

Baby Watch Credentialing FORMS

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- 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
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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		
HEALTH 1.0 (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 1.5 child abuse and neglect 1.6 service patterns to accommodate health 1.7 precautionary health measures for staff				Items in BOLD are required Service Coordinators demonstrate all items in 6.1 & 6.2 and cut one entry from each area of Child Development
CHILD DEVELOPMENT 2 PHYSICAL, MOTOR, SENSORY INTEGRATION DEVELOPMENT 2.1 (5 required) 2.1a. gross motor development 2.1b. fine motor development 2.1c. sensory integration 2.1d. atypical gross and fine motor and sensory integration 2.1e. positioning and handling techniques 2.1f. evidence based motor interventions and strategies				
COGNITIVE DEVELOPMENT 2.2 (5 required) 2.2a. brain development 2.2b. cognitive development 2.2c. emergent literacy 2.2d. vision and hearing loss 2.2e. play and relationship-based approaches 2.2f. atypical cognitive, hearing and vision 2.2g. evidence based cognitive interventions and strategies				
SOCIAL EMOTIONAL DEVELOPMENT 2.3 (5 required) 2.3a. social and emotional development 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 2.3f. behavior support 2.3g. atypical social and emotional development 2.3h. evidence based social and emotional interventions and strategies				
COMMUNICATION DEVELOPMENT 2.4 (4 required) 2.4a. receptive communication 2.4b. expressive communication 2.4c. communication in play interactions 2.4d. atypical communication 2.4e. augmentative devices 2.4f. evidence based communication interventions and strategies				
ADAPTIVE DEVELOPMENT, SELF HELP, FEEDING 2.5 (2 required) 2.5a. adaptive and self-help 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		
DEVELOPMENT IN CHILDREN WITH SPECIAL NEEDS 3.0 (3 required) 3.1 variations in development 3.2 etiologies and characteristics of specific disabilities 3.3 interrelatedness of domains 3.4 interactions that influence development 3.5 evidence based interventions adapted to child's unique characteristics				_____ Assessment
FAMILIES IN EARLY INTERVENTION 4.0 (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 4.5 family culture and values 4.6 adult learning styles 4.7 adult literacy/parents with disabilities 4.8 substance abuse problems 4.9 maternal depression 4.10 personal/professional boundaries 4.11 collaborative partnerships 4.12 evidence based interventions with family preferences, routines, child interest				_____ Cognitive _____ Communications _____ Families in Early Intervention _____ Health _____ IFSP/ Service Coordination
EVALUATION AND ASSESSMENT 5.0 (4 required) 5.1 purpose of screening, evaluation and assessment 5.2 types of tests 5.3 selection, administration and scoring assessments 5.4 gather appropriate formal and informal information on child and family 5.5 collaborate with the family 5.6 interpret assessment and present results				_____ Motor _____ Social / Emotional
PROGRAM IMPLEMENTATION 6				
SERVICE COORDINATION 6.1 (2 required) 6.1.a. role of the service coordinator in the IFSP process 6.1.b. family CPR's and supports and services 6.1.c. procedural safeguards 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				_____ Orientation/ Foundations DVD _____ Procedural Safeguards DVD
COLLABORATE WITH FAMILIES AND TEAM IN THE IFSP PROCESS 6.2 (2 required) 6.2.a. purpose and use of IFSP 6.2.b. family-centered IFSP 6.2.c. identify strategies, activities, resources that address outcomes 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

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

Return to:
 Carma Mordecai
 CSPD Coordinator
 BabyWatch Early Intervention
 P.O. Box 144720
 Salt Lake City, UT 84114-4720
 Phone: 584-8443
 Fax: 584-8496

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

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