary – COS Competency Check (COS-CC). The COS-CC is being created to provide states with a mechanism to verify that early intervention staff have the basic competencies to complete the COS as well as to help programs identify professional development needs. Passing the COS-CC does not make a provider an expert, it only verifies that you have basic competencies needed to contribute to the COS process. The COS-CC will also help the MITP and local programs identify professional development needs. At present, the COS-CC has not yet been released. However, when it is release it will be a requirement in Maryland for all providers involved in the COS process.

PROFESSIONAL COMPETENCY DOMAINS AND INDICATORS

The following nine competency domains and indicators represent bodies of knowledge and/or skills considered critical across all early intervention disciplines and applicable to children birth through 4 years of age. General descriptions of the nine competency domains along with the content indicators are provided to assist individuals in completing the Verification of Suitable Qualifications Application. These descriptions of competency and content are intended as guides rather than strict standards. When including courses or in-service topics that include but are not limited to children's growth and development from birth through age four, only that portion of the course or in-service topic that is applicable to this age range should be recorded (i.e., that portion of a course in Child Development which applies to children birth through four). Courses or in-service topics that apply equally to all ages may be applied in their entirety (i.e., a course in communicating with families). Local Infants and Toddlers Program Directors and site supervisors may be contacted for technical assistance in assigning pre-service courses and in-service topics to specific competency areas.

Competency Domain 1:   Infant and Toddler Development (Typical)
Infant and toddler development (typical) refers to children's growth and development from conception through age four.

Content Indicators:

1.1   Understanding theories of infant and toddler/child development, including content, sequences, range, and variability within developmental domains, as well as implications.
1.2   Understanding and implications of brain research on child growth, development and early learning opportunities.
1.3   Recognizing the major developmental milestones of children birth through age four.
1.4   Knowledge of child development in order to provide developmentally appropriate and engaging experiences and interactions.
1.5   Understanding child's play behaviors across developmental domains and appropriate strategies to enhance developmental play.
1.6   Knowledge of the effects of environmental factors on development.
1.7   Understanding that child development includes several interrelated domains – physical, cognitive, social and emotional – that influence each other and develop simultaneously.
1.8   Promotion of social, language, cognitive and physical development within routines and activities based on child's strengths, needs, preferences, and interests.

Pre-service or in-service topics may include:

- Human Growth and Development/Introduction to Child Development
- Physical Development (Including topics such as developmental anatomy, reflex development, gross motor development, fine motor development, sensory-motor development, and development of auditory and visual skills)
- Cognitive Development (Including topics such as conceptual development, problem-solving, memory, and creativity in young children)
- Social-Emotional Development (Including topics such as attachment, self-concept, sex roles, regression, peer relations, and social emotional foundations of early learning)
- Communication Development (Including topics such as preverbal skills, language acquisition, phonological development, pragmatics of language)
- Child Psychology

15

Competency Domain 2: Infant and Toddler Development (Atypical)

Infant and toddler development (atypical) refers to children's growth and development, which is not within normal limits from conception through age four.

Content Indicators:

2.1 Knowledge of the etiology, characteristics of common developmental disabilities and risk factors as well as their effect on early development and child-caregiver interactions.

2.2 Understanding of the impact of prematurity on development.

2.3 Knowledge of the impact of environmental, cultural, family, biological, and health/medical influences on child growth and development, as well as access to information sources and techniques to address the impact.

2.4 Understanding the potential impact of a disability's characteristics on a child's need.

2.5 The ability to describe the common risk factors for developmental dysfunction.

2.6 Recognizing that children's growth and development can be impacted by short and long term risk factors, such as socioeconomic level, access to resources, illness, family dynamics, health, access to health services, lack of access to play environments, changes in family structure and stressful environments.

2.7 Understanding of laws and policies in the fields of early intervention and preschool special education and strategies for supporting children with special needs and their family.

Relevant pre-service or in-service topics may include:

- Genetics: Hereditary Syndromes and Educational Implications
- Signs of Risk: Birth through Four Years
- High Risk/Disabling Medical Conditions
- Characteristics of Exceptional Children
- Language Disorders: Infancy through Early Childhood
- Cortical Visual Insufficiency and Retinopathy Associated with Prematurity
- Impact of Recurrent Otitis Media on Language Development in Infants and Toddlers
- Long-term Outcome of Extreme Prematurity and Low Birth weight
- Prematurity and Atypical Development

** Courses and in-service topics that address both typical and atypical aspects of infant and toddler development may be recorded in both sections, dividing the contact hours between the two.**

Content Indicators:

3.1   Individualizing and adapting assessment procedures to meet the special needs of the child, the culture and preferences of the family and the variety of contexts of the child's daily life (home, child care, community settings).

3.2   Administering criterion referenced assessment instruments to determine child progress and demonstrate the ability to discuss the results by communicating effectively with family members.

3.3   Demonstrating skills in alternative methods of assessment including: informant interview, behavior rating scales, parent-child interaction and observation of daily routines and play environments.

3.4   Collaborating with the family and other practitioners (as appropriate) to identify a child's current level of functioning with an emphasis on strengths and needs in daily activities, routines, and environments such as home, childcare and community.

3.5   Demonstrating cultural responsiveness throughout evaluation and assessment.

3.6   Conducting an environmental assessment of an infant/toddler in childcare or community settings to determine how an infant/toddler can be supported in that environment.

3.7   Using assessment tools with sufficient item density to detect small increments of progress.

3.8   Identification of valid and reliable approved screening and evaluation tools appropriate to age, population, and physical environment.

3.9   Using informed clinical opinion in addition to results from formal assessment instruments to help make decisions about the child's eligibility, current levels of functioning, and plan for instruction.

3.10   Implementing systematic ongoing assessment to identify targets/outcomes, plan activities and monitor child progress.

Pre-service or in-service topics may include:

- Assessment of Young Children with Special Needs
- Multidisciplinary Evaluation and Assessment: Tools of the Trade
- Play-Based Assessment Instruments
- Screening Tools for Identifying Children with Sensory Integration Problems
- Selection and Fitting of Hearing Aids
- Evaluation and Assessment Online Module (Birth through Four)

Competency Domain 4:   Infant and Toddler Assessment (Procedures)
Infant and Toddler Assessment (procedures) refer to the administration and interpretation of assessment instruments, as well as the use of observation and clinical opinion regarding the development of young children.

Content Indicators:

4.1   Collecting, interpreting and reporting information from available records.
4.2   Administering and scoring a variety of screening and evaluation/assessment tools which measure development across the range of developmental domains.
4.3   Interpreting results of screening and evaluation/assessment in terms of a child's functional capabilities.
4.4   Sharing with parents the purpose of selected screening and evaluation/assessment procedures, as well as due process and procedural safeguards as they apply to identification, screening, and evaluation.
4.5   Understanding the functions of various evaluation and assessment procedures and instruments (screening tools, standardized assessment, criterion-referenced assessment, ecological assessment and assessments to help families determine their concerns, priorities, and resources).
4.6   Conducting family interviews and incorporating functional information into other team assessment data.
4.7   Initiating pre-assessment planning with the family, including facilitating the participation of the family in the assessment at the level desired by the family.
4.8   Conducting eligibility evaluation, interpreting information, and reporting assessment results so they are understandable and useful to the family and team.
4.9   Utilizing assessment materials and strategies that accommodate the child's sensory, physical, communication, cultural, linguistic, and temperament differences.
4.10   Using of a variety of methods to gather assessment information from multiple sources, including the child's parents, family members, and other significant individuals in the child's life.

Pre-service or in-service topics may include:

- Current Trends in Assessment of Infants and Toddlers
- Child Outcomes Summary (COS) Process (Online COS Tutorial)
- Diagnostic Procedures
- Trouble-Shooting in Evaluations
- Transdisciplinary Play-Based Assessment
- Assessment Practicum
- Evaluation and Assessment Report Writing

** Courses and in-service topics that address both assessment instruments and procedures may be recorded in both sections, dividing the contact hours between the two.

Competency Domain 5:   Family Assessment
Family Assessment refers to the process by which families identify their concerns, priorities, and resources as well as the supports and services that are necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

Content Indicators:

    5.1   Gathering information through family interview as a component of the screening, evaluation and assessment of the infant and toddler, and the identification of family concerns, priorities and resources.

    5.2   Communicating with families in a clear, concise, respectful and sensitive manner by providing up-to-date, comprehensive and unbiased information in a way that the family can understand and use to make informed choices and decisions.

    5.3   Selecting and implementing assessment practices that align with family preferences and meets the child's individual characteristics and needs.

    5.4   Collaborating with the family in gathering and interpreting assessment information that is meaningful for the family and responsive to the family's concerns, priorities, and changing life circumstances.

    5.5   Building trusting and respectful partnerships with families through interactions that are sensitive to family culture, values, home language, and literacy level.

    5.6   Communicating with families about the value of assessment and its role in supporting children's learning and development.

    5.7   Assisting families to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals.

Pre-service or in-service topics may include:

- Essential Elements of a Family-Directed Assessment- What are they?
- Identifying Family Resources, Concerns, and Priorities within the IFSP Process
- The Role of the Family on the Evaluation Team
- Family-centered Communication Skills
- Interview Strategies that Promote Parent-Professional Partnerships
- Routines-Based Interview (RBI)

Content Indicators:

6.1   Understanding the family as a dynamic system and how a disability effects family functioning.

6.2   Understanding the importance of parent-child interactions during infancy and its relationship to development.

6.3   Understanding and respecting diversity and individuality of family functioning including influences of culture and ethnicity.

6.4   Knowledge of family-centered principles and the ability to apply these to create robust Individualized Family Service Plans (IFSPs), develop functional child and family outcomes, and implement practices that address the family's priorities and concerns and the child's strengths and needs within daily routines.

6.5   Facilitating social networks and support through the identification of a range of family services.

6.6   Supporting family functioning, promoting family confidence and competence, and strengthening family-child relationships by acting in ways that recognizes and builds on family strengths and capacities and improve family coping skills.

6.7   Engaging families in opportunities that support and strengthen parenting knowledge and skills and parent competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.

6.8   Supporting families to know and understand their rights, to effectively communicate their child's strengths and needs, and to help their child develop and learn.

6.9   Informing families about leadership and advocacy skill-building opportunities and involving families in the evaluation of the service delivery system.

Pre-service or in-service topics may include:

- Diversity: Face-to-Face with Families
- Family-Professional Partnerships
- Developmental Stages of Families
- Family Functions that Affect Early Intervention Service Planning
- Adolescent Parents
- Family Capacity-Building Through Reflective Coaching
- Family Partnerships in the IFSP Process
- Engaging Families in the Child Outcomes Summary (COS) Process

Competency Domain 7: Early Intervention Service Options, Strategies, and Instructional Practices
Early Intervention Service Options, Strategies and Instructional Practices refer to various aspects of service delivery, including curricula, intervention methods, and current evidence-based instructional practices to promote school readiness.

Content Indicators:

7.1 Providing services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.

7.2 Identifying skills to target for instruction that help a child becomes adaptive, competent, socially connected, and engaged and that promote learning in natural and inclusive environments utilizing the Early Learning Assessment and aligning to the Kindergarten Readiness Assessment (KRA) standards.

7.3 Gathering and using data to inform decisions about individualized development and instruction, including school readiness.

7.4 Developing functional IFSP outcomes and embedding the outcomes into daily activities and routines at home and in other natural and inclusive environments, including language, numeracy, and pre-literacy outcomes for children over age 3.

7.5 Integrating developmental instructional/therapeutic practices and strategies and Universal Design for Learning principles into learning environments in ways that support learning and encourage independence in children (i.e., integration of medical routines written or parents/caregiver by medical staff; integration of augmentative communication strategies; integration of therapeutic activities in daily routines).

7.6 Working with family and other adults to modify and adapt the physical, social, and temporal environments to promote each child's access to and participation in learning experiences to support school readiness.

7.7 Supporting families and other adults to identify each child's needs for assistive technology and acquire or create appropriate assistive technology to promote access to and participation in learning experiences.

7.8 Planning for and providing the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines.

7.9 Utilizing explicit feedback and consequences to increase child engagement, play, and skills.

7.10 Utilizing peer-mediated intervention to teach skills and to promote child engagement and learning.

7.11 Utilizing functional assessment and related prevention, promotion, and intervention strategies across environments to prevent and address challenging behavior.

7.12 Implementing the frequency, intensity, and duration of instruction needed to address the child's phase and pace of learning or the level of support needed by the family to achieve the child's outcomes or goals.

7.13 Providing instructional practices, strategies and support for young children with disabilities who are dual language learning to assist them in learning English and in continuing to develop skills through the use of their home language.

7.14 Utilizing coaching and/or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.

7.15 Co-developing, co-implementing and evaluating IFSPs in partnership with team members including families consistent with state standards and federal guidelines.

<u>Pre-service or in-service topics may include:</u>

- Curriculum for Children with Special Needs at the Infant/ Preschool Level
- Home-Based Intervention: Embedding Outcomes into Play and Daily Routines
- Pervasive Developmental Disabilities: Current Approaches
- Treatment Issues in Cerebral Palsy
- Practicum with Young Children with Disabilities
- Augmentative Communication Strategies for Infants and Toddlers with Special Needs
- Underutilized Early Intervention Services
- Universal Design for Learning (UDL)
- Attitudes and Responsibilities of Team Members

Competency Domain 8:   Team Process
Team process refers to the dynamics of a group of individuals working together for a specific reason and the means by which they function to ensure an unduplicated, family-centered, comprehensive, coordinated, community-based system of services.

Content Indicators:

8.1   Communicating effectively with a variety of audiences, i.e. families, EI providers, community providers, using jargon-free terminology to provided essential early intervention information.

8.2   Working together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.

8.3   Developing skills to function as a direct service provider, consultant and/or coach across disciplines and programs to plan and implement supports and services to meet the unique needs of each child and family.

8.4   Understanding of related service providers and community providers, their rules, regulations and requirements, and act with the ability to network to advocate and create increased options for the child and family.

8.5   Understanding of the various team formats, i.e. multidisciplinary, transdisciplinary, primary service provider model, their strengths and limitations.

8.6   Utilizing communication and group facilitation strategies including productive problem-solving techniques as a collaborative team member.

8.7   Developing negotiation skills to support divergent team expectations and resolve conflicts/crisis.

Pre-service or in-service topics may include:

- Collaboration Strategies: New Techniques for Sharing Information with Families and Professionals
- Working Together: Effective Strategies for Team Building
- Team Dynamics: What Defines a Team, What are the Issues that Drive a Team How Are the Issues Relevant to Early Intervention Practices?
- Attitudes and Responsibilities of Team Members
- Team Building: Developing Effective Team Behavior
- Utilizing a Primary Service Provider Model
- Collaboration with Child Care Providers

Competency Domain 9: Service Coordination (Case Management)
Service Coordination refers to the activities carried out by an individual designated to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's system of early intervention services.

Content Indicators:

9.1 Monitoring and coordinating the delivery of early intervention services on the IFSP/Extended IFSP.

9.2 Coordinating and scheduling evaluations, IFSP meetings and reviews to meet timelines.

9.3 Understanding local, regional, state and federal agencies that focus on the social, financial, health, developmental and other needs of infants/toddlers and their families.

9.4 Advocating for resources needed by families and enhancing the family's capacity for self-advocacy.

9.5 Identifying and assisting a family to access other financial resources for their child (i.e., Medicaid, SSI, CHIP).

9.6 Understanding the transition requirements of federal/state laws and utilizing a variety of planned and timely strategies with the child and family before, during, and after the transition to support successful adjustment and positive outcomes for both the child and family.

9.7 Understanding the impact of change and transitions on child and family dynamics.

9.8 Understanding of the Part C to Part B teamwork and collaboration necessary to develop an Extended IFSP or IEP.

9.9 Supporting the family to develop or enhance communication and problem-solving skills that improve the effectiveness of the transition from an IFSP or Extended IFSP to an IEP.

Pre-service or in-service topics may include:

- Roles and Responsibilities of the Service Coordinator in the IFSP Process
- Models of Service Coordination for Drug-Exposed and HIV-Affected Infants and Toddlers and Their Families
- How to Assist Families to Obtain SSI Benefits for Their Children
- Documentation for Medical Assistance Case Management
- What to Do When - Transition Planning and Other IFSP Issues
- Identifying and Utilizing Community Resources

APPENDICES

A. Key Concepts and Definitions
B. Suitable Qualifications Application
C. Professional Learning Planning Form
D. Personnel Listing Format
E. Helpful Resources