



EARLY START PERSONNEL MANUAL

*A Guide for Planning and Implementing
Professional Development in Support
of Early Intervention Services*



RECOMMENDED BY THE CALIFORNIA INTERAGENCY
COORDINATING COUNCIL ON EARLY INTERVENTION

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Having a baby with a developmental delay or disability presents a new, uncharted world of information and experience. Parents and families discover first-hand the journey, the joys and the challenges of nurturing their children with special needs while still maintaining everyday family routines, relationships and activities. The federal Individuals with Disabilities Education Act (IDEA, originally enacted in 1986 as PL99-457), Part C and the California Early Intervention Services Act (CEISA, Title 14, SB 1085 of 1993) ensure that all families have individualized, family-centered, collaborative early intervention services that support them in providing for their children’s development and living the life they desire.

A Comprehensive System of Personnel Development

IDEA, Part C, requires each state to ensure that there is a prepared and trained cadre of personnel in the state to deliver early intervention services (as defined in Part C, 20 USC 1400 § 635 Requirement for Statewide System). This system component, called the Comprehensive System of Personnel Development (CSPD), 34 CFR 303.360(c), has three primary elements: preservice education and training, inservice training, and technical assistance. The CSPD provides a framework for a partnership with preservice institutions of higher education to align early intervention competencies for early intervention personnel with licensing, registration, credentialing and certification requirements. It also provides a framework for the delivery of ongoing inservice training throughout the state.

The Early Start Personnel Manual (ESPM), recommended by the California State Interagency Coordinating Council on Early Intervention (ICC), supports the California Early Start CSPD effort to strengthen California’s system of qualified personnel providing services for eligible infants and toddlers and their families. The *Early Start Personnel Manual* describes the foundational principles, competencies and evidence-based practices needed to support effective service delivery. The manual also elaborates key roles of interdisciplinary team members, how to support seamless service delivery and how to matriculate through the Early Start personnel system. Building relationships at all levels will strengthen California’s early intervention program. The “Heart of Early Start” is the relationship between providers and the families they serve, and a well-articulated CSPD can support these relationships.

Framework and Philosophy

IDEA, Part C proposed regulations state “*There is an urgent and substantial need...to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities.*” To do so, service providers must be prepared academically and through ongoing supervised field experience to observe early intervention principles, utilize evidence-based decision making processes, and employ high quality practices in dynamic natural environments. Providing early intervention services for families in natural environments rather than in segregated community settings reflects a shift in practice required by IDEA, Part C CFR 303.12(b), 303.167(c). Natural environments are defined in the law as “*settings that are natural and normal for the child’s age peers who have no disabilities*” (IDEA, Part C CFR 303.18). Society thrives when infants and toddlers with developmental delays or disabilities participate in everyday activities afforded all children. Focusing on the family provides the context for understanding the natural environments for that family. Early intervention services must fit the unique preferences and priorities of each family, in the neighborhoods and communities where they live, so they can most readily meet their children’s developmental needs. Early intervention services also assure that families of children in Early Start are interconnected and can share their experience, wisdom, and mutual and meaningful support.

Expectations of early intervention personnel are many. Their professional preparation 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 and settings of child rearing rather than creating new roles and responsibilities for families. This is especially important in California, a state rich in its diversity of population and environments. Here, families enter the early intervention system daily, representing virtually all world cultures, ethnic backgrounds and socio-economic designations. Service providers working with families under IDEA, Part C and California Early Start have the responsibility to respect each family’s unique culture and preferences as they provide quality services in natural environments such as homes, child care settings, homes of extended family and friends, parks, shopping areas, recreation sites, houses of worship, early education programs and elsewhere.

Early intervention services in natural environments are not only about *where* they happen, but *how* they happen. They must build on child-parent interactions and relationships between families and service providers. They must enhance children’s participation in everyday routines, relationships, activities, places and partnerships (known in Early Start as ERRAPP) that structure family life. They must reflect collaborative coaching and interdisciplinary teamwork utilizing the natural relationships, learning settings and opportunities that enhance parent ability to promote childhood experiences. They also must recognize the risks and protective factors that influence development. They must revolve around a core provider who acts as the primary intervention resource for families. All of these practices require sensitivity, intent, knowledge and skills. In addition, in alignment with federal and state regulations, early intervention providers must use an evidence-based practice framework in their daily work with children and families. Providers look for the best available research evidence and integrate their own wisdom and experience with a family’s wisdom and values when making decisions.

With this in mind, the ICC has initiated action in support of the IDEA, Part C requirement for a Comprehensive System of Personnel Development (CSPD) by recommending that the ESPM 1999 be revised and updated. In response, the Department of Developmental Services, under contract with the WestEd Center for Prevention and Early Intervention, has undertaken a revision of the former ICC-recommended *Early Start Personnel Model*, originally approved in 1999 and last updated in 2004. This revision, which applies the highest standards of professional development, includes a review and analysis of past practices and current evidence-based approaches in the field of early intervention and personnel preparation. It involved a multiyear process with key stakeholders representing all components of the early intervention system in California. The resulting new ICC-recommended *Early Start Personnel Manual* merges multifaceted input and current evidence-based practice to elaborate on the interrelated components of high quality service delivery in the California Early Start service system. The document is designed as a guide for personnel development and quality practice.

Purpose of the Manual

1. To identify the personnel employed in the Early Start service delivery system.
2. To emphasize underlying foundational principles essential to the interactive function of *every* Early Start team member.
3. To present the core knowledge that is necessary for Early Intervention Specialists (EIS) and Early Intervention Assistants (EIA).
4. To describe role-specific competencies and supervised fieldwork needed for the EIS and the EIA incorporating current research and evidence in the field of early intervention.
5. To recommend Early Start entry and certification requirements for the EIS and EIA and identify potential advanced training options.
6. To provide information for preservice training institutions, participating agencies, individual practitioners and families.
7. To clarify terminology related to the manual content by providing definitions of key concepts within early intervention practice.

Personnel and Practice: Past and Present

California's Early Start service system has a rich history. Well before the original federal legislation (PL 99-457) was enacted in 1986, early intervention flourished in California under the Lanterman Act and California Education Code. Individual practitioners and local counterparts of several state agencies provided developmental, educational and/or therapeutic services to children under age three with developmental delay or disabilities. Participants included regional centers and their vendored programs, local education agencies, California Children's Services and other state government agencies. Among these, the Governor designated the Department of Developmental Services (DDS) as the lead agency for implementation of Part C, known in California as Early Start. DDS and the California Department of Education (CDE) assumed shared responsibility for delivery of Early Start services within the state. Additional agencies and entities such as the Family Resource Centers Network of California (FRCNCA) and the Early Start Institutes became part of a significant and ongoing statewide collaboration that enhanced the integrated and coordinated system established in California statute (CEISA) in 1993 as Early Start.

From its beginnings in the 1960s, early intervention has evolved and matured. Practice has shifted from deficit-oriented to strength-oriented, from system-centered to family-centered, from professional-directed to relationship-based, and from an individual provider of service to a "core" provider within an interdisciplinary team. Services have also extended into many environments and settings with respect to very young children's natural learning preferences and opportunities.

We now view each child as an integral member of a dynamic family system through which learning takes place in the context of relationships. We form an alliance with families in which we have a shared view of the child and his or her strengths and needs. In partnership with parents and caregivers, we identify naturally occurring opportunities for learning within the families' *everyday routines, relationships, activities, places and partnerships (ERRAPP)*, rather than prescribe activities based on child deficits. We employ a relationship-based approach to engaging with children through their parents and primary caregivers in which *supporting parent competence and confidence* is a desired outcome of intervention. Most importantly, we consider the needs, hopes, preferences and priorities of the family as determinants of intervention. Rather than becoming enmeshed in or a dependent part of the family system,

interventionists seek to enhance the family's ability to provide for the developmental needs of each infant or toddler with developmental differences.

The original Early Start Personnel Model was recommended by the ICC in 1999. The ICC recognized that a revised model for personnel preparation and practice has been needed to reflect the qualitative and contextual changes to the field of early intervention during the last decade. The evolution is also reflected in the advancement of preservice training within the various early childhood and pediatric specialties serving young children with special needs and their families. Development of the new ICC-recommended *Early Start Personnel Manual* involved a review and incorporation of evidence-based practice including experience and wisdom from the field. The manual also aligns with other principles and standards important to Early Start and personnel preparation as delineated in:

- Early Start Personnel Model Early Interventionist Competencies (revised 2004)
- California Commission on Teacher Credentialing (CTC), Standards for Education Specialist in Early Childhood Special Education (2008)
- Division of Early Childhood (DEC) Standards (2008)
- California Department of Education (CDE) Infant/Toddler Learning and Development Foundations (2009)
- Revised Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health (I-FECMH) (2009)
- Office of Special Education Programs (OSEP) Technical Assistance Community of Practice-Part C Settings Workgroup and National Early Childhood Technical Assistance Center (NECTAC) *Key Principles for Providing Early Intervention Services in Natural Environments* (2008)
- California Training and Technical Assistance Collaborative (TTAC) *Core Messages* (2006)
- National Association for the Education of Young Children (NAEYC) *Standards for Programs* (2003)
- California Community College Early Intervention Assistant Chancellor's Certificate (2004), developed under the Community College Personnel Preparation Project (CCPPP), a program of the Early Start CSPD funded by DDS.

The revised ICC-recommended *Early Start Personnel Manual* provides individuals and organizations a tool to inform and guide high quality evidence-based early intervention practice in California. The ICC envisions a Comprehensive System of Personnel Development (CSPD) that supports individuals as they pursue initial certification, credentialing, hiring, and continuing education and training.

Looking Forward: Strengthening the Statewide System

The Early Start Personnel Manual is designed to be used by the early intervention field in California's Early Start service system and related systems, from the level of self-advocacy and early intervention practice to the level of higher education and policymaking. A stronger system in California will be evidenced by personnel that are fully academically prepared and trained to the highest standard joining early intervention programs and teams, ready to work with infants, toddlers and their families. It is recommended that early intervention personnel in programs provided through regional centers and local education agencies (LEAs) meet these highest standards. Access to and implementation of Early Start principles, practices and personnel advancement pathways presented in the ICC-recommended *Early Start Personnel Manual* will help to unite service providers and stakeholders through common understanding of those quality early intervention principles, practices and pathways. In times of fiscal uncertainty, this common understanding gains increased importance and added value throughout the state.

Audiences and Uses for the Manual

Audiences and uses for the manual include, but are not limited to:

1. California Interagency Coordinating Council on Early Intervention (ICC)

- To advise the lead agency, the California Department of Developmental Services (DDS), regarding recommended revisions to the ESPM.
- To advise the lead agency regarding the implementation of highest quality Early Start services throughout California and applications to program monitoring and personnel development.
- To provide updates to the field regarding evidence-based practice in early intervention.

2. The Department of Developmental Services, as lead agency, and California state agency partners, including the Department of Education, Department of Alcohol and Drug Programs, Department of Mental Health, Department of Managed Health Care, Department of Health Care Services, Department of Social Services including Foster Care, Department of Public Health, and the California Children and Families Commission

- To inform state policy that ensures qualified early intervention personnel and effective program practices.
- To provide updates to the field regarding evidence-based practice in early intervention.
- To inform local interagency collaboration efforts regarding early intervention services.
- To assist with quality assurance and monitoring of local programs.
- To inform personnel development planning and implementation.

3. Families of infants and toddlers with developmental delays or disabilities

- To assist families to recognize that they are the center of their child's early intervention team.
- To assist families to evaluate the qualifications and competence of early intervention personnel and programs providing early intervention services.
- To inform families of evidence-based practice in early intervention.
- To assist families in meeting the developmental needs of their infants or toddlers with disabilities and/or other special needs.
- To assist families to understand the meaning and importance of having services in the natural environments that they define for their child.
- To support families in their participation on the Individualized Family Service Plan (IFSP) team and to be effective advocates for their child's success in natural environments.

4. Regional center and local education agency Early Start administrators/managers

- To recognize currently existing high quality early intervention programs and services.
- To promote vendorization of high quality early intervention programs and services by regional centers that reflect current evidence-based practice in early intervention.
- To design and promote establishment of high quality early intervention programs and services by local education agencies that reflect current evidence-based practice in early intervention.
- To evaluate programs to ensure high quality services through appropriately trained and supervised personnel.
- To promote seamless, interdisciplinary and interagency Individualized Family Service Plan early intervention services for infants, toddlers and their families.

5. Regional center vendored and local education agency Early Start programs and Early Start Family Resource Centers

- To inform personnel hiring, training, supervision and performance evaluation activities.
- To assist with program design and implementation focusing on comprehensive interdisciplinary teamwork and collaboration.
- To maintain and improve knowledge of evidence-based practice in early intervention.
- To provide guidance for advanced practice and personnel development.
- To enhance knowledge of all Early Start personnel roles and responsibilities.

6. Other federal, state and community services and programs (for example, infant-family-early childhood mental health services, California's Children's Services, public health and primary care providers, Head Start, Early Head Start, tribal and migrant services, military organizations, state preschools and local early care and education programs).

- To inform about Early Start principles and practices that support interdisciplinary and interagency collaboration in eligible infants' and toddlers' natural environments.
- To inform about the roles, responsibilities and competencies of Early Start personnel.
- To inform personnel hiring, supervision and evaluation practices.
- To provide guidance for personnel development.
- To maintain and improve knowledge of evidence-based practice in early intervention.
- To promote increased interagency coordination and collaboration.
- To enhance and promote inclusionary practice.
- To assist providers to enhance the provision of care for infants and toddlers with special needs.
- To promote mutual interests toward access of potential collaborative funding to support sustainability of a unified system of early care.

7. Institutions of higher education

- To promote and ensure availability of programs providing early intervention-specific certificates and credentials.
- To inform curriculum planning and preparation utilizing principles of evidence-based decision making.
- To promote collaboration with other early intervention-related systems and organizations.
- To guide interdisciplinary curriculum development for preparation of Early Start personnel.
- To facilitate continued efforts to develop cohesive career ladder articulation between two- and four-year institutions in California.

8. Early intervention personnel

- To provide guidance for acting in accordance with the Foundational Principles for All Team Members.
- To give detailed descriptions of the core knowledge required and specific competencies needed to function as an Early Intervention Specialist or Early Intervention Assistant in natural environments.
- To maintain and improve knowledge of current evidence-based practice in early intervention.
- To provide a self-assessment tool for career development.
- To enhance understanding of the interdisciplinary and collaborative relationships within early intervention.
- To promote understanding of the importance of reflective supervision in enhancing and sustaining early intervention practice.
- To develop a career plan targeting specific skills and knowledge required for individual professional development planning.

9. State and community organizations, including but not limited to Infant Development Association of California, County First 5 and the First 5 Association

- To inform training and educational activities utilizing principles of evidence-based decision making.
- To guide outreach and advocacy efforts.
- To improve and maintain knowledge of California Early Start.
- To promote collaboration and reduce potential duplication of services for infants, toddlers and their families.
- To inform about resources and agencies that can provide support to program staff, families and children eligible for Early Start.

10. Licensing entities and organizations (for example, California Commission on Teacher Credentialing)

- To inform existing licensing, credentialing and certification of professionals.

Cornerstones of Quality Early Intervention: Personnel Preparation, Interdisciplinary Practice and Supervision

Cornerstones of high quality early intervention create and sustain a stable, viable base for ongoing services. Every system needs a strong foundation from which to grow, and with such a foundation, the California Early Start service system has succeeded since its inception. To ensure future success for infants, toddlers and their families in Early Start, the *Early Start Personnel Manual* offers further definition of the elements that support this outcome.

For more information, please see the following sections of the manual:

- Personnel Entry Level and Advancement Pathways
- Six Foundational Principles for All Team Members
- Core Knowledge for Early Intervention Specialists and Early Intervention Assistants
- Specific Competencies for Early Intervention Specialists and Early Intervention Assistants

Personnel Preparation

Preparation of Early Start team members lays a key cornerstone of high quality practice. The success of each child and family in achieving desired outcomes relies on successful collaborative work with trained personnel. Throughout California, colleges and universities offer degrees, credentials and certificates in the early intervention specialty. In addition, specialized consultants and others enter the practice of early intervention through discipline-specific education and training. The ICC-recommended *Early Start Personnel Manual* will foster further opportunities for coordinated preservice and ongoing education opportunities for aspiring and experienced practitioners that will include focus on current evidence-based quality practices in early intervention.

Interdisciplinary Practice

Infants and toddlers with developmental delay or disabilities and their families often require intervention from a variety of providers with training and skills in different areas. The array of services helps the family to meet the developmental needs of their infant or toddler. To ensure optimal impact of the expertise of all team members and to prevent stress on the family having to struggle to integrate multiple inputs, practitioners must interact and collaborate in an interdisciplinary manner. With the family at the center of the team, interdisciplinary practice involves communication, consultation, and skill-sharing across disciplines.

As another cornerstone of quality early intervention service delivery, interdisciplinary practice guides the way team members provide services to infants, toddlers and their families in Early Start. Direct service personnel participate in early intervention programs as part of an interdisciplinary Individualized Family Service Plan (IFSP) team, either through regional center vendored programs or local education agency programs. Each IFSP team has a core provider who is designated as an Early Intervention Specialist, linking all other providers to the family. This lessens the complexity of all the information parents receive and provides a means for conversations with and coordination of different personnel and their unique contributions to the desired child and family outcomes.

Although direct service providers may contract with regional centers as an independent vendor, quality practice dictates that they collaborate with other providers at both the IFSP and family levels. Working as sole professionals in isolation from other practitioners does not support the family-centered, interdisciplinary, collaborative vision of IDEA, Part C.

Supervision

Integral to the provision of quality early intervention services is the ongoing supervision of all personnel in the context and content of their work. The intensity and demands in addition to the knowledge and skills required of early intervention service delivery make supervision essential in all quality practice. To achieve the most meaningful and applicable supervision, a relationship between the supervisor and supervisee with ongoing collaboration is key. This relationship stems from mutual respect and understanding of roles, responsibilities and the daily work of early intervention in natural environments. It occurs through the reflective process between supervisor and supervisee. This cornerstone, more than any other, promotes critical retention and advancement of early intervention personnel within the Early Start service system.

Supervision requires both the direct interaction and reflective process within the context of service delivery in natural environments. As part of ongoing supervisory relationships, it is important for supervisors to view and/or accompany direct service providers to their visits with children, families and other caregivers and observe the interactions and outcomes. This is called *direct supervision*. Acknowledging individual and system obstacles and exploring potential solutions also assist providers in maintaining focus and objectivity. *Reflective supervision* includes being able to jointly consider and discuss the meaning, the challenges and the opportunities of providing intervention strategies and supports for each family. This enables practitioners to participate as effective interdisciplinary team members and service providers for children and families, while applying the same essential reflective interactions with families and colleagues.

THE EARLY INTERVENTION TEAM

Service delivery in Early Start takes place through collaborative and interdisciplinary teamwork in natural environments. Both direct service providers participating on the Individualized Family Service Plan (IFSP) team and support personnel are needed to ensure effective interdisciplinary practice. Though their structures within respective programs and local service systems may vary, personnel interact in support of each child, family and IFSP. Direct service providers coach and collaborate with parents and other primary caregivers in a manner that maintains the caregiver-child relationship at the center of all interactions rather than provide one-on-one activities with the child.

Team Composition and the Core Provider

The team model described in this manual represents the highest standard in early intervention based on current evidence. Evidence is considered to include research, knowledge from practice and wisdom of experience from both families and providers. This manual describes the Early Intervention Specialist (EIS) and the Early Intervention Assistant (EIA). It defines the EIS as the core provider of early intervention services to each family and the hub of information regarding daily activities and strategies for IFSP implementation. The EIA provides essential support and assists the EIS in implementation of the IFSP.

The EIS as the core provider has knowledge, skills and experience across all domains of early development and learning, family relationships and early intervention practice. A core provider model supports seamless service delivery and reduces fragmentation and confusion for families. An example of an IFSP team for a child and family might include the parent, an Early Start Service Coordinator, an Early Intervention Specialist as the core provider, an Early Intervention Assistant, an Occupational Therapist (specialized consultant), a Speech and Language Pathologist (specialized consultant), and a Family Resource Center Specialist (special technical support personnel). Or

the team may be small, consisting only of the parent, an Early Intervention Specialist as core provider, a specialized consultant and an Early Start Service Coordinator. Other team compositions may exist, depending on the needs of each child and family. In any scenario, personnel may reflect interdisciplinary and/or interagency affiliations and perspectives and their complex interactions.

While specific training requirements exist for many of the roles in the early intervention system, the responsibilities of the early intervention core provider (EIS) and the training required to assume those responsibilities has not been fully articulated until now. For further explanation of role-specific competencies and practices for Early Intervention Specialists and Early Intervention Assistants, see Specific Competencies for Early Intervention Specialists and Early Intervention Assistants.

Table 1, Early Intervention Team Members: Personnel Roles identifies the various roles and their basic responsibilities in accordance with state and federal statute and regulations.

- **Direct service personnel** provide a variety of functions including face-to-face collaboration, coaching, instruction, coordination and clinical or reflective supervision of services for infants, toddlers and families. Direct service personnel include Early Start Service Coordinators, Early Intervention Specialists (core providers), Early Intervention Assistants, specialized consultants, specialized consultant assistants and special technical assistants. All personnel must meet licensing, registration, credentialing or certification as appropriate to the discipline.
- **Support personnel** provide indirect services through administrative and management functions and administrative supervision. They include program directors or supervisors/managers who are not involved in face-to-face interactions with children and families on a regular basis and others who provide administrative or program supports.

Table 1. Early Intervention Team Member Personnel Roles

EARLY START PERSONNEL	ROLE DESCRIPTION
Early Start Service Coordinator (ESSC)	Provides coordination of Early Start Individualized Family Service Plan (IFSP) services as required member of IFSP team (per Title 17, Subchapter 4, § 52121 and 52122). If qualified, may also provide direct service.
Program Director/Program Supervisor	Provides administrative support and oversight of Early Start program services (CCR Title 17). May provide supervision and consultation per individual qualifications.
Early Intervention Specialist (EIS)	Core provider. Qualified professional who provides primary/core IFSP services (per IDEA, Part C CFR 303.12 defined as provider of special instruction). May have administrative role. Supervises Early Intervention Assistants.
Specialized Consultant	Qualified professional who provides specialized early intervention IFSP services (per IDEA, Part C. 303.12) including: audiologists, family therapists, nurses, occupational therapists, orientation and mobility specialists, pediatricians and other physicians, physical therapists, psychologists, registered dietitians, social workers, speech and language pathologists and vision specialists. Additional specialized consultant personnel in California may include infant-family early childhood mental health specialists, behavioral therapists and physician assistants. A specialized consultant who has not completed early intervention specific academic preparation may not serve as an EIS.
Early Intervention Assistant (EIA)	A qualified paraprofessional who provides IFSP services under supervision of EIS (IDEA, Part C CFR 303.12(c)(3)(d)(13 iii iv)). The EIA does not serve as a specialized consultant assistant unless appropriately qualified.
Specialized Consultant Assistant	Qualified paraprofessional who provides specialized IFSP services (IDEA, Part C CFR 303.12(c)(d)(8)(9)(14)) under supervision of specialized consultant. Includes occupational therapy assistant, physical therapy assistant and speech-language pathology assistant. A specialized consultant assistant does not serve as an EIA unless appropriately qualified.
Special Technical Support Personnel	Provide specialized support services as part of the IFSP team (IDEA, Part C CFR 303.12(c)(d)(3)). These personnel include: community/cultural liaisons, foreign and sign language interpreters/translators, respite providers and Early Start Family Resource Center Specialists. A Family Resource Center Specialist is a parent of a child with a disability trained in parent-to-parent support who may also have a specialty area, such as bilingualism, inclusion, special health care needs, Down syndrome, etc.

PERSONNEL ENTRY AND ADVANCEMENT PATHWAYS

Personnel who serve infants and toddlers under California’s Early Start service system, established through Part C of the Individuals with Disabilities Education Act (IDEA) and California’s Comprehensive System of Personnel Development (CSPD), are required to meet standards of competence for early intervention practice. IDEA, Part C 303.361(a)(1) states that entry-level requirements must be based on “the highest requirements in the state applicable to the profession or discipline in which the person is providing early intervention services,” and the state must “establish suitable qualifications for personnel” in state, local and private agencies.

This manual recommends the competencies required of two key personnel roles in the Early Start service system: the Early Intervention Specialist and the Early Intervention Assistant.

The Early Intervention Specialist (EIS)

Who Is the EIS?

The EIS is considered to be a professional in the field of early intervention. The EIS is the core provider of early intervention services to infants, toddlers and their families in the Early Start service system. The EIS meets the requirements of the IDEA, Part C designation as a provider of specialized instruction through certification, credentialing or authorization by appropriate state agencies or organizations. The EIS may be employed in a regional center vendored program or in a local education agency program serving children who are eligible for Early Start. To function as an EIS, a person demonstrates appropriate dispositions and understanding of the Six Foundational Principles for All Team Members, achieves the core knowledge for Early Intervention Specialists and meets the specific competencies for Early Intervention Specialists put forth in this manual and approved by the California Interagency Coordinating Council on Early Intervention (ICC).

Becoming an EIS

1. The Qualified EIS

An EIS possesses at minimum a bachelor’s degree (BA/BS) and must hold one of the following qualifications:

- a) Current California Education Specialist Credential or Added Authorization in Early Childhood Special Education (ECSE) granted by the California Commission on Teacher Credentialing (CCTC)

or

- b) A California University Certificate in Early Intervention

Currently, several California universities either offer or are committed to offering this certificate. The certificate requires at minimum a BA/BS in Child Development or a related field (may include MA in ECSE) and meets early intervention competencies through coursework and supervised fieldwork.

2. The EIS Intern

The EIS intern possesses a BA/BS degree at a minimum, but does not fully meet the requirements for immediate designation as an EIS through either the ECSE Credential/Added Authorization or Certificate in Early Intervention. An EIS intern may be employed in an early intervention program for up to two years, during which time supervised fieldwork and coursework will be completed. After two years, the designation of EIS may be granted.

3. Granted Authorization

To promote uninterrupted continuation of service delivery for infants and toddlers with disabilities and their families, it may be necessary to authorize current early intervention practitioners who do not meet the proposed qualifications as Early Intervention Specialists. This authorization applies to practitioners with or without college degrees who (1) have worked as early interventionists for at least three years prior to statewide implementation of the *Early Start Personnel Manual* and (2) demonstrate appropriate dispositions and adherence to the Six Foundational Principles for All Team Members.

The Early Intervention Assistant (EIA)

Ongoing Training and Education to Enhance Practice of the EIS and EIA

Who Is the EIA?

The EIA is a paraprofessional assistant to the Early Intervention Specialist (EIS), supporting the core provider of early intervention services to infants, toddlers and their families in the Early Start service system. The EIA may be employed in a regional center vendored program or in a local education agency program serving children who are eligible for Early Start. To function as an EIA, a person endorses the Six Foundational Principles for All Team Members, achieves the core knowledge for Early Intervention Assistants and meets the specific competencies for Early Intervention Assistants put forth in this manual and approved by the California Interagency Coordination Council on Early Intervention (ICC).

Becoming an EIA

An EIA meets one of the following qualifications:

1. The Qualified EIA

An EIA possesses at a minimum an associate of arts (AA) degree and must meet one of the following qualifications:

a) AA degree *plus*

California Community College Early Intervention Assistant Certificate

or

b) AA degree in Child Development or related field *plus*

Equivalent of associate teacher California Child Development permit (12 units) *plus*

coursework to meet EIA competencies, including supervised fieldwork in early intervention.

2. Granted Authorization

To promote uninterrupted continuation of service delivery for infants and toddlers with disabilities and their families, it may be necessary to authorize current early intervention practitioners who do not meet the proposed qualifications as Early Intervention Assistants. This authorization will accept practitioners with or without college degrees who have worked within early intervention programs (LEA or regional center vendored programs) as Early Interventionist Assistants for at least three years prior to statewide implementation. This will be a one-time authorization.

The EIS and EIA are responsible for maintaining and improving the skills and knowledge that support professional growth. The California Early Start service system, through the inservice training component of the Comprehensive System of Personnel Development, provides the Early Start series of professional development activities for that purpose. These activities are tailored to the specific needs of the credentialed or certified Early Start practitioner whether new to the field or as an experienced professional. The activities provide essential information for all team members and for the advanced needs of the EIS. Accessing relevant training opportunities offered by other organizations or agencies is also the responsibility of the EIS and EIA. Personnel must meet continuing education requirements of their professional disciplines. See professional development requirements in the Specific Competencies for Early Intervention Specialists and Early Intervention Assistants under “Supervision.”

Six Foundational Principles for All Team Members

These foundational principles reflect core beliefs, values and the shared vision and intent of IDEA, Part C and the California Early Start service system. They derive from the work of national and California-based early intervention technical assistance collaboratives¹ and other resources. Foundational principles provide a benchmark for high quality evidence-based Early Start services that are responsive to the needs of infants and toddlers with special needs and their families. They support interdisciplinary teamwork and organizational decision making for early intervention services. This component of the *Early Start Personnel Manual* articulates these principles and defines them with sets of expectations applicable to all members of the team, both direct service and support personnel.

Principle 1. Practices shall be family-centered.

- Respect the central role of families and infant/parent relationships in the care, development and social-emotional well-being of infants and toddlers.
- Establish an ongoing alliance with families that support their strengths, priorities, resources and practices.
- Support capacities of family members to understand and to meet the needs of infants and toddlers with developmental delay or disabilities.
- Support families in understanding their rights and their role within the Individualized Family Service Plan process.
- Promote acceptance of infants and toddlers with special needs as valued and contributing family and community members.

Principle 2. Practices shall be relationship-based.

- Know and demonstrate that all learning takes place in the context of relationships.
- Recognize the parallel process of professional and therapeutic interactions: how we interact with oth-

ers influences the way others continue their own relationships.

- Listen closely to families to learn what is important to them and base intervention upon this knowledge.
- Recognize that supporting the child-caregiver relationship is essential to promote the development and well-being of infants, toddlers and their families.
- Recognize that supporting the caregiver-child relationship is more important than directly teaching specific skills to infants and toddlers.

Principle 3. Practices shall be culturally responsive.

- Recognize the influence of diverse family demographics (for example, cultural, educational, socioeconomic and geographic) on family functions and child development and learning.
- Recognize the characteristics of one's own culture and communications and how they may differ from those of others.
- Recognize and support the unique cultural beliefs, values, linguistic preferences and interaction practices of families.
- Communicate with team members in ways that are accurate, respectful and culturally appropriate.

Principle 4. Practices shall be collaborative and interdisciplinary.

- Establish and maintain relationships of respect, trust, confidentiality and cooperation with families and colleagues across disciplines and agencies.
- Ensure that interdisciplinary services target shared outcomes, utilizing a core provider as the key interventionist with the family.
- Share requested expertise with parents and all team members.
- Model and/or facilitate relationships, communication and problem solving among family and all other team members.

¹ Workgroup on Principles and Practices in Natural Environments, Office of Special Education Technical Assistance Community of Practice—Part C Settings, *Mission and Principles for Providing Services in Natural Environments* (November 2007) <<http://www.nectac.org/topics/families/families.asp>> and the California Training and Technical Assistance Collaborative *Core Messages* (December 2005) <<http://www.dds.ca.gov/EarlyStart/ResourceMaterials.cfm>>.

Principle 5. Practices shall be responsive to child developmental risk and protective factors.

- Promote each child’s right to thrive in safe, stable, caring and nurturing environments that promote health, development and social-emotional well-being.
- Provide/support services that reflect knowledge and impact of typical and atypical early childhood development, attachment and health status.
- Consider the concept of “goodness of fit” of the temperaments and care giving interactions of each parent and baby.
- Recognize the strengths of the child, family and home and community environments as protective factors in child development.
- Consider the impact of stress and trauma on children’s development and learning; follow child abuse reporting procedures as required.

Principle 6. Practices shall adhere to professional and ethical standards.

- Provide/support early intervention in accordance with state and federal laws and regulations and discipline-specific requirements.
- Provide/support early intervention in accordance with the highest standards of quality services based on current evidence (research, knowledge from practice, and wisdom from families and providers).
- Maintain objectivity and confidentiality in all interactions and documentation.
- Recognize and maintain appropriate boundaries regarding family and professional relationships.
- Recognize the scope-of-practice parameters of one’s own discipline and make referrals when appropriate.
- Continuously seek to improve one’s own professional skills and performance through self-reflection with colleagues and supervisors and through continuing education.
- Develop and maintain computer/technological competence used for communication, record keeping and gathering resources.
- Maintain responsibility for one’s own physical and mental health that impacts interactions with families and colleagues.

Core Knowledge for Early Intervention Specialists and Early Intervention Assistants

The preservice training for early intervention personnel is unique and critical to effective practice in Early Start. It is based upon the Six Foundational Principles for All Team Members. The core knowledge required to become an early intervention specialist or assistant distinguishes these roles from those in other early childhood practice areas, such as early care and education, pediatric health, and early mental health.

About the Core Knowledge

Early Intervention Specialists (EIS) and Early Intervention Assistants (EIA) will have academic preparation that expands on the following nine core knowledge areas to begin work with infants and toddlers with developmental delays or disabilities and their families. The level of exposure to and mastery of this knowledge is different for the EIS and EIA based on their training, experience and respective role requirements. For elaboration of specific knowledge and skills for early intervention practice, see Specific Competencies for Early Intervention Specialists and Early Intervention Assistants earlier in this manual.

Core Knowledge

1. The dynamics of family systems including cultural, linguistic and socio-economic factors influencing family function and care for all children.
2. The role of primary social and emotional relationships as the foundation for early learning.
3. The prenatal care, delivery and postnatal care of the infant, including variations across families, cultural and ethnic groups.
4. The range of typical infant/toddler physiological factors such as:
 - Early neurological/brain development
 - Basic health and nutrition
 - Physical growth and maturation
5. The importance of play as context, method and outcome of learning.
6. The sequences of development and the interrelationships among developmental areas/factors, including:
 - Sensory and motor development
 - Sensory processing

Specific Competencies for Early Intervention Specialists and Early Intervention Assistants²

About the Competencies

The Specific Competencies for Early Intervention Specialists and Early Intervention Assistants provide a vital resource for all three elements of the Comprehensive System of Personnel Development in California: information for preservice education and training curricula, ongoing in-service training and technical assistance. The following Competencies are organized according to six areas of practice that are considered key to effective early intervention service delivery. They are based on legislative requirements and reflect current research, experience and wisdom from the field.

1. Identification and Referral
2. Evaluation and Assessment
3. Individualized Family Service Plan (IFSP) Development and Review
4. Individualized Family Service Plan (IFSP) Implementation
5. Transition Planning
6. Supervision

The Competencies (knowledge and skills) in these practice areas build on the Six Foundational Principles for All Team Members and Core Knowledge for Early Intervention Specialists (EIS) and Early Intervention Assistants (EIA). The roles of EIS and EIA are placed side by side to enable comparison and contrast of knowledge and skills. An N/A (not applicable) designation in any section indicates that particular knowledge or skills are not required or applicable to that role.

NOTE: Competencies in all practice areas are based on knowledge and skills that reflect the highest standard of current evidence-based practice in early intervention.

- Receptive and expressive communication skills, including second language acquisition
 - Cognitive skills such as attention, perception, motivation, initiation, problem solving, concept formation, memory and learning
 - Social development
 - Emotional development and resiliency, including the development of attachment and trust, and self-regulation
 - Self-help skills and adaptive behavior
 - Temperament
7. The variety of pre- and peri-natal risk factors such as genetics, maternal health and nutrition, medical complications, prematurity/low birth weight, substance exposure and other teratogens and their effect on the developing embryo/fetus/newborn.
 8. The etiology, diagnosis and characteristics of disabilities and risk factors.
 9. The characteristics and influence of disabilities and risk factors on early development, learning, care giving and relationships
 - Medical risk factors, including chronic illness
 - Familial, cultural, linguistic, social, physical and/or socio-economic factors including poverty, abuse and neglect
 - Individual variation within specific disabilities and at-risk factors
 - Multiple disabilities and risk factors
 - Health and nutritional concerns
 10. The significance and study of team models, collaboration and relationship-based practice.

Building upon Core Knowledge

Core knowledge is linked to both the Six Foundational Principles for All Team Members and the Specific Competencies for Early Intervention Specialists and Early Intervention Assistants. Mastery of Core Knowledge is necessary to enable personnel in these roles to further develop the specific knowledge and skills required for high quality early intervention practice.

² The Competencies are based on the Six Foundational Principles (see pages 13–14), as well as:

- Early Start Personnel Model Early Intervention Competencies (2004)
- California Commission on Teacher Credentialing Early Childhood Special Education Standards (2008)
- Division of Early Childhood ECSE/EI Standards (2008)
- California Infant/Toddler Learning and Development Foundations (2009)
- Revised Training Guidelines and Personnel Competencies for I-FECMH (2009)
- National Association for the Education of Young Children Standards for Programs (2003)

Identification and Referral

KNOWLEDGE

	EIS	EIA
1.	Knows current Early Start eligibility requirements including the distinctions among difference, delay and disability.	Is aware of current Early Start eligibility requirements including the distinctions among difference, delay and disability.
2.	Knows formal and informal screening tools and procedures that are play-based and culturally and linguistically appropriate (including the use of observation and documentation).	Knows how to implement and document play-based and culturally and linguistically appropriate observations.
3.	Knows the referral process for Early Start and other public services.	Is aware of the referral process for Early Start and other public services.
4.	Knows resource options for services and supports (other than Early Start) in the country/area of residence.	Knows resource options for services and supports (other than Early Start) in the country/area of residence.

SKILLS

	The EIS is able to:	The EIA is able to:
1.	Identify current Early Start eligibility requirements.	N/A
2.	Conduct formal and informal screening procedures in natural environments when appropriate.	Assist with screening procedures in natural environments when appropriate.
3.	Make timely/appropriate referrals as required under the Early Start system.	N/A
4.	Identify resources and provide information to families and staff for services and supports other than Early Start.	Support family's ability to access services and supports other than Early Start.

Evaluation and Assessment

KNOWLEDGE

	EIS	EIA
1.	Knows legal and ethical responsibilities, including confidentiality related to evaluation and assessment.	Is aware of legal and ethical responsibilities, including confidentiality related to evaluation and assessment.
2.	Knows the goals, benefits and uses of assessment and observation.	Knows the goals, benefits and uses of assessment and observation.
3.	Understands roles and responsibilities for team members including parents/caregivers in the evaluation and assessment process.	Understands roles and responsibilities for team members including parents/caregivers in the evaluation and assessment process.
4.	Knows strategies that support parents/caregivers in identifying and articulating their concerns about their infant/toddler's development and needs.	Knows strategies that support parents/caregivers in identifying and articulating their concerns about their infant/toddler's development and needs.
5.	Understands the effect of social context, child's state of health and well-being, primary language, ability and environment on assessment processes.	Is aware of the effect of social context, child's state of health and well-being, primary language, ability and environment on assessment processes.
6.	Knows assessment strategies for families who represent diverse cultural and linguistic backgrounds.	Is aware of assessment strategies for families who represent diverse cultural and linguistic backgrounds.
7.	Knows strategies to determine child and family strengths, typical routines and activities and preferred teaching and learning styles.	Is aware of strategies to determine child and family strengths, typical routines and activities and preferred teaching and learning styles.
8.	Understands the connection between assessment information and the development of appropriate interventions.	Is aware of the connection between assessment information and the development of appropriate interventions.
9.	Knows strategies for formal and informal evidence-based assessment such as observation, naturalistic play-based assessment and family interviewing.	N/A
10.	Knows multiple tools and practices to assess development and progress in the physical, cognitive, language, social-emotional and adaptive domains.	N/A
11.	Understands the elements of ongoing child and family assessments that monitor effectiveness of intervention within natural settings.	Understands the importance of conducting ongoing child and family assessments that monitor effectiveness of intervention within natural settings.
12.	Knows the elements of comprehensive written and/or oral reports that accurately and clearly (that is, jargon free) interpret evaluation and assessment results.	N/A

Evaluation and Assessment (continued)

SKILLS

	The EIS is able to:	The EIA is able to:
1.	Implement all evaluation and assessment activities within scope of discipline training in accordance with current federal and state laws, regulations, and timelines.	N/A
2.	Participate with the Early Start Service Coordinator regarding the evaluation and assessment process and timelines.	N/A
3.	Review initial referral information with team to determine appropriate personnel and formal/informal developmental assessments to be included.	N/A
4.	Support families to identify and request preferences for participation in the evaluation and assessment process.	Under the supervision of the EIS, support family members in identifying how they wish to participate in the evaluation and assessment process.
5.	Identify and integrate family concerns, priorities and resources in the assessment process, including voluntary family interviews.	N/A
6.	Select and use evidence-based evaluation and assessment tools and practices that are developmentally, linguistically and culturally appropriate for infants, toddlers and their families.	N/A
7.	Identify child and family strengths, typical routines and activities, and preferred teaching and learning strategies in collaboration with the family and in natural environments.	Under the supervision of the EIS, assist with observations and data collection of infants/toddlers in multiple settings, reflecting the family's typical routines and activities.
8.	Facilitate and support a communication process with the family and team regarding evaluation and assessment procedures and outcomes.	Adhere to program policies and procedures regarding communication and information sharing between family and EIS.
9.	In natural environments, assess development and progress in the physical, cognitive, language, social, emotional and adaptive domains using parent report and interview to reach a common understanding of the child's skills.	In natural environments, observe and document children's development and progress in the physical, cognitive, language, social, emotional and adaptive domains in collaboration with the family. Communicate this information to EIS.
10.	Prepare comprehensive written and/or oral reports that integrate own findings and results from other agencies/ professionals, emphasizing child strengths and functional concerns in five developmental domains.	N/A
11.	Collaborate with family and other team members to link ongoing evaluation and assessment with all intervention planning utilizing the child and family's everyday routines, relationships, places and partnerships.	N/A

Individualized Family Service Plan Development and Review

KNOWLEDGE

	EIS	EIA
1.	Knows the Individualized Family Service Plan (IFSP) content, process and specific roles as a member of the IFSP team.	Is aware of the IFSP content, process and specific roles as a member of the IFSP team.
2.	Understands the concept of mentoring and its importance with parents and other IFSP team members.	Is aware of the importance of parents as team members in the IFSP process.
3.	Knows community agencies and resources such as primary health care, infant/family mental health, social services and parent-parent support groups.	Knows community agencies and resources such as primary health care, infant/family mental health, social services and parent-parent support groups.
4.	Knows current laws, regulations and state practices pertaining to development and review of Individualized Family Service Plans under the Individuals with Disabilities Education Act.	Has a basic awareness of current laws and regulations and state practices pertaining to development and review of Individualized Family Service Plans under the Individuals with Disabilities Education Act.
5.	Understands the rationale for the identification and selection of intervention strategies used in everyday routines, relationships, activities, places and partnerships for early intervention activities (or justification of the extent to which some outcomes cannot be achieved in a natural environment).	Has basic knowledge of intervention strategies used in everyday routines, relationships, activities, places and partnerships.
6.	Understands when there is the need for other professionals in specific disciplines to provide services to address IFSP outcomes.	N/A

Individualized Family Service Plan Development and Review (continued)

SKILLS

	The EIS is able to:	The EIA is able to:
1.	Serve as an Individualized Family Service Plan (IFSP) team member with family, Service Coordinator and other service providers in development, planning and implementation of the IFSP.	Serve as a member of the IFSP team and assist in development, planning and implementation of the IFSP. The EIA does not replace the EIS role on the IFSP team.
2.	Develop a shared view of the child and family with other team members.	Develop a shared view of the child and family with other team members
3.	Work with the team to develop and review the IFSP in accordance with current federal and state laws and regulations.	N/A
4.	Support families to fully participate as IFSP team members.	Assist the EIS in supporting families to fully participate as IFSP team members.
5.	Support family in identification of resources for related services such as primary health care, child care, infant/family mental health, social services, and other services. that parents identify as important.	Contribute knowledge of community resources to the IFSP team such as primary health care, child care, infant/family mental health, social services, and other services. that parents identify as important.
6.	Provide information to the family in a manner timed and suited to the family's strengths, concerns, priorities, resources and interests.	N/A
7.	Integrate evaluation and assessment results with information from parents, other providers/agencies and others the family identifies as important.	N/A
8.	Develop functional outcomes for children and families that incorporate all assessment results and address all areas of concern and the procedures, criteria and timelines for achieving the outcomes.	N/A
9.	Develop functional outcomes that build on a child's natural motivations to learn, match family priorities, strengthen naturally occurring routines, and enhance learning opportunities and enjoyment.	N/A
10.	Assure that services designated on the IFSP are provided in natural environments (unless otherwise justified) and through natural learning opportunities.	N/A
11.	Coordinate across disciplines and agencies to ensure compliance with documentation, reporting and timelines.	N/A

Individualized Family Service Plan Implementation

KNOWLEDGE

	EIS	EIA
1.	Knows current federal and state laws, regulations and timelines for early intervention services.	Is aware of current federal and state laws, regulations and timelines for early intervention services.
2.	Understands the individual nature of child learning styles and the importance of adapting intervention strategies.	Understands the individual nature of child learning styles and the importance of adapting intervention strategies.
3.	Knows generic and specific evidence-based early intervention strategies to support all areas of development.	Is familiar with generic and specific evidence-based early intervention strategies to support all areas of development.
4.	Understands early experiences that contribute to emergent literacy.	Is familiar with issues related to emergent literacy.
5.	Understands issues to English language learning and maintenance of home language.	Is familiar with issues related to English language learning and maintenance of home language.
6.	Understands the need for developmentally appropriate strategies (for example, hands-on, experiential, child-centered, play-based activities within daily routines), adaptations, assistive technologies and other supports that maximize the child's learning opportunities.	Is aware of the need for developmentally appropriate strategies (for example, hands-on, experiential, child-centered, play-based activities within daily routines), adaptations, assistive technologies and other supports that maximize the child's learning opportunities.
7.	Understands roles of various disciplines and models of teamwork and collaboration that integrate strategies from multiple disciplines.	Understands the importance of teamwork and collaboration.
8.	Understands the parallel process and how coaching as an intervention strategy promotes parent confidence and competence in meeting the child's needs.	Is aware of the parallel process and coaching as an intervention strategy that promotes parent confidence and competence in meeting the child's needs.
9.	Knows models and approaches to home visiting and in-home interaction strategies.	Is familiar with models and approaches to home visiting and in-home interaction strategies.
10.	Knows strategies that support parents in providing basic health, nutrition, and safety for infants and toddlers in natural environments.	Knows basic principles of health, nutrition and safety for infant and toddlers in natural environments.
11.	Knows strategies that support parents in adapting the natural environment to meet infant/toddler developmental needs.	Is aware of strategies that support parents in adapting the natural environment to meet infant/toddler developmental needs.
12.	Knows that cultural beliefs and practices of parents and professionals affect early intervention service delivery.	Knows that cultural beliefs and practices of parents and professionals affect early intervention service delivery.
13.	Understands the importance of bilingual/bicultural staff members, service providers and community resources and their role on the team.	Understands the importance of bilingual/bicultural staff members, service providers and community resources and their role on the team.
14.	Understands the appropriate use of interpreters and translators, including use of written materials in primary language.	Understands the appropriate use of interpreters and translators, including use of written materials in primary language.

Individualized Family Service Plan Implementation (continued)

SKILLS

	The EIS is able to:	The EIA is able to:
1.	Develop, deliver and evaluate all intervention services in partnership with the family in accordance with current federal and state laws, regulations and timelines.	Under the supervision of the EIS, deliver all intervention services in partnership with the family in accordance with current federal and state laws, regulations and timelines.
2.	Implement and monitor evidence-based intervention strategies and supports that are developmentally and individually appropriate for the infant/toddler and family.	Assist the EIS in implementing and monitoring evidence-based intervention strategies and supports that are developmentally and individually appropriate for the infant/toddler and family.
3.	Implement appropriate and relevant home visiting strategies with children and families.	Under the supervision and in consultation with the EIS, implement appropriate and relevant home visiting strategies with children and families.
4.	Use a relationship-based approach in all interactions, working with and supporting family members and caregivers in the child's life.	Use a relationship-based approach in all interactions, working with and supporting family members and caregivers in the child's life.
5.	Function as a core provider with the family on the early intervention team, acting as a hub of information and collaborative efforts.	Function on the early intervention team, supporting the early intervention specialist and his/her efforts.
6.	Work collaboratively with other interdisciplinary team members in a way that supports family confidence and competence in caring for their children with developmental delays and disabilities.	Work collaboratively with other interdisciplinary team members in a way that supports family confidence and competence in caring for their children with developmental delays and disabilities.
7.	Interpret and provide services to families by "being with" rather than "doing for" and modeling the parallel process in interactions with families and other practitioners.	Considers the parallel process in interactions with families.
8.	Continually design intervention in natural environments involving the child's family and peers using everyday routines, relationships, play activities, places and materials.	Assist the EIS in continually designing intervention in natural environments involving the child's family and peers using everyday routines, relationships, play activities, places and materials.
9.	Support families to establish and strengthen daily routines that support child learning.	Under supervision of EIS, support families to establish and strengthen daily routines that support child learning.
10.	Focus on strategies that embed natural learning opportunities in daily routines and play.	Under supervision of EIS, implement suggestions and strategies into intervention practices with families and children eligible for Early Start.
11.	Support and facilitate family/caregivers to respond to child's cues and preferences and enhance child's participation and communicative interactions.	Under the supervision of an EIS, support and facilitate family/caregivers to respond to child's cues and preferences and enhance child's participation and communicative interactions.
12.	Recognize and support child and family well-being, safety and stability.	Recognize and support child and family well-being, safety and stability.

Individualized Family Service Plan Implementation (continued)

13.	In partnership with the family and other team members, implement interventions that are culturally and linguistically responsive and relevant.	Support interventions that are culturally and linguistically responsive and relevant.
14.	In partnership with the family and other team members, develop, use and analyze ongoing observation and assessment data to document progress toward child and family outcomes.	In partnership with the EIS, family and other team members, use ongoing observation and assessment data to document progress toward child and family outcomes.
15.	In partnership with the family, adapt intervention strategies, materials, equipment/technology and settings as needed to maximize child and family outcomes.	Under the supervision of the EIS and in partnership with the family, adapt intervention strategies, materials, equipment/technology and settings as needed to maximize child and family outcomes.
16.	In partnership with the family, monitor effectiveness of and satisfaction with intervention strategies for infants, toddlers and families.	Under supervision of the EIS and in partnership with the family, monitor effectiveness of and satisfaction with intervention strategies for infants, toddlers and families.
17.	Embed services and supports in the context of each child's family and care giving routines, as well as neighborhood and community relationships.	Under supervision of the EIS, embed services and supports in the context of each child's family and care giving routines, as well as neighborhood and community relationships.
18.	Support parents to implement strategies that facilitate development of: <ul style="list-style-type: none"> • communication skills • cognitive skills • emotional well-being • social skills • motor skills • behavioral regulation • sensory processing skills • independence and adaptive skills 	Under supervision of the EIS, support parents to implement strategies development of: <ul style="list-style-type: none"> • communication skills • cognitive skills • emotional well-being • social skills • motor skills • behavioral regulation • sensory processing skills • independence and adaptive skills

Transition Planning

KNOWLEDGE

	EIS	EIA
1.	Knows transition requirements of federal and state laws.	Is aware of transition requirements of federal and state laws.
2.	Understands the impact of change and transitions on children and family dynamics.	Understands the impact of change and transitions on children and family dynamics.
3.	Is informed about a wide variety of community service options including those that typically serve children without disabilities.	Is informed about a wide variety of community service options including those that typically serve children without disabilities.
4.	Understands Part C to Part B teamwork in development of an IEP.	Understands his/her role on the IEP team.

SKILLS

	The EIS is able to:	The EIA is able to:
1.	Provide anticipatory guidance and partner with the family and other team members to prepare for a successful transition to any new environment including transition from Part C to Part B of IDEA in accordance with current federal and state laws, regulations and timelines.	Under the supervision of EIS, partner with the family and other team members to prepare for a successful transition to any new environment including transition from Part C to Part B of IDEA.
2.	Collaborate both formally and informally with the family, service coordinator and other team members and agencies/organizations about transition options and needs appropriate for the child when transitioning out of the Early Start service system.	Assist the team and support families throughout the transition process.
3.	Partner with service coordinator to assist family in visiting/observing local preschool settings and communicate/collaborate with potential receiving programs as appropriate.	Under direction of the EIS, assist the family in visiting and observing local preschool settings as appropriate.
4.	Support families in selecting the optimum learning setting for their child at age three, whether formal or informal, based on child's strengths and needs and family preferences and priorities.	N/A
5.	Provide timely and accurate information to families, Early Start Service Coordinator, other IFSP and receiving IEP team members.	N/A
6.	Support family to develop or enhance communication and problem-solving skills that improve the effectiveness of the transition IFSP and initial IEP.	N/A
7.	Collaborate with family, other team members and designated part B preschool specialists to develop the initial IEP.	Collaborate with family, other team members and designated part B preschool specialists to develop the initial IEP.

Supervision and Reflective Practice

Supervision and Reflective Practice require knowledge and skills in all practice areas and the ability to function as a supervisor and/or supervisee.

	EIS	EIA
1.	Establishes effective supervision/mentoring relationships and guides and supports the activities of assistants, aides and volunteers.	N/A
2.	Provides both direct and reflective supervision that includes a. Effective team and clinical problem-solving b. Sensitive, responsive interface with families and other team members c. Reflection on one's own practice	Receives both direct and reflective supervision that includes a. Effective team problem-solving b. Sensitive, responsive interface with families and other team members c. Reflection of one's own practice
3.	Receives supervision to include annual performance evaluation and individual and/or small group reflective supervision on a regularly scheduled basis with an authorized supervisor (frequency determined by prior education and experience).	Receives supervision to include annual performance evaluation individual and/or small group reflective supervision on a regularly scheduled basis with an authorized supervisor (frequency determined by prior education and experience).
4.	When assigned, provides direct and reflective supervision of the EIS intern at least once monthly until the intern completes requirements to be designated as a fully qualified EIS.	N/A
5.	If functioning as an EIS intern, receives direct and reflective supervision at least monthly until designation as an EIS is achieved.	N/A
6.	Engages in weekly collaboration with the EIA and at least semi-monthly provides direct and reflective supervision of services and supports provided to assigned children and families (frequency and intensity of supervision determined by prior education and experience).	Engages in weekly collaboration with the EIS and at least semi-monthly receives direct and reflective supervision of services and supports provided to assigned children and families (frequency and intensity of supervision determined by prior education and experience).
7.	Creates and implements a professional development plan recognizing a continuum of lifelong professional development for service delivery and ethical practices. This plan will include opportunities for self-reflection with colleagues and supervisors and for continuing education.	Creates and implements a professional development plan recognizing a continuum of lifelong professional development for service delivery and ethical practices. This plan will include opportunities for self-reflection with colleagues and supervisors and for continuing education.
8.	Responds to constructive criticism/feedback from family or team members in appropriate manner.	Responds to constructive criticism/feedback from family or team members in appropriate manner.
9.	Provides and/or receives supervision enabling self-reflection, self-assessment and self-improvement in personnel/team member role.	Receives supervision enabling self-reflection, self-assessment and self-improvement in personnel/team member role.

DEFINITIONS OF KEY CONCEPTS

This manual seeks to establish common understanding of the terminology and concepts unique to early intervention services in California. While not exhaustive, the following list of terms and concepts inform the ICC-recommended *Early Start Personnel Manual*.

administrative supervision – Periodic and ongoing oversight and collaboration with staff by designated program management that ensures adherence to organizational guidelines and requirements, documentation and reporting.

assessment – Identification of the needs and strengths of the infant/child who is at risk or has developmental delays, as well as those of his/her family. Assessment may include both formal and informal procedures to appraise the child's abilities in all areas of development.

California Children's Services (CCS) – A state program for children with certain diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need.

California Department of Education (CDE) – CDE administers Part B of the Individuals with Disabilities Education Act (IDEA), serving children ages 3–21 with disabilities. CDE also provides Early Start services under Part C to infants and toddlers with solely low-incidence disabilities (hearing, vision or orthopedic impairments or any combination thereof) who are not served through regional centers.

California Early Start service system – The Early Start service system includes teams of service coordinators, health care providers, early intervention specialists, therapists and parent resource specialists who evaluate and assess an infant or toddler and provide appropriate early intervention services to those who are eligible.

caregiver – A term used to include both the child's family and any other individual who provides care for the eligible child (for example, child care provider, grandparents, instructor at a movement class in which the child participates weekly, etc.).

clinical supervision – Periodic and ongoing oversight and guidance for clinical staff (especially therapists and specialized consultant assistants) by designated discipline-specific personnel regarding improving and maintaining quality early intervention practices in accordance with standards or requirements of that discipline.

coaching – Encouraging and guiding another person to develop competence in a specific role and situation. Coaching is a voluntary, nonjudgmental and collaborative partnership between an early childhood practitioner and the important people in the child's life. Coaching can also occur between two early intervention practitioners when one desires to learn new knowledge and skills from another. A coach uses reflective thinking to consider multiple and changing forms of information, impressions and insight while observing a learner in a specific context.

collaboration – Working jointly with other service providers utilizing integrated team practices.

Community College Personnel Preparation Project (CCPPP) – Funded by the Department of Developmental Services, CCPPP provides technical and fiscal support to community college child development programs to infuse early intervention competencies into the curriculum for child development program administrators, child development specialists and early intervention assistants.

competencies – A set of statements delineating what personnel should know and be able to do in the context of their work.

Comprehensive System of Personnel Development (CSPD) – According to IDEA, states must develop a CSPD. This system is intended to ensure an adequate supply of qualified personnel, including paraprofessionals and primary referral sources.

coordination – Working and sharing information across disciplinary and agency lines to ensure smooth provision of early intervention services to eligible children and their families.

DEFINITIONS OF KEY CONCEPTS (CONTINUED)

core provider – The Early Intervention Specialist is the core provider of early intervention services to each family and the hub of information regarding daily activities and strategies for Individualized Family Service Plan implementation.

culturally and linguistically responsive – The provision of services and supports in the family’s preferred language whenever feasible and with knowledge and respect for the family’s unique beliefs, practices, capacities and priorities regarding the development of their eligible child.

Department of Developmental Services (DDS) – DDS is the agency through which the State of California provides services and supports to individuals with developmental disabilities. These disabilities include mental retardation, cerebral palsy, epilepsy, autism and related conditions. Services are provided through state-operated developmental centers and community facilities and contracts with 21 nonprofit regional centers. The regional centers serve as a local resource to help find and access the services and supports available to individuals with developmental disabilities and their families. DDS is the lead agency for the administration of IDEA, Part C, known in California as Early Start.

direct supervision – As part of ongoing supervisory relationships, supervisors view and/or accompany direct service providers to their visits with children, families and other caregivers to observe interactions and application of knowledge and skills for the purpose of personnel development.

Education Specialist Credential: Early Childhood Special Education – A credential granted by the California Commission on Teacher Credentialing that authorizes the holder to provide instructional and special educational support to children from birth through pre-kindergarten who are eligible for early intervention.

Early Start Service Coordinator (ESSC) – Service coordinators coordinate Early Start services and assist families, service providers, regional centers, local education agencies and other public or private agencies. Service coordination includes developing Individualized Family Service Plan outcomes and monitoring progress and the delivery of services with the parent.

early intervention services – Specialized, family-centered services provided to infants and toddlers who have developmental delay or disabilities. Early intervention services are provided by qualified personnel (IDEA, Part C CFR 303.12(a)(3)(ii)).

Early Intervention Assistant (EIA) – A paraprofessional who provides Individualized Family Service Plan services under the supervision of an Early Intervention Specialist.

Early Intervention Specialist (EIS) – Qualified personnel who provide primary/core IFSP services. Early intervention specialists may have an administrative role. Early intervention specialists supervise Early Intervention Assistants.

everyday routines, relationships, activities, places and partnerships (ERRAPP) – A philosophy for service provision that contends that services are most effective when provided within the context of a child and family’s natural environments, familiar learning opportunities and relationships.

evidence-based practice – Recognized early intervention service delivery approaches, tools and strategies that utilize peer-reviewed research, knowledge gained from practice, and wisdom of families and providers in the field of early intervention.

family-centered practices – Relationship-based, culturally responsive practices that focus on the strengths of each child and family. Family concerns, preferences and priorities provide the context of the intervention. Families have the power and are supported to make all-important decisions about their child and family. Interventions are provided in ways that strengthen family functioning.

Family Resource Center – Early Start Family Resource Centers are funded under Early Start to provide parent-to-parent support; information dissemination and referral; public awareness; family-professional collaboration activities; and transition assistance for families. Most family resource centers are staffed by families of children with special needs. They offer support services and resources in many languages, which may include newsletters, resource libraries, websites, parent-to-parent groups, sibling support groups, warmlines and information and referral for parents and professionals.

DEFINITIONS OF KEY CONCEPTS (CONTINUED)

Family Resource Centers Network of California (FRCNCA) – The FRCNCA is a coalition of California’s 47 Early Start Family Resource Centers. The mission of the FRCNCA is to support families of children with disabilities and special health care needs and those at risk by ensuring the continuance, expansion, promotion and quality of family-centered, parent-directed Family Resource Centers.

goodness of fit – A term describing the match between the characteristics and expectations of the caregiver/caregiving style and the child’s temperament and other attributes.

Individuals with Disabilities Education Act (IDEA), Part B – A federal program that assists states in operating a system for school-aged children with disabilities (including preschoolers). Part B is the foundation upon which special education and related services rest.

Individuals with Disabilities Education Act (IDEA), Part C – A federal program that assists states in operating a system of early intervention supports and services for infants and toddlers with special needs and their families. It is also known as the Program for Infants and Toddlers with Disabilities.

Individualized Family Service Plan (IFSP) – A written plan for providing early intervention services to eligible children and families that is developed jointly by the family and appropriate qualified service providers, based on evaluation and assessment, and includes services necessary to enhance the development of the child and the capacity of the family to meet the needs of the child (34 CFR 303.340(b)(1-3)—that is, the process (and documentation) by which the family determines the changes they want to see for themselves and their child.

Infant-Family and Early Childhood Mental Health (I-FECMH) – A broad-based, interdisciplinary field of study, research and practice that focuses on the social and emotional development and well-being of infants and young children within the context of their early relationships, family, community and culture.

Infant/Toddler Learning and Development Foundations – A California Department of Education publication that describes research and evidence-based expectations for the way most infants and toddlers

make progress in the major domains of social-emotional, language, cognitive, and perceptual and motor development. By creating a common language to facilitate communication among families, infant care professionals, community members and policymakers, the foundations build an understanding about the importance of the early years in children’s learning and development.

institutions of higher education (IHEs) – Community colleges, colleges and universities.

interdisciplinary team – A group of professionals who each represent areas of expertise useful in planning and implementing the educational, therapeutic and/or medical treatment programs of children with special needs. The team periodically evaluates the child and, with the child’s parents, determines the child’s areas of strength and need. Based on the evaluation, a plan for addressing the child’s service needs is developed, as well as a determination of the professionals who will implement the plan. Members of the interdisciplinary team may include an EIS, EIA, service coordinator, physical or occupational therapist, speech-language pathologist, social worker, physician, psychologist, family resource specialist and parents.

local education agency (LEA) – A school district or county office of education that may provide early intervention services.

multidisciplinary team – A team of two or more professionals from different disciplines who draw upon their areas of expertise to provide assessment and treatment to children with developmental disabilities.

natural environments – Settings that are natural or normal for the child’s same-age peers who have no disabilities.

natural learning opportunities – An opportunity that occurs within the context of an activity setting that promotes child growth and development.

parallel process – A term that describes the dynamic impact of “caring for the caregiver” or “doing unto others as you would have them do unto others” at all levels of interaction, from administration to supervision to interdisciplinary service delivery to parent coaching and collaboration to parent-child interactions. This in-

DEFINITIONS OF KEY CONCEPTS (CONTINUED)

volves using observation, reflection and collaborative teamwork.

preservice training – Academic early intervention coursework and supervised fieldwork prior to employment.

qualified personnel – Under IDEA, Part C CFR 303.22, “qualified” means that a person has met state-approved or recognized certification, licensing or other comparable requirements.

reflective practice – A method by which professionals consider—with someone else—their feelings, actions and reactions as they work to support the healthy development of very young children and their families.

reflective supervision – A practice that promotes and supports the development of a relationship-based organization. This approach expands on the idea that supervision is a context for learning and development that incorporates three essential building blocks: reflection, collaboration and regularity.

regional centers – Nonprofit private corporations that are under contract with the Department of Developmental Services to purchase or coordinate services and supports for individuals with developmental disabilities of all ages, including Early Start and the Prevention Program. Regional centers have offices throughout California to provide a local resource to help find and access the many services available to individuals and their families.

relationship-based – An approach to service delivery at all levels that is based on the understanding that all learning takes place in the context of relationships and that focusing on caregiver-family-child relationships is key to effective early intervention practice.

scope of practice – A term used by state licensing boards for various professions that defines the procedures, actions and processes that are permitted for the licensed individual. The scope of practice is limited to that which the law allows for specific education and experience and specific demonstrated competency. Each state has laws, licensing bodies and regulations that describe requirements for education and training and that define scope of practice.

seamless service delivery – Early intervention practices that support the central role of families through interdisciplinary and interagency teamwork, collaboration and mutual goals.

self-reflection with colleagues – Collaboration with colleagues regarding the regular examination of one’s practices. Honest self-assessment and discussion lead to continuous improvement of practice.

service coordination – The activities carried out by a service coordinator to assist and enable eligible children and their families to receive the rights, procedural safeguards and services that are authorized to be provided under the state’s early intervention program (IDEA, Part C, CFR 303.23).

Special Education Local Planning Area (SELPA) – All school districts and county offices of education are required to form geographical regions of sufficient size and scope to provide for all the special education service needs of children residing within the regional boundaries. These service regions are called SELPAs.

special instruction – Includes roles and responsibilities of the Early Intervention Specialist (core provider) as defined in IDEA, Part C CFR 303.12(13).

specialized consultants – Qualified personnel who provide specialized Individualized Family Service Plan services (per IDEA, Part C. 303.13c) including: audiologists, family therapists, nurses, occupational therapists, orientation and mobility specialists, pediatricians and other physicians, physical therapists, psychologists, registered dietitians, social workers, speech and language pathologists and vision specialists. Additional specialized consultant personnel in California may include infant-family mental health specialists and behavioral therapists.

Specific Competencies for Early Intervention Specialists and Early Intervention Assistants – Statements of knowledge and skills needed by Early Intervention Specialists and Early Intervention Assistants that guide the development and delivery of preservice training and continuing education.

Supporting the Six Foundational Principles

These principles reflect (1) the nationally recognized Key Principles for Providing Early Intervention Services in Natural Environments developed by the Workgroup on Principles and Practices in Natural Environments of the OSEP Community of Practice – Part C Settings and NECTAC and (2) the Core Messages created by California’s Training and Technical Assistance Collaborators for Children with Disabilities and Other Special Needs (TTAC) on the following page.

Key Principles for Providing Early Intervention Services in Natural Environments

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children’s learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children’s lives.
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.
5. Individualized Family Service Plans outcomes must be functional and based on children’s and families’ needs and family-identified priorities.
6. The family’s priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

**Developed by the Workgroup on Principles and Practices in Natural Environments
OSEP Community of Practice – Part C Settings**

Supporting the Six Foundational Principles

Core Messages

Early childhood from birth to age five is a dynamic period of development. Early childhood intervention contributes to positive outcomes for children and families.

Family is the single most important influence on the growth and development of a young child. Early childhood intervention recognizes the centrality of the family and supports the child's relationships with parents and other primary caregivers.

Family and professional partnerships contribute to quality service delivery systems. Effective partnerships are based on mutual trust; are developed over time; and support families as active participants and decision-makers for their children.

Every young child with disabilities or other special needs and every family have strengths. Early childhood intervention teams identify the strengths of the child and family and help to enrich existing formal and informal resources and supports.

Culture, language and value differences among families are respected. Early childhood intervention services are individualized, flexible, respectful and responsive.

Teachable moments occur in everyday activities and in a variety of settings. Early childhood intervention promotes practices that appropriately include young children with disabilities and their families in family activities and settings where young children without disabilities and their families come together.

Interagency and interdisciplinary partnerships improve the experiences of children and families. Coordination among agencies, providers and disciplines creates early childhood intervention systems that are cost-effective, comprehensive, cohesive and easily accessed.

Validated, evidence-based research guides practice. Quality early childhood intervention services are based on research and outcome-driven practices.

Effective systems of personnel development provide opportunities for building skills, supporting mentors and fostering leadership.

Developed by the California Training and Technical Assistance Collaborators for Children with Disabilities and Other Special Needs (TTAC)

REFERENCES AND SOURCE MATERIALS

- Bredecamp, S. and Copple, C. (Eds.). (2009). *Developmentally appropriate practice*. Washington, DC: NAEYC.
- California Commission on Teacher Credentialing (CTC). *Standards for education specialist in early childhood special education*. (2008). Retrieved from www.ctc.ca.gov/educator-prep/standards/Special-Education-Standards.pdf
- California Department of Education, Child Development Division (Draft Oct.-Nov. 2009). *Early childhood educator competencies*. Retrieved from www.cde.ca.gov/sp/cd/re/ececomp.asp
- California Department of Education (CDE). (2009). *Infant/Toddler learning and development foundations*. Sacramento, CA: California Department of Education and WestEd Center for Child and Family Studies.
- California Infant-Family and Early Childhood Mental Health Training Guidelines Workgroup (IFECMH). (2009). *Revised training guidelines and personnel competencies for infant-family and early childhood mental health*. Los Angeles, CA: University of Southern California, University Center for Excellence in Developmental Disabilities, Children's Hospital
- California Training and Technical Assistance Collaborative (TTAC). (2005). *Effective training and technical assistance reflects and promotes the following core messages*. Retrieved from www.nectac.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf
- Division of Early Childhood (DEC). (2010). Personnel standards. Retrieved from www.dec-sped.org/About_DEC/PositionConcept_papers/personnel_Standards
- National Association for the Education of Young Children (NAEYC). (2003). *Standards for Associates Degree level standards*. Washington, DC: NAEYC. Retrieved from <https://oldweb.naeyc.org/faculty/pdf/2003.pdf>
- National Association for the Education of Young Children (NAEYC). (2009). *NAEYC standards for early childhood professional preparation programs*. Washington, DC: NAEYC. Retrieved from www.naeyc.org/positionstatements/ppp
- Office of Special Education Programs (OSEP) Technical Assistance Community of Practice-Part C Settings Workgroup and National Early Childhood Technical Assistance Center (NECTAC). (2008). *Mission and key principles for providing early intervention services in natural environments*. Retrieved from www.nectac.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf

