

SAMPLE Early Intervention Training Record
Name: _____

As part of the Early Intervention Certification Application for the Infant & Toddler Connection of Virginia, practitioners must submit a summary of training and activities completed. The form below is part of the certification application form. Please use this form to track your professional development during the three-year cycle. A supervisor's initials are required for each training activity. Independent practitioners who practice without a supervisor are required to obtain the initials of the Local System Manager. Practitioners must retain documentation of successful completion of the training requirements for this certification for three years following the issuance of the renewal certification.

Name of Training or Training Activity	Sponsor	Number of Hours *minimum of 2 hours per activity	Date	Check all that apply:				Supervisor's Initials
				Evidenced Based Practices	Changes in Fed or State law, regs, or practice requirements	Identified on Personal Development Plan	Needed For New Responsibilities	
Creating Connections Early Intervention Conference	DBHDS and DOE	13 hours	4/12/10 and 4/13/10	√	√	√		DMS
Promoting Joint Attention in Children birth-4 years with Autism Spectrum Disorders Workshop	Region 5 TTAC and Virginia Autism Council	3 hours	5/1/10	√		√	√	DMS