**APPLIED COMPETENCY VERICATION FORM**

**Applicant Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Agency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information and signatures are required for each portion of the work experience. if it has not been completed at a single location. If there is any question about what is intended for a specific competency please refer to the more detailed Applied Competencies in Section 5 of the CDBIS Handbook. All competencies must be met for an Intervenor to be Eligible for Certification as a CDBIS. Use as many pages as needed to provide the information and signatures that are required for each location and portion of the work experience.**

Dates of Entire Program of Intervenor services work experience (or training):

**From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Each of the following minimal competencies must be met during a minimum of 2500 of discipline-specific supervised practice (e.g., place of work or placement in conjunction with post-secondary education), under the onsite supervision of a CDBIS or if prior approval has been obtained and off-site supervision of a CDBIS, as part of the ACVREP certification requirements. This evaluation form must be submitted with the application for Eligibility. It is strongly recommended that applicants for certification demonstrate applied competence with various populations of individuals with deafblindness, including children, adults, and individuals with multiple disabilities.

**Applicant must complete a minimum of 2500 practical hours as part of this work experience verified on this form. 2,000 of the 2,500 hours must be in Direct Work Experience. The remainder may be in Non-direct Work Experience.**

**Direct Work experience hours include: -**

* Assessment of deafblind individuals
* Direct intervenor services
* Active participation in assessment, or other formal meetings where the intervenor is actively engaged in presenting information that will affect instruction provided to the consumer
* Providing direct consultation and training to parents, caregivers, teachers, and other related professionals who are working with the consumer
* Preparation for working with a specific consumer

**Non-direct work experience includes:**

* Observation of other intervenors
* Report writing
* Attendance at conferences
* General staff meetings
* Mentorship meetings
* Public education

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|  | **Description of Applied Competency** | **Date Met (MM/DD/YYYY)** | **Supervisor****(Printed Name)** | **Supervisor (Signature)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Successfully facilitates, for persons who are Deafblind, access to environmental information that is usually gathered through vision and hearing |  |  |  |
|  | Supports the consumer to gather information, learn concepts and skills; develop communication and language and establish relationships that lead to independence |  |  |  |
|  | Ensures that the consumer is informed and an active in every activity |  |  |  |
|  | Gains the consumer’s trust and provides a safe base for exploration and learning which has promoted the consumers social and emotional development |  |  |  |
|  | Successfully provides the information necessary for the consumer’s anticipation, motivation, communication and confirmation allowing the consumer to participate fully |  |  |  |
|  | Always Uses the consumer’s preferred mode of communication and feedback |  |  |  |
|  | Provides continuous environmental, visual, tactile and auditory information to the consumer |  |  |  |
|  | Consistently Is well prepared for each assignment or activity |  |  |  |
|  | Successfully supports the consumer’s efforts for empowerment, advocacy and self-determination |  |  |  |
|  | Uses self-reflective techniques to improve performance |  |  |  |
|  | Works well within a multidisciplinary team demonstrates professionalism, and respect with family, support personnel, other professionals and para professionals |  |  |  |
|  | Consistently adheres to and maintains professional boundaries |  |  |  |
|  | Completes documentation/reports objectively with pertinent, timely and accurate, respectful and factual information |  |  |  |
|  | Is able to recognize and respond appropriately to cases of abuse and follow appropriate policies and procedures |  |  |  |
|  | Is able to use appropriate personal coping strategies to maintain personal mental health and wellness |  |  |  |

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|  | Consistently demonstrates the “do with” not “do for” intervenor principle |  |  |  |
|  | Effectively assists the individual in their goals and objectives by assisting in the design and implementation of activities and experiences |  |  |  |
|  | Consistently provides anticipatory information to the individual using a variety of methods |  |  |  |
|  | Effectively uses tools and strategies to support concept development, skills choices and decision making |  |  |  |
|  | Consistently relays visual/auditory information and observes and responds to the individuals changing needs |  |  |  |
|  | Effectively assesses, adapts and deals with the environment in which they are working in order to meet the individuals needs |  |  |  |
|  | Effectively assesses the degree of complexity with which a concept should be introduced based on the individual  |  |  |  |
|  | Consistently varies the level and intensity of input and ensures that the pace and duration meet the individual’s ability to receive and respond |  |  |  |
|  | Demonstrates proficiency and literacy in the preferred language of the individual |  |  |  |
|  | Demonstrates proficiency in the language or communication mode used by an individual including proficiency in ASL, LSQ, SEE, tactile, gestures, concrete cues, picture cues, calendar system |  |  |  |
|  | Consistently Demonstrate the ability to interpret the individual’s expressive communication by interpreting sign, body gestures, use of technology, and total communication depending on the individual. The ability to voice what the individual is communicating, to convey in a non-distorted unbiased manner, and respond appropriately. |  |  |  |
|  | Proficiently adapts the individuals preferred language to their preferred needs and preference and is able to enhance and expand communications through various mediums and experiences |  |  |  |
|  | Consistently demonstrates the ability to recognize, respond and provide feedback for all attempts by the individual at communication |  |  |  |
|  | Consistently supports a culture of acceptance, safety and security |  |  |  |
|  | Consistently supports the individual’s opportunities for self-determination, self-esteem and well-being  |  |  |  |

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|  | Is able to implement strategies and protocols for challenging behaviors and consistently follows the recommendations of a Behavior Support Plan |  |  |  |
|  | Proficient in supporting social interactions and the development of meaningful relationships for the individual |  |  |  |
|  | Proficient in establishing and maintaining professional working relationships with the family and support circles of the individual |  |  |  |
|  | Proficient at recognizing changes that could be related to health, mental health and aging and making adaptations that are appropriate to the environment of the individual to address the changing needs and accesses community resources and services to support the individual |  |  |  |
|  | Consistently follows agency and multidisciplinary team protocols with respect to the individual’s health, mental health and aging |  |  |  |
|  | Proficient in supporting the individual’s use of residual vision and hearing and in recognizing any changes to the residual vision and hearing |  |  |  |
|  | Proficient in making adaptations to the individual’s environment to meet their needs for the use of their residual vision and hearing |  |  |  |
|  | Proficient in utilizing strategies that support the sensory needs of the individual |  |  |  |
|  | Consistently facilitates the individuals use of other senses to supplement residual visual and auditory and tactile information |  |  |  |
|  | Proficient as a human guide as recommended by an orientation & mobility specialist or the individual’s preference |  |  |  |
|  | Proficient in supporting the individual’s use of mobility devices that have been recommended by specialists |  |  |  |
|  | Proficient at developing tactile cues and maps and relaying environmental information related to travel |  |  |  |
|  | Consistently provides a safe environment of exploration and recognizes and makes accommodations if their own physical ability does not all ow them to effectively act as a human guide for an individual |  |  |  |
|  | Proficient in the use of the computer and software |  |  |  |
|  | Proficient in instructing and assisting the individual in the use of assistive devices |  |  |  |
|  | Researches new and emerging assistive technologies and provides that information to the individual |  |  |  |

**If the work experience was not completed in one location, the information on this page must be completed for each work experience site and by each supervisor attesting to the competencies being met.**

Name of Supervising CDBIS:

**or**

Name of Onsite Supervisor if not a CDBIS

Name and Address of agency/employer:

Dates Applicant Has Accrued Hours Under Your Supervision: **From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Statement of Integrity: We do hereby acknowledge that all the information submitted on this form is true and correct to the best of our knowledge and was completed in accordance with the CDBIS Code of Ethics. We understand that falsified information on this form is grounds for the denial of certification eligibility for the applicant.

**I, the undersigned, verify that the applicant has met the competencies which I have signed and dated in the above evaluation under my supervision. I also verify that the applicant has completed \_\_\_\_\_\_\_ hours CDBIS work experience under my supervision.**

Signature of Supervising CDBIS Supervisor: Date:

**or**

Signature of On-Site Supervisor if not a CDBIS: Date:

**If signing as the final Supervisor that culminates the applicant’s completed Applied Competency Evaluation Form as well as the 2500 hours of discipline-specific supervised practice, please complete the following question as well.**

**I would \_\_\_\_\_ / would not \_\_\_\_\_ recommend the applicant for ACVREP certification**

**General Comments of Final Supervisor:**