[Insert state deaf-blind project logo]

# Intervener Training Program Candidate Self-Evaluation

**You must** **complete the evaluation online** [insert link to form], but can use this printable copy to review and make notes on in advance of completing the online version.

## Introduction

This evaluation is for individuals who are planning to participate in the Intervener Training program through [insert state deaf-blind project title].

The training will offer three courses of study designed to meet the needs of candidates with varying levels of experience providing intervention for children who are deaf-blind. What you learn from this evaluation will help you and your state deaf-blind project determine the course of study that is right for you.

The evaluation requires a great deal of thought and reflection and will probably take about an hour to complete.

Name:

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Your email address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State deaf-blind project contact person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of experience working with a student or students with deaf-blindness:

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Years of experience working with students with severe disabilities:

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What prior (online or face-to-face) training have you received in deaf-blindness? (Check all that apply.)

* None
* Training from my state deaf-blind project using the Open Hands, Open Access (OHOA) Intervener Learning Modules
* Other training from my state deaf-blind project
* Training from other agencies (e.g., Perkins)
* Self-study
* Other (please describe):

What is your educational background? (Choose one.)

* High school diploma
* College coursework but no degree
* Community college degree
* Bachelor's degree
* Graduate coursework but no degree
* Graduate degree

What was your major?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your current work setting?

* Public school
* Private school
* Early intervention agency
* Other agency
* Comments (optional):

What is the age of the child or youth with whom you work?

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How many years have you worked in the educational system (public or private schools)?

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**The next series of questions asks you to rate your level of knowledge and skill in providing intervention to children who are deaf-blind. The questions are based on the Council for Exceptional Children’s competencies for interveners. The competencies are organized under seven standards.**

## ****Standard 1: Learner Development & Individual Learning Differences****

Rate your level of knowledge for each of the following:

|  | **I don’t know this** | **I know this** | **I know this and can explain it** | **I know this, can explain it, and can give examples from my experience** |
| --- | --- | --- | --- | --- |
| The definition of deafblindness, including the differences between congenital and acquired deafblindness |  |  |  |  |
| Implications of the age of onset of vision and hearing loss, the types and degrees of loss, and the presence of additional disabilities on development and learning |  |  |  |  |
| Anatomy & function of the eyes and ears |  |  |  |  |
| Effect of combined vision and hearing loss on development and learning |  |  |  |  |
| Effect of deafblindness on bonding, attachment, and social interaction |  |  |  |  |
| Effect of deafblindness on self-identity |  |  |  |  |
| Effect of deafblindness on psychological development |  |  |  |  |
| Effect of deafblindness related to isolation, stress, and vulnerability |  |  |  |  |
| Effect of deafblindness on aspects of sexuality |  |  |  |  |
| Effect of additional disabilities on individuals with deafblindness |  |  |  |  |
| Brain development and the neurological implications of comorbid vision and hearing loss |  |  |  |  |
| Specific causes of deafblindness |  |  |  |  |
| Strengths and needs of the individual |  |  |  |  |
| Likes and dislikes of the individual |  |  |  |  |
| Learning style and communication of the individual |  |  |  |  |
| Audiological and ophthalmological conditions and functioning of the individual |  |  |  |  |
| Effects of additional disabilities on the individual, if present |  |  |  |  |

## Standard 2: Learning Environments

Rate your level of knowledge for each of the following:

|  | **I don’t know this** | **I know this** | **I know this and can explain it** | **I know this, can explain it, and can give examples from my experience** |
| --- | --- | --- | --- | --- |
| Differences between concept development and skill development, and the effect of deafblindness on each |  |  |  |  |
| Process of intervention for individuals with deafblindness |  |  |  |  |
| Basic communication development |  |  |  |  |
| Effect of deafblindness on communication and interaction |  |  |  |  |
| Modes or forms of communication and devices used by individuals who are deafblind |  |  |  |  |
| Strategies that promote visual and auditory development |  |  |  |  |

Rate yourself on each of the following skills:

|  | **I don’t know how to do this** | **I can do this partially** | **I can do this fully, but not with fluency** | **I can do this and demonstrate it fluently** |
| --- | --- | --- | --- | --- |
| Establish a trusting relationship with an individual who is deafblind |  |  |  |  |
| Provide an atmosphere of acceptance, safety, and security that is reliable and consistent for the individual who is deafblind |  |  |  |  |
| Promote positive self-esteem and well-being in an individual who is deafblind |  |  |  |  |
| Promote social interactions and development of meaningful relationships with an ever-expanding number of people |  |  |  |  |
| Use and maintain amplification, cochlear implants, and assistive listening devices |  |  |  |  |
| Use and maintain glasses, low vision devices, and prostheses |  |  |  |  |
| Maximize the use of residual vision and hearing |  |  |  |  |
| Utilize health and safety practices |  |  |  |  |

## Standard 3: Curricular Content Knowledge

Rate your level of knowledge for the following:

|  | **I don’t know this** | **I know this** | **I know this and can explain it** | **I know this, can explain it, and can give examples from my experience** |
| --- | --- | --- | --- | --- |
| The use of calendar systems |  |  |  |  |

Rate yourself on the following skill:

|  | **I don’t know how to do this** | **I can do this partially** | **I can do this fully, but not with fluency** | **I can do this and demonstrate it fluently** |
| --- | --- | --- | --- | --- |
| Facilitate the individual’s understanding and development of concepts |  |  |  |  |

## Standard 4: Assessment

Rate yourself on the following skill:

|  | **I don’t know how to do this** | **I can do this partially** | **I can do this fully, but not with fluency** | **I can do this and demonstrate it fluently** |
| --- | --- | --- | --- | --- |
| Collect data and monitor progress as directed |  |  |  |  |

## Standard 5: Instructional Planning and Strategies

Rate yourself on each of the following skills:

|  | **I don’t know how to do this** | **I can do this partially** | **I can do this fully, but not with fluency** | **I can do this and demonstrate it fluently** |
| --- | --- | --- | --- | --- |
| Provide one-on-one intervention |  |  |  |  |
| Use routines and functional activities as learning opportunities |  |  |  |  |
| Facilitate direct learning experiences |  |  |  |  |
| Use techniques to increase anticipation, motivation, communication, and confirmation |  |  |  |  |
| Facilitate independence for the individual |  |  |  |  |
| Vary the level and intensity of input and pacing of activities for the learner |  |  |  |  |
| Adapt materials and activities to the individual’s needs |  |  |  |  |
| Use strategies that provide opportunities to solve problems and to make decisions and choices |  |  |  |  |
| Implement intervention strategies for the individual’s daily care, self-help, transition, and job training |  |  |  |  |
| Use prescribed strategies to respond to the individual’s behavior |  |  |  |  |
| Provide the individual with opportunities for self-determination |  |  |  |  |
| Use touch to supplement auditory and visual input and to convey information |  |  |  |  |
| Facilitate the individual’s use of touch for learning and interaction |  |  |  |  |
| Facilitate the individual’s use of other senses to supplement learning modalities |  |  |  |  |
| Utilize strategies that support the development of body awareness, spatial relationships, and related concepts |  |  |  |  |
| Make adaptations for the cognitive and physical needs of the individual |  |  |  |  |
| Make important adaptations consistent with the medical needs of the individual |  |  |  |  |
| Utilize strategies that promote sensory integration |  |  |  |  |
| Utilize strategies that promote independent and safe movement and active exploration of the environment |  |  |  |  |
| Implement positioning and handling as directed by related-service specialists (e.g., occupational therapist, physical therapist, orientation and mobility specialist) |  |  |  |  |
| Promote the use of sighted guide, trailing, and protective techniques as directed by the O&M specialist |  |  |  |  |
| Implement strategies for travel as directed by the O&M specialist |  |  |  |  |
| Implement the use of mobility devices as directed by the O&M specialist |  |  |  |  |
| Make adaptations for auditory needs |  |  |  |  |
| Make adaptations for visual needs |  |  |  |  |
| Facilitate language and literacy development |  |  |  |  |
| Observe and identify communicative behavior and intent |  |  |  |  |
| Implement methods and strategies for effectively conveying information to the individual |  |  |  |  |
| Respond to the individual’s attempts at communication |  |  |  |  |
| Use communication techniques specific to the individual |  |  |  |  |
| Incorporate or embed language and communication into all routines and activities |  |  |  |  |
| Use strategies for eliciting expressive communication |  |  |  |  |
| Use strategies to promote turn taking |  |  |  |  |
| Use strategies to enhance and expand communication |  |  |  |  |

## Standard 6: Professional Learning & Ethical Practice

Rate your level of knowledge for the following:

|  | **I don’t know this** | **I know this** | **I know this and can explain it** | **I know this, can explain it, and can give examples from my experience** |
| --- | --- | --- | --- | --- |
| The role of the intervener in the process of intervention |  |  |  |  |
| The roles and responsibilities of interveners in various settings |  |  |  |  |

Rate yourself on each of the following skills:

|  | **I don’t know how to do this** | **I can do this partially** | **I can do this fully, but not with fluency** | **I can do this and demonstrate it fluently** |
| --- | --- | --- | --- | --- |
| Adhere to the identified code of ethics, including confidentiality |  |  |  |  |
| Pursue ongoing professional development specific to role and responsibilities |  |  |  |  |

## Standard 7: Collaboration

Rate your level of knowledge for the following:

|  | **I don’t know this** | **I know this** | **I know this and can explain it** | **I know this, can explain it, and can give examples from my experience** |
| --- | --- | --- | --- | --- |
| The difference between interveners, paraeducators, interpreters, aides, caregivers, and special education assistants |  |  |  |  |
| The roles and supervisory responsibilities of team members and consultants |  |  |  |  |

Rate yourself on each of the following skills:

|  | **I don’t know how to do this** | **I can do this partially** | **I can do this fully, but not with fluency** | **I can do this and demonstrate it fluently** |
| --- | --- | --- | --- | --- |
| Use teaming skills in working with team members |  |  |  |  |
| Share observations of the individual's communication skills with others |  |  |  |  |
| Communicate and problem solve with the individualized family service program or individualized education program team about the student’s needs as appropriate |  |  |  |  |
| Interact with families as directed |  |  |  |  |

Now that you have reviewed all of the CEC competencies, which outline the knowledge and skills needed by an intervener, take a minute to summarize your overall strengths and needs related to the competencies.

Which areas are the strongest for you?

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Which areas are the weakest?

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## Thank You!

Congratulations on completing the evaluation and thank you for your participation in the Intervener Training Program. Your results will be sent to the state deaf-blind project contact person you listed at the beginning of the survey. That individual will then share them with you.


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