



Northeastern University

Bouvé College of Health Sciences

Interdisciplinary Certificate Program in Early Intervention

<http://www.earlyintervention.neu.edu>

Bouvé College of Health Sciences - Departments of:

- Counseling and Applied Educational Psychology
- Speech Language Pathology and Audiology
- Physical Therapy

College of Science –

- Department of Psychology

College of Social Sciences and Humanities

- Program in Human Services

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STUDENT HANDBOOK 2014-2015



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PROGRAM OVERVIEW

BOUVÉ COLLEGE OF HEALTH SCIENCES EARLY INTERVENTION CERTIFICATE PROGRAM

PARTICIPATING FACULTY

Karin Lifter, PhD, Program Director, Department of Counseling & Applied Educational Psychology

Research Interests

Development of children with and without disabilities; play assessment and intervention; personnel preparation; infant mental health

Lorraine Book, PhD, CCC-SLP, Associate Director, Department of Speech-Language Pathology & Audiology

Research Interests

Autism Spectrum Disorders; assessment and intervention in EI; language acquisition

Jessica Edwards George, PhD, Department of Counseling & Applied Educational Psychology

Research Interests

Dietary adherence; psychological and behavioral correlates of adherence to medically necessary dietary regimens in pediatric populations.

Ann Golub-Victor, PT, MPH, DPT, Department of Physical Therapy

Research Interests

Children with severe special needs; community service learning; public policy; public health

Nancy Snyder, EdD, Department of Psychology, College of Science

Clinical Interests

Counseling psychology and elementary education

Melanie Griffin, MS EI, Adjunct Assistant Professor

Department of Counseling & Applied Educational Psychology

Director, Boston Children's Hospital Early Intervention

Wendy Kennedy, MSED, Lecturer and Field Supervisor

Department of Counseling & Applied Educational Psychology

Boston Children's Hospital Early Intervention

Stephanie Laverdiere, OTR/L, Lecturer and Field Supervisor

Department of Counseling & Applied Educational Psychology

Certified Early Intervention Specialist, Boston Children's Hospital Early Intervention

Lori Gardinier, PhD, Program in Human Services, College of Social Sciences & Humanities

Emily Mann, PhD, Program in Human Services, College of Social Sciences & Humanities

BOUVÉ COLLEGE OF HEALTH SCIENCES EARLY INTERVENTION CERTIFICATE PROGRAM

Department of Counseling and Applied Educational Psychology

Admissions Introduction

Northeastern University's Early Intervention Certificate Program is an interdisciplinary, preservice training program that is designed to fulfill requirements for Certification in Early Intervention, at the advanced provisional level, as set forth by the Department of Public Health (DPH), Commonwealth of Massachusetts.

The goals for the Early Intervention Certificate Program are:

1. To increase the number of Early Intervention personnel;
2. To prepare personnel who have attained all competencies relative to Early Intervention, specified by the Massachusetts DPH, and that are consistent with best practices and research;
3. To prepare personnel in an interdisciplinary manner, drawing from Northeastern University's multidisciplinary resources;
4. To prepare personnel to function effectively across teams (IFSP teams, community teams, interagency teams) and to understand the roles of their interdisciplinary teammates;
5. To prepare personnel to provide services to infants and toddlers with disabilities, and their families, from linguistically and culturally diverse backgrounds in urban environments.

The Certificate Program in Early Intervention was developed in response to state and national needs to prepare personnel to serve infants and toddlers with disabilities, or who are at risk for developmental delay, and their families. The program is approved by the Massachusetts Department of Public Health (DPH), the lead agency for Part C services of IDEA, as meeting the requirements for provisional certification at the advanced level as an Early Intervention Specialist. It is the only Approved Higher Education Program in Early Intervention in the state that is interdisciplinary. In addition, it has received national significance through the support of two training grants from the U.S. Department of Education, Office of Special Education Programs (OSEP):

- 7/1/00 - 6/30/05: Project Collaborative Teams: Interdisciplinary Teams Preparing Early Intervention Personnel from Diverse and Underrepresented Backgrounds (H325A000035).
- 9/1/94 – 8/31/00: Project Team: Teams Preparing Teams of Personnel to Serve Minority Infants and Toddlers with Disabilities and Their Families (H029Q40045).

Participating departments from the Bouvé College of Health Sciences include: Department of Counseling and Applied Educational Psychology; Department of Speech-Language Pathology and Audiology; Department of Physical Therapy. A participating

department from the College of Science is the Department of Psychology. The program can be taken alone, or integrated with master's or bachelor's degree programs. Personnel who are working in the field may use their work site for field training.

Students acquire the early intervention competencies, in the nine areas specified by the Massachusetts Department of Public Health in its Early Intervention Operational Standards, through their coursework and field training, which are delivered through a team-based approach. Practicum sites are selected based on service delivery to infants and toddlers with disabilities, or at risk for developmental delay, and their families from linguistically and culturally diverse backgrounds.

The program is delivered in a hybrid format. Students meet on campus for classes, with some of the class material delivered through the Blackboard online platform.

Admission Requirements

- Bachelor's degree, preferably in a related field, unless taken during senior year in a Northeastern University degree program
- Three letters of recommendation, official transcripts
- Completed application to the Bouvé College of Health Sciences, which may be integrated with application to a degree program
- Completed application to the Certificate Program in Early Intervention
- Students who are in degree programs apply via their respective programs

Application Deadline: April 1st.

Graduate school: <http://www.bouve.neu.edu>

Program website: <http://www.earlyintervention.neu.edu>

Program director: Karin Lifter, Ph.D. K.Lifter@neu.edu



Northeastern
UNIVERSITY

BOUVÉ COLLEGE OF HEALTH SCIENCES

Department of Counseling and Applied Educational Psychology

APPROVED STUDENT PROGRAM OF STUDIES

Early Intervention Certificate Program

NAME OF STUDENT _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME TELEPHONE (____) _____ OTHER PHONE (____) _____

<u>COURSE NUMBER</u>	<u>COURSE NAME</u>	<u>SEMESTER HOURS</u>	<u>SEMESTER SCHEDULED</u>	<u>GRADE</u>
CAEP 5150	Early Intervention: Family Systems	3	Fall	
CAEP 5151	Early Intervention: Infant/Toddler Development, Risk and Disability	3	Fall	
CAEP 8425	Early Intervention: Practicum 1	2	Fall	
SLPA 6335	Early Intervention: Assessment and Intervention	3	Spring	
CAEP 5152	Early Intervention: Planning and Evaluating Early Intervention Services	3	Spring	
CAEP 8426	Early Intervention: Practicum 2	2	Spring	

Signature of Student _____ Signature of Advisor _____

Note: This form is included with the student's records in the Graduate Office of Bouvé College of Health Sciences, 123 Behrakis Building, Northeastern University.

Schedule and Course Descriptions: 2014-2015

Embedded into Discipline-Specific Preparation Programs in the Departments: of Counseling and Applied Educational Psychology; Speech-Language Pathology and Audiology; Physical Therapy; and Department of Psychology.

Interdisciplinary Certificate Program in Early Intervention Bouvé College of Health Sciences, Northeastern University

Program Director: Karin Lifter, Ph.D. (K.Lifter@neu.edu)

PROGRAM CLASSES/ON-CAMPUS SCHEDULE 2014-2015

Please note:

***The program is delivered in a hybrid format –
One-fourth through face-to-face meetings and three-fourths through on-line instruction***

ORIENTATIONS: Fall: September 8th from 12:30 – 1:30pm (310 INV)
September 8th from 2:00-3:00 (750 BK, for those with a conflict at 12:30)
Spring: January 15th from 1:00 – 2:00pm (location TBD)

CLASS DATES: Fall: Mondays, September 8th, October 6th, November 3rd, & December 1st
Spring: Wednesdays, January 15th, February 12th, March 12th, & April 19th

LOCATION: Classes will meet in the rooms assigned to the individual classes

ADDITIONAL CLASS: Saturday, January 24th Northeastern campus
(9:00am to 4:00pm)
Snow Date: Saturday, January 31st

CAEP 5150: Early Intervention: Family Systems

Fall Semester: Mondays, 4:00-6:30pm (DPT year 5/PBDPT yr. 3; SLPA MS year 1)

Introduces students to the theory and practice of family interventions with a diverse population, including infants, toddlers, and preschoolers with special needs. Family systems, developmental, coping, crisis, and ecological theories and practices are discussed. Assessment and intervention skills strategies are presented and taught. Theories of exceptionality, as they pertain to family systems, are integrated into course material.

CAEP 5151: Early Intervention: Infant/Toddler Development, Risk, and Disability

Fall Semester: Mondays, 6:45-9:15pm (DPT year 4/PBDPT yr. 2; School Psych MS replace w/CAEP6218; SLPA MS year 1)

Introduces students to the major theories of development and their implications for intervention. Infant/toddler development in the areas of cognition, language and communication, perceptual/motor, personal/social, and self-care areas are presented and integrated with the impact of specific disabilities, varying risk factors, and recent brain research. Development and risk are evaluated in relation to culturally diverse beliefs and practices. Children's play activities are examined for evidence of development.

SLPA 6335: Early Intervention: Assessment

Spring Semester: Wednesdays, 6:45-9:15pm (DPT year 6/PBDPT yr. 4; SLPA MS year 1)

Students learn of the assessment models and multi-domain tests used in early intervention. They become familiar with informal and formal instruments used in different areas including cognition, language and communication, perceptual/motor, personal/social, and self-care

domains. Students learn intervention models, methods and strategies to be implemented in natural environments.

CAEP 5152: Early Intervention: Planning/Evaluating Early Intervention Services

Spring Semester: Wednesdays, 4-6:30pm (*DPT year 6/PBDPT yr 4; School Psych MS replace w/ CAEP6360; SLPA MS year 1*)

A systematic, family-centered, team approach to service delivery is emphasized. Cases are used as focal points for learning how to plan and evaluate individualized family services and group service plans. Teamwork and leadership in early intervention are covered with respect to service coordination. Practical approaches to assessing needs for group programs and evaluating the implementation and outcomes of programs are addressed, as are the impact of legal and financial issues on service coordination and approaches to service delivery.

CAEP 8425/CAEP 8426: Early Intervention: Practicum 1 & 2

(Participation in spring seminar required for PT students enrolled in PT 6443 Clinical Education 3 and 1st year SLPA MS in SLPA 6416 SLP Clinic 2 (w/ undergrad degree in SLP); participation in fall seminar required for SLPA MS in SLPA 6417 SLP Clinic 3 (w/out undergrad degree in SLP))

Fall (Mondays) and Spring (Wednesdays) Semesters: 2-3:30pm

Provides students with supervised fieldwork experience in team-oriented interventions with infants and toddlers with disabilities or at risk for developmental delays and their families from linguistically and culturally diverse backgrounds. The practicum class sessions are conceptualized as the linchpin training experience between students' courses and fieldwork. Students are expected to master early intervention and team participation core competencies in the context of their 150-hour per semester (300 hours total) fieldwork training in a state approved Early Intervention Program, where services are delivered. Practicum training may count toward discipline-specific field requirements.

INSTRUCTIONS FOR ACTIVATING BLACKBOARD ACCOUNT

As you know, the courses in this program will largely take place online. Students are expected to contribute to weekly online discussions on Blackboard. The quality and frequency of student contributions will be considered when assigning a grade for the course. Students are expected to check Blackboard regularly for relevant postings such as reading assignments, assignment guidelines, discussion topics posted by the instructor, case history information, and case problem-solving situations posted by classmates. Timely contributions to these assignments and discussions are necessary to ensure that students are keeping up with the course work during weeks in which the class does not hold a formal meeting. In addition, students will submit their journal entries through Blackboard. Guidelines for journal entries are discussed later in the Handbook. We will be holding a **face-to-face orientation session on Monday, September 8th, at 12:30 pm (in the 310 International Village) AND at 2:00 (750 Behrakis, for those with a conflict at 12:30)**, at which we will be showing you how the online components of the program work, including how to use the Blackboard Learning System, our course management software. To be prepared for that session, there are some steps you need to take BEFORE September 8th.

1. Register for your courses. You must be officially registered and in the registrar's database in order to receive a Blackboard account. (Students who have taken courses in the past are in the registrar's database).

2. Activate your myNEU account. myNEU is a Northeastern web site that gives you online access to many Northeastern services. Follow these steps to activate your myNEU account:

1. AFTER you have officially registered for a course with the Registrar's office, go to <http://myneu.neu.edu>.
2. Click on "How Do I Get a myNEU Username and Password?"
3. Follow the directions on the next 2 pages. The system will tell you what your username is, and you will set your own password.
4. Keep track of this username and password. You will use it to access both myNEU and Blackboard. If you have any problems activating your myNEU account, call the Help Desk at (617) 373- 4357.

3. Try logging in to Blackboard. You will use the same username and password for Blackboard that you use for myNEU. Your Blackboard account will be activated 24 hours AFTER you complete this process. Follow these steps to access Blackboard:

1. Go to <http://blackboard.neu.edu>
2. Click the Login button.
3. Enter your username and password.
4. Click Login.

Depending on when you do this, you may not be able to see your Blackboard courses yet. They will be available on September 9th or before. We would like you to test logging in to Blackboard to identify any problems early so we can take care of them at orientation.

4. Get familiar with Blackboard by using tutorials.

<http://ondemand.blackboard.com/students.htm>



EARLY INTERVENTION CERTIFICATE PROGRAM ***GENERAL EXPECTATIONS FOR STUDENTS***

There are specific expectations for the students who are pursuing the Early Intervention Certificate Program, and who will be either master's or bachelor's/certificate students or certificate-only students. Unless otherwise specified, each student is required to take two early intervention classes in the fall (Family Systems [CAEP 5150]; Infant/Toddler Development, Risk, & Disability [CAEP 5151]), and two in the spring (Assessment and Intervention [SLPA 6335]; Planning and Evaluating Early Intervention Services [CAEP 5152]); and a practicum class [CAEP 8425/8426] that meets throughout the year concurrent with the field-based training. Students who are degree/certificate students must also complete the requirements of their respective degree programs. As a result, they often carry **four to five** courses per term. Students who are pursuing the certificate-only program are expected to complete the program in one year, unless other arrangements are made. Finally, students may pursue the Early Intervention Certificate Program on a part-time or full-time basis.

The field-based training begins in the fall with exceptions noted below. Students are expected to spend approximately two days per week at their field site, which will be a Massachusetts Department of Public Health certified Early Intervention Program (EIP). Field-based training consists of a minimum of 300 hours, which must be well documented.

In summary, students need to be aware that in addition to their course work, they will pursue from 12 to 15 hours per week in field training over the fall and spring semesters. One exception is for physical therapy students, who complete a 12-week practicum on a full-time basis in the spring semester of the final year of their program. Another exception exists for MS SLP students who will complete the field training (300 hours in EI) during the spring semester of year 1 or the fall semester of year 2 in the context of "Clinic 2 or 3." Students who complete the practicum hours on a full-time basis in one semester must meet all the competencies in Practicum 1 and Practicum 2 in that same semester.

COURSE SYLLABI

Early Intervention: Family Systems
CAEP 5150
Bouvé College of Health Sciences
Department of Counseling and Applied Educational Psychology
Fall 2014

Faculty Information:

Jessica Edwards George, Ph.D., NCSP

Office Location: 432 INV

Office Phone: 617-373-3681

Email: j.george@neu.edu

Office Hours: By appointment

Course Description:

This hybrid course (combination of on-line and on-campus sessions) is designed to introduce students to the theory and practice of family intervention with a diverse population, including infants, toddlers and preschoolers with special needs. Early intervention trainees will become familiar with the theories, principles and applications of family systems theories to family, team and agency systems. Family systems, developmental, coping, crisis and ecological theories and practices are discussed and assessment and intervention skills taught. While theory and case discussion will be on-line, four 2½ hour on-campus sessions will be held during the semester for experiential, case study and role play learning activities.

Course Goals and Objectives:

- To examine family theories, including developmental models, family systems, social supports, family functioning styles, and coping theory.
- To recognize cultural and socioeconomic influences on child and family functioning, child rearing, interactive styles, and family development.
- To develop effective communication skills with families.
- To develop family assessment skills and to translate assessment into family centered treatment plans and implementation.

Credit Hours: 3

Clock/Class Hours:

2 ½ hour on-campus sessions will be held on the following dates and times:

- Monday, September 8, 2014 4:00-6:30 PM
- Monday, October 6, 2014 4:00-6:30 PM
- Monday, November 3, 2014 4:00-6:30 PM
- Monday, December 1, 2014 4:00-6:30 PM

Weekly on-line reading of course material, participation in online discussions and assignments. Duration of time required to complete weekly content varies by student, but typically is 2+ hours per week.

Prerequisites: Junior, senior or graduate standing.

Learning Resources:

REQUIRED TEXT: Seligman, M. & Darling, R.B. (2007) (3rd ed). *Ordinary families, special children*. New York: Guilford.

** Begin reading the textbook for this course at start of course as it provides an overview and reinforcement of the topics discussed.

ADDITIONAL EXTRA CREDIT TEXT: Solomon, A. (2012) *Far from the tree*. New York: Scribner

SUPPLEMENTAL RESOURCES: Additional guided readings and materials posted weekly in course documents section of Blackboard

Course Policies and Expectations:

- **Hybrid learning:** Hybrid learning is based on reading, digesting, and integrating the materials covered online and in face-to-face sessions into interdisciplinary professional practice. In order to be successful with the material covered, students must engage in all levels of content and participation for this course.
- **Blackboard:** For the weeks that face-to-face meetings are not scheduled the Blackboard interface will be used. Each week pertinent content and specific assignments/discussion participation will be required to increase your participation and involvement. Online activity will include questions and answers, discussion threads, submission of written exercises.
- **Face-to-face sessions:** The four on campus sessions consist of lecture, demonstration and role-plays covering the months' topics. Students are divided into small, interdisciplinary teams for these activities.
- **Attendance and participation policy:** It is expected that students will be prompt, attend and participate in all class activities and course work (face-to-face and online). There are only four face-to-face sessions. In the unusual circumstance that a face-to-face session is unavoidably missed, the student is responsible for discussing with the instructor how that class is to be made up by means of assignment. If more than one class is missed the student will not be given credit for the course.
- **Policy Regarding the Use of Cell Phones, Computers, and/or Recorders:** Students must seek the instructor's permission to record seminar content. Cell phones should be put on silent/vibrate during class and are not to be used in class. Computers/tablets may be used for viewing of course content and note taking only.
- **Policy Regarding Intellectual Honesty and Integrity:** Northeastern University is committed to the principles of intellectual honesty and integrity. All members of the Northeastern community are expected to maintain complete honesty in all academic work, presenting only that which is their own work on tests and assignments. If you have questions regarding the definitions of cheating or plagiarism, consult the Northeastern University Student Handbook and/or contact your professor prior to submitting work for evaluation. Any member of the academic community who witnesses an act of academic dishonesty should report it to the appropriate faculty member or department chair (or equivalent). The charge will be investigated and if sufficient evidence is presented, the case will be referred to the Northeastern University Student Judicial Hearing Board.
- **Students with Special Needs:** Support and accommodations should be initiated by the student through the Disability Resource Center. <http://www.northeastern.edu/drc/>

Course Grading Criteria:

Weekly Blackboard participation/assignments—30%

On-campus session participation—20%

Family assessment assignment—20%

Treatment plan assignment—15%

Final examination—15%

Extra credit assignment—may add up to 10% to you final grade

Content Outline:

Course subject content is tentative and may change during the semester. Students will be notified of changes

Week/Date	Content
Week #1 9/8/2014	Face-to-face meeting #1 Introduction Review of course and syllabus Introduction to Family System perspective
Week #2 9/15/2014	Online Introduction to Family System perspective (continued)
Week #3 9/22/2014	Online Introduction to Family System Early Intervention
Week #4 9/29/2014	Online Family Systems Theories
Week #5 10/6/2014	Face-to-face meeting #2 Family Systems Theories (continued)
Week #6 10/13/2014	Online Overview of Disabilities and Impact on Family
Week #7 10/20/2014	Online Overview of Disabilities and Impact on Family
Week #8 10/27/2014	Online FASP Model and other Family Assessment Models
Week #9 11/3/2014	Face-to-face meeting #3 Case studies and role plays Mid-year informal TRACE evaluation
Week #10 11/10/2014	Online Ethnic, cultural and

	socioeconomic factors Family Assessment Assignment Due
Week #11 11/17/2014	Online Larger Systems/Organizational Impact/Diverse Families Treatment Plan Assessment Due
Week#12 11/24/2014	Online Thanksgiving break week Ethical Issues and Case Studies
Week #13 12/1/2014	Face-to-face meeting #4 Course Review TRACE evaluation Extra Credit Due
Week #14 12/8/2014	Final exam administered online via Blackboard on 12/8/2014

MA DPH CEIS Competencies Address in this Course:

1.6 EI Specialists will demonstrate knowledge of how trauma and other sources of family and environmental stress influence early development and child/caregiver interactions.

1.8 EI Specialists will identify how children learn through relationships, and demonstrate knowledge of a relationship-based approach to interventions and outcomes.

2.5 EI Specialists will individualize and adapt evaluation and assessment procedures, meeting and respecting the needs of the child, the culture of the family, and the variety of contexts of the child's daily life.

3.1 EI Specialists will demonstrate understanding of strengths and resources that the family contributes to the wellbeing of their child and family.

3.2 EI Specialists will demonstrate an understanding of, and ability to apply, family-centered practices.

3.3 EI Specialists will demonstrate understanding and respect for the culture of each family.

3.6 EI Specialists will demonstrate an understanding of family dynamics and the impact on a family of having a child with a developmental delay or disability.

6.2 EI Specialists will utilize strategies for intervention based on the strengths, resources, needs, learning styles, and culture of each family.

6.8 EI Specialists will engage and support caregivers in positive interactions with their infants/toddlers that promote healthy social-emotional development.

7.4 EI Specialists will be able to explain the functions of various disciplines to families and key collaborators.

Course Assignments:

Due dates for major course assignments and the final examination are in the above course outline. All major assignment should be submitted via Blackboard. Guidelines for major assignments (family assessment assignment, treatment plan assignment and extra credit assignment) will be posted in the “Assignment folder” on Blackboard as separate documents with detailed instructions.

- Weekly assignments: Each week, specific assignments to increase your participation and involvement will be required pertinent to the topics covered. These assignments may include questions and answers, discussion threads, submission of written exercises and/or tests. Weekly Blackboard content will be posted by Monday by the instructor and participation/assignments should be completed by the following Monday at 9:00 AM.
- Family Assessment assignment: A family assessment of a family with an infant, toddler, or preschooler with special needs. This will be a detailed careful analysis of the communications and structural patterns and processes of an actual family whom you will select and interview/observe. This assignment will demonstrate your interviewing and assessment skills, your ability to apply classroom learning, and your understanding of special needs, cultural, and socioeconomic influences on families.
- Treatment plan assignment: Using the above family, write out a treatment plan that focuses on EI services (home-based, school-based, community-based). Defend your rationale for this treatment plan.
- Final examination: To demonstrate your knowledge of the major theoretical and practical issues regarding early intervention with families with children with special needs.
- Extra-credit assignment: A three-page critical review paper of three chapters of the Solomon book. Required chapters are Down Syndrome and Autism and the student is free to choose their preferred third chapter for review.

Teacher Rating and Course Evaluation (TRACE) Participation:

Students are encouraged to submit a Teacher Rating and Course Evaluation (TRACE) for this course as it provides the faculty with important information about course content, course material, and course instruction. Students enter the system via the MYNEU portal and responses are completely anonymous. An informal teacher rating/course evaluation will be conducted at mid-term for early feedback for the instructor.

CAEP 5151
Early Intervention: Infant/Toddler Development, Risk, & Disability
Department of Counseling and Applied Educational Psychology
NORTHEASTERN UNIVERSITY
Fall, 2014

This course is presented in a hybrid on-line/face-to-face format.

Web site for on-line components of this course: <http://blackboard.neu.edu>

Web site for Early Intervention Program: <http://www.earlyintervention.neu.edu>

Lead Instructor

1. Stephanie Laverdiere, OTR/L, Lecturer (Section 1)
Department of Counseling and Applied Educational Psychology
Certified Early Intervention Specialist, Boston Children's Hospital Early Intervention Program
2. Wendy Kennedy, MEd, Lecturer (Section 2)
Department of Counseling and Applied Educational Psychology
Boston Children's Hospital Early Intervention Program

Participating Instructors:

1. Ann Golub-Victor, PT, MPH, DPT, Associate Clinical Professor, Dept. of Physical Therapy
2. Lori Book, PhD, CCC-SLP, Assistant Clinical Professor, Dept. of Speech-Language Pathology and Audiology
3. Karin Lifter, PhD, Professor, Dept. of Counseling and Applied Educational Psychology; 424 International Village; 617-373-5916; K.Lifter@neu.edu
Office hours: Tuesdays, Wednesdays: 2:30 – 4:00pm

Course Description:

Introduces students to the major theories of development and their implications for intervention. Presents and discusses infant/toddler development, risk, and disability in the areas of cognition, communication, motor, social/emotional, and self-care areas and considers variation in development as a result of multiple factors. Assessments in these areas are introduced, including an evaluation of development through children's play activities. Development and risk are evaluated in relation to culturally diverse beliefs and practices. The course is interdisciplinary; students from diverse programs participate, and professors from school and counseling psychology, special education, speech-language pathology, physical therapy, and nursing teach it.

Textbook:

Fogel, Alan. (2015). *Infant Development: A Topical Approach* (second edition). Cornwall-on-Hudson, NY: Sloan Publishing, LLC.

Readings: (*Packet available in Northeastern Bookstore*)

Feldman, R. (2009). The development of regulatory functions from birth to five years: Insights from premature infants. *Child Development*, 80 (2), 544-561.

Garcia-Coll, C. & Magnuson, K. (2000). Cultural differences as sources of developmental vulnerabilities and resources. In J.P. Shonkoff & S.J. Meisels (Eds.), *Handbook of early childhood intervention* (second edition) (p. 94-114). Cambridge University Press: New York.

- Hart, B. and Risley, T. (1992). American Parenting of Language-Learning Children: Persisting Differences in Family-Child Interactions Observed in Natural Home Environments. *Developmental Psychology*, 28 (6), 1096-1105.
- Hebbeler, K., Spiker, D., Morrison, K., & Mallik, S. (2008). A national look at the characteristics of Part C early intervention services. *Young Exceptional Children Monograph Series No. 10*.
- Lewis, M. (1996). Developmental principles and their implications for infants who are at risk and/or disabled. In M. Hanson (Ed.), *Atypical infant development* (second edition) (p.17-43). ProEd.
- Lifter, K., Foster-Sanda, S., Arzamarski, C., Briesch, J., & McClure, E. (2011). Overview of Play Its Uses and Importance in Early Intervention/Early Childhood Special Education. *Infants & Young Children*, 24(3), 225-245.
- Meisels, S.J. & Shonkoff, J.P. (2000). Early childhood evolution: A continuing evolution. In J.P. Shonkoff & S.J. Meisels (Eds.), *Handbook of early childhood intervention* (second edition) (p.3-31). Cambridge University Press: New York.
- Tronick, E., & Beeghly, M. (2011). Infants' meaning-making and the development of mental health problems. *American Psychologist*, 66(2), 107-119. doi: 10.1037/a0021631
- Center on the developing child. (2012). The science of neglect: The persistent absence of responsive care disrupts the developing brain. *National Scientific Council on the Developing Child*, 12(1), 1-17.
http://developingchild.harvard.edu/resources/reports_and_working_papers/working_papers/wp12/
- Massachusetts Department of Public Health: 2013 Early Intervention Operational Standards and Agreements. Uploaded to course documents.

Early Intervention Training Center: MA DPH

<http://www.eitrainingcenter.org/>

EITC: (#142) Infant Brain Development Training - On-line Training Course

<http://www.trainingondemand.tv/eitc/index.cfm?event=CourseDetails>

Resources

<http://www.eitrainingcenter.org/resources/?p=informational>

Course Objectives:

The goal of this course is to enable students to develop the knowledge and competencies to understand the developing infant/toddler, in general, and the infant/toddler who is developing with a disability or is at-risk for developmental delay, in particular, in the context of a family. The objectives are to:

- Learn the major theories of child development;

- Gain knowledge of infant/toddler development in the areas of cognitive, language, perceptual/fine motor, gross motor, self care/adaptive, personal/social and play development, and variation in development as a function of disability;
- Gain knowledge of the major risk factors for developmental dysfunction;
- Gain knowledge of the legislation that led to the preparation of Early Intervention personnel and the provision of services to infants and toddlers with disabilities, and their families;
- Gain knowledge in the assessment of infant/toddler development in the areas of cognitive, language, perceptual/fine motor, gross motor, self care/adaptive, and personal/social and play development, and the implications for practice.

Early Intervention certification competencies (2013):

Several of the competencies that have been set forth by the Massachusetts Department of Public Health for the certification of Early Intervention Specialists will be addressed in the course. They are that the EI Specialist shall be able to:

PRIMARY COMPETENCIES

- 1.1 EI Specialists will demonstrate knowledge of typical and atypical infant and early childhood development, including major theories; domains and their interconnection; sequences; ranges; and variability.
- 1.2 EI Specialists will demonstrate knowledge of current research findings on brain development, and identify factors that influence early brain development and learning.
- 1.3 EI Specialists will demonstrate knowledge of common factors impacting and influencing child development, including environment, culture, family, and caregiver relationships.
- 1.4 EI Specialists will demonstrate knowledge of origins and characteristics of developmental disabilities and disorders as well as their impact on early development and child/caregiver interactions.
- 1.5 EI Specialists will demonstrate knowledge of the impact of biological risk factors, including but not limited to prematurity, and other medical conditions, on child development and child/caregiver interactions.
- 1.6 EI Specialists will demonstrate knowledge of how trauma and other sources of family and environmental stress influence early development and child/caregiver interactions
- 1.7 EI Specialists will identify how children learn through play within and across developmental domains, based on individual learning styles and temperament.
- 8.4 EI Specialists will demonstrate the use of current infant/toddler research to approach and/or modify practice.

SECONDARY COMPETENCIES

- 6.1 EI Specialists will use the child's strengths to develop appropriate strategies to address infant/toddler needs across the domains.
- 8.1 EI Specialists will demonstrate a basic knowledge of relevant federal and state legislation, regulations and policies that impact services and supports to children and families (including IDEA, FERPA, Massachusetts EI Operational Standards, and state eligibility criteria).

Course Format and Overview of Assignments:

In addition to four face-to-face meetings, all students are required to participate in discussions via blackboard for which the quality of your contributions will be monitored and considered when assigning a grade. Readings will be posted and these readings will

inform class discussions in which you are expected to participate. Assignments and projects also will be posted on blackboard and students should check for announcements/postings regularly. Activities required as part of this class will include: assigned readings, lectures (both in class and on-line), group discussions, written assignments, quizzes, and a project in which you observe a child between birth to three years-old, and then describe and analyze the child's development in each of the developmental domains. In general, assignments are due by midnight on Sunday, at the end of the week they are posted.

Course Project:

Students complete a course project for which they observe, describe, and analyze the development of an infant or toddler (birth to 3.0 years) according to the following factors: each of the developmental domain areas, including play; how the developmental domains relate to one another; potential risks in the child's life; how these risks manifest in the child's development and variation in development. The descriptions and analyses of developmental progress must be tied to theories of development. Project guidelines will be posted in the Blackboard site.

Grading:

Discussion Board activities	30%
Written Assignments	25%
Quizzes (Final)	15%
Course Project	30%

Course Policies:

1. Students are expected to maintain the standards for academic honesty that are described in the Graduate Student Handbook for Northeastern University.
2. Students are expected to attend each class and to participate in all aspects of class activities and course work (e.g., discussions, weekly reflections, term project).
3. Students are expected to submit all assignments in a timely manner. Any exceptions must be negotiated with the instructor.
4. Cell phones, pagers, and other communication devices must be off during class.
5. University policy dictates that students must seek a professor's permission to tape record class sessions.
6. We will take a break about halfway through each class. Students are strongly encouraged to wait until the break to leave the room.
7. Because this course only has four on-campus meetings, students are required to attend each of these four meetings.

Topics by week:

Week 1 9-8-14	Face-to-face meeting #1 Overview of course; class project; blackboard discussion posts; Introduction to Early Intervention: eligibility categories and professional roles; Introduction to developmental domains.	<i>(To be read prior to first class)</i> Fogel: chapter 1, pages 1-9 and 25-31; Hebbeler, et. al., (2008) Meisels & Shonkoff, (2000); EI Operational Standards: pages 11-16.
Week 2 9-15-14	Major theories of development; <i>Online lecture, assignment, discussion</i>	Fogel: chapter 1, pages 11-22; chapter 9, pages

		372-375; Lewis, 1996;
Week 3 9-22-14	Perceptual and Cognitive Development <i>Online lecture, assignment, discussion</i>	Fogel: chapter 6, pages 206-231.
Week 4 9-29-14	Prenatal and newborn/infant development. Introduction to risks in development. <i>Online lecture, assignment, discussion</i>	Fogel: chapters 2 and 3.
Week 5 10-6-14	Face-to-face meeting #2 Ann Golub-Victor: Dept. Physical Therapy Physical and Motor Development; Disorders of physical and motor development (e.g., Cerebral palsy). Part 1 of project due (hard copy)	Fogel: chapter 5
Week 6 10-13-14	Growth and development <i>Online lecture and discussion</i> (The online presentation is courtesy of Mrs. Eunice Shishmanian, MS, RN and Dr. Beauchesne, School of Nursing)	Continue Fogel: chapters 2 and 3; chapter 9, pages 379-390. Feldman (2009)
Week 7 10-20-14	Brain Research and areas of problems <i>Online assignment and discussion</i>	Fogel: chapter 4, pages 113-135. Complete EITC's Online Training* (see below)
Week 8 10-27-14	Social development; development of attachment and early relationships; Transactional model of development. <i>Online lecture, assignment, discussion</i>	Fogel: chapter 9, pages 357-378; Center on the Developing Child: Science of Neglect (2012); Tronick & Beeghly, (2011).
Week 9 11-3-14	Face-to-face meeting #3 Lori Book: Dept. of Speech-Language Pathology & Audiology <i>Language Development; Language Delays</i> Part 2 of project due (hard copy, with Part 1 rev)	Fogel: chapter 7, pages 237-286 and chapter 8, pages 339-342; Hart and Risley (1992).
Week 10 11-10-14	Emotion and temperament <i>Online lecture, assignment, discussion</i>	Fogel: chapter 8, pages 289-338.
Week 11 11-17-14	Impact of culture on development; Impact of child with delays and disabilities on family. <i>Online lecture, assignment, discussion</i>	Fogel: chapter 10; Garcia-Coll & Magnuson, (2000).
Week 12 11-24-14	Play development, delays in play; Analysis and integration of developmental domains. <i>Online lecture, assignment, discussion</i> Part 3 of project due (hard copy, with Parts 1, 2 revised): Sunday 11/30/14 at 5pm Complete Course Evaluation (In-house	Review Fogel: chapter 11; Lifter et. al., (2011)

	evaluation)	
Week 13 12-1-14	Face-to-face meeting #4: Play in context; Course Wrap-up Discussion of video-recordings of children's play activities: toddlers with and without disabilities; Analysis and integration of developmental domains (continued); Early Childhood Intervention (revisited). Complete TRACE Evaluation of course for NEU	Continue Fogel: chapter 11; Review Meisels & Shonkoff, (2000).
Week 14 12-8-14	Final Quiz The on-line final will be two hours in length, with one opportunity to complete it. The link will be open from noon on Friday, 12/5/14, to midnight Thursday, 12/11/14	
<p>Registering for the online course in Brain Development*</p> <p>What you need to do is go to the EITC training site: www.eitrainingcenter.org <http://www.eitrainingcenter.org/> , and register at the "Professional Development" tab. The entire process takes between 1.5 to 2 hours.</p> <p>In order to get started, you must first register for the class.</p> <p>You will be asked information such as name, address, email, and professional field.</p> <p>You will also be asked for information regarding your Massachusetts EI site. If you are in a practicum placement, you may fill out that information.</p> <p>If you are not at an EI site, select the N/A option and then designate that you are a student. I completed this process and did not have any difficulty.</p> <p>You will also be asked for a fax #. If you do not have one available, you may use Dr. Lifter's fax, which is 617-373-8892.</p> <p>After registering, you should receive an email with further instructions regarding the course, including a link.</p> <p>This part gets a little confusing, but you have to add the Brain Development course to your cart (it's free) and then you are able to begin once you've "checked out."</p> <p>Be sure to take the training elements in the following order: view video module; take video quiz; read article; take article quiz.</p>		

SLPA 6335: Spring 2015 (DRAFT)

EARLY INTERVENTION: ASSESSMENT Department of Speech-Language Pathology and Audiology Integration of distance and classroom-based learning

This course is presented in a hybrid online/face-to-face format.

Web site for online components of this course: <http://blackboard.neu.edu>

Web site for Early Intervention Program: <http://www.earlyintervention.neu.edu>

Instructors:

Lead Instructor:

Lorraine Book, Ph.D., CCC-SLP
Assistant Clinical Professor
Department of Speech-Language Pathology and Audiology
503 Behrakis Health Sciences Center
l.book@neu.edu
Office hours: By appointment

Participating Instructor:

Karin Lifter, Ph.D.
Professor
Department of Counseling and Applied Educational Psychology
424 International Village
k.lifter@neu.edu

Total Credit hours: 3.0

Time: Wednesday 6:45 to 9:15pm

Location: TBD

Course Description: This course is part of an interdisciplinary, preservice and inservice training program at Northeastern University for Early Intervention (EI) Personnel who will serve infants and toddlers with documented disabilities or who are considered, 'at risk' for developmental delay. Students will learn to serve infants, toddlers, and families from linguistically and culturally diverse backgrounds. Information and training will be provided in the content and process of assessment and the delivery of early intervention services to infants and toddlers. This course is one of the requirements for the EI Program that addresses specific competencies for certification designated by the Massachusetts Department of Public Health.

Text Book:

Brenner, S. M. & Grim J. (2013) *Assessment of Young Children with Special Needs: A Context Based Approach*. New York, NY: Taylor & Francis

Readings:

Bricker, D. (2002). *Assessment, Evaluation and Programming System for Infants and Children (2nd edition)*. Baltimore, MD: Paul H. Brookes, Publishing Co.

Bricker, D., Clifford, J., Yovanoff, P., Pretti-Frontczak, P., Waddell, M., Allen, D., & Hoselton, R. (2008). Eligibility determination using a curriculum-based assessment: A further examination. *Journal of Early Intervention, 31(1)*, 3-21.

Crais, E. R. (2011). Testing and beyond: strategies and tools for evaluating and assessing infants and toddlers. *Language, Speech, and Hearing Services in Schools, 42*, 341-364.

Newborg, J. (2005). *Examiner's Manual to the Battelle Developmental Inventory, 2nd Edition*, Rolling Meadows, IL: Riverside Publishing.

Guralnick, M. J. (2011). Why Early Intervention Works: A systems perspective. *Infants & Young Children, 24*(1), 6-28.

Lifter, K. (2008). Developmental play assessment and teaching. In J.K., Luiselli, D.C., Russo, W.P., Christian, & S.M., Wilczynski (Eds). *Effective practices for children with autism: Educational and behavioral support interventions that work*. NY: Oxford University Press.

McLean, M. & Crais, E.R. (2004). Procedural considerations in assessing infants and preschoolers with disabilities. In M. McLean, M. Wolery, & D.B. Bailey, Jr. *Assessing infants and preschoolers with special needs* (third edition) (pp. 45-70). Upper Saddle River, NJ: Pearson.

National Research Council (2008). *Early Childhood Assessment: Why, What, and How*. Committee on Developmental Outcomes and Assessments for Young Children, C.E. Snow and S. B. Van Hemel, *Editors*. Board on Children, Youth, and Families, Board on Testing and Assessment, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

Parks, S. (2006). *Inside HELP – Administration Manual (0-3)*. Palo Alto, CA: VORT Corporation.

Pierangelo, R.A. & Giuliani, G.A. (2012). Writing a comprehensive report in special education. In R.A. Pierangelo & G.A. Guiliani. *Assessment in special education: A practical approach (4th edition)*. Upper Saddle River, NJ: Pearson.

Steiner, A. M., Goldsmith, T. R., Snow, A. V., & Chawarska, K. (2012). Practitioner's guide to assessment of autism spectrum disorders in infants and toddlers. *Journal of Autism and Developmental Disorders, 42*, 1183-1196.

Wolery, M. (2004). Using Assessment Information to Plan Intervention Programs. In M. McLean, M. Wolery, & D.B. Bailey, Jr. *Assessing Infants and Preschoolers with Special Needs* (third edition) (pp. 517-544). Upper Saddle River, NJ: Pearson.

Meisels, S.J. & Atkins-Burnett, S. (2000). The elements of early childhood assessment. In J.P. Shonkoff & S.J. Meisels (Eds.), *Handbook of early childhood intervention* (second edition) (pp. 231-257). Cambridge, UK: Cambridge University Press.

Woods, J.J. & Wetherby, A. (2003) Early Identification of and Intervention for Infants and Toddlers Who are at Risk for Autism Spectrum Disorder *Language Speech and Hearing Services and Schools, 34*,180–193.

Website for the Early Intervention Operational Standards and Agreements:

<http://www.mass.gov/eohhs/consumer/community-health/family-health/early-childhood/ei/family-rights-and-due-process.html>

EI Eligibility:

<http://www.mass.gov/eohhs/consumer/community-health/family-health/early-childhood/ei/eligibility.html>

WEEKLY SCHEDULE

Date	Topics	Readings	Assignment
Week 1 January 14	1st Face to face meeting: <ul style="list-style-type: none"> • Overview of course • Introduction to assessment <ul style="list-style-type: none"> ○ Legal & Theoretical Perspectives ○ Purposes, stages & approaches • Screening & Assessment of: <ul style="list-style-type: none"> ○ Hearing (Dr. Mauceri) ○ Vision 	Benner & Grim Chapters 1, 3, & 4 TBA	Review syllabus and Blackboard site Discussion Board: State Eligibility
Week 2 January 21	Online: Preparation for workshop <ul style="list-style-type: none"> • Norm-Referenced Standardized Assessment • Battelle Developmental Inventory-2 (BDI-2) 	Benner & Grim Chapter 6 BDI-2 manual Chapters 1-3	Quiz
January 24	BDI-2 Workshop: Interpretation of BDI-2	Review BDI-2 Manual	Participation in Workshop Activities
Week 3 January 28	Online: <ul style="list-style-type: none"> • Engaging with Families in the Assessment Process • Family Diversity & Cultural Competence 	Benner & Grim Chapter 5 Lynch & Hanson (2004)	Discussion Board Post: Cultural Diversity
Week 4 February 4	Online: Criterion Referenced Assessment <ul style="list-style-type: none"> • Assessment, Evaluation, & Planning System (AEPS) 	Bricker et. al. (2008) Benner & Grim Chapter 7	Quiz
Week 5 February 11	2nd Face to face meeting: <ul style="list-style-type: none"> • BDI-2 Practice Administration • Assessment of Play <ul style="list-style-type: none"> ○ Developmental Play Assessment (DPA) Dr. Lifter 	Review BDI-2 Manual Lifter (2008) Benner & Grim Chapter 7	BDI-2 Administration Self Reflection
Week 6 February 18	Online: <ul style="list-style-type: none"> • DPA cont. – Scoring & Report Writing • Report Writing/Sharing Information with Families 	Technical Assistance Document for Early Childhood Assessment Report Writing (2003) Pierangelo & Giuliani (2012)	BDI-2 Scoring Protocol Due
Week 7 February 25	Online: Assessing Children’s Environments	Wolery (2004)	Discussion Board Post BDI-2 Report Due

March 4	SPRING BREAK		
Week 8 March 11	Online: Using Assessment Information to Plan Intervention Programs	Wolery (2004)	
Week 9 March 18	3rd Face to face meeting <ul style="list-style-type: none"> • Curriculum Based Assessment <ul style="list-style-type: none"> ○ Hawaii Early Learning Profile (HELP) • Assessment of Cognitive, Communication, & Adaptive Skills • Assessment of Motor Skills (Dr. Golub-Victor) 	Parks (2006) – selected pages TBA Crais (2011) TBA	DPA Report Due
Week 10 March 25	Online: <ul style="list-style-type: none"> • Case Study • Portfolio, Work Sampling, & Goal Attainment Scaling 	Benner & Grim Chapter 8	Discussion Board Post: Case Study Written Assignment Due: Compare the BDI-2, AEPS & HELP
Week 11 April 1	Online: Progress Monitoring and Response to Intervention	Benner & Grim Chapter 9	Quiz
Week 12 April 8	Online: Assessing Young Bilingual Children with Special Needs	Benner & Grim Chapter 11	Quiz
Week 13 April 15	4th Face to Face Meeting Autism Spectrum Disorder <ul style="list-style-type: none"> • Early Red Flags • Screening and Assessment Tools • Partnering with medical professionals and families Student Presentations (Review of Discipline Specific Assessment Tool)	Steiner et. al. (2012) Woods & Wetherby (2003) Benner & Grim Chapter 10	Discipline Specific Assessment Tool Review/Presentation TRACE Course Evaluation and Competencies Due
April 22	Final Exam Week		

Please note that the proposed course outline is subject to change at the discretion of the instructors and will be updated based on student/course needs. Classes that are cancelled for any reason will be made up at a date determined by the instructors, and attendance remains mandatory for all make-up classes.

Instructional Methodologies/Philosophy: Opportunities for student interaction and class discussion provide the richest ‘soil’ to grow new ideas. Therefore, in this course, students will learn from each other and respect one another’s contributions. Personal reflections will provide the backdrop for connecting our own experiences and culture with those of our client’s and families. We will all take responsibility for learning and will work to actively sustain this, ‘community of learners,’ that is our class.

In addition to four face-to-face meetings, all students are required to participate in conversations via blackboard. The quality and quantity of your contributions will be monitored and will be considered when assigning a grade. Readings will be posted and these readings will inform class discussions in which you participate. Assignments and projects will also be posted on blackboard and students should check for announcements/postings regularly. Activities required as part of this class will include: lectures, group discussions, assigned readings, team problem solving, test administration and scoring, interviewing and obtaining case history information, etc.

Projects/Grading:

Administration of the BDI-2 to a child, scoring and writing of report	20%
Administration of the Developmental Play Assessment (DPA) to a child, scoring and writing of report	20%
Written comparison of the BDI-2, AEPS & HELP	10%
Student Presentation of Discipline Specific Assessment Tool	15%
Quizzes (lowest score will be dropped)	10%
Students will be required to track their acquisition of knowledge and skills relative to the EI competencies and provide materials and reflective statements that demonstrate examples of their acquisition of these competencies.	10%
Contributions to BB (Discussion Board), Attendance and Class Discussion/Participation	15%

ASSIGNMENTS: Specific assignments not on syllabus will be posted on BB.

Massachusetts Department of Early Intervention Competencies Addressed in Course

EI Competency	How met Student fills in!	When met
1.7 EI Specialists will identify how children learn through play within and across developmental domains, based on individual learning styles and temperament.		
2.1 EI Specialists will facilitate pre-evaluation planning with the family.		
2.2 EI Specialists will collect, interpret, synthesize, and report relevant information related to eligibility evaluation and ongoing assessment.		
2.3 EI Specialists will demonstrate knowledge and skill in relation to a range of evaluation and assessment procedures in determining eligibility, such as standardized evaluation, criterion-referenced assessment, family assessment tools, and child/caregiver.		
2.4 EI Specialists will demonstrate the ability to interpret and discuss the results of evaluations and assessments by communicating effectively with families, both orally and in writing.		
2.5 EI Specialists will individualize and adapt evaluation and assessment procedures, meeting and respecting the needs of the child, the culture of the family, and the variety of contexts of the child’s daily life.		
2.6 EI Specialists will collaborate with families and other team members to identify current levels of functioning, strengths, and needs of the infant/toddler throughout the		

IFSP process.		
3.4 EI Specialists will share complete and unbiased information with families that enables them to make informed decisions regarding services, supports, and techniques.		
6.1 EI Specialists will use the child's strengths to develop appropriate strategies to address infant/toddler needs across the domains.		
8.2 EI Specialists will participate in opportunities for continued training and education for the purpose of ensuring personal and professional growth.		
8.4 EI Specialists will demonstrate the use of current infant/toddler research to approach and/or modify practice.		

Each student is responsible for tracking her/his progress towards meeting the competencies of this course.

COURSE POLICIES

Use of Tape Recorders/Computers/Calculators: Students must seek the instructor's permission to tape record class lectures/presentations. Students may use computers to take notes. Calculators may be used to compute test scores. Cell phones **MUST BE TURNED OFF/SILENT MODE** during all face to face class meetings.

Academic Honesty: Northeastern University is committed to the principles of intellectual honesty and integrity. All members of the Northeastern community are expected to maintain complete honesty in all academic work, presenting only that which is their own work on tests and assignments. If you have questions regarding the definitions of cheating or plagiarism, consult the Northeastern University Student Handbook and/or contact your professor **PRIOR** to submitting work for evaluation.

Any member of the academic community who witnesses an act of academic dishonesty should report it to the appropriate faculty member or department chair (or equivalent). The charge will be investigated and if sufficient evidence is presented, the case will be referred to the Northeastern University Student Judicial Hearing Board.

Students with Special Needs: The Disability Resource Center (DRC), located on campus in 20 Dodge Hall (extension 2675) can provide students with information and other assistance to help manage any challenges that may affect their performance in the coursework. The University requires that students provide documentation of their disability to the DRC. Students should meet with the course instructor for special accommodations to be arranged.

Northeastern University abides by Section 504 of the Rehabilitation Act of 1973, which stipulates that no student shall be denied the benefits of an education 'solely by reason of a handicap.' Disabilities covered by law include, but are not limited to, learning disabilities and hearing, sight or mobility impairments. Additional information about DRC can be found online at <http://www.drc.neu.edu/>.

Date and Time: **Wednesdays 4:00-6:30**

Location: **TBD**

Instructor(s):

Wendy Kennedy, MEd

Lecturer and Field Supervisor

Department of Counseling & Applied Educational Psychology

Children's Community Early Intervention

Course Objective:

A systematic, family-centered, collaborative and consultative approach to service delivery will be emphasized. Cases will be used as a focal point for learning how to plan and evaluate individualized family services service plans. Important aspects of consultation, teamwork, service coordination and leadership in early intervention will be covered. Practical approaches to collaboratively setting and evaluating goals within the context of consultation. The impact of legal and financial issues on service coordination and approaches to service delivery will be addressed.

Learning Goals

The intent is help students become more knowledgeable about:

1. Characteristics of successful collaboration and consultation
2. Theory pertaining to teamwork in early intervention
3. Approaches to teamwork, including transdisciplinary
4. Leadership
5. Service coordination
6. Transition planning
7. Legal issues and state and federal regulations
8. Organization of early intervention services in Massachusetts
9. Ethical issues
10. Community collaboration
11. Evaluating programs

Massachusetts Early Intervention Competencies Addressed in Course

PRIMARY COMPETENCIES

- 1.8 EI Specialists will identify how children learn through relationships, and demonstrate knowledge of a relationship-based approach to interventions and outcomes.
- 4.1 EI Specialists will demonstrate knowledge of federal and state components and requirements throughout the IFSP process, including procedural safeguards.
- 4.2 EI Specialists will effectively explain the IFSP purpose and facilitate the process in order to promote family understanding and participation in the collaborative process.
- 4.3 EI specialists will gather information from the family and key collaborators in order to reflect the child and family's unique strengths, needs, and priorities in developing the IFSP.
- 4.4 EI Specialists will demonstrate the ability to generate functional/measurable outcomes and strategies and to plan services that will be embedded in the family's natural routines.
- 5.6 EI Specialists will facilitate the development of a comprehensive transition plan, including the Transition Planning Conference, to promote smooth transitions for all families exiting Early Intervention.
- 5.7 EI Specialists will demonstrate knowledge of federal, state, and local LEA requirements and timelines to ensure smooth transitions for children transitioning to Part B services.

- 6.1 EI Specialists will use the child's strengths to develop appropriate strategies to address infant/toddler needs across the domains.
- 6.2 EI Specialists will utilize strategies for intervention based on the strengths, resources, needs, learning styles, and culture of each family.
- 6.4 EI Specialists will utilize and/or modify natural settings in order to promote infant/toddler learning opportunities in collaboration with families and other providers.
- 6.5 EI Specialists will embed into daily routines activity-based interventions that integrate the strengths and needs of infants, toddlers, and their caregivers.
- 6.6 EI Specialists will design and/or implement appropriate positioning, adaptive strategies, and/or assistive technology to facilitate an infant/toddler's independence and engagement with others.
- 6.7 EI Specialists will design and/or modify interventions that consider infant/toddler sensory processing to promote child and family outcomes.
- 6.9 EI Specialists will engage and support caregivers to carry over intervention strategies that promote infant/toddler development.

SECONDARY COMPETENCIES

- 2.6 EI Specialists will collaborate with families and other team members to identify current levels of functioning, strengths, and needs of the infant/toddler throughout the IFSP process.
- 3.1 EI Specialists will demonstrate understanding of strengths and resources that the family contributes to the well-being of their child and family.
- 3.2 EI Specialists will demonstrate an understanding of, and ability to apply, family-centered practices.
- 3.3 EI Specialists will demonstrate understanding and respect for the culture of each family.
- 3.4 EI Specialists will share complete and unbiased information with families that enables them to make informed decisions regarding services, supports, and techniques.
- 4.5 EI specialists will adhere to appropriate IFSP timelines, and requirements for notification and informed consent in the ongoing reviews and transition planning.
- 5.1 EI Specialists will monitor and coordinate the delivery of EI services by engaging in ongoing dialogue with the family to effectively revise, update, and utilize the IFSP.
- 5.2 EI Specialists will use effective oral and written communication and problem-solving strategies to coordinate individualized EI services and community supports for each child and family.
- 5.4 EI Specialists will demonstrate knowledge of and ability to network with public and private providers in order to assist the family in accessing a variety of individualized services and resources, including but not limited to financial, specialty service, health, social, and developmental services and resources.
- 5.5 EI Specialists will support families in acquiring the knowledge and tools needed to enhance their capacity for self-advocacy.
- 7.3 EI Specialists will recognize and respond to the differences of opinions and recommendations within the child and family's team and use problem-solving skills to develop the IFSP and to plan ongoing services and collaboration.

Course Format

- Four, 2.5 hour face-to-face class sessions, which occur monthly during the semester.
- 27.5 hours online contact time will occur by means of (a) reading of course (lecture) material, (b) online discussions of required readings, and (c) online written assignments.

Ethical Considerations in Posting Your Assignments Online

Do not use information that will lead to the possible identification of a client or colleague. For example, use a pseudonym in place of the name of a person or place. Be careful to protect the identity of the others.

Teaching Methods

1. Didactic lectures in class
2. Group exercises in class
3. Online discussions
4. Online assignments

Evaluation Methods

Students will be evaluated on the basis of their demonstrated knowledge of the above goal areas. Evaluation methods will include:

- a. Three part consultation report - 40% of grade
- b. Ecomap Development -15%
- c. Completion of the other weekly online assignments & discussions - 20% of grade
- d. Final Exam -25%

Expectations for Online Assignments

1. Online assignments are due on the following Tuesday at 12:00 PM (specific dates indicated on schedule). Late assignments may not receive full credit.
2. In each assignment, you **must**
 - *cite appropriate course reading(s) with a complete list of references at end of the assignment*
 - *link the concepts from the readings with the assignment.*

Evaluation of Online Assignments

Your weekly online assignment will be evaluated with respect to the following levels:

- A - Exceeded basic expectations
- B - Met basic expectations
- C or lower - Below expectations

With respect to the above levels, the following aspects of your assignment will be evaluated:

1. Completed minimal requirements of assignment
 - Word length
 - Cited appropriate course reading(s)
 - Completed all required tasks (e.g., responded to another student's posting)
 - Answered questions
 - Completed assignment by deadline
2. Quality of ideas (e.g., relevant, insightful, strong rationales, good examples)
3. Integrated the concepts from the readings with assignment
4. Clarity of communication (e.g., grammar, transitions between thoughts)

Required Books

McWilliam, R.A. (2010). *Routines Based Early Intervention: Supporting Young Children and their Families*. Baltimore, Maryland: Paul H. Brookes Publishing Co.

- Articles and Web Resources: See weekly assignments in the “Course Materials” section of the Blackboard site for this course

Project on Interdisciplinary Consultation

The project is intended to advance your knowledge and skills with respect to (a) interdisciplinary collaboration, (b) facilitating and planning meetings, (c) planning and evaluating services in regard to a case, and (d) data-based decision making. In addition, the project will emphasize the importance of evidence-based practices and knowing the boundaries of one’s professional competence. The project involves an actual consultation with a family(i.e., consultee) at your practicum site. This project also can be conducted a person with whom you have a pre-existing relationship. Please note that the consultee must commit to completing three structured interviews with you for the project. The focus of the consultation will be one of the consultee’s cases. The purpose of the consultation is to engage in collaborative problem solving about the case with the support of your site supervisor. The collaborative problem solving will occur during three consecutive meetings. *Specific guidelines for the assignments related to this project are presented under the Assignments tab on Blackboard.*

Important Course Policies

1. Students with disabilities, including “invisible” disabilities, such as chronic diseases and learning disabilities, are encouraged to discuss with me accommodations which might be helpful for them after class or during my office hours appropriate. The disability must be verifiable. On campus, the Disabilities Resource Center (20 DG; x2675) can provide you with information and other assistance.
2. Academic honesty: Plagiarism and cheating is not allowed under penalty of failure. They will be dealt with in accordance with University policies described in the Student Handbook.
3. Assignments are expected to be in at class time on the due date. Late assignments must be accompanied by a written explanation justifying the delay. Should the professor judge the explanation to be reasonable, you will receive the same credit you would have received had the assignment been on time. If it is determined that the delay is not justifiable, I reserve the right to alter or assign no credit for the assignment.
4. An incomplete grade for a course must be approved by the professor prior to end of the semester.
5. Given that there are only four face-to-face class sessions during the semester, attendance at these sessions is very important. If a student misses one class session, a make-up assignment will be required. It is the student’s responsibility to contact the instructor about the make-up assignment. If two or more classes are missed, the student will not be given credit for the course.

Weekly Schedule

Topics by week (Spring 2014):

<p>Week 1 1-14-15</p>	<p style="text-align: center;">Face-to-face meeting #1</p> <ul style="list-style-type: none"> ● Introductions ● Review Syllabus ● Overview of IFSP ● Discussion of Readings 	<p>Readings Due: Why Early Intervention works Routines-Based Approach, EI Effects of Maltreatment on the brain</p>
<p>Week 2 1-21-15</p>		<p>Readings Due: McWilliam, R.A; <u>Section I Introduction;</u> Ch 1 Advances in Early Intervention Ch 2 How to us this book.</p> <p><u>Online Assignment DUE ON Sunday 1/18</u> In 500-600 words describe the mission and key principles of Early Intervention and their importance to all stakeholders.</p> <p><u>Due Online 1/18 Consultation</u> A. In preparation of the consultation assignment, think about a child with whom you work or a child that you know. Think about any questions, difficulties, and/or areas of concern you have had while working with/interacting with this child. Provide a 500 to 600 word critique that includes: 1) a fake name for the child, 2) brief demographic information, 3) how you know this child (e.g., work with child through early intervention; family member, etc.). In your response, please describe 4) the area(s) of concern, described in a detailed, operationalized format (e.g., “child throws toys at brother on a daily basis,” which is more specific as compared to “child gets upset”), 5) factors that may cause/exacerbate the area(s) of concern, 6) what happens in reaction to the concern(s), if applicable (e.g., if child throws a toy, what occurs afterwards; if child wants a toy and screams and grunts instead of using a single word, is the child given the toy?; if child falls down, does parent immediately pick him/her up, etc.), and 7) the behavior or action that you would like to see occur instead of the problem behavior (e.g., child says “no” to brother instead of throwing toy at brother; child uses word to request toy rather than screaming/grunting; child given</p>

		<p>opportunity to stand up after he/she falls rather than being picked up immediately by parent). Finally, indicate whether you would like to engage in consultation with someone in class for the assignment.</p> <p>B.With respect to your role as a consultant, provide a 100-200 word description about areas of expertise and/or areas that you would feel comfortable helping another person address through the consultation project.</p> <p><u>Consultees can be:</u></p> <ol style="list-style-type: none"> 1) from an EI site or practicum/fieldwork/job placement; 2) Child must be in 0-3 age range 3)a person with whom you have a pre-existing relationship. <p>NOTE: CONSULTEE MUST COMMIT TO DOING THREE STRUCTURED INTERVIEWS WITH YOU.</p>
<p>Week 3 1-28-15</p>	<p style="text-align: center;">Power Point: In the Beginning</p> <p style="text-align: center;"><u>Initial Federal and State Timelines</u></p>	<p><u>Readings Due 1/25:</u> McWilliam, R.A; <i>Section II Understanding Family Ecology</i> Ch 3 Intake Ch4 Constructing Ecomaps</p> <p><u>Online Assignment DUE ON Tuesday 1/25:</u>Develop and submit an ecomap for the family you will be interacting with for your consultation report.</p> <p>Consultation Reminder:</p> <ul style="list-style-type: none"> • Conduct first meeting with consultee. • Begin first consultation report.
<p>Week 4 2-4-15</p>		<p>Consultation</p> <p><u>Online Assignments: DUE ON Sunday, 2/2</u></p> <ul style="list-style-type: none"> • Submit first consultation report on Blackboard under assignments for week 4 • Please see <i>EI Consultation Reports Guidelines</i> under <i>Assignments</i> on Blackboard.
<p>Week 5 2-11-15</p>	<p style="text-align: center;">Face-to-face meeting #2</p> <p>Individual Family Service Plan</p> <ul style="list-style-type: none"> • Intake • Ecomaps • RBI in the field 	<p><u>Readings Due 2/8:</u> McWilliam, R.A; <i>Section III Needs Assessment and Intervention</i> Ch 5 Assessment Ch 6 The Routines Based Interview</p>

	<ul style="list-style-type: none"> • Developing Outcomes • Developing Interventions • Data Collection <p>Guest Lecturer: Stephanie Laverdiere</p> <p>➤ Bring items found in a household to class.</p>	<p>Ch 7 Writing Functional IFSPs and IEPs.</p> <p>Consultation <u>Online Assignment: DUE ON Sunday 2/8</u> In 500 to 600 words, describe the data collection plan and intervention strategies you plan to discuss with the consultee.</p>
Week 6 2-18-15		<p>Consultation Reminder:</p> <ul style="list-style-type: none"> • Conduct second meeting with consultee. • Begin second consultation report.
Week 7 2-25-15		<p>Consultation <u>Online Assignments: DUE ON Sunday, 2/22</u></p> <ul style="list-style-type: none"> • Submit second consultation report on Blackboard under assignments for week 7 • Please see <i>EI Consultation Reports Guidelines</i> under <i>Assignments</i> on Blackboard
Week 8 3-4-15	Week of Spring Break	
Week 9 3-18-15	<p>Face-to-face meeting #3: Individual Family Service Plan</p> <ul style="list-style-type: none"> • Service Coordination • IFSP Reviews • Assessing Intervention Strategies • Federal and State Timelines/Regulations continued 	<p><u>Readings Due 3/15:</u> McWilliam, R.A; <u><i>Section IV Model of Service Delivery</i></u> Ch 8 Deciding on Services Ch 9 Organizing Trans-disciplinary Service</p> <p>Consultation <u>Online Assignment: DUE ON Sunday 3/15</u> A. In 500 to 600 words, describe obstacles to implementing your proposed intervention strategies. What have you done to increase the likelihood that the strategies will be implemented? B. Read another student’s ideas on facilitating implementation, and provide this other student with a 100 to 250-word response.</p>
Week 10 3-25-15		<p><u>Readings Due 3/22</u> McWilliam, R.A; <u><i>Section V Natural Environments</i></u> Ch 10 Support-Based Home Visits Ch 11 Collaborative Consultation to Childcare</p> <p>Consultation Reminder:</p> <ul style="list-style-type: none"> • Conduct second meeting with

		<p>consultee.</p> <ul style="list-style-type: none"> • Begin second consultation report.
<p>Week 11 4-1-15</p>		<p>Consultation <u>Online Assignment: DUE ON Sunday 3/29</u> A. After reading Ch 10 and 11 what would you do differently in regards to your approach to intervention strategies as it relates to your 3/9 assignment? Were the implemented changes successful, if so why, if not, why and how can you make this a more successful experience. Correlate your response with the information garnered from the online lecture and your readings.</p>
<p>Week 12 4-8-15</p>	<p>Power point/Lecture <u><i>Due Process Procedures for Early Intervention Programs</i></u> <u>Assuring the Family's Role on the Early Intervention Team:</u> <u>Explaining Rights and Safeguards</u> www.nectac.org/~pdfs/pubs/assuring.pdf</p>	<p><u>Online Assignments: DUE ON Sunday, 4/5</u></p> <ul style="list-style-type: none"> • Submit third consultation report on Blackboard under assignments for week 12 • Please see <i>EI Consultation Reports Guidelines</i> under <i>Assignments</i> on Blackboard.
<p>Week 13 4-15-15</p>	<p>Face-to-face meeting #4: Individualized Family Service Plan</p> <ul style="list-style-type: none"> • Transition <p>Complete TRACE Evaluation of course for NEU</p>	

***Avoid using language that would lead to the identification of the consultee or student. Use pseudonyms in place of actual names. Each report should be between 800 and 1,200 words.**

First Consultation Report

1. The first half of the PEI report should provide the following content information.

Child and Family

- The child's age
- Apparent problem(s) in specific, behavioral terms
- The family's strengths, interests, and weaknesses
- Relevant cultural or linguistic factors
- Relevant developmental factors

Hypothesis development

- Previous attempts to resolve the problem
- The conditions under which the problem occurs
- Possible causal factors

Baseline assessment of problem

- Dimension(s) that will be assessed (e.g., frequency, duration and / or intensity)
- Data collection method (e.g., what type of direct observation).
- Who will assess what behavior, and when the behavior will be assessed

Provide rationale for why you think data collection plan is:

- practical, and
- will yield accurate and informative data with respect to developing an intervention plan.

2. The second half of the report should provide information about the process of the meeting, including:

What specific aspects of the process were strengths?

What specific aspects of the process need improvement?

What did you learn from the first interview about your interviewing style?

What do you plan to do differently next interview?

In answering the above questions, please refer to the handout about the process.

Be sure to provide specific examples from the interview to support your points.

Second Consultation Report

1. The first half of the second report (Intervention Plan) should provide the following content information.

Review and Update

- Any revision to problem definition
- Any notable changes in case since the second interview
- The extent to which data collection was implemented as planned
- Any modifications to the data collection plan

Results of Data Collection

- *In this section, summarize the most salient findings.*
- Target Behavior(s) with respect to relevant dimension(s) (e.g., frequency)
- What hypothesis about the cause (if any) is supported? Link the data sources with your hypothesis.

Intervention Plan

- Provide goals and objectives of the plan that are derived from baseline data. In appendix, provide a completed goal attainment guide.
- Describe general intervention strategies and the *specific* aspects of the plan.
- Describe the roles and responsibilities of the consultee and any other relevant adults (e.g., parents, service providers).

Provide rationale for the intervention plan with respect to:

- results of data collection
- constraints (practicality) or strengths / opportunities presented by family;
- other qualitative data, including relevant cultural or ecological factors;
- at least one research study that provide evidence of the strategies

Describe how you will monitor the implementation of the intervention plan.

2. The second half of the report should provide information about the process of the meeting, including:

What specific aspects of the process were strengths?

What specific aspects of the process need improvement?

What did you learn from the first interview about your interviewing style?

What do you plan to do differently next interview?

In answering the above questions, please refer to the handout about the process.

Be sure to provide specific examples from the interview to support your points.

Third Consultation Report

The first half of the final report should provide the following content information.

Review and Update

- Any revision to problem definition
- Any notable changes in case since the last interview
- The extent to which data collection was implemented as planned

Evaluation of Intervention

- *In this section, summarize the most salient findings.*
- A detailed description of the extent to which intervention was implemented as planned, and reasons for any deviations.
- The extent to which goals were attained.
- Based on the available data, discuss to what extent any changes might be attributable to the intervention.
- Unanticipated outcomes (i.e., related effects), if any.
- Parent's and others' reactions to intervention.
- Consultee's reactions to the entire consultation process.

Post-consultation Plan

- Provide a description of the modified intervention plan. Link the post-consultation plan to the qualitative and quantitative evaluation data.
- What specific aspects will be modified? What are the reasons for the modifications?

2. The second half of the report should provide information about the process of the meeting, including:

What specific aspects of the process were strengths?

What specific aspects of the process need improvement?

What did you learn from the first interview about your interviewing style?

What do you plan to do differently next interview?

In answering the above questions, please refer to the handout about the process.

Be sure to provide specific examples from the interview to support your points.

PRACTICUM IN EARLY INTERVENTION
CAEP 8425 Early Intervention: Practicum I
Fall 2014 2:00-3:30 PM

This course is presented in a hybrid on-line/face-to-face format. It is restricted to students in the Interdisciplinary Certificate Program in Early Intervention, or those with permission of the instructor.

The web site for on-line components of this course is: <http://blackboard.neu.edu>

The web site for the Early Intervention Program is: <http://www.earlyintervention.neu.edu>

INSTRUCTORS:

Wendy Kennedy, MEd

Lecturer and Field Supervisor

Department of Counseling & Applied Educational Psychology

Children's Community Early Intervention

Stephanie Laverdiere, OTR/L

Lecturer and Field Supervisor

Department of Counseling & Applied Educational Psychology

Certified Early Intervention Specialist, Children's Community Early Intervention

PURPOSE AND OVERVIEW:

The purpose of this practicum course is to provide students with supervised fieldwork experience in team-oriented interventions designed for infants/toddlers and their families from linguistic and cultural minority groups. The practicum course is conceptualized as a training experience to connect and apply the theories addressed in the various EI didactic courses and the students' fieldwork. As a result of two semesters of practicum experience, students are expected to master early intervention and team participation core competencies to work effectively with families and infant/toddlers of diverse linguistic and cultural backgrounds. In addition, students will master competencies related to working on teams and coordinating their work with other professionals. During each semester, there will be four face-to-face class sessions. These class sessions will be supplemented by means of regular communication on the Internet (using Blackboard Learning System).

COURSE CONTENT:

The following professional areas will be addressed during class sessions:

- A systematic approach to problem solving, including how to use journals to reflect on cases
- Teamwork and trans-disciplinary collaboration
- Cultural, developmental, and familial issues in assessment of infants and toddlers
- The impact of service delivery system factors on early intervention practice

EARLY INTERVENTION CERTIFICATE COMPETENCIES (2012):

Several of the competencies that have been set forth by the Massachusetts Department of Public Health for the certification of Early Intervention Specialists will be addressed in the course. They are that the EI Specialist shall be able to:

PRIMARY COMPETENCIES

- 1.6 EI Specialists will demonstrate knowledge of how trauma and other sources of family and environmental stress influence early development and child/caregiver interactions
- 1.7 EI Specialists will identify how children learn through play within and across developmental domains, based on individual learning styles and temperament
- 1.8 EI Specialists will identify how children learn through relationships, and demonstrate knowledge of a relationship-based approach to interventions and outcomes
- 2.6 EI Specialists will collaborate with families and other team members to identify current levels of functioning, strengths, and needs of the infant/toddler throughout the IFSP process.
- 3.4 EI Specialists will share complete and unbiased information with families that enables them to make informed decisions regarding services, supports, and techniques.
- 3.5 EI Specialists will support families to access opportunities for family support, family networking, and involvement within and beyond the Early Intervention system.
- 4.1 EI Specialists will demonstrate knowledge of federal and state components and requirements throughout the IFSP process, including procedural safeguards.
- 4.2 EI Specialists will effectively explain the IFSP purpose and facilitate the process in order to promote family understanding and participation in the collaborative process.
- 4.3 EI specialists will gather information from the family and key collaborators in order to reflect the child and family's unique strengths, needs, and priorities in developing the IFSP.
- 4.4 EI Specialists will demonstrate the ability to generate functional/measurable outcomes and strategies and to plan services that will be embedded in the family's natural routines.
- 4.5 EI specialists will adhere to appropriate IFSP timelines, and requirements for notification and informed consent in the ongoing reviews and transition planning.
- 5.1 EI Specialists will monitor and coordinate the delivery of EI services by engaging in ongoing dialogue with the family to effectively revise, update, and utilize the IFSP.
- 5.2 EI Specialists will use effective oral and written communication and problem-solving strategies to coordinate individualized EI services and community supports for each child and family.
- 5.3 EI Specialists will ensure that health information (including medical, nutrition, and feeding) is current and reflected in the ongoing planning and coordinating of IFSP services.
- 5.4 EI Specialists will demonstrate knowledge of and ability to network with public and private providers in order to assist the family in accessing a variety of individualized services and resources, including but not limited to financial, specialty service, health, social, and developmental services and resources.
- 5.5 EI Specialists will support families in acquiring the knowledge and tools needed to enhance their capacity for self-advocacy.
- 5.6 EI Specialists will facilitate the development of a comprehensive transition plan, including the Transition Planning Conference, to promote smooth transitions for all families exiting Early Intervention.
- 5.7 EI Specialists will demonstrate knowledge of federal, state, and local LEA requirements and timelines to ensure smooth transitions for children transitioning to Part B services.
- 6.2 EI Specialists will utilize strategies for intervention based on the strengths, resources, needs, learning styles, and culture of each family
- 6.3 EI Specialists will plan, facilitate, and modify home visits in a variety of settings to promote outcomes and learning opportunities in collaboration with families and other providers.

- 6.4 EI Specialists will utilize and/or modify natural settings in order to promote infant/toddler learning opportunities in collaboration with families and other providers.
- 6.5 EI Specialists will embed into daily routines activity-based interventions that integrate the strengths and needs of infants, toddlers, and their caregivers.
- 6.6 EI Specialists will design and/or implement appropriate positioning, adaptive strategies, and/or assistive technology to facilitate an infant/toddler's independence and engagement with others.
- 6.7 EI Specialists will design and/or modify interventions that consider infant/toddler sensory processing to promote child and family outcomes.
- 6.8 EI Specialists will engage and support caregivers in positive interactions with their infants/toddlers that promote healthy social-emotional development.
- 6.9 EI Specialists will engage and support caregivers to carry over intervention strategies that promote infant/toddler development.
- 7.1 EI Specialists will demonstrate an understanding of roles, functions, and dynamics of teams within Early Intervention.
- 7.2 EI Specialists will serve as a resource to the child and family's team regarding information and strategies specific to his/her discipline and experience.
- 7.3 EI Specialists will recognize and respond to the differences of opinions and recommendations within the child and family's team and use problem-solving skills to develop the IFSP and to plan ongoing services and collaboration.
- 7.4 EI Specialists will be able to explain the functions of various disciplines to families and key collaborators
- 7.5 EI Specialists will regularly communicate with team members and other key collaborators to evaluate the effectiveness of services for the child and family.
- 8.1 EI Specialists will demonstrate a basic knowledge of relevant federal and state legislation, regulations and policies that impact services and supports to children and families (including IDEA, FERPA, Massachusetts EI Operational Standards, and state eligibility criteria).
- 8.3 EI Specialists will demonstrate professional work habits, including dependability, time management, independence, responsibility and flexibility in response to diversity of families and change in the work environment.
- 8.4 EI Specialists will demonstrate the use of current infant/toddler research to approach and/or modify practice.
- 8.5 EI Specialists will serve as a resource to their community by sharing their knowledge of Early Intervention in a variety of settings

SECONDARY COMPETENCIES

- 2.1 EI Specialists will facilitate pre-evaluation planning with the family.
- 2.2 EI Specialists will collect, interpret, synthesize, and report relevant information related to eligibility evaluation and ongoing assessment
- 2.4 EI Specialists will demonstrate the ability to interpret and discuss the results of evaluations and assessments by communicating effectively with families, both orally and in writing.
- 3.1 EI Specialists will demonstrate understanding of strengths and resources that the family contributes to the well-being of their child and family.
- 3.2 EI Specialists will demonstrate an understanding of, and ability to apply, family-centered practices.
- 6.1 EI Specialists will use the child's strengths to develop appropriate strategies to address infant/toddler needs across the domains.

COURSE REQUIREMENTS

Failure to meet one or more course requirements may result in an incomplete or failing grade.

REQUIRED BOOK(S)

The book(s) will be available in the Northeastern University bookstore.

- Larson, C. E., & LaFasto, F. M. J. (2001). *When teams work best*. London: Sage

CLASS FORMAT

Instructors will visit the students' field sites and site supervisors at least three times during the fall and spring semesters. The purpose of the visits are twofold: (a) to ensure that the field setting is providing students with experiences that facilitate the development of relevant competencies, and (b) to assess the students' progress in attaining relevant competencies.

Practicum seminars will meet four times each semester, for 1.5 hours per session. Class discussions will be guided by principles of problem-based learning. Problem-based learning involves the application of a systematic problem-solving process to case studies. Students will present their own early intervention cases for the goals of assisting clients and learning a trans-disciplinary approach to service delivery. Face-to-face class sessions will be complemented by ongoing communication on Northeastern University's web-based Blackboard Learning System.

Practicum Hours

Master's students and certificate (only) students who are not currently working at an early intervention site must complete a minimum of 300 total hours of field-based early intervention experience.

Certificate (only) students who are working at an early intervention site must complete a minimum of 300 hours of which 150 hours might be their routine job activities. All 300 hours must address the Massachusetts early intervention competencies as specified in the student's Learning Contract for the practicum.

Student In-services and Projects

Students are expected to provide at least one professional presentation or complete one administrative project during each affiliation. Presentations or projects may be in the form of a case study, journal article review, or an in-service focused on one particular area of interest to the staff of the affiliation site.

Other Core Requirements

1. There are only four face-to-face class sessions. Thus, prompt attendance at all class sessions is very important to passing the course. In the unusual circumstance that a student misses a class because of illness or some other legitimate reason, the instructors will require students to make up the missed class by means of an assignment.
2. Participation in class discussions.
3. Cell phones, pagers, **laptops**, and other communication devices must be off during class. Laptops are not needed in this class because it is a discussion-based seminar.

4. Present one of your early intervention cases. Presentations should reflect the integration of theory/research and practice (see below). Students are encouraged to make use of handouts in order to enhance the clarity of their presentations. Case presentations will follow a systematic problem-based format as described below:
 - Begin case presentation with your principal concerns or questions
 - Describe relevant case history
 - Describe current developmental weaknesses
 - Describe notable strengths of infant/toddler
 - Describe relevant ecological factors
 - Culture
 - Family
 - Community
 - Early intervention service setting(s)
 - Other
 - Your hypotheses about causes, obstacles, and potential avenues for change
 - Your thoughts about how the case relates to theory or evidence-based practice
 - Case presentations, including discussion, will be limited to 20 minutes
5. Write five reflective journal entries on the Blackboard system (see guidelines for posting journal entries).
6. Complete all field work-related forms (see student manual for the program), including
 - Learning Contract
 - Competencies rating forms
 - Daily log of fieldwork activities and the time spent in these activities
 - Practicum form
 - Transcript release
 - Application for provisional certification
7. Constructively and honestly critique your professional strengths and weaknesses.
8. Given the limited number of class sessions, it is imperative that students take responsibility for immediately contacting the course instructors about concerns or issues pertaining to their practicum sites.
9. Attain satisfactory or higher ratings from field supervisor on practicum competencies.

Topics by week (Fall 2014)

Week 1 9-08-14	<p style="text-align: center;">Face-to-face meeting #1</p> <p><i>Introductions</i> <i>Review Syllabus</i> <i>Discuss practicum placements</i> <i>Determine first meetings with supervisors</i></p>	Begin Learning contracts
Week 2 9-15-14	Readings: Larson & Lafasto (2001) Chapters 1 & 2	
Week 3 9-22-14		<u>Discussion Post:</u> Teamwork What is the mission of your practicum site? Describe how they achieve their mission?
Week 4 9-29-14		<u>Discussion Post:</u> Describe the roles of the team and how they contribute to a family's experience.
Week 5 10-6-14	<p style="text-align: center;">Face-to-face meeting #2</p> <p>Reflections on progress in practicum</p>	-First online journal reflection due -Learning contracts due
Week 6 10-13-14		
Week 7 10-20-14	Readings: Larson & Lafasto (2001) Chapter 3, 4 & 5	Second online journal reflection due
Week 8 10-27-14		
Week 9 11-3-14	<p style="text-align: center;">Face-to-face meeting #3:</p> <p>Case presentations</p>	Third online journal reflection due
Week 10 11-10-14	Discussion Post: Leadership in Teamwork	<u>Discussion post Due:</u> In 500 to 600 words, describe four leadership characteristics (knowledge, skills and / or attitudes) that a professional should possess if he/she wants to successfully coordinate early intervention teamwork services for a child and family. Provide a description of a case at your practicum site or another setting in which service coordination (in early intervention or another service delivery area) was unsuccessful because of the lack of one or more of these four characteristics.
Week 11 11-17-14		Fourth online journal reflection due
Week 12 11-24-14		

<p>Week 13 12-1-14</p>	<p>Face-to-face meeting #4: Case presentations Discuss topics Reflections on first semester in practicum. Complete TRACE Evaluation of course for NEU</p>	<p>Final online journal reflection due</p>
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PRACTICUM IN EARLY INTERVENTION
CAEP 8426 Early Intervention: Practicum II
Spring 2015: 2:00-3:30 PM

This course is presented in a hybrid on-line/face-to-face format. It is restricted to students in the Interdisciplinary Certificate Program in Early Intervention, or those with permission of the instructor.

The web site for on-line components of this course is: <http://blackboard.neu.edu>

The web site for the Early Intervention Program is: <http://www.earlyintervention.neu.edu>

INSTRUCTORS:

Wendy Kennedy, MEd

Lecturer and Field Supervisor

Department of Counseling & Applied Educational Psychology

Children's Community Early Intervention

Stephanie Laverdiere, OTR/L

Lecturer and Field Supervisor

Department of Counseling & Applied Educational Psychology

Certified Early Intervention Specialist, Children's Community Early Intervention

PURPOSE AND OVERVIEW:

The purpose of this practicum course is to provide students with supervised fieldwork experience in team-oriented interventions designed for infants/toddlers and their families from linguistic and cultural minority groups. The practicum course is conceptualized as a training experience to connect and apply the theories addressed in the various EI didactic courses and the students' fieldwork. As a result of two semesters of practicum experience, students are expected to master early intervention and team participation core competencies to work effectively with families and infant/toddlers of diverse linguistic and cultural backgrounds. In addition, students will master competencies related to working on teams and coordinating their work with other professionals. During each semester, there will be four face-to-face class sessions. These class sessions will be supplemented by means of regular communication on the Internet (using Blackboard Learning System).

COURSE CONTENT:

The following professional areas will be addressed during class sessions:

- A systematic approach to problem solving, including how to use journals to reflect on cases
- Teamwork and trans-disciplinary collaboration
- Cultural, developmental, and familial issues in assessment of infants and toddlers
- The impact of service delivery system factors on early intervention practice

Early Intervention certification competencies (2012):

Several of the competencies that have been set forth by the Massachusetts Department of Public Health for the certification of Early Intervention Specialists will be addressed in the course. They are that the EI Specialist shall be able to:

PRIMARY COMPETENCIES

- 1.6 EI Specialists will demonstrate knowledge of how trauma and other sources of family and environmental stress influence early development and child/caregiver interactions
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- 3.4 EI Specialists will share complete and unbiased information with families that enables them to make informed decisions regarding services, supports, and techniques.
- 3.5 EI Specialists will support families to access opportunities for family support, family networking, and involvement within and beyond the Early Intervention system.
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- 4.3 EI specialists will gather information from the family and key collaborators in order to reflect the child and family's unique strengths, needs, and priorities in developing the IFSP.
- 4.4 EI Specialists will demonstrate the ability to generate functional/measurable outcomes and strategies and to plan services that will be embedded in the family's natural routines.
- 4.5 EI specialists will adhere to appropriate IFSP timelines, and requirements for notification and informed consent in the ongoing reviews and transition planning.
- 5.1 EI Specialists will monitor and coordinate the delivery of EI services by engaging in ongoing dialogue with the family to effectively revise, update, and utilize the IFSP.
- 5.2 EI Specialists will use effective oral and written communication and problem-solving strategies to coordinate individualized EI services and community supports for each child and family.
- 5.3 EI Specialists will ensure that health information (including medical, nutrition, and feeding) is current and reflected in the ongoing planning and coordinating of IFSP services.
- 5.4 EI Specialists will demonstrate knowledge of and ability to network with public and private providers in order to assist the family in accessing a variety of individualized services and resources, including but not limited to financial, specialty service, health, social, and developmental services and resources.
- 5.5 EI Specialists will support families in acquiring the knowledge and tools needed to enhance their capacity for self-advocacy.
- 5.6 EI Specialists will facilitate the development of a comprehensive transition plan, including the Transition Planning Conference, to promote smooth transitions for all families exiting Early Intervention.
- 5.7 EI Specialists will demonstrate knowledge of federal, state, and local LEA requirements and timelines to ensure smooth transitions for children transitioning to Part B services.
- 6.2 EI Specialists will utilize strategies for intervention based on the strengths, resources, needs, learning styles, and culture of each family
- 6.3 EI Specialists will plan, facilitate, and modify home visits in a variety of settings to promote outcomes and learning opportunities in collaboration with families and other providers.

- 6.4 EI Specialists will utilize and/or modify natural settings in order to promote infant/toddler learning opportunities in collaboration with families and other providers.
 - 6.5 EI Specialists will embed into daily routines activity-based interventions that integrate the strengths and needs of infants, toddlers, and their caregivers.
 - 6.6 EI Specialists will design and/or implement appropriate positioning, adaptive strategies, and/or assistive technology to facilitate an infant/toddler's independence and engagement with others.
 - 6.7 EI Specialists will design and/or modify interventions that consider infant/toddler sensory processing to promote child and family outcomes.
 - 6.8 EI Specialists will engage and support caregivers in positive interactions with their infants/toddlers that promote healthy social-emotional development.
 - 6.9 EI Specialists will engage and support caregivers to carry over intervention strategies that promote infant/toddler development.
 - 7.1 EI Specialists will demonstrate an understanding of roles, functions, and dynamics of teams within Early Intervention.
 - 7.2 EI Specialists will serve as a resource to the child and family's team regarding information and strategies specific to his/her discipline and experience.
 - 7.3 EI Specialists will recognize and respond to the differences of opinions and recommendations within the child and family's team and use problem-solving skills to develop the IFSP and to plan ongoing services and collaboration.
 - 7.4 EI Specialists will be able to explain the functions of various disciplines to families and key collaborators
 - 7.5 EI Specialists will regularly communicate with team members and other key collaborators to evaluate the effectiveness of services for the child and family.
 - 8.1 EI Specialists will demonstrate a basic knowledge of relevant federal and state legislation, regulations and policies that impact services and supports to children and families (including IDEA, FERPA, Massachusetts EI Operational Standards, and state eligibility criteria).
 - 8.3 EI Specialists will demonstrate professional work habits, including dependability, time management, independence, responsibility and flexibility in response to diversity of families and change in the work environment.
- 8.4 EI Specialists will demonstrate the use of current infant/toddler research to approach and/or modify practice.
- 8.5 EI Specialists will serve as a resource to their community by sharing their knowledge of Early Intervention in a variety of settings

SECONDARY COMPETENCIES

- 2.1 EI Specialists will facilitate pre-evaluation planning with the family.
- 2.2 EI Specialists will collect, interpret, synthesize, and report relevant information related to eligibility evaluation and ongoing assessment
- 2.4 EI Specialists will demonstrate the ability to interpret and discuss the results of evaluations and assessments by communicating effectively with families, both orally and in writing.
- 3.1 EI Specialists will demonstrate understanding of strengths and resources that the family contributes to the well-being of their child and family.
- 3.2 EI Specialists will demonstrate an understanding of, and ability to apply, family-centered practices.
- 6.1 EI Specialists will use the child's strengths to develop appropriate strategies to address infant/toddler needs across the domains.

COURSE REQUIREMENTS

Failure to meet one or more course requirements may result in an incomplete or failing grade.

REQUIRED BOOK(S)

The book(s) will be available in the Northeastern University bookstore.

- Larson, C. E., & LaFasto, F. M. J. (2001). *When teams work best*. London: Sage

CLASS FORMAT

Instructors will visit the students' field sites and site supervisors at least three times during the fall and spring semesters. The purpose of the visits are twofold: (a) to ensure that the field setting is providing students with experiences that facilitate the development of relevant competencies, and (b) to assess the students' progress in attaining relevant competencies.

Practicum seminars will meet four times each semester, for 1.5 hours per session. Class discussions will be guided by principles of problem-based learning. Problem-based learning involves the application of a systematic problem-solving process to case studies. Students will present their own early intervention cases for the goals of assisting clients and learning a trans-disciplinary approach to service delivery. Face-to-face class sessions will be complemented by ongoing communication on Northeastern University's web-based Blackboard Learning System.

Practicum Hours

Master's students and certificate (only) students who are not currently working at an early intervention site must complete a minimum of 300 total hours of field-based early intervention experience.

Certificate (only) students who are working at an early intervention site must complete a minimum of 300 hours of which 150 hours might be their routine job activities. All 300 hours must address the Massachusetts early intervention competencies as specified in the student's Learning Contract for the practicum.

Student In-services and Projects

Students are expected to provide at least one professional presentation or complete one administrative project during each affiliation. Presentations or projects may be in the form of a case study, journal article review, or an in-service focused on one particular area of interest to the staff of the affiliation site.

Other Core Requirements

1. There are only four face-to-face class sessions. Thus, prompt attendance at all class sessions is very important to passing the course. In the unusual circumstance that a student misses a class because of illness or some other legitimate reason, the instructors will require students to make up the missed class by means of an assignment.
2. Participation in class discussions.
3. Cell phones, pagers, **laptops**, and other communication devices must be off during class. Laptops are not needed in this class because it is a discussion-based seminar.
4. Present one of your early intervention cases. Presentations should reflect the integration of theory/research and practice (see below). Students are encouraged to make use of

handouts in order to enhance the clarity of their presentations. Case presentations will follow a systematic problem-based format as described below:

- Begin case presentation with your principal concerns or questions
 - Describe relevant case history
 - Describe current developmental weaknesses
 - Describe notable strengths of infant/toddler
 - Describe relevant ecological factors
 - Culture
 - Family
 - Community
 - Early intervention service setting(s)
 - Other
 - Your hypotheses about causes, obstacles, and potential avenues for change
 - Your thoughts about how the case relates to theory or evidence-based practice
 - Case presentations, including discussion, will be limited to 20 minutes
5. Write five reflective journal entries on the Blackboard system (see guidelines for posting journal entries).
 6. Complete all field work-related forms (see student manual for the program), including
 - Learning Contract
 - Competencies rating forms
 - Daily log of fieldwork activities and the time spent in these activities
 - Practicum form
 - Transcript release
 - Application for provisional certification
 7. Constructively and honestly critique your professional strengths and weaknesses.
 8. Given the limited number of class sessions, it is imperative that students take responsibility for immediately contacting the course instructors about concerns or issues pertaining to their practicum sites.
 9. Attain satisfactory or higher ratings from field supervisor on practicum competencies.
 10. **Project on Teamwork**

The project on teamwork involves a qualitative analysis of the functioning of a team or participation in a dyadic work partnership of which you participate or have participated. The report should include an abstract (i.e., summary). In addition, use headings and subheadings to organize your report. Clarity of communication will be one of the grading criteria. Please support your points with examples and appropriate citations of relevant readings. The project does not require that you implement the recommendations contained in your report. Moreover, please consult with the course instructor before sharing reports with any member of the team or organization.

Your 1,400 to 1,600 word report should have the following sections: (a) 100 -150 word summary (at the beginning of the paper), (b) your role with respect to the team, (c) background and organizational context of the team, (d) the framework (i.e., characteristics of effective teams) that you used to analyze the team's functioning, (e) the strengths and weaknesses of the team, and (f) your recommendations for improving the team's functioning. Your report should reflect your knowledge of the readings on teamwork and provide examples that elucidate your points.

Rationale for Project:

Teamwork is fundamental to service delivery in early intervention. Given its significance, it is important for service providers to develop an advanced understanding of teamwork. They need to be able to assess the strengths and weaknesses of teams, and to develop strategies to improve the functioning of their teams.

Topics by week (Spring 2014)

<p>Week 1 1-14-15</p>	<p style="text-align: center;">Face-to-face meeting #1</p> <p><i>Introductions</i> <i>Review Syllabus</i> <i>Discuss practicum placements</i> <i>Determine first meetings with supervisors</i></p>	<p>Begin Learning contracts <u>Discussion Post (ALL):</u> Specialists will support families in acquiring the knowledge and tools needed to enhance their capacity for self-advocacy. Based upon your experience what might the tools and knowledge be? Why is self-advocacy important? How do you know family is ready to self-advocate?</p>
<p>Week 2 1-21-15</p>	<p style="text-align: center;">DPT-6 Students: Readings: Larson & Lafasto (2001) Chapters 1 & 2</p>	
<p>Week 3 1-28-15</p>		<p>-First online journal reflection due</p>
<p>Week 4 2-4-15</p>	<p style="text-align: center;">DPT-6 and MS SLP Students: Readings: Larson & Lafasto (2001) Chapter 3, 4 & 5</p>	<p><u>Discussion Post (Fall Practicum Student):</u> How do you respond to the differences of opinions and recommendations within the child and family's team and use problem-solving skills to develop the IFSP and to plan ongoing services and collaboration.</p>
<p>Week 5 2-11-15</p>	<p style="text-align: center;">Face-to-face meeting #2</p> <p>Reflections on progress in practicum Case presentations</p>	<p>-Learning contracts due <u>Discussion Post (ALL)</u> EI Specialists will demonstrate the use of current infant/toddler research to approach and/or modify practice. Discuss an experience you have had or observed of such a practice. What was the outcome?</p>
<p>Week 6 2-18-15</p>	<p>DPT-6 and MS SLP Students: Discussion Post</p>	<p><u>DPT-6 and MS SLP Discussion post Due:</u> In 500 to 600 words, describe four leadership characteristics (knowledge, skills and / or attitudes) that a professional should possess if he/she wants to successfully coordinate early intervention</p>

		teamwork services for a child and family. Provide a description of a case at your practicum site or another setting in which service coordination (in early intervention or another service delivery area) was unsuccessful because of the lack of one or more of these four characteristics.
Week 7 2-25-15		Second online journal reflection due
Week 8 3-4-15	Week of Spring Break	
Week 9 3-18-15	Face-to-face meeting #3: Case presentations DPT-6 and MS SLP students	Third online journal reflection due
Week 10 3-25-15		
Week 11 4-01-15		Fourth online journal reflection due
Week 12 4-8-15		Due: Teamwork project
Week 13 4-15-15	Face-to-face meeting #4: Case presentations Discuss topics Reflections on first semester in practicum Complete TRACE Evaluation of course for NEU	Final online journal reflection due

PRACTICUM TRAINING

PRACTICUM TRAINING

Overview

The purpose of the practicum training is to enable students to achieve competencies in early intervention beyond the classroom. The students participate in the practicum seminars during fall and spring semesters to support and guide field experiences.

All students must complete a minimum of 300 practicum hours. The practicum activities allow the explicit application of knowledge to learning the skills that are specified in the Massachusetts Early Intervention Competencies.

Unless otherwise specified, the practicum begins in the fall semester and extends through the spring semester. The practicum is arranged by the Northeastern University Field Supervisor, the student, and the personnel at the site. A Site Supervisor is identified at the Early Intervention Program for each student. The practicum begins in the fall with the student observing personnel from various disciplines. The student gradually begins practice of these skills under the supervision of the Site Supervisor. By spring semester, the student begins to assume greater responsibilities.

The Site Supervisor needs to include the student in the various activities that are regularly scheduled at the program (e.g. infant-parent groups; team evaluations; case reviews). These activities are often difficult to schedule, which result in scheduling constraints on training opportunities at the practicum sites. Consequently, it is imperative that the student negotiates days/times at the practicum site, giving priority to the availability of, and the constraints imposed on, the Site Supervisor.

The University Field Supervisor will make a total of three to four visits to each program. These visits are to be arranged by the student at mutually convenient times for the University Field Supervisor and to the Site Supervisors. The first visit should take place in September/early October. The purpose of this visit is for the University Supervisor to get acquainted with the Site Supervisor and the center and to answer any questions. The second visit should occur in late November. It may be a telephone discussion and serves as an overall progress report. The third visit should occur in January, which constitutes the mid-term evaluation noted on the "Site Supervisor Evaluation Form: Competencies to be Addressed During Practicum Training." The mid-term rating of competencies must be completed for the third visit. The final visit should be in mid-April and constitutes the final evaluation noted on that same form.

The Associate University Counsel at Northeastern University states that on-site personnel should always supervise practicum students. Students should not be in unsupervised situations during their practicum training.

EARLY INTERVENTION CERTIFICATE PROGRAM

Description of Forms and Activities Required During Practicum Training

1. The text Requirements For Satisfactory Completion of Practicum provides an overview of the practicum experience. (pg 59)
2. Expectations for Behaviors and Activities of Students During Their Practicum Experience at an Early Intervention Center is used to clarify expectations in order to minimize confusion. (pg 60)
3. Suggestions for Planning the Practicum (pg 63)
4. The Guidelines for Learning Contract (pg 65) and Learning Contract (pg 67) enable the student to create a written plan for practicum work each term.
5. Directions for Daily Time Sheet for Practicum and Journal Entries (pg 75)
6. The Early Intervention Certificate Program Student Time Sheet (pg 77) is to be filled out by the student and submitted to Dr. Lifter's mailbox each week. Note that there is a separate form for students who are currently working in Early Intervention. (pg 78)
7. The Site Supervisor Evaluation Form: Competencies to be Addressed During Practicum Training is for the Site Supervisors to use in designing enabling activities for the students to achieve the competencies and for their mid-term and final rating of the student's progress. (pg 79)
8. The Practicum Form: Specialization Program in Early Intervention document is used to record the meetings with the University Field Supervisor, the Site Supervisor, and the student. It must be signed by all three of the persons named above each time they meet (three- four times over the year-September/October, November, January, and April). It will be used to document the student's achievement of competencies and the student will be responsible for this form. Upon completion of the field training, the form will be given to the director of Northeastern's Certificate Program in Early Intervention (Dr. Karin Lifter), who will submit it to the Department of Public Health in application for certification in Early Intervention, Provisional Certification with Advanced Standing. (pg 88)
9. The Practicum Site Evaluation Form affords the student the chance to assist the training program in addressing concerns/suggestions in order to continue to improve the practicum experience. (pg 90)
10. Team Involvement: Suggestions for Site Supervisors and Students serves to help the student get started in the practicum. (pg 92)
11. Teamwork Competencies are provided to encourage successful team building skills. (pg 93)
12. A Universal IFSP Form (pg 98)
13. The Sample Intervention Plan form is a demonstration document to be used as a guide whenever a student is conducting an individual or group intervention activity. (pg 109)
14. Observation Checklist is a checklist that can be used when observing an Early Interventionist during a home visit, an evaluation or assessment, and a playgroup. (pg 110)
15. Instructions for Obtaining a Transcript (pg 116)
16. Instructions for Applying to the MA DPH for Certification in Early Intervention (pg 119)



EARLY INTERVENTION CERTIFICATE PROGRAM

REQUIREMENTS FOR SATISFACTORY COMPLETION OF PRACTICUM

The practicum begins in the Fall semester and extends through the Spring semester. The Northeastern University Field Supervisor and the student arrange the practicum placement.

There are four groups of students in the Early Intervention Certificate Program:

1. Master's degree candidates also pursuing the early intervention certificate
2. Bachelor's degree candidates also pursuing the early intervention certificate
3. Students studying for a certificate in early intervention who are not presently employed in an Early Intervention Program
4. Students studying for a certificate in early intervention who are employed a minimum of 20 hours per week in an Early Intervention Program

The hours accrued in the Early Intervention practicum may be used by students from various Master's programs as follows:

- ❑ For students in Special/Education, the Early Intervention practicum hours may be counted toward field training but not to Clinical Internships.
- ❑ For students in Speech Language Pathology and Audiology, the Early Intervention practicum hours may be counted towards the degree in Speech Language Pathology and Audiology as long as the student is supervised by a Speech Language Pathologist at the site. *SLPs need a minimum of 100 clock hours (time spent with an CCC-SLP) to count the Early Intervention placement as one of four required for the graduate program.*
- ❑ For students in the Physical Therapy Program, the Early Intervention practicum hours can be satisfied if the placement is at a site where the Department of Physical Therapy has a contract. This arrangement assures that the student will be supervised at an appropriate level by a physical therapist, which is the requirement specified by the Department of Physical Therapy. In addition, the student must meet the requirements identified in the clinical performance instruments as well as the EI competencies. Two NU faculty will supervise the student: a faculty member in the Department of Physical Therapy as well as the Early Intervention Field Supervisor.
- ❑ For students in School Psychology, the Early Intervention practicum hours allow for a reduction in hours in the school psychology practicum (200 hours, rather than 450 hours).



Early Intervention Certificate Program

Expectations for Behaviors and Activities of Students During Their Practicum Experience at an Early Intervention Center

The following guidelines are provided to facilitate communication and to minimize misunderstandings regarding student responsibilities during the practicum placement. These guidelines were developed to clarify some common areas of concern and to provide a basis for evaluative discussions between the Site Supervisor and the student. A specific Site Supervisor at the Early Intervention Program is identified for each student. The Associate University Counsel at Northeastern has stated that on-site personnel should always supervise students during their practicum experiences.

During the practicum experience, we expect the student to behave in the following manner:

I. PROFESSIONAL BEHAVIOR

Guidelines. Students are expected to:

- dress in a neat, professional manner while at practicum, maintaining the dress code of the particular center; excessive jewelry that may interfere with activities is inappropriate
- attend each day as scheduled with the Site Supervisor
- give first priority in scheduling practicum time to the wishes of personnel at the practicum site; personnel need to find opportunities for students to participate in the various activities at the program
- be punctual routinely; tardiness is unacceptable
- engage in activities at the center with enthusiasm
- be responsible for keeping track of hours at the center, and schedule make up hours with the Site Supervisor for times that are missed
- maintain confidentiality inside and outside of the center
- maintain the highest standards of professional and personal ethics
- keep a daily record of activities (Daily Time Sheet For Practicum form)
-

Cell Phone Use:

- **Students are expected to restrict their phone use to emergencies. In so doing, they are to devote their full attention to all experiences at their field site.**

Sick Days:

- Only three (3) absences are allowed during the practicum experience
- The student is expected to notify, in advance, the Site Supervisor and any other relevant staff members on days in which absence is necessary.

II. COMMUNICATION

With the infants/toddlers and their families, students are expected to:

- express acceptance (e.g., smile, use special greeting, joke, make physical contact)
- listen to each family member individually and to respond with interest and respect

With the Site Supervisor, the student is expected to:

- maintain effective daily communication in which suggestions for improvement are received and pertinent questions can be asked
- discuss and plan individual and group child or family intervention plans
- develop observations and experiences for all relevant early intervention competencies
- take opportunities for mutual discussion following a visit, which fosters student learning, since the Site Supervisor or other program staff professional accompanies the student at all activity settings

With others on the professional staff, the student is expected to:

- participate professionally with program staff members in experiences that enable the student to gain an understanding of infants/toddlers and their families
- communicate effectively with professionals in a cooperative and respectful manner
- participate regularly in team meetings concerning clients (infants/toddlers and their families)
- participate in staff meetings and other special center functions

III. REQUIRED EXPERIENCES

Experiences during the practicum should include student participation in:

- screening visits for determination of eligibility for early intervention services
- intake visits
- multidisciplinary assessments of infants/toddlers and their families
- development of new as well as periodic reviews of IFSPs
- a variety of locations for the provision of services -- home visits, center-based visits, and visits in various locations in the community
- child and parent groups
- transition planning, and, if possible, participation in the multidisciplinary evaluation to develop the educational plan for school placement

IV. EVALUATION

Addressing competencies during practicum training

- The student and the Site Supervisor are each provided a copy of the form “Site Supervisor Evaluation Form: Competencies to be Addressed During Practicum Training.” The student is encouraged to review the competencies delineated on that form at the beginning of the practicum. The form should also be used as a self-evaluation tool for ongoing progress. It is expected that the student will meet regularly with the Site Supervisor to review progress and revise planning accordingly
- ***At any time during the practicum, if either the student or the Site Supervisor feels the student is having difficulty with the experience, the University Field Supervisor should be contacted.***
- ***The Site Supervisor is to complete the rating of the student’s progress in achieving the competencies at the end of the first and second terms.***

Site Visit Meetings

Three or four face-to-face meetings among the University Field Supervisor, the Site Supervisor and the student will occur at the Early Intervention Program during the school year for the purpose of planning and discussing the student’s progress. It is the student's responsibility to negotiate times for visits with the Site Supervisor and then to call and arrange the visit with the University Field Supervisor.

At the end of each meeting, the three parties initial a form (Practicum Form: Early Intervention Certificate Program), documenting the occurrence of the meeting.

- The first meeting will occur during the first month of the fall term. The purpose of this visit is to get to know the Site Supervisor and the center, to determine if planning has begun for the experience, and to answer any questions.
- The second meeting will occur during late November (may be a telephone discussion). At this meeting, the three parties will assess the student's progress relative to beginning to meet the requirements of the competencies. Time is devoted to setting up plans for activities that will enable the student to achieve progress in the next few months.
- The third meeting will occur during the month of January. This constitutes the **mid-term evaluation** as recorded by the Site Supervisor on the "Site Supervisor Evaluation Form: Competencies to be Addressed During Practicum Training."
- The fourth meeting will occur, in April, during the last two weeks of the practicum experience. At this **final evaluation**, the Site Supervisor will rate the student on the "Site Supervisor Evaluation Form: Competencies to be Addressed During Practicum Training," and will discuss whether or not the student has met the competencies for knowledge and skill requirements.

Early Intervention Certificate Program

Suggestions for Planning the Practicum

Fall Term: Second week of September through mid-December: 150 hours (approximately 11 hours a week).

Objectives

The student will:

- ❑ accomplish the following during initial orientation activities:
 - become familiar with transportation to the practicum site
 - arrange the meeting with the Site Supervisor
 - tour the program site
 - receive a packet of orientation materials about the program
 - be introduced to program staff (use the Student Profile)
 - identify a space to be used during work at the program
 - learn about the population served by the program
 - negotiate a time schedule for work at the program
 - learn student responsibilities and expectations
 - learn procedures to follow if an emergency arises
 - learn about Site Supervisor's special interests and responsibilities
- ❑ develop a relationship with the Site Supervisor and other program team members
- ❑ write a plan with Site Supervisor for practicum activities (Learning Contract)
- ❑ become knowledgeable about early intervention and the activities that take place day to day
- ❑ observe the various activities that take place with children and families in early intervention
- ❑ move to participate in various activities, as experience and skills allow and with the guidance of the Site Supervisor
- ❑ plan with Site Supervisor the nature and extent of relationships with two children and their families whom the student will follow over two semesters
- ❑ participate in a parent/child, parent, or toddler group
- ❑ participate in home visits or services provided in community sites
- ❑ meet weekly with Site Supervisor for 1 - 2 hours for guidance
- ❑ interview the family of a child with developmental delays for CAEP 5150
- ❑ observe a young child and write a report reviewing their development for CAEP 5151

The Site Supervisor will:

complete mid-term evaluation of student competencies prior to conference with the University Field Supervisor (January).

Spring Term: January through April: 150 hours (approximately 11 hours a week).

Objectives

The student will:

- ❑ continue regular involvement with two families that began during first semester
- ❑ continue home/community visits and center based activities
- ❑ continue weekly meetings with Site Supervisor for guidance
- ❑ attend pre and post sessions of team working in toddler group
- ❑ develop accuracy in documentation of activities
- ❑ work with team members of varying disciplines
- ❑ develop skills in tools used to determine eligibility for early intervention services and standardized tools used for assessments
- ❑ follow families from intake through development of IFSP, and from reassessment until development of IFSP
- ❑ participate with early intervention provider in discussion of IFSP with family
- ❑ learn about and, if feasible, become involved with parent activities in the program (e.g. parent-child group, parent group, PAC, health fair, social function, etc.)
- ❑ attend clinical team conferences and program in-service sessions when possible
- ❑ participate with early intervention provider in the development and implementation of plans for the transition of a case child from early intervention to school or Head Start program
- ❑ with close monitoring from Site Supervisor, student may carry out independent work with families with whom a long term relationship has been developed
- ❑ administer and write a report based on the Battelle Developmental Inventory for SLPA 6335
- ❑ administer and write a report based on the Developmental Play Assessment for SLPA 6335
- ❑ complete three structured interviews for the purpose of consultation for CAEP 5152

It is expected that student performance related to these objectives will indicate greater levels of mastery in skills and will address increasingly more complex issues.

The Site Supervisor will:

- ❑ complete final evaluation of student competencies prior to conference with the University Field Supervisor (late April)

Special Opportunities:

The student may have the opportunity during the total practicum to:

- ★ work with families experiencing cognitive impairments, psychiatric issues or substance abuse
- ★ work with families of varying cultures and ethnicity
- ★ participate in ongoing research activities at the program (e.g. survey, research articles, etc.)
- ★ contribute an area of expertise to an educational program for staff, parents, and/or other early childhood providers
- ★ complete activities that Site Supervisor arranges as learning experiences
- ★ attend DPH early intervention meetings (e.g. hearings, ICC meetings, etc.)
- ★ advocate for a family or for the program on a meaningful issue



GUIDELINES FOR LEARNING CONTRACT

(For Certificate Students/Bachelor's and Master's Degree Students not employed in Early Intervention)

Purpose:

Each student is assigned a Site Supervisor at the Early Intervention Program where he/she will engage in field experience during practicum training. It is imperative that both the Site Supervisor and student share the same expectations for the practicum. To guide and support the work between the student and the Site Supervisor, as well as to provide clear direction, the student and Site Supervisor must develop a learning contract. The contract is a simple plan of how the Site Supervisor and student will structure learning experiences each term (Fall and Spring).

Requirements:

The Learning Contract is to be written using the "PCT Learning Contract" form, with copies provided to the Site Supervisor, Northeastern Field Supervisor, and student. This is a dynamic document; it needs to be revised each term based on the opportunities for experiences and the student's background and individual needs.

Submit completed learning contract to the Northeastern Field Supervisor by the end of the third or fourth week of each term of the practicum. (Learning contracts may be delivered to Dr. Karin Lifter's mailbox in 404 International Village).

*Note: As a valuable learning experience, the program faculty recommends that the student work with one to two children and their families throughout the course of the practicum, and write intervention plans in which each visit or group session builds upon the preceding one. This sequence of experiences allows the student to build a relationship with the child/family and to denote progress as well as concerns over time.



GUIDELINES FOR LEARNING CONTRACT

(For Certificate Students employed in Early Intervention)

Purpose:

Each student is assigned a Site Supervisor at the Early Intervention Program where he/she will engage in field experience during practicum training. It is imperative that both the Site Supervisor and student share the same expectations for the practicum. To guide and support the work between the student and the Site Supervisor as well as to provide clear direction, the student and Site Supervisor must develop a learning contract. The contract is a simple plan of how the Site Supervisor and student will structure learning experiences each term (Fall and Spring).

Requirements:

Students must complete the “Early Intervention Specialist Self Study” (developed by the Early Intervention Training Center). This process allows the student to assess his/her strengths and weaknesses relative to the Early Intervention Competencies. The Self Study is to be completed and discussed with the Site Supervisor.

A copy of the Self Study is to be submitted to the Northeastern Field Supervisor by the middle of October (Self Study forms should be submitted directly to the University Field Supervisor or delivered to Dr. Karin Lifter’s mailbox in 404 International Village).

The Learning Contract is to be written using the “PCT Learning Contract” form with copies for the Site Supervisor, Northeastern Field Supervisor, and student. This is a dynamic document; it will need revision each term based on the opportunities for experiences and the student’s background and individual needs.

Submit completed learning contract to the Northeastern Field Supervisor by the third or fourth week of each term of the practicum. (Learning contracts may be delivered to Dr. Karin Lifter’s mailbox in 404 International Village).



EARLY INTERVENTION CERTIFICATE PROGRAM

LEARNING CONTRACT Page 1

Student

Semester

Practicum Site

Site Supervisor

Days of Week /Hours of Attendance at Practicum Site

COMPETENCY AREAS

INFANT AND TODDLER DEVELOPMENT

1. State one objective in measurable terms:

2. State how the objective will be implemented:

3. State how you will know if you attained your objective:



EARLY INTERVENTION CERTIFICATE PROGRAM

LEARNING CONTRACT Page 2

EVALUATION AND ASSESSMENT

1. State one objective in measurable terms:

2. State how the objective will be implemented:

3. State how you will know if you attained your objective:



EARLY INTERVENTION CERTIFICATE PROGRAM

LEARNING CONTRACT Page 3

FAMILY CENTERED SERVICES AND SUPPORTS

1. State one objective in measurable terms:

2. State how the objective will be implemented:

3. State how you will know if you attained your objective:



EARLY INTERVENTION CERTIFICATE PROGRAM

LEARNING CONTRACT Page 4

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

1. State one objective in measurable terms:

2. State how the objective will be implemented:

3. State how you will know if you attained your objective:



EARLY INTERVENTION CERTIFICATE PROGRAM

LEARNING CONTRACT Page 5

SERVICE COORDINATION

1. State one objective in measurable terms:

2. State how the objective will be implemented:

3. State how you will know if you attained your objective:



EARLY INTERVENTION CERTIFICATE PROGRAM

LEARNING CONTRACT Page 6

INTERVENTION STRATEGIES

1. State one objective in measurable terms:

2. State how the objective will be implemented:

3. State how you will know if you attained your objective:



EARLY INTERVENTION CERTIFICATE PROGRAM

LEARNING CONTRACT Page 7

TEAM COLLABORATION

1. State one objective in measurable terms:

2. State how the objective will be implemented:

3. State how you will know if you attained your objective:



EARLY INTERVENTION CERTIFICATE PROGRAM

LEARNING CONTRACT Page 8

POLICIES, PROCEDURES, AND PROFESSIONALISM

1. State one objective in measurable terms:

2. State how the objective will be implemented:

3. State how you will know if you attained your objective:

Student Signature

Site Supervisor Signature

Date _____

EARLY INTERVENTION CERTIFICATE PROGRAM

DIRECTIONS FOR DAILY TIME SHEET AND JOURNAL ENTRIES

Goal: To provide a means for keeping an accurate and permanent record of practicum activities and experiences. This form is also useful in assisting the student to complete journal entries and weekly time sheets.

Objectives:

1. To record activities/experiences regularly for accuracy.
2. To provide a source for discussion with supervisors/mentors.
3. To afford documentation to denote student progress and growth.

Procedures For Usage:

1. Regular daily recording is a must in order to preserve valuable information.
2. Review regularly with Site Supervisor.
3. Review with University Field Supervisor on periodic visits.

Components:

- Activity
 - write in type of activity
 - indicate time devoted to specific activity
- **Journal Entry: (online)**

Evaluate and reflect on the strengths and weaknesses of what you experienced during the week. Do not describe what you did, since that is noted above. Journal entries are to be uploaded onto Blackboard every two (2) weeks or in accordance with specified directions in the practicum course syllabus. Please use pseudonyms when talking about children and their families.

Guidelines for Online Reflective Journal Entries:

"Reflection means stepping back from the immediate, intense experience of hands-on-work and taking the time to wonder what the experience really means. What does it tell us about the family? About ourselves? Through reflection, we can examine our thoughts and feelings about the experience and identify the interventions that best meet the family's goals for self-sufficiency, growth, and development."

From "Look, Listen and Learn," by Rebecca Parlakian, *Zero to Three*, 2001
Washington, DC

A reflective journal entry should describe your thoughts about an incident that took place during your practicum experience, and prompted you to say to yourself one of the following:

- "wow, that was a neat way for the person to manage the situation"
- "that's a new way to think about how to accomplish the task"
- "I don't think that is the best way to say or do that"
- "I learned something from this incident/experience"

A good reflective entry does not merely tell what you did or how you did it (e.g., "I worked in group today", or "We made home visits and I worked with the child while my Site Supervisor talked with the parent."), but also provides a rationale for why the incident was an important learning experience.

Expectations for journal entries:

1. Describes an EI case or family, a situation at work, or an interaction with a child, parent, co-worker, supervisor, DSS worker, professor/instructor, or other individual.
 2. Discusses/describes an EI procedure, technique, theory, assessment tool, or diagnostic category.
 3. Includes the writer's emotional reaction to, or evaluative judgment of, the situation or interaction.
 4. And includes at least one of the following:
 - a. Cites a specific developmental/psychological/sociological theory (e.g. Family Systems, Piaget's theory of cognitive development), model, ethic, or principle (usually learned through coursework), *applying the theory in some way to the case, behavior, phenomenon, or situation described. You must be clear how the theory has driven the development of questions, explanations, or hypotheses.*
- OR
- b. Cites contextual factors (one's own personality or skills; child temperament or personality; parent/family characteristics; socioeconomic status; personnel issues/staff member's personality or behavior; agency-related factors; community issues; religious/cultural considerations; language barriers; legal issues, etc.), *using the contextual factors to explain or hypothesize about some aspect of the case, behavior, phenomenon, or situation described.*
5. Provides rationale/explanation of why or how an experience was valuable to learning.

Examples of Good Reflective Journal Entries

Explanation with theory, principle, or ethics given as the rationale:

Example: "Today I went on a home visit with the little boy, Mark, whom I am going to be working with. He had just begun Early Intervention. Mark has signs of PDD, including little to no eye contact and an inability to adjust to changes in his environment, but has not received a specific diagnosis. Mark got upset many times and his mom would continually apologize for his behaviors...family systems class came back into my memory and of course what we learned about Kubler-Ross's stages. This mom is definitely in the denial stage due to the fact that her child does not have a diagnosis and also that she is still hoping that with all of the early intervention services that Mark will be 'normal'." *(clear extension / application of theory to aspect of personal experience; generation of specific hypothesis*

Explanation with consideration of contextual factors as a rationale (e.g., child or family characteristics, personnel issues, agency-related factors, community issues, etc.):

"Today, I observed and participated in a home visit for a toddler with language delays, which took place in the child's daycare. The child is from a Spanish background where English is the primary language spoken in the house. However, Spanish is spoken in the house, though not directly to the children. The ironic aspect of this is that the daycare they attend speaks primarily Spanish. The employees can speak some English but not very well. ... the toddler definitely has some language problems, so comprehension of English can be difficult for him at times. However, since he is exposed to an environment where a different language is being spoken, not only does he need to learn techniques to be able to adjust to the activities in the daycare, but then when he goes home Spanish is not spoken to him, so he needs to figure out English. I totally understand that the parents want to keep their child in environments of their culture, but I feel that this child would actually benefit more from a language-enriched program in which the primary language is English. I wonder if the child is actually benefiting from the daycare environment or would he do better in a multicultural environment?"

EARLY INTERVENTION CERTIFICATE PROGRAM

Daily Time Sheet for Practicum

Student: _____ Site Supervisor Signature: _____

Date	Day/	EIP Practicum Hours	Specific Practicum Activities
Date	Mon		
Date	Tues		
Date	Wed		
Date	Thurs		
Date	Fri		
Date	Sat		
Date	Sun		
Total Hours			

Completed sheets should be submitted on a weekly basis, in one of the following formats:

In person to Dr. Lifter's mailbox in International Village, 4th floor

By fax to Dr. Lifter at 617-373-8892

By email (scanned) to the EI Program Assistant (Marshall.S@husky.neu.edu)

Hours will be entered weekly in the computer and monitored by NEU Field Supervisor.

EARLY INTERVENTION CERTIFICATE PROGRAM

Daily Time Sheet for Practicum (EI Employed Personnel)

Student: _____ Site Supervisor Signature: _____

Students who are employed at an EI program may count six hours each week of their work time towards the practicum requirement.

Day/ Date	EIP Practicum Hours	Specific Practicum Activities
Mon Date		
Tues Date		
Wed Date		
Thurs Date		
Fri Date		
Sat Date		
Sun Date		
Total Hours	6 hours (Families Serviced)	
	_____ document other practicum hours	

Completed sheets should be submitted on a weekly basis, in one of the following formats:

In person to Dr. Lifter's mailbox in International Village, 4th floor

By fax to Dr. Lifter at 617-373-8892

By email (scanned) to the EI Program Assistant (Marshall.S@husky.neu.edu)

Hours will be entered weekly in the computer and monitored by NEU Field Supervisor.



EARLY INTERVENTION CERTIFICATE PROGRAM

SITE SUPERVISOR EVALUATION FORM (Revised June 2013) Competencies to be Addressed During Practicum Training

Student: _____ Evaluator: _____

Instructions: The acquisition of hands-on skills in the EI competencies is the work of the practicum experience. By the beginning of the second semester (early January), the Site Supervisor is to complete the midterm evaluation on the following form and discuss it with the student. Each competency should receive a rating comment based in the following scale. It is expected that a student attain a minimum of a 3 rating for each competency by the completion of the experience.

- OB= Observation-**
Student observes a provider performing a task such as: intake, family/child visit, assessment, etc.;
- 1 = Demonstrates Limited Skills-**
Student demonstrates limited knowledge and skills in the competency area;
- 2 = Demonstrates Intermediate Skills-**
Student demonstrates early understanding of the knowledge and skills underlying the competency, but the demonstrated skill level is not satisfactory;
- 3 = Demonstrates Satisfactory Skills-**
Student demonstrates the knowledge and skills underlying this competency at a satisfactory level;
- 4 = Demonstrates Independent Skills-**
Student can perform the competency at an independent level of practice;
- 5 = Demonstrates Outstanding Skills-**
Student demonstrates the knowledge and skills underlying this competency in a manner that reflects considerable knowledge and skill;
- F = Failure-**
Student fails to demonstrate the knowledge and skills in the competency area;
- NA= Experience Not Available-**
Student has not had the opportunity to gain skills in this area.

By the end of the second semester (late April), the Site Supervisor is to complete the final evaluation and discuss it with the student.



**EARLY INTERVENTION CERTIFICATE PROGRAM
Site Supervisor Evaluation Form
Early Intervention Competencies**

CEIS Competency Indicator	Midterm	Final
1. INFANT AND TODDLER DEVELOPMENT		
1.6 EI Specialists will demonstrate knowledge of how trauma and other sources of family and environmental stress influence early development and child/caregiver interactions		
1.7 EI Specialists will identify how children learn through play within and across developmental domains, based on individual learning styles and temperament. SHOULD PROBABLY INCLUDE THIS ONE IN THE PRACTICUM FORMS		
1.8 EI Specialists will identify how children learn through relationships, and demonstrate knowledge of a relationship-based approach to interventions and outcomes.		

Comments:



EARLY INTERVENTION CERTIFICATE PROGRAM

**SITE SUPERVISOR EVALUATION FORM (Revised June 2013)
Competencies to be Addressed During Practicum Training**

2. EVALUATION AND ASSESSMENT	Midterm	Final
2.1 EI Specialists will facilitate pre-evaluation planning with the family.		
2.2 EI Specialists will collect, interpret, synthesize, and report relevant information related to eligibility evaluation and ongoing assessment.		
2.4 EI Specialists will demonstrate the ability to interpret and discuss the results of evaluations and assessments by communicating effectively with families, both orally and in writing.		
2.6 EI Specialists will collaborate with families and other team members to identify current levels of functioning, strengths, and needs of the infant/toddler throughout the IFSP process.		

Comments:



EARLY INTERVENTION CERTIFICATE PROGRAM

**SITE SUPERVISOR EVALUATION FORM (Revised June 2013)
Competencies to be Addressed During Practicum Training**

3. FAMILY CENTERED SERVICES AND SUPPORTS	Midterm	Final
3.1 EI Specialists will demonstrate understanding of strengths and resources that the family contributes to the wellbeing of their child and family.		
3.2 EI Specialists will demonstrate an understanding of, and ability to apply, family-centered practices.		
3.3 EI Specialists will demonstrate understanding and respect for the culture of each family.		
3.4 EI Specialists will share complete and unbiased information with families that enables them to make informed decisions regarding services, supports, and techniques.		
3.5 EI Specialists will support families to access opportunities for family support, family networking, and involvement within and beyond the Early Intervention system.		

Comments:



EARLY INTERVENTION CERTIFICATE PROGRAM

**SITE SUPERVISOR EVALUATION FORM (Revised June 2013)
Competencies to be Addressed During Practicum Training**

4. INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)	Midterm	Final
4.1 EI Specialists will demonstrate knowledge of federal and state components and requirements throughout the IFSP process, including procedural safeguards.		
4.2 EI Specialists will effectively explain the IFSP purpose and facilitate the process in order to promote family understanding and participation in the collaborative process.		
4.3 EI specialists will gather information from the family and key collaborators in order to reflect the child and family's unique strengths, needs, and priorities in developing the IFSP.		
4.4 EI Specialists will demonstrate the ability to generate functional/measurable outcomes and strategies and to plan services that will be embedded in the family's natural routines.		
4.5 EI specialists will adhere to appropriate IFSP timelines, and requirements for notification and informed consent in the ongoing reviews and transition planning.		

Comments:



EARLY INTERVENTION CERTIFICATE PROGRAM

**SITE SUPERVISOR EVALUATION FORM (Revised June 2013)
Competencies to be Addressed During Practicum Training**

5. SERVICE COORDINATION	Midterm	Final
5.1 EI Specialists will monitor and coordinate the delivery of EI services by engaging in ongoing dialogue with the family to effectively revise, update, and utilize the IFSP.		
5.2 EI Specialists will use effective oral and written communication and problem-solving strategies to coordinate individualized EI services and community supports for each child and family.		
5.3 EI Specialists will ensure that health information (including medical, nutrition, and feeding) is current and reflected in the ongoing planning and coordinating of IFSP services.		
5.4 EI Specialists will demonstrate knowledge of and ability to network with public and private providers in order to assist the family in accessing a variety of individualized services and resources, including but not limited to financial, specialty service, health, social, and developmental services and resources.		
5.5 EI Specialists will support families in acquiring the knowledge and tools needed to enhance their capacity for self-advocacy.		
5.6 EI Specialists will facilitate the development of a comprehensive transition plan, including the Transition Planning Conference, to promote smooth transitions for all families exiting Early Intervention.		
5.7 EI Specialists will demonstrate knowledge of federal, state, and local LEA requirements and timelines to ensure smooth transitions for children transitioning to Part B services.		

Comments:



EARLY INTERVENTION CERTIFICATE PROGRAM

**SITE SUPERVISOR EVALUATION FORM (Revised June 2013)
Competencies to be Addressed During Practicum Training**

6. INTERVENTION STRATEGIES	Midterm	Final
6.1 EI Specialists will use the child’s strengths to develop appropriate strategies to address infant/toddler needs across the domains.		
6.2 EI Specialists will utilize strategies for intervention based on the strengths, resources, needs, learning styles, and culture of each family.		
6.3 EI Specialists will plan, facilitate, and modify home visits in a variety of settings to promote outcomes and learning opportunities in collaboration with families and other providers.		
6.4 EI Specialists will utilize and/or modify natural settings in order to promote infant/toddler learning opportunities in collaboration with families and other providers.		
6.5 EI Specialists will embed into daily routines activity-based interventions that integrate the strengths and needs of infants, toddlers, and their caregivers.		
6.6 EI Specialists will design and/or implement appropriate positioning, adaptive strategies, and/or assistive technology to facilitate an infant/toddler’s independence and engagement with others.		
6.7 EI Specialists will design and/or modify interventions that consider infant/toddler sensory processing to promote child and family outcomes.		
6.8 EI Specialists will engage and support caregivers in positive interactions with their infants/toddlers that promote healthy social-emotional development.		
6.9 EI Specialists will engage and support caregivers to carry over intervention strategies that promote infant/toddler development.		

Comments:



EARLY INTERVENTION CERTIFICATE PROGRAM

**SITE SUPERVISOR EVALUATION FORM (Revised June 2013)
Competencies to be Addressed During Practicum Training**

7. TEAM COLLABORATION	Midterm	Final
7.1 EI Specialists will demonstrate an understanding of roles, functions, and dynamics of teams within Early Intervention.		
7.2 EI Specialists will serve as a resource to the child and family's team regarding information and strategies specific to his/her discipline and experience.		
7.3 EI Specialists will recognize and respond to the differences of opinions and recommendations within the child and family's team and use problem-solving skills to develop the IFSP and to plan ongoing services and collaboration.		
7.4 EI Specialists will be able to explain the functions of various disciplines to families and key collaborators.		
7.5 EI Specialists will regularly communicate with team members and other key collaborators to evaluate the effectiveness of services for the child and family.		

Comments:



EARLY INTERVENTION CERTIFICATE PROGRAM

**SITE SUPERVISOR EVALUATION FORM (Revised June 2013)
Competencies to be Addressed During Practicum Training**

8.POLICIES, PROCEDURES, AND PROFESSIONALISM	Midterm	Final
8.1 EI Specialists will demonstrate a basic knowledge of relevant federal and state legislation, regulations and policies that impact services and supports to children and families (including IDEA, FERPA, Massachusetts EI Operational Standards, and state eligibility criteria).		
8.2 EI Specialists will participate in opportunities for continued training and education for the purpose of ensuring personal and professional growth.		
8.3 EI Specialists will demonstrate professional work habits, including dependability, time management, independence, responsibility and flexibility in response to diversity of families and change in the work environment.		
8.4 EI Specialists will demonstrate the use of current infant/toddler research to approach and/or modify practice.		
8.5 EI Specialists will serve as a resource to their community by sharing their knowledge of Early Intervention in a variety of settings.		

Comments:



EARLY INTERVENTION CERTIFICATE PROGRAM PRACTICUM FORM

PART I: TO BE COMPLETED BY THE APPLICANT

Name _____

Address _____

Timeframe of Practicum Experience _____

Practicum Site _____ Address/Phone _____

Population Served _____

PART II: TO BE COMPLETED BY THE NORTHEASTERN FIELD SUPERVISOR

Name (print) _____ Position _____

Field _____ Number of years in position _____ in field _____

PART III: TO BE COMPLETED BY THE SITE SUPERVISOR

Name (print) _____ Position _____

Field _____ Number of years in position _____ in field _____

PART IV: DOCUMENTATION OF MEETINGS

The following meetings were held among Site Supervisor, Northeastern Supervisor, and student to discuss standards and procedures for evaluation of the student's progress:

Date _____ Student _____ Site Supervisor _____ NU Supervisor _____

Date _____ Student _____ Site Supervisor _____ NU Supervisor _____

Date _____ Student _____ Site Supervisor _____ NU Supervisor _____

Date _____ Student _____ Site Supervisor _____ NU Supervisor _____

PART V: HOURS IN FIELD (Semester and Year)

Fall _____ Spring _____ Total _____

**PART VI: TO BE COMPLETED BY THE SITE SUPERVISOR AND THE
NORTHEASTERN SUPERVISOR**

- A. SITE SUPERVISOR: Please comment briefly on the student's strengths, and on areas you would like to see strengthened.**

Signature of Site Supervisor

Date

- B. NORTHEASTERN SUPERVISOR: Please comment briefly on the student's strengths, and on areas you would like to see strengthened.**

Signature of Northeastern Supervisor

Date



EARLY INTERVENTION CERTIFICATE PROGRAM

Student Practicum Site Evaluation Form *(for Northeastern University purposes only)*

Student Academic Year

Practicum Site Site Supervisor

1. How would you qualify/rate your impression of the practicum experience?

- an excellent experience? _____
- a good experience? _____
- a fair experience? _____
- a poor experience? _____

2. Give 3 phrases to support your answer in #1:

- a- _____
- b- _____
- c- _____

3. During the experience, were you made to feel a part of the staff team?
yes? no? Please explain your answer.

4. Were you able to establish a working relationship with several members of the staff/team?
yes? no? Please explain your answer.

5. Did you think the staff worked well as a team?
yes? no? Please explain your answer.

6. Did the Site Supervisor make an effort to provide experiences tailored to your needs/requirements?
yes? no? Please explain your answer.

7. Was the staff receptive and willing to teach you about the program and its services?
yes? no? Please explain your answer.

8. Was time regularly allotted for you and the Site Supervisor to discuss your questions, issues and concerns?
yes? no? What was the usual pattern?

9. Was the time allotted for questions, issues, and concerns sufficient?
yes? no? Please explain your answer.

10. Did you feel that the supervision provided met your individual needs?
yes? no? Briefly explain how your needs were met.

11. Additional comments, observations, recommendations:



EARLY INTERVENTION CERTIFICATE PROGRAM

TEAM INVOLVEMENT: SUGGESTIONS FOR SITE SUPERVISORS AND STUDENTS

1. **Suggestions for EI Teams:**

Northeastern University students in the Early Intervention Certificate Program spend a minimum of 300 hours in a field setting attaining the necessary competencies for state certification. Each student is assigned to a Site Supervisor from an Early Intervention Program (EIP) that is collaborating with the Early Intervention Certificate Program. He/she observes, guides, and provides feedback to the student on a regular basis. The Site Supervisor provides leadership and guides the student in planning activities and experiences that enable the student to meet the competencies specified by the Department of Public Health for Early Intervention Specialists.

For student-team participation, the student also becomes a participant in activities of the EIP's interdisciplinary team and learns about all aspects of its work with children and families. For this effort, it is helpful for Site Supervisors to arrange a Team meeting that affords time for discussion of what it means for the program to have a student with them during the course of an academic year. Some questions that may facilitate these discussions follow:

- What do they, as a Team, feel is important for the student to learn about their Team?
- How might this be accomplished?
- In what ways would various Team members like to participate with the student(s)?
- What do the Team members believe the students could provide for the program?

2. **Suggestions for Student-Team Performance:**

The following are suggestions for encouraging successful student-Team interaction at the EIPs:

- Introduce student to the Team and provide all members with information about the Northeastern University Early Intervention Certification Program;
- Encourage student to participate regularly in Team discussions about the children and families whom they have served;
- Provide students with opportunities to learn about the special expertise and skills of the various disciplines represented by the staff at the EIP;
- Provide opportunities for students to accompany and assist personnel from different disciplines in home or site-based activities;
- Foster collaboration among professionals of different disciplines in planning group-centered activities for parents and/or children;
- Involve students in ongoing research projects, when possible;
- Utilize student expertise and encourage student initiative in the development of projects (e.g., in-service training and team improvement efforts).



EARLY INTERVENTION CERTIFICATE PROGRAM

Teamwork Competencies

The following Teamwork Competencies were developed by the Early Intervention faculty under the leadership of Dr. Louis Kruger.

1. Aspects of Successful Teamwork: PERFORMS

The student shall develop knowledge of the following aspects of successful teamwork:

- **Purpose**

The team has a well-articulated and important purpose, as well as goals that further specify the purpose. The team is motivated by its mission.

- **Empowerment**

Team members are able to assume a leadership role when they have skills or knowledge relevant to tasks. The leader sets the tone for sharing power, and is able to “unleash talent”.

- **Relationships (Internal)**

Team members trust and respect one another. They collaborate and frequently communicate with other members. Members are loyal to one another, and unified in their commitment.

- **Feedback**

Team members set high standards and assess their progress on tasks. They seek feedback on goal attainment, client reactions, and group process. They are willing to provide one another with constructive feedback.

- **Organization**

The team has an appropriate structure that includes methods for attaining goals, roles for members, regular meeting times, and time-lines for task completion.

- **Relationships (External)**

The team has support from its parent organization. The team frequently monitors the environment for opportunities and threats that might impact its functioning.

- **Motivation**

Team members have a strong sense of obligation to meet and exceed team goals. They are motivated to continually improve their performance.

- **Skills**

Team members have skills and knowledge relevant to team tasks. Team members are capable of working interdependently as well as independently.

2. Team Development

The student shall develop knowledge and skills relevant to:

- Preconditions to Team Development
 - Determining team's authority / autonomy
 - Clarifying team's mission
 - Providing the team with important resources
 - Identifying potential team members
- Team Building
 - Finding team members
 - Specifying team goals
 - Determining what tasks will be accomplished
 - Developing skills relevant to tasks
 - Clarifying roles and norms
 - Developing positive expectations
 - Developing constructive cohesion
- Team Maintenance
 - Adapting goals, processes, tasks, and structures
 - Replenishing needed resources
 - Replacing members who leave the group

3. Improving Team Effectiveness

The student shall develop skills relevant to:

- Identifying areas of strength and weakness of their team
- Setting priorities for improving their team
- Determining "controllable" causes of team weaknesses
- Developing a team improvement plan based upon ...
 - strengths
 - causes of weaknesses
 - examination of alternative actions
- Implementing team improvement plan
- Assessing implementation and outcomes of plan
- Recycling improvement process

4. Aspects of Being an Effective Team Member

The student shall develop skills relevant to:

- Developing and understanding his/her role
- Being impartial and objective with respect to team decisions
- Doing things "above and beyond" the minimum
- Striving to eliminate potential conflicts between team and personal goals
- Taking initiative
- Being constructively honest with teammates
- Accepting feedback in a non-defensive manner

- Supporting team decisions
- Being willing to help other team members
- Monitoring and “backing up” team members’ work
- Neither slavishly following nor blindly resisting leadership

5. Aspects of Being an Effective Team Leader

The student shall develop skills relevant to:

- Striking a balance between task and interpersonal concerns
- Making sure the high priority issues get the most attention
- Setting the conditions so that each team member maximizes the use of his/her skills
- Openly receiving suggestions from other team members
- "Doggedly" pursuing issues that are interfering with the team's functioning
- Knowing when to provide structure and when to let team members use their initiative
- Providing opportunities for team members to reflect on the team's process and goals
- Helping the team make decisions within ethical guidelines
- Allowing others to take a leadership role when their skills are relevant to a task

6. Process of Meetings

The student shall develop skills relevant to:

- Taking a systematic and reflective approach to problem-solving
- Developing a mutually rewarding and collaborative process
- Creating and following an agenda; limiting the length and number of tangential discussions
- Eliciting reactions from others and keeping them actively involved
- Acknowledging, and if necessary addressing, team members’ feelings on the issue / problem
- Reframing complaints, perspectives, and opinions in a manner that facilitates problem solving
- Avoiding potentially obfuscating jargon and labels
- Actively listening to people (e.g., nodding one’s head)
- Succinctly summarizing the important points of a discussion before discussing a new topic
- Recognizing and dealing appropriately with power / authority issues
- Recognizing and dealing appropriately with people’s concerns, resistances, or confusion
- Recognizing and dealing appropriately with interpersonal or process problems (e.g., interruptions) that occur during the meeting
- Conducting the meeting at an appropriate tempo (neither too fast, nor too slow) and not rushing the process because of time constraints.
- Unless there is a clear reason for doing so, avoiding speaking too much or too little
- Before the meeting ends, clarifying major outcomes and helping the team decide what should be done next

7. Team Problem-Solving Skills

The student shall develop skills relevant to:

- Clarifying problems
 - Obtaining specific examples of problem (avoid jargon and labels)
 - If more than one problem exists, reducing into sub-problems
 - Describing relevant history
 - Describing relevant restraining forces
 - Describing opportunities and resources
 - Summarizing initial problem description
 - Developing data collection plan
 - Collecting data
 - Summarizing data
- Developing IFSPs
 - Defining goals
 - Reviewing previous plans (if any) that have failed and succeeded
 - Brainstorming alternative plans
 - Evaluating alternative plans
 - Selecting alternative(s) to be implemented
 - Developing details of plan
- Implementing the IFSP
 - Facilitating implementation
 - Assessing extent to which plan was implemented as intended
 - Assessing problems with plan
 - Adapting plan
- Assessing Goals and Other Outcomes
 - Determining what goals were attained
 - Reviewing unanticipated outcomes
 - Assessing individuals' reactions to implementation of plan
 - Developing maintenance plan
 - Summarizing major conclusions for relevant others

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- Kruger, L. J., and Harrington, T (1997). A team approach to planning career development programs. In T. Harrington (Ed.) *Handbook of career planning for students with special needs*. Austin, Texas: PRO-ED.
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- Maher, C. A., & Bennett, R. (1984). *Planning and evaluating special education services*. Englewood Cliffs, NJ : Prentice-Hall.



Family's IFSP

(Individualized Family Service Plan)

Child's Name: _____

Date of Birth: _____ Gender: _____

Address: _____

Phone: Home _____

_____ 's Work: _____

_____ 's Work: _____

Email: _____

Change of Address: _____

Primary Language: _____

Parent / Caregiver: _____ Relationship: _____

Parent / Caregiver: _____ Relationship: _____

Parent / Caregiver: _____ Relationship: _____

El Professional responsible for implementation of the IFSP:

Service Coordinator: _____ Date Assigned: _____

Service Coordinator: _____ Date Assigned: _____

IFSP Duration: From: _____ To: _____ Review Date(s): _____

*The IFSP is a working document that outlines the Early Intervention services to be provided. The plan is developed collaboratively between families and professionals based on the findings of a multidisciplinary assessment and evaluation. The IFSP is developed within 45 days of referral. It should be **reviewed every six months** and revised each time eligibility is re-determined. It can be reviewed more frequently, and changes can be made at any time the family and program agrees it is necessary. The EI Service Coordinator is responsible for implementing the plan, preparing for ongoing IFSP meetings, and meeting federal timelines.*

Child's Name: _____
Date of Birth: _____

FAMILY PAGE

Every family is different and has its own priorities, concerns, and resources. This is your family's opportunity to tell other members of the team about your child and family, and your involvement with other community providers. The information on this page is confidential and will not be shared without your permission. This page should be completed each time eligibility is re-determined.

How would you describe your child and your family? What do you see as the strengths as well as the concerns and priorities of both your child and your family?

Are there medical or community services that your family receives?

Are there medical or community services that your family needs?

Provide a description of the steps the Service Coordinator or family may take in obtaining those other services and resources (details may also be reflected on the Family Outcomes page under strategies).

Family Directed Assessment/Checklist/Interview

Date: _____

Information Provided By: _____

Date: _____

Child's Name: _____
Date of Birth: _____

DEVELOPMENTAL PROFILE

The Child's Developmental Profile (pg. 3 & 4) summarizes the assessment and evaluation results and information gathered about your child's health and development. It may or may not include developmental levels depending on the desires of your family and other team members. This section is designed to be shared with insurance companies, physicians, schools, and others as designated by the parent(s)/guardian(s).

Date of Assessment and Evaluation _____ Age of Child: yrs. _____ mos. _____

Parent/Caregiver Name(s): _____

Eligibility Evaluation Instruments Used:

- Early Intervention Developmental Profile (Michigan)
- Battelle Developmental Inventory – 2nd Edition

Other Assessment and evaluation Input:

- Clinical Observation
- Parent/Caregiver Report
- Other: _____

PARTICIPANTS AND DISCIPLINES:

MEDICAL HISTORY / HEALTH STATUS:

VISUAL AND HEARING STATUS:

SUMMARY AND RECOMMENDATIONS:

Child's Name: _____
Date of Birth: _____

DEVELOPMENTAL PROFILE (Cont.)

Date of Assessment and Evaluation _____ Age of Child: yrs. _____ mos. _____

Social Emotional/Personal Social/Interaction:

Cognition:

Motor Development including Gross Motor and Fine Motor:

Adaptive/Self Care:

Communication including Expressive and Receptive:

Child's Name: _____
Date of Birth: _____

CHILD & FAMILY OUTCOMES AND STRATEGIES

*This page outlines the specific **measurable results, outcomes and strategies** that have been developed with the family as part of the Early Intervention Team based on the concerns identified through the evaluation/assessment process and family priorities. The Service Coordinator should discuss with the family what they hope to achieve through their Early Intervention experience including pre-literacy and language skills, as developmentally appropriate, the degree to which progress toward achieving the results or outcomes identified are being made and whether modifications or revisions are necessary.*

START DATE: _____

Desired Outcome – We want (what will happen or change?):

So That (why is this important?):

Activities & ideas we can do to make this happen (strategies):

Who will teach or learn to do these activities?

Places to teach and/or learn to do these activities:

We will know we are successful when (what will we observe or measure?) (Include a time frame):

Review Date: _____

- we accomplished this outcome
- we will revise this outcome
- we will continue this outcome

Describe the degree to which progress toward achieving the results or outcome has been made:

Child's Name: _____
 Date of Birth: _____

SERVICE DELIVERY PLAN

This page identifies the **Early Intervention Services, based on peer reviewed research (to the extent practicable) that are necessary to meet the unique need(s) of the child and family to achieve the measurable results or outcomes.** These services may include home visits, community child groups/EI only child groups, parent groups, transportation, specialty services, etc. The provider of each service should be identified by discipline; and the location should include natural settings such as home, child care settings, playgroups, and other community sites. Changes in specific Early Intervention services, frequency, or location requires parental consent, are recorded on the IFSP Review pages, and updated below. EI services are supported by the Department of Public Health through state and federal funds; Medicaid; private health insurance and fees for some families based on family size and income.

Start Date	1. Method/Intensity (individual or group)/Type of EI Service					End Date
	2. Location					
3. Length (of time) and Frequency(# of days/sessions)						
4. Duration (of service)						
5. Method of Delivery (how and by whom) Service Provider/Discipline						
	1. Method/ Intensity/ Type of Service:	2. Location	3. Length/Frequency	4. Duration	5. Provider/Discipline	
Example:	Home Visit	Child care	1hr/1 x/wk	6 months	Jane Jones/OTR	

In what natural environments (where and with whom) will each service be provided? How will collaboration with individuals in these environments occur?

Individualized clinical justification on the IFSP for all EI services that do not occur in a natural setting (as determined by the parent and IFSP team) must include the following: An explanation of why the IFSP team determined that the outcomes could not be met in the child's natural settings, an explanation of how services provided in this setting will support the child's ability to function in his/her natural environment, and a transition plan with timelines.

Child's Name: _____
Date of Birth: _____

TRANSITION PLAN

El services are available to eligible children until a child turns three, or until a child is determined ineligible. This page outlines the **Transition Plan** process that occurs before Early Intervention services end. Planning may begin at any time, but no later than when your child is 2 years 6 months of age. The process includes activities and tasks performed by the family and EI staff and should include a review of options for families, information for parents regarding the process of transition, support available to parents, information to be sent to the LEA and/or other community providers, and the specific plan for how the child will successfully transition to the next setting.

Start Date	Transition Activities/Strategies
	<p><input type="checkbox"/> Provide explanation to family that transition planning activities occur for all children beginning at any time but no later than 30 months, and will be further discussed when appropriate.</p> <p><input type="checkbox"/> Identify the options available to the child and family in the community. (For example, public school, Head Start, child care, preschools, library story hour, Family Networks, parent-child programs, recreational activities etc.) What are the steps to further explore these options? Who will be responsible for these steps?</p> <p><input type="checkbox"/> Review training or informational opportunities available to parents on transition and future placements. These may include trainings and/or informational opportunities with school representatives offered through EI, the local Parent Advisory Council (PAC), Federation for Children with Special Needs Parent Training and Information Center, Family Networks etc.</p> <p><input type="checkbox"/> Explore support options available to parents. These may include working with your Service Coordinator, Family TIES, PAC, parent-to-parent programs, public benefits or respite programs or other local, state and national resources.</p>

Child's Name: _____
Date of Birth: _____

TRANSITION PLAN

Start Date	Transition Activities/Strategies
	<p><input type="checkbox"/> Describe the steps and services to prepare the child for a transition. What will support the child's adjustment or transition to a new program? (For example, visiting a new classroom or community setting, providing information to the new program, providing parents with information about early childhood development or community resources, etc.).</p> <p><input type="checkbox"/> Convene a transition planning conference. A transition planning conference is a meeting to review the child's services, discuss possible program options with community providers, if applicable, and establish transition activities.</p> <p>A parent may choose not to refer to the Local Education Agency (LEA). They may Opt Out of notification to the LEA/State Education Agency (SEA) at 90 days prior to 3rd birthday.</p> <p><input type="checkbox"/> I choose not to have personally identifiable information (my name, my child's name, address, telephone number, and date of birth) sent to the LEA/SEA. No personally identifiable information will be sent to LEA/SEA unless consent is obtained to release information.</p> <p>Parent/Guardian _____ Date: _____</p> <p><input type="checkbox"/> Transition Plan not completed for the following reason(s):</p>

Child's Name: _____
 Date of Birth: _____

TRANSITION PLAN

FOR CHILDREN REFERRED TO PUBLIC SCHOOL FOR SPECIAL EDUCATION OR RELATED SERVICES

There are specific activities and timelines to be followed when your child may be eligible for special education or related services according to Part C of the IDEA (34 CFR 303.209) This page outlines the steps and procedures that the EI program must follow.

Start Date	Transition Activities/Strategies
	<p><input type="checkbox"/> Date of Referral/notification to the Local Education Agency (LEA): _____ With a parent's written consent, a referral must occur at least 90 days and up to 9 months prior to the child's 3rd birthday.</p> <p><u>Determine the information that will support the child's transition.</u> Written consent must be given before the EI program releases any information to the school system (for example, information from your child's IFSP, evaluations/assessments, etc.)</p> <p><input type="checkbox"/> IFSP (specify sections of IFSP to be sent): _____ <input type="checkbox"/> Evaluations or Assessments <input type="checkbox"/> Other Information: _____</p> <p>Notes:</p> <p><u>Convene a transition planning conference.</u> A transition planning conference is a meeting to review the child's services, discuss possible program options with the LEA and establish transition activities. With parent's permission, the LEA is notified and invited to this meeting. Date TPC Invitation sent to LEA _____ Date of Transition Planning Conference _____ (known as the 90 day meeting with Local Education Agency (LEA). Federal Regulations allow the Transition Planning Conference to occur up to 9 months before a child's third birthday. Did the LEA participate in the Transition Planning Conference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p>

Child's Name: _____
Date of Birth: _____

REVIEW PAGE

Review Date: _____

Six-Month Review OR Complete

(A six month review or a complete review of the child's progress related to outcomes & strategies, and service delivery of the IFSP must be multidisciplined and involve two or more individuals or professions, and one of these must be the service coordinator.)

IFSP Review Meeting

A review of the IFSP for a child and the child's family must be conducted every six (6) months or more frequently if conditions warrant or if the family requests a meeting to review the IFSP. The purpose of the periodic review is to determine the degree to which progress toward achieving the results or outcomes identified in the IFSP is being made and/or if modifications or revisions of the results, outcomes or early intervention services identified in the IFSP is necessary. The review may be carried out by a meeting or by another means that is acceptable to parents and other participants

Summary of Discussion:

Review of child's developmental progress; Outcomes; Changes in Services, etc:

I/We have received the **Individualized Family Service Plan Meeting Notice** for an IFSP review meeting.

I/We have been informed of and received a copy of my family rights. I/We have participated in the development of this IFSP and:

I/We agree to the changes in service described above.

I/We consent for the program to access my public and/or private insurance for payment for any added early intervention service(s) noted above.

I/We would like to have a complete IFSP Review Meeting with other team members.

I/We agree to the services in this plan with the following exceptions:

Parent Signature: _____ EI Staff

Signature(s): _____

Parent Signature: _____ EI Staff

Signature(s): _____

Parents must give written consent before Early Intervention services can begin. Parents may choose to give consent to some changes in service and not others. Your consent means that you have been made aware of any changes and that you agree to them. The IFSP services that a parent(s) agrees to, subject to payment of the annual fee if applicable, must be provided.

Child's Name: _____
Date of Birth: _____

ANNUAL SIGNATURE PAGE

*This **Signature Page** must be completed in order to **begin** EI services. Participants in the development of the IFSP may include community representatives, extended family members, and others invited by the family. Once the IFSP document is signed please send/deliver a copy to the family. Please ensure the parent identifies that they have been given rights **and** accept services.*

Parents must give written consent before early intervention services can begin. If the parents do not give consent for any early intervention service or if they withdraw consent after first giving it, that service will not be provided. The early intervention services that a parent agrees to, subject to payment of the annual fee if applicable, must be provided.

I/We have been informed of and received a statement of our rights during the IFSP development process and I/We understand that any services I/We accept will be provided.

I/We have received the **Individualized Family Service Plan Meeting Notice** for the IFSP meeting.

I/We have participated in the development of our IFSP and:

I/We accept the services described in this plan.

I/We consent for the program to access my public and/or private insurance for payment of early intervention services described in this plan.

I/We accept the services in this plan with the following exceptions:

Comments:

SIGNATURES

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Other Team Members:

Service Coordinator _____ Date _____

Other Team Member _____ Date _____

Other Team Member _____ Date _____

Director (Optional) _____ Date _____



EARLY INTERVENTION CERTIFICATE PROGRAM

SAMPLE INTERVENTION PLAN

(To be completed beforehand for any individual or group intervention activities the student conducts)

Team Student

Date

Time

Child(children)/Family(families) being served

Age of Child(ren)

Environment

IFSP Goal:

Specific Objective:

Materials Needed:

Pre-Intervention Activities/Conditions:

Intervention Activities:

Modifications:

(To be completed following the intervention activities)

Evaluation and Follow Up Plans:

Self-evaluation and Follow Up Plans:

Observation Checklist Home Visiting

Early Interventionist: _____ Discipline _____
 Observer: _____ Date _____

Provides family with an opportunity to decide the agenda for the visit	5	4	3	2	1
Home visitor compliments family member(s) and connects with child immediately	5	4	3	2	1
The home visitor demonstrates appreciation of the child and enjoys interacting with the child	5	4	3	2	1
The home visitor provides the family with information congruent with their learning style, culture and personal preferences	5	4	3	2	1
The home visitor demonstrates techniques to use with the child	5	4	3	2	1
The home visitor gives family members credit for the changes in the child's skills	5	4	3	2	1
The home visitor updates information for the IFSP or any assessments that are scheduled	5	4	3	2	1
The home visitor probes to ensure family is comfortable with the level of participation	5	4	3	2	1
The home visitor coaches the family on how to access information, supports or other resources	5	4	3	2	1
The home visitor suggests ways to embed practice for emerging skills into the family's routines	5	4	3	2	1
The home visitor recaps the content and purpose of the meeting verbally with the parent and on the progress note for the parent to read	5	4	3	2	1
The home visitor solicits family input in designing and scheduling the next home visit	5	4	3	2	1
The home visitor thanks the family	5	4	3	2	1
The home visitor has a positive interaction with the child prior to leaving	5	4	3	2	1

Developed by Joan Brinkerhoff, Ph.D.

January 2000

Additional comments:

Please briefly describe the family (who was present for the home visit, culture, primary language, etc.)

Strengths of the home visitor and the home visit:

Areas where skill refinement is needed or another strategy would have benefited the family:

Did the home visitor self-evaluate her/his own performance?

Observer Signature: _____ Discipline: _____

Contact Information: Telephone _____

Program: _____

Developed by Joan Brinckerhoff, Ph.D.

January 2000

Self Evaluation Evaluation and Assessment

Prior to the evaluation or assessment do I:

Explain the evaluation process and procedural safeguards	A	S	R	N
Ask whether an interpreter is needed if the family's primary language is not English	A	S	R	N
Discuss time options that are best for the child and family	A	S	R	N
Discuss options for how the family wants to participate	A	S	R	N
Provide families with information or checklists to help them prepare for the assessment	A	S	R	N
Ask whether parents want other relatives, friends or providers to be present for the assessment	A	S	R	N
Determine with the parents if their child should be observed in other settings than the home	A	S	R	N
Elicit parents' preferences and concerns	A	S	R	N
Ask parents to share what motivates their child (favorite activities and toys)	A	S	R	N
Obtain written consent prior to conducting the evaluation/assessment	A	S	R	N
Discuss who will be involved in the assessment and why	A	S	R	N
Encourage parents to ask questions	A	S	R	N

During the evaluation or assessment do I:

Respect parent preferences for desired levels of participation	A	S	R	N
Explain instruments and methods as they are being presented	A	S	R	N
Explain parent roles for standardized instruments	A	S	R	N
Begin the assessment with a domain in which the child has success	A	S	R	N
Encourage the parent to ask questions	A	S	R	N
Ask parents if the child's behavior is typical	A	S	R	N
Ask parents if the child needs a break or change of task	A	S	R	N

Upon completing the evaluation do I:

Invite parents to speak first, ask questions, and make comments	A	S	R	N
---	---	---	---	---

Developed by Joan Brinkerhoff, Ph.D.

January 2000

Provide immediate feedback regarding the evaluation	A	S	R	N
Use visual and graphic tools, not just words, to summarize information	A	S	R	N
Explain in jargon-free language	A	S	R	N
Discuss with parents when they will receive written reports	A	S	R	N
Write reports using first-person language, without jargon	A	S	R	N
Provide parents with one or two concrete suggestions to address their concerns	A	S	R	N

Developed by Joan Brinkerhoff, Ph.D.

January 2000

Play Group Observation

Preparation	Rating	Comments
Prepares environment to invite play	1 2 3 4 5 na	
Gathers a range and sufficient numbers of toys/materials	1 2 3 4 5 na	
Plans ahead with parents a nutritious snack	1 2 3 4 5 na	
Implementation		
Engages infants/toddlers in activity with their caregiver	1 2 3 4 5 na	
Promotes natural interactions between child and caregiver.	1 2 3 4 5 na	
Modifies activity in response to child/caregiver interest and response	1 2 3 4 5 na	
Identifies the multiple domains that can be addressed through the activity.	1 2 3 4 5 na	
Demonstrates appropriate positioning, hand facilitation, or communication strategies for eligible child.	1 2 3 4 5 na	
Facilitates performance of infant/toddler capacities related to outcomes on the IFSP for eligible child and acknowledges competence in other children.	1 2 3 4 5 na	
Encourages parents to experiment and expand the activity.	1 2 3 4 5 na	
Facilitate parent's match in pacing and toy choices of their child	1 2 3 4 5 na	
Promote interactions between children	1 2 3 4 5 na	
Makes sure that each pair (child and caregiver) has fun.	1 2 3 4 5 na	
Facilitates friendships amongst parents.	1 2 3 4 5 na	
Assists caregivers to support their child's transition across activities and at closure.	1 2 3 4 5 na	

Developed by Joan Brinkerhoff, Ph.D.

January 2000

Evaluation	Rating	Comments
<p>Encourages parents/caregivers to identify extensions of play group that can be used throughout home routines and activities.</p> <p>Provides opportunities for each family to indicate what they most enjoyed and why.</p> <p>Solicits feedback on what new skills or language caregivers observed from their child.</p> <p>Assists parents to plan the next play group.</p> <p>Summarizes own observations regarding interactions and play routines displayed during the group.</p> <p>Makes available for all families relevant information related to play and interactions.</p> <p>After children and caregivers leave, verbalizes what s/he would do differently and what went well.</p>	<p>1 2 3 4 5 na</p> <p>1 2 3 4 5 na</p> <p>1 2 3 4 5 na</p> <p>1 2 3 4 5 na</p> <p>1 2 3 4 5 na</p> <p>1 2 3 4 5 na</p>	
<p>Summary of strengths:</p>	<p>Summary of areas of need:</p>	<p>Resources and support to extend knowledge. and skills in area of need:</p>
<p>Observer Information:</p> <p>Date:</p> <p>Setting:</p> <p>Examples of toys:</p>	<p>Name:</p> <p>Position:</p> <p># of Children:</p> <p>Snack:</p>	<p>Telephone:</p> <p>Email:</p> <p># of Caregivers:</p> <p>As an observer I learned:</p>

Developed by Joan Brinkerhoff, Ph.D.

January 2000

Transcript Requests Transcript Office

120 Hayden Hall
617.373.2199 (Voice)
617.373.5360 (TTY)
617.373.5351 (FAX)
http://www.northeastern.edu/registrar/trans_request.html

Office Hours

Monday through Thursday, 8:00 AM to 7:00 PM

Friday, 8:00 AM to 5:00 PM

Procedure for Current Students

Current students can request an official transcript via the myNEU Web Portal:

- * Log into the myNEU Web Portal using your myNEU username and myNEU password.
- * Click on the “Self-Service” tab.s
- * Under the “Registrar” heading, click on “Student Self-Service.”
- * Click on “Student Records.”
- * Click on “Request Printed Transcript.”

Transcript requests are generally processed and mailed out within three to five days of receipt. Students who are blocked financially are unable to get transcripts of any kind until financially cleared. We cannot fax transcripts from the University.

All questions regarding transcript requests should be directed to the above mailing address or to 617.373.2199 or e-mail transcripts@neu.edu.

Current students can also print an unofficial copy of their records via the myNEU Web Portal.

Procedure for Former Students

Northeastern University requires a written release before a transcript can be mailed out. Requests should be made in one of the following methods:

- * By mail to the Transcript Office (address below)
- * By fax to 617.373.5351
- * By e-mailing the Transcript Request Form as an attachment in PDF format with signature to transcripts@neu.edu

Phone requests will not be accepted. There is a limit of three transcripts per week. When mailing in your request for transcripts, you must include the following information:

- * Name (including maiden or any other names)

- * Current mailing address
- * Telephone number
- * Date of birth
- * NUID
- * College/programs attended; major course of study
- * Year(s) attended
- * Degree(s) received
- * Number of copies you require
- * Complete mailing address(es) where transcript(s) should be mailed
- * Student signature

Written requests should be sent to:

Northeastern University
 ATTN: Transcript Office, 120 HA
 360 Huntington Avenue
 Boston, MA 02115-5000

Transcript requests are generally processed and mailed out within three days of receipt. Students who are blocked financially are unable to get transcripts of any kind until financially cleared. We cannot fax transcripts from the University.

Transcript request forms are available in the Office of the Registrar. However, transcripts can no longer be picked up on demand at the Office of the Registrar.

All questions regarding transcript requests should be directed to the above mailing address or to 617.373.2199 or e-mail transcripts@neu.edu.

Express Delivery for Transcript Requests

If you want your transcripts to be sent out by express service (we use only FedEx), you must enclose the following with your original written request:

- * A check for \$20
- * The complete mailing address of the destination (it cannot be a P.O. Box)
- * Your daytime phone number and the destination phone number

FedEx service is \$20 for delivery within the continental United States. You must call to get pricing for requests for areas beyond the 48 contiguous states. Northeastern University will not incur any cost associated with express service. The choice of express service is the sole financial responsibility of the student making the request. Please note that the \$20 fee applies only to transcripts sent via FedEx express service. Also, please note that this fee does not reduce transcript-processing time, only delivery time.

Transcript Request Form for FORMER Students

120 Hayden Hall • 360 Huntington Avenue, Boston, MA 02115 • Tel: 617.373.2300 • Fax: 617.373.5351 • transcripts@neu.edu • www.northeastern.edu/registrar

Current students: Request official transcripts via the myNEU Web Portal (myneu.neu.edu). See directions at www.northeastern.edu/registrar/trans_request.html.

Former students: Complete and submit this form. It may be hand-delivered or mailed to the registrar's office at the above address, faxed to 617.373.5351, or e-mailed as an attachment in PDF format to transcripts@neu.edu. **Your signature must be on the form.**

Note: There is a limit of three transcripts per week.

Last Name (the last name you used as an NU student) First Name M.I.

NUID Date of Birth Today's Date

Street Address

City State Zip

Day Telephone Number Student's Signature

College(s) Attended (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Undergraduate Day Colleges | <input type="checkbox"/> Graduate Schools |
| <input type="checkbox"/> College of Professional Studies, Undergraduate
(formerly School of Professional & Continuing Studies)
(formerly University College) | <input type="checkbox"/> College of Professional Studies, Graduate
(formerly School of Professional & Continuing Studies)
(formerly University College) |
| <input type="checkbox"/> Part-Time Engineering | |
| <input type="checkbox"/> Lowell Institute School | |
| <input type="checkbox"/> School of Engineering Technology | <input type="checkbox"/> Continuing Education (CEUs) |
| <input type="checkbox"/> Lincoln College | |

Dates of Attendance _____

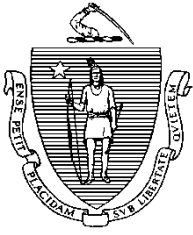
Degree(s) Earned _____

Reason for Request _____

Address(es) to send official transcript(s) if different from above.

--	--	--

8/1/2011



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JOHN W. POLANOWICZ
SECRETARY

LAUREN A. SMITH, MD, MPH
INTERIM COMMISSIONER

**Requirements for Students Graduating from
Approved Higher Education Programs
To apply for PROVISIONAL CERTIFICATION WITH ADVANCED STANDING
as an Early Intervention Specialist**

Please submit to the Certification Office all of the following upon graduation:

1. A completed application for Provisional Certification with Advanced Standing;
2. An official transcript documenting completion of the Approved Higher Education Program, including Master's or Doctoral degree, if applicable;
3. A letter documenting successful completion of an Approved Higher Education Program from this program's director/coordinator. This letter should include the names of practica/internship sites in Department of Public Health-certified Early Intervention Programs, and number of hours the student completed in each site, which must total a minimum of 300 hours in all.

If you have questions, please contact the Certification Coordinator at 617 -624-5419 or Susan.Breen@state.ma.us.



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
 GOVERNOR

TIMOTHY P. MURRAY
 LIEUTENANT GOVERNOR

JOHN W. POLANOWICZ
 SECRETARY

LAUREN A. SMITH, MD, MPH
 INTERIM COMMISSIONER

**Application for Provisional Certification with Advanced Standing as an
 Early Intervention Specialist**

Name (as it will appear on certificate): _____ Date: _____
 Home Address: _____ Phone: _____
 _____ Zip _____ Email: _____

Approved Early Intervention Higher Education Program Attended: _____

Degree Obtained: _____ Dates Attended: _____ Date of Graduation: _____

Previous University/College Education:

<u>Academic Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Years Attended</u>
_____	_____	_____	_____
_____	_____	_____	_____

Practica/Internship Experiences:

Department of Public Health-Certified Early Intervention Program name and location	Dates and Total # of Hours Worked
_____	_____
_____	_____
_____	_____

Name of Current Early Intervention Program (if employed in EI) _____

Please send completed application to:

Susan Breen
 Certification Coordinator
 MA Department of Public Health
 250 Washington Street, 5th floor
 Boston, MA 02108

Appendix

NORTHEASTERN UNIVERSITY Certificate Program in Early Intervention

Participating Early Intervention Programs

EARLY INTERVENTION CERTIFICATE PROGRAM
Participating Early Intervention Programs

EI PROGRAMS	POPULATION SERVED
<p><i>Bay Cove Early Intervention Program</i> •Candace Chang, Program Director cchang@baycove.org 105 Victory Street Dorchester, MA 02122 (617) 371-3010 Fax (617) 371-3044</p>	<p>Main Cities and Towns served: Boston (Jamaica Plain, Roxbury, Brighton) and Brookline (not including East Boston and Charlestown.)</p>
<p><i>Boston Early Intervention for Families and Children</i> •Sharon Goldstein, Program Director sgoldstein@thhome.org 77 Warren Street, Bldg. 4 Brighton, MA 02135 (617) 254-1140 Fax (617) 789-5496</p>	<p>Serves ethnically and socio-economically diverse families, including a high percentage of children with medically complex physical disabilities.</p> <p>Main Cities and Towns served: All Boston neighborhoods and Brookline</p>
<p><i>Brockton Early Childhood</i> •Maureen Crossey, Program Director 801 Pleasant St Brockton, MA 02301 mcrossey@bami.org (508) 586-9855 Fax (508) 583-5847</p>	<p>Main Cities and Towns served: Abington, Avon, Bridgewater, Brockton, East Bridgewater, Easton, Holbrook, Rockland, Stoughton, West Bridgewater, and Whitman.</p>
<p><i>Cambridge-Somerville Early Intervention Program</i> •Lee King, Program Director leeking@riversidecc.org 61 Medford St Somerville, MA 02143 (617) 629-3919 Fax (617) 629-4644</p>	<p>Serves children with all risk categories: 25% with developmental delay, 50% with speech delay, and 25% environmentally at risk. Most families are from Latino cultures.</p> <p>Main Cities and Towns served: Cambridge and Somerville</p>
<p><i>Cape Ann Early Intervention Program</i> •Martha Levine, Program Director mlevine@narc.org 111 Dodge Street Beverly, MA 01915 (978) 921-1182 Fax (978) 282-2982</p>	<p>Main Cities and Towns served: Beverly, Essex, Gloucester, Hamilton, Ipswich, Magnolia, Manchester, Rockport, Topsfield and Wenham</p>

EARLY INTERVENTION CERTIFICATE PROGRAM
Participating Early Intervention Programs

EI PROGRAMS	POPULATION SERVED
<p><i>Cape Cod & Islands Early Childhood Intervention Program</i> •Barbara Prindle-Eaton, Program Director bpeaton@cccdp.org 83 Pearl Street Hyannis, MA 02601 (508) 775-6240 Fax (508) 790-4774</p>	<p>Serves families with young children between the ages of birth and three years old who have developmental delays or disabilities, or those who are at risk for developmental delays, on Cape Cod and the Islands of Nantucket and Martha's Vineyard.</p>
<p><i>Children's Community Early Intervention Program</i> •Melanie Griffin, Program Director melanie.griffin@tch.harvard.edu 75 Bickford Street Jamaica Plain, MA 02130 (617) 971-2470 Fax (617) 971-2490</p>	<p>Serves many children at environmental risk and with speech delays. Approximately 1/2 the families are Spanish speaking. Other families are Haitian and Ethiopian. Main Cities and Towns served: Boston (Mission Hill, Roxbury, Mattapan, and Jamaica Plain) and Brookline (not including East Boston and Charlestown).</p>
<p><i>Community Healthlink Lipton Early Intervention</i> •Linda Edwards, Program Director ledwards@communityhealthlink.org 100 Erdman Way Leominster, MA 01453 (978) 840-9354 x231 Fax (978) 840-9389</p>	<p>Serves children with a variety of developmental delays and those with an environmental risk. Many bilingual families, primarily of Hispanic origin. Specialty Service Provision on site: (LEAP) Lipton Early Assistant Program serving children on the autism spectrum. Main Cities and Towns served: Ashby, Ayer, Berlin, Bolton, Clinton, Devens, Fitchburg, Groton, Harvard, Lancaster, Leominster, Lunenburg, Pepperell, Shirley, Sterling and Townsend</p>
<p><i>Criterion-Boston Early Intervention Center</i> •Johnna Huling, Program Director jhuling@criterionchild.com 25 Willow St. West Roxbury, MA 02132 (617) 469-3080 Fax (617) 469-3085</p>	<p>Main Cities and Towns served: Boston, City of (includes Allston, Brighton, Brookline, Dorchester, Hyde Park, Jamaica Plain, Mattapan, Roslindale, Roxbury, West Roxbury).</p>

EARLY INTERVENTION CERTIFICATE PROGRAM
Participating Early Intervention Programs

EI PROGRAMS	POPULATION SERVED
<p><i>Criterion Early Intervention Medford</i> •Denise Spencer, Program Director dspencer@criterionchild.com 214 Commercial Street Malden, MA 02648 (781) 935-5751 Fax (781) 321-0679</p>	<p>Main Towns and Cities served: Medford, Everett, Malden.</p>
<p><i>Criterion Early Intervention Center – Middlesex</i> •Kelly Short, Program Director kshort@criterionchild.com 651 Franklin Street Framingham, MA 01701 (508) 620-1442 Fax (508) 875-0806</p>	<p>Towns served: Ashland, Dover, Framingham, Holliston, Hopkinton, Natick, Sherborn, Sudbury, Wayland</p>
<p><i>Criterion Early Intervention Center – Stoneham</i> •Mary Bishop, Program Director mbishop@criterionchild.com 8F Henshaw St. Woburn, MA 01801 (781) 935-3855 Fax (781) 935-5250</p>	<p>Main Cities and Towns served: Melrose, North Reading, Reading, Stoneham and Wakefield.</p>
<p><i>Criterion Valley Early Intervention Program</i> •Cindy Klein, Program Director cklien@criterionchild.com 375 Fortune Blvd. Milford, MA 01757 508-478-7752 Fax (508) 478-9174</p>	<p>Main Cities and Town served: Bellingham, Blackstone, Douglas, Franklin, Grafton, Hopedale, Medway, Mendon, Milford, Millbury, Millville, Northbridge, Sutton, Upton, and Uxbridge.</p>
<p><i>Dimock Early Intervention Program</i> •Jessica Nuhibian, Program Director jnuhibia@dimock.org 1800 Columbus Avenue Roxbury, MA 02119 (617) 442-8800; (617) 783-3141 Fax (617) 442-6762</p>	<p>Serves a mixture of children in all risk categories. Approximately 1/3 of the families are Spanish speaking. Other families are from China, Japan, Vietnam, and Russia. Main Cities and Towns served: Boston (Jamaica Plain, Roxbury, Brighton) and Brookline (not including East Boston and Charlestown.)</p>
<p><i>First Early Intervention Program of ARC</i> •Rhonda Meisel, Program Director rmeisel@arcsouthshore.org 574 Main Street Weymouth, MA 02190 (781) 331-2533 Fax (781) 340-1337</p>	<p>Communities served: Braintree, Cohasset, Hingham, Hull, Norwell, Scituate, and Weymouth</p>

EARLY INTERVENTION CERTIFICATE PROGRAM
Participating Early Intervention Programs

EI PROGRAMS	POPULATION SERVED
<p><i>Eliot Tri-City Early Intervention Program</i> •Laurie Tobey Freedman, Program Director ltobey@eliotchs.org 186 Bedford Street Lexington, MA 02420 (781) 306-4822 Fax (781) 861-0899</p>	<p>Cities and Towns served: Everett, Malden, and Medford</p>
<p><i>Enable Early Intervention Program</i> •Janine Davey, Program Director jdavey@enableinc.org 275 Prospect Street Norwood, MA 02062 (781) 255-1817 Fax (781) 762-8542</p>	<p>Serves many bilingual families and children in suburban/rural communities; many children have speech delays. Main Cities and Towns served: Canton, Dedham, Medfield, Millis, Foxboro, Norfolk, Norwood, Plainville, Sharon, Walpole, Westwood</p>
<p><i>Harbor Area Early Intervention Program</i> •Rachael Cracknell, Program Director rcracknell@northsuffolk.org 130 Condor Street East Boston, MA 02128 (617) 569-6560 Fax: (617) 569-1856</p>	<p>Main Cities and Towns Served: East Boston, Chelsea, Beacon Hill, Charlestown, Revere, and Winthrop</p>
<p><i>Hasbro Children's Hospital</i> •Mary Fournier, Program Director 765 Allens Ave, Suite 110 Providence, RI 02905 (401) 444-3201 Fax (401) 444-8507</p>	<p>Communities served: Barrington, Bristol, Central Falls, Cranston, Cumberland, E. Greenwich, E. Providence, Johnston, Lincoln, N. Kingston, N. Providence, Pawtucket, Providence, Smithfield, Warren, Warwick, and W. Warwick.</p>
<p><i>Hospital for Special Surgery</i> •Karen Juliani (Head of PT Dept.) 535 E 70th Street New York City, NY 212-774-2481</p>	<p>Serves children in need of orthopedic care</p>
<p><i>Kennedy Donovan Center EIP- Plymouth</i> •Arlene Tannenbaum, Program Coordinator Arlene_tannenbaum@kdc.org 64 Industrial Park Road Plymouth, MA 02360 (508) 747-2012 Fax (508) 747-4898</p>	<p>South Shore towns (10) from Duxbury to Cape Cod Canal.</p>

EARLY INTERVENTION CERTIFICATE PROGRAM
Participating Early Intervention Programs

EI PROGRAMS	POPULATION SERVED
<p><i>N. Shore Infant Toddler Development</i> •Mary Buxton, Program Director mbuxton@cpemass.org 103 Johnson Street Lynn, MA 01902 (781) 593-2727 Fax (781) 593-2542</p>	<p>Main Cities and Towns served: Danvers, Lynn, Lynnfield, Marblehead, Middleton, Nahant, Peabody, Salem, Saugus and Swampscott</p>
<p><i>People Incorporated: Children’s Services Early Intervention Program</i> •Melissa Reilly, Program director mreilly@peopleinc-fr.org 636 Rock St. Fall River, MA 02720 (508) 675-5778 Fax (508) 675-9889</p>	<p>Main Cities and Towns served: Fall River, Freetown, Somerset, Swansea and Westport.</p>
<p><i>Professional Center for Child Development</i> •Sandy Levine, Program Director sandylevine@rcn.com 32 Osgood Street Andover, MA 01810 (978) 475-3806 Fax (978) 475-6288</p>	<p>Main Cities and Towns served: Andover, Lawrence, Methuen, and North Andover</p>
<p><i>Riverside EIP - Dedham</i> •Shannon Harkins, Program Coordinator sharkins@riversidecc.org 450 Washington Street, Suite 102 Dedham, MA 02026 (781) 329-0909 Fax (781) 329-1871</p>	<p>Main Cities and Towns served: Canton, Dedham, Medfield, Millis, Sherborn, Norfolk, Norwood, Plainville, Sharon, Walpole, Westwood and Wrentham</p>
<p><i>Riverside EIP – Needham</i> •Joanne Sweeney jsweeney@riversidecc.org 255 Highland Avenue, 2nd Floor Needham, MA 02494-3023 (781) 449-1884 Fax (781) 449-7972</p>	<p>Main Cities and Towns served: Needham, Newton, Wellesley and Weston.</p>
<p><i>The Schwartz Center for Children</i> •Sharon Costa-Smith, Program Director sharoncostasmith@schwartzcenter.org One Posa Place Dartmouth, MA 02747 (508) 996-3391 Fax (508) 996-3397</p>	<p>Main Cities and Towns served: Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, New Bedford, Rochester and Wareham</p>

EARLY INTERVENTION CERTIFICATE PROGRAM
Participating Early Intervention Programs

EI PROGRAMS	POPULATION SERVED
<p><i>South Bay Mental Health Center</i> •Lisa Hausmann lhausmann@southbaymentalhealth.com 1115 West Chestnut St. Brockton, MA 02301 Brockton: (508) 791-4976 Fall River: (508) 672-3619 Lowell: (978) 452-1736</p>	<p>Services are available in homes, community settings, and South Bay Early Intervention sites located in Brockton, Fall River and Lowell.</p>
<p><i>Step 1 Early Intervention Program</i> •Cindy Warren, Program Director cwarren@ssmh.org 500 Victory Road Quincy, MA 02171 (617) 774-1040 Fax (617) 847 0915</p>	<p>The majority of children served have moderate special needs. Many families are African American. Main Cities and Towns served: Milton, Quincy, and Randolph</p>
<p><i>Taunton Area Early Intervention</i> •Zulmira Allcock, Program Director zallcock@ahsinc.org 68 Allison Ave Taunton, MA 002780 (508) 880-0202 Fax (508) 880-2425</p>	<p>Main Cities and Towns served: Taunton, Berkley, Dighton, Rehoboth, Seekonk, Raynham, Lakeville, Middleboro</p>
<p><i>Thom Anne Sullivan EIP</i> •Alden Wood, Program Director awood@thomchild.org 126 Phoenix Ave, Bldg. 2 Lowell, MA 01852 (978) 453-8331 Fax (978) 453-9254</p>	<p>Serves children from all risk categories, and especially those with environmental risks. Main cities and Towns served: Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsboro, Westford</p>
<p><i>Thom Boston Metro Early Intervention Program</i> •Kathie Rose, Program Director krose@thomchild.org 555 Amory Street Jamaica Plain, MA 02130 (617) 383-6522 Fax (617) 383-6520</p>	<p>Serves a mixture of children in all risk categories. Most of the families are English speaking and many families speak Haitian-Creole Main Cities and Towns served: West Roxbury, Roslindale, and Hyde Park</p>
<p><i>Thom Charles River Early Intervention Program</i> •Lorraine Sanik, Program Director lsanik@thomchild.org 411 Waverly Oaks Road, Building #3, Suite 305 Waltham, MA 02452 (781) 894-6564 Fax (781) 893-5938</p>	<p>Main Cities and Towns served: Belmont, Waltham and Watertown</p>

EARLY INTERVENTION CERTIFICATE PROGRAM
Participating Early Intervention Programs

EI PROGRAMS	POPULATION SERVED
<p><i>Thom Mystic Valley (Woburn) Early Intervention Program</i></p> <ul style="list-style-type: none"> • Anne Marsh, Program Director amarsh@thomchild.org 10 J. Gill Street Woburn, MA 01801 (781) 932-2888 Fax (781) 932-9809 	<p>Communities Served: Arlington, Burlington, Lexington, Wilmington, Winchester, and Woburn</p>
<p><i>Thom Pentucket Area Early Intervention Program</i></p> <ul style="list-style-type: none"> • Linda Schaeffer, Program Director lschaeffer@thomchild.com 320 Main Street P.O. Box 956 West Newbury, MA 01985 (978) 363-5553 Fax (978) 363-2435 	<p>Main Cities and Towns served: Amesbury, Boxford, Georgetown, Haverhill, Merrimac, Newbury, Newburyport, Rowly, Salisbury and West Newbury</p>
<p><i>Thom Springfield Infant Toddler Services</i></p> <ul style="list-style-type: none"> • Marie Peirent, Program Director mpeirent@thomchild.org 1506A Allen Street Springfield, MA 01118 (413) 783-5500 Fax (413) 782-7612 	<p>Main cities and Towns served: Springfield, East Longmeadow, Longmeadow, Wilbraham, and Hampden</p>

EARLY INTERVENTION CERTIFICATE PROGRAM
Participating Specialty Service Providers
Intensive Early Intervention

EI PROGRAMS	POPULATION SERVED
<p><i>Beacon Services</i> Ann Filer, Vice President, Educational Services abaservices@beaconservices.org 321 Fortune Boulevard Milford, MA 01757 (508) 478-0207 http://www.beaconservices.org</p>	<p>Program supplements the child’s Early Intervention Program by providing treatment teams specializing in serving young children with Autism/PDD. This home-based service (5-30 hours per week) supports children and their families.</p>
<p><i>Building Blocks-North Shore ARC</i> Karen Levine, Program Director 64 Holton Street Danvers, MA 01923-1973 (978) 624-2327 http://www.ne-arc.org/familyservices/buildingblocks.htm</p>	<p>Program supplements the child’s Early Intervention Program by providing treatment teams specializing in serving young children with Autism/PDD. This home-based service (5-30 hours per week) supports children and their families.</p>
<p><i>Educational Consultants of New England</i> Meagan Malboeuf, Director of Intensive Early Intervention 460 Totten Pond Road Suite 400 Waltham, MA 02541 (781) 895-3200 http://www.advancingmilestones.com/</p>	<p>Program supplements the child’s Early Intervention Program by providing treatment teams specializing in serving young children with Autism/PDD. This home-based service (5-30 hours per week) supports children and their families.</p>
<p><i>LEAP (Lipton Early Assistance Program)</i> Linda Edwards, Program Director Susan Kraemer, Program Manager 100 Erdman Way Leominster, MA 01453 (978) 840-9354 x221</p>	<p>Home Based Services for young children with Autism/PDD providing ABA services 5-25 hours per week.</p> <p>Main Cities and Towns served: Ashby, Ayer, Berlin, Bolton, Clinton, Devens, Fitchburg, Groton, Harvard, Lancaster, Leominster, Lunenburg, Pepperell, Shirley, Sterling and Townsend</p>
<p><i>The May Institute</i> Nancy Lunden, Program Director nlunden@mayinstitute.org 1111 Elm St. Suite 2 West Springfield, MA 01089 (800) 778-7601 http://www.mayinstitute.org/</p>	<p>School for children and adolescents with autism, brain injury, developmental and/or behavioral disorders. Variety of services and therapies provided.</p> <p>Schools located in Chatham, Randolph, West Springfield, and Woburn.</p>