



The Center to Inform
Personnel Preparation Policy and Practice
 In Early Intervention & Preschool Education



August 2006

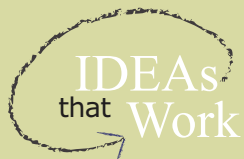
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Data Report

**Study IV Data Report: The National Status of Early
 Intervention Personnel Credentials**

The Center to Inform Personnel Preparation Policy and Practice in Early Intervention and Early Childhood Special Education (referred to hereafter as the Center) was established in January, 2003 as a five-year project funded by the Office of Special Education Programs. The purpose of this Center is to collect, synthesize and analyze information related to: (a) certification and licensure requirements for personnel working with infants, toddlers, and preschoolers who have special needs and their families, (b) the quality of training programs that prepare these professionals, and (c) the supply and demand of professionals representing all disciplines who provide both ECSE and EI services. Information gathered will be utilized to identify critical gaps in current knowledge and design and conduct a program of research at the national, state, institutional and direct provider level to address these gaps. This program of research and policy formulation will yield information vital to developing policies and practices at all levels of government, including institutions of higher education.

Purpose of the Report

Information presented in this report is based on findings from a study that investigated the credential requirements for personnel in Part C programs. Part C coordinators from 56 states and territories were contacted in the fall of 2005 and asked whether they had additional training or credential requirements for service providers beyond those of initial standards, licensure or certification. The 22 states that were reported as having early intervention personnel requirements in addition to discipline specific licensing or certification are described in this report. Participants indicated which personnel were required to obtain a credential, how the credential was mandated, specific requirements, how the credential was developed, and barriers and sources of support during curriculum development. Results indicated that training and personnel preparation activities are generally mandated by either state regulations, policy guidelines or as a prerequisite for billing. Personnel preparation activities vary widely across states and are often guided by a set of competencies that outline the skills that providers must demonstrate to obtain a credential. All states provide training, which is most frequently offered in workshops or university courses, while some states provide online modules. Training topics in most states reflect evidence-based practices in

early intervention such as family-centered practices, family systems theory, natural environments, and parent-child interaction research. Training topics in the majority of states included: typical and atypical development of infants and toddlers; federal and state regulations; early intervention; the selection of assessment instruments, and the individualized family service plan. Most employ a process driven model of training.

To maximize the benefits of early intervention, it is essential that personnel who work with children have the professional ethics, specialized knowledge of infant and toddler development and the ability to successfully collaborate with families (Caulfield, 1997). Credentialing has been a way to assure a high quality of professionalism within the workforce in early intervention programs (Hanson & Bruder, 2001). There continues to be a need for models of personnel preparation systems that have successfully implemented specialized standards for personnel serving infants, toddlers and their families (Bruder, Klosowski, & Daguio, 1991).

The Center to Inform Personnel Preparation Policy and Practice in Early Intervention and Preschool Education was established in January 2003 as a five-year project funded by the Office of Special Education Programs. One of the initiatives of the Center is to conduct research on the certification requirements for personnel working with infants and toddlers with special needs and their families.

METHODOLOGY

Participants

Part C coordinators from 50 states and the District of Columbia, 5 territories, and the Bureau of Indian Affairs were the targeted population for this survey. To recruit the sample, a letter providing information about the survey and a request for participation was electronically mailed to Part C coordinators through the National Early Childhood Technical Assistance Center (NECTAC) listserv. A Total of 52 Part C coordinators and/or representatives agreed to participate and were asked whether their state had some type of credentialing or training/supervision requirement for personnel working in Part C programs beyond those of discipline specific licensure and certification.

Of the 52 states represented in this study, a Total of 22 (42%) Part C coordinators and representatives (coordinators from the Comprehensive System of Personnel Development (CSPD), consultants, and training/educational specialists) indicated that they had a credential or other type of additional training requirements and completed the survey. Among the remaining 30 (58%) Part C coordinators that verified that they did not have any type of additional training requirements for EI providers, 21 (40%) provided additional information about barriers to creating a credential in their state and their future plans regarding credentials (see Table 1).

Table 1. *Categories of Participants who Provided Information (n=52)*

Participant Information	n	%
Participant Information	n	%
States with credential/additional training that completed the survey	22	42
States without credential/additional training (provided information on barriers)	21	41
States without credential/additional training (no additional information)	9	17
Total	52	100

Procedure

Data were collected through searches on the World Wide Web and through the administration of a telephone survey.

Web based searches. Information about credentialing requirements for personnel in each state was first collected through web based searches. In particular, web sites of Part C programs, CSPD, NECTAC, and the home pages of each state were examined. Data obtained through these searches was then used for background information and preliminary responses to the survey questions. The information collected from the web was verified by respondents during the administration of the telephone survey.

Telephone surveys. Part C coordinators were contacted by telephone, provided with information about the purpose of the study, and asked if they were the most appropriate person to complete the survey. Four Part C coordinators (18%) and seven CSPD coordinators (32%) completed surveys. The remaining 11 surveys were completed by multiple respondents, such as Part C coordinators, CSPD coordinators, training directors and educational specialists/consultants (Table 2).

Table 2. *Job Titles of Participants Who Completed Survey (n=22)*

Survey Respondent	n	%
Part C coordinator only	4	18
CSPD coordinator only	7	32
Part C coordinator and CSPD coordinator	3	14
Part C coordinator and other Part C staff *	2	9
CSPD coordinator and other Part C staff	5	23
Other Part C staff	1	5
Total	22	100

*Other staff included educational consultants or training support staff who worked directly with the Part C or CSPD coordinators

After identifying the appropriate respondents, research staff secured both consent to be surveyed and permission to audio tape the conversation for later transcription. Duration of the survey ranged from 20 to 80 minutes. In three states, Part C coordinators requested that the survey be sent via electronic mail to be completed independently. Follow-up telephone conversations were conducted when clarification of responses was needed.

Following the administration of the survey, the completed survey was sent to each respondent for verification of responses. Changes to the survey were made by respondents when necessary and returned to project staff. Quantitative data were entered into SPSS, and data entry was verified for reliability by research staff. Qualitative information was entered into Access data files and themes were independently identified and coded by two research staff.

Telephone Survey

The Impact of Credentials on Personnel Preparation Practices in Early Intervention survey consisted of 31 questions (13 multiple choice, 11 binary choice and 7 open ended questions) (see Appendix A). This survey was administered as a semi-structured interview to allow respondents to engage in a conversational style dialogue with project staff and to clarify any questions asked to provide additional information as needed. Questions were grouped according to five topics: 1) information about the Part C web site; 2) personnel requirements; 3) history of the credential; 4) obtaining a credential; and 5) funding of the credential. Some questions required respondents to choose one response whereas other questions allowed respondents to select all applicable responses. Open ended questions enabled respondents to elaborate on their responses.

Fidelity Procedures

Web based. To ensure reliability and consistency among project staff gathering the web based information, a written protocol was designed to detail the procedures for collecting web based information and recording supporting documents.

Telephone Survey. Research staff was trained on data collection procedures using a written

protocol for obtaining consent, administering the survey, and tracking incoming documents. Interviewers piloted the survey with professionals in the field of Early Intervention (EI) who were not part of the sample. Feedback was given by the professionals being surveyed and by project staff listening to the administration of the survey.

Regular meetings were held to discuss issues and address questions raised during the administration of the survey. Project staff reviewed each audiotape and provided feedback to the interviewers. Research staff reviewed all telephone survey tapes to ensure accuracy of data interpretation and data entry. Inter-rater reliability for states that completed the full survey was 95%. Inter-rater reliability for states that did not have a credential requirement but reported barriers to developing one was 100%.

Data Analysis

Descriptive statistics (i.e., means, frequencies, percentages, and cross plots) were calculated for the quantitative data. Research staff analyzed the qualitative responses to categorize data and to identify salient themes. Each response was then coded to consensus by multiple research staff members.

RESULTS

The findings were categorized into the following topics: 1) information about the Part C web site, 2) credentialing requirements for EI personnel, 3) personnel preparation activities, 4) funding of the credential, and 5) barriers and sources of support for establishing a credential requirement.

The focus of this report will be on those states that require EI providers to complete additional personnel preparation activities beyond discipline specific licensing or certification. Within this group of states two sub-groups emerged. One sub-group consists of states where EI providers were required to obtain a certificate, credential, or another type of formal endorsement beyond discipline specific licensing or credential requirement. This sub-group is referred to as the "credential states." The other sub-group consists of states where EI providers were required to complete personnel preparation activities (e.g., additional training) beyond discipline specific licensing or certification requirements, but did not receive a formal endorsement. This sub-group will be referred to as the "training states," as this is the common personnel preparation requirement.

Information from State Part C Websites

Of the states that had additional requirements, 19 of the 22 had personnel preparation requirements available online (see Table 3).

Table 3. *Frequency of Part C Website Updates (n=19)*

Website Updates	n	%
Updated as new information is available	6	32
Updated weekly	2	11
Updated bi-weekly	4	21
Updated monthly	2	11
Updated quarterly	1	5
Updated semi-annually	1	5
Updated annually	1	5
Not updated	2	11
Total	19	100

States With Additional Requirements Beyond Discipline Specific Licensure or Certification

Of the 22 states that have additional requirements beyond discipline specific licensure or certification, 16 (73%) states reported having a credential requirement for service providers, and 6 (27%) states had training and/or supervision requirements for service providers. Table 4 lists the states with credential requirements and those with training/supervision requirements.

Table 4. *Credential Training Requirements and Personnel Required to Obtain Credential (n=22)*

Type of Requirement	n	%
States with credential requirements (AZ, CT, DC, FL, IL, IN, MD, MA, MO, NM, NC, OR, SC, TX, UT, WV)	16	73
States with training/supervision requirements (AL, GA, KY, LA, PA, RI)	6	27
Total	22	100

Some states required those individuals holding specific positions to obtain additional personnel preparation. In eight states, all personnel in Part C programs (excluding personnel who provide transportation and interpretation services) are required to meet additional requirements beyond those of discipline specific licensure and/or certification. Seven (32%) states report that personnel providing special instruction and service coordination to children are required to obtain a specialized credential. In four (18%) states, only personnel providing special instruction to children in Part C programs for a designated percentage of their employment hours are required to obtain a credential regardless of whether they have discipline specific licensure or certification. For example, New Mexico requires personnel who provide special instruction to children and families 60% or more of their time to obtain a Developmental Specialist credential. Two (9%) states require providers to obtain a credential if they are providing special instruction outside

their discipline. For example, if an occupational therapist also conducts developmental evaluations during home visits, participates in IFSP meetings, and maintains regular contact with family members regarding the child's IFSP, he or she would be required to be credentialed. Texas is the only state that has additional personnel preparation requirements for special education instructors regardless of whether they have teaching certification. Early intervention services are funded by Medicaid in Texas, which does not recognize special education certification and instead requires special instructors to have an additional early intervention credential (see Table 5).

Table 5. *Types of Personnel Who Have Additional Requirements (n=22)*

Personnel Required to Meet Additional Requirements	n	%
All personnel in Part C programs	8	36
Personnel who provide service coordination and special instruction	7	32
Personnel who provide special instruction to children ^a	4	18
Personnel who provide special instruction outside discipline ^b	2	9
Special education teachers whose certification is not recognized by Medicaid ^c	1	5
Total	22	100

^a Includes disciplines with licensure such as occupational therapy and disciplines without licensure (e.g., developmental therapists with a bachelor's degree in psychology).

^b For example, an occupational therapist who completes full developmental evaluations and organizes the IFSP team

^c Texas

Types of Additional Requirements Beyond Entry Level (n=22)

The majority of the 22 states reported that Part C personnel were mandated to obtain additional requirements through personnel state regulations (32%) or policy guidelines (32%). Five respondents indicated that EI programs in their state contracted with agencies that required service providers to obtain a credential in order to be paid by the central billing office (23%). In states where Medicaid paid for EI services, personnel were required to have a credential in order to bill for services (14%) (see Table 6).

Table 6. States with Additional Personnel Preparation Options (n=22)

State	Required by State Regulations	Required by Policy Guidelines	Required by Central Billing Office or Hiring Agency	Required by Medicaid	Voluntary
Alabama	X				
Arizona		X			
Connecticut					X
D.C.					X
Florida			X	X	
Georgia		X		X	
Illinois			X		
Indiana			X		
Kentucky	X		X		
Louisiana	X				
Maryland	X				
Massachusetts		X			
Missouri	X				
New Mexico		X			
North Carolina		X			
Oregon	X				
Pennsylvania		X			
South Carolina		X			
Rhode Island	X				
Texas	X			X	
Utah		X			
West Virginia			X		
Total	8	8	5	3	2

Of those states that offered a credential, the following (see Table 7) displays the disciplines included in the credential.

Table 7. States that Offer a Formalized Credential (n=16)

Discipline	States with a Formalized Credential															
	AZ	CT	DC	FL	IL	IN	MD	MA	MO	NM	NC	OR	SC	TX	UT	WV
Paraprofessionals/ Aides	X	X		X		X	X	X	X	X	X	X	X	X	X	X
ECSE Teachers	X	X	X	X	X	X	X	X	X	X			X	X	X	X
EC Teachers (non-specialized certification)	X	X		X	X	X	X	X	X	X			X	X	X	X
Occupational Therapists	X	X	X		X	X	X	X		X	X	X		X	X	X
Physical Therapists	X	X	X		X	X	X	X		X	X	X		X	X	X
Speech Therapists	X	X	X		X	X	X	X		X	X	X		X	X	X
Audiologists	X	X			X	X			X	X	X			X		X
Nurses	X	X	X		X	X	X	X	X	X	X	X		X	X	X
Nutritionists	X	X			X	X			X	X	X	X		X	X	X
Social Workers Counselors/ Therapists	X	X		X	X	X	X	X	X	X	X	X		X	X	X
Psychologist Service coordinators	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

States that Offer a Credential

States vary widely in the types of credentials required for personnel provided early intervention services (see Table 7). For example, in Massachusetts, most providers, with the exception of some related service providers (e.g., audiologists, nutritionists, and physicians), must be credentialed if they are employed over 20 hours a week. In Connecticut there is a voluntary Infant Toddler Specialist credential that all providers are encouraged to obtain. In Florida and Texas, all personnel who provide special instruction who do not have a license in their field (e.g., personnel with a bachelors or masters degree in psychology or social work) are required to obtain a credential. In Texas, providers are paid by Medicaid, which requires special education teachers to obtain the credential regardless of having teaching certification. To bill for services in Illinois, EI personnel (other than paraprofessionals and physicians) must be licensed and have a specialized credential.

Personnel in Indiana may be credentialed in one of three categories: 1) Early Intervention Associate (required for personnel who have a high school, GED, or associates degree in early childhood development or equivalent field-based training); 2) Early Intervention Specialist (required of related service providers); or 3) Service Coordinator Specialist. To obtain an early

intervention associate credential, personnel must have some specialized training beyond high school, attend inservice trainings, and be supervised by an early intervention specialist. Early intervention specialists must meet entry level requirements for their discipline and attend inservice trainings. Personnel from any discipline are eligible to obtain a service coordinator specialist credential if they have a bachelor's degree with at least 30 academic credit hours in child/family training and 12 months of supervised EI case management.

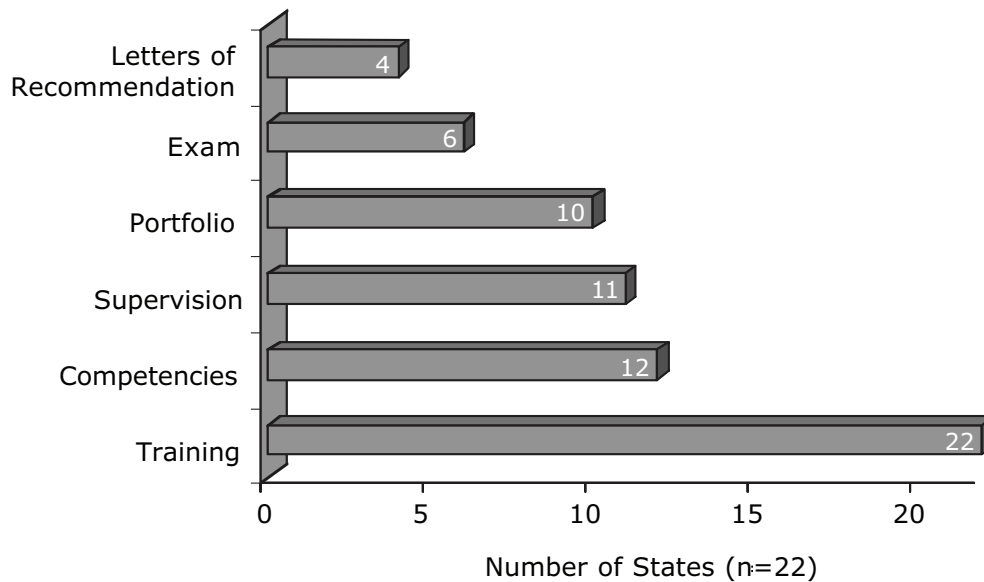
Some states only require personnel who provide early intervention services for a certain percentage of their work time to obtain a credential. In Maryland, all personnel who provide EI services in excess of 15% of their work time are required to obtain a credential whereas personnel in New Mexico who spend 60% or more of their employment time providing early intervention are required to obtain a credential.

States Offering Training Only (n=6)

Six states indicated that they had training requirements for personnel providing EI services in addition to licensure and certification. Alabama, Georgia², Kentucky, and Pennsylvania have mandatory training for providers of special instruction and in any discipline who serve as service coordinators. Louisiana and Rhode Island require that all providers complete training as a condition of employment in EI however, the training is not considered to represent a credential. Kentucky requires that all personnel (excluding physicians) complete specialized EI training and obtain a certificate of completion in order to bill for services.

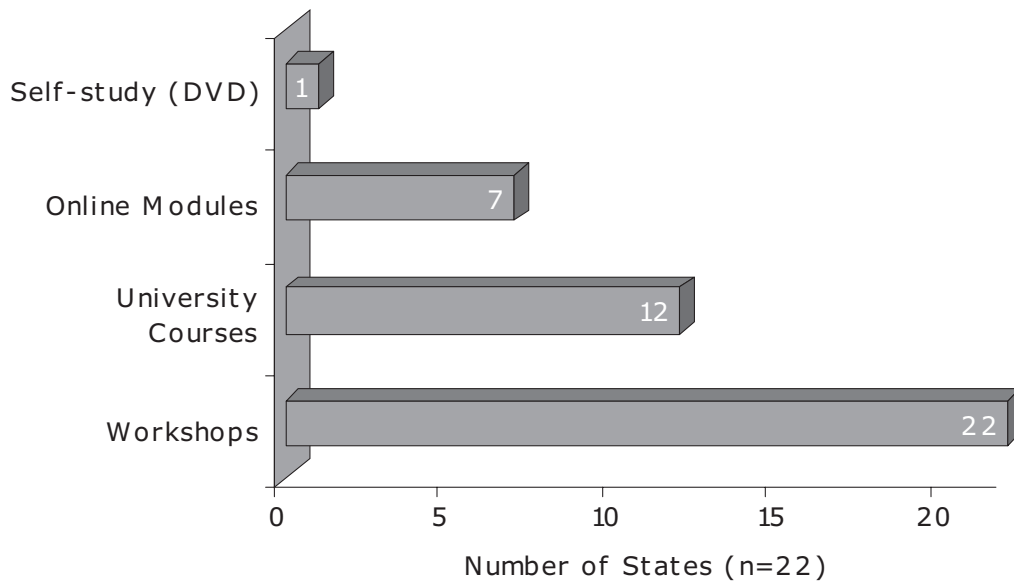
Above Entry Level Personnel Requirements for Both Credential States and Additional Training Only States

All states required participation in additional training, even for personnel that had met entry level standards. Twelve states (55%) reported using competencies that described knowledge and skills that personnel were expected to demonstrate professionally before providing services. In two of these states the competencies were currently under revision. Supervision was required for personnel in 11 states (50%) surveyed. Ten states (45%) required personnel to document how personnel preparation activities and training were related to competencies in a portfolio which was later reviewed by supervisors or Part C/CSPD personnel. Passing an exam following training was required by personnel in 6 states in order to obtain a credential. Four states (18%) required personnel to obtain 3 letters of recommendation (one from a supervisor and two from families who the provider had worked with while providing EI). These are represented on Figure 1.

Figure 1. *Types of Additional Requirements (n=22)**Options Available in Credential and Additional States*

States used a variety of training options. States gave personnel the choice of completing training through a variety of activities. The most frequently offered option was workshops (n=22; 100%), followed by university courses (n=12; 55%), or online training modules (n=7; 32%). One state offers personnel the option of using a self-study DVD to complete training (see Figure 2). The average length of training offered in workshops was 36 hours and ranged from 3 to 138 hours. The average semester training coursework was 12 hours and ranged from 8 to 15 semester hours. Other states used contact hours or points as a unit of measuring amount of training. Contact hours ranged from 8 to 230 hours and points ranged from 8 to 75 across states.

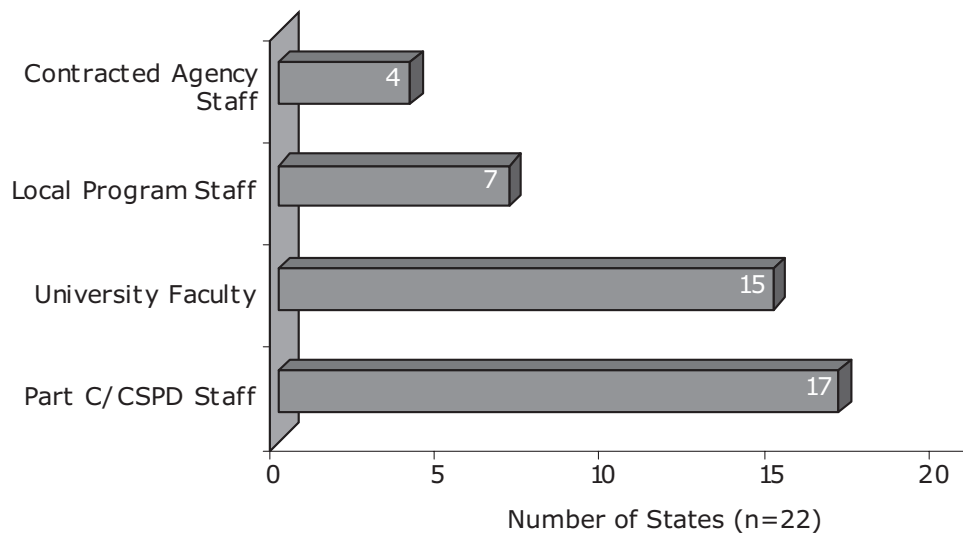
Figure 2. Training Options Available to Personnel (n=22)



Training in Both Credential and Training Only States

Part C personnel, such as CSPD training directors, provided training in 17 states (77%) and 15 states (68%) contracted with university faculty to provide training. In 7 states (32%) training was provided by personnel in local programs and 4 states (18%) contracted with agencies such as United Cerebral Palsy to provide training (see Figure 3).

Figure 3. Trainers (n=22)

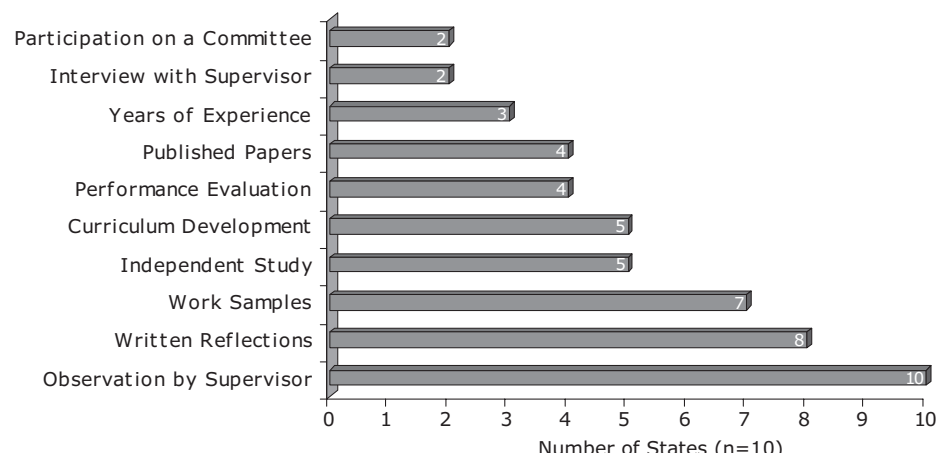


Portfolio Activities

Ten states (45%) surveyed required personnel to document their personnel preparation activities in a portfolio. Nine states required a staff member in the Part C or CSPD office to evaluate the portfolio, whereas in four states the portfolio was reviewed by supervisors in local EI programs. Three states employed local EI providers to review the portfolio whereas 4 states contracted personnel such as faculty in higher education to review the portfolio. In Massachusetts portfolios are reviewed by a panel which includes an EI peer, a parent and an administrator. Personnel were required to achieve a designated amount of activities related to each area of competency. The number of required activities was determined by contact hours in four states whereas the remaining states simply indicated the number of activities required to demonstrate each area of competency.

In all ten states with portfolio requirements, content included a supervisor's written documentation of service provided in different settings (e.g., during an IFSP meeting, an evaluation, or providing therapy) (see Figure 4).

Figure 4. *Types of Personnel Preparation Activities Documented in a Portfolio (n=10)*



Funding for the Additional Personnel Requirements

Twenty-two states provided information pertaining to funding sources. The majority (n=18) were able to provide some information about the funding of the additional requirements in their state. Among the 18 states, 56% noted multiple sources of funding, and the remaining indicated federal funds only (32%) or state funds only (5%). All but one respondent indicated that some federal money was used to fund the training or personnel preparation activities required for personnel to obtain the credential in their state (94%). State funds were used in 11 states (50%) and family fees were used in 2 states (9%) (see Table 9).

Nine of the states were able to provide information about the cost of the credential for personnel. The credential was free for personnel in six of the states (67%). Three states reported that personnel were required to pay application processing fees of \$65, \$110, and \$120.

Table 9. *Funding of Credential Requirements Across States (n=22)*

Type of Funding	n	%
Federal funds only	7	32
State funds only	1	5
Federal and State funds	8	36
Federal, State and Family Fees	2	9
Unable to Report Funding Source	4	21
Total	22	100

A subset of the eighteen states that provided funding information (n=13) were able to provide the percentage of funding from each type of funding reported for the credential (see Table 10).

Table 10. *Source and Percentage of Funding for Personnel Preparation Activities (n=13) a*

Source of Funding	AZ	CT	DC	FL	IL	IN	KY	MA	MI	NC	SC	TX	UT
Federal funds	100	100	100	100	36	50		80	100	100	92	50	50
State funds					48	50	100	20			8	50	50
Family Fees					16								

^a Note: Numbers represent percentage of funds from source.

Barriers and Sources of Support for Establishing Additional Personnel Requirements

Creating the Requirements

Seventeen respondents provided information about the entity that was responsible for creating the additional personnel standards in their states. Nine (41%) respondents described the dedication of a Part C coordinator or a CSPD coordinator as driving the development and standards. Other respondents described how effective collaboration between professionals with many years of experience and knowledge in the field of EI and early childhood special education were responsible for the creation of standards in their state.

Nine respondents indicated that personnel from Part C, such as coordinators, CSPD coordinators, training directors, and EI personnel, created the standards for the system in their state. Two respondents indicated that Part C was the only responsible entity. Six respondents described some type of coordinated effort between Part C coordinators, the Interagency Coordinating Council (ICC), higher education faculty in early childhood special education, and educational consultants to create the standards for the credentialing system (see Table 11).

Table 11. *Entity Responsible for Creating the Additional Standards (n=22)*

Entity Responsible for Creating Additional Standards	n	%
Part C/CSPD personnel only	9	41
Interagency coordination council (ICC) only	1	5
Part C & ICC	2	9
Part C, ICC, & higher education institution	4	18
ICC, higher education institution	1	5
Unable to report	5	23
Total	22	100

Information about the number of years it took to create the additional standards was provided by 17 states. The average amount of time reported across the 17 states was 3 years and 7 months and ranged from 6 months to 10 years. The most frequent amount of time reported to create the credential system was 2 years.

Sources of Support for Creating a Additional Standards

Twenty respondents reported one or more sources of support that facilitated the establishment and implementation of the credential requirement (see Table 12).

Table 12. *Sources of Support When Establishing the Additional Standards for Personnel (n=20)*

Sources of Support	Frequency	%
Collaboration with ICC and EI programs	3	15
Persistence and dedication	3	15
Modeled state competencies from previously established systems	3	15
Used varied instructional technology	2	10
Collaboration with colleges and universities	2	10
Information and experience	2	10
No costs associated with credential	1	5
Implemented deadline for completing requirements	1	5
Self assessment tool	1	5
Program flexibility	1	5
Implemented train the trainer model	1	5
Implemented a portfolio assessment	1	5
Conducted needs assessment survey	1	5
No supports reported	2	20

In states with additional standards beyond the initial licensure and certification (n=22), three respondents indicated that collaboration between Part C and CSPD coordinators and personnel in EI programs was key. Involving personnel in EI programs in the process of creating the personnel standards results in less resistance to the introduction of additional training or personnel preparation requirements and greater assurance that the requirements were consistent with professional development needs. One respondent described how a needs assessment was conducted to determine the professional development needs of EI personnel before developing competencies. Similarly, three respondents indicated that collaboration between Part C and local colleges and universities facilitated the establishment of the standards for the credentialing requirement. These three respondents described how letters of agreement between Part C and universities enabled higher education faculty to provide training for personnel seeking the credential.

In three states, the persistence and determination of personnel working to create the standards, as well as the knowledge of experienced personnel, were noted as positive resources that helped to create the credential standards. Three respondents described how examining competencies and training objectives used in the credentialing systems of other states was helpful. The credentialing system in these three states had been modeled on the system of a successful state system. Other strategies that facilitated the introduction of the credential was ensuring that personnel did not bear the cost of these personnel preparation standards, and implementing deadlines for completion of requirements in a timely fashion.

One respondent described the development of a self-assessment tool that was completed by personnel prior to completing the personnel requirements. This tool enabled personnel to determine the areas of competence that they believed required additional training. After completing the self-assessment tool, personnel met with a supervisor to make a professional development plan. Using the results of the self-assessment, the providers could document how personnel preparation activities would focus on enabling them to develop competence in areas they believed required further training. Another respondent described how a "Train the Trainer" model facilitated the personnel requirements in their state. Personnel who completed training requirements and received a credential were then required to mentor a colleague who was seeking the credential.

Barriers to Establishing a Credential

Seventeen states (77%) that developed a credential or additional training requirements for personnel described the barriers that occurred during this process (see Table 13). Four states (18%) indicated that they did not face any barriers during the process. One of the two most frequently noted barriers was resistance from personnel who did not want to complete the additional personnel preparation activities required for licensure or certification (31%). Professional associations and unions argued against establishing credentials because they felt the current certification and/or licensure requirements for personnel were sufficient. Other barriers were personnel indicating did not want to take time away from billable hours to complete per they personnel preparation activities (26%) and lack of funding to subsidize the cost of training (26%).

Many states had difficulty enforcing additional training or credentialing requirements because there was no statutory regulation mandating these kinds of credentials in their state (31%).

Some states had personnel shortages in their Part C programs and to add any additional requirements that might further limit the current pool of personnel (31%). In two states, personnel reported that their heavy workload made finding time for additional personnel preparation very difficult(11%). In one state, personnel stated that the paperwork for the credential application was too complicated to complete (5%).

Table 13. *Barriers to Establishing Requirements for Personnel (n=22)*

Barriers To Creating a Credential	n	%
Resistance from E.I. personnel/union	6	31
Difficulty implementing/mandating without mandate	6	31
Insufficient supply of personnel	6	31
Funding	5	26
No response to question	5	26
Heavy work load	2	11
Complicated paperwork	1	5
No barriers reported	4	18

Barriers Reported by States with No Credential or Training Requirements

The heavy workload of personnel was reported as a barrier to creating a credential by 8 (28%) of the 29 states that had no additional personnel standards (see Table 14). Respondents reported that their personnel had expressed that they had too little time to attend training and were concerned about losing billable hours while fulfilling requirements for a credential.

States that reported an insufficient supply of personnel (29%) expressed also concerned about losing personnel if they mandated additional training or credential requirements. States in rural regions reported difficulties in providing EI in geographically vast and isolated areas (e.g., Arkansas and North Dakota, American Samoa) (14%). These states were concerned about losing their limited supply of personnel by mandating additional requirements for personnel. In addition, these coordinators described the need to prepare personnel to serve the needs of children and adolescents across a larger age range than birth to three years.

Table 14. *Barriers to Establishing a Credential Reported by Part C Administration in States Without a Credential (n=21)*

Barriers to Establishing Personnel Requirements	Frequency	%
Geographical isolation (e.g. rural areas)	3	14
Heavy work load	8	38
Insufficient supply of E.I. personnel	6	29
Funding	2	10
Lack of evidence based models	2	10
Lack of support from E.I. programs and policy makers	2	10
Resistance from E.I. personnel	1	5
Satisfied with current system	1	5
Using an educational license	3	14
Need for system change in EI program	3	14
No Barriers Reported	6	29

Two states reported that they were funding the creation of a credential and were concerned about using their limited resources to create a credentialing system without seeing evidence-based models that demonstrated credentialing of personnel improves quality of EI services. Three states reported that efforts to create a credential were not underway because the Part C system in their state had either undergone or was in the process of undergoing a system change (14%). Three states (14%) had mandated special education certification requirements for personnel working in EI that was designed for children aged birth to 8 years, or from Kindergarten to age 5 rather than specialized Birth to age 3 training. One state that did not have a credential reported that they were satisfied with their current system.

CONCLUSION

The results of this study reveal that the majority of Part C programs have taken steps to provide a comprehensive system of specialized training for personnel working in Early Intervention programs. Twenty-two of the states in the U.S. provide specialized training and additional preparation activities beyond licensure and certification for personnel in Part C programs. The majority of states that have additional training have created a credentialing system in their state where personnel receive a document indicating their related endorsements after completing the required personnel preparation activities. This credentialing system allows the professional qualities of early intervention providers to be documented and sets standards for professional education.

Training and personnel preparation activities are generally mandated by either state regulations, policy guidelines or as a prerequisite for billing. Personnel preparation activities vary widely across states and are generally guided by a set of competencies that outline the required skill sets that

providers must be able to demonstrate in order to obtain a credential. Training is provided in all states and is most frequently offered in workshops or university courses while some states report creating online modules that enable early intervention providers to access training from home. Training topics in most states reflect evidence-based best practices such as family-centered practices, family systems theory, natural environments, and parent-child interaction research. The majority of states discuss research related to typical and atypical development of infants and toddlers in their training. Most states employ a process driven model of training that includes topics related to federal and state regulations, early intervention process, development of the individualized family service plan, and the selection of instruments.

The manner that the credentialing system was established in each state varied widely but most respondents indicated that collaboration and commitment of personnel in the Comprehensive System of Personnel Development and leaders in the Part C program was critical to the success of their credentialing programs. In addition, many states found it helpful to draw upon the examples of others states that had established a credentialing system when attempting to implement the credential in their own state. This finding highlights the importance of opportunities for personnel to develop collaborative relationships within and between Part C programs to foster growth in personnel preparation systems. This study found significant diversity in the credentialing systems across states, indicating that no single model is appropriate for all states and there are a variety of possible models that can be emulated when creating a state-wide credentialing system for early intervention providers. It would therefore be beneficial to conduct a series of case studies to illustrate the different ways that credentialing systems have been successfully established. Those states that would like to implement a credentialing program could therefore draw on information obtained from case studies of these model credential programs.

REFERENCES

- Bruder, M. B., Klosowski, S., & Daguio, C. (1991). A Review of Personnel Standards for Part H of PL 99-457. *Journal of Early Intervention, 15*, 66-79.
- Caulfield, R. (1997). Professionalism in Early Care and Education. *Early Childhood Education Journal, 24*, 261-263.
- Hanson, M.J., & Bruder, M.E. (2001). Early intervention: Promises to keep. *Infants and Young Children, 13*(3), 47-58.

The Impact of Credentials on Early Intervention Personnel Preparation Survey

INFORMATION ABOUT YOUR WEB SITE

To obtain background information about your state's credential for personnel working in Part C programs, we have referred to your Part C web site. For some questions, information that we found is written in pencil below. Please change any information that is inaccurate and complete any missing information.

1. Do you have a web site for your Part C program?
 - Yes
 - No
 - In process
 - Unsure/unable to comment
- 1b. If yes, could you please tell us the web address? <https://www>.
2. Because we are using your web site as a resource, we'd like to know if that information is current and accurate,
 - Yes
 - No
 - In process
 - Unsure/unable to comment
3. How often is your web site updated?
 - Weekly
 - Bi-weekly
 - Monthly
 - Quarterly
 - Semi-annually
 - Annually

If you are unsure about any of the responses above, please tell us the name and phone number of a person who we can contact who could answer these questions.

Name: _____ Phone Number _____

PERSONNEL REQUIREMENTS IN YOUR STATE

We would like to know more about the requirements for personnel in your state. Information written in pencil below is based on a review of your web site. Please change any information that is inaccurate, and complete any missing information. Please check the appropriate boxes

4. Does your state have any specific personnel requirements in addition to discipline specific licensing and certification for personnel serving children under Part C of IDEA? For example, is there required training or competencies that personnel must meet in order to be employed in your state?
- Yes
 - No
 - If no, thank you for taking the time to answer my questions today
5. If yes, what is/are the specific requirements)? (Please check all boxes that apply.)
- Training
 - Competencies
 - Supervised hours
 - Other
6. Is this requirement formalized as a credential? (e.g., do personnel receive some form of document to indicate that they received a credential?)
- Yes
 - No
 - In process
 - Unsure/unable to comment
- 7a. Is this credential required for personnel to work in early intervention programs?
- Yes
 - No
 - In process
 - Unsure/unable to comment

7b. Is this credential mandated? (e.g., is there legislation regarding the requirements for a credential?)

- Yes
- No
- In process
- Unsure/unable to comment

8. If it is not mandated, do you have any incentives? (e.g., Partial payment of the training required for service providers to obtain a credential)

- Yes
- No
- Unsure/unable to comment

If you are unsure about any of the responses above, please tell us the name and phone number of a person who we can contact who could answer these questions-

Name: _____ Phone Number _____

9. We would like to collect information about disciplines in early intervention that require credentials in each state.

Discipline	Credential required?	Comments
9a) early intervention paraprofessionals/aides/assistants	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
9b) early childhood SPED teachers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
9c) early childhood teachers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
9d) occupational therapists	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
9e) physical therapists	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
9f) speech therapists	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
9g) audiologists	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
9h) nurses	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
9i) nutritionists	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
9j) social workers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
9k) counselors/family therapists	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
9l) psychologists	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
9m) service coordinators	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
9n) other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

If you are unsure about any of the responses above please tell us the name and phone number of a person who we can contact who could answer these questions

HISTORY OF THE CREDENTIAL IN YOUR STATE

The following questions ask about the history of the credentialing process in your state such as how it was created.

10. Please indicate what entity created the standards for your state's credentialing system:

- Part C program
- lead agency
- other

11. How long did it take to put this credentialing system in place? (years). Please note whether the number of years differed across disciplines. For example, did it take longer for some disciplines to institute a credential?

Please describe:

12. Were there barriers to establishing a credential for early intervention personnel in your state?

- Yes
- No
- Unsure/unable to comment

Please describe:

13. Did any strategies or resources make it easier to implement a credential for early intervention personnel in your state?

- Yes
- No
- Unsure/unable to comment
- Please describe:

14. What changes in the current credentialing process are you hoping to make in the next 1-3 years?

Please describe:

If you are unsure about any of the responses above, please tell us the name and phone number of a person who we can contact who could answer these questions.

Name: _____ Phone Number _____

OBTAINING A CREDENTIAL IN YOUR STATE

The following questions ask about what EI personnel must do to become credentialed in your state and how the credentialing system is monitored and evaluated.

For certain questions, we may ask you to fax, e-mail, or mail a copy of your materials to the A.J. Pappanikou Center for Excellence in Disabilities, University of Connecticut Health Center. The contact information is listed at the end of this survey.

15. Do you have a list of competencies for the credential?

Yes

No

If yes, please send us a copy

16. Is course work required?

Yes

No

17. If yes, who offers the course work? (Please check all that apply.)

State Part C

College/university

Contractor

Other

18. Is it possible to obtain a copy of the syllabi for these courses?

Yes

No

If yes, please send us a copy.

19. Are praxis tests offered for EI personnel? (For example, tests of knowledge that fulfill requirements for competency or a test that can be taken in lieu of satisfying competencies).

Yes

No

If yes, please send us a copy.

20. Is supervision required to get a credential

Yes

No

21. How many hours of supervision are required to get a credential? _____ hours
22. Who performs supervision of personnel for the credential? (Please check all that apply.)
- discipline specific
 - Part C Provider
 - Local program administration
 - Other
23. Is a portfolio required to obtain a credential
- Yes
 - No
24. If yes, who evaluates the portfolio? (Please check all that apply.)
- State Part C
 - local program administration
 - other
25. Is there a point system for personnel acquiring areas of competency? (For example, the acquisition of a skill or competency is equivalent to a number of points)
- Yes
 - No
26. If yes, who approves the rewarding of points toward acquisition of areas of competency? (Please check all that apply.)
- State Part C
 - local program administration
 - other

If you are unsure about any of the responses above, please tell us the name and phone number of a person who we can contact who could answer these questions.

Name: _____ Phone Number _____

FUNDING OF THE CREDENTIAL IN YOUR STATE

This last set of questions asks about the funding of the credential and procedures that are used for monitoring quality assurance of the EI credential system in your state.

27. How is the credential funded in your state?

Source	Federal	State	Local	Individual	Non-government	Not funded
Percent	_____%	_____%	_____%	_____%	_____%	_____%

28. What is the cost per person to obtain the required credentials?

29. Does the state keep records about personnel credentials? For example, which personnel have credentials and the date that he or she obtained it?

- Yes
- No
- Unsure/unable to comment

30. Is the performance or areas of competency of early intervention personnel evaluated in any way after they have gone through the credentialing system?

- Yes
- No
- Unsure/unable to comment

If yes, how are areas of competency evaluated?

30a. Are there ongoing educational requirements that providers must satisfy to maintain their credential?

- Yes
- No
- Unsure/unable to comment

31. Is there an established career ladder within early intervention programs in your state that corresponds to positions that require increased levels of credentials?

(For example, different positions that personnel can be promoted to such as early intervention assistant, early intervention associate, early intervention specialist level I, II or III.)

- Yes
- No
- Unsure/unable to comment

If you are unsure about any of the responses above, please tell us the name and phone number of a person who we can contact who could answer these questions.

Name: _____ Phone Number _____

THANK YOU!

Thank you for answering our questions regarding your state's Part C personnel credential.

We will look forward to receiving the following materials:

- List of competencies for the credential in your state
- Curriculum for courses
- List of praxis exams

Thank you for taking the time to contribute to our study. The information that you've shared will be very helpful in understanding personnel preparation training and practices in the U.S. This information will enable us to develop practices that will better prepare early intervention personnel and ultimately assist families and children. If you have any comments or questions about this survey, please feel free to contact the principal investigator of this project. Dr. Mary Beth Bruder at (860) 679-1500.

If you think of anything else, please contact Angela Howell:

ATTENTION: Angela Howell, Ph.D.
ADDRESS: University of Connecticut
A.J. Pappanikou Center for Excellence in
Developmental Disabilities Education, Research and Service
263 Farmington Avenue
Farmington, CT 06030-6222
FAX: (860) 679-1571
TELEPHONE: (860) 679-1504
E-MAIL: ahowell@uchc.edu
TTY: (860) 679-1502

We would like to send you a copy of your responses so you can check if we have accurately captured the information you've shared with us. Please verify your contact information below:

Name: _____

Address: _____

Telephone number: _____

E-mail: _____

TOPICS ADDRESSED IN COMPETENCIES AND METHOD OF ASSESSMENT

	CT*	IL	IN	MA	MD*	NC	NM*	OR	TX	UT	Total
Professional is expected to demonstrate the ability to apply their knowledge about:											
<i>Child/Family Development</i>											
Typical development	P, C		P	P	C,O	P	O	P	P	P	9
Atypical development/ disability information	P, C		P	P	C,O	P	O	P	P	P	9
Family systems/ Parent-child interactions	P, C	P	P	P	C,O	P	O	P	P	P	10
Health/medical conditions	P, C	P	P	P		P			P	P	7
Environmental risk	P, C		P	P		P			P	P	6
Basic health and safety	P, C					P	O			P	4
Abuse and neglect	P, C					P				P	3
Adult mental health			P								1
Adults with special needs		P									1
Stages of grief									P		1
<i>EI Policies/ Procedures</i>											
Federal and state regulations	P, C	P	P	P		P	O	P	P	P	9
Procedural safeguards/ Parent rights	P, C		P	P		P			P		5
Administrative structure							O				1
Provider roles		P		P		P			P		4
Billing and insurance								P			1
<i>Early Intervention</i>											
Family centered practice	P, C	P	P	P		P	O	P	P	P	9
Natural environments	P, C	P	P	P		P	O	P	P	P	9
EI process overview	P, C	P	P			P	O	P	P		7
Service coordination	P, C			P	C,O	P		P	P	P	7
Resources/Referral	P, C		P	P		P		P	P		6
Advocacy		P	P	P		P		P	P		6

	CT*	IL	IN	MA	MD*	NC	NM*	OR	TX	UT	Total
Positive behavior supports	P, C	P	P							P	3
Positioning/handling	P, C	P		P		P				P	5
Curricula		P									1
Feeding interventions		P		P		P					3
Community functioning	P, C	P									2
Social competence interventions (with peers)	P, C	P									2
Sleeping interventions		P									1
Transition	P, C	P	P	P		P	O	P	P	P	10
Total	37	34	31	38	9	37	26	30	37	32	

- a If participant demonstrates prior coursework that covered these topics, they do not have to complete competency
b Program is individualized; providers select and complete approved coursework that is related to 9 broad competency areas; observation may be used for up to 50% of hours to complete competencies.
c Program is individualized; provider and their supervisor select which competencies they need to meet

P = portfolio (includes a combination of work samples, observation notes and completed coursework)
O = observation (an immediate supervisor determines they demonstrate competencies based on job performance)
C = approved coursework

Training Topics in Credentialing States

TOPICS ADDRESSED IN EI TRAININGS FOR CREDENTIAL STATES											
	AZ	CT	DC	FL*	IL	MO*	NC	SC	UT ^b	WV	
Approximate Time to Complete Trainings	16 hrs	NA	150 hrs	42-54	138 hrs	Approx 20 hrs	32 hrs	18 credit hrs	Approx 58 hrs	18 hrs	
TOPICS											Total
<i>Child/Family Development</i>											
Typical development	X	X	X	X				X	X	X	7
Atypical development/ disability information	X	X	X	X				X		X	6
Family systems/Parent- child interactions	X	X		X				X		X	5
Health/medical conditions	X	X		X				X	X	X	7
Environmental risk	X	X						X		X	4
Basic health and safety		X		X				X		X	4
Abuse and neglect		X		X				X		X	4
Prenatal development	X			X							2
<i>EI Policies/ Procedures</i>											
Federal and state regulations	X	X	X	X		X	X	X		X	8
Procedural safeguards/ Parent rights		X	X	X		X		X	X	X	7
Provider roles	X			X		X				X	4
Administrative structure			X	X		X		X		X	5
Billing and insurance			X	X				X			3
Provider enrollment										X	1
<i>Early Intervention</i>											
Family centered practice	X	X	X	X	X	X	X	X	X	X	10
Natural environments	X	X	X	X	X	X		X		X	8
EI process overview	X	X	X	X		X	X	X		X	8
Service coordination		X		X		X		X	X	X	6
Resources/Referral	X	X		X				X			4

	AZ	CT	DC	FL*	IL	MO*	NC	SC	UTb	WV	
Advocacy				X				X		X	3
Current EI research	X	X						X		X	4
History of EI			X					X		X	3
Professionalism											
Teaming/collaboration	X	X		X			X	X		X	6
Communication		X	X	X	X	X		X		X	7
Cultural competence	X	X	X	X				X		X	6
Conflict resolution				X				X		X	3
Work habits/ethics				X			X	X			3
Evaluation and Assessment											
Selecting/using instruments	X		X	X		X		X		X	6
Family assessment	X	X	X	X		X		X		X	7
Family involvement	X	X	X	X		X		X		X	7
Process overview	X	X	X	X		X		X	X	X	8
Interpreting results	X	X		X				X		X	5
Reporting results		X		X		X		X		X	5
Eligibility	X	X	X			X		X			5
Informal/clinical opinion	X			X		X		X		X	5
Child Find			X	X		X					3
Environmental assessment				X							1
IFSP											
Developing content	X	X	X	X		X	X	X	X	X	9
On-going monitoring and documentation	X	X	X	X		X	X	X		X	8
Developing outcomes	X	X	X	X		X	X	X		X	8
Conducting a meeting	X	X	X	X	X	X		X	X		8
Program Implementation											
Learning activities/materials	X	X	X	X				X		X	6
Consultation with parents		X	X	X				X		X	5
Assistive technology	X	X		X						X	4

	AZ	CT	DC	FL*	IL	MO*	NC	SC	UT ^b	WV	
Family involvement	X	X	X	X		X				X	6
Adult learning principles		X		X				X		X	4
Positive behavior supports	X	X								X	3
Positioning/handling		X									1
Curricula			X	X							2
Community functioning		X	X								2
Social competence interventions (with peers)		X									1
Early literacy								X			1
Transition	X	X	X	X		X	X	X		X	8
Total	31	38	28	43	4	23	9	41	8	40	266

^aPartial information available, some content under development

^b State unable to provide syllabi for trainings

CT - unable to estimate time to complete as participants can use any coursework or trainings to fulfill requirements

TOPICS ADDRESSED IN EI TRAININGS IN TRAINING ONLY STATES

	AL	GAa	KYb	PAb	RI	
Approximate Time to Complete Trainings	33 hrs	56 hrs	10 hrs	20 hrs	32 hrs	
TOPICS						Total
<i>Child/Family Development</i>						
Typical development	X	X		X		3
Atypical development/ disability information	X	X				2
Family systems/Parent-child interactions	X	X				2
Health/medical conditions	X	X				2
Environmental risk	X	X				2
Basic health and safety		X		X		2
Abuse and neglect		X				1
Prenatal development	X	X				2
<i>EI Policies/ Procedures</i>						
Federal and state regulations	X	X	X		X	4
Procedural safeguards/Parent rights	X	X				2
Provider roles	X	X	X	X		4
Administrative structure		X	X	X		3
Billing and insurance	X	X	X			3
Provider enrollment		X	X			2
<i>Early Intervention</i>						
Family centered practice	X	X	X	X	X	5
Natural environments	X	X	X	X	X	5
EI process overview	X	X	X	X	X	5
Service coordination	X	X				2
Resources/Referral	X	X		X		3
Advocacy	X					1
Current EI research	X	X				2
History of EI	X	X	X			3
<i>Professionalism</i>						
Teaming/collaboration	X	X	X			3
Communication	X	X				2
Cultural competence	X	X			X	3
Conflict resolution		X				1
Work habits/ethics		X				1
Evaluation and Assessment						
Selecting/using instruments	X	X			X	3
Family assessment		X				1

	AL	GAa	KYb	PAb	RI	
Family involvement		X				1
Process overview	X	X			X	2
Interpreting results		X				1
Reporting results		X			X	2
Eligibility	X	X				2
Informal/clinical opinion		X				1
Child Find						0
Environmental assessment						0
IFSP						
Developing content	X	X	X		X	4
On-going monitoring and documentation	X	X	X		X	4
Developing outcomes			X		X	2
Conducting a meeting			X			1
Program Implementation						
Learning activities/ materials	X			X	X	3
Consultation with parents	X	X	X		X	4
Assistive technology		X				1
Family involvement		X				1
Adult learning principles	X					1
Positive behavior supports	X					1
Positioning/handling						0
Curricula	X	X				2
Community functioning						0
Social competence interventions						0
Early literacy						0
Transition	X	X	X		X	4
Total	32	43	16	9	14	84

^a Partial information available, some content under development

^b State unable to provide syllabi for trainings