[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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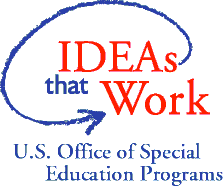
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## Thank You!

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.

  
The contents of this document were developed under a grant from the U.S. Department of Education #H326T130013. However, those contents do not necessarily represent the policy of The Research Institute, nor the US Department of Education, and you should not assume endorsement by the Federal Government. Project Officer, Jo Ann McCann.