

Evaluation and Assessment in Early Intervention Best Practices and Big Picture

Evaluation and assessment is more than just the determination of eligibility. According to Illinois Register Title 89: Part 500, Evaluation/Assessment is defined as the initial and ongoing procedures used by appropriate qualified staff to determine a child's eligibility under this Part in accordance with the definition of "eligible infants and toddlers"; the child's status in each of the developmental areas set forth in "early intervention services"; the child's unique strengths and needs; the services appropriate to meet those needs; the resources, priorities, and concerns of the family; and the supports and services necessary to enhance the family's capacity to meet the developmental needs of its infant or toddler with a disability. As stated in Part C, two or more disciplines are needed to determine eligibility for early intervention.

It is important to understand that a multidisciplinary team must come to consensus on the eligibility of a child and no one team member determines a child's eligibility. In addition, children are determined eligible for the early intervention system, not for individual services. The need for an individual service is not based upon percentage of

delay, but instead, based on strengths and needs of the child, priorities of the family, and outcomes and strategies developed by the team.

There appears to be widespread misinformation in both the language and practice regarding "eligible for ___services" vs. eligibility for early intervention and determining the need for supports and services. Once a team has established a child to be eligible under any one of the categories – delay, automatic eligibility via diagnosis, or at risk, the child is eligible for the Illinois Early Intervention System. The multidisciplinary team and family then utilize all of the information gathered, including reports from evaluation and assessment in the five developmental domains, to determine concerns, needs, priorities, and family centered functional outcomes. Once these outcomes are written, the team then discusses options for the types of supports and services that could help the child and family address those outcomes. It is incorrect to say that an eligible child is not

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Implementation of Amended EI Rule 500

Early Intervention Rule 500 has been amended with implementation scheduled for March 1, 2008. As part of the amended rule, some credentialing and enrollment requirements as well as some processed will change.

Beginning March 1th, all new EI credential applicants are required to show completion of the Early Intervention Systems Overview Training in addition to the documentation of their special educational/licensure requirements. The Systems Overview Training is now available as an online training with a one day, face-to-face, follow up session. Access is available through the EI Training Website, www.illinoiseittraining.org. The Training Program continues to offer the three day, face-to-face Systems Overview Training. Provider Connections will process credential applications ONLY if all educational/licensure requirements and the online training portion of the EI Systems Overview Training are documented as complete. An EI credential can only be issued when all background checks are complete and all components of the Systems Overview Training have been received by Provider Connections. Service Coordinators and

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TO REACH

**DHS
Bureau of EI
217.782.1981**

**Provider
Connections
800.701.0995**

**Central
Billing Office
(CBO)
800.634.8540**

**Early
Intervention
Monitoring
800.507.5057
217.726.2263**

**IL Early
Childhood
Intervention
Clearinghouse
800.852.4302**

**Hearing
and Vision
Connections
(HVC)
217.479.4318**

...Implementation of EI Rule 500 *continued from page one*

Parent Liaisons will be allowed three (3) months from the date their Temporary credentials are issued to verify completion of the Systems Overview Training and their respective training requirements.

In addition to the above mentioned educational and training requirements, all new providers will have eighteen (18) months from the date their Temporary credentials are issued to complete the required 240 hours of consultation/supervised experience with the exception of DT Hearing, DT Vision, and DT O&M providers who need to complete 120 hours of consultation/supervised experience.

All new and renewing unlicensed providers, with the exception of DTs, including Service Coordinators, must document 120 contact hours completed among the four core knowledge areas during the eighteen-month period. DTs are required to document those completed hours upon application of the EI credential. The four core knowledge area requirements have been eliminated for all licensed providers.

A credentialed Provider, including providers with a temporary credential, must document a minimum of 75% of the Ongoing Professional Development Plan (OPDP) meetings completed during their temporary or full credential period. These meetings may be face-to-face or by phone and must be with any specialist-level credentialed provider.

A credential for Board Certified Behavior Analysts (BCBA) has been added in the amended Rule 500. Requirements include holding a current national certification as a Board Certified Behavior Analyst from the Behavior Analyst Certification Board. Applicants issued a 'Temporary' EI BCBA credential are required to complete the four core knowledge area requirements, the 240 hours of consultation/supervised fulfill the OPDP requirements within eighteen (18) months from the date their Temporary credential was issued.

Audiologists are no longer required to hold an EI credential. New audiologists, however, are required to enroll in the Central Billing Office (CBO) by completing the CBO enrollment Application available through Provider Connections' website, www.wiu.edu/providerconnections/enrollment/index.php. Audiologists currently holding an EI credential and are enrolled with CBO will be notified by Provider Connections that their EI credential is no longer required and will show as 'inactive' on the Provider Connections' credential search. CBO enrollment for current audiologists will be maintained with no interruption in their ability to bill.

All new bi-lingual interpreters enrolling to bill Early Intervention must complete the Early Intervention Systems Overview Training, either the three day, face-to-face training or the online version followed by the one day, face-to-face follow up session; complete the Interpreter Training, a one day, face-to-face training specific to the role of the Interpreter in Illinois Early Intervention; and pass and oral and/or written language proficiency examination(s) prior to applying to enroll with the Central Billing Office. By September 1, 2008, all currently enrolled bi-lingual interpreters must complete the Interpreter Training as well as pass the language proficiency exam(s). The oral/written proficiency examinations are provided at a cost of \$65 per each exam to each provider. Testing is scheduled by appointment only through the Illinois Early Intervention Training Program at 866/509-3867. Registration for Interpreter Training is available online at www.illinoiseittraining.org.

New credential applications are posted on the Provider Connections website and can be identified as 'Revised 3/08'. *Applications with any other revision date will not be accepted.*

Please direct your questions regarding any of the changes mentioned above to Provider Connections, toll free at 800/701-0995.

Early Intervention...

The Illinois Interagency Council on Early Intervention met on January 10, 2008 with Beatrice Nichols—Head Start Representative as the new Chairperson. Also seated on the Council are Parents, Deanna Pratcher of Thornton, Sheena Coleman of Naperville, Diane Blithe of Crystal Lake, Karrie Potter of Neoga, and Dorelia Rivera Martinez of Melrose Park; Providers, David Rubovits, PhD of the Jewish Child & Family Services in Chicago, Bob Cammarata of ICG Health Care Services in Chicago; Joyce Smith of Lessie Bates Davis Neighborhood House in East St. Louis, and Kathy Schrock of Easter Seals DuPage and Fox Valley of Villa Park; Personnel Preparation, Therese Wehman, PhD of Park Ridge; Part C Coordinator, Janet Gully-Bureau Chief; State Agencies and their Designees: for the Department of Human Services (DHS) Myrtis Sullivan, MD MPH, Associate Director Division of Community Health & Prevention; for the Department of Child and Family Services, Andria Goss; for the Illinois State Board of Education Kay Henderson, Division Administrator Early Childhood Education; For the Illinois Council on Developmental Disabilities, Sandy Ryan; for the Illinois Department of Healthcare and Family Services, Deborah Saunders, Bureau of Maternal and Child Health; for the Illinois Department of Financial and Professional Regulation, Mary Peterson, Division of Insurance; for the Illinois Department of Public Health, Gail Tanner, AuD, Vision and Hearing Section; and for the Division of Specialized Care for Children, Gerri Clark, Associate Director for Programs. Other representatives from DHS: for the Bureau of Child Care and Development, Linda Satterfield, Bureau Chief; for the Division of Mental Health, Constance Williams, Associate Deputy Clinical Director, Child and Adolescent Services; and General Assembly Representative, Representative Julie Hamos. The Council has scheduled four public meetings for the 2008 calendar year with sites alternating between Springfield and Tinley Park. Meetings are scheduled for April 10 and October 2 in Tinley Park and July 24 in Springfield.

Provider response to the Online Systems Overview continues to grow with 282 currently enrolled and 173 having completed the online component of this mandated training. As more early intervention providers choose the online training option to meet the required Systems Training for EI credentialing, it is recognized that independent study is not conducive to all learning styles. The Training Program will continue to offer the three day face-to-face Systems Overview Training; *however, please be advised that the components of each of the Systems Training options, the online training followed by a one day face-to-face follow up session and the 18 hour, three day face-to-face training, are not interchangeable.* Although the information and instruction presented in either of the Trainings are the same, the agendas of each are not. Day 3 of the three day face-to-face training, does not equal and is not the same training as the Online Systems Overview Face-to-Face Follow Up Session.

...At A Glance



“Early Intervention: Supporting Families and Caregivers in the ‘Hands-On’ Work With Children”

Featuring Juliann Woods, PhD, CCC-SLP

Pre-registration is required for this one-day conference featuring a plenary Keynote Presentation by Juliann Woods, PhD, CCC-SLP, Professor and Chair in the Department of Communication disorders at Florida State University. Juliann will explore how moving from delivering early intervention services to supporting others in the ‘hands-on’ work with children requires a new set of skills for service providers. She will illustrate various instructional strategies useful for Early Interventionist and will review the evidence supporting these strategies.

**Tuesday, May 6, 2008
Keller Convention Center
1202 North Keller Drive
Effingham, IL 62401**

MAIL IN REGISTRATION

Complete this form and send, along with \$50 payment to:

The Illinois EI Training Program
7550 W 183rd Street
Tinley Park, IL 60477

Phone: 866/509-3867 Fax: 708/444-8470

Make Check/Money Order Payable to UCP of Chicago

Credit Cards Accepted Over the Phone

***Online Registration Available with major credit card at
www.illinoiseittraining.org***

Name: _____ Prof Discipline: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-Mail Address: _____

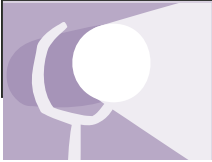
~ Afternoon Breakout Options ~ EXPO~Continental Breakfast & Buffet Lunch ~

~ Professional CEs/CPDUs for SLPs, PTs, OTs, Social Workers, IL Certified Teachers ~

~ Up to six hours of Early Intervention Credentialing Credit ~

**For
More Info
Please
Call
The
Illinois
EI
Training
Program**

**Toll Free
(866)
509-3867,
ext. 250**



SPOTLIGHT ON SUCCESS...

As illustrated in the following story reprinted with permission, the success of a family connected to Illinois Early Intervention through teaming is tremendous. This family credits the open communication from the therapists and their ability to work well as a team as the key to their success with early intervention.

Meet the Brewers...

Carolyn Brewer has cared for her grandson, Jay, since he was discharged from the hospital two months after his birth. Although Grandma raised two children of her own, she did not feel fully prepared for the challenges she now faced. A very sensitive infant who cried much of the time, Jay was difficult to soothe. Everyday experiences seemed to overwhelm him. Carolyn acknowledged that she sometimes felt tired and frustrated with Jay's nearly constant demands for care and his seemingly slow progress. Early Intervention became involved with the family when Jay was six months old. Since then, the IFSP Team of providers and Grandma have worked together to gradually move Jay through his stages of development. Carolyn found needed guidance and encouragement from the therapists stating, "If it wasn't for the therapists, I wouldn't know what to do."

In the beginning, Carolyn and Jay's therapy providers worked on the most effective ways to comfort Jay and relax his body. This required a lot of cuddling and massaging which Grandma continued with Jay during the week. Once Jay felt more comfortable, he was ready to be exposed to different sights and textures. He was slowly introduced to the outdoors with its noised, tickly grass and rough sidewalks. Although, wary of new experiences, Jay liked to be on the move in the security of his home environment. It was difficult for him to settle down to complete simple shape puzzles or to look at a book. Following Jay's lead and interests, the therapists were able to coax him to sit for longer and longer periods of time. Within a year, Jay has gone from sitting for only a few minutes to eagerly sitting for nearly an hour. Jay looked forward to visits from his therapists and would run to sit and wait for therapy sessions to begin. He would also sit and play on his own during the day, which pleased Grandma.

Carolyn suggested that whatever Jay's therapists were teaching, to keep it going. She emphasized the partnership between herself and the therapy team commenting on the therapists' pleasant and always respectful demeanor toward her. In turn, the Team appreciates that Carolyn is respectful of them by being available for scheduled appointments or calling ahead when needing to cancel them, making them feel welcome in her home and sharing with them the details of Jay's health and progress. The Team, including Grandma, discussed Jay's progress week to week, making it easier to tailor Jay's therapy to his particular needs. Grandma and the therapists also exchanged ideas on how to work with Jay to accomplish his goals.

Carolyn explained that her mission is to have Jay feel safe, loved and cared for. This mission, in partnership with the guidance of Jay's IFSP Team has allowed Jay to grow from a very sensitive, crying infant to a happy, cooperative little boy who is eager to play and learn.

The Illinois EI Training Program

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Office Hours

8:00 am - 4:30 pm

Monday - Friday

Continued from page one eligible for physical therapy services because they demonstrate only a 20% gross motor delay. It is incorrect to say that a child is eligible for developmental therapy, but not eligible for speech therapy because their expressive communication is only 25% delayed. Children are not eligible for individual services – they are eligible for the early intervention system due to a percentage of delay, diagnosis or at risk categories. Infants and toddlers referred to Early Intervention receive multidisciplinary evaluation and assessment in the five developmental domains. The percentage of delay in any given developmental domain does not dictate services – the need for services is a team decision based on the child's unique skills and needs and the families unique concerns, priorities and outcomes.

It is important for teams and for families to understand the types of tools that each person is using, how they may compliment each other and how they may differ. A global assessment is just that, a comprehensive look at a child's overall development and how one area of strength or delay may relate to or impact the bigger picture. Discipline specific assessment tools are able to further break down a specific area of development to look more closely at skills, quality and function. Since different tools are designed for different purposes, it is not unusual for the scores to be slightly different. Given that information, it is more important for teams to have discussions about why one score may be significantly different from another. Very young children behave very differently depending on so many factors. Where did the evaluation/assessments take place? In the parent's opinion, did the child perform differently in one setting or with one team member?

Were there other factors that may have affected the child's performance on a given day such as sleep, hunger, illness? Evaluation/assessment teams must use approved tools and utilize the scores to determine levels of function and percentages of delay, but comprehensive assessment of a very young child's development requires teams to look at so much more than just numbers.

A multidisciplinary team is needed not only to determine age levels, percent of delay and eligibility, but to help the family make informed decisions about the types of supports and services that can address a family's unique strengths, needs, and the outcomes they develop for their child and themselves. When a global assessment finds that a child is delayed in all areas, it is important for a multidisciplinary team to help the family make informed decisions about a comprehensive plan of supports and services. A discipline specific therapist will be able to share recommendations based on their unique background as to whether a discipline specific therapy service is indicated for the child and will be able to answer any questions the family has that are specific to that area of development.

As all children and families come to EI with unique strengths, needs, and resources, it is important to recognize that as a system, we need to respond to family's needs on an individual basis. No two family situations will be the same and therefore, there is no static formula with which to use to determine need for assessments or need for individual services. Multidisciplinary teams must have conversations with each family about areas of strength and need for a child and determine together when further assessments may be needed to either a) determine eligibility, or b) determine the need for additional

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