

# WASHINGTON'S INFANT TODDLER EARLY INTERVENTION PROGRAM

Individuals with Disabilities Education Act, Part C

## Self-Assessment Tool

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<http://www.wa.gov/dshs/iteip/iteip.html>



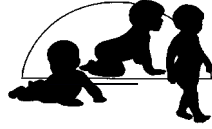
## Self-Assessment Tool Introduction

In the spring of 2000, the State Interagency Coordinating Council recommended that the attached Self-Assessment Tool be adopted. The new tool was developed by an Ad Hoc committee as a result of feedback to the Infant Toddler Early Intervention Program. It incorporates changes that resulted from the reauthorization of the Individuals with Disabilities Education Act (IDEA), Part C in 1997.

This Self-Assessment Tool is designed to address compliance and stimulate discussion about how the Infant Toddler Early Intervention Program early intervention services are being implemented in local communities. It should be completed one time during the contract year, and feedback from families and service providers, including FRCs, regarding services and Family Resources Coordination should be gathered. Appendices at the end of the tool include a “highest entry level chart” for early intervention personnel, and examples of parent and provider surveys.

After completing the tool and receiving family and provider input, a summary of the outcomes from the self-assessment should be prioritized into an action plan (a form is included). The revised tool includes a rating scale that makes it easier to determine priority items. The action plan is to be used internally for program and plan development, and must remain on file with the early intervention services contractor. The required early intervention services narrative reports will describe how activities for service improvements identified in the local self assessment action plan are being implemented.

The Self-Assessment Tool includes a feedback form on page 36. If you have comments on how well this Self-Assessment Tool works for you, please complete and return the form to the Infant Toddler Early Intervention Program.



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## TABLE OF CONTENTS

Background Information	1
ITEIP Self Assessment Tool Rating Scale Explanation	2
ITEIP Self Assessment Tool	3
Parent and Provider Input (Appendix A)	23
Parent / Family Survey	
English	24
Spanish	26
Sample Letter to Providers	28
Local Early Intervention Program Review Survey	29
Additional Questions	30
ITEIP Contractor Comments	31
Plan of Action	35
Feedback Form	36
Highest Entry Level Requirements (Appendix B)	37



Date

Location

1

## ITEIP Self-Assessment Tool

### Rating Scale Explanation:

The purpose of this rating scale is to help you and your team to determine how the local lead agency is doing in meeting the expectations in each of the identified areas. The purpose of the numbering scale is to provide a way of determining “what to do next” to meet the expectations in each of the identified areas.

When the person(s) using the self-assessment tool rates the items in each content area on the scale of 1-5, a number is assigned that best reflects the level at which the expectation has been met at the time of assessment. The suggestion is to take each item (expectation) that is rated less than 4 and have those items become the targets for an action plan.

The areas to be assessed include:

- PUBLIC AWARENESS/CHILD FIND
- REFERRALS
- EVALUATIONS AND ASSESSMENTS
- INDIVIDUALIZED FAMILY SERVICE PLAN
- EARLY INTERVENTION SERVICES
- TRANSITION PLANNING
- PERSONNEL STANDARDS
- PROCEDURAL SAFEGUARDS
- RIGHTS OF ELIGIBLE CHILDREN
- PROGRAMS AND ACTIVITIES THAT RECEIVE ITEIP FUNDING
- DATA PROVIDED
- FUNDING SOURCES
- AGREEMENTS BETWEEN CONTRACTORS AND PROVIDERS
- CONTRACTOR COORDINATION OF ACTIVITIES WITH CICC

Definitions of terms:

“N/A” means “this is not your responsibility, does not apply”.

“Not yet” means “not a priority at this time, but maybe in the future”.

“Partially” means “in process, working on it”.

“Usually” means “process is determined and most of the time it is occurring”.

“Always” means “occurs consistently”

## ITEIP SELF-ASSESSMENT TOOL

### RATING SCALE

<i>Activity</i>	<i>Expectation</i>	<i>N/A</i> 1	<i>Not yet</i> 2	<i>Partially</i> 3	<i>Usually</i> 4	<i>Always</i> 5	<i>Status</i>	<i>*WHO</i> <i>* see</i> <i>below</i>	<i>**Authorities</i>
<p>I. PUBLIC AWARENESS/ CHILD FIND The public is effectively informed about ITEIP services within the contractor's geographic service area and coordinated screenings are encouraged.</p>	<p>1) ITEIP public awareness materials are distributed throughout the contractor's geographic area.</p>			(8 P)	(3 P)		<p>1)Currently a process in place. Extensive distribution of public awareness materials mostly to community agencies. Currently surveying providers to see what each of them is doing individually. We need to assess what is being done across the system. KCDD plan is to revamp our current PA materials to be specific to King County. CICC committee working on revamping the PA plan. To be completed</p> <hr/> <p>2)Have a process in place and a centralized number to call for Public Awareness and Childfind. Do not have interagency agreements with anyone to facilitate this process. Are interagency agreements appropriate, or should we id other options</p>	Lead Agency/ CHAP	Statement of Work, Exhibit A
	<p>2) The contractor implements and monitors local early intervention plan and interagency agreements to ensure families needing assistance know who to call or see for family resources coordination.</p>							Lead Agency/ CHAP	Statement of Work, Exhibit A
	<p>3) Child Find activities are publicized and coordinated with all responsible agencies throughout the geographic service area.</p>							Lead Agency/ CHAP	Grant application Section IV, II-A

\*NOTE: This column identifies who might best be responsible for this expectation. Others may assist.

\*\*Authorities: Public Law 105-17, Parts C and B; RCW 74.14A.025 and 70.195; RCW 71A.12.030 and 120.





# ITEIP SELF-ASSESSMENT TOOL

## RATING SCALE

<i>Activity</i>	<i>Expectation</i>	<i>N/A 1</i>	<i>Not yet 2</i>	<i>Partially 3</i>	<i>Usually 4</i>	<i>Always 5</i>	<b>Examples</b>	<i>*WHO * see below</i>	<i>**Authorities</i>	
II. REFERRALS Contractor receives referral and acts promptly to inform families regarding early intervention services.	1) Contractor seeks to ensure referral from primary referral sources of children/families are no more than two working days after concern(s) identified.		P(2)	P(7)	P(2)			Lead Agency	Grant application Section IV, E II.C	
	2) A registered Family Resources Coordinator is chosen and the FRC promptly contacts referred parents to inform them regarding coordination of services, parent rights and safeguards, to discuss parental concerns, and to determine need for developmental screening and/or evaluation & assessment.							Documentation exists of prompt contact with new families and referral date documented in child's folder. Documentation reflects consent for evaluation (signed and dated) and obtaining existing test scores Documentation of sharing procedural safeguards	Lead Agency	Grant application Section IV, E.II.B, F & G
	3) At least two, registered, FRCs are available for families within contractor's geographic area.							Documentation exists in the early intervention services plan		Statement of Work Exhibit A

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\*\*Authorities: Public Law 105-17, Parts C and B; RCW 74.14A.025 and 70.195; RCW 71A.12.030 and 120.



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III. EVALUATIONS & ASSESSMENTS are promptly & professionally conducted and completed without bias	1) At least two qualified personnel from different disciplines conduct evaluations, using standardized tests that measure a child's development in percentage or standard deviation. Evaluations & assessments are based on informed clinical opinion						Documentation exists in the child's folder with dates	Lead Agency Sub-contractor	Grant application Section IV, F.II.A
	2) A written narrative that confirms eligibility of children based on evaluations which includes the following : a) Use of current early intervention records when establishing eligibility b) Determination of child's level of functioning in each of 5 developmental areas. c) Assessment of child's unique strengths and needs. d) Services proposed for each identified area of developmental need e) Information provided by parent report and /or interview						Documentation exists on IFSP or in the child's folder with dates	Lead Agency Sub-contractor  Lead Agency Sub-contractor	Grant application Section IV, F.II.B and C  34 CFR 303.323(a) & (b); Grant application Section IV,F.II.E

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III. EVALUATIONS & ASSESSMENTS (cont.)	<p>3) Evaluation tests and procedures are administered in native language or mode of communication. Tests and procedures are not racially or culturally discriminatory</p> <p>4) If a child is not eligible the FRC advises the family of other options</p>						<p>Documentation exists that racial and cultural validity of tests is considered. Documentation exists that interpreters are used as needed.</p> <p>FRC documents referrals to other options</p>	FRC	Grant application Section IV, E.II.N
IV. INDIVIDUALIZED FAMILY SERVICES PLANS (IFSPs) are carefully and promptly drafted with informed consent and participation of the parents. Periodic review of IFSPs are planned so that timely assessments are obtained of progress toward achievement of outcomes	<p>1) An IFSP is developed and implemented for each eligible infant/toddler and family in which the parents choose to accept services (they can give consent for some and not others if they wish).</p> <p>2) Each eligible family is given the opportunity to develop a statement of resources, priorities and concerns of the family related to enhancing the development of the child.</p> <p>3) IFSP meetings and IFSPs are completed within 45 days of referral or exceptional circumstances that delay completion within 45 days are noted.</p>						<p>A signed IFSP exists</p> <p>Statement on IFSP or refusal documented</p> <p>Notes of referral and meeting held on IFSP completion Date of IFSP meeting documented Exceptional circumstances documented</p>	<p>Lead Agency Subcontract or FRC</p> <p>Lead Agency Subcontract or FRC</p>	<p>Grant application Section IV,G.II.A..2</p> <p>Grant application Section IV, G.II.B &amp; C</p> <p>Grant application Section IV,G.II.E; 34 CFR 303.342(a)</p>

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IV. INDIVIDUALIZED FAMILY SERVICES PLANS (IFSPs) (cont.)	4) Each initial IFSP meeting includes: a) Parents and FRC(s) b) Professionals who conducted evaluations, or, in their absence, their records, representatives or telephoned participation. c) Others as requested by parents						Documentation on IFSP		Grant application Section IV, G.II.H & G.II.M; 34 CFR 303.343
	5) IFSPs are reviewed with the family at least every 6 months (more often if family or service provider requests)						Documentation on IFSP	Lead Agency Sub-contractor FRC	Grant application Section IV, G.II.F
	6) Meetings to evaluate IFSPs are held annually, at a minimum. At the meetings, evaluations and on-going assessments are reviewed. A new IFSP is written						A new IFSP has been developed	Lead Agency Sub-contractor FRC	Grant application (98-2001) section IV-16, G.II.I
	7) IFSP meetings are held at settings and times convenient to families with sufficient advance written notice and conducted in the parents' language or mode of communication if other than English						Documentation that the meeting was convenient for the family Interpreters are provided if necessary. Documentation of written notice exists	Lead Agency Sub-contractor FRC	Grant application Section IV, G.II.J & L

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IV. INDIVIDUALIZED FAMILY SERVICES PLANS (IFSPs) (cont.)	8) The contents of IFSPs are explained to parents and informed written consent is obtained prior to the provision of plan services						Documentation exists showing parents attended IFSP meeting Parents signed IFSP and consent to begin service. Document sharing of procedural safeguards	Lead Agency Sub-contractor FRC	Grant application Section IV, G.II.K and M.II. E
	9) Written notice to parents regarding IFSP meetings include the following required elements: a) Purpose, time, place of meeting(s), and who is invited b) Explanation of procedural safeguards available to parents c) Language understandable to the general public d) Documentation of suitability of translation if used in records						Documentation exists regarding written notice with date	Lead Agency Sub-contractor FRC	Grant application Section IV, G.II L
	10) IFSPs include: a) Present levels in each area of development b) Voluntary family statements of resources, priorities, and concerns						IFSP has all elements	Lead Agency  Subcontractor and FRC	Grant Application Section IV, G.II.N

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IV. INDIVIDUALIZED FAMILY SERVICES PLANS (IFSPs) (cont.)	10) Continued c) Statements of major outcomes expected to be achieved d) The criteria, procedures, and timelines used to determine degree to which progress toward achieving outcomes is being made and whether changes are necessary e) Identification of services necessary to achieve the above outcomes, and who will deliver the services. Each early intervention service specified must include frequency, intensity location & delivery method and the natural environment(s) where each service is provided, or justification if not provided in a natural environment. f) Funding sources for each early intervention service								

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IV. INDIVIDUALIZED FAMILY SERVICES PLANS (IFSPs) (cont.)	10) Continued g) When appropriate, statements of medical and other services needed by children, but not required as early intervention services, together with their funding sources and efforts needed to obtain those services. h) Projected dates for initiation and duration of services. i) Signature of FRC(s) responsible for facilitating implementation of the IFSP, parent(s) and other participants. j) Transition plan meeting at least 90 days prior to child's third birthday.  11) All agencies & persons directly involved in provision of early intervention services make good faith efforts to assist eligible children/families to reach IFSP outcomes						Review IFSPs for attainment of objectives Review chart progress notes	Lead Agency Sub-contractor FRC	Grant application Section IV, G.II.O

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IV. INDIVIDUALIZED FAMILY SERVICES PLANS (IFSPs) (cont.)	12) In instances when early intervention services need to begin promptly before completing the initial evaluation and assessment, interim IFSPs are established (within requirements)						Written interim IFSPs exist Date of interim IFSP documented and why services need to begin before evaluation and assessment	Lead Agency Sub-contractor FRC	Grant application Section IV, H.II.A.1, 3 & 4
	13) The interim IFSP contains: a) Name of the FRC responsible for implementation b) Description of early intervention services determined to be immediately necessary c) Plan of completion of evaluation & assessments and IFSP within 45 days of referral d) Informed parental written consent for the provision of early intervention services e) Documentation of exceptional circumstances by the FRC						Written interim IFSPs exist  Document sharing of procedural safeguards	Lead Agency Sub-contractor FRC	Grant application Section IV, H.II.A.2

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V. EARLY INTERVENTION SERVICES Early intervention services are delivered according to requirements	1) Early intervention services funded by IDEA Part C dollars are provided only to eligible children/families.  2) Early intervention services are provided according to the IFSP and are provided at no cost to families  3) Services occur in the child's natural environment unless early intervention cannot be achieved satisfactorily within the natural environment						Review eligibility before payment. Family surveys  Review Part C billings Documentation of "payer of last resort" exists. Documentation of funding sources on IFSP  Documentation within IFSP of the natural environment or reasons why natural environment is not used for each service	Lead Agency Sub-contractor FRC  Lead Agency Sub-contractor FRC  Lead Agency Sub-contractor FRC	34 CFR 303.1(b) and 303.16  34 CFR 303.12(a.3.iv) Grant application Section IV, P.I.A. C & H  34CFR 303.12(b); Grant application Section IV, I, II
VI. TRANSITION PLANNING Transition planning is comprehensive, deliberate, timely and effective	1) The early intervention services contractor, along with the FRC coordinates transition of children/families to Part B if eligible, otherwise to other appropriate services  2) Transition planning meetings are held 3 months prior to child's 3 <sup>rd</sup> birthday or earlier if all parties agree						Documentation of transition planning in child's folder  Documentation of the need for transition planning at least 6 months prior to child's 3 <sup>rd</sup> birthday Documentation of date of transition planning meeting	Lead Agency Sub-contractor FRC	Grant application Section IV, J.II.A1 to 4  Grant application Section IV, J.II.A.5

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VI. TRANSITION PLANNING (cont)	3) Attendees at transition planning meetings include: a) Parents and others as requested by parents b) Local school district or other service representative c) Early intervention services contractor or designee d) Current early intervention services providers. e) FRC  4) Transition plans include: a) Service/program options b) Steps required to support transition, including preparation, training parents re future placements and eligibility determination matter c) Statements of procedures to prepare children for changes in service delivery						IFSP indicates              IFSP includes these elements	Lead Agency Sub-contractors FRC	Grant application Section IV, J.II.A.5a.              Grant application Section IV, J.II.A.6
VII. PERSONNEL STANDARDS Personnel standards were met	1) All staff in contractor's service area meet personnel standards  2) All FRC's attend on-going training						See appendix Records exist in file      Documentation of training exists	FRC Lead Agency Sub-contractor	Grant application Section IV, I.II.G.1   Statement of work, Exhibit A

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VIII. PROCEDURAL SAFEGUARDS (cont)	5) Contractors and providers adequately notify and inform parents about the comprehensive child find system  6) Parents are able to inspect and correct early intervention contractor and provider records pertaining to their children and families: a) Access is provided without unnecessary delay and within 45 days after request b) Access is provided before IFSP meetings or other proceeding c) Explanatory responses and copies of documents are provided to parents when appropriate. d) Fees are applied only to the cost of reproduction, not for search and retrieval of information e) Fees for copies of records are not so expensive as to effectively defeat parental access rights f) Representative inspection and review of records on behalf of parents is permitted.						Child Find system is in Lead agency plan Documentation exists of parents being informed about child find  Documentation of access to records and files kept on a sheet in the front of the file with date and name	FRC Lead Agency Sub-contractor	Grant application Section IV, K1  Grant application Section IV, M.III L & P; 34 CFR 300.562 & .566  Grant application Section IV, M.II.L & P; 34CFR 3000.562 & .566

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VIII. PROCEDURAL SAFEGUARDS (cont)	<p>7) Records are kept of persons who access child and family early intervention records. Confidentiality of early intervention records is protected.</p> <p>8) Parents are informed that a citizen's complaint may be filed if they feel the agency or early intervention service provider is violating the law, and they are informed of how to file a complaint</p> <p>9) Parents are informed that they may choose mediation or due process hearing in any matter relating to the identification, evaluation, or placement of their child ,the provision of services for the child and family, or the failure to receive services as agreed upon (Mediation is available at no cost to the family and does not deny the right to a due process hearing or any other procedural safeguard. It is voluntary for both parties</p>						<p>Files are locked</p> <p>Included in Procedural Safeguards</p>		<p>Grant application Section IV M.II.L &amp; P 34CFR 300.562&amp;. 566</p> <p>Grant application Section IV, M.II.M.V&amp;W 34 CFR 300.563, 572 &amp; 573</p> <p>Grant application Section IV, M.II.G</p>

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<p>IX. RIGHTS OF ELIGIBLE CHILDREN Whose parents could not be identified or located or who are wards of the state with parental rights terminated are protected.</p>	<p>1) Surrogate parents are assigned to children as needed and:</p> <p>a) contractors/providers establish methods for determining the need for surrogate parents, and for assigning surrogate parents when:</p> <ul style="list-style-type: none"> <li>• no parent can be identified</li> <li>• no parent can be found</li> <li>• parental rights are terminated</li> <li>• child is found dependent under Chapter 13.34RCW</li> </ul> <p>b) Surrogate parents were selected consistent with applicable state laws and conflict of interest considerations</p>						Documentation in child's folder with date Method exists for determining need and assigning appropriate surrogate parents	Lead Agency Sub-contractor FRC	Grant application Section IV, M.II.F 35CFR 303.406
<p>X. PROGRAMS AND ACTIVITIES that receive ITEIP funding are supervised and monitored</p>	<p>1) Each participating agency delivering early intervention services shall develop or use their existing procedures regarding supervision of staff and operations</p> <p>2) The ITEIP Self-Assessment Tool, including the Parent and Provider Satisfaction Surveys and action plan are completed annually.</p>						<p>Supervision and monitoring procedures exist and are implemented.</p> <p>Completed Self-assessment tool and surveys, and action plan are on file at the Lead Agency with dates</p>	<p>Lead Agency Sub-contractor CICC</p> <p>Lead Agency Sub-contractor CICC</p>	Grant application Section IV, M.II.B Statement of Work, Exhibit A.

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XI. DATA IS PROVIDED	1) Correct data is provided to ITEIP on time and on designated forms./formats						Evidence exists that forms were submitted within timelines and were correct	Lead Agency	Statement of Work, Exhibit B
XII. FUNDING SOURCES ARE APPROPRIATELY USED FOR EARLY INTERVENTION SERVICES	1) The contractor maintains records sufficient to document the performance of all acts required by the basic Interagency Agreement and Work Order. The records demonstrate accounting procedures and practices that sufficiently and properly reflect all direct or indirect expenditures made to perform the Work Order						Fiscal records (including payment documentation, general ledgers, and financial reports) contractor/provider agreements, and service records serve as documentation	Lead Agency	Interagency agreement
	2) Existing funding sources are enhanced ,not duplicated or supplanted when the contractor pays providers for early intervention services						Documentation exists that payer of-last resort procedure was followed.		Statement of Work Exhibit A

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## ITEIP SELF-ASSESSMENT TOOL

### RATING SCALE

<i>Activity</i>	<i>Expectation</i>	<i>N/A</i> <i>1</i>	<i>Not</i> <i>yet</i> <i>2</i>	<i>Partially</i> <i>3</i>	<i>Usually</i> <i>4</i>	<i>Always</i> <i>5</i>	<i>Examples</i>	<i>*WHO</i> <i>* see below</i>	<i>**Authorities</i>
XII. FUNDING SOURCES ARE APPROPRIATELY USED FOR EARLY INTERVENTION SERVICES (cont)	3) IDEA funds received from ITEIP are: a) used for early intervention services for eligible children including Family Resources Coordination based on the IFSP b) Used according to the contractor's budget as approved by ITEIP c) Used only for services for which there was no other funding source d) Not commingled with other funding sources.						Fiscal records confirm 3) a-d	Lead Agency	Statement of Work Exhibit A
	4) Clear tracking of money was possible						Time and work records are maintained to substantiate tracking	Lead Agency	
XIII. AGREEMENTS BETWEEN CONTRACTOR AND PROVIDERS Facilitated delivery of services to eligible children/families	1) The agreements specify the roles of each participant and the services to be provided. All required services are included in the plan.						Signed, dated agreements exist with all 0-3 providers and agencies Interagency agreements identify what organizations will provide from childfind to transition	Lead Agency	Statement of Work Exhibit A
	2) Maintenance of effort statements are included in the agreement						Language for maintenance of effort is included		

\*NOTE: This column identifies who might best be responsible for this expectation. Others may assist.

\*\*Authorities: Public Law 105-17, Parts C and B; RCW 74.14A.025 and 70.195; RCW 71A.12.030 and 120.





ITEIP SELF-ASSESSMENT TOOL

RATING SCALE

<i>Activity</i>	<i>Expectation</i>	<i>N/A 1</i>	<i>Not yet 2</i>	<i>Partially 3</i>	<i>Usually 4</i>	<i>Always 5</i>	<i>Examples</i>	<i>*WHO * see below</i>	<i>**Authorities</i>
XIII. AGREEMENTS BETWEEN CONTRACTOR AND PROVIDERS (cont)	3) Agreements describe how IDEA Part C funding is accessed						Language is included for accessing IDEA Part C funds as payer of last resort		
XIV. THE CONTRACTOR COORDINATES CONTRACT ACTIVITIES WITH THE CICC	The CICC is involved in planning and coordination with the Lead Agency						Evidence of coordination is reflected in the CICC minutes	Lead Agency	Statement of Work, Exhibit A

\*NOTE: This column identifies who might best be responsible for this expectation. Others may assist.

\*\*Authorities: Public Law 105-17, Parts C and B; RCW 74.14A.025 and 70.195; RCW 71A.12.030 and 120.

# APPENDIX

## PARENT AND PROVIDER INPUT

Including parents' and families perspectives in the self-evaluation process is vital for any program. The information received from families is invaluable in proceeding with future planning and program implementation.

- A sample of a parent survey that has been used by the Infant Toddler Early Intervention Program has been amended for local use and is provided as Appendix A in both English and Spanish.
- There is also an example of a provider survey.

We encourage you to use these tools, modify them to meet your needs, or use other surveys and methods which document parent satisfaction and the input of providers and others as well. Information should be incorporated into self assessments and plans of actions as necessary to address input received.

## Sample letter to Parents

Date

Dear (Parent Name)

Our agency contracts with the Department of Social and Health Services (DSHS) Infant Toddler Early Intervention Program (ITEIP) to provide early intervention services, including Family Resource Coordination, for eligible children, birth to three, with disabilities and their families. This survey is being conducted to find out your ideas about the quality of services that families receive from early intervention providers in your area. This parent survey is part of a self-assessment review that we are doing in our community.

According to our records, you and your child have received early intervention services during this last year. Your input in this survey is important to us and will help us look at and continue to improve early intervention services. The results of this survey are confidential. Your name or identifying information about you, your family, or child should not be included in your returned survey.

If you have any questions about filling out this survey, please contact (Name, Agency, phone number).

Please complete this survey and return it in the self addressed, stamped envelope by (Date). Your answers and comments are very much appreciated and will help future families and our community continue to build a family-centered system of early intervention services.

Sincerely,

(Name)  
(Agency)

**PARENT/FAMILY SURVEY**

Please respond to each statement by circling one of the following:

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

**Referral:**

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. In the beginning, it was easy to find out about services available for my child | 1 | 2 | 3 | 4 |
| 2. In the beginning, someone was available to listen to my concerns and questions. | 1 | 2 | 3 | 4 |
| 3. Someone explained my rights to early intervention services.                     | 1 | 2 | 3 | 4 |
| 4. Overall, my first contacts with services were helpful.                          | 1 | 2 | 3 | 4 |

**Family Resources Coordinator (FRC):**

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. I know who my FRC is.                                      | 1 | 2 | 3 | 4 |
| 2. I was given a choice who my FRC would be.                  | 1 | 2 | 3 | 4 |
| 3. My FRC is well-informed and helpful.                       | 1 | 2 | 3 | 4 |
| 4. I get enough help from my FRC in coordinating the services | 1 | 2 | 3 | 4 |
| 5. My FRC respects my family's cultural heritage.             | 1 | 2 | 3 | 4 |
| 6. Overall, my FRC has made things easier for me.             | 1 | 2 | 3 | 4 |

**Evaluation:**

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. My child was evaluated as quickly as I expected.                       | 1 | 2 | 3 | 4 |
| 2. I was given enough choice as to who would evaluate my child.           | 1 | 2 | 3 | 4 |
| 3. I was offered evaluation in all developmental areas.                   | 1 | 2 | 3 | 4 |
| 4. I had a choice about the date, time and locations of most evaluations. | 1 | 2 | 3 | 4 |
| 5. Overall, the evaluation process was helpful.                           | 1 | 2 | 3 | 4 |

**IFSP (Individualized Family Service Plan):**

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. Someone clearly described the IFSP process and the IFSP meeting to me.                 | 1 | 2 | 3 | 4 |
| 2. It was clear to me that I could decide who would attend my child's IFSP meeting.       | 1 | 2 | 3 | 4 |
| 3. My concerns and priorities were the most important part of the meeting.                | 1 | 2 | 3 | 4 |
| 4. I was given choices about services for my child and family.                            | 1 | 2 | 3 | 4 |
| 5. I was given choices (if available) about where my child and family could get services. | 1 | 2 | 3 | 4 |

**Transition:**

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. I was told ahead of time that services would change for my child at age 3.  | 1 | 2 | 3 | 4 |
| 2. I was given information about what choices are available for my child after age 3.                                  | 1 | 2 | 3 | 4 |
| 3. My birth to three service providers and the 3 to 5 service providers worked well together to plan for new services. | 1 | 2 | 3 | 4 |
| 4. Overall, the transition process went smoothly.  | 1 | 2 | 3 | 4 |

**County Interagency Coordinating Council (CICC):**

- |   |   |   |   |   |
|---|---|---|---|---|
| 5. I know about the CICC in my area.                          | 1 | 2 | 3 | 4 |
| 6. I am invited to take part in the CICC meetings in my area. | 1 | 2 | 3 | 4 |

**Comments:** \_\_\_\_\_

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Estimado/a

Nuestra agencia entra en contrato con el Programa de Intervención Temprana para Infantes y Niños (ITEIP) del Departamento de Servicios Sociales y de Salud para otorgar servicios de intervención temprana, inclusive Coordinación de Recursos Familiares, para niños que califican, de recién nacidos hasta la edad de tres años, que tienen impedimentos, y para su familia. Se efectúa esta encuesta para obtener su opinión sobre la calidad de servicios de intervención temprana que recibe su familia de los proveedores en su región local. Esta encuesta a los padres es parte de la revisión de auto-análisis que estamos efectuando en nuestra comunidad.

De acuerdo a nuestras fichas de información Ud. y su niño/a han recibido servicios de intervención temprana durante este último año. La información que nos dé en esta encuesta es muy importante para nosotros pues nos ayudará a seguir mejorando los servicios de intervención temprana. Los resultados de esta encuesta son confidenciales. No debe incluir su nombre o información que pudiera identificarle a Ud., a su familia o a su niño/a.

Si tiene alguna pregunta de cómo llenar esta encuesta, por favor póngase en contacto con \_\_\_\_\_ de \_\_\_\_\_ al número \_\_\_\_\_.

Por favor llene y devuelva la encuesta en el sobre prefranqueado y con dirección antes del \_\_\_\_\_. Agradecemos sus respuestas y comentarios. Estos servirán de ayuda a familias que recibirán ayuda en el futuro y a nuestra comunidad para seguir construyendo un sistema de servicios de intervención temprana centrado en la familia.

Sinceramente,

\_\_\_\_\_  
\_\_\_\_\_

Por favor responda a cada declaración marcando en un círculo Una de las siguientes respuestas:

	1	2	3	4
	Firmemente en desacuerdo	En desacuerdo	De acuerdo	Firmemente de acuerdo

**Envío:**

- |  |  |  |   |   |   |   |
|--|--|--|---|---|---|---|
| 1. Al comienzo fue fácil informarme sobre servicios disponibles para mi niño       |  |  | 1 | 2 | 3 | 4 |
| 2. Al comienzo, había alguien dispuesto a escuchar mis preocupaciones y preguntas. |  |  | 1 | 2 | 3 | 4 |
| 3. Alguien explicó mis derechos a servicios de intervención temprana.              |  |  | 1 | 2 | 3 | 4 |
| 4. En general, mis primeros contactos con servicios fueron de ayuda.               |  |  | 1 | 2 | 3 | 4 |

**Coordinador de Recursos Familiares (FRC):**

- |  |  |  |   |   |   |   |
|--|--|--|---|---|---|---|
| 1. Sé quién es mi FRC.   |  |  | 1 | 2 | 3 | 4 |
| 2. Se me dio a elegir sobre quién sería mi FRC.                                      |  |  | 1 | 2 | 3 | 4 |
| 3. Mi FRC está bien informado y es de bastante ayuda.                                |  |  | 1 | 2 | 3 | 4 |
| 4. Recibo suficiente ayuda de mi FRC para coordinar los servicios que recibe mi niño |  |  | 1 | 2 | 3 | 4 |
| 5. Mi FRC respeta el legado cultural de mi familia.                                  |  |  | 1 | 2 | 3 | 4 |
| 6. En general, mi FRC ha hecho más fáciles las cosas para mí.                        |  |  | 1 | 2 | 3 | 4 |

**Evaluación:**

- |  |  |  |   |   |   |   |
|--|--|--|---|---|---|---|
| 1. Mi niño fue evaluado con la rapidez que esperaba.                         |  |  | 1 | 2 | 3 | 4 |
| 2. Se me dieron suficientes opciones para decidir quién evaluaría a mi niño. |  |  | 1 | 2 | 3 | 4 |
| 3. Se me ofreció evaluación para todos los segmentos de su desarrollo.       |  |  | 1 | 2 | 3 | 4 |
| 4. Pude elegir fecha, hora y localidad para la mayoría de las evaluaciones.  |  |  | 1 | 2 | 3 | 4 |
| 5. En general, el proceso de evaluación fue de ayuda.                        |  |  | 1 | 2 | 3 | 4 |

**IFSP (Plan Individualizado de Servicio Familiar):**

- |   |  |  |   |   |   |   |
|---|--|--|---|---|---|---|
| 1. Alguien me describió claramente el procedimiento IFSP y la reunión de IFSP.                    |  |  | 1 | 2 | 3 | 4 |
| 2. Fue claro para mí de que yo podría decidir sobre quien asistiría a la reunión IFSP de mi niño. |  |  | 1 | 2 | 3 | 4 |
| 3. Mis preocupaciones y prioridades fueron la parte más importante de la reunión.                 |  |  | 1 | 2 | 3 | 4 |
| 4. Se me dieron opciones (si fueran disponibles) sobre los servicios para mi niño y familia.      |  |  | 1 | 2 | 3 | 4 |
| 5. Se me dieron opciones sobre el lugar donde mi niño y familia podrían recibir servicios.        |  |  | 1 | 2 | 3 | 4 |

**Transición:**

- |   |  |  |   |   |   |   |
|---|--|--|---|---|---|---|
| 1. Se me avisó anticipadamente que los servicios cambiarían cuando mi niño cumpliera los 3 años de edad.  |  |  | 1 | 2 | 3 | 4 |
| 2. Se me dio información sobre que opciones hay disponibles para mi niño despues que cumpla 3 años.   |  |  | 1 | 2 | 3 | 4 |
| 3. Mis provisosores de servicios del período entre nacimiento y tres años, y los de 3 a 5 años trabajaron y coordinaron bien conjuntamente para planear nuevos servicios. |  |  | 1 | 2 | 3 | 4 |
| 4. En general, el proceso de transición se desarrolló cómodamente<br>En general, el procedimiento de evaluación fue de ayuda.   |  |  | 1 | 2 | 3 | 4 |

**Consejo Coordinador de Agencias Internas del Condado (CICC):**

- |  |  |  |   |   |   |   |
|--|--|--|---|---|---|---|
| 1. Estoy informado/a sobre el CICC de mi región.                   |  |  | 1 | 2 | 3 | 4 |
| 2. Soy invitado/a a participar en reuniones del CICC de mi región. |  |  | 1 | 2 | 3 | 4 |

**Comentarios:** \_\_\_\_\_



## Sample Letter to Providers

Date

Dear (Early Intervention Service Provider):

This survey is being administered by (name of local lead agency) to determine your opinions about the quality of early intervention services being offered in our community. The early intervention program is locally administered by our agency within (County or geographic area name) through a contract with the DSHS Infant Toddler Early Intervention Program (ITEIP) to provide services to infants and toddlers, birth to three, with delays and disabilities and their families through Part C of the Individuals with Disabilities Education Act.

You have been identified as providing services to children birth to three with delays and disabilities and their families. Therefore we are sending this survey as part of a self-assessment review we are conducting to help improve our services to the families and communities we support. Your participation in this survey is critical to assessing and improving local services provided to eligible children and their families

The results of this survey are confidential and will be used by us to:  
Systematically evaluate the services that eligible children, birth to three, with delays and disabilities and their families are receiving locally.  
Record the accomplishments, and needed improvements in current services; and  
Develop specific action plans for making program improvements.

If you do not currently participate in your local County Interagency Coordinating Council (CICC) self-assessment process, please complete this survey and place it in the mail by (date) in the enclosed envelope to the following address:

Agency Address

If you have questions or comments about filling out the survey, please contact: (name and phone number). Thank you for your help.

Sincerely,

(Name)  
(Agency)

## Local Early Intervention Program Review Survey

Respondent's name (optional): \_\_\_\_\_

QUESTION	YES	NO	DON'T KNOW	COMMENT
1. Local policies have been developed, with family participation, that meet needs of children with delays and disabilities and their families and they are easy to understand.	_____	_____	_____	_____
2. Agencies in our community work together to improve services for children with delays and disabilities, birth to three and their families.	_____	_____	_____	_____
3. People in local communities are informed about funding sources for Part C and funding information is easily accessible to families.	_____	_____	_____	_____
4. People in local communities know who Family Resources Coordinators are.	_____	_____	_____	_____
5. Families know how to get screening for their children when needed.	_____	_____	_____	_____
6. People in local communities know or are aware of planning efforts to improve services to families.	_____	_____	_____	_____
7. Families are informed of their rights, allowed to select services they think are right for their child, and receive copies of reports about their child.	_____	_____	_____	_____
8. Problems are resolved quickly when necessary.	_____	_____	_____	_____
9. Providers in local community are aware of ethnic and cultural representation and hire and keep qualified and well trained staff to provide services to children with delays and disabilities and their families.	_____	_____	_____	_____
10. In our community, people know that a child can be evaluated by qualified people at no cost to the family, and the results of the evaluations will be used to make a plan specific to the child and family.	_____	_____	_____	_____
11. In our community, people know that an Individualized Family Service Plan (IFSP) is developed after a child is determined eligible for services and that IFSP includes families' wishes, priorities, and child's needs.	_____	_____	_____	_____
12. In our community early intervention services are provided in natural environments.	_____	_____	_____	_____

## ADDITIONAL QUESTIONS

1. Do the answers you expressed here represent experiences of other service providers that you know of?
2. What do you like most about your Early Intervention Program?
3. What would you change about your local Early Intervention Program?

**INFANT TODDLER EARLY INTERVENTION PROGRAM  
SELF-ASSESSMENT TOOL 2000**

<b>CONTRACTOR COMMENTS</b>	
<p>1) Summarize parent/family survey results and attach to this page.</p> <p>Note: Additional pages may be added as needed for results and summaries.</p>	

**INFANT TODDLER EARLY INTERVENTION PROGRAM  
SELF-ASSESSMENT TOOL 2000**

<b>CONTRACTOR COMMENTS</b>	
<p>2) Summarize Early Intervention Provider survey results and attach to this page.</p> <p>Note: Additional pages may be added as needed for results and summaries.</p>	

**INFANT TODDLER EARLY INTERVENTION PROGRAM  
SELF-ASSESSMENT TOOL 2000**

<b>CONTRACTOR COMMENTS</b>	
3) Summarize areas that need a Plan of Action for resolution.	
4) What are your program's strengths and weaknesses?	
5) Complete the Plan of Action.	

**INFANT TODDLER EARLY INTERVENTION PROGRAM  
SELF-ASSESSMENT TOOL 2000**

<b>CONTRACTOR COMMENTS</b>	
<p>6) Is there training and/or technical assistance that you would like to request from the SICC or ITEIP?</p> <p>7) If so, what is the local plan? Who will request TA from ITEIP?</p>	

**INFANT TODDLER EARLY INTERVENTION PROGRAM  
SELF-ASSESSMENT TOOL 2000**

<b>PLAN OF ACTION</b>  <b>DATE OF REVIEW:</b> _____	<b>PROGRAM PLAN OF ACTION*</b>
Action # _____  Expectation # _____	Response Plan:    Timeline for completion:
Action # _____  Expectation # _____	Response Plan:    Timeline for completion:
Action # _____  Expectation # _____	Response Plan:    Timeline for completion:



# FEEDBACK FORM

## Washington's Infant Toddler Early Intervention Program Self-Assessment Tool

NAME (optional) \_\_\_\_\_

REPRESENTING \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

[Circle one (1= no help; 2= not very helpful; 3= somewhat helpful; 4= helpful; 5= very helpful)]  
This tool was helpful in developing a plan for improving our early intervention system/program.

1      2      3      4      5

The format of the tool aided with prioritizing areas for improvement.

1      2      3      4      5

The tool was easy to use.

1      2      3      4      5

The items were easy to understand.

1      2      3      4      5

Suggestions for improvement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mail to: Department of Social and Health Services  
Infant Toddler Early Intervention Program  
Post Office Box 45201  
Olympia, WA 98504-5201

HIGHEST ENTRY LEVEL REQUIREMENTS IN WASHINGTON STATE  
 FOR EARLY INTERVENTION PROFESSIONALS

**(This chart summarizes a review of all Washington statutes and the rules of all Washington agencies applicable to serving children eligible under Part C and their families.)**

<b>Discipline</b>	<b>Highest Entry-Level</b>	<b>Certification/ Licensure/ Registration</b>
Audiologist	Master's in Audiology	Not Required
Family Resources Coordinator	Complete training by DSHS Infant Toddler Early Intervention Program	Registration/ DSHS Infant Toddler Early Intervention Program
Marriage and Family Therapist	Master's in Marriage and Family Therapy or Behavioral Science	Certificate/DOH
Mental Health Counselor	Master's in Mental Health Counseling or related field	Certificate/DOH
Nursing Personnel: a. Practical Nurse	Completed an approved program for the education of practical nurses, or its equivalent	License/DOH Carries out programmatic early intervention health and nursing services under the supervision of a registered nurse.
b. Registered Nurse	Diploma from an approved school of nursing	License/DOH
Nutritionist	Master's in Human Nutrition, Nutrition Education, Foods and Nutrition, or Public Health	Certificate/DOH
Occupational Therapist	Baccalaureate	License/DOH
Orientation and Mobility Specialist	Baccalaureate	Not Required
Pediatrician	Doctor of Medicine	License/DOH
Physical Therapist	Baccalaureate	License/DOH

<b>Discipline</b>	<b>Highest Entry-Level</b>	<b>Certification/ Licensure/ Registration</b>
Psychology Personnel: a. Psychologist	Doctorate (including an integrated program of study in psychology)	License/DOH (Exception: A person who is employed by the State may practice psychology with a Master's degree, under the supervision of a licensed Psychologist.)
b. School Psychologist	Master's with a specialization in School Psychology	Certificate/OSPI
Social Work Personnel: a. Social Worker	Master's in Social Work	Certificate/DOH
b. School Social Worker	Master's in Social Work	Certificate/OSPI
Special Educators	Baccalaureate	Certification, with Early Childhood Special Education endorsement/OSPI (Exception: Endorsement is not required if a person applied for their continuing certificate prior to July 1, 1988.)
Speech and Language Personnel: a. Communication Disorders Specialist	Master's in Speech Pathology	Certificate/OSPI
b. Speech Pathologist	Master's in Speech Pathology	None
Teacher	Baccalaureate	Certification/OSPI
Vision Specialist	Baccalaureate	Certificate/OSPI

\*References: Available for public inspection at the Department of Social and Health Services Infant Toddler Early Intervention Program  
1. Revised Codes of Washington Chapters 18 and 24A

2. Washington Administrative Codes 180 and 246
3. Washington State Department of Personnel job Specifications