

**West Virginia Birth to Three  
Foundations of Coaching Families Through the Early Start Denver Model (ESDM)**

## Application

**Instructions:** Please fill out this form completely. If there is insufficient space for information requested, continue a separate page at the end of the document. Return your application to **Kristy Stout** at [kristy.m.stout@wv.gov](mailto:kristy.m.stout@wv.gov).

### APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Title \_\_\_\_\_ Agency (as appropriate) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

I will participate	<input type="checkbox"/> As an Individual/Consultant <input type="checkbox"/> Supported by an Agency	What is the highest degree you have obtained?	<input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree
What is your discipline within WV Birth to Three?	<input type="checkbox"/> Development Specialist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> BCBA	<input type="checkbox"/> Psychologist <input type="checkbox"/> Speech Language Pathologist <input type="checkbox"/> Other – please list: _____	
Approximately how many children with autism spectrum disorder (ASD) between ages 0-3 years, have you worked with in the last year?	<input type="checkbox"/> None <input type="checkbox"/> 1 to 3 <input type="checkbox"/> 3 to 5 <input type="checkbox"/> More than 5		

### YOUR KNOWLEDGE AND SKILLS

Describe your knowledge and skills in the following content areas.

<p><b><u>Infant and Toddler Development</u></b> Describe your educational background and knowledge of infant and toddler development; how many years of experience you have in providing services to infants and toddlers; in what capacity and settings?</p>	
---	--

<p><b><u>Preschool Development</u></b> Describe your educational background and knowledge of preschool development; how many years of experience you have in providing services to preschool age children; in what capacity and settings?</p>																	
<p><b><u>Autism Spectrum Disorder</u></b> Describe any knowledge, coursework and/or training you have related to implementing evidence-based practices for children with ASD and related conditions.</p>																	
<p>Please check any of the following strategies which you have the training, experience, and expertise to implement:</p>	<table border="0"> <tr> <td><input type="checkbox"/> Discrete Trail Training</td> <td><input type="checkbox"/> Functional Communication Training</td> </tr> <tr> <td><input type="checkbox"/> Incidental Training</td> <td><input type="checkbox"/> Antecedent-Based Interventions</td> </tr> <tr> <td><input type="checkbox"/> Pivotal Response Training</td> <td><input type="checkbox"/> Task Analysis and Chaining</td> </tr> <tr> <td><input type="checkbox"/> Verbal Behavior Training</td> <td><input type="checkbox"/> Differential Reinforcement</td> </tr> <tr> <td><input type="checkbox"/> Visual Strategies</td> <td><input type="checkbox"/> Video Modeling</td> </tr> <tr> <td><input type="checkbox"/> Time Delay</td> <td><input type="checkbox"/> ESDM</td> </tr> <tr> <td><input type="checkbox"/> Social Stories</td> <td><input type="checkbox"/> Joint Attention Training</td> </tr> <tr> <td><input type="checkbox"/> Picture Exchange Communication Training</td> <td><input type="checkbox"/> Functional Behavior Assessment and Support Plan Development</td> </tr> </table>	<input type="checkbox"/> Discrete Trail Training	<input type="checkbox"/> Functional Communication Training	<input type="checkbox"/> Incidental Training	<input type="checkbox"/> Antecedent-Based Interventions	<input type="checkbox"/> Pivotal Response Training	<input type="checkbox"/> Task Analysis and Chaining	<input type="checkbox"/> Verbal Behavior Training	<input type="checkbox"/> Differential Reinforcement	<input type="checkbox"/> Visual Strategies	<input type="checkbox"/> Video Modeling	<input type="checkbox"/> Time Delay	<input type="checkbox"/> ESDM	<input type="checkbox"/> Social Stories	<input type="checkbox"/> Joint Attention Training	<input type="checkbox"/> Picture Exchange Communication Training	<input type="checkbox"/> Functional Behavior Assessment and Support Plan Development
<input type="checkbox"/> Discrete Trail Training	<input type="checkbox"/> Functional Communication Training																
<input type="checkbox"/> Incidental Training	<input type="checkbox"/> Antecedent-Based Interventions																
<input type="checkbox"/> Pivotal Response Training	<input type="checkbox"/> Task Analysis and Chaining																
<input type="checkbox"/> Verbal Behavior Training	<input type="checkbox"/> Differential Reinforcement																
<input type="checkbox"/> Visual Strategies	<input type="checkbox"/> Video Modeling																
<input type="checkbox"/> Time Delay	<input type="checkbox"/> ESDM																
<input type="checkbox"/> Social Stories	<input type="checkbox"/> Joint Attention Training																
<input type="checkbox"/> Picture Exchange Communication Training	<input type="checkbox"/> Functional Behavior Assessment and Support Plan Development																
<p><b><u>Family-Centered Practice</u></b> Describe your definition of family-centered practice, including how you coach families during your home visits and/or preschool services.</p>																	

<p><b><u>Natural Environments</u></b> Describe how you support young children and their families within natural environments such as home and/or community.</p>	
<p><b><u>Teaming/Collaboration</u></b> Describe your experience as a team member and knowledge of teaming principles, group process, communication, interagency collaboration, etc.</p>	
<p><b><u>Teaching/Coaching Caregivers</u></b> Describe your experience with and knowledge related to teaching/coaching caregivers to implement strategies and/or programs for their child.</p>	

**Please e-mail your completed application by April 20, 2026 to:**

Kristy Stout  
[kristy.m.stout@wv.gov](mailto:kristy.m.stout@wv.gov)  
 304-308-1458