State of Illinois
Department of Human Services - Division of Developmental Disabilities

EARLY INTERVENTION SPECIALIST COURSEWORK and EXPERIENCE REQUIREMENTS: BEHAVIOR INTERVENTION and TREATMENT- LEVEL 2 CHECKLIST F

(For approval to serve participants in the Children's Waivers only)

Directions*: Please complete the information below and submit to:*

Illinois Department of Human Services
Division of Developmental Disabilities
Quality Enhancement Section
Early Intervention Specialist Review
600 East Ash, Building 400, Mail Stop 2 North
Springfield, IL 62703
Fax: (217) 782-9444

Last Name	First Name	Middle Initial	Social Security Number

Affiliation: _____ Phone Number: _____

Address: _____ Fax Number: _____

City, State & Zip: _____ Date: _____

Information to be provided:

☐ Documentation verifying qualifications as an Early Intervention Specialist with a Developmental Therapy Credential or equivalent training and experience.

The Illinois Department of Human Services has my permission to release my name, affiliation, and phone number in order to facilitate professional contact.

Signature _____ Date _____