EIS IPDP Supervisor Guidelines

The Early Intervention Specialist (EIS), Individualized Professional Development Plan (IPDP) is the final part of the credentialing process for EISs. An EIS must first complete the Making It Work (MIW) training module and the staff self-assessment prior to starting the EIS IPDP credentialing part. The revised system is a streamlined process that decreases the time it takes an EIS to become credentialed. It includes individualized learning activities, observations and demonstrations directly related to the job responsibilities of an EIS.

Supervision
As the EIS supervisor, you are required to provide one hour of supervision per week while the EIS is going through the credentialing process. There is opportunity for you to interact with the EIS throughout the EIS IPDP process. On several occasions, the EIS is directed to discuss an answer or opinion with his/her supervisor. This document is intended to assist you with supervising the EIS by providing you examples of correct answers and detailed explanations of activities. Supervision needs to be documented. After the EIS receives his/her certificate, EIS supervision is based on what is written in the program contract. EIS supervision should include:

- documented consultation to include evaluation and development of staff knowledge, skills, and abilities, and case-specific problem solving.
- record review with staff to include a review of documentation in child records to evaluate compliance with the requirements outlined in the Texas Administrative Code (TAC), and quality, accuracy, and timeliness of documentation.
- observation of the staff providing services (watching staff interactions with children and families) and providing guidance and feedback based on your observation.
  - The supervisor attends a visit with staff, and after, meets with staff to discuss the visit, or
  - The staff member records/videos a visit with the family’s written consent and reviews the recording/video with his/her supervisor for guidance and feedback.
- staff training on specific topics with staff participation, guidance and feedback from supervisor.

Staff Self-Assessment
The staff self-assessment should be completed prior to beginning the EIS IPDP. Based on the staff self-assessment completed prior to starting the EIS credentialing process, EISs will identify areas of growth and areas which they are sufficient. If an EIS has previously worked for an ECI program, their IPDP may be streamlined based on their staff self-assessment. If the returning EIS scores a 1, 2 or 3 on the staff self-assessment, the rating will be carried over onto the IPDP for completion. Waiving of completing objectives can occur if the returning EIS scores a 4 or 5, which demonstrates they have knowledge and skills in this area. The supervisor and returning EIS may also decide that it would be in their best interest to complete these objectives to continue learning and acquiring skills, in order to be successful in the field delivering services to the families. There are two sections that are required. These are:

- Mission, Philosophy and Key Principles
  - Objective - Develop understanding of state and federal requirements pertaining to EISs
  - Objective - Learn about the EIS Code of Ethics and the EIS Statement of Excellence
- Service Delivery
  - Objective - Know TAC requirements for Specialized Skills Training (SST)
  - Objective - Understand the difference between SST and other services

If a newly hired EIS has never worked for an ECI program before, none of the IPDP activities may be waived. New EISs must complete the IPDP in its entirety.

The supervisor guidelines for the Staff Self-Assessment, including activities required based on the EIS’s answers can be
found in the Orientation: Making It Work Supervisor Guidelines.

**Getting Started in the EIS IPDP**
- The EIS may print out a course packet with the worksheets and handouts from various slides, and store them in a binder or folder. Once the EIS comes to the slide that references the document, the EIS can then complete the document. After completion, he/she will need to share the results with his/her supervisor.

EISs use the “IPDP Progress Tracker for Early Intervention Specialists” as a way to:
- keep track of their progress in the process,
- view the learning objectives for EISs and see how they relate to MIW, and
- have accountability by having their supervisor sign and date the document.

The module works best if the EIS uses the “Next,” “Previous,” “Submit,” and “Continue” buttons built into the module, and avoids using the menu drop down located on the far left of the module.

**Navigating the EIS IPDP Supervisor Guidelines**
This document provides you with helpful information to support, and EIS in obtaining their credential. Programs need to maintain documentation of the completed EIS IPDP. When a program is randomly selected for an EIS Registry verification for the Final IPDP, the “IPDP Progress Tracker for Early Intervention Specialists” needs to be submitted to the state office, as indicated in the verification request e-mail.

Once the EIS has completed all credentialing activities that were identified on the Staff Self-Assessment or in supervision, the program director, EIS supervisor(s), and EIS sign and date the last page of the “IPDP Progress Tracker for Early Intervention Specialists.” Programs enter this date into the EIS Registry as the completion date for the Final IPDP. The state office reviews the data entered and enters an approval date, along with e-mailing the program director a letter of completion and mailing a certificate to your program.

The letter of completion indicates the EIS’s due dates for continuing professional education (CPE) and ethics:
- 20 hours of CPEs, and
- Three hours of ethics every two years.

A notification email will be sent to the EIS, EIS supervisor and program director both at 90 and 30 days prior to the annual due date. This reminds the EIS to complete any needed CPE or ethics training and have all of the data entered into the EIS Registry for processing.

If an EIS fails to complete the CPE and/or ethics hours, they will go on Past Due status in which they are not allowed to provide early childhood intervention services to children and families or perform any activities requiring the EIS active status. Once continuing education hours are achieved and entered into the EIS Registry, processed and approved by the state office they may perform these duties again.
Check your understanding 1.2: “Is this ethical?”

The EIS is asked “how would you respond if you observed a colleague violate the code of ethics?” Supervisors review the EIS’s answer with him/her. You may want to make the EIS aware of any policies or procedures your program has relating to ethical violations. Your program may have a specific reporting procedure if an issue arises.

Worksheet: Personalized Statement of Excellence

EISs respond to the phrases in the worksheet to reflect how they internalize the EIS Statement of Excellence. It is an opportunity for EISs to reflect on their own service delivery. Examples of answers are provided; however, there is no right or wrong answer to each section.

Personalized Statement of Excellence

It’s your turn to personalize the statement of excellence! As an EIS, how do you meet the description in this statement through the services you provide? Write your answers to each section in the space provided below. Then share your answers with your supervisor.

“We believe in responsive and interactive relationships with families, teams and communities. We empower families to support their child’s development to reach his or her fullest potential. We value differences, view them as strengths and appreciate others for their own unique qualities.”

We believe in responsive and interactive relationships with families, teams and communities. I demonstrate responsive and interactive relationships by...

Examples: being an active listener, demonstrating respect for the family, following up on information from appointment to appointment.

We empower families to support their child’s development to reach his or her fullest potential. I empower families by...

Examples: reminding families of their strengths, coaching families, providing them with knowledge about their rights/child’s disability or delay/resources.

We value differences, view them as strengths and appreciate others for their own unique qualities. I show I value differences by...

Examples: being respectful about others’ thoughts, beliefs and cultures, incorporating differences into families’ routines, discussing only professional matters and not personal matters with families.
Worksheet: Cultural Scenarios

In this worksheet, EISs are provided with cultural scenarios they could encounter. It is important to be knowledgeable about different cultures and appropriately respond when cultural differences arise. Examples of answers are provided below.

Cultural Scenarios

Take a look at the following scenarios. How would you respond to the family in each situation? Write your answers in the spaces provided below. Then share your answers with your supervisor.

1. During an SST visit, you model to Tom’s parents ways to incorporate pretend play into his daily routine. The family does not have a lot of items in the house, but you find his sister’s babydoll. You show Tom’s parents how Tom can pretend to pat the doll to sleep. His parents immediately become upset and say, “Boys do not play with dolls! Those are for girls!” How do you address their concern? What recommendations would you give to Tom’s parents in place of using a doll for pretend play?

Apologize to the family; recommend other activities to practice pretend play like using a remote control as a telephone; building towers with blocks and letting a monster knock it down; feeding mom or dad from an empty bowl with a spoon.

2. Wayne is over the age of two and only finger feeds himself. In some cultures, children are not encouraged to use utensils until they are over three. In other cultures, families eat entirely with their hands and never teach their children to use utensils. How would you help Wayne’s family develop his fine motor and visual perception, which are concerns for the family, without requiring the family to use utensils?

Drawing with crayons/markers/pens/pencils; placing small objects into and out of a container; lacing beads on a string; teaching him to brush his teeth.

3. If the parent is deaf or hard of hearing, what are some important factors to remember to assist you in building rapport with the family?

Talk to the family and not the interpreter; avoid side conversations with others; be aware of seating arrangements; be mindful of conversational flow and turn taking with the parent when talking; learning some basic sign language and fingerspelling may aid in building rapport and demonstrate your interest in the parent’s language.

Share your answers with your supervisor.
Blog on Cultural Differences

The EIS reads an article from a blog discussing if cultural differences are truly developmental delays. At the end of the article there are four questions. Use your professional judgment to determine if the EIS answered appropriately. Examples are provided below.

1. If you were Miguel’s service provider, how would you support his family?
   Discuss with the family their concerns/needs/priorities in relation to his development; incorporate ideas that build on the family’s strengths; learn more about what the family values.

2. Would you address your observations?
   Yes

3. How would you provide intervention suggestions that were sensitive to his family’s cultural beliefs?
   Using information about what is working for the family; be mindful and respectful of their cultural beliefs.

4. Does it matter that his delays might be related to his caregiving and culture? Why or why not?
   No, the most important thing is to address the family’s concerns and priorities. It would be appropriate to have discussion around delays in other developmental areas, but the family makes the final decision in service provision.

Research Medical Diagnoses

The EIS completes the worksheet on “Medical Diagnosis Activity” by researching three medical diagnoses on the HHS ECI Medical Diagnoses web page. There are links to five different websites to assist in the research. Answers should include typical characteristics associated with the medical diagnosis and how the diagnosis impacts functional development. Answers will vary based on the diagnoses selected.

Check Your Understanding 2.2: Environmental Risk Factors

The first question is a multiple choice question with the ability to select more than one answer. Feedback is built into the module.

The second question is a journal entry about what the EIS would do if a mom on his/her caseload is pregnant and observed interacting with one of the environment risk factors (changing cat litter, hot tubs, lead exposure from old pipes, mercury from broken bulbs, and pesticides and certain chemicals). Review answers with the EIS to ensure responses are sensitive to cultural views. Examples could include helping the mother understand why it is a concern, or providing recommendations on how to avoid these environmental risk factors.
Check Your Understanding 2.3: Low Birth Weight

The first question is a true/false question with feedback built into the module.

The second is a journal entry about what guidance the EIS could provide to a family to help a child born with low birth weight stay on track with his/her health and development. Review answers with the EIS to determine if the answers are applicable. Examples could include consulting with a dietitian, discussing with the family the importance of attending well child checks, and providing information about meeting developmental milestones.

Check Your Understanding 2.4: Birth Defects

The first question is a true/false question with feedback built into the module.

The second is a journal entry about the systems in place within the EIS’s program to provide services to children with birth defects and their families as early as possible. This might be a conversation the EIS has with you or the public outreach coordinator in your program. Review answers with the EIS. Examples could include coordinating with pediatricians or hospital NICUs, staff involved in support groups who are able to network with families and other providers, or fund raising/awareness events providing the opportunity to network.

Check Your Understanding 2.5: Prematurity

The first question is a true/false question with feedback built into the module.

The second is a journal entry about how prematurity might affect a child’s development. Review answers with the EIS. Answers could include higher risk for health problems, delays in physical development, learning, communication, getting along with others, taking care of self, hearing loss, vision problems, dental problems, and behavior problems.

BDI & Eligibility Mythbusters Edition & DAYC-2 Webinar

The EIS watches a webinar related to the BDI and Eligibility, then reflects on if he/she has any questions or concerns with the BDI. The EIS will also watch a webinar related to the DAYC-2 and Eligibility, and reflect on if he/she has any questions or concerns with the DAYC-2.

In discussing the EIS’s journal entry, take the opportunity to learn if he/she needs additional support or assistance in the eligibility process. Some resources available to assist in a more in-depth understanding are to have the EIS observe additional evaluation visits, review the BDI-Examiner’s Manual, or access the BDI Difficult Items modules located on the extranet (Eligibility).
Accommodations when Using BDI

The EIS reads an article about using accommodations during evaluation. The EIS will also read a handout going over difficult items on the DAYC-2. For both articles, the EIS journals on the importance of building rapport with a young child before administering an evaluation.

Answers should include three strategies to implement in evaluations to help build rapport. Examples could include being knowledgeable about the child’s disability, create a comfortable environment for a child who might be anxious, or be aware of the child’s cues.

Evaluation and Needs Assessment for Very Young Infants

The EIS watches a webinar about evaluations for very young infants, then journals on two ways to ensure infants receive a fair assessment. Answers could include the importance of having appropriate teams at the evaluation and assessment, understanding the purpose of specific test items, or moving to QDD when the BDI does not accurately capture the infant’s abilities.

Evaluation and Assessment of Children in Bilingual Environments (Part 2)

The EIS watches a webinar on evaluation and assessment of children in a bilingual environment, then journals on determining whether children are making errors in communication as a result of learning two languages or a developmental delay/error. Answers could include applying clinical judgment, knowing about the family’s culture to learn differences in pronunciation of letters, or increasing the EIS’s knowledge of age appropriate errors (mispronouncing R’s).

The Individual Family Service Plan

The EIS reads an article, then journals on two questions:
1. What are some steps you are already taking that lead to effective IFSPs?
2. What are two additional steps you will implement to lead to effective IFSPs?

Answers will vary. Review answers with the EIS and provide input as needed to assist in implementing the two additional steps.
The EIS is provided with a poor example of the routines section of the IFSP along with outcomes created for the same child. Review answers with the EIS. Be sure to include the answers provided below in your supervision if the EIS did not discuss these points.

### Poor Documentation

Review this example of a poorly documented comprehensive needs assessment and outcomes. Identify what is missing in the needs assessment, and determine what is needed to make the outcomes functional and measurable. Write your answer in your journal and share with your supervisor.

<table>
<thead>
<tr>
<th>Positive</th>
<th>Social</th>
<th>Acquiring and Using Knowledge</th>
<th>Taking Appropriate Actions</th>
<th>Strength</th>
<th>Need/Concern</th>
<th>Priority</th>
<th>Code</th>
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#### How your day starts

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<td></td>
<td>How does your child let you know he/she is awake?</td>
<td>(cognitive, communication and social-emotional)</td>
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<td>Zed does not let caregiver know when he is awake. He lays in the bed until caregiver goes to get him. No need is identified in what is written here. There is no real description of the routine: strength or need.</td>
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|   |   |   |   | What does bath time look like for you and your child? Is bath time a fun or stressful time of day? |   |   |
|   |   |   |   | Zed enjoys bath time. He helps undress himself, then splashes and swims around in the water. He doesn’t like to have water in his face; he screams. Again, need is checked, but there is no need identified. A need would be present if it said “He does not use words to communicate and will scream when he gets water in his face. Mom would like help getting him to use words instead of screaming. It is difficult for him to calm down once he is upset.” |   |

|   |   |   |   | How does your child play? What does he/she like to play with? Are there times that are easier or more frustrating than others? (cognitive, communication, motor and social-emotional) |   |   |
|   |   |   |   | Zed will say “hello” into a play phone, put a ball into a basket, and look at books. Transitioning from one toy to another is frustrating. There is no need identified here. You should be able to see what a child needs from a functional standpoint. An example would be “transitioning from one toy to another is frustrating for Zed because he is not able to use words to communicate what toy he wants.” |   |
### Child and Family Outcomes

<table>
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<tr>
<th>Outcome #:</th>
<th>Date Added: 9/01/2014</th>
<th>Target Date: 3/1/2014</th>
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<tr>
<th>Measurable Outcome and Criteria</th>
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<tr>
<td>What do we want to happen within which routines or activities, and how we will measure success?</td>
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</table>

Outcome #1: We want Zed to understand and respond to “Wh- Q’s” (who/what/where) during routines, like getting dressed, meals, and play at least 5 times per day.

Outcome #2: To attend during learning activities and follow 2 step directions.

These are not functional, measurable outcomes because they are not specific. Outcomes should be specific to a routine or a few routines, not all routines. The context or setting is missing.

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**Apply Outcome Guidelines & Write in Journal**

The EIS reviews an outcome he/she previously wrote to verify the outcome meets criteria to be a functional, measurable outcome. If the EIS has not participated in writing an outcome, the supervisor will need to provide the EIS with an outcome to critique. Review findings with the EIS.

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**Zoe’s IFSP: Fill out the RBI**

This is a two part activity. First, the EIS listens to a conversation between a service provider and a mom. The EIS fills out the first few parts of the routine section from the IFSP.

Then, the EIS checks the appropriate box to note whether the skill/ability is a strength, a need/concern, and/or a priority, and identifies the child’s functional abilities using the codes. The answer key is below. Review answers with the EIS.
# Routines

### How your day starts

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_How does your child let you know he/she is awake?_  
*(cognitive, communication and social-emotional)_

She will holler out mommy or daddy if she thinks they are not awake yet. If she hears them somewhere in the house, she will go find them.

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_How does your child get out of bed?_  
*(adaptive/self-help and motor)_

Zoe climbs out of her bed on her own. She hangs her legs over the side and slides down on her belly. It’s still pretty dark, so Zoe can't judge how far down of a drop it is. Sometimes she will cry out "Mommy help" for Mom or Dad to help her down while she’s hanging on to the side. She walks around the house to find Mom and Dad. She often runs into doorways or furniture and trips. Mom thinks it is because she is not completely awake and still a little disoriented.

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_Is your child happy or sad when he/she wakes up?_  
*(social-emotional and communication)_

She starts out smiling if she doesn’t trip and fall or run into something. Then she is crying and upset for a little bit, mainly because she seems to be frustrated to have hurt herself again. She trips or runs into something most mornings and a few times throughout the day. Mom would really like help with this because Zoe's frustrated and Mom is afraid someone is going to call CPS from all of her bruises.

### Bathing, dressing, diapering and toileting

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_How does your child help with dressing?_  
*(communication, adaptive/self-help and motor)_

Zoe picks out her clothes on her own. She will push her arms through sleeves and puts her legs up while lying on the floor and Mom puts her pants on her. She tries on her own first to put her pants on, but she can't get her feet in the pants. Zoe's outfits never match!
Create Outcome for Zoe

The EIS creates a functional, measurable outcome for Zoe based on information gathered from the previous activity. The module provides the EIS with a reminder of the criteria for an outcome, along with additional questions to assist the EIS in writing a quality outcome. There are two sample outcomes embedded into the module. Review outcomes written by the EIS and provide feedback.

Intervention Strategies: Visual Impairment

EIS watches a video of two children with visual impairments. Review journal entries with the EIS. There should be three intervention strategies per child.

Examples for Chloe could be interventionists use tools that make noises to maintain child’s interest, verbal cues, provide sound motivates to stimulate movement out of the environment.

Examples for Theo could be uses verbal explanations during therapy, create opportunities for safe exploration, foster self-help skills.

Intervention Strategies: Visual Impairment (Part 2)

EIS reads an article about intervention strategies for children with visual impairments. Review journal entries with the EIS. There should be two additional strategies or techniques the EIS would suggest for Chloe and Theo. Answers will vary. Examples are found in the linked article.

Document SST Visit for Zoe

Based on the information provided in the slides, the EIS is directed to complete a progress note and share with the supervisor. A sample progress note is provided below. Answers will vary. Look for Joint Planning, Observation, Action and Practice, Feedback, Reflection, and Return Demonstration.
<table>
<thead>
<tr>
<th>Date of service</th>
<th>MM/DD/YYYY</th>
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<tbody>
<tr>
<td>Childs Name/DOB</td>
<td>Zoe</td>
</tr>
<tr>
<td>Service Provider Name and Service:</td>
<td>Ronda Burgundy, EIS - SST</td>
</tr>
<tr>
<td>Start Time and Duration/ or End Time</td>
<td>HH:MM 1 hour</td>
</tr>
<tr>
<td>Method and Location</td>
<td>Individual - Home</td>
</tr>
<tr>
<td>Current Status; Changes since last visit</td>
<td>Zoe is tripping and walking into furniture often. She has started VI services and is trying to adjust to wearing glasses. She has started climbing up and down on furniture.</td>
</tr>
<tr>
<td>IFSP Outcomes worked on</td>
<td>Will walk through house to find Mom and Dad after waking in mornings without running into furniture or tripping and falling 5 mornings a week for 4 weeks.</td>
</tr>
<tr>
<td>Activities with caregiver to address outcomes</td>
<td>Alice stated Zoe has been putting kittens into laundry basket to sleep. Discussed the benefits of having Zoe push the laundry basket to help navigate the room safely. Showed Mom how to have Zoe feel her surroundings with her hands when Zoe bumps into furniture with the laundry basket. While practicing, Mom verbalized to Zoe “you found the back of the couch, notice the back of the couch is dark, and the open area is bright.” Explained importance for Mom to continue verbalizing and describing all surroundings to Zoe so Zoe is able to start noticing differences to guide her safely through rooms.</td>
</tr>
<tr>
<td>Child’s Response to intervention/Progress toward outcome addressed</td>
<td>Zoe remained interested in pushing the laundry basket for several minutes, and I pointed out Zoe began to touch the wall/furniture when she walked into it with the basket. Mom said she will leave the laundry basket outside of Zoe’s door to see if Zoe will push it to find them in the morning and report progress next visit. Mom will also show brother and Dad how to feel and describe surroundings to Zoe.</td>
</tr>
<tr>
<td>Staff Signature/Title</td>
<td>Ronda Burgundy, EIS</td>
</tr>
<tr>
<td>Parent/Caregiver Signature</td>
<td>Alice Lee</td>
</tr>
</tbody>
</table>