

Early Intervention Program - Acknowledgement of Supervisor

In order to qualify for an Early Intervention (EI) associate-level credential, an assistant and/or CFY must identify a supervisor who is an active EI-credentialed provider, in the same discipline, prior to receiving or continuing to hold an EI credential. If at any time there is a change in supervisor, this form must be re-submitted so consistent supervision may be confirmed.

This form is required to be completed and kept up to date for EI associate-level providers, including Speech-Language Pathologists (SLP) in their Clinical Fellowship Year (CFY).

Supervisors of EI credentialed associate-level providers agree to:

- Follow any and all State licensing requirements and/or supervisory requirements pertinent to the individual's delivery of services
- Follow supervision requirements as listed in *Title 89: Social Services, Chapter IV: Department of Human Services, Subchapter E: Early Childhood Services, Part 500 Early Intervention Program, Section 500. Appendix D - Use of Associate-Level Providers*
- Agree to the policy and procedures of supervision as outlined in the *Illinois Early Intervention Provider Handbook, Chapter 3.*

Assistant's Name: _____ **Discipline:** _____ **Credential #:** _____
 (Leave blank if you are a new applicant)

Please list the name of the EI-credentialed provider who will be providing supervision.

Supervisor's Name	Credential #	Payee (Agency/Company)	Email Address	Supervision Begin Date (MM/DD/YY)	Supervision End Date (MM/DD/YY)

Assistant's Signature

Date of Submission