

Colorado's Model for Preparing Paraprofessionals for Rural Early Intervention Programs

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Abstract

Under the supervision of a licensed early intervention provider, paraprofessionals play an indispensable role in implementation of home and community-based services to infants and toddlers with developmental delays or disabilities and their families in Colorado. The Individuals with Disabilities Education Act of 2004 requires that paraprofessionals be appropriately trained for their unique roles; however, early intervention paraprofessionals, particularly in rural areas, have limited access to quality preparation programs. This article shares an example of a statewide model of preparation and training for early intervention paraprofessionals. The outcomes achieved, lessons learned, and next steps in the implementation of the model are also presented.

Key Words: paraprofessionals, early childhood intervention, rural training

Part C of the Individuals with Disabilities Education Act (IDEA) of 2004 requires participating state agencies to provide early intervention services to eligible infants and toddlers (birth through 2 years) with disabilities or developmental delays and their families in natural environments, such as the home or community settings chosen by the family. Professionals from multiple disciplines, such as speech-language therapy, occupational therapy, physical therapy, and special education, may be involved in providing family-centered services to improve child and family outcomes. Paraprofessionals are increasingly becoming an integral part of these early intervention teams to assist in delivering services to eligible infants and toddlers and their families (Kellebrew, Pacifico-Banta, & Stewart, 2008).

Although national data specific to this increased participation of paraprofessionals in early intervention services is unavailable, a needs assessment conducted with service providers and administrators delivering services in early intervention programs in the state of Colorado revealed several reasons for the increased demand for paraprofessionals, many of which are mirrored in the literature on the use of paraprofessionals in K-12 settings in urban and rural areas

(e.g., Ashbaker & Morgan, 2010; Breton, 2010; Chopra, 2009; Chopra & French, 2004; Chopra, Sandoval-Lucero, & French, 2011; Downing, Ryndak, & Clark, 2000; French & Pickett, 1997; Giangreco, Yuan, McKenzie, Cameron, & Fialka, 2005; Hughes & Valle-Riestra, 2008; Marks, Schrader, & Levine 1999). Three important findings emerged from the Colorado needs assessment. First, the number of infants and toddlers and their families eligible for early intervention services is increasing as a result of improved identification and developmental screening processes that start as soon as children are born. Given the shortage of licensed service providers, this increase in eligible children and families has resulted in larger caseloads for licensed early intervention professionals, which in turn has led to fewer contacts with eligible infants and toddlers and their families. This issue is more severe in certain geographic regions, such as rural and mountainous areas of Colorado, which experience greater shortages of certified early intervention professionals. Furthermore, the distances involved and lack of easy access to isolated communities and family homes, along with large caseloads, significantly interferes with Colorado early intervention providers' ability

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to visit some of the eligible families as frequently as recommended. Paraprofessionals provide increased frequency as well as intensity of services.

Second, employment of non-degreed personnel like paraprofessionals enhances state and local agencies' capacity to deliver early intervention services and makes best use of limited licensed early intervention workforce and financial resources. For example, an early intervention program may employ a lower-paid paraprofessional to conduct follow up or reinforcement activities with a family under the direction of the licensed provider rather than hire a higher paid licensed early intervention provider for those activities. A third reason, cited by the participants of the survey for hiring paraprofessionals, is that the paraprofessionals are indigenous to the communities served and typically share linguistic and cultural similarities with the families. Thus, they provide much-needed cultural continuity with and easier access to hard-to-reach families (Chopra, DiPalma, & Ferguson, 2007).

IDEA (2004) recognizes the importance of utilization of, as well as preparation for, paraprofessionals in early intervention services. The law requires that "the State has a comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services . . ." (IDEA, 2004, 20 U.S.C. 1435(a) (8) (A) and (B)). The need for adequate preparation for paraprofessionals is documented in the literature as well (Bingham, Hall-Kenyon, & Culatta, 2010; Chopra & French, 2004; Downing et al., 2000; French, 2003a, 2003b; Hughes & Valle-Riestra, 2008; Kellegrew et al., 2008; Killoran, Templeman, Peters, & Udell, 2001; Pickett & Gerlach, 1997). The importance of effective, high quality preservice and inservice training and preparation for early intervention paraprofessionals becomes notably more necessary given the fact that, unlike in a center-based program setting, licensed early intervention providers may not always be able to provide line-of-sight supervision to the work of paraprofessionals in a home setting (Kellegrew et al., 2008).

Part C of IDEA regulations require each state to establish the qualifications for all early intervention personnel. Typically, in states that allow the use of paraprofessionals, the qualifications and supervision requirements are specified by each practice act for the discipline. For example, in Colorado, paraprofessionals may provide services as Developmental Intervention Assistants (DI Assistants), Certified Occupational Therapy Assistants, Physical Therapy Assistants, or Speech Language Pathology Assistants. The preparation and supervision requirements are clearly different for paraprofessionals for each of these disciplines. The purpose of this article is to describe how the state agency responsible for early intervention services in Colorado implemented a statewide, comprehensive, systematic training and supervision model for one of these categories of paraprofessionals: the DI Assistant. This article further delineates the lessons learned in the implementation of the model and provides suggestions for its successful replication in other rural and mountainous regions.

Developmental Intervention Assistant Training in Colorado

Colorado participates in Part C of the Individuals with Disabilities Education Act of 2004 (IDEA) through the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for children birth through 2 years of age with developmental delays or disabilities and their families. The Colorado Department of Human Services (CDHS) is the lead agency for the delivery of Part C services in Colorado, and the program is referred to as Early Intervention Colorado. The CDHS contracts with 20 Community Centered Boards (CCBs) to deliver community-based services to adults and children with developmental disabilities, including service coordination and direct early intervention services to eligible infants and toddlers and their families through licensed early intervention providers who are supported by DI Assistants and other categories of paraprofessionals.

Recognizing a statewide need for adequate preparation for early intervention paraprofessionals and in compliance with the requirement of IDEA (2004) to maintain a Comprehensive System of Personnel Development that includes the training of paraprofessionals, in the fall of 2007, Early Intervention Colorado initiated a collaborative project, *Comprehensive Training Opportunities for Paraprofessionals in Early Intervention Services (CO-TOP*EIS)* with the Paraprofessional Resource and Research (PAR²A) Center at the University of Colorado-Denver. The project focused on the training and supervision of early intervention paraprofessionals who serve as DI Assistants in Colorado. Certified Occupational Therapy Assistants, Physical Therapy Assistants, or Speech Language Pathology Assistants were not the focus of this project as their training and supervision requirements differ from those of the DI Assistants. The project established credentials for DI Assistants, which included completion of a 17 undergraduate credit certificate consisting of rigorous face-to-face coursework and field experience. The preparation and training of licensed EI providers to systematically supervise, train, and utilize DI Assistants were other inherent features of the CO-TOP*EIS project.

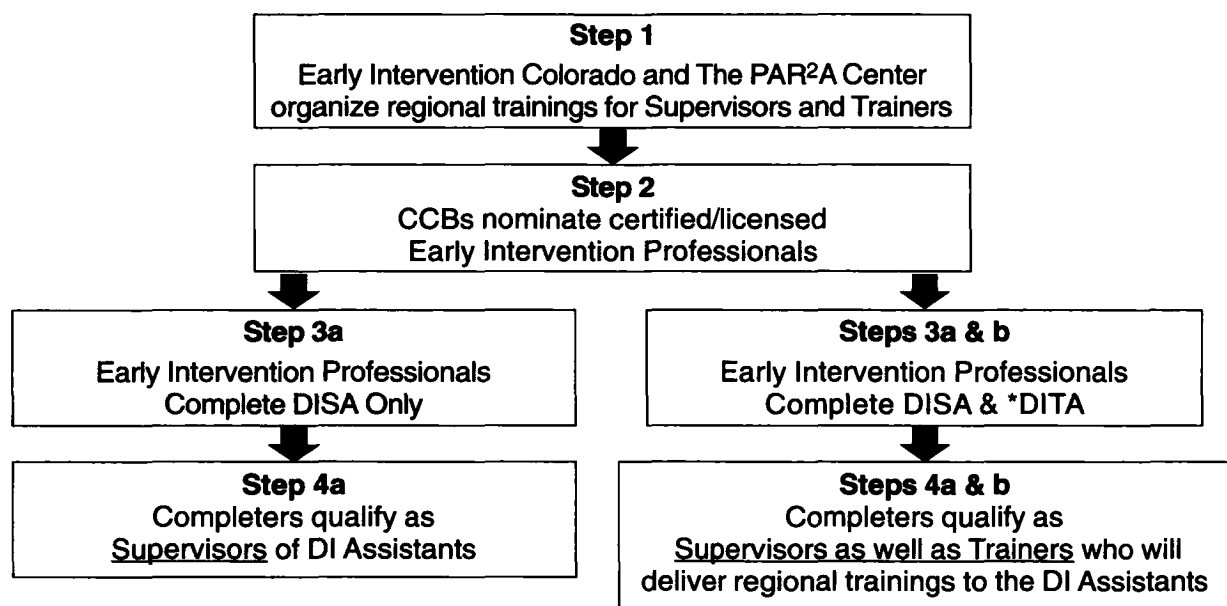
Project Design and Accomplishments

The conceptual framework of this CO-TOP*EIS project drew upon the K-12 CO-TOP Model of the PAR²A Center, which was developed over a period of 13 years through federally funded projects. One of the features of the K-12 CO-TOP Model is a Training of Trainers (TOT) component, which prepares licensed professionals to supervise paraprofessionals in schools. The TOT approach of the K-12 CO-TOP Model further equips licensed professionals with research-based training materials that are utilized to provide initial district-based training to paraprofessionals who serve students with disabilities as well as those with English language acquisition and literacy needs.

The TOT approach is based on the underlying premise that initial paraprofessional training is most successful when it meets the needs of the local districts and programs and is offered using local expertise (French, 2003a; French & Cabell, 1993). The TOT approach facilitates training of a large numbers of trainers, reaches all corners

Figure 1.

*The CO-TOP*EIS - Training of Trainers Model*



of a state in a cost effective manner, and ensures that local expertise continues to be available within a county or district without direct reliance on CO-TOP*EIS project staff (Borko, Elliot, & Uchiyama, 1999; Chopra, 2004; French, 2003a).

The flexibility to address local training needs, use of local human resource as trainers, cost effectiveness, easy accessibility, and sustainability of training have been documented as crucial characteristics of effective professional development for paraprofessionals and professionals in rural and remote areas (Breton, 2010; Bugaj, 2002; Giangreco, Backus, Cichoski, Sherman, & Mavropoulos, 2003). These characteristics are the hallmarks of the TOT approach and justify its consideration as a powerful staff development tool in the rural and mountainous communities where training opportunities for paraprofessionals and licensed professionals are typically limited as a result of geographic isolation, challenging travel conditions, higher costs of training, and lack of expertise among local instructors (Deardorff, Glasenapp, Schalock & Udell, 2007; Passaro, Pickett, Latham & Hong Bo, 1994).

The CO-TOP*EIS project was adapted from the above mentioned TOT approach to develop and implement a state-wide system of preparing DI Assistants to work effectively with families that have infants or toddlers eligible for early intervention. The salient components of the CO-TOP*EIS project are described below.

*The TOT of the CO-TOP*EIS Project*

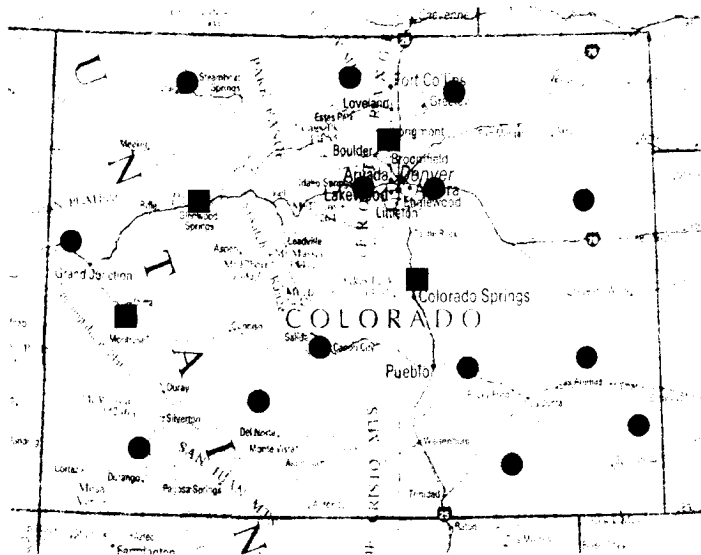
The TOT approach of the CO-TOP*EIS project required the CCBs to identify “local” certified and licensed EI professionals and nominate them to attend two trainings of 2 days each (i.e., 4 days of training). The first course, DI

Assistants Supervisor Academy (DISA), is a 2-day training that provided core supervisory knowledge and skills to certified licensed professionals in (a) role clarification of the professional/supervisor and the DI Assistant, (b) collaboration and working relationships, (c) assessment of personal supervisory skills, and (d) development of an understanding of the research-based responsibilities as supervisors of DI Assistants. The primary purpose for offering DISA was that, although IDEA (2004) requires that paraprofessionals are “appropriately supervised,” certified professionals often lack preservice and inservice preparation for their supervisory roles (Ashbaker & Morgan, 2010; Chopra et al., 2011; Lewis & McKenzie, 2009; Wallace, Shin, Bartholomay, & Stahl, 2001). Thus, this course addresses a well-recognized gap in the field.

The second course, DI Assistants Trainer Academy (DITA), was an additional 2-day training for selected completers of the DISA course. The attendees for DITA training were typically professionals who had an interest in becoming trainers or were considered by CCB administrators as suitable to be future trainers. The DITA training provided (a) knowledge about how to train adult learners, (b) knowledge and resources for planning and developing effective presentations, and (c) time and support to examine and become familiar with the CO-TOP*EIS DI Assistants courses and instructional materials. (See Figure 1 for the steps involved in preparation of trainers who instruct DI Assistants using the curriculum). The DISA and DITA trainings were offered by the PAR²A Center in six regions across the state. Seventy CCB-nominated licensed EI providers have completed the DISA training and have been certified as DI Assistant Supervisors. Out of the 70 DISA completers, an additional 55 participated in the DITA training and were certified as DI

Figure 2.

Map of CCB Participation in DISA and DITA and DI Assistant Training. Key: Circles = CCBs that participated in DISA and DITA trainings but did not offer DI Assistant Training; Squares = CCBs that participated in DISA and DITA trainings and offered DI Assistant Training.



Assistant Trainers. The map included in Figure 2 depicts the location of the 18 out of the total 20 CCBs that the certified supervisors and trainers represented. The statewide availability of supervisors and trainers prepared by the project is apparent in the map.

DI Assistant certificate curriculum and training. In its initial stages, the project assembled a Curriculum Review Panel (CRP) consisting of highly qualified local and national early intervention and related services experts who established the content for the 17 credit-hour DI Assistant certificate program. The CRP recognized that providing services in home and community settings requires highly skilled DI Assistants and, thus, ensured that the curriculum was comprehensive and broad-based. At the same time, in keeping with the specifications of paraprofessional use under IDEA, the CRP ascertained that the curriculum was specific to the DI Assistants' role which is that of someone who assists and works under the supervision of an early intervention professional, thus the CRP documented role distinctions between the roles of the DI Assistant and the supervising early intervention professional. The overall planning and delivery of services, assessment, consultation with other team members, and supervision of DI Assistants were affirmed as the functions under the supervisor's role. While the CRP acknowledged that the DI Assistants were vital team members, clear boundaries were established for the DI Assistant role to ensure that they did not independently create, design, or oversee any aspect of the early intervention service provision and always implemented services as directed by their supervi-

sors. The primary responsibilities of DI Assistants included the following: (a) implement instruction in various environments based on instructional planning provided by the supervising professional; (b) assist families and their infants and toddlers with instructional strategies; (c) assist with ongoing behavior management; (d) assist in data collection; (e) perform clerical tasks; (f) prepare, produce, and maintain instructional materials as directed; (g) help develop schedules; and (h) participate in provider and family meetings.

Under the guidance of the Curriculum Review Panel (CRP), the project established content for the DI Assistant Certificate, consisting of 15 academies or courses and 1 practicum course. (See Table 1 for a list of coursework recommended by the CRP.) The project team ensured that the curriculum included evidence-based early intervention practices (e.g., culturally appropriate, age appropriate, family-centered, transdisciplinary, routines-based, focused on communication skills, self-esteem, creativity, self-reliance through play and other age appropriate activities) as recommended by the Council for Exceptional Children—Division of Early Childhood (Sandall, Hemmeter, Smith & McLean, 2005). In addition, the CRP panel members and other experts in the field developed a 150-200 page instructor manual for each course. These instructor manuals included background information, lectures, discussions, activities, handouts, and presentation slides. (For additional description of the curriculum, please contact the first author.)

By the end of 2012, a total of 39 participants had received the training offered by four different Community Center Boards (CCBs) and completed requirements for the DI Assistant certificate. (See the map in Figure 2 for location of the four CCBs that offered the DI Assistant trainings.) While the largest number (i.e., 26) of the certificate completers were trained by a CCB in the Denver metro-area, the numbers of trainings offered by three CCBs serving primarily rural and mountainous regions were in single digits. The issues of low enrollments and other challenges faced in DI Assistant preparation in mountainous and rural regions are discussed in a later section of this article.

State-wide coalition as the project's advisory body. Literature on preparation for paraprofessionals documents the need for collaboration between Institutions of Higher Education (IHEs), State Departments of Education, Local Education Agencies (LEAs) and communities (French & Cabell, 1993; French & Pickett, 1997; Pickett & Gerlach, 1997). In keeping with the recommendations in the literature, the project began by establishing a statewide coalition consisting of 22 volunteer members who represented various fields, communities, and personnel. Coalition members were from Early Intervention Colorado, CCBs, state and local interagency councils in Colorado, IHEs, professional organizations, and family members. The coalition provided overall guidance to all aspects of the project and held monthly meetings in the first year of the project and bi-monthly meetings in the remaining 3 years of the CO-TOP*EIS project. These meetings provided a forum to assess the training needs of each CCB and enhance the individual capacity of each member CCB to carry out training, to encourage collaboration and communication among

Table 1.

*Coursework for CO-TOP*EIS DI Assistant Certificate Program*

Course Title	Topics Covered
Orientation to Early Intervention	Overview of legal and historical foundations of EI; typical and atypical child development
Fundamentals of the IFSP Process	Overview of the Individualized Family Service Plan (IFSP) including evaluation and assessment, process for development and implementation of IFSP and teaming and collaboration in IFSP process
Early Intervention Teamwork	Introduction to teamwork; delineation of roles and responsibilities of the supervisor and the DI Assistant; team approach to early intervention with families and family-centered practices
Working With Families	Concepts of family, culture, cultural and linguistic differences, cross cultural perspectives on impact of illness and disability in a family; issues in building relationships with and supporting diverse families
Promoting Social Emotional Development	Foundations of social emotional development of infants and toddlers within the context of families, relationships, responsive caregiving; experiencing, expressing and regulating emotions
Instructional Strategies for Early Intervention	Promoting engagement; infant and toddler curriculum; instructional strategies and supports including intentional teaching and data collection
Health Support Needs in Early Intervention	Health services in natural environments; health related conditions and their impact on child's development and activities of daily living; special health care needs and safety precautions
Language and Early Literacy Development	Early language and literacy development; preservation of home language, bilingualism; supporting early language and literacy learning
Communication Support Needs in Early Intervention	Typical and atypical language development; communication challenges resulting from key medical conditions; adult behaviors that support language development of infants and toddlers with communication challenges; assistive technology
Individualized Intervention with Infants/Toddlers	Individualized intervention with infants and toddlers with challenging behaviors; effects of challenging behavior on caregiver and families program; protocol and support plan for addressing challenging behavior
Autism Spectrum Disorders in Early Intervention	Overview and history of autism spectrum disorders (ASD); direct teaching; ASD and communication, social skills, and stereotypic and repetitive behavior
Personal Growth and Development	Self-reflection; monitoring and managing stress; creativity and flexibility; planning for continued growth and development; participating in one's own evaluation process

Table 1.**Coursework for CO-TOP*EIS DI Assistant Certificate Program**

Course Title	Topics Covered
Interpersonal Skills	Interpersonal sensitivity (including cultural responsiveness); effective communication and conflict resolution
Instructional and Assistive Technology in Early Intervention	Types of instructional and assistive technology (AT) used in early intervention early intervention programs and ways to incorporate technology in the home and other natural learning environments.
Transition to Age 3	Elements of transition from Part C to Part B; differences between an IFSP and an IEP, implementation of transition plan; supporting families through the transition process
Practicum for DI Assistants	Field experience

different CCBs and early intervention professionals, and to brainstorm strategies that can sustain professional and career development of DI Assistants beyond the term of the project through articulation agreements with 2- and 4-year colleges.

Lessons Learned

As evidenced from the description in the previous section, the project partners implemented a high quality, collaborative face-to-face training system for DI Assistants in Colorado and laid the foundation for building and advancing the professional development for paraprofessionals working in early intervention. However, the project partners have identified the following weaknesses and challenges with regards to the current training system that will need to be addressed in order to ensure statewide accessibility and sustainability of professional development for DI Assistants.

Administrative Challenges Faced by CCBs

The CCBs that are already overwhelmed with many other responsibilities find themselves with the additional task to design and implement the current DI Assistants training. Each CCB has a non-overlapping geographic service region of 1 to 10 counties. CCBs are responsible for intake, eligibility determination, service plan development, arrangement and delivery of services (either directly and/or through purchase), monitoring, and state accountability reporting. In addition, CCBs are responsible for assessing the needs of their community and developing plans to meet the needs of their local service area. The CCBs play a vital role in managing and coordinating limited resources at the local level to meet the needs of the individuals they serve and to address the overall needs of the local service area. Some CCB administrators have expressed difficulty in finding resources, time as well as personnel, to implement the current CO-TOP*EIS DI Assistants training in a consistent, systematic, and effective manner with fidelity.

Another administrative challenge results from staffing

patterns at CCBs. As stated earlier, the CCBs provide service coordination and direct early intervention services to eligible children and their families through their staff of early intervention professionals or contract with independent providers or use a combination of staff and contract providers. The state requires that all supervisors and trainers of DI Assistants complete the State approved 2-day DI Supervisor Academy and DI Trainer Academy prior to assignment of supervisory and training responsibilities, but the CCBs cannot require their contracted providers to serve as supervisors and trainers. This negatively impacts the ability of some CCBs to have sufficient number of supervisors and trainers for their DI Assistants.

Geographical Challenges

The CO-TOP*EIS model was designed to encourage local control and, therefore, allows CCBs to determine the location for the face-to-face delivery of DI Assistant certificate courses. The CCBs are typically careful and thoughtful in choosing training sites that are convenient for all their participants. However, the geography of Colorado is diverse. Moreover, Colorado is known for its unpredictable weather, which can turn inclement at any time during the year. Some CCBs have rural and mountainous counties within large catchment areas that are spread over many rugged miles. These CCBs face challenges in ensuring that the DI Assistant training is accessible to participants in these remote regions throughout the year. In addition, it is difficult for both trainers and trainees who may need to travel long distances to leave families, jobs, and communities behind in order to teach and learn.

Financial Challenges

Finally, the face-to-face format for delivering training to DI Assistants is not cost effective in remote areas. For example, in rural and mountainous regions, the class sizes are small, but the overhead (e.g., building, instructor costs, travel costs) remains

the same as, if not higher than, it would be for a larger class in metropolitan area. Thus, the extremely high cost incurred per participant trained demands that other cost-effective methods to train DI Assistants are investigated.

Possible Solutions and Next Steps

Below we outline some possible next steps in order to address the challenges listed above and to provide for a strong and sustainable professional development for early intervention paraprofessionals.

Alternate Modes of Course Delivery

As discussed earlier, there is a need to include training approaches and delivery models that include formats other than face-to-face instruction to address needs of all regions across the state. It is critical that early intervention paraprofessional preparation programs consider alternate modes of delivery of professional development. Online and hybrid personnel preparation programs are often considered as other ways to address geographical and financial challenges and prepare highly qualified rural professionals (Dell, Hobbs, & Miller, 2008). However, paraprofessionals typically have limited or no prior education as well as experience with technology and, like other non-traditional students, they may not feel confident and comfortable using an online-only instruction format (Chopra, 2008; Dress, 2011; Sendall, Shaw, Round, & Larkin, 2010). With this in mind, the use of a hybrid model that incorporates both face-to-face and online learning environments may be a better option for paraprofessionals based on research on the benefits of this type of instruction.

Hybrid instruction, sometimes called blended instruction, is defined as delivering between 30%-80% of the course content online (Allen & Seaman, 2008). Delivery of classes, courses, and programs in online and hybrid environments are increasing due to greater flexible access to content and instruction offered to the students while at the same time maintaining community of learners necessary for professional development (US Department of Education, 2010). In addition, with the increase in fuel costs and travel times involved in attending regional trainings, hybrid programs are cost and time effective to students.

Furthermore, research suggests that improved learner outcomes are achieved through hybrid program delivery. The US Department of Education conducted a systemic meta-analysis of published empirical studies between 1996 and 2008 that contrasted online, face-to-face, and hybrid modes of instruction and measured student outcomes in these modes of instruction using rigorous research designs. The researchers found that students enrolled in hybrid programs that blended elements of face-to-face and online instruction demonstrated higher outcomes than instruction provided by face-to-face or online modes alone. However, researchers have cautioned that the difference in the student outcomes could be a result of other dimensions of blended learning conditions, such as time spent on task, curriculum, and pedagogy, and not on the medium of instruction per se. Nevertheless, they found that increased time spent on task, which was the greatest predictor for in-

creased outcomes, can be offered more easily in an online and hybrid environment (U.S. Department of Education, 2010). Zhao, Lei, Yan, Lai, and Tan (2005) also found advantages for hybrid learning over only online communication. The researchers found that instructor involvement was a mediating variable (i.e., higher instructor involvement resulted in more positive learning outcomes).

Alternate Venues for Delivery

French and Cabell (1993) reported that the community college system is a natural system to deliver trainings to non-traditional students like paraprofessionals. Partnering with community colleges as alternative venues for delivery of paraprofessional training programs is considered to be sensible and appropriate option because they are convenient and economical as well as have long-standing expertise in providing community services off-site and through distance education (French & Cabell, 2003; Shkodriani, 2004). In addition, community colleges are typically strategically located to provide access to all regions in the state including remote rural and mountain areas and tribal nations.

Continued Career Development for Paraprofessionals

It is critical to initiate articulated certificate and degree programs among 2- and 4-year colleges in order to facilitate paraprofessional career pathways into early childhood and early childhood special education professions. Articulation of the current DI Assistant certificate with 2- and 4-year degree programs may be an important next step, particularly from the perspective of rural and remote areas that often face challenges in recruiting and retaining qualified early childhood professionals. The articulated agreements resulting from these deliberations, could support local programs to "grow their own" by promoting the career development of paraprofessionals who typically are indigenous to their community. Research on paraprofessional-to-teacher programs indicates that, because of their deep-rooted community connections, paraprofessionals residing in a local community are more likely to enter and be retained in hard-to-fill teaching positions and thus contribute to reducing teacher shortages in rural schools (Chopra, 2009; Collins, 1999, Darling-Hammond, 2000; Haselkorn & Fideler, 1996; Rueda & Genzok, 2007; Villegas & Davis, 2007).

Rigorous Examination of the Effectiveness of the Curriculum and Training

There has been an increased call in the field of early childhood for more "rigorous experimental examination of ECPD [early childhood professional development] in recent years" (Snyder, Hemmeter, & McLaughlin, 2011, p. 364). Developing and implementing an evidence-based professional development model is not sufficient; systematic follow up is necessary to identify if the professional development produced the desired outcomes for young children with disabilities and their families. Thus, the next steps for the project are to advance the evidence base for the professional development of early childhood/early intervention personnel by systematically investigating "active ingredients

of the intervention and to analyze structural and substantive features" (Snyder et al., p. 366). In addition, it is essential to examine each critical component of the model, study the fidelity of the implementation, and examine cost and sustainability through rigorous and continued examination.

Conclusion

Early intervention programs are in critical need of expanding the ability of early intervention paraprofessionals to provide services to infants and toddlers with disabilities and their families in rural regions. Several authors and researchers have reported that higher levels of paraprofessional preparation and training are associated with higher levels of paraprofessional performance (Bessette & Wills, 2007; Bingham,

Spooner, & Browder, 2007; Blalock, 1984; Bugaj, 2002; Causton-Theoharis & Malmgren, 2005; Hall, McClannahan, & Krantz, 1995; Martella, Marchand-Martella, Macfarlane, & Young, 1993; Quilty, 2007). As a result, the need for comprehensive paraprofessional training is well established. While the quality of the content of paraprofessional preparation programs is of utmost importance, it is equally important to consider how the content is delivered so that it is accessible and responsive to the needs of paraprofessionals and early intervention programs in rural and other remote areas. The existing DI Assistant preparation program in Colorado and the lessons learned through its implementation, provide a blue print to other states that are interested in establishing comprehensive and sustainable systems of training for early intervention paraprofessionals in their states.

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