



# Delaware County Board of Developmental Disabilities

*To inspire, empower, and support people to achieve their full potential.*

Name: \_\_\_\_\_ Discipline: \_\_\_\_\_  
*(Please print)*

**Attachment A:  
Early Intervention Core Team Primary Service Provider  
Request of Interest Questionnaire**

1. Describe your relationship with DCBDD. Provide examples of how you intend to further our mission and vision through this partnership.

2. How flexible are you to meet the needs of families and teams? What is your **maximum** flexibility? Are there any weekdays you are unwilling to work?

3. What is your experience coaching other disciplines during meetings to support the growth of the group?



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4. What specific training and/or educational resources have you sought in the last year to support your development in Evidence Based Early Intervention practice?

5. Describe your familiarity and experience with the following:

- Battelle Developmental Inventory 3;
- Ages and Stages Questionnaire;
- Ages and Stages Questionnaire Social Emotional;
- Routines Based Interview (RBI);
- Sheldon and Rush Primary Service Provider Training or DODD 2-day training;
- Charting the Life Course;
- Scheduling/organizational & team communication programs, software, and devices.



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6. Describe your understanding of the Primary Service Provider (PSP) approach to teaming, including any specific experience working in this approach.

7. Describe your continued efforts to improve your coaching and modeling practices under Evidence Based Early Intervention.



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8. Describe the process you use to identify the best Primary Service Provider and provide examples of how you have supported the learning of a parent or caregiver.

9. Can you identify the responsibilities of each core team member? Describe a time when you supported a team member in their role.

10. How would you ensure you are still able to meet your contractual obligations when planning time-off?



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11. How do you go about forming professional relationships with others? How do you recognize & communicate concerns in those relationships?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_