

Evaluation and Assessment Portfolio Application

This podcast will explain the process of completing the Evaluation/Assessment Portfolio Application.

Information relating to the Evaluation/Assessment Credential can be found on Provider Connections' website at www.wiu.edu/providerconnections. Click the red credentialing tab and select Evaluator Applicants. This page contains information about the EI Evaluation/Assessment credential, links to Qualifications for EI Evaluation/Assessment Providers, EI Evaluation/Assessment Portfolio Application, and Evaluation/Assessment Report Format.

Qualifications for Early Intervention Therapy Evaluation Providers

Specialist level providers with an Early Intervention credential who want to provide evaluation/assessment services to determine initial eligibility, participate in the development of the initial comprehensive Individualized Family Services Plan (IFSP), and add new types of services to existing IFSPs must meet the following qualifications:

- Document at least 3 years (full time equivalent) pediatric experience (birth to 18) within his or her Early Intervention Specialist credentialed discipline with no less than 20% of that experience related to infants and toddlers between birth and three years or the equivalent. At a minimum, documentation must indicate of 1 year (full time equivalent) experience with no less than 60% related to infants and toddlers. Breaking this formula into hours, a person with a 60% caseload being birth to three would need to have 750 hours of working with infants and toddlers in a year. A provider with a 20% caseload of birth to three would need 750 hours of infant toddler experience during a 3-year period. A person with a 40% caseload of birth to three would need 998 hours of infant toddler experience during a 2-year period. For these calculations 15 hours per week of direct services were considered a full time equivalent. To meet this requirement, you will need to document 250 hours of infant toddler experience a year for 3 years; 499 hours a year for 2 years; or 750 hours in a single year.
- Have 6 months pediatric post degree supervision.
- Demonstrate competency in using and interpreting a variety of approved assessment tools related to their discipline by participating in evaluator specific training. Licensed providers meet this requirement through their licensure. Developmental Therapists must provide documentation of training in a global assessment tool.
- Demonstrate past work as a member of a service team and agree to work with the Service Coordinator, other evaluators, and the family as an effective team member.
- Agree to participate in IFSP meetings.
- Perform evaluation/assessments and present recommendations consistent with Department of Human Services (DHS) early intervention philosophy and best practices and provide adequate justification for recommendations.
- Agree to participate in routine Quality Assurance and/or Early Intervention Monitoring activities conducted by DHS or its designee, or the U.S. Department of Education, Office of Special Education Programs.
- Agree to comply with all applicable federal and/or state laws, rules, regulations, policies, provider agreement and procedures and guidelines.

Once you have met these qualifications, download and print the EI Evaluation/Assessment Portfolio Application from the website.

Cover Page

Complete the Cover page with your name, address, city, state, zip code, phone, and fax numbers. List the CFCs you serve and the type of credential you have.

Instructions/Checklist

Please follow the instructions included in the Portfolio Application.

The chart with the Criteria for Review is for the provider's use and does not need to be sent with the portfolio.

All applicants for the Evaluation/Assessment credential must have a current Illinois Early Intervention Credential. Please include a copy of your current credential.

Evaluation/Assessment Provider Agreement

Applicants need to complete the Evaluation/Assessment Provider Agreement. Print the evaluator's name on the appropriate line. If the evaluator works for a business or agency, print the payee name on the next line. If the evaluator is working as an individual, the evaluator's name also goes on the Payee line.

On page 6 of the agreement, List the name, title, address, phone and tax id numbers of the payee. If it is an individual, it would be the provider's information. If the provider works for a business or agency, complete the agency information. Mark the appropriate box for taxpayer certification.

Enter the name of the Payee Name on the appropriate line. Enter the name of the Payee Representative on the next line. If the provider is working as an individual, it will be the same as the Payee Name. Have the Payee representative sign and date the form. If the provider is not working for an agency, the provider may sign the agreement.

Evaluation/Assessment Credential Experience Form

Applicants need to document at least 6 months of pediatric (birth to age 18) post degree supervision.

Print your name and the last four digits of your Social Security Number in the appropriate spaces.

Write your employer's name, position and complete address. The employer is the person who can document your experience. This may or may not be your current employer. Please use a separate sheet for each supervisor or program that is being used to document the experience verifications.

Section I: Pediatric post degree supervision. Either the applicant or the supervisor may complete this section. Write the number of months of pediatric (birth to age 18) post degree supervision. List the name of the supervisor, the dates supervised and the location of supervision.

Have the supervisor or program director sign and date the form. Then you sign and date the form in the appropriate spaces.

If no one is available to verify this section, the applicant must verify post degree pediatric supervision by including the name of the supervising agency, the duration of the supervision, and the reason why a verification form cannot be signed by this agency, such as the agency has closed.

Section II: Experience within the credentialed discipline related to infants and toddlers between birth and 3 years of age. Write the number of years (full time equivalent) of pediatric experience within your credentialed discipline. List the percent of that experience related to infants and toddlers aged birth to three years of age. Write the name of the supervisor, dates supervised, and the location of supervision.

If you have not worked under a supervisor, you may provide a letter from a Child and Family Connections (CFC) manager that verifies the number of years experience, again full time equivalent that you have in providing early intervention services within your credentialed discipline to families who live within the CFC agency's service area. Have the supervisor or program director sign and date the form. Then you sign and date the form in the appropriate spaces.

Required Evaluation/Assessment Training

Submit copies of the completion of Systems Overview Day two or the Online and Follow-up Session of Systems Overview Training. Developmental Therapists must also submit documentation of a global assessment.

Evaluation/Assessment Reports

Submit three evaluation/assessment reports. Reports must be submitted using the Illinois Department of Human Services Bureau of Early Intervention Evaluation/Assessment Report Format. This document is available at www.wiu.edu/providerconnections/credentialing/evalapp.php In addition to the format, this document contains information regarding eligibility and billing.

The reports can be either initial or annual evaluation/assessment reports conducted within the last six months. Please make sure to mark out or remove identifying information on the child and family to be in compliance with HIPAA rules.

Send two copies of the Evaluation/Assessment Portfolio Application to the following address:

Provider Connections
Center for Best Practices in Early Childhood Education
Western Illinois University
1 University Circle
Macomb IL 61455

Faxes are not accepted.