

Recommendations
on the
Training of Interveners
for
Students who are Deafblind

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Preface

The National Intervener Task Force, formed in January of 2002, is an informal network comprised of a variety of individuals representing state/multi-state deafblind projects, higher education institutions, agencies, and parents. The focus of the Task Force has been to develop a consistent understanding of issues and services related to the training and use of interveners in educational settings and early intervention settings.

During the October 2002 Task Force meeting, participants requested that a small representative group be formed to summarize recommended intervener training practices and to review competencies recommended for intervener training. In response to this request, the SKI-HI Institute at Utah State University hosted a two-day meeting in February 2003 to review and recommend effective practices for the conceptualization and development of intervener training programs.

Simultaneous to the Intervener Task Force activities, the SKI-HI Institute was also engaged in a variety of activities related to the identification of competencies for interveners. These activities included the development of multiple draft competency listings, field reviews, and revisions. In the fall of 2003, at the request of the SKI-HI Institute, staff with the National Technical Assistance Consortium for Children and Youth who are Deaf-Blind (NTAC) facilitated an external review of the proposed intervener competencies. The results of this review were used in the selection of the final intervener competencies.

In the spring of 2004, the SKI-HI Institute and NTAC also facilitated the development of a national Community of Practice Focused on Intervenors and Paraprofessionals Working with Children and Youth who are Deafblind. (Note: By definition, an intervener is a paraprofessional who has training and specialized skills in deafblindness.) Based on the needs and activities previously identified and initiated by the National Intervener Task Force and others, the identification of recommended practices related to the training and use of interveners and paraprofessionals was targeted as the initial focus of activities proposed to the Community. These include:

- Refining and recommending competencies and training content for interveners and paraprofessionals working with students who are deafblind.
- Recommending degrees of mastery, or levels of learning, for intervener training activities.
- Developing a recommended crosswalk between the identified mastery levels and the identified training practices/pedagogy needed to reach the identified mastery levels.
- Summarizing characteristics of existing training models.
- Integrating training activities into larger state professional development infrastructures (i.e. No Child Left Behind (NCLB) and IDEA comprehensive systems of personnel development (CSPD)).

- Providing examples of documenting training and acquisition of competencies.
- Identifying recommended standards of practice related to the use of interveners and paraprofessionals in educational settings.

This paper represents the authors' initial attempts at addressing some of the training issues and needs identified through the Intervener Task Force activities, and subsequently by the Community of Practice. It is not intended to be an exhaustive response, nor all-inclusive. It is intended to provide information and resources that can guide in the planning and development of intervener training programs. Other issues such as the identification of standards of practice related to the use of interveners and paraprofessionals will be addressed in subsequent documents.

This paper provides:

- A common understanding of the definition and role of an intervener
- A comprehensive list of recommended intervener competencies and mastery levels necessary to become an intervener
- A portfolio process for the documentation of intervener competencies
- A discussion of recommended training practices
- A checklist of considerations for developing an intervener training system

It is hoped that this information will be useful and support the ongoing efforts related to the use of interveners and paraprofessionals with students and youth who are deafblind.

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Beliefs

As the initial development and thinking behind this document evolved, it became apparent that many of the training practices and activities identified and included are not specific to a single content or category of disability. However, it also became apparent that the authors' thinking related to these practices was influenced by their underlying beliefs and values related to the training of interveners. These beliefs and values came from both the authors varied experiences in the training of interveners and the research on effective training practices. As a result, the following common beliefs were identified. These served as the context in which the training practices and activities were recommended.

1. Training should be available to support the needs of interveners regardless of when they start their job duties.
2. There is a need to simultaneously address issues interveners have with the students they currently serve, as well as to train interveners to have a broader grounding in deafblindness.
3. Training must be systematic. There are essential competencies that should be addressed first. There may be a variety of curricular sequences to the training, but training should be offered so that, over time, critical competencies are addressed.
4. Training must be made available and offered in multiple formats. No single instructional model for intervener training will meet all needs, and the model developed will be influenced by the fiscal and non-fiscal resources available in each state.
5. Effective training must include follow-up support to assure implementation of new skills.
6. There is value to having interveners interact with other interveners. Training should allow for at least occasional interactions, either by face-to-face, phone conferencing, or some type of distance technology (i.e. listserv, email, and video-conferencing).
7. Intervenors work as part of the IEP team. It is important that training also be available for teachers, parents and other professionals who supervise and work with interveners.

Definition and Role of an Intervener

An intervener is defined as an individual who:

- Works consistently one-on-one with a student who is deafblind.
- Who has training and specialized skills related to deafblindness (Alsop, Blaha, and Kloos, 2000).

The specialized training needed to be an effective intervener should address a wide range of topics needed to understand the characteristics of deafblindness, appropriate strategies for teaching students who are deafblind (Robinson, Dykes, Grondin, Barnard, Bixler, Alsop, Wolf, Gervasoni, and Lauger, 2000), as well as the specific needs of the student (Striefel, Killoran, and Quintero, 1991).

The role of the intervener is to:

- Facilitate access to environmental information usually gained through vision and hearing, but which is unavailable or incomplete to the individual who is deafblind.
- Facilitate the development and/or use of receptive and expressive communication skills by the individual who is deafblind.
- Develop and maintain a trusting, interactive relationship that can promote social and emotional well-being (Alsop, et al, 2000).

Implications of Title 1 and IDEA Reauthorization on Intervener Training Programs

Inherent in the definition and role of the intervener, is the need to identify and delineate the training requirements, or competencies, needed to be an intervener. The need for increased training and development of standards for paraprofessionals has also been recognized in recent years by IDEA and Title 1, as amended by “No Child Left Behind” which has had a major impact on the training and use of paraprofessionals for the delivery of instructional support in both general and special education settings. Although, Title 1 acknowledges, “properly trained paraprofessionals can play important roles in improving student achievement” and that they “augment and reinforce teacher’s efforts”, it also acknowledges that many paraprofessionals lack the education and training to be effective in their roles (Title 1 Paraprofessional Non-regulatory Guidance, 2004, pg. 6). As a result, Title 1 has established minimum educational requirements for paraprofessionals and has charged each state to develop and adopt standards for training, which will lead to these minimum standards.

As states initiate their paraprofessional standards process, many are grappling with adoption of competencies required for all paraprofessionals while simultaneously addressing those competencies needed by individuals who are providing services to students with more challenging needs, such as students with autism or deafblindness. Other states are looking at minimal competencies to meet the Title 1 qualifications with further training and support provided related to more specialized skills. Regardless of a states individual approach, a framework of identified competencies for interveners will assist in guiding their thinking and in their respective adoption process.

Developers of training programs for interveners and paraprofessionals working with students who are deafblind are faced with the task of integrating their activities into the larger paraprofessional state initiatives and training activities. This is now a multiple task process

going far beyond just the simple identification of competencies and provision of training. Specific strategies must also be addressed to systematically integrate intervener training into larger scale state reforms.

The Identification and Adoption of Intervener Competencies

Although many paraprofessionals are highly trained and experienced, those who have minimal or no training in deafblindness may not be considered interveners. Not only do interveners need skills specific to the students with whom they work, but they must also have an overall understanding of deafblindness and the intervention process itself. Consequently, one of the foremost tasks involved is the identification of competencies and skills needed to be an adequately and appropriately trained intervener.

The SKI-HI Institute at Utah State University has developed *Competencies for Training Intervenors to Work with Children/Students with Deafblindness*, which is a comprehensive set of competencies for training interveners (see Appendix A). These competencies cover eight broad areas of content which include:

1. Demonstrating knowledge of deafblindness and its impact on learning and development.
2. Demonstrating knowledge of the process of intervention and the role of the intervener, and having the ability to facilitate that process.
3. Demonstrating knowledge of communication including methods, adaptations, the use of assistive technology, and having the ability to facilitate the development and use of communication skills.
4. Demonstrating knowledge of the impact of deafblindness on psychological, social, and emotional development, and having the ability to facilitate social and emotional well-being.
5. Demonstrating knowledge of sensory systems and issues, covering all five senses, and having the ability to facilitate the effective use of the senses.
6. Demonstrating knowledge of motor, movement, and orientation and mobility strategies that are appropriate for children/students who are deafblind, and having the ability to facilitate orientation and mobility skills.
7. Demonstrating knowledge of the impact of additional disabilities on the child/student who is deafblind, and having the ability to provide appropriate support.
8. Demonstrating professionalism and ethical practices.

These training competencies can be used to:

- Guide curriculum development and the evaluation of intervener training activities
- Guide the evaluation of the acquisition of an intervener's knowledge and skills
- Guide the selection of competencies for specific paraprofessionals during the state's development and adoption activities under Title 1 and IDEA

In order to evaluate an intervener's acquisition of knowledge and skills, the *Intervener Portfolio Assessment* (see Appendix B) has been developed based on the aforementioned competencies for *Training Interveners to Work with Children/Students with Deafblindness* (see Appendix A). The portfolio document is intended to be one vehicle that can be used to provide the documentation that many states now require in their personnel standards for paraprofessionals.

Levels of Learning for Staff Development and Training

When developing and delivering an effective intervener training program, it is critical to identify the ultimate level of learning desired for participants in order to determine the training strategies or pedagogy that should be used.

Butler (2001) describes the desired outcome, or level of learning, of typical staff development as one of the following:

- # Information Transfer where participants receive information about new skills and approaches.
- # Skill Acquisitions where participants are taught a specific way to implement a skill.
- # Behavior Change where new information and skills are taught with the expectation that learners will apply the new skills and change their behavior.

Of these, the Behavior Change Staff Development model results in the highest level of learning and implementation of new skills by participants (Butler, 2001; Korinek, Schmid, McAdams, 1985).

Levels of learning have also been characterized as:

- # Awareness training that results in the participant's increased realization of the importance of the new information and an increased familiarity with, and understanding of, content.

- # Knowledge and Skills training that results in the participant's understanding of the content, being able to speak knowledgeably about the content, and being able to use the skills. However, more experience, guided and independent practice, and feedback are needed for independent implementation.
- # Implementation training that results in the participant's successfully and independently applying the skill in a variety of settings (Killoran, 2002; Killoran, Templeman, Peters, and Udell, 2001; Showers and Joyce, 1980).

In conceptualizing and developing intervener training programs, the resulting desired level of learning must be considered in the initial decision-making process, in order to identify the training strategies and to design the activities needed to be most effective.

Recommended Training Practices

Although a wide variety of staff development training models exist, their effectiveness for lasting change is highly dependent upon the training practices they employ. Many researchers have studied and identified the instructional practices that influence the effectiveness of training, and their results have been consistent across the past two-plus decades (Butler, 2001; Giangreco, Edelman, and Broer, 2001; Templeman and Peters, 1998; Joyce and Showers, 1980).

Training practices that result in participants attaining an implementation or behavior change level of mastery include:

1. Presentation of content or theory.
2. Modeling of the presented content.
3. Guided practice including:
 - corrective feedback
 - re-teaching
 - reinforcement
4. Independent practice including:
 - corrective feedback
 - re-teaching
 - reinforcement
5. Ongoing follow-up and assessment including:
 - corrective feedback
 - re-teaching
 - reinforcement

Matching Levels of Learning with the Training Practices

The decision of which of the effective training practices to include in an intervener training activity is dependent upon the level of learning that has been identified as the outcome for the specific training. Although there is the need for conducting training at both the awareness and the knowledge and skills levels of learning, most intervener training should be aimed at the implementation of new skills. In order to assure implementation of new skills, intervener training models should be based on:

- Behavior change outcomes where new information and skills are taught with the expectation that learners will apply the new skills and change their individual behaviors.
- Implementation training that results in the participants successfully and independently applying the skills in a variety of settings.

The relationship between effective practices required for each of the levels of learning is presented in Figure 1.

Training Practice	Level of Learning		
	Awareness	Knowledge and Skill	Implementation
1. Presentation of content or theory	Uses Only Training Practices 1 and 2	Uses Training Practices 1 through 4	Uses All Training Practices 1 through 5
2. Modeling of the presented content			
3. Guided practice, including: <ul style="list-style-type: none"> • corrective feedback • re-teaching • reinforcement 			
4. Independent practice, including: <ul style="list-style-type: none"> • corrective feedback • re-teaching • reinforcement 			
5. Ongoing follow-up and assessment, including: <ul style="list-style-type: none"> • corrective feedback • re-teaching • reinforcement 			

Figure 1: Matching Levels of Learning with the Training Practices

There are a variety of ways to train interveners ranging from one-on-one training, to ongoing

group inservice, to community college classes. In most states, inservice training is being provided by the state/multi-state deafblind project. Some states are also exploring the provision of intervener training through community college programs, consistent with NCLB. However, regardless of the how the training is provided, it should include the afore-mentioned characteristics to reach the identified outcomes or learning levels.

Intervener Training Programs

The success of an effective training program lies not only in the setting or methodology of how the training is delivered, but also in the training practices that are used. Thus, no single “ideal” model for training interveners is recommended by the authors. Indeed there are a number of training options, ranging from one-to-one instruction to classroom/group instruction. (A more detailed discussion of training issues that are specific to intervener training programs will be included in a subsequent document). Each state will need to develop its own training model, based on its needs and resources. In addition, the design of training model activities is dependent upon a variety of considerations, which include among others:

- Grant issues
- Participant variables
- Resource issues
 - # Personnel
 - # Fiscal
- Standards of Practice Issues
- State systems support

Each of these areas must be considered and addressed when determining the type and appropriateness of the training activity to be developed. A more detailed checklist of these considerations is included in *Considerations for Developing an Intervener Training System* found in Appendix C.

Summary

The development and implementation of an intervener training program is a complex process, which must address both individual training issues and systems integration activities. Recent federal legislation related to adequately and appropriately trained paraprofessionals impacts the identification of intervener training competencies and necessitates their alignment with larger state paraprofessional initiatives. Effective training also requires the allocation of fiscal and non-fiscal resources that allow for the follow-up training and support needed by interveners to independently implement new knowledge and skills. This would include sufficient staff to provide on-site follow-up consultation and technical assistance.

This paper addresses some of the issues to be considered in the systematic development of an intervener training program, and includes documents that can facilitate that development.

- The *Competencies for Training Interveners to Work with Children/Students with Deafblindness* includes recommended knowledge and skills for interveners, and can guide in the development of training curriculum and in evaluation activities. (Appendix A)
- The *Intervener Portfolio Assessment* provides a tool for documenting the acquisition and demonstration of those intervener competencies. (Appendix B)
- In *Considerations for Developing an Intervener Training System*, a checklist for conceptualizing a comprehensive, integrated system is provided. (Appendix C)

These documents are all intended to work together, and can provide information, insights, and resources that can guide in the development of effective intervener training programs. The authors are available for questions or further clarifications.

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APPENDIX A

Competencies for Training Interveners
to Work with Children/Students
with Deafblindness

SKI-HI Institute
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Competencies for Training Interveners to Work with Children/Students with Deafblindness

SKI-HI Institute ~ Linda Alsop

An intervener is defined as an individual who has training and specialized skills related to deafblindness and works consistently one-on-one with a child/student who is deafblind.

The following are the recommended competencies necessary for interveners who work one-on-one with children and students who are deafblind. They are the result of numerous consultations with practitioners, specialists and researchers in the field of deafblindness. Each competency has been assigned to a level of mastery that reflects either knowledge or the application of skills. The competency levels of mastery are defined as follows:

- **KNOWLEDGE** - The intervener demonstrates knowledge about the content. For those competencies that are not skill based, *Knowledge* is the desired mastery level.
- **IMPLEMENTATION** - The intervener demonstrates the ability to successfully and independently apply the skill in a variety of settings.

These competencies are organized under eight Standards. They are grouped as either Core Competencies or Child-Specific Competencies. Core Competencies represent the recommended knowledge base in deafblindness, while the Child-Specific Competencies are those that reflect the application of skills that are specific to a child/ student who is deafblind.

Standard 1: Demonstrate knowledge of deafblindness and its impact on learning and development	
<i>Core Competencies</i>	
<i>Interveners should have knowledge of:</i>	
1.1	The definition of deafblindness
1.2	The impact of combined vision and hearing loss on learning (including incidental learning), interaction, and overall development
1.3	The difference between congenital and acquired deafblindness
1.4	The difference between concept development and skill development, and the impact of deafblindness on each
1.5	The implications related to: the age of onset of vision and hearing loss, the types and degrees of loss, and the presence of additional disabilities
<i>Child-Specific Competencies</i>	
<i>Interveners should have knowledge of:</i>	
1.6	The child's/student's specific etiology and related characteristics

1.7	The child's/student's strengths and needs
1.8	The child's/student's likes and dislikes
1.9	The impact of combined vision and hearing loss on the child's/student's learning style, abilities, and communication
1.10	How to facilitate the child's/student's understanding and development of concepts

Standard 2: Demonstrate knowledge of the process of intervention and the role of the intervener, and have the ability to facilitate that process	
<i>Core Competencies</i>	
<i>Interveners should have knowledge of:</i>	
2.1	The process of intervention for children/students who are deafblind
2.2	The role of the intervener in the process of intervention
2.3	The differences between interveners, paraprofessional, interpreters, aides, caregivers, special education assistants, etc.
<i>Child-Specific Competencies</i>	
<i>Interveners should have the ability to:</i>	
2.4	Provide one-on-one intervention, which facilitates consistent access to visual, auditory, and tactile information
2.5	Use routines and functional activities as learning opportunities for the child/student
2.6	Facilitate direct learning experiences for the child/student
2.7	Use techniques to increase anticipation, motivation, communication, and confirmation
2.8	Facilitate the child's/student's interactions with people and the environment
2.9	Facilitate interdependence for the child/student, rather than dependence (do with - not for)
2.10	Vary the level and intensity of input and the pacing of activities to meet the child's/student's needs
2.11	Adapt materials and activities to the child's/student's needs, as directed by the IFSP/IEP team
2.12	Use strategies that provide the child/student with opportunities to solve problems and to make decisions and choices
2.13	Implement intervention strategies appropriate for the child/student (e.g., daily care, self-help, transition, community, job training) as directed by the IFSP/IEP team

Standard 3: Demonstrate knowledge of communication including methods, adaptations, and the use of assistive technology, and have the ability to facilitate the development and use of communication skills

Core Competencies

Interveners should have knowledge of:

- 3.1 Basic communication development
- 3.2 The impact of deafblindness on communication and interaction
- 3.3 The role of the intervener in facilitating the development and use of receptive and expressive communication
- 3.4 Modes/forms of communication and devices used by children/students who are deafblind (e.g., cues, sign language, tactile communication, object symbols, etc.)
- 3.5 The use of calendar systems to support the development of time concepts, enhance communication, and promote emotional well-being
- 3.6 How to facilitate language and literacy development

Child-Specific Competencies

Interveners should have the ability to:

- 3.7 Observe and identify the communicative behaviors of the child/student
- 3.8 Interpret the communicative intents of the child/student
- 3.9 Implement methods and strategies for conveying information that is understandable to the child/student
- 3.10 Respond appropriately to the child's/student's attempts at communication
- 3.11 Use communication techniques appropriate for the child/student who is deafblind (e.g., environmental cues, touch cues, object cues, calendar systems, adaptive sign language, tactile signing, alternative and augmentative communication systems, braille) as designed by the IFSP/IEP team
- 3.12 Incorporate/embed language and communication into all routines and activities
- 3.13 Use strategies for eliciting expressive communication from the child/student
- 3.14 Use strategies to promote turn-taking with the child/student
- 3.15 Use strategies to enhance and expand communication (e.g., increase vocabulary, topics for conversations, and communicative skills)
- 3.16 Facilitate the child's/student's interactions with others
- 3.17 Share observations of the child's/student's communication skills with other team members

Standard 4: Demonstrate knowledge of the impact of deafblindness on psychological, social, and emotional development and have the ability to facilitate social and emotional well-being

Core Competencies

Interveners should have knowledge of:

- 4.1 The impact of deafblindness on bonding, attachment, and social interaction
- 4.2 The role of the intervener in facilitating social and emotional development
- 4.3 The impact of deafblindness on psychological development and on the development of self-identity
- 4.4 The effects of deafblindness related to isolation, stress, vulnerability, grieving, and interdependence
- 4.5 The impact of deafblindness on aspects of sexuality (e.g., gender identity, modesty, appropriate touch, wellness checks)

Child-Specific Competencies

Interveners should have the ability to:

- 4.6 Establish a trusting relationship with the child/student who is deafblind
- 4.7 Provide an atmosphere of acceptance, safety, and security that is reliable and consistent for the child/student
- 4.8 Promote positive self-esteem and well-being in the child/student
- 4.9 Respond appropriately to the child's/student's behavior
- 4.10 Provide the child/student with opportunities for self-determination (e.g., independent thinking, choices, problem solving, decision making) as directed by the IFSP/IEP team
- 4.11 Promote social interactions and the development of meaningful relationships with an ever-expanding number of people

Standard 5: Demonstrate knowledge of sensory systems and issues, covering all five senses and the ability to facilitate the effective use of the senses

Core Competencies

Interveners should have knowledge of:

- 5.1 The role of touch in learning and interaction
- 5.2 Basic anatomy and functions of the eyes and ears
- 5.3 Strategies that promote visual and auditory development

5.4	The impact of deafblindness on sensory integration
5.5	The role of the other senses (taste, smell, proprioception, etc.)
Child-Specific Competencies	
<i>Interveners should have knowledge of:</i>	
5.6	The student's audiological (hearing) and ophthalmological (vision) abilities
5.7	The child's/student's eye and ear conditions and disorders
<i>Interveners should have the ability to:</i>	
5.8	Use and maintain amplification, cochlear implants, and assistive listening devices as appropriate
5.9	Use and maintain glasses, low vision devices, and prostheses as appropriate
5.10	Maximize the use of residual vision and hearing
5.11	Make adaptations for auditory needs (noise, positioning, etc.) as directed by the IFSP/IEP team
5.12	Make adaptations for visual needs (contrast, lighting, positioning, etc.) as directed by the IFSP/IEP team
5.13	Use touch to supplement auditory and visual input and to convey information to the child/student
5.14	Facilitate the child's/student's use of touch for learning and interaction
5.15	Facilitate the use of the child's/student's other senses to supplement auditory, visual, and tactile information (e.g., smell, taste, movement) as directed by the IFSP/IEP team
5.16	Utilize strategies to promote sensory integration as directed by the IFSP/IEP team

Standard 6: Demonstrate knowledge of motor, movement, and orientation and mobility (O&M) strategies that are appropriate for children/students who are deafblind, and have the ability to facilitate orientation and mobility skills	
Core Competencies	
<i>Interveners should have knowledge of:</i>	
6.1	The impact of deafblindness on motor development, independent movement, positioning in space, and exploration of the environment
6.2	The impact of deafblindness on body awareness and on the sense of how the body relates to the environment
Child-Specific Competencies	

<i>Interveners should have the ability to:</i>	
6.3	Utilize strategies that promote independent and safe movement and active exploration of the environment
6.4	Implement positioning and handling to promote learning, independent movement, and physical well-being as directed by the OT/PT/O&M specialists
6.5	Promote the use of sighted guide, trailing, and protective techniques as directed by the O&M specialist
6.6	Implement strategies to promote travel routes, and the utilizing of environmental cues and landmarks as appropriate to the child/student and as directed by an O&M specialist
6.7	Implement the use of appropriate mobility devices as directed by the O&M specialist
6.8	Utilize strategies that support the development of body awareness, spatial relationships and related concepts as directed by the IFSP/IEP team

Standard 7: Demonstrate knowledge of the impact of additional disabilities on the child/student who is deafblind and have the ability to provide appropriate support	
<i>Core Competencies</i>	
<i>Interveners should have knowledge of:</i>	
7.1	The impact of additional disabilities (including medical factors) on children/students with deafblindness
7.2	Brain development and the neurological implications of combined vision and hearing loss (e.g., brain plasticity, physiological and emotional stress, biobehavioral states)
<i>Child-Specific Competencies</i>	
<i>Interveners should have knowledge of:</i>	
7.3	The student's additional disabilities, if present
7.4	The complex effects of additional disabilities on the child's/student's learning and interaction
<i>Interveners should have the ability to:</i>	
7.5	Make adaptations appropriate for cognitive and physical needs of the child/student as directed by the IFSP/IEP team
7.6	Make adaptations appropriate for the medical needs of the child/student as directed by the IFSP/IEP team
7.7	Utilize appropriate health and safety practices

Standard 8: Demonstrate professionalism and ethical practices
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<i>Core Competencies</i>

<i>Interveners should have knowledge of:</i>
--

8.1 The roles and responsibilities of interveners working in classrooms and other settings
--

8.2 The roles and supervisory responsibilities of each team member and classroom consultant

<i>Interveners should have the ability to:</i>
--

8.3 Adhere to the identified code of ethics including confidentiality

8.4 Utilize appropriate teaming skills in working with the IFSP/IEP team
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8.5 Communicate and problem-solve with the IFSP/IEP team about the child's/student's needs as appropriate

8.6 Collect data and track child progress as directed by the IFSP/IEP team
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8.7 Pursue information and resources as needed and appropriate
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8.8 Interact appropriately with families as needed
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8.9 Pursue ongoing professional development activities
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References

Competencies for Paraprofessionals Working With Learners Who are Deafblind in Early Intervention and Educational Settings, Marianne Riggio and Barbara A.B. McLetchie. Hilton/Perkins Program, 2001.

Intervener Competencies in Utah (Draft).

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Primary Competencies for Intervenors in Texas. Texas Deaf-Blind Outreach, August, 2001.

APPENDIX B

Intervener Portfolio Assessment

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INTERVENER PORTFOLIO ASSESSMENT				Portfolio Types of Documentation							
<p align="center">Knowledge and Skill Alignment with Intervener Standards</p>				A		B		C			
				Inservice Training	Coursework/Certificates of Completion	Self-Study	Written Document	Performance Testing	Interview	Observations & Summaries	Work Sample
<p align="center">Standard 1: Demonstrate knowledge of deafblindness and its impact on learning and development</p>				Two lines of evidence are required for each competency. NA = "Not Applicable" — lines cannot be used for this competency.							
CORE COMPETENCIES: <i>The intervener demonstrates knowledge of:</i>				<i>Choose two—one from Group A and one from Group B</i>							
1.1	The definition of deafblindness								NA	NA	NA
1.2	The impact of combined vision and hearing loss on learning (including incidental learning), interaction, and overall development								NA	NA	NA
1.3	The difference between congenital and acquired deafblindness								NA	NA	NA
1.4	The difference between concept development and skill development, and the impact of deafblindness on each								NA	NA	NA
1.5	The implications related to: the age of onset of vision and hearing loss, the types and degrees of loss, and the presence of additional disabilities								NA	NA	NA

CHILD-SPECIFIC COMPETENCIES: <i>The intervener demonstrates knowledge of:</i>	<i>Choose two—one from Group A and one from Group B</i>								
1.6 The child's/student's specific etiology and related characteristics							NA	NA	NA
1.7 The child's/student's strengths and needs							NA	NA	NA
1.8 The child's/student's likes and dislikes							NA	NA	NA
1.9 The impact of combined vision and hearing loss on the child's/student's learning style, abilities, and communication							NA	NA	NA
.10 How to facilitate the child's/student's understanding and development of concepts							NA	NA	NA

INTERVENER PORTFOLIO ASSESSMENT	Portfolio Types of Documentation								
<p style="text-align: center;">Knowledge and Skill Alignment with Intervener Standards</p>	A			B			C		
	Inservice Training	Coursework/Certificates of Completion	Self-Study	Written Document	Performance Testing	Interview	Observations & Summaries	Work Sample	Video of Work Performance
<p>Standard 2: Demonstrate knowledge of the process of intervention and the role of the intervener, and have the ability to facilitate that process</p>	<p>Two lines of evidence are required for each competency. NA = “Not Applicable” – lines cannot be used for this competency.</p> <p><i>Choose two—one from Group A and one from Group B</i></p>								
<p>CORE COMPETENCIES: <i>The intervener demonstrates knowledge of:</i></p>									
2.1 The process of intervention for children/students who are deafblind							NA	NA	NA
2.2 The role of the intervener in the process of intervention							NA	NA	NA
2.3 The differences between interveners, paraprofessionals, interpreters, aides, caregivers, special education assistants, etc.							NA	NA	NA
<p>CHILD-SPECIFIC COMPETENCIES: <i>The intervener demonstrates has the ability to:</i></p>	<p><i>Choose two—not more than one from A, B, or C (one from C is recommended)</i></p>								
2.4 Provide one-on-one intervention, which facilitates consistent access to visual, auditory, and tactile information					NA				
2.5 Use routines and functional activities as learning opportunities for the child/student					NA				

2.6	Facilitate direct learning experiences for the child/student					NA				
2.7	Use techniques included anticipation, motivation, communication, and confirmation					NA				
2.8	Facilitate the child's/student's interactions with people and the environment					NA				
2.9	Facilitate interdependence for the child/student, rather than dependence (do with – not for)					NA				
2.10	Vary the level and intensity of input and the pacing of activities to meet the child's/student's needs					NA				
2.11	Adapt materials and activities to the child's/student's needs, as directed by the IFSP/IEP team					NA				
2.12	Use strategies that provide the child/student with opportunities to solve problems and to make decisions and choices					NA				
2.13	Implement intervention strategies appropriate for the child/student (e.g., daily care, self-help, transition, community, job training) as directed by the IFSP/IEP team					NA				

INTERVENER PORTFOLIO ASSESSMENT	Portfolio Types of Documentation								
<p style="text-align: center;">Knowledge and Skill Alignment with Intervener Standards</p>	A			B			C		
	Inservice Training	Coursework/Certificates of Completion	Self-Study	Written Document	Performance Testing	Interview	Observations & Summaries	Work Sample	Video of Work Performance
<p>Standard 3: Demonstrate knowledge of communication including methods, adaptations, and the use of assistive technology, and have the ability to facilitate the development and use of communication skills</p>	<p>Two lines of evidence are required for each competency. NA = “Not Applicable” – lines cannot be used for this competency.</p> <p><i>Choose two—one from Group A and one from Group B</i></p>								
<p>CORE COMPETENCIES: <i>The intervener demonstrates knowledge of:</i></p>									
3.1 Basic communication development							NA	NA	NA
3.2 The impact of deafblindness on communication and interaction							NA	NA	NA
3.3 The role of the intervener in facilitating the development and use of receptive and expressive communication							NA	NA	NA
3.4 Modes/forms of communication and devices used by children/students who are deafblind (e.g., cues, sign language, tactile communication, object symbols, etc.)							NA	NA	NA
3.5 The use of calendar systems to support the development of time concepts, enhance communication, and promote emotional well-being							NA	NA	NA
3.6 How to facilitate language and literacy development							NA	NA	NA

CHILD-SPECIFIC COMPETENCIES: <i>The learner has the ability to:</i>	<i>Choose two—not more than one from A, B, or C (one from C is recommended)</i>								
3.7 Observe and identify the communicative behaviors of the child/student					NA				
3.8 Interpret the communicative intents of the child/student					NA				
3.9 Implement methods and strategies for conveying information that is understandable to the child/student					NA				
3.10 Respond appropriately to the child's/student's attempts at communication					NA				
3.11 Use communication techniques appropriate for the child/student who is deafblind (e.g., environmental cues, touch cues, object cues, calendar systems, adaptive sign language, tactile signing, alternative and augmentative communication systems, braille, etc.) as designed by the IFSP/IEP team					NA				
3.12 Incorporate/embed language and communication into routines and activities					NA				
3.13 Use strategies for eliciting expressive communication from the child/student					NA				
3.14 Use strategies to promote turn-taking with the child/student					NA				
3.15 Use strategies to enhance and expand communication (e.g. increase vocabulary, topics for conversations, and communicative skills)					NA				
3.16 Facilitate the child's/student's interactions with others					NA				
3.17 Share observations of the child's/student's communication skills with other team members					NA				

INTERVENER PORTFOLIO ASSESSMENT	Portfolio Types of Documentation								
<p style="text-align: center;">Knowledge and Skill Alignment with Intervener Standards</p>	A			B			C		
	Inservice Training	Coursework/Certificates of Completion	Self-Study	Written Document	Performance Testing	Interview	Observations & Summaries	Work Sample	Video of Work Performance
<p>Standard 4: Demonstrate knowledge of the impact of deafblindness on psychological, social, and emotional development and have the ability to facilitate social and emotional well-being</p>	<p>Two lines of evidence are required for each competency. NA = “Not Applicable” – lines cannot be used for this competency.</p> <p><i>Choose two—one from Group A and one from Group B</i></p>								
<p>CORE COMPETENCIES: <i>The intervener demonstrates knowledge of:</i></p>									
<p>4.1 The impact of deafblindness on bonding, attachment, and social interaction</p>							NA	NA	NA
<p>4.2 The role of the intervener in facilitating social and emotional development</p>							NA	NA	NA
<p>4.3 The impact of deafblindness on psychological development and on The development of self-identity</p>							NA	NA	NA
<p>4.4 The effects of deafblindness related to isolation, vulnerability, grieving, and interdependence</p>							NA	NA	NA
<p>4.5 The impact of deafblindness on aspects of sexuality (e.g., gender identity, modesty, appropriate touch, wellness checks)</p>							NA	NA	NA

CHILD-SPECIFIC COMPETENCIES: <i>The intervener demonstrates has the ability to:</i>	<i>Choose two—not more than one from A, B, or C (one from C is recommended)</i>								
4.6 Establish a trusting relationship with the child/student who is deafblind					NA				
4.7 Provide an atmosphere of acceptance, safety, and security that is reliable and consistent for the child/student					NA				
4.8 Promote positive self-esteem and well-being in the child/student					NA				
4.9 Respond appropriately to the child's/student's behavior					NA				
4.10 Provide the child/student with opportunities for self-determination (e.g., independent thinking, choices, problem solving, decision making) as directed by the IFSP/IEP team					NA				
4.11 Promote social interactions and the development of meaningful relationships with an ever-expanding number of people					NA				

INTERVENER PORTFOLIO ASSESSMENT	Portfolio Types of Documentation								
<p style="text-align: center;">Knowledge and Skill Alignment with Intervener Standards</p>	A			B			C		
	Inservice Training	Coursework/Certificates of Completion	Self-Study	Written Document	Performance Testing	Interview	Observations & Summaries	Work Sample	Video of Work Performance
<p>Standard 5: Demonstrate knowledge of sensory systems and issues, covering all five senses and the ability to facilitate the effective use of the senses</p>	<p>Two lines of evidence are required for each competency. NA = “Not Applicable” – lines cannot be used for this competency.</p>								
<p>CORE COMPETENCIES: <i>The intervener demonstrates knowledge of:</i></p>	<p><i>Choose two—one from Group A and one from Group B</i></p>								
<p>5.1 The role of touch in learning and interaction</p>							NA	NA	NA
<p>5.2 Basic anatomy and functions of the eyes and ears</p>							NA	NA	NA
<p>5.3 Strategies that promote visual and auditory development</p>							NA	NA	NA
<p>5.4 The impact of deafblindness on sensory integration</p>							NA	NA	NA
<p>5.5 The role of the other senses (taste, smell, proprioception, etc.)</p>							NA	NA	NA
<p>CHILD-SPECIFIC COMPETENCIES: <i>The intervener demonstrates knowledge of:</i></p>	<p><i>Choose two—one from Group A and one from Group B</i></p>								
<p>5.6 The child’s/student’s audiological (hearing) and ophthalmological (vision) abilities</p>							NA	NA	NA

5.7 The child's/student's eye and ear conditions and disorders						NA	NA	NA	
CHILD-SPECIFIC COMPETENCIES: <i>The intervener demonstrates has the ability to:</i>					<i>Choose two—not more than one from A, B, or C (one from C is recommended)</i>				
5.8 Use and maintain amplification, cochlear implants, and assistive listening devices as appropriate				NA					
5.9 Use and maintain glasses, low vision devices, and prostheses as appropriate				NA					
5.10 Maximize the use of residual vision and hearing				NA					
5.11 Make adaptations for auditory needs (noise, positioning, etc.) as directed by the IFSP/IEP team				NA					
5.12 Make adaptations for visual needs (contrast, lighting, positioning, etc.) as directed by the IFSP/IEP team				NA					
5.13 Use touch to supplement auditory and visual input and to convey information to the child/student				NA					
5.14 Facilitate the child's/student's use of touch for learning and interaction				NA					
5.15 Facilitate the use of the child's/student's other senses to supplement auditory, visual, and tactile information (e.g., smell, taste, movement) as directed by the IFSP/IEP team				NA					
5.16 Utilize strategies to promote sensory integration as directed by the IFSP/IEP team				NA					

INTERVENER PORTFOLIO ASSESSMENT	Portfolio Types of Documentation								
<p style="text-align: center;">Knowledge and Skill Alignment with Intervener Standards</p>	A			B			C		
	Inservice Training	Coursework/Certificates of Completion	Self-Study	Written Document	Performance Testing	Interview	Observations & Summaries	Work Sample	Video of Work Performance
<p><u>Standard 6:</u> Demonstrate knowledge of motor, movement, and orientation and mobility (O&M) strategies that are appropriate for children/students who are deafblind, and have the ability to facilitate orientation and mobility skills</p>	<p>Two lines of evidence are required for each competency. NA = “Not Applicable” – lines cannot be used for this competency.</p> <p><i>Choose two—one from Group A and one from Group B</i></p>								
<p>CORE COMPETENCIES: <i>The intervener demonstrates knowledge of:</i></p>	<p>6.1 The impact of deafblindness on motor development, independent movement, positioning in space, and exploration of the environment</p>								
<p>6.2 The impact of deafblindness on body awareness and on the sense of how the child’s body relates to the environment</p>	<p>6.2 The impact of deafblindness on body awareness and on the sense of how the child’s body relates to the environment</p>								
<p>CHILD-SPECIFIC COMPETENCIES: <i>The intervener demonstrates has the ability to:</i></p>	<p><i>Choose two—not more than one from A, B, or C (one from C is recommended)</i></p>								
<p>6.3 Utilize strategies that promote independent and safe movement and active exploration of the environment</p>	<p>6.3 Utilize strategies that promote independent and safe movement and active exploration of the environment</p>								
<p>6.4 Implement positioning and handling to promote learning, independent movement, and physical well-being as directed by the OT/PT/O&M specialists</p>	<p>6.4 Implement positioning and handling to promote learning, independent movement, and physical well-being as directed by the OT/PT/O&M specialists</p>								

6.5 Promote the use of sighted guide, trailing, and protective techniques as directed by the O&M specialist					NA				
6.6 Implement strategies to promote travel routes, and the utilizing of environmental cues and landmarks as appropriate to the child/student and as directed by an O&M specialist					NA				
6.7 Implement the use of appropriate mobility devices as directed by the O&M specialist					NA				
6.8 Utilize strategies that support the development of body awareness, spatial relationships and related concepts as directed by the IFSP/IEP team					NA				

INTERVENER PORTFOLIO ASSESSMENT	Portfolio Types of Documentation								
<p style="text-align: center;">Knowledge and Skill Alignment with Intervener Standards</p>	A			B			C		
	Inservice Training	Coursework/Certificates of Completion	Self-Study	Written Document	Performance Testing	Interview	Observations & Summaries	Work Sample	Video of Work Performance
<p>Standard 7: Demonstrate knowledge of the impact of additional disabilities on the child/student who is deafblind and have the ability to provide appropriate support</p>	<p>Two lines of evidence are required for each competency. NA = “Not Applicable” – lines cannot be used for this competency.</p>								
<p>CORE COMPETENCIES: <i>The intervener demonstrates knowledge of:</i></p>	<p><i>Choose two—one from Group A and one from Group B</i></p>								
<p>7.1 The impact of additional disabilities (including medical factors) on children/students with deafblindness</p>							NA	NA	NA
<p>7.2 Brain development and the neurological implications of combined vision and hearing loss (e.g., brain plasticity, physiological and emotional stress, biobehavioral states)</p>							NA	NA	NA
<p>CHILD-SPECIFIC COMPETENCIES: <i>The intervener demonstrates knowledge of:</i></p>	<p><i>Choose two—one from Group A and one from Group B</i></p>								
<p>7.3 The child’s/student’s additional disabilities, if present.</p>							NA	NA	NA
<p>7.4 The complex effects of additional disabilities on the child’s/student’s learning and interaction</p>							NA	NA	NA

CHILD-SPECIFIC COMPETENCIES: <i>The intervener demonstrates has the ability to:</i>	<i>Choose two—not more than one from A, B, or C (one from C is recommended)</i>									
7.5 Make adaptations appropriate for the cognitive and physical needs of the child/student as directed by the IFSP/IEP team					NA					
7.6 Make adaptations appropriate for the medical needs of the child/student as directed by the IFSP/IEP team					NA					
7.7 Utilize appropriate health and safety practices					NA					

INTERVENER PORTFOLIO ASSESSMENT		Portfolio Types of Documentation								
<p align="center">Knowledge and Skill Alignment with Intervener Standards</p>		A			B			C		
		Inservice Training	Coursework/Certificates of Completion	Self-Study	Written Document	Performance Testing	Interview	Observations & Summaries	Work Sample	Video of Work Performance
<p align="center">Standard 8: Demonstrate professionalism and ethical practices</p>		<p>Two lines of evidence are required for each competency. NA = "Not Applicable" – lines cannot be used for this competency. Choose two—one from Group A and one from Group B</p>								
<p>CORE COMPETENCIES: <i>The intervener demonstrates knowledge of:</i></p>										
8.1	The roles and responsibilities of interveners working in classrooms and other settings							NA	NA	NA
8.2	Roles and supervisory responsibilities of each team member and classroom consultant							NA	NA	NA
<p>CORE COMPETENCIES: <i>The learner has the ability to:</i></p>		<p>Choose two—not more than one from A, B, or C (one from C is recommended)</p>								
8.3	Adhere to identified code of ethics including confidentiality					NA				
8.4	Utilize appropriate teaming skills in working with the IFSP/IEP team					NA				
8.5	Communicate and problem-solve with the IFSP/IEP team about child's/student's needs as appropriate					NA				
8.6	Collect data and track child progress as directed by the IFSP/IEP team					NA				
8.7	Pursue information and resources as needed and appropriate					NA				

8.8 Interact appropriately with families as needed					NA				
8.9 Pursue ongoing professional development activities					NA				

References

Competencies for Paraprofessionals Working With Learners Who Are Deafblind in Early Intervention and Educational Settings, Marianne Riggio and Barbara A.B. McLetchie. Hilton/Perkins Program, 2001.

Intervener Competencies in Utah (Draft).

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APPENDIX C

Considerations for Developing
an Intervener System

Considerations for Developing an Intervener Training System

By:

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September 3rd, 2004

Introduction

The development and implementation of an intervener or paraprofessional training model is a complex and lengthy process, which must address both individual and systems integration activities. Recent federal legislation related to adequately and appropriately trained paraprofessionals impacts the identification of intervener training competencies and necessitates their alignment with the larger state paraprofessional initiatives related to Title 1, No Child Left Behind, and IDEA. Effective training also requires the allocation of fiscal and non-fiscal resources that allow for follow-up training and support needed to independently implement new knowledge and skills.

A variety of activities and decisions face those who initiate the development of statewide training programs. Many of these decisions are not readily apparent in the earliest stages of planning, but only surface later in the process, often resulting in delays and frustrations. Although to some extent this “stop and go” process is inherent in program development, when presented with a framework to systematically approach these considerations and decisions, the process becomes easier and more expedient.

This checklist has been conceptualized to assist in the development of intervener and/or paraprofessional systems. Although it is relevant to the development of any training system, it includes considerations specifically addressing the development of a comprehensive training system resulting in its integration into the state’s ongoing paraprofessional CSPD infrastructure. The paper organizes considerations and decision points around six specific tasks:

1. Identifying the state’s paraprofessional activities related to NCLB and IDEA.
2. Selecting competencies for intervener/paraprofessional training.
3. Selecting teacher competencies related to understanding the intervener’s role in the classroom and effective supervision.
4. Developing the documentation/evidence model to be used for the training.
5. Conceptualizing the desired training plan training.
6. Evaluating the impact of training and outcomes.

Each of these tasks presents multiple issues and decision points to consider and often impact other tasks. While all may not be relevant to the development of a specific system, there initial consideration may prevent them from surfacing at a later point in time. The tasks are not sequential. That is, work across tasks will occur simultaneously and decisions made within one task may impact those to made within another. As such, it will be beneficial for the user to be familiar with the content and activities occurring across all tasks.

The checklist is not intended to be all-inclusive. In contrast it is a dynamic instrument intended to grow through feedback provided on its content and utility. For each of the six tasks the checklists includes a table including:

- The specific task statement
- Considerations identified to date related to the specific task
- A summary section for the task, and
- Possible actions to be taken

The final section of the checklist is an action plan which may be used to aggregate the summary and possible actions identified within the next table and to identify the “what, who, when and how’s” to be accomplished.

Task	Considerations
<p>3. Select teacher competencies related to understanding the intervener's role in the classroom and related to effective supervision.</p> <p><i>In addition to the selection of intervener competencies, those competencies needed by teachers and team members working with and supervising interveners and paraprofessionals must be identified and addressed in the development of a comprehensive system.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review teacher supervision recommended competencies <input type="checkbox"/> Review state competencies if available <input type="checkbox"/> Develop proposed competencies for training <input type="checkbox"/> Crosswalk proposed to state's competencies <input type="checkbox"/> Revise as needed or desired <input type="checkbox"/> Submit to SEA for review and adoption
<p>Summary of Task 3 Considerations:</p>	
<p>Actions:</p>	

Task	Considerations
<p data-bbox="90 183 940 240">5. Conceptualize desired intervener/paraprofessional training plan training.</p> <p data-bbox="90 272 940 451"><i>Task 5 represents a comprehensive examination of a variety of variables, which can impact the design and delivery or your training system. They are the screen, or reality check between what may be desired versus what is feasible to develop, implement and maintain. Task 5 asks you to consider a variety of variables related to:</i></p> <ul data-bbox="279 492 661 711" style="list-style-type: none"> • <i>Grant issues</i> • <i>Participant variables</i> • <i>Personnel issues</i> • <i>Fiscal issues</i> • <i>Training issues</i> • <i>Standards of practice, and</i> • <i>State systems supports</i> <p data-bbox="90 743 940 833"><i>As seen, the list of considerations is lengthy, Not all may be relevant, but for those that are proactive, rather than reactive consideration and planning should prove beneficial.</i></p>	<p data-bbox="972 215 1308 240"><i>5a. Grant issues to consider:</i></p> <ul data-bbox="1014 272 1980 427" style="list-style-type: none"> <input type="checkbox"/> How has training has been addressed in previous grants? <input type="checkbox"/> How important is training in relationship to other grant priorities? <input type="checkbox"/> How could training interface with other grant priorities? (e.g., Could training for interveners piggy back on other training? Could technical assistance also piggy back?) <p data-bbox="972 459 1392 483"><i>5b. Participant variables to consider:</i></p> <ul data-bbox="1014 516 1990 816" style="list-style-type: none"> <input type="checkbox"/> Will you do team or individual training? <input type="checkbox"/> How many individuals would you like to train? <input type="checkbox"/> How quickly do you need training? <input type="checkbox"/> How are participants geographically spread/grouped around your state? <input type="checkbox"/> Can participants get release/comp time from local education agencies to attend training? <input type="checkbox"/> Do participants have access to technology, especially computers, DVD players, and/or VCRs, to use during training? <input type="checkbox"/> Do participants have access issues such as the need for sign language interpreters or alternatives to print? <p data-bbox="972 849 1350 873"><i>5c. Personnel issues to consider:</i></p> <ul data-bbox="1014 914 1990 1182" style="list-style-type: none"> <input type="checkbox"/> What personnel resources are needed/available for designing/ establishing the training? <input type="checkbox"/> What personnel resources are needed/available for conducting the training? <input type="checkbox"/> What personnel resources are needed/available for evaluating and tracking the progress of training participants? <input type="checkbox"/> What personnel resources are needed/available for conducting follow-up technical assistance? <input type="checkbox"/> What personnel resources are needed/available for repeating and sustaining the training? <p data-bbox="972 1214 1308 1239"><i>5d. Fiscal Issues to consider:</i></p> <ul data-bbox="1014 1279 1990 1458" style="list-style-type: none"> <input type="checkbox"/> What fiscal (including purchasing materials, curriculum, etc.) resources are needed/available for designing/establishing the training? <input type="checkbox"/> What fiscal (including travel costs, sleeping rooms and meals, meeting room costs, etc.) resources are needed/available for conducting the training? <input type="checkbox"/> What fiscal resources are needed/available for evaluating and tracking the progress of training participants?

- What fiscal resources are needed/available for conducting follow-up technical assistance?
- What fiscal resources are needed/available for repeating and sustaining the training?
-

5e. Training issues to consider:

- What is the desired mastery level for the training?
- What training practices will be used?

5f. Standards of Practice issues to consider related to teachers and teams:

- Teachers roles and responsibilities
- Communication between intervener and the child's team and family
- Progress monitoring
- Expectations of teacher and team for intervener
- Addressing issues which may appear as a "threat" to teacher or teams knowledge and skills
- Teaming, team roles and responsibilities

5g. Standards of Practice issues to consider related to supervision

- Identification of supervision competencies
- Training needed by team members in effective supervision
- Differentiating between daily and administrative supervision
- Differentiating supervision needs and roles across settings i.e.: secondary vs elementary

5h. Standards of Practice issues access issues related to:

- Resources
- Materials
- Supplies

5i. State systems support to consider:

- Is there training for other paraprofessionals in the state? How is that training done?
- Are there established training infrastructures (distance education networks, as well as other structures such as training institutes, regional education service centers, etc.)?
- What supports for training are available from other state agencies?

Summary of Task 5 Considerations:

Possible Actions:

Task	Considerations
<p>6. Evaluate impact of training and outcomes</p> <p><i>Task 6 activities address the design of feasible evaluation activities for measuring the effectiveness of the training system on participants, children and systems.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Child <input type="checkbox"/> Training <input type="checkbox"/> Systems
<p>Summary of Task 6 Considerations:</p>	
<p>Actions:</p>	

**INTERVENER/PARAPROFESSIONAL TRAINING SYSTEM
DEVELOPMENT AND INTEGRATION ACTIVITIES ACTION PLAN**

Participants: _____

What Do We Want? (Outcomes)	What Will We Do? (Actions)	Who Will Do It? (Responsibilities)	When Will They Do it? (Timeline)	How Will We Know? (Evaluation)	How Are We Doing? (Status)