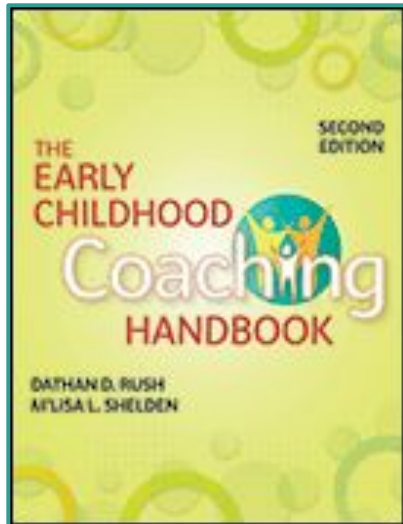
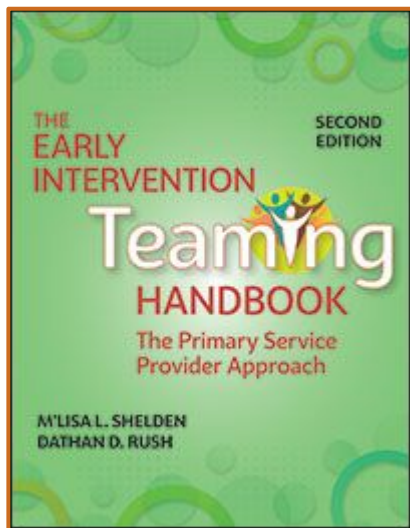




ARIZONA
— DEPARTMENT OF —
ECONOMIC SECURITY

Selecting the Team Lead and Coordinating Joint Visits

October 28, 2025



Today's Presentation is based on:

The Early Intervention Teaming
Handbook The Primary Service
Provider Approach, M'Lisa L. Shelden &
Dathan D. Rush

and

The Early Childhood Coaching
Handbook, Dathan D. Rush &
M'Lisa L. Shelden

Arizona Early Intervention Program (AzEIP) Mission Statement

A graphic for the Arizona Early Intervention Program (AzEIP) featuring a smiling baby and a green vertical bar with the program's acronym. The text is overlaid on the left side of the image.

Arizona Early Intervention Program

Our Mission
Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.


DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

www.azdes.gov/azeip

AzEIP

The 7 Key Principles of Early Intervention

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.
5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

Implementing a Team-Based Early Intervention Approach

Putting the Approach Into Action



Implementing Team-Based Early Intervention

Teaming is dependent on:

- Using natural learning environment practices.
- Coaching to build the capacity of parents and other caregivers.
- Supporting the growth and development of children.

Where to Begin

Information gathered between initial contact and development of the Individualized Family Service Plan (IFSP) is the foundation for the interaction and involvement of the team.

- Initial Visit, Evaluation, Assessment & Intervention Visits/Sessions should occur in the natural environment.
 - Initial Visit: Service Coordinator begins to gather information from the family about activity settings & child interests.
 - Evaluation: completed by members of the core team.
 - Assessment: conducted within the context of everyday activities.
- At the IFSP meeting, decisions are made about:
 - Team Lead (TL),
 - Joint Visitor(s) (JV), if needed,
 - Frequency of service(s), and
 - Intensity of service(s).

Explaining Team-Based Early Intervention

All Service Providing Agencies (SPAs) should have an easily understandable and synchronized explanation of how early intervention services are provided consistent with the [Mission and Key Principles of Providing Early Intervention Services in Natural Environments](#) , which includes the use of a Team Lead.

Talking with Families and Other Caregivers

Talking Points:

- Core team and their roles,
- Team lead approach to teaming,
- Natural learning environment practices,
- Caregiver's role between visits,
- Opportunities for assistance from other team members to support the Team Lead and the family (role assistance/role gap),
- Research supporting use of a Team Lead, and
- Time and location of visits.

Sample Script for Explaining Team-Based Early Intervention to Families



This sample script may be used to introduce AzEIP to families and caregivers: [Sample Script for Talking with Families and Other Caregivers.pdf](#)

Families New to Early Intervention

Practitioners should be mindful that the early intervention process may be unfamiliar to new families or caregivers.

Families may require repeated explanation of:

- Procedures,
- Terminology,
- Steps in the process,
- Intervention practices, and
- People now involved in their lives.



Practitioners need to keep in mind the process “must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles, and cultural beliefs”.

Families with Prior Experience in Early Intervention

Ask families with prior experience in early intervention to describe their:

- Past services and effectiveness of the services, and
- Expectations from this early intervention program.

Share that in team-based early intervention, families and practitioners:

- Work together,
- Use the child's interests,
- Build on existing opportunities,
- Maximize the child's participation during everyday activities, and
- Identify new strategies and techniques to achieve the desired outcomes.

Talking with Physicians and Other Referral Sources

Talking Points:

- Early Intervention Programs are required to use evidence-based practices.
- Early Intervention Programs use a teaming approach with a Team Lead identified as the key contact between the Service Providing Agency and family.
- Role of the Team Lead is to ensure families and caregivers know how to support and present opportunities for the child throughout their daily activities, thus promoting desired or needed skill development.
- Using a Team Lead does not limit access to services but provides each child and family with a designated team of professionals.

Talking with Physicians and Other Referral Sources (continued)

Talking Points continued:

- The Team Lead, family and other providers plan together to determine the amount of service necessary to achieve the IFSP outcomes.
- Frequency and Intensity of service delivery is not solely based on the child's diagnosis or impairments but by the parents and caregivers' need for support to achieve the identified outcomes.
- With the parent's written consent, the Team Lead sends regular (no less than quarterly) summary reports to maintain open communication.
- Early Intervention is much more comprehensive than only a venue for obtaining Occupational Therapy, Physical Therapy and Speech Therapy.
- Participation is voluntary.

The end result of the team lead approach yields more coordinated, comprehensive, efficient, effective, individualized, and timely service delivery.

Identifying the Team Lead



Identifying the Team Lead

The team lead is the best possible match for the child and family based on the information available.

Expectations:

- All core team members must be available to potentially serve as a possible team lead.
- All team members must be competent and confident in:
 - Their own discipline,
 - Child development,
 - Parenting supports,
 - Natural learning environment practices, and
 - Coaching.

Selecting the Most Likely Team Lead Worksheet

CC-1268A FORFF (10/25) Arizona Department of Economic Security Page 1 of 3

Selecting the Most Likely Team Lead Worksheet

This worksheet is used beginning at the initial visit through all steps in the early intervention process up to and including the IFSP meeting. When used early in the process, the worksheet assists in the selection of evaluation team members and the person(s) most appropriate for conducting the functional assessment.

The term "most likely" is used in the worksheet because the final decision of who will serve as the Team Lead is not made until the Individualized Family Service Plan (IFSP) meeting with all IFSP team members including the family.

Child's Name _____ I-TEAMS ID _____
 Parent's Name _____ Child's DOB _____
 Service Coordinator _____ SC held by Select _____
 Service Providing Agency Select _____ Region Select _____

Core Team as Options for Team Lead (List all Core Team Members)

DSI _____ Vision _____
 SLP _____ Hearing _____
 PT _____ SW _____
 OT _____ Other _____

TIER 1 Discussions	
Parent/Family Factors <ul style="list-style-type: none"> List family priorities with contexts Parent/Physician Request 	
Child Factors <ul style="list-style-type: none"> Child's age List Child Diagnosis, Condition, and needs (long term view) List Child Interests Activity settings in which child currently participates and/or needs to be involved 	
Environmental Factors <ul style="list-style-type: none"> Select all Natural Learning Environment(s) for the child. Provide additional details about each selected setting. 	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Preschool <input type="checkbox"/> Child care <input type="checkbox"/> Other (list) _____
Practitioner Factors <ul style="list-style-type: none"> Knowledge and expertise of each practitioner as it relates to parent/family and child factors (personal and professional) 	

See page 3 for EOEADA disclosures

CC-1268A FORFF (10/25) Page 2 of 3

Based on the above discussions, list ALL POSSIBLE Team Lead and Joint Visitor options below

Team Lead Options	<input type="checkbox"/> DSI <input type="checkbox"/> SLP <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> SW <input type="checkbox"/> Other
Joint Visitor Options	<input type="checkbox"/> DSI <input type="checkbox"/> SLP <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> SW <input type="checkbox"/> Other

TIER 2 Discussions

Parent/Family Factors <ul style="list-style-type: none"> Family Dynamics Individual parent/caregiver characteristics <ul style="list-style-type: none"> Language/Culture Knowledge/Expertise Diagnosis/Condition Other 	
Environmental Factors <ul style="list-style-type: none"> Safety (animals, health risks, etc) Geographical location 	
Practitioner Factors <ul style="list-style-type: none"> Primary Service Area Blability Prior relationship Support 	

Based on the above discussions, list ALL POSSIBLE Team Lead and Joint Visitor options below

Team Lead Options	<input type="checkbox"/> DSI <input type="checkbox"/> SLP <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> SW <input type="checkbox"/> Other
Joint Visitor Options	<input type="checkbox"/> DSI <input type="checkbox"/> SLP <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> SW <input type="checkbox"/> Other

CC-1268A FORFF (10/25) Page 3 of 3

TIER 3 Discussions

Parent/Family Factors <ul style="list-style-type: none"> Availability 	
Practitioner Factors <ul style="list-style-type: none"> Availability 	

Based on the above discussions, list ALL POSSIBLE Team Lead and Joint Visitor options below

Team Lead Options	<input type="checkbox"/> DSI <input type="checkbox"/> SLP <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> SW <input type="checkbox"/> Other
Joint Visitor Options	<input type="checkbox"/> DSI <input type="checkbox"/> SLP <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> SW <input type="checkbox"/> Other

Team Discussion at IFSP Meeting _____ Date _____

Most Likely Team Lead: _____

Role Gap? If so, explain: _____

Joint Visitors: _____

Additional Resource: [CASEtools - Worksheet for Selecting the Most Likely Primary Service Provider](#)

Adapted From: The Early Intervention Teaming Handbook: The Primary Service Provider Approach Second Edition by M.Lisa L. Shetdon PT, PhD., and Dathan D. Rush, Ed.D., CCC-SLP - 2022 by Paul H. Brookes Publishing Co.

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When the Selection Process Begins

The team considers the fewest number of practitioners needed to provide high-quality supports and services on a regular basis to reduce the negative impact of multiple practitioners involved in the family's life.

Consideration occurs throughout:

- Initial referral,
- Evaluation,
- Assessment, and
- Multiple conversations with the family.

Final decision occurs at the IFSP Meeting after developing the outcomes.

Selection Process

- List all members of the team.
- The worksheet is like a funnel:
 - Each tier is used as a filter to:
 - Determine the most likely Team Lead until the best, most likely Team Lead emerges, and
 - Identify any supports the Team Lead might need from the team through joint visits.
 - Decision making consists of 4 sets of factors considered in a specific sequence with multiple levels of complexity:
 - Parent/Family.
 - Child.
 - Environment.
 - Practitioner.

Tier 1 Parent/Family and Child Factors

- Parent/Family Factors:
 - List family priorities with contexts - participation based IFSP outcomes (context is critical).
 - Parent/Physician requests.
- Child Factors:
 - Child's age.
 - List Child Diagnosis, Condition, and needs (long term view).
 - List Child Interests.
 - Activity settings in which child currently participates and/or needs to be involved.

Tier 1 Environmental and Practitioner Factors

- Environmental Factors:
 - Select all Natural Learning Environment(s) for the child.
 - Provide additional details about each selected setting.
- Practitioner Factors:
 - Knowledge and expertise of each practitioner as it relates to parent/family and child factors (personal and professional).

Tier 1 Team Lead and Joint Visitor Options

After reviewing all Tier 1 factors, determine who has the knowledge, expertise, and experience to assist the parents in achieving their priorities for the child.

If only one possible TL is identified:

- List that team member as the Most Likely Team Lead under Tier 1 Team Lead Options.
- List any potential Joint Visitors under Tier 1 Joint Visitor Options.
- Skip Tier 2 and Tier 3 Discussions.
- Proceed to the Team Discussion at IFSP Meeting.

If more than one possible TL is identified (Role Overlap):

- List all possible options under Tier 1 Team Lead Options.
- List any potential Joint Visitors under Tier 1 Joint Visitor Options.
- Continue to Tier 2 Discussions.

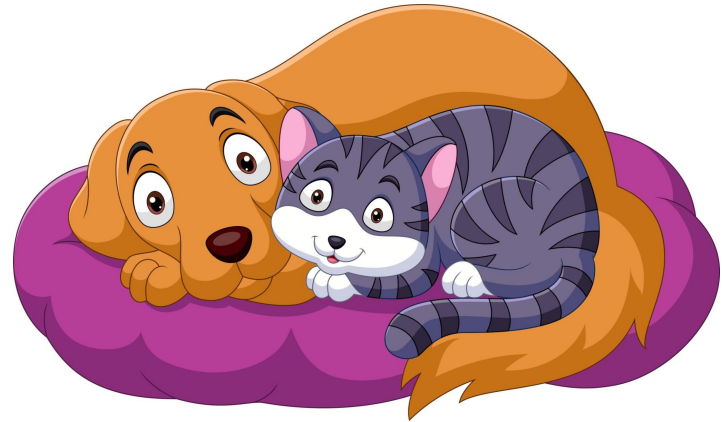
Tier 2 Parent/Family Factors

- Parent/Family Factors:
 - Family Dynamics
 - Individual Parent/Caregiver Characteristics
 - Language/Culture
 - Knowledge/Expertise
 - Diagnosis/Condition
 - Other



Tier 2 Environmental and Practitioner Factors

- Environmental Factors:
 - Safety (Animals, health risks, etc.)
 - Geographical Location
- Practitioner Factors:
 - Primary Service Area
 - Prior Relationship
 - Rapport



Tier 2 Team Lead and Joint Visitor Options

After reviewing all Tier 1 and Tier 2 factors, determine who has the knowledge, expertise, and experience to assist the parents in achieving their priorities for the child.

If only one possible TL remains:

- List that team member as the Most Likely Team Lead under Tier 2 Team Lead Options.
- List any potential Joint Visitors under Tier 2 Joint Visitor Options.
- Skip Tier 3 Discussion.
- Proceed to the Team Discussion at IFSP Meeting.

If more than one possible TL remains:

- List all possible options under Tier 2 Team Lead Options.
- List any potential Joint Visitors under Tier 2 Joint Visitor Options.
- Continue to Tier 3 Discussions.

Tier 3 Parent/Family and Practitioner Factors

- Parent/Family Factors:
 - Availability
- Practitioner Factors:
 - Availability
 - Last factor to consider because the goal is to provide the very best Team Lead the team has to offer to every family.
 - Can be considered when all other factors are equal between team lead options at the end of Tier 3.

Tier 3 Team Lead and Joint Visitor Options

After reviewing all Tier 1, Tier 2, and Tier 3 factors, determine who has the knowledge, expertise, and experience to assist the parents in achieving their priorities for the child.

- List all possible team members under Tier 3 Team Lead Options:
 - If only one team member remains and is unavailable, discuss ways to enable that team member to be the most likely Team Lead, or
 - Revisit the tiers to see if another team member should be reconsidered as mostly likely Team Lead.
- List any potential joint visitors under Tier 3 Joint Visitor Options.
- Proceed to the Team Discussion at IFSP Meeting.

Team Discussion at IFSP Meeting

- Complete the Child and Family Assessment.
- Develop individualized child and/or family outcomes.
- Share and review the Selecting the Most Likely Team Lead Worksheet with the family.
- Confirm with the family if the worksheet identifies the most appropriate Team Lead and if not, revisit the tiers.
- Document the Team Lead on the IFSP Services page.
- Determine if any joint visitors are needed to support the Team Lead and family.
- Document joint visitor(s) on the IFSP Services page.

IFSP Services

- IFSP services are based on the needs of the family to meet their child and family outcomes.
- Each family is unique in the services they require.
- The IFSP team works together collaboratively, listening to all team members, to determine the services on the IFSP based on the family's unique needs and circumstances.

Non-Team Lead (NTL) Services

Non-Team Lead Services:

- Are provided without the team lead being present.
- Are rare but not restricted.
- Are permissible by AzEIP when:
 - The team lead encounters an unexpected challenge and cannot be in attendance at a visit.
 - The IFSP team determines that the child and family will not be able to meet their IFSP outcomes without additional Non-Team Lead visits.
- Should NOT be identified to cover ongoing scheduling challenges on an IFSP.

When Non-Team Lead Visits Occur

- Information shared with families during non-team lead visits must be communicated to the Team Lead as soon as possible after the activity so the Team Lead has the information before their next contact with the family.
- AzEIP recommends that when non-team lead visits are needed that they are provided in conjunction with joint visits to:
 - Ensure the Team Lead is receiving role support, and
 - To promote ongoing collaboration in the provision of services.

Coordinating Joint Visits



What Are Joint Visits and Why?

Joint Visits are:

- A type of role assistance in which another team member accompanies the Team Lead for the purpose of supporting the Team Lead, family and child in a timely and effective manner.
- Implemented because the Team Lead, family members or caregivers need the assistance of another team member with a particular area of expertise, experience or knowledge.
- Carefully planned visits with the purpose of planning support for the Team Lead and/or care providers.

Joint Visits:

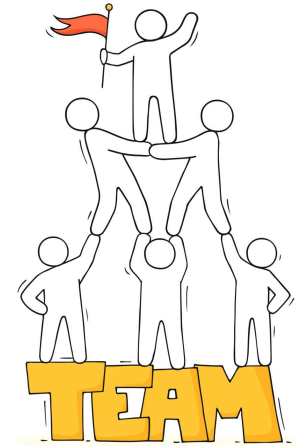
- Promote learning for the Team Lead,
- Build trust and respect among team members, and
- Afford the caregivers prioritized and focused opportunities to interact with other team members.

The frequency and intensity of Joint Visits are based on the needs of the Team Lead and parents/caregivers in order to meet child and family outcomes.

Role of a Joint Visitor

The role of a Joint Visitor is to give role assistance through:

- Coaching the Team Lead and parents/caregivers by sharing additional expertise and knowledge,
- Conducting further functional assessment, and
- Providing technical support.



Three Reasons for a Joint Visit

1. A Team Lead may have questions or identify an issue that cannot be addressed within the team meeting.
2. Another team member may have questions for the Team Lead during the team meeting that cannot be answered without direct observation of the child within the context of their everyday activities.
3. A parent may request access to a team member other than the designated Team Lead. *For example: Following a doctor visit where the doctor is recommending other therapy.*
 - Teams should always afford the parent timely access to the desired team member to address the questions and issues.

Implementing the Joint Visits

Three step process to implement the most *effective* and *efficient* Joint Visit:

1. Planning.
2. Implementing.
3. Debriefing.



Step 1: Planning

The Team Lead is responsible for 2 conversations prior to a Joint Visit:

Conversation 1: Team Lead and Parent/Caregiver

- What to Discuss:
 - Questions to ask the Joint Visitor,
 - Expected outcomes to achieve, and
 - Specific actions to take.
- This Conversation:
 - Demonstrates the equal partnership among the parent and the Team Lead, and
 - Is designed as an opportunity to build the caregiver's capacity to:
 - Participate in the joint visit, and
 - Engage in conversations with other professionals related to planning, problem solving and decision making for their child.

Step 1: Planning (Continued)

Conversation 2: Team Lead and Joint Visitor

- The Team Lead shares:
 - Relevant background information,
 - Family activity settings and priorities, and
 - Child's interests.
- The Team Lead and Joint Visitor plan:
 - When the visit should occur,
 - What the context will be,
 - How the Joint Visitor can be helpful, and
 - Who will:
 - Take the lead in the conversation,
 - Model for the parent,
 - Facilitate the parent practicing or applying new information, and
 - Develop the joint plan.

Step 2: Implementing

- The Joint Visit occurs during the real-life activity setting in which the caregiver and the Team Lead need support.
- Although one provider will take the lead during the visit, both the Team Lead and the Joint Visitor will interact with the parent and child as appropriate.
- A Joint Plan is developed prior to the conclusion of the Joint Visit.

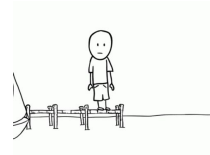


Step 3: Debriefing

Debriefing after a Joint Visit has 2 parts as well:

1. Debrief with the parent/caregiver to discuss if:
 - a. Their questions were addressed,
 - b. The intended outcomes of the visit were achieved, and
 - c. Actions taken during the visit were helpful.
2. Debrief with the Joint Visitor to:
 - a. Evaluate the usefulness of the visit,
 - b. Follow up on the joint plan, and
 - c. Determine next steps.

Conclusion & Takeaway



- All Service Providing Agencies (SPAs) should have an easily understandable and synchronized explanation of how early intervention services are provided and consistent with the “*Mission and Key Principles of Providing EI Services in Natural Environments*” which includes use of a Team Lead.
- The team lead is the best possible match for the child and family based on all the information available.
- The [Selecting the Most Likely Team Lead Worksheet GCI-1268A](#) is a great tool to support teams in identifying the most likely team lead.
 - The worksheet is like a funnel and all discussions start with Tier 1.
 - The final decision is made at the IFSP meeting with the family.
- The IFSP team works together collaboratively, listening to all team members, to determine the services on the IFSP based on the family’s unique needs and circumstances.
- *Effective* and *efficient* joint visits require planning, implementing and debriefing.

General Reminders

- [Referral Letter](#) - Current Procedure: 3.2.3 If the referral source is anyone other than the parent, the service coordinator sends a letter acknowledging receipt of the referral to the referral source within seven (7) calendar days.
- Smooth Way Home
 - SWH always obtains written consent from the family before submitting an AzEIP Referral
 - Please contact Jennie if there are any difficulties processing any referral from SWH
 - Jennie is available to meet with SPAs to provide more information about SWH
 - Jennifer Harrison, MS, CLE, CIMI
Program Manager, Smooth Way Home
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Resources

- [ECTA Center: Early Intervention Services: Key Principles and Practices](#)
- [Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments](#)
- [Sample Script for Talking with Families and Other Caregivers](#)
- [Early Intervention & Developmental Disabilities Resources flyer](#)
- [January 2014 AOTA Practice Advisory on the Primary Provider Approach in Early](#)
- [APTA Fact Sheet - Teaming: Using a Primary Service Provider Approach](#)
- [Giving Families a Go-To Therapist: What does the rise of the primary service provider approach in early intervention mean for speech-language pathologists? Possibly a chance to enhance services—if implemented as intended.: The ASHA Leader Archive](#)
- [Frequently Asked Questions: Qualified Providers in Early Intervention](#)
- [GCI-1268A - Selecting the Most Likely Team Lead Worksheet](#)

QUESTIONS



Question 1

SPA Question: Is the TL supposed to stay the same throughout the child's time with AzEIP regardless of the family/child needs?

AzEIP Response: When initially determining the team member to serve as the Team Lead, the team must consider the current priorities of the family as well as the long term needs of the child and family. The change of a team lead should be rare. However, if after careful consideration by all team members, the team identifies a need to change the team lead, it would not be prohibited by AzEIP. AzEIP recommends service providing agencies refer to [The Early Intervention Teaming Handbook](#) by M'Lisa L. Shelden and Dathan D. Rush for a more detailed explanation about the role of a Team Lead.

Question 2

SPA Question: When do you plan on these conversations happening? Providers never have time, meetings run way too long already weekly.

AzEIP Response: The completion of the “Selecting the Most Likely Team Lead Worksheet” and those discussions begin at the initial phone call with the family and continue until the final decision is made at the Initial IFSP meeting. Service Providing Agencies have the flexibility to identify the method the worksheet will be completed. The script presented at the Selecting the Team Lead and Coordinating Joint Visits AzEIP Programmatic Meeting contained all of those conversations occurring at one time which led to it taking ten (10) minutes. If completed throughout the initial planning process, that discussion would take less time. As teams work together and learn each other’s levels of expertise and role gaps, the completion of the worksheet will take less and less time.

Question 2 (Continued)

AzEIP Response (Continued):

An example of how the completion of the “Selecting the Most Likely Team Lead Worksheet” might occur:

- Initial Phone Call- service coordinator begins to document the concerns expressed by the family and shares the document with the evaluation team.
- Initial Visit- service coordinator adds additional information learned during the visit.
- Evaluation- evaluators adds information to the shared worksheet.
- Team Meeting- team discusses possible options for best Most Likely Team Lead.
- Child Family Assessment- team adds additional information.
- IFSP- team makes a final decision after completion of the IFSP outcomes.

Service providing agencies should consider a variety of factors if they are finding they do not have the time to cover all the agenda items at team meetings. Factors they may wish to consider include:

- Are there over 125 children assigned to their team?
- Does the length of the team meetings need to be extended (typical team meetings are 60-90 minutes)?
- How is the facilitator utilizing time management skills to ensure that all agenda topics are covered?

Thank You for Participating

Arizona Early Intervention Program Quality Improvement Team

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- Tanya Goitia, AzEIP Continuous Quality Improvement Coordinator
- Pamela Meurer, AzEIP Continuous Quality Improvement Coordinator
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