

Intervention Specialist Qualification Worksheet

Independent Intervention Specialist* Employed/Contracted by District Employed/Contracted by a DDA or School District

*Independent Intervention Specialists have additional requirements for CPR/First Aid and Criminal History Check.

Name of Individual: _____

Option #1 Requirement: Evidence Based Model Certification/Credential

<input type="checkbox"/> The individual holds a bachelors-level certification/credential in a Department approved Evidence-Based Model (for example: BCaBA or Early Start Denver Model).	_____ Model Name <input type="checkbox"/> A copy of the certification/credential is in the individual's file or attached.
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Option #2 Requirement: Habilitative Intervention Certificate of Completion

<input type="checkbox"/> The individual holds a Habilitative Intervention Certificate of Completion in Idaho with an expiration date of July 1, 2019 or later. These individuals may continue providing services as an Intervention Specialist as long as there is not a gap of more than three (3) successive years of employment as an Intervention Specialist.	<input type="checkbox"/> A copy of the Habilitative Intervention Certificate of Completion is in the individual's file or attached. <p style="text-align: center;">IF APPLICABLE</p> <input type="checkbox"/> This individual will be completing assessments <p style="text-align: center;">AND</p> <input type="checkbox"/> A copy of documented training and experience in completing assessments and designing and implementing comprehensive therapies for students with functional or behavioral needs, or both.
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Option #3 Requirement: Degree/Related Degree and Experience and Competency

Degree in a Human Service Field

<input type="checkbox"/> The individual has a bachelor's degree from an accredited institution in a human services field.	_____ Degree Title <input type="checkbox"/> A copy of the diploma/transcript is in the individual's file or attached.
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OR

Related Degree

<input type="checkbox"/> The individual has a bachelor's degree and a minimum of twenty-four (24) semester credits or equivalent in a human services field (see Guidelines for Determining Human Services Degree and Worksheet).	_____ Degree Title <input type="checkbox"/> A copy of the diploma/transcript is in the individual's file or attached. <input type="checkbox"/> A copy of the Guidelines for Determining Human Services Degree and Worksheet is in the individual's file or attached.
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AND

Experience

<input type="checkbox"/> The individual has 1,040 hours of supervised experience working with individuals from birth to twenty-one (0-21) years of age, who demonstrate functional or behavioral needs.	<input type="checkbox"/> A copy of the resume documenting this is in the individual's file or attached. <p style="text-align: center;">IF APPLICABLE</p> <input type="checkbox"/> This individual will be completing assessments <p style="text-align: center;">AND</p> <input type="checkbox"/> A copy of documented training and experience in completing assessments and designing and implementing comprehensive therapies for students with functional or behavioral needs, or both.
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AND

Competency: Meet one (1) of the following:

<input type="checkbox"/> The individual has completed a minimum of a 40-hours applied behavior analysis training delivered by an individual who is certified/credentialed to provide the training; or	<input type="checkbox"/> A copy of the training certificate of completion is in the individual's file or attached.
<input type="checkbox"/> The individual has a completed Intervention Specialist Competency Checklist by a qualified individual.	<input type="checkbox"/> A copy of the Competency Checklist is in the individual's file or attached.

Additional Requirement to Serve Children Birth to Three (0-3)	
For Option #1 Requirement: Evidence Based Model Certification/Credential	
<input type="checkbox"/> The individual meets the additional birth to three requirements as defined in IDAPA 16.03.09.575.06.c.	<input type="checkbox"/> The individual does not intend to provide services to children birth to three in our school district/charter school. <input type="checkbox"/> The individual intends to provide services to children birth to three in our school district/charter school. A copy of documentation to support the additional requirements is in the individual's file or attached.
For Option #2 Requirement: Habilitative Intervention Certificate of Completion	
<input type="checkbox"/> The individual meets the additional birth to three requirements as defined in IDAPA 16.03.09.575.06.c.	<input type="checkbox"/> The individual does not intend to provide services to children birth to three in our school district/charter school. <input type="checkbox"/> The individual intends to provide services to children birth to three in our school district/charter school. A copy of documentation to support the additional requirements is in the individual's file or attached.
For Option #3 Requirement: Degree/Related Degree and Experience and Competency	
<input type="checkbox"/> The individual meets the additional birth to three requirements as defined in IDAPA 16.03.09.575.06.c.	<input type="checkbox"/> The individual does not intend to provide services to children birth to three in our school district/charter school. <input type="checkbox"/> The individual intends to provide services to children birth to three in our school district/charter school. A copy of documentation to support the additional requirements is in the individual's file or attached.