

RI Early Intervention General Staff Competencies with Resources

These competencies have been created to establish expectations for all RI Early Intervention professionals to build the capacity of our workforce, to successfully meet the needs of infants, toddlers with developmental delays or disabilities, and their families. The competencies offer a framework for assessing staff strengths and needs and developing goal-oriented professional development plans for both Level I and Level II EI professionals.

Level I professionals interested in applying for the RIEI Certificate Program should be able to demonstrate all the competencies, except the Level II specific competencies identified by an asterisk.

These competencies align with:

- The DEC Recommended Practices
- The Early Childhood Professional Development Center Cross-Disciplinary Early Childhood Competencies
- RI Infant Mental Health Association Infant Family Associate Competencies
- The RI Early Intervention Certification Standards
- ECTA Child Outcomes Summary Process
- A review of Early Intervention competencies developed for other states

The RI Early Intervention competencies are divided into 9 content areas. Each section has a space on the left side for checking off or dating when that competency has been met through demonstration, observation, or other means of verification. A notes section is provided to record updates, set goals, record reflections, etc.

*Throughout this document, the words **parent** and **family** are used to represent any special adult caregiver(s) in the child's life.*



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SECTION 1: CHILD GROWTH AND DEVELOPMENT

Understanding child growth and development is crucial in Early Intervention as it enables the timely identification of potential delays and allows for tailored support to optimize a child's development. This knowledge informs best practices in assessing, planning, and implementing interventions and ensures accuracy in the development of the COS and Summary Statement process.

CG	1: Demonstrates an understanding of typical and atypical development, birth to 3, including: cognition, communication, social-emotional, adaptive, and physical (includes fine and gross motor, hearing and vision) domains, how they impact each other and impact children's functioning	• https://pathways.org/ • https://www.cdc.gov/ncbddd/actearly/milestones/index.html • https://rields.com/
CG	2: Demonstrates an awareness of, and utilizes child development resources to maintain a focus on typical development to accurately assess present levels of development	
CG	3: Works with the family to develop activities that are challenging enough to keep the child engaged so that when the goal/outcome is achieved the parent and child feel confident and competent	https://www.cdc.gov/ncbddd/actearly/milestones-app.html Download it free on iOS and Android devices in English and Spanish!
CG	4: Demonstrates competence in at least two theories on how infants and toddlers learn, and the impact this could have on assessment, evaluation and coaching families	• https://www.verywellmind.com/child-development-theories-2795068 • https://youtu.be/gdeXPUMkLBU?si=sPWjuxWnnEi5p5Cu •
CG	5: Utilizes evidenced-based strategies that address the unique needs of the child and family that are: a. embedded within daily routines and activities, and b. support the child's learning and development	https://www.veipd.org/earlyintervention/2012/08/01/embedding-strategies-into-family-routines-one-pts-perspective/ ADD MORE

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	CG 6: Understands and provides information to families about early brain development and attachment and what parents and caregivers can do to promote health, communication, social-emotional wellbeing, and cognitive development in infancy and early childhood	• https://archive.cdc.gov/www_cdc_gov/ncbddd/childdevelopment/early-brain-development.html • https://pmc.ncbi.nlm.nih.gov/articles/PMC3722610/ • https://www.zerotothree.org/early-brain-development/ • https://developingchild.harvard.edu/key-concept/brain-architecture/
	CG 7: Demonstrates an understanding of attachment and temperament, and can identify these characteristics in children and families	• https://pmc.ncbi.nlm.nih.gov/articles/PMC3534157/#:~:text=The%20purpose%20of%20this%20review,needs%20of%20the%20particular%20child.
	CG 8: Demonstrates an understanding, and can clearly explain the importance of early relational health and its impact on development in the areas of: a. cognition b. language and communication c. social-emotional wellbeing	• https://www.aap.org/en/patient-care/early-childhood/early-relational-health/ • https://burkefoundation.org/wp-content/uploads/reports/Early-Relational-Health-A-Review-of-Research-Principles-and-Perspectives_2023sept.pdf • https://cssp.org/wp-content/uploads/2025/03/Putting-Principles-Into-Action-Building-an-Early-Relational-Health-Ecosystem.pdf • https://cps.ca/en/documents/position/from-aces-to-early-relational-health
	CG 9: Demonstrates an understanding, and can clearly explain, the overall process of early brain development and the impact of toxic stress	https://developingchild.harvard.edu/resources-guides/guide-toxic-stress/ https://www.texaschildrens.org/content/wellness/impact-toxic-stress-children https://vetoviolence.cdc.gov/apps/aces-infographic/

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	CG 10: Demonstrates an understanding how family circumstances and events impact child development	https://www.cdc.gov/aces/about/index.html
Notes:		

SECTION 2: INTAKE

The Intake process involves a careful balance of both gathering and sharing information as EI professionals begin to build a trusting relationship with families. There are specific requirements that must be met to ensure the parent is informed of their rights and has a clear understanding of the service delivery model, including clear expectations for future visits. The intake process requires Early Intervention professionals to be keen observers as they begin to gather information on a child and family's everyday activities and routines.

	IN 1: Demonstrates active listening skills, sensitivity, and the ability to answer general questions and concerns
	IN 2: Provides overview of Early Interventions Global Child Outcomes
	IN 3: Provides an overview of Early Intervention Five Global Family Outcomes
	IN 4: Provides information on the intake process and the role of the parent/caregiver

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	IN 5: Gathers information about why the child was referred and the family concerns and priorities
	IN 6: Gathers comprehensive information from the family and other caregivers to assist with planning and individualizing the evaluation/assessment
	IN 7: Completes all intake forms and gets signatures, including releases to obtain information from other sources
	IN 8: When appropriate, explains the process of working with children who are indicated cases of abuse and neglect including: identification of the decision maker, requirements for signing of releases, and the importance and methods of communicating with the DCYF case manager
	IN 9: Gathers information on who lives with the child, family resources including extended family, friends, co-workers, medical professionals, and other social supports and can explain the importance of this information to families
	IN 10: Gathers information on the parent's concerns, priorities and resources in a way that makes the family feel welcomed and understood
	IN 11: Understands, and can clearly explain FERPA (Family Educational Rights and Privacy Act) and the difference between FERPA and HIPPA (Health Information Protection and Portability Act)
	IN 12: Explains EI participation in KIDSNET data system
	IN 13: Explains the use of insurance to pay for Early Intervention
	IN 14: Explains the Child's Income Attestation form
	IN 15: Explains the role of the RIPIN Parent Consultant
	IN 16: Explains next steps to family and what to expect before leaving the visit

Notes:

SECTION 3: EVALUATION/ASSESSMENT

Early Intervention professionals work as a team with the child's family to plan, administer, analyze, and interpret results for each evaluation/assessment. The shared results should include information that addresses the parents' initial questions and concerns. The evaluation/assessment determines eligibility, guides program planning, and provides ongoing information about a child's development.

*Asterisk * areas in green are competencies applicable to Level II staff. This content is covered in the Evaluation and Assessment Modules.*

	EA 1: Clearly explains assessment/evaluation process to family including: a. the difference between evaluation and assessment b. the purpose for each as they pertain to RI Early Intervention Certification Standards and practice c. how the process may address any new family concerns d. methods and measures to be used e. the roles and responsibility, including how family will be involved
	*EA 2: Reviews and uses intake information to plan for evaluation/assessment, including the setting and location to maximize child's engagement

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	*EA 3: Reviews, requests, and considers the implications of medical records and developmental history
	*EA 4: Considers the impact of early trauma including disrupted primary relationships, violence, neglect, and exposure to toxic substances when preparing for the evaluation/assessment.
	*EA 5: Considers what questions the evaluation team is attempting to answer
	*EA 6: In collaboration with team, and based on information gathered so far, chooses methods and tools that are designed to match the questions the team and family want to answer.
	*EA 7: Considers and includes a family/caregiver's cultural, linguistics and other individual family/caregiver strengths and needs throughout all evaluation/assessment procedures.
	*EA 8: Completes Evaluation and Assessment Modules, which incorporates the Bayley Independent Study.
	EA 9: EI professionals have thorough understanding of the role and purpose of the family directed assessment
	*EA 10: Administers assessment/evaluation tool while considering the following: a. uses standardized procedures for norm-referenced tools and recommended practices for criterion-referenced evaluation/assessment tools b. effectively uses non-standardized methods (i.e., observation, parent/caregiver report, etc.) to gather and document functional skills c. adjusts pace of the evaluation/assessment to accommodate child's temperament and learning style in a setting familiar to the child (to the maximum extent possible) d. actively includes family in the assessment/evaluation (clarifying questions, helping to engage child, demonstrating) with consideration of individual family needs
	EA 11: Collaborates with team members (including the family) to analyze, interpret, and document evaluation/assessment information
	EA 12: Allows time for the family to ask questions and share any concerns related to the child's development, family concerns, priorities, and resources

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Reporting Results:	
	*EA 13: Clearly explains eligibility criteria and how it relates to the child's eligibility for RI Early Intervention
	EA 14: Accurately analyzes and interprets evaluation/assessment information to determine eligibility according to Part C regulations
	*EA 15: Provides verbal feedback that gives a clear overview of child's strengths and needs, functioning, and concerns in a way that is sensitive and easily understood by the family
	*EA 16: Based on evaluation/assessment information, makes recommendations to help guide IFSP development including the administration of additional evaluations and addition of supports and resources when necessary
	*EA 17: Recognizes and discusses with team and family/caregiver the need for further evaluation to address specific concerns within a developmental domain or risk factors for other concerns (e.g., vision, hearing, medical, behavioral)
	EA 18: Writes evaluation/assessment summaries that: a. are clearly written, free of grammatical and spelling errors, and uses language that is understood by the family b. includes results from standardized tools and assessment processes, parent report, intake information, and information provided by outside sources c. identifies strengths, needs, and functional skills across all domains organized by the 3 Global Child Outcomes d. accurately sorts child's development and functional information into categories of Foundational, Immediate Foundational and Age Expected skills and behaviors e. uses the Decision Tree to ensure an accurate summary statement/child outcomes rating f. uses and references child development resources including RI Early Intervention Child Outcomes Developmental Guidance and Larimer County Age Anchoring Tool
Ongoing Assessment:	
	EA 19: Chooses appropriate ongoing assessment methods that address the child's development, progress toward IFSP outcomes, and the family's cultural, linguistic, and situational needs

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	EA 20: Collects and records ongoing assessment data using a variety of methods including parent report, SRFs/Session Notes, talking to outside providers, observations, and curriculum-based assessment tools
	EA 21: Uses ongoing assessment information to guide family supports, interventions and outcome development
	EA 22: Administers ongoing assessment with consistency and in a timely manner

Notes:

SECTION 4: INDIVIDUALIZED FAMILY SERVICE PLAN

In collaboration with a child's family/caregiver, Early Intervention providers will develop and implement an IFSP (Individualized Family Service Plan) that is meaningful to the family and that is centered around outcomes that are: family-owned, functional, measurable, and embedded within daily routines. EI providers will ensure that the IFSP represents: an accurate developmental profile of the child; a record of family priorities, needs, concerns, and resources; and a plan to maximize the participation in everyday experiences and interactions with familiar people in familiar contexts.

<i>Working with Families:</i>	
	SP 1: Actively involves the family and any others in the gathering of information, age anchoring, outcome development and service provision
	SP 2: Explains the IFSP process in a way that is easily understood by family, including how the plan is organized by the Three Global Child Outcomes
	SP 3: Explains the Five Global Family Outcomes to help parent understand what RI Early Intervention wants for all families
	SP 4: Explains the role of all EI professionals in the provision of services, including the provision of services by educators, therapists, early interventionists and service coordinators
	SP 5: Explains the process for ongoing assessment and IFSP review and updates
	SP 6: Explains how outcomes determine the provision of services
	SP 7: Utilizes a routines-based interview/routines-based conversation to gain a clear understanding of the child and family's daily activities and the child's functioning throughout the of day
	SP 8: Explains to the family that the IFSP is a fluid document, and that adjustments, changes, and updates are made as needed and in accordance with RI Early Intervention Certification Standards
	SP 9: Effectively engages family in discussion about any new and/or ongoing concerns and priorities resulting from the IFSP development process

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	SP 10: Engages family in conversations about any EI IFSP team concerns not previously identified by the family as a priority
Documentation Process:	
	SP 11: Documentation includes and utilizes: a. child evaluation and assessment information from all sources b. family priorities, concerns, and resources c. information about naturally occurring routines, activities and opportunities
	SP 12: IFSP Child Outcomes Summary (COS) document is created using the framework of the Three Global Child Outcomes and: a. all developmental domains are addressed and include child functioning across all settings and situations (e.g. home, grocery shopping, playground, visiting family/friends, meeting new people, transitions from place to place) b. identifies functional skills that young children use to complete tasks and participate in meaningful activities in everyday life
	SP 13: Writes a COS that provides a balanced picture of the child and includes the child's strengths and developmental progress, as well as those areas that need support
	SP 14: Writes an IFSP that: a. provides a rich description of the child and family functioning including examples to allow the reader to get a clear image of this child b. includes input from the entire IFSP team, which includes the family c. is easily understood d. is free of errors
	SP 15: Completes a comprehensive justification plan with the family for each service provided in a non-natural environment
Child and Family Outcomes:	
	SP 16: Writes child outcomes that are family-owned and are based on clear evidence that they have been developed with the family, and are: a. functional and based on the child and family's needs and priorities b. embedded in routines and natural learning opportunities and show active participation c. measurable by clearly articulated criteria for acquisition and mastery in language that is easily understood by the family d. short term

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	e. in plain language
	SP 17: All family outcomes show evidence that they have been developed with the family
	SP 18: All services are directly tied to a child or family outcome and documented in a way that a reader can identify this connection
IFSP 6 Month and Periodic Review:	
	SP 19: Engages family in a discussion about all components of the IFSP including: a. ongoing assessment data and ties this to the framework of the three Global Child Outcomes b. present level of development including progress and what the parent might expect next c. progress toward IFSP child and family outcomes and determines if new outcomes are needed d. review of services and modifications according to current or updated outcomes
Annual Meeting to Review IFSP:	
	SP 20: With family, discusses the child's present level of development based on a review of any current evaluations and ongoing assessment information
	SP 21: Regularly checks in with family and updates family concerns, priorities, and resources
	SP 22: If questioning eligibility, gathers IFSP team and facilitates/conducts a complete evaluation/assessment to determine if the child continues to qualify for Early Intervention
Notes:	

SECTION 5: SERVICE DELIVERY

Quality service delivery and intervention provide families with information and skills to support the child's full participation in everyday activities at home and in the community. An Early Intervention professional's effectiveness depends on their ability to work in partnership with families and children with varied needs, from diverse backgrounds, and in a variety of community settings. EI providers should consistently incorporate evidence-based practices from multiple disciplines to implement intervention strategies within the family's routines, activities, and natural environment. This includes the use of coaching, modeling, adult learning strategies, and strength-based interventions.

EI providers should understand, carry out, and be able to explain to families the Federal and State Early Intervention Regulations, including The Eight Key Principles and Practices guide for the provision of Early Intervention services.

	SD 1: Interacts with families in a supportive, non-judgmental, and respectful way and displays sensitivity and respect to the individuality of the family and their unique culture
	SD 2: Demonstrates a clear consideration of Part C and RI's <i>Key Principles and Practices</i> including: a. clearly educating families how infants and toddlers learn best through everyday experiences, with familiar people, in familiar settings b. that all families, with the right supports and resources can enhance their child's development c. the importance of working within a child and family's natural environment, and developing strategies embedded in everyday routines and activities d. all work with families is individualized, align with the caregivers learning style, preferences and culture e. coaching parents and caregivers so they can carry over strategies during their everyday routines and activities
	SD 3: Clearly articulates and can explain Procedural Safeguards including Prior Written Notice, Prior Notice and Consent
	SD 4: Clearly explains the RI Early Intervention service delivery model, including the role of the family

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	SD 5: Interventions, activities, and the general flow of the family visit reflect coaching practices which engage the family in the following ways: a. joint planning: what is the agreed upon goal of the visit b. observation/intervention: what are we seeing, what is everyone doing, what can we try, how we will support the caregiver in trying/practicing c. reflection/feedback: what did all participants in the visit do, what have we learned, what has the caregiver learned, what changes can we make, what can caregiver practice, what does caregiver want to happen next
	SD 6: The EI provider coaches families using a strength-based approach to support them in building their capacity and confidence to support their child's development
	SD 7: Uses multiple methods to collect data and information from all sources to thoughtfully and methodically guide and modify interventions (e.g., routines-based interview/conversations, informal caregiver interview, medical professionals or childcare provider)
	SD 8: Makes use of available materials and resources to individualize strategies that can be implemented by the variety of people in a child's life, within daily routines, and in naturally occurring learning opportunities
	SD 9: Utilizes evidenced-based strategies to meet the unique needs, goals and priorities for the child/family and embeds them within daily activities to provide the child/family with multiple opportunities every day to learn new strategies and skills
	SD 10: Encourages family to identify any barriers or challenges related to outcomes and develops strategies to address these
	SD 11: Promotes parent/caregiver competence in facing challenges, addressing issues, and resolving conflicts
	SD 12: Understands the responsibility of mandated reporting, including specific agency protocols
	SD 14: Coordinates, facilitates and monitors the IFSP to update child and family outcomes as needed
	SD 15: Identifies and accesses resources that support IFSP outcomes and enhances natural learning opportunities

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	SD 16: Coaches families in the process of identifying and accessing resources for their child and family to build the family's skills toward increasing resourcefulness, independence, and self-advocacy (including those children determined not eligible for Early Intervention services)
	SD 17: Explains the role of, and may introduce the Parent Consultant to the family
	SD 18: Is up to date on specialty services available to children who are Deaf or Hard of Hearing, have Visual Impairments and/or are Dual Sensory Impaired
	SD 19: Assumes responsibility for the IFSP and the delivery of IFSP services in a timely, effective way
	SD 20: Provides ongoing support to the family by maintaining regular communication between family, EI team, and any medical and community providers
	SD 21: Demonstrates an expanding knowledge of local, state, and federal agencies and resources that focus on the social, financial, health, developmental, and other needs of infants/toddlers and their families
	SD 22: Services Rendered Forms/Session Notes are written so they meet the requirements set forth in current applicable guidance and technical assistance documents
<i>Reflective Practice: Working with Families</i>	
	SD 23: Takes time to pause and explore their thoughts, feelings and reactions that come up when working with children with disabilities and their families
	SD 24: Uses reflection regularly to examine one's own practice, interaction style, coaching approach and ways of being with families to improve practice
	SD 25: Implements ideas and ways of being with families that arise out of the self-reflective process
	SD 26: Demonstrates the parallel process of incorporating reflective practice into the work with families so that parents build their own reflective capacity
	SD 27: Actively uses reflective questions with families to build family confidence in supporting the development of their infant/toddler

	Notes:
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SECTION 6: SERVICE COORDINATION

Service coordination is a dynamic and ongoing process of helping families organize and access services for their child's eligibility. This activity includes planning and monitoring all IFSP services and supports to ensure a family/caregiver's active participation. Individuals in this role must be able to manage multiple timelines for the children and families they support.

	SC 1: Coordinates and maintains consistent communication with the family, EI team, medical professionals, and community contacts (e.g. DCYF, low incidence specialty providers)
	SC 2: Supports family skill building toward increasing resourcefulness, independence, and self-advocacy
	SC 3: Identifies and accesses resources that support IFSP outcomes and enhances natural learning opportunities
	SC 4: Coordinates referrals and recommendations to other services for the child and caregiver(s) (e.g., referrals to CNDC, specialty providers, recommendation of RIPIN Workshops)
	SC 5: Coordinates evaluations and conducts ongoing assessment using a tool approved by EOHHS

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	SC 6: Is knowledgeable of specialty services available to children who are Deaf or Hard of Hearing, have Visual Impairments, or have Dual Sensory Impairment
	SC 7: Coordinates, facilitates, and monitors the delivery of IFSP services to ensure that the services are provided in a timely, effective way
	SC 8: Provides ongoing support to family/caregiver by maintaining continuous contact through consistent home visits, phone calls, and coordination of care with medical and community providers
	<i>Notes:</i>

SECTION 7: TRANSITION

All children and families are entitled to a smooth transition from Early Intervention to the Local Education Agency (LEA) and/or appropriate community services and supports. With the support of the IFSP team, families will move smoothly from one program or system to another, or among services within a program or system.

	T 1: Effectively explains Transition process to family, including: a. the role of EI and the family b. potential eligibility and how it pertains to the child c. notification and the opt out process d. community resources for after the child turns 3
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	T 2: Consistently provides notification to LEA (Local Education Agency) according to the timelines identified in Transition Timeline Guidance
	T 3: Consistently convenes and facilitates Transition Conference for all children according to RI Early Intervention Certification Standards
	T 4: Shares all relevant assessment, progress, and functional information with LEA and/or community providers documented on Child Outcomes Summary Form
	T 5: Prepares and participate in referral, eligibility and related meetings, and leads conversation on child's present level of development in comparison to same age peers and facilitates family participation
	T 6: Develops and implements comprehensive transition steps for every child and family as they prepare to leave Early Intervention, which may or may not include Part B Services
	T 7: Works collaboratively with the child's IEP team and uses the Decision Tree to determine the summary statement for each outcome
	<i>Notes:</i>

SECTION 8: TEAM FUNCTIONING

EI professionals will develop and use interpersonal skills effectively and share their professional knowledge within the EI team and other providers. The demonstration of professional work habits and consideration for the well-being of co-workers is important both in the office and when working in community settings. EI professionals are committed to ongoing professional growth and willingly share new information with team members to strengthen the capacity of the agency.

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	TF 1: Demonstrates respect for group processes while contributing to the discussion and using active listening skills
	TF 2: While leading a team meeting, demonstrates ability to set agenda, manage time, facilitate participation, and provide summary and next steps
	TF 3: Demonstrates acceptance of differences of opinion and seeks to resolve issues in a non-judgmental, non-confrontational way
	TF 4: Engages in productive problem-solving to generate solutions
	TF 5: Recognizes and utilizes areas of strength and expertise with team members while incorporating other team members' expertise into own practice
	TF 6: Demonstrates cultural sensitivity when collaborating with other EI professionals.
	<i>Notes:</i>

SECTION 9: PROFESSIONALISM AND PRACTICE

All staff must demonstrate professionalism when working with families and other EI professionals. It is expected that all staff demonstrate effective work habits and support a culture of acceptance and inclusion in all work settings. Staff are expected to seek out, participate in, and account for professional development related to the EI competencies.

	PP 1: Demonstrates an interpersonal style that conveys the tenets of developing professional relationships including: a. trust b. respect c. inclusion d. self-awareness e. open and honest communication
	PP 2: Shares professional knowledge within the EI team and other related providers
	PP 3: Exhibits professional work habits, including time management and a commitment to ongoing professional growth
	PP 4: Maintains confidentiality, discretion, and boundaries when interacting with families and other professionals
	PP 5: Demonstrates willingness to engage in discussions during times of conflict resolution and mediation
	PP 6: Actively engages in reflective supervision as a process to examine and understand thoughts, emotions, strengths, and challenges
	PP 7: Demonstrates a willingness to seek out and participate in professional development, program improvement and other initiatives
	<i>Notes:</i>