

Using a Primary Service Provider Approach to Teaming in Early Childhood Intervention

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NECTAC Mission for Providing Early Intervention Services in Natural Environments

Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

http://www.ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf

NECTAC Key Principles for Providing Early Intervention Services in Natural Environments

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect family members' learning styles and cultural beliefs and practices.
5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

http://www.ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf

http://ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf

Information from Professional Organizations

Division of Early Childhood (DEC)

Division for Early Childhood. (2014). *DEC recommended practices in early intervention/early childhood special education.*

<http://www.dec-sped.org/recommendedpractices>

American Occupational Therapy Association (AOTA)

Pilkington, K. O. (2006). Side by side: Transdisciplinary early intervention in natural environments (Electronic Version). *OT Practice*, 11(6), 12-17.

<http://www.aota.org/Pubs/OTP/1997-2007/Features/2006/f040306.aspx?css=print>

AOTA (2010). AOTA practice advisory on occupational therapy in early intervention.

<http://www.aota.org/Consumers/Professionals/WhatIsOT/CY/Practice-Advisory/OT-EL.aspx>

American Physical Therapy Association (APTA)

Vanderhoff, M. (2004). Maximizing your role in early intervention. *PT: Magazine of Physical Therapy*, 12(12), 48-54.

APTA Section on Pediatrics (2010). Team-based service delivery approaches in early intervention.

www.pediatricapta.org/consumer-patient/information/pdfs/Service%20Delivery.pdf

American Speech-Language-Hearing Association (ASHA)

Roles and Responsibilities of Speech Language Pathologists in Early Intervention

<http://www.asha.org/docs/html/GL2008-00293.html>

Woods, J. (2008, March 25). Providing early intervention services in natural environments. *The ASHA Leader*, 13 (4), 14-17, 23.

<http://www.asha.org/about/publications/leader-online/archives/2008/080325/f080325b.htm>

Natural Learning Environment Practices

Dunst, C. J. & Swanson, J. (2006). Parent mediated everyday child learning opportunities: I. Foundations and operationalization. *CASEinPoint*, 2(2), 1-19.

http://www.fipp.org/Collateral/caseinpoint/caseinpoint_vol2_no2.pdf

Raab, M. (2005). Interest-based child participation in everyday learning activities. *CASEinPoint*, 1(2), 1-5.

http://www.fipp.org/Collateral/caseinpoint/caseinpoint_vol1_no2.pdf

The Approach

Consider the activity settings that the family and care providers value to generate learning opportunities, then let the *learning opportunities* lead to *desired skills and behaviors*.

(Bruder & Dunst, 1999)

- Child interest
- Everyday activity and opportunity
- Parent responsiveness

Early Intervention must:

- Be based on how all children learn throughout the course of everyday life, at home, and in the community
- Focus on naturally occurring learning opportunities, rather than contrived, specialized instruction
- Support primary caregivers to provide children with learning experiences and opportunities that strengthen and promote a child's competence and development
- Support learning that occurs in context of the things that have high levels of interest and engagement for the child and family
- Incorporate opportunities to reflect with the family on what is working and where additional problem solving may be needed as a means of enhancing the family's capacity and competence
- Help families adapt interactions, actions, routines, environment, and schedule are key strategies used in implementing IFSPs

(Hanft, Rush & Shelden, 2004)

F.A.B. Scheduling

Shelden, M. L. & Rush, D. D. (2012). *The early intervention teaming handbook: The primary service provider approach*, pp. 131; 174-175. Baltimore, MD: Paul H. Brookes Publishing Co., Inc.

- **F** = Flexible
- **A** = Activity-based
- **B** = Bursts of service

Coaching Interaction Style

Rush, D. D. & Shelden, M. L. (2011). *The early childhood coaching handbook*. Baltimore, MD: Paul H. Brookes Publishing Co., Inc.

Rush, D. D. & Shelden, M. L. (2005). Evidence-based definition of coaching practices. *CASEinPoint*, 1(6), 1-6.

http://www.fipp.org/Collateral/caseinpoint/caseinpoint_vol1_no6.pdf

Operational Definition of Coaching

An adult learning strategy in which the coach promotes the learner's ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations.

(Rush & Shelden, 2004)

- Joint planning (2-part plan)
- Observation
- Action/Practice
- Reflection (4 types of reflective questions)
- Feedback (4 types of feedback)

Common Misperceptions about Coaching in Early Childhood

http://www.fipp.org/Collateral/caseinpoint/caseinpoint_vol4_no1.pdf

The Early Childhood Intervention Process

Script for Explaining an Evidence-Based Early Intervention Model

Rush, D. D. & Shelden, M. L. (2008). Script for explaining an evidence-based early intervention model. *BriefCASE*, 1(3), 1-5.

http://www.fipp.org/Collateral/briefcase/briefcase_vol1_no3.pdf

Shelden, M. L. & Rush, D. D. (2012). *The early intervention teaming handbook: The primary service provider approach*, pp. 118-124. Baltimore, MD: Paul H. Brookes Publishing Co., Inc.

Evaluation vs. Assessment:

Tools for Gathering Information

McWilliam, R. A. & Clingenpeel, B. (2003, August). Functional intervention planning: The routines-based interview.

http://www.collaboratingpartners.com/docs/R_Mcwilliam/RBI%20Flyer%20April%202005.pdf

Wilson, L. L. & Mott, D. W. (2006). Asset-Based Context Matrix: An assessment tool for developing contextually-based child outcomes. *CASEtools*, 2(4), 1-12.

http://www.fippcase.org/casetools/casetools_vol2_no4.pdf

Writing Functional, Participation-Based Outcome Statements

Shelden, M. L. & Rush, D. D. (2009). Tips and techniques for developing participation-based IFSP outcome statements. *BriefCASE*, 2(1), 1-6.

http://www.fippcase.org/briefcase/briefcase_vol2_no1.pdf

Shelden, M. L. & Rush, D. D. (2012). *The early intervention teaming handbook: The primary service provider approach*, pp. 91-115. Baltimore, MD: Paul H. Brookes Publishing Co., Inc.

Step 1: Gather information

Step 2: Observe families, teachers, child care providers, and children

Step 3: Document quality outcome statements

Primary Service Provider Approach to Teaming

Shelden, M. L. & Rush, D. D. (2012). *The early intervention teaming handbook: The primary service provider approach*. Baltimore, MD: Paul H. Brookes Publishing Co., Inc.

Operational Definition

The primary service provider (PSP) approach to teaming is a family-centered process for supporting families of young children with disabilities in which one member of an identified multidisciplinary team is selected as the PSP who receives coaching from other team members, and uses coaching as the key intervention strategy to build the capacity of parents and other care providers to use everyday learning opportunities to promote child development.

Components of a Primary Service Provider Approach to Teaming

- Role Expectation
- Role Gap
- Role Overlap
- Role Assistance

Role Expectations Checklist & Role Expectations Checklist – Administrator’s Guide

Shelden, M. L. & Rush, D. D. (2012). *The early intervention teaming handbook: The primary service provider approach*, pp. 9-12; 22-25. Baltimore, MD: Paul H. Brookes Publishing Co., Inc.

Checklist for Implementing a Primary Service Provider Approach to Teaming

Shelden, M. L. & Rush, D. D. (2009). Checklists for implementing a primary coach approach to teaming. *CASEtools*, 5(1), 1-8.

http://www.fipp.org/Collateral/casetools/casetool_vol5_no1.pdf

Characteristics of a Primary Service Provider Approach to Teaming

- An identified team of individuals from multiple disciplines having expertise in child development, family support, and coaching is assigned to each family in the program.
- One team member serves as primary provider.
- The PSP receives coaching from other team members through ongoing planned and spontaneous interactions.

Implementation Conditions of a Primary Service Provider Approach to Teaming

- All team members attend regular team meetings for the purpose of colleague-to-colleague coaching. Coaching topics at team meetings are varied and include specific information for supporting team members in their role as the PSP.

Rush, D. D. & Shelden, M. L. (2008). Guidelines for team meetings when using a primary coach approach to teaming. *CASEtools*, 4(2), 1-10.
http://www.fipp.org/Collateral/casetools/casetool_vol4_no2.pdf

Rush, D. D. & Shelden, M. L. (2012). Individual family staffing report for sharing information and planning during team meeting. *CASEtools*, 6(1), 1-8.
http://www.fipp.org/Collateral/casetools/casetool_vol6_no1.pdf

- The PSP is selected based upon desired outcomes of the family, rapport/relationship between coach and learner, and knowledge and availability of the PSP and family.

Rush, D. D. & Shelden, M. L. (2012). Worksheet for selecting the most likely primary service provider. *CASEtools*, 6(3), 1-9.
http://www.fipp.org/case/casetools/CASEtool_vol6_no3.pdf

- Joint visits should occur at the same place and time whenever possible with/by other team members to support the primary provider.

Rush, D. D. & Shelden, M. L. (2012). Joint visit planning tool when using a primary service provider approach to teaming. 6(2), 1-6.
http://www.fipp.org/Collateral/casetools/casetool_vol6_no2.pdf

- The primary provider for a family should change as infrequently as possible. Justifiable reasons for changing the primary coach include a request by a family member or other care provider due to a personality conflict; or when a primary provider believes that even with coaching from other team members he or she is ineffective in supporting the care providers.

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Sample Caseload Activity List for Tina, an Occupational Therapist

Tina is an occupational therapist (OT) working in a suburban/rural area in North Carolina. The farthest drive from Tina's office (one way) to any family's home or child care provider is 90 minutes. Her team serves 125 families and consists of the following members.

- Three full-time service coordinators
- One full-time early childhood special educator
- One full-time OT
- One full-time physical therapist
- One full-time speech-language pathologist

Number	Ongoing caseload (number of visits in May)	Evaluations	Individualized family service plan meetings	Joint visits as primary service provider	Joint visits as secondary service provider
1	Smith (4)	Marshall	Marshall	Daniels (1)	Morris (2)
2	Reep (4)	Daniels	Daniels	Short (1)	Reyes (1)
3	Cantrell (2)	Buff	Rodriguez	Smith (2)	
4	Dalton (4)	Dominico	Frank		
5	Jones (4)	Settles			
6	Rodriguez (3)	Scott			
7	Carswell (4)	Tanaka			
8	Roberts (2)				
9	Ramirez (4)				
10	Pasqual (2)				
11	Hess (4)				
12	Perez (4)				
13	Sanchez (4)				
14	Portman (4)				
15	Short (4)				
16	Hernandez (3)				
17	Byrd (6)				
18	Caraway (5)				
19	Daniels (1)				
20	Norman (2)				
21	Frank (1)				
22	Yin (4)				
23	Donovan (11)				

Tina's Schedule for the Current Month



Tina G., OT—May

Monday	Tuesday	Wednesday	Thursday	Friday
<p>3</p> <p>9:30 Portman (CCC) 11:00 Smith 1:00 Short 3:00 Evaluate Marshall 5:00 Evaluate Daniels</p>	<p>4</p> <p>9:00 Byrd (CCC) 10:30 Caraway (CCC) 11:30 Donovan 2:00 Cantrell 4:00 Roberts</p>	<p>5</p> <p>8:00 Carswell 10:00 Dalton 11:30 Ramirez (Interp) 1:00 Sanchez (Interp) 2:30 Reep</p>	<p>6</p> <p>8:00 Donovan 9:45 Jones 11:00 Perez (Interp) 1:00 Hess 3:30 Yin</p>	<p>7</p> <p>8:30 Team meeting 10:15 Smith (JV-SLP) 11:30 Donovan 2:00 Rodriguez (IFSP)</p>
<p>10</p> <p>9:30 Norman 11:00 Byrd (CCC) 12:00 Donovan 3:00 Evaluate Settles 5:00 Evaluate Dominico</p>	<p>11</p> <p>8:30 Ramirez (Interp) 10:00 Perez (Interp) 11:30 Donovan 2:00 Reyes (JV-ECSE) 4:00 Short</p>	<p>12</p> <p>8:00 Jones 9:30 Yin 11:30 Portman (CCC) 1:00 Sanchez (Interp) 3:30 Hess</p>	<p>13</p> <p>8:00 Donovan 9:45 Dalton 11:00 Rodriguez 1:30 Caraway (CCC) 2:30 Byrd (CCC) 4:00 Reep</p>	<p>14</p> <p>8:30 Team meeting 11:30 Donovan 2:00 Frank (IFSP) 4:00 Carswell</p>
<p>17</p> <p>9:30 Pasqual 11:00 Smith (JV—early childhood special educator) 12:30 Hernandez 3:00 Evaluate Scott 5:00 Evaluate Buff</p>	<p>18</p> <p>10:00 Short (JV—early childhood special educator) 11:30 Reep 1:30 Dalton 2:45 Ramirez (Interp) 4:00 Sanchez (Interp) 5:30 Donovan</p>	<p>19</p> <p>8:00 Morris (JV-SLP) 10:00 Cantrell 11:30 Hernandez 1:30 Hess 3:00 Jones 4:15 Yin</p>	<p>20</p> <p>9:30 Carswell 10:45 Short 12:00 Donovan 2:30 Rodriguez 4:30 Portman (Home) 5:30 Byrd (Home)</p>	<p>21</p> <p>8:30 Team meeting 10:15 Daniels (IFSP) 11:30 Byrd (CCC) 12:15 Caraway (CCC) 2:00 Perez (Interp)</p>
<p>24</p> <p>9:30 Frank 11:00 Donovan 1:00 Reep 3:00 Evaluate Tanaka 5:00 Marshall (IFSP)</p>	<p>25</p> <p>9:00 Portman (CCC) 10:30 Sanchez (Interp) 11:30 Hernandez 2:00 Hess 4:00 Roberts 5:00 Caraway (Home)</p>	<p>26</p> <p>8:00 Smith 10:00 Norman 11:30 Morris (JV-SLP) 1:00 Pasqual 2:30 Daniels (JV-PT)</p>	<p>27</p> <p>9:45 Carswell 11:00 Perez (Interp) 1:00 Ramirez (Interp) 2:15 Dalton 3:30 Jones 5:00 Donovan</p>	<p>28</p> <p>8:30 Team meeting 10:15 Yin 2:00 Rodriguez 3:30 Byrd (CCC) 4:15 Caraway (CCC)</p>
<p>31</p> <p>Holiday</p>				

Key: CCC: child care center; IFSP: individualized family service plan; Interp: requires an interpreter; JV: joint visit; OT: occupational therapist; PT: physical therapist; SLP: speech-language pathologist.

Checklists for Implementing a Primary-Coach Approach to Teaming

M'Lisa L. Shelden & Dathan D. Rush

Team or Practitioner Name _____ **Date** _____

Checklist Descriptions

These checklists include practice indicators of the key characteristics of a primary-coach approach to teaming in early childhood intervention. A primary-coach approach to teaming is the use of a multidisciplinary team where one member is selected as the primary coach, receives coaching from other team members, and uses coaching with parents and other primary care providers to support and strengthen parenting competent and confidence in promoting child learning and development and obtaining desired supports and resources.

The four checklists describe different areas of primary-coach teaming practices: (a) preparing for a team-based approach, (b) using a primary coach, (c) coordinating joint visits, and (d) conducting team meetings. Each section contains indicators of a specific area of primary-coach approach to teaming practices. For each indicator, determine whether or not the program is adhering to the aspect of the practice described. Space is also available for notes or examples of adherence.

Use of the Checklists

The four checklists include 30 indicators that are the foundation for implementing a primary-coach approach to teaming. The checklists can be used for a number of different purposes:

- They can be used to help a program learn and master the key characteristics of evidence-based teaming practices in early childhood intervention.
- Team leadership and supervisors can use the checklists as observational tools for determining the extent to which the program implements a primary-coach approach to teaming. They can be used to provide feedback and guidance about which practices are consistent or inconsistent with the practice indicators, and what the team members can do to improve their practices. The team leadership and/or supervisor can use the Program Planning section with the team to develop plans for changing practices to better mirror the practice indicators.
- A practitioner can use the checklists to conduct a self-assessment to examine his/her use of primary-coach approach to teaming practices. A self-assessment could be accomplished by the practitioner reflecting on his/her practices as a team member, and determining whether the practices are consistent or inconsistent with each practice indicator.
- The Program Planning section can be used to develop plans for changing practices and identifying the supports needed to make practices consistent with the practice indicators. They can be used for program evaluation purposes by monitoring consistency in the use of the practices and improvements over time.

Preparing for a Team-Based Approach	Are practices characterized by the following?	Yes	No	Examples/Notes
	Program leadership determines the number and specific location of families served by the local program.	Y	N	
	Program leadership determines the fewest number of teams necessary to cover the program area based on the premise that a team of four, full-time practitioners can serve approximately 100-125 families when drive time does not exceed 30-45 minutes for a one-way trip.	Y	N	
	Program leadership identifies the geographic area that each team will cover based on family distribution within a given catchment area, geographic region (i.e., county), zip code, portion of a school district, etc.	Y	N	
	Program leadership ensures that each team minimally consists of an early childhood educator and/or early childhood special educator, occupational therapist, physical therapist, and speech-language pathologist.	Y	N	
	Program leadership ensures that the role of service coordination is fulfilled either by one of the disciplines listed above (i.e., blended model) or by an individual solely responsible for service coordination (i.e., dedicated model).	Y	N	
	Custodial family members are always members of their child's team.	Y	N	
	Program leadership assigns available practitioners to teams beginning with those who are employed or contracted with the program for the greatest amount of time.	Y	N	
	Teams have an identified team leader.	Y	N	
Program leadership assigns each new referral to the team responsible for the geographic area in which the child resides.	Y	N		
Using a Primary Coach	Are practices characterized by the following?	Yes	No	Examples/Notes
	All therapists and educators on the team are available to serve as a primary coach.	Y	N	
	One team member is selected to serve as the primary coach to the family and other care providers.	Y	N	
	The primary coach is selected based on desired outcomes of the family, rapport/relationship between coach and parent or other primary care provider, specialized knowledge, and/or availability of the coach and family.	Y	N	
	The primary coach assigned to a family uses a coaching interaction style to build the capacity of the parents and other care providers to support child learning as well as to identify and obtain needed resources and supports.	Y	N	
	The primary coach receives coaching support from other team members through ongoing formal (planned) and informal interactions.	Y	N	
	The primary coach for a family changes as infrequently as possible (i.e., rarely changes).	Y	N	

Coordinating Joint Visits	Are practices characterized by the following?	Yes	No	Examples/Notes
	Team members support the primary coach through joint visits.	Y	N	
	The primary coach and other team members conduct joint visits at the same place and time.	Y	N	
	The primary coach predetermines with the parents and/or other care providers questions, expected outcomes, and specific actions to be taken during the joint visit.	Y	N	
	The primary coach and other team member define their roles for the joint visit based on questions, expected outcomes, and specific actions to be taken as related to the priorities of the primary coach and parent.	Y	N	
	The primary coach debriefs the joint visit with the parents and/or other care providers to evaluate the usefulness of the joint visit and determine next steps.	Y	N	
	The primary coach and other team member debrief the joint visit to evaluate the usefulness of the joint visit and determine next steps.	Y	N	

Conducting Team Meetings	Are practices characterized by the following?	Yes	No	Examples/Notes
	The team leader ensures that the purpose of the team meeting is to share information among team members as families move through the early intervention process and for primary coaches to receive coaching from their team members.	Y	N	
	All team members attend the weekly team meeting.	Y	N	
	All team members are present for the entire team meeting.	Y	N	
	The primary coach informs the parents of the dates and times of team meetings when their name is on the agenda and invites them to attend if they desire.	Y	N	
	The primary coach invites the parents to send questions or updates to the team meetings via the primary coach and ensures timely feedback.	Y	N	
	The team leader ensures that the team meeting is led by a competent and consistent facilitator. The team meeting facilitator may or may not be someone other than the formal team leader.	Y	N	
	The team meeting facilitator develops a meeting agenda with time limits that has been pre-published.	Y	N	
	The team has clearly defined roles of the facilitator and other meeting participants.	Y	N	
Program leadership compensates team members for team meeting time.	Y	N		

Program Planning

Based on analysis of the primary-coach approach to teaming practice indicators, prepare a plan for making changes and/or ensuring sustainability. Describe the specific action steps that will be taken and identify the particular experiences and opportunities that will be used to make the needed programmatic changes.

Preparing for a Team-Based Approach

Needed change:

Action Steps (i.e., What will be done; by when):

Using a Primary Coach

Needed change:

Action Steps (i.e., What will be done; by when):

Coordinating Joint Visits

Needed change:

Action Steps (i.e., What will be done; by when):

Conducting Team Meetings

Needed change:

Action Steps (i.e., What will be done; by when):

Role Expectation Checklists—Administrator's Guide



Practitioner's name: _____ Date: _____

	Knowledge and skills are characterized by the following:	Examples/notes/plan
Evidence-based practices	<p><i>Indicator</i> Practitioner can ensure that the practices he or she uses from his or her own discipline are evidence based.</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> ▪ What research does the practitioner have to support the practices that he or she uses? ▪ How is the research relevant to children from birth to 3 years of age? ▪ How does the research consider the importance of parents/caregivers and everyday contexts? ▪ How does the practitioner vary his or her treatment methods or strategies with children/families based on current research and the child/family needs, activity settings, and so forth? 	
	<p><i>Indicator</i> Practitioner has an understanding of Part C of the Individuals with Disabilities Education Act Amendments (IDEA) of 1997 (PL 105-17).</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> ▪ How recently has the practitioner reviewed IDEA Part C regulations and/or state policies and procedures for early intervention? ▪ What were the topics discussed when the administrator, team leader, or supervisor had a conversation with the practitioner about how IDEA Part C regulations and state policies and procedures for early intervention are implemented in the program? ▪ How does the practitioner demonstrate understanding of IDEA Part C? ▪ How does this compare with the practitioner's prior work experiences? 	
	<p><i>Indicator</i> Practitioner has reviewed the mission and key principles for providing early intervention services in natural environments.</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> ▪ How recently has the practitioner reviewed the mission and key principles? ▪ What were the topics discussed when the administrator, team leader, or supervisor had a conversation with the practitioner about how the mission and key principles are applied in the program? ▪ What is the practitioner's current level of understanding and agreement with the mission and key principles? ▪ How does this compare with the practitioner's prior work experiences? 	

(continued)

	Knowledge and skills are characterized by the following:	Examples/notes/plan
Evidence-based practices	<p><i>Indicator</i> Practitioner implements practices in accordance with the mission and key principles.</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> ▪ How does the practitioner demonstrate practices in accordance with the mission and key principles? ▪ What does the practitioner do when conflicted about implementing practices in accordance with the mission and key principles? 	
	<p><i>Indicator</i> Practitioner demonstrates knowledge of typical child development across the five domains (adaptive, cognitive, communication, physical, and social-emotional).</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> ▪ How does the practitioner demonstrate knowledge of typical child development across the five domains? ▪ Does the practitioner competently and confidently provide supports to families within the context of everyday activities regarding topics outside of their own area of expertise? 	
	<p><i>Indicator</i> Practitioner demonstrates the ability to assess child functioning across the three global child outcomes (positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet his or her needs).</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> ▪ What is the practitioner’s knowledge of the three global outcome areas and how the global outcomes are used? ▪ How does the practitioner collect and share information related to the three global outcome areas? 	

	Knowledge and skills are characterized by the following:	Examples/notes/plan
Parent support	<p><i>Indicator</i> Practitioner supports family members in identifying, gaining access to, and evaluating informal and formal resources needed to assist them in meeting their desired outcomes (e.g., employment, housing, medical/dental care, transportation).</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> ▪ What is the practitioner’s knowledge about resource-based practices? ▪ What is the practitioner’s knowledge of formal and informal community resources? ▪ How does the practitioner build the family’s capacity to identify, gain access to, and evaluate resources rather than giving or procuring needed resources for family? 	<p style="text-align: right;"><i>(continued)</i></p>

	Knowledge and skills are characterized by the following:	Examples/notes/plan
Parent support	<p><i>Indicator</i> Practitioner implements evidence-based parenting support practices to assist family members and other care providers to achieve their desired outcomes (e.g., toileting, helping the child sleep through the night in his or her own bed, providing positive behavior supports, eliminating the use of a pacifier, teaching basic nutrition).</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> ▪ What basic evidence-based knowledge does the practitioner have regarding typical parenting needs for support? ▪ What evidence does the practitioner use for parenting supports? ▪ How does the practitioner implement evidence-based parenting support practices? 	

	Knowledge and skills are characterized by the following:	Examples/notes/plan
Adult interaction/adult learning	<p><i>Indicator</i> Practitioner uses methods and strategies when working with the adults in young children’s lives that are likely to strengthen individual or family capacity to accomplish the family’s desired outcomes.</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> ▪ What experience does the practitioner have using adult learning methods to support the adults in the child’s life rather than only focusing on working directly with the child? ▪ What methods and strategies does the practitioner use to build parent capacity to achieve his or her desired outcomes? ▪ What is the evidence to support the methods and strategies the practitioner uses? 	
Adult interaction/adult learning	<p><i>Indicator</i> Practitioner recognizes and builds on what the family and other care providers already know and are doing related to child learning and parent support.</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> ▪ How does the practitioner obtain information about what family and care providers already know? ▪ How does the practitioner use this information to guide the supports he or she provides? 	
Adult interaction/adult learning	<p><i>Indicator</i> Practitioners demonstrate respect for individual adult learning styles, preferred interaction methods, and cultural influences.</p> <p><i>Administrator probe questions</i></p> <ul style="list-style-type: none"> ▪ How does the practitioner gather information about the adult’s learning style, preferred interaction methods, and cultural influences? ▪ How does the practitioner use information about adult preferences within the context of interactions? 	

Appendix E

Team Meeting Agenda

Date: _____

Team Members Present: _____

Primary-Coaching Opportunities:

Primary Coach Family Question/Issue

Quarterly Updates:

Primary Coach Family

Welcome to the Program!	
<u>Family</u>	<u>Primary Coach</u>

Transitions	
<u>Family</u>	<u>Primary Coach</u>

Closures	
<u>Family</u>	<u>Primary Coach</u>

INDIVIDUAL FAMILY STAFFING REPORT

Family Name: _____ Team Meeting Date: _____

Child Name: _____ Last Review in Team Meeting: _____

PSP: _____ SSP(s): _____

Type of Staffing (check one)	Discussion/Outcome
<input type="checkbox"/> Welcome to the Program (Pre-IFSP) Information needed by other team members: <ul style="list-style-type: none"> • Reason for referral • Information gathered about child interests, activity settings, and family priorities • Steps in the EI process that have been completed • Supports needed from other team members 	Plan:
<input type="checkbox"/> Primary Coaching Opportunity Information needed by other team members: <ul style="list-style-type: none"> • Question/issue you are bringing to the team for support • Your or the parent's current knowledge/actions taken regarding this topic/issue • If child learning, current interests and activity settings that serve as the context for intervention • Current parent priorities 	Role Assistance a. Response to the question/issue discussed during team meeting Plan: AND/OR b. Joint visit with _____ on _____ at _____ Plan for joint visit: <ol style="list-style-type: none"> 1. Conversation to occur with parent: 2. Context for joint visit and why: 3. Person taking lead in joint visit and why: 4. When to debrief joint visit:

<input type="checkbox"/> Quarterly Update Information needed by other team-members: <i>Child Learning</i> <ul style="list-style-type: none"> • Child's current interests and activity settings • Ways in which you and the parent are promoting the child's participation • How your actions &/or interactions relate to the parent priorities <i>Parenting Support (e.g., sleep, behavior, nutrition, toileting)</i> <ul style="list-style-type: none"> • Topics, questions, or issues currently being addressed • Ways in which the above are being addressed <i>Parent Support (e.g., housing, transportation, employment, medical)</i> <ul style="list-style-type: none"> • Topics, questions, or issues currently being addressed • Ways in which the above are being addressed • Informal & formal resources to meet identified needs 	Plan:
<input type="checkbox"/> Transition Information needed by other team members: <ul style="list-style-type: none"> • Transition plan 	Transition Plan:
<input type="checkbox"/> Closure Information needed by other team members: <ul style="list-style-type: none"> • Reason for closure 	Follow-up:

Team Members Present (signature & discipline):

_____	_____
_____	_____
_____	_____
_____	_____

Core Team as Options for PSP

EC _____
 OT _____
 PT _____
 SLP _____
 Other _____

PRIMARY SERVICE PROVIDER APPROACH TO TEAMING

**WORKSHEET FOR SELECTING
 THE MOST LIKELY PRIMARY SERVICE PROVIDER**

<i>Most likely PSP(s) identified based on:</i>					<i>Most Likely PSP</i> Optional Selected	SSP Options Selected (list)	
	Parent/Family Factors	Child Factors	Environmental Factors	Practitioner Factors			
Tier 1	List Priorities with contexts Parent/physician Request	List Diagnosis/Condition/Needs (Long term view) List Interests/Activity Settings	Natural Learning Environments (circle) <ul style="list-style-type: none"> • Home • Community • Preschool • Child Care • Other 	Knowledge/Expertise (personal/professional)	→	Role Overlap	
Tier 2	Family Dynamics Individual parent/caregiver characteristics <ul style="list-style-type: none"> • Language/culture • Knowledge/expertise • Diagnosis/condition • Other 		Safety Distance from program office	Primary service area in geographic region Billability Prior relationship Rapport	→	Role Overlap	
Tier 3	Availability			Availability	→	Role Overlap	
Notes:					<i>Most Likely PSP</i> is:	Role Gap? If so, explain:	Role Assist (SSP):

JOINT VISIT PLANNING TOOL

PSP: _____ Family: _____ Child: _____
 SSP: _____ Date of Joint Visit: _____ Time: _____

Request for Role Assistance

Question or issue requiring support of another team member (joint visitor)

What you (Primary Service Provider - PSP) and/or the parent need from the joint visitor (Secondary Service Provider - SSP)

Background Information

Your (PSP) and/or the parent's current knowledge and actions taken regarding the question/issue

Current child interests and activity settings that serve as the context for intervention

Current parent priorities

Plan

- a. Conversation that will take place with the family about the joint visit
 (Questions to consider: When will you have the conversation? What questions need to be answered by the SSP? What does the SSP need to observe? What will be the context for the visit? What does the SSP need to know? Who should take the lead – PSP or SSP?)
- b. Context for the visit and rationale
- c. Person taking the lead in the visit (SSP or PSP) and rationale
- d. Role of the person not taking the lead and the family during the visit
- e. What is going to happen during the visit
- f. Date/time for debrief of the joint visit with the SSP and family

Primary Service Provider Approach to Teaming Fact Sheet

- Every family receives support from a geographically-based, multidisciplinary team that minimally consists of an educator, occupational therapist, physical therapist, service coordinator, and speech-language pathologist. Depending upon the program, additional disciplines may also be available to serve on the team.
- All team members (with the exception of the service coordinator) are available to potentially serve as a primary service provider (PSP).
- In a system using dedicated service coordinators, the PSP and service coordinator work closely together to ensure accomplishment of the Individualized Family Service Plan (IFSP) outcomes.
- All team members are expected to have basic knowledge of child development across all domains and how to promote child learning and participation within the context of everyday life activities in the home, community, and early childhood setting (e.g., child care, preschool) as well as parenting resources (e.g., toileting, sleep, behavior, basic nutrition), and parent supports (e.g., health care, transportation, education, basic needs).
- One team member is selected by the team, which includes the family, to serve as the primary service provider. This is the team member the family will see on a regular basis to assist them in achieving the IFSP outcomes.
- The primary service provider is selected keeping the long-term view (potentially up to 3 years of child/family involvement with the early intervention program) in mind and based on a combination of family, child, environmental, and practitioner factors.
- The final decision of primary service provider is determined at the IFSP meeting.
- The frequency of the primary service provider's visits and joint visits with other team member's is based upon the current needs of the child/family and are flexible, activity-based (different days & times), and may include bursts of service as necessary.
- The primary service provider receives ongoing support from other team members during informal conversations, team meetings, and joint visits.
- Joint visits occur with both team members and the family present and during the activity setting in which the child/family/PSP need support in promoting the child's participation.
- The primary service provider uses evidence-based intervention practices to promote parent-mediation of child participation within the context of everyday routines and activities using toys and materials existing in the environment and assistive technology introduced by the team as needed.
- All team members attend the regular team meeting, which occurs no less than every other week.
- Each child is discussed in the regular team meeting at least quarterly and more frequently if the primary service provider and/or family have a question and/or need support from another team member.
- Since working with families is relationship-based, the primary service provider rarely changes, but may do so if the child's/family's situation changes so dramatically that another team member would be the best match for the family. PSP does not change just because the child's IFSP outcomes change or are accomplished and new outcomes developed.