Orientation to Part C Early Intervention

* IDEA, including Parts B and C
* VA’s Early Intervention System: **Infant & Toddler Connection of VA**
* Statewide Infrastructure
* Practice Manual
* What Early Intervention Looks Like
* Who we support
* Supports & services in everyday routines, activities, & places
* Service coordination
* Funding for Early Intervention
* Service Pathway including Family Rights & Safeguards
* Part C Timelines
* Documentation
* Medicaid Early Intervention Services
* Monitoring & Quality Management Review (including OSEP Child & Family Outcome Indicators)
* Infant & Toddler Online Tracking System (ITOTS), if applicable
* I&TC of VA website ([www.infantva.org](http://www.infantva.org))
* VA EI Professional Development Center ([www.eipd.vcu.edu](http://www.eipd.vcu.edu))
* State Office Staff
* Local System’s Technical Assistance Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Local System’s Monitoring Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Local I&TC system
* Local System Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Lead agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contracting agency(ies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Catchment area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VA Early Intervention Certification Requirements

Complete the following online modules and pass with a score of at least 80% *(check which trainings are required)*:

|  |  |  |
| --- | --- | --- |
| **Required** | **Online Module** | **Date Completed** |
|  | **Child Development** |  |
|  | **Family Centered Practices** |  |
|  | **Service Pathway** |  |
|  | **Practitioner Requirements** |  |
|  | **Service Coordination & Targeted Case Management** |  |
|  | **Supervision** |  |

Submit an application for EI Certification *(check which certifications are required)*:

|  |  |  |  |
| --- | --- | --- | --- |
| **Required** | **Certification Type** | **Date Application Submitted** | **Certification Date** |
|  | **EI Case Manager** |  |  |
|  | **EI Professional** |  |  |
|  | **EI Specialist** |  |  |

Review professional development requirements for re-certification:

* Professional Development Plan

Training Requirements

Complete the following additional trainings*(check which trainings are required)*:

|  |  |  |
| --- | --- | --- |
| **Required** | **Activity** | **Date Completed** |
|  | **IFSP 101 Module *(online module)*** |  |
|  | **Kaleidoscope: New Perspectives in Service Coordination – Level I *(workshop)*** |  |
|  | **Kaleidoscope: New Perspectives in Service Coordination – Level II *(workshop)*** |  |
|  | **Autism Spectrum Disorders: What Every Early Interventionist Needs to Know *(online module)*** |  |
|  | **An Early Interventionist’s Guide to Prematurity *(online module)*** |  |
|  | **Rules of the Road: A Foundation for Understanding Early Hearing Detection & Intervention *(online module)*** |  |
|  | **Social Emotional Development of Young Children *(online module)*** |  |
|  | **The 1-3-6 Process: A Roadmap for Newborn Hearing Screening & Follow-up*****(online module)*** |  |

Local Program Orientation

* Information about Lead Agency
* Tour of Facility
* Staff
* Overview of Local Policies & Procedures
* Office Phone Numbers
* Main phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Direct office phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Office number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mailroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ID Badge
* Pay Schedule
* Daily time record (timesheet or time clock)
* Technology (office phone, computer, internet rules)
* Transportation (mileage reimbursement, use of company car)
* Office supplies

Supervision & Mentoring

* Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Ongoing supervision date/time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Documentation Requirements

* Chart management
* Filing requirements
* Local monitoring and review process

Local Training Requirements

Complete the following local trainings *(check which trainings are required)*:

|  |  |  |
| --- | --- | --- |
| **Required** | **Activity** | **Date Completed** |
|  | **CPR & First Aid** |  |
|  |  |  |
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Revised January 2013