

Early Hearing Detection and Intervention System Self-Assessment

Dear Stakeholder,

Thank you for the time commitment to complete the following state self-assessment. The outcome of this tool query will be shared with the work group.

PURPOSE OF THE TOOL:

EHDI partners and programs are committed to implementing continuous quality improvement, yet may have difficulty prioritizing where to start or how to define and measure the various dimensions of quality that improve EHDI early intervention systems. In 2013, the Joint Committee on Infant Hearing utilized literature searches, existing systematic reviews, and professional consensus statements to develop general criteria for best practices in early intervention for children who are deaf and hard of hearing (Supplement to the JCIH 2007 Position Statement: Principles and Guidelines for Early Intervention After Confirmation That a Child Is Deaf or Hard of Hearing). Although these guidelines describe best practices in early intervention, they do not specify the exact means to identify where an organization might be in terms of achievement nor do they guide the stages of moving toward higher levels of quality. The ongoing use of an EHDI system self-assessment can provide a tangible means of guiding the quality drive and align partners in EHDI system improvement.

This tool was designed to assist leaders who are responsible for Early Intervention Systems after Confirmation that Children are Deaf or Hard of Hearing. The tool is intended to be used as an assessment of a state's full EHDI system as opposed to a specific program, agency or entity. Therefore, this assessment is best completed by a team of state stakeholder, in partnership with the EHDI community and family leaders.

In order to assure enough time for meaningful in-person conversations, it will be best to prioritize which JCIH Goals will be addressed first. Please complete the following to the best of your knowledge. In some cases the sub-goal has been truncated to fit within the survey. It is recommended that you have a copy of the System Self Assessment or JCIH article as a reference while you are completing the following. (The original article may be found at JCIH.org)

1. Please select all that apply related to your background. I am a(n)

- | | |
|---|--|
| <input type="checkbox"/> parent | <input type="checkbox"/> physician / nurse / direct service medical provider |
| <input type="checkbox"/> individual with a hearing loss | <input type="checkbox"/> psychologist / social worker |
| <input type="checkbox"/> early intervention provider | <input type="checkbox"/> care coordinator |
| <input type="checkbox"/> audiologist | <input type="checkbox"/> state employee |
| <input type="checkbox"/> deaf educator | <input type="checkbox"/> private practitioner / contractor |
| <input type="checkbox"/> speech language pathologist | |
| <input type="checkbox"/> Other (please specify) | |

2. I would describe myself as living/working in

- Northern Illinois
- Central Illinois
- Southern Illinois

* 3. Each of the following is an important aspect. Thinking specifically about Illinois please rank the following **BY IMPORTANCE**. The categories are highest importance, mid range importance and lower importance. (you should have 4 selections in EACH category)

	High Importance (Ranked 1-4)	Mid Level Importance(Ranked 5-8)	Lower Importance (Ranked 9-12)
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All Children Who Are D/HH and Their Families Have Access to Timely and Coordinated Entry Into EI Programs Supported by a Data Management System Capable of Tracking Families and Children From Confirmation of Hearing Loss to Enrollment Into EI Services

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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All Children Who Are D/HH and Their Families Experience Timely Access to Service Coordinators Who Have Specialized Knowledge and Skills Related to Working With Individuals Who Are D/HH

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	High Importance (Ranked 1-4)	Mid Level Importance(Ranked 5-8)	Lower Importance (Ranked 9-12)
All Children Who Are D/HH From Birth to 3 Years of Age and Their Families Have EI Providers Who Have the Professional Qualifications and Core Knowledge and Skills to Optimize the Child's Development and Child/Family Well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All Children Who Are D/HH With Additional Disabilities and Their Families Have Access to Specialists Who Have the Professional Qualifications and Specialized Knowledge and Skills to Support and Promote Optimal Developmental Outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All Children Who Are D/HH /Families From Culturally Diverse Backgrounds &/or From Non-English-Speaking Homes Have Access to Culturally Competent Services W/ Provision of the Same Quality/ Quantity of Information Given to the majority culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All Children Should Have Progress Monitored Every 6 Months From 0-36 Months, Through a Protocol including the Use of Standardized, Norm-Referenced Developmental Evals, for Lang, the modality of comm, social emotional, cognitive, & fine/gross motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All Children Who Are Identified With HL of Any Degree, Including Unilateral or Slight HL, Those With Auditory Neural Hearing Loss & Those With Progressive or Fluctuating HL, Receive Appropriate Monitoring & Immediate Follow-up Intervention Services..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families Will Be Active Participants in the Development and Implementation of EHDI Systems at the State/Territory and Local Levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All Families Will Have Access to Other Families Who Have Children Who Are D/HH and Who Are Appropriately Trained to Provide Culturally and Linguistically Sensitive Support, Mentorship, and Guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	High Importance (Ranked 1-4)	Mid Level Importance(Ranked 5-8)	Lower Importance (Ranked 9-12)
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Individuals Who Are D/HH Will Be Active Participants in the Development and Implementation of EHDI Systems at the National, State/Territory, and Local Levels; Their Participation Will Be an Expected and Integral Component of the EHDI Systems

All Children Who Are D/HH and Their Families Have Access to Support, Mentorship, and Guidance From Individuals Who Are D/HH

As Best Practices Are Increasingly Identified and Implemented, All Children Who Are D/HH and Their Families Will Be Ensured of Fidelity in the Implementation of the Intervention They Receive

* 4. Each of the following is an important aspect. Thinking specifically about Illinois please rank the following BY SHORTER TERM FEASIBILITY IN OUR STATE. The categories are highest importance, mid range importance and lower importance. (you should have 4 selections in EACH category)

	High Importance (Ranked 1-4)	Mid Level Importance(Ranked 5-8)	Lower Importance (Ranked 9-12)
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All Children Who Are D/HH and Their Families Have Access to Timely and Coordinated Entry Into EI Programs Supported by a Data Management System Capable of Tracking Families and Children From Confirmation of Hearing Loss to Enrollment Into EI Services

All Children Who Are D/HH and Their Families Experience Timely Access to Service Coordinators Who Have Specialized Knowledge and Skills Related to Working With Individuals Who Are D/HH

All Children Who Are D/HH From Birth to 3 Years of Age and Their Families Have EI Providers Who Have the Professional Qualifications and Core Knowledge and Skills to Optimize the Child's Development and Child/Family Well-being

	High Importance (Ranked 1-4)	Mid Level Importance(Ranked 5-8)	Lower Importance (Ranked 9-12)
All Children Who Are D/HH With Additional Disabilities and Their Families Have Access to Specialists Who Have the Professional Qualifications and Specialized Knowledge and Skills to Support and Promote Optimal Developmental Outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All Children Who Are D/HH /Families From Culturally Diverse Backgrounds &/or From Non-English-Speaking Homes Have Access to Culturally Competent Services W/ Provision of the Same Quality/ Quantity of Information Given to the majority culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All Children Should Have Progress Monitored Every 6 Months From 0-36 Months, Through a Protocol including the Use of Standardized, Norm-Referenced Developmental Evals, for Lang, the modality of comm, social emotional, cognitive, & fine/gross motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All Children Who Are Identified With HL of Any Degree, Including Unilateral or Slight HL, Those With Auditory Neural Hearing Loss & Those With Progressive or Fluctuating HL, Receive Appropriate Monitoring & Immediate Follow-up Intervention Services..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families Will Be Active Participants in the Development and Implementation of EHDI Systems at the State/Territory and Local Levels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All Families Will Have Access to Other Families Who Have Children Who Are D/HH and Who Are Appropriately Trained to Provide Culturally and Linguistically Sensitive Support, Mentorship, and Guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals Who Are D/HH Will Be Active Participants in the Development and Implementation of EHDI Systems at the National, State/Territory, and Local Levels; Their Participation Will Be an Expected and Integral Component of the EHDI Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	High Importance (Ranked 1-4)	Mid Level Importance(Ranked 5-8)	Lower Importance (Ranked 9-12)
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All Children Who Are D/HH and Their Families Have Access to Support, Mentorship, and Guidance From Individuals Who Are D/HH

As Best Practices Are Increasingly Identified and Implemented, All Children Who Are D/HH and Their Families Will Be Ensured of Fidelity in the Implementation of the Intervention They Receive

5. Goal 1: All Children Who Are D/HH and Their Families Have Access to Timely and Coordinated Entry Into EI Programs Supported by a Data Management System Capable of Tracking Families and Children From Confirmation of Hearing Loss to Enrollment Into EI Services

Please rank each of the following sub-goals

	1. Nothing in Place	2. Just Beginning	3. Making Good Progress	4. Established Practice	5. Cannot Assess / unknown
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Share a baseline analysis of EHDl follow-up statistics with part C to establish collaboration and to identify system gaps or needs regarding statistics to be reviewed, such as confirmation/identification and their enrollment in EI services.

Develop a mechanism that ensures family access to all available resources and information that is accurate, well-balanced, comprehensive, and conveyed in an unbiased manner.

6. Goal 2: All Children Who Are D/HH and Their Families Experience Timely Access to Service Coordinators Who Have Specialized Knowledge and Skills Related to Working With Individuals Who Are D/HH

Please rank each of the following sub-goals

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Develop or adapt qualifications for service coordinators who contact families after confirmation that their child is D/HH.

Identify the core knowledge and skills for service coordinators on the basis of evidence-based practices and the recommendations of professional organizations and national policy initiatives.

Identify the number and percentage of families who had timely access to a service coordinator with skills and expertise related to children who are D/HH and their families.

7. Goal 3: All Children Who Are D/HH From Birth to 3 Years of Age and Their Families Have EI Providers Who Have the Professional Qualifications and Core Knowledge and Skills to Optimize the Child's Development and Child/Family Well-being

Please rank each of the following sub-goals

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Adopt and implement guidelines that address the professional qualifications required for providing family-centered EI to families and children who are D/HH from birth to age 3.

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Ensure that stakeholders participate in the adoption and implementation of these guidelines.

Provide the resources needed for professionals to obtain the core knowledge and skills to serve children who are D/HH from birth to age 3 and their families.

Following the approved guidelines, identify the number and percentage of EI providers who have the appropriate core knowledge and skills and who are currently providing services to families with infants/children who are D/HH.

Following the approved guidelines, identify the number and percentage of EI providers who have the appropriate core knowledge and skills and who are currently providing services to families with infants/children who are D/HH.

Regularly monitor progress toward this goal by annually identifying the number of families who are receiving EI services from professionals with core knowledge and skills as determined by the state-developed qualification system.

8. Goal 3a: Intervention Services to Teach ASL Will Be Provided by Professionals Who Have Native or Fluent Skills and Are Trained to Teach Parents/Families and Young Children

Please rank each of the following sub-goals

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Ensure that families have complete and accurate information about ASL.

Identify collaborative partners who can assist in the development of statewide systems capable of providing competent sign language instruction to families and their infants/children.

Establish a representative committee that develops guidelines related to the qualifications of sign language instructors.

Conduct a needs assessment to determine (1) the number of available sign language instructors with the qualifications in sign language and family/infant education and (2) available funding sources.

Develop systems that ensure that neither geographic location nor socioeconomic status limits access to competent and skilled sign language instructors. State systems should consider utilization of all technology...

Establish and conduct training for ASL instructors that includes strategies and techniques for teaching sign language to families of infants and toddlers.

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Establish a quality assurance program for ASL instructors of parents/families.

Conduct a needs assessment to determine the number of professionals (compensated or volunteer) with the qualifications and skills required to serve as an ASL instructor for families/parents of infants.

Ensure that ASL instructors can accept, without judgment, a family's use of their sign language skills with or without spoken language.

9. Goal 3b: Intervention Services to Develop Listening and Spoken Language Will Be Provided by Professionals Who Have Specialized Skills and Knowledge

Please rank each of the following sub-goals

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Ensure that families have complete and accurate information about listening and spoken language development.

Identify collaborative partners who can assist in the development of statewide systems capable of providing competent listening and spoken language instruction to families and their infants/children.

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Establish qualifications of EI service providers with the core knowledge and skills to develop listening and spoken language (example: Listening and Language Self-Checklist for Colorado Home Intervention Program (CHIP) Facilitators).

Conduct a needs assessment to determine the number of available EI providers with the qualifications and skills required for developing listening and spoken language with infants who are D/HH.

Develop systems and ensure that neither geographic location nor socioeconomic status limits access to competent EI providers with knowledge and skills in developing listening and spoken language.

Establish and conduct training for EI providers to increase their skills in providing listening and spoken language development.

Establish an evaluation of the skills and knowledge of EI providers in their delivery services for listening and spoken language.

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Ensure that the EI providers have been observed sufficiently, have been provided with feedback, and have demonstrated skills in the provision of listening and spoken language interventions for families with infants/children who are D/HH.

Ensure that EI providers can accept, without judgment, the family's use of the listening and spoken language skills they have learned with or without the use of sign language or any other visual communication system.

10. Goal 4: All Children Who Are D/HH With Additional Disabilities and Their Families Have Access to Specialists Who Have the Professional Qualifications and Specialized Knowledge and Skills to Support and Promote Optimal Developmental Outcomes

Please rank each of the following sub-goals

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Develop and implement a data management system capable of reporting the number and percentage of children who are D/HH with additional diagnosed disabilities...

Develop a system with the ability to track children who are D/HH with additional disabilities regardless of the primary disability of the child, identifying the individual or agency that can and will assume responsibility for tracking these children

Ensure that the developmental monitoring protocol is adaptive and sensitive to any restrictions in performance that are due to the additional disability and that would significantly underestimate the abilities and skills of the child.

Implement models of transdisciplinary services, making certain that families who have children with multiple disabilities have access to EI services that meet the needs of the child and family in all developmental domains.

11. Goal 5: All Children Who Are D/HH and Their Families From Culturally Diverse Backgrounds and/or From Non-English-Speaking Homes Have Access to Culturally Competent Services With Provision of the

Same Quality and Quantity of Information Given to Families From the Majority Culture

Please rank each of the following sub-goals

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Identify the number of families who speak or sign a language other than English in the home and the percentage of families using non-English languages by native language.

Identify the number of families who speak English and are culturally diverse, including the areas of cultural diversity (African American, Hispanic/Latino, Asian American or South Pacific Islander, or American Indian/Native American).

Develop a plan for ensuring access to information for families whose native language is not English that is comparable to information provided to native English-speaking families by providing resources in the family's home language or languages.

Ensure that families from diverse cultures participate in and feel comfortable giving feedback about services received, by providing diverse communication mechanisms including face-to-face feedback or surveys in the home language or languages).....

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Develop professional in-service training that includes information about providing services to families who do not speak English.....

Monitor the developmental progress of children who are acquiring languages other than spoken English.As developmental assessments become available in other languages, they should be incorporated into EI programs.....

12. Goal 6: All Children Who Are D/HH Should Have Their Progress Monitored Every 6 Months From Birth to 36 Months of Age, Through a Protocol That Includes the Use of Standardized, Norm-Referenced Developmental Evaluations, for Language (Spoken and/or Signed), the Modality of Communication (Auditory, Visual, and/or Augmentative), Social-Emotional, Cognitive, and Fine and Gross Motor Skills

Please rank each of the following sub-goals

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Monitor the developmental progress of all infants identified through universal newborn hearing screening (UNHS) on a consistent schedule, every 6 months through 36 months and annually thereafter, to ensure that children are making appropriate progress

Develop a statewide standard assessment protocol used with all children who are D/HH to provide the state/territory with an opportunity to do quality assurance of components of their EI system.....

Develop a collaborative sharing network capable of collecting developmental data for progress monitoring at regular intervals including data reporting to the EHDl database.

13. Goal 7: All Children Who Are Identified With Hearing Loss of Any Degree, Including Those With Unilateral or Slight Hearing Loss, Those With Auditory Neural Hearing Loss (Auditory Neuropathy), and Those With Progressive or Fluctuating Hearing Loss, Receive Appropriate Monitoring and Immediate Follow-up Intervention Services Where Appropriate

Please rank each of the following sub-goals

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Refer all children with unilateral or bilateral hearing loss to EI for evaluation and consideration of enrollment.....

Develop follow-up mechanisms for ongoing monitoring of hearing, speech/language, and communication for all children with hearing levels that fall outside the range of normal in one or both ears, regardless of the etiology of the hearing loss.....

Monitor communication development (receptive and expressive language, speech, and auditory skills) through appropriate developmental screening protocols every 6 months in the infant/toddler period and every 12 months thereafter.

Identify the agency or professional responsible for surveillance and make sure that surveillance occurs (eg, either through the medical home or managing physician, the audiologist, part C, or a referral back to the EHDI system).

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Determine and designate a provider or system (eg, part C, EHDI, primary care physician, parent/family) that ensures that developmental screening of communication, audiologic monitoring, tracking, and surveillance occurs....

Develop and disseminate information about the use of amplification for children with hearing loss prepared by consulting audiologists with expertise with infants/children.

Provide families with an opportunity for access to visual communication, which may include sign language systems, in addition to listening and spoken language, particularly in light of the possibility/probability of progressive hearing loss.

Ensure that a child with a conductive hearing loss that has persisted in the first few months of life and remains for 6 months will be referred to EI services and otologic specialty care to make sure that adequate auditory access is available.

Consider amplification, if the hearing loss has remained for 6 months even if it is temporary, to accomplish this auditory access.....

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Surveillance should include parent/family counseling and evaluation by a speech-language pathologist to monitor progress in speech and language acquisition.

14. Limited research suggests that children with minimal/mild bilateral hearing loss may not wear hearing aids either because (1) the children reject the amplification, (2) the parents/family are unable to promote consistent amplification usage, or (3) the parents/ family are themselves not convinced of the benefit of amplification.

Considering this information please rank each of the following sub-goals

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Provide educational information to parents/family

Encourage primary care physicians to recognize the need for ongoing audiologic surveillance in all children, particularly those with risk factors for delayed-onset/progressive loss, or those children...already being treated with amplification....

15. Goal 8: Families Will Be Active Participants in the Development and Implementation of EHDI Systems at the State/Territory and Local Levels

Please rank each of the following sub-goals

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Develop or revise policies and legislation related to EHDI programs that require the meaningful inclusion of qualified families as active participants in the development and implementation of EHDI systems.

Report the number of professional family positions (ie, compensated rather than volunteer) and demonstrate how parents and families are involved in recruitment processes.

Provide resources (professional development training and mentorship) for families to obtain the necessary knowledge and skills to participate in systems and policy development and demonstrate that training is provided.

16. Goal 9: All Families Will Have Access to Other Families Who Have Children Who Are D/HH and Who Are Appropriately Trained to Provide Culturally and Linguistically Sensitive Support, Mentorship, and Guidance

Please rank each of the following sub-goals

	1. Nothing in Place	2. Just Beginning	3. Making Good Progress	4. Established Practice	5. Cannot Assess / unknown
Develop and implement guidelines that address family-to-family support.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide the necessary training for families/parents who participate in family-to-family support sessions and activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify collaborative channels to create sustainable and compensated family-to-family support services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Report the number and percentage of families who have had access to appropriate family-to-family supports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Goal 10: Individuals Who Are D/HH Will Be Active Participants in the Development and Implementation of EHDI Systems at the National, State/Territory, and Local Levels; Their Participation Will Be an Expected and Integral Component of the EHDI Systems

Please rank each of the following sub-goals

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Develop/revise policies and legislation related to EHDI to require inclusion of individuals who are D/HH and who represent a diverse range of communication, educational, amplification technology, and life experiences as active participants....

Implement professional development training and mentoring systems and provide the resources needed for individuals who are D/HH to obtain the necessary knowledge and skills to participate in systems and policy development.

Report the number of professional positions (eg, compensated and volunteer) filled by individuals who are D/HH at all levels of the EHDI system.

18. Goal 12: As Best Practices Are Increasingly Identified and Implemented, All Children Who Are D/HH and Their Families Will Be Ensured of Fidelity in the Implementation of the Intervention They Receive

Please rank each of the following sub-goals

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Develop and advance mechanisms and systems to assess and monitor the fidelity of the EI services received by families who have infants/children who are D/HH.

1. Nothing in Place 2. Just Beginning 3. Making Good Progress 4. Established Practice 5. Cannot Assess / unknown

Identify a critical core group of experts. Trainer-of-trainer and peer mentoring models can provide a system for EI providers to receive support from professionals with the greatest experience, knowledge, and skills.

Monitor the fidelity of intervention through direct observation by a highly qualified, experienced EI provider/supervisor

Provide mentorship through input on lesson goals and planning.

Encourage and support professional development of EI providers.

Conduct self-assessments of EI providers to identify their perceptions of strengths and weaknesses related to the guidelines established in GOAL 3.....

Measure the progress of EI providers on their knowledge and skills at regular intervals.

Obtain families' input about the skills that they have learned through EI services and their perceptions about the effectiveness of these skills in promoting successful outcomes for their children.....