

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 is certified/credentialed 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 current Habilitative Intervention Certificate of Completion (HI COC) in Idaho prior to July 1, 2019 and does not have a gap of more than three (3) successive years of employment as an Intervention Specialist.	<input type="checkbox"/> A copy of the HI 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 and 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 attached).	Degree Title <input type="checkbox"/> A copy of the diploma and transcript is in the individual's file or attached. <input type="checkbox"/> A copy of the 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 individual's 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 had an Intervention Specialist Competency Checklist completed by an individual qualified to complete the competency review.	<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.