
Resources and Connections

Enhancing the Quality of Early Learning and
Early Intervention for Infants, Toddlers, & Their Families



January/February/March, 2004 • Volume 3, Number 1

An e-newsletter supporting quality practices in early learning and early intervention. See the back page to request a **FREE** monthly email subscription. Online versions can be viewed at:

<http://www.cde.state.co.us/earlychildhoodconnections/Technical.htm>

Principles & Strategies for Family-Centered Home-Based Services

By Larry Edelman

The idea of sending visitors into families' homes to provide support and services is not new. Home visiting can be traced back to the 1880s in the United States and much earlier in other countries (Gomby, 1993). There are many different kinds of home visiting practiced today. Although various models may appear similar, there are significant differences – in the kinds of families they serve, the program's goals, the qualifications of the visitors, the assumptions made about ways to effect change, and the methods used (Powell, 1998). For example, there are home visiting programs designed to: prevent children being born prematurely; enhance child development; promote health; promote school readiness; prevent child abuse; provide assistance to families living in poverty; and address child welfare issues. Because home visiting is used for so many different purposes in so many different ways to serve so many different kinds of families, it is really a generic term – there is no one standard approach.

Home visiting as a strategy to deliver supports and services to infants and toddlers with disabilities and their families is an urgently important topic. Early intervention services have been provided in families' homes for at least 30 years. According to recent data the home is the most common program setting for children and families served under Part C of the Individuals with Disabilities Act (U.S. DOE,

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2002). This might be expected as Part C requires that “To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate” (IDEA, 1997). But even though more than 60% of early intervention services are delivered in families' homes, scant research has been conducted on home visiting services (McWilliam, in press; Margie & Phillips, 1999). Despite the shortage of research, there is widespread belief that delivering early intervention supports and services in families' homes has great potential to positively impact children and their families.



Although there is no one “cook book” approach to providing early intervention home visits, there are a number of interrelated approaches that, taken together, can shape our work. The principles and strategies described below come from several sources, including research on home visiting, family support, early intervention, and children's learning and development; recommended practices articulated by professional associations; guidance from IDEA; and theory on how children learn and develop.

Principles and Strategies for Providing Family-Centered, Home-Based Early Intervention Services

Recognize that the term “home-based” implies more than just “place”

The term “home visiting” implies more than the mere locations where services take place (Margie & Phillips, 1999). Equally, if not more, important are the goals for intervention, strategies used, how supports are delivered, and who is involved. Home visiting doesn't mean that we simply take what we once did in a clinic, office, or school setting and merely do it in another place. The term “home based early intervention services” implies a unique approach to practice that integrates the cluster of interrelated principles and strategies described throughout this article.

Respect the family

A family-centered approach means that visitors recognize and respect that:

- Receiving services in one's home is a family's choice; home visitors should not impose things that families do not choose.
- Parents are central and essential participants and team members; home visitors cannot provide support without them.
- Parents have the right and responsibility to make decisions for their young children; home visitors need to support them in making informed choices by sharing their information and experience with them and then honoring parents' rights to determine their own service needs.
- Parents know their children; home visitors need to respect families' observations.
- Each family has unique culture and values; home visitors must honor these – especially when the family's culture and values are different from their own.
- Home visitors are guests in families' homes (and in their lives); home visitors need to be gracious guests.

Build relationships with parents

How parents and professionals interact with young children, and with each other, contribute as much to the quality of the relationships involved and the developmental outcome as *what* is done in the interaction (Pawl, 1998). Home visiting means working collaboratively

with families in all aspects of planning, delivering, and evaluating services. It means relating to family members as people, not “patients.” It means recognizing all family members, including brothers and sisters, grandparents, and extended family members. It has been suggested that the way in which family support is given is as important as the actual kind of help (Dunst, 1988). A collaborative approach means avoiding trying to take control. It has been suggested that an essential component of effective home visits is developing a shared agreement between the parent and practitioner on the purpose, content, and methods used during the home visit (Powell, 1998). Using the beginning and end of visits to talk with parents about how the visits have been working for them can assist visitors in knowing how to be helpful and supportive.



Individualize services and supports

It is recommended practice that both child-focused and family-based early intervention practices should be individualized (Wolery, 2000; Trivette and Dunst, 2000). A one-size-fits-all approach doesn't work in early intervention home-based services. Home-based services should be individualized to address the strengths and needs of each child and the unique goals that are central to each family's Individualized Family Service Plan (IFSP). Services should be delivered in ways that are harmonious with each family's priorities, culture, schedule, and lifestyle. The frequency and duration of visits and what happens during those visits should be tailored for each individual child and family. Home-based services don't always happen in a family's home. For some families, at certain times, support might be requested in places other than the home, such as child care centers, grocery stores, cars, and neighborhood parks. [Note: With some modification, the strategies in this article also apply to working with children's primary caregivers in childcare settings.]

Be flexible

The IFSP provides a framework for supporting young children and their families. Home visitors need to have a strong sense of this framework and should be focused on supporting families in addressing the outcomes

that are part of their IFSP's. But because we know that children change all the time, families' priorities change, and "life happens," home visitors should be flexible and avoid being rigid about what the specific agenda will be during a given home visit. Visitors should "check in" with the family at the beginning of visits to learn how things have been going for the child and family, what significant events may have occurred, what might have changed, and what kind of support the family will find useful at that moment. In this way, home visitors can stay focused on the IFSP, but also be sensitive to changes that might require a thoughtful modification of the plan. Effective intervention starts with the family's agenda.

Focus on the child's participation and learning that happens between visits

The reason why home visitors should focus on what happens between visits has to do with how, when, and where young children learn. Children learn throughout the day, at home and in the community, in dozens of everyday routines, activities, and relationships that provide rich, natural learning opportunities. These learning opportunities "are a mix of planned and unplanned, structured and unstructured, and intentional and serendipitous experiences" (Dunst et al, 2001, p. 50). So it makes sense to focus on all of these times rather than only on the actual hour or so of a home visit.



Many writers have illuminated the need to focus on what happens between visits by "doing the math" (McWilliam, 2000; Dunst et al, 2001; Dunst & Bruder, 1999; Jung, 2003). A home visitor working with a child independent of the child's caregivers is really only "investing" an hour or so of intervention in a week. But by spending that hour providing primary caregivers with information that will help them to recognize the potential of natural learning opportunities and strategies to add learning and development enhancing qualities to everyday routines and activities, the home visitor is investing in all of the child's waking hours. The wiser investment of time is to support what happens when the visitor is not there. A primary purpose of early intervention is to enhance the capacity of families to meet

the special needs of their infants and toddlers with disabilities (IDEA Sec. 613).

An effective way to support young children and their families is to spend time talking with families about their everyday routines, activities, and relationships. These periodic conversations help visitors understand what families do every day, what parts of the day they'd like to be different, difficult parts of the day they wish could be easier, the many different family and community-based learning opportunities in their lives, and ways to support children to participate fully in their everyday experiences. Understanding the context of the family's life can help set the course for the kinds of support that is shared with the family. There are many ways to listen to and learn from families about their lives (Woods, 2004; Lindeman & Woods, 2004; McWilliam, 2001; Wilson et al, in press). In summary, "The role of the home visitor needs to reflect the reality that children learn throughout the day, whether planned or otherwise...What happens between home visits is, therefore, critical to children's learning" (McWilliam, in press).

Provide support to families

McWilliam and Scott (2001) suggest that providing support to families is the most effective way of ensuring that children receiving home-based services receive intervention. They describe three types of support that appear to be basic to early intervention. **Informational support** centers on what families want to know. This includes information on: the child's condition or disability, child development (including what the child should be doing at this developmental age and what will come next), resources (including services now and in the future), and what to do with the child. McWilliam writes that helping parents know "what to do with the child...actually encompasses the majority of what home visitors do. It also is the real meaning of "therapy" and "special instruction" in home visits. When therapy and special instruction are viewed as informational support, professionals might be more likely to deliver the service in a way that is consistent with how children learn. For practitioners and families who fear that "just providing information" is not what early intervention is about, they can be reassured that it still involves much handling of the child" (in press, p. 11).

Material support is an expansion of informational support since it includes assisting families in finding the resources to meet their basic needs. Providing support for families to meet basic needs contributes to overall well being and ability of the family to focus on their other priorities, such as child-level interventions. Research findings support the importance of material support and are “consistent with Maslow’s hierarchy of needs; families cannot address abstract needs until more basic needs are met” (McWilliam and Scott, 2001, p. 58). **Emotional support** can reduce stress, promote well being, and promote positive parent-child interactions (McWilliam and Scott, 2001). Emotional support practices include being responsive to family questions and concerns, maintaining a sense of positiveness about the child and parents, relating to the family as a whole, providing information about the community and about development, and facilitating parent-to-parent connections. These three types of support are described in more detail in the abstract the article, *A support approach to early intervention: A three-part framework* that appears later in this issue.

Use a primary service provider model

Families often report how difficult it is to manage a schedule of multiple visitors each week. In addition to the inconvenience and stress of juggling schedules, when there are multiple visitors there are risks of duplication, gaps, and fragmentation of services and conflicting approaches. In order to address these problems, the primary service provider (PSP) approach to early intervention has received much support (McWilliam, in press; Hanft, Rush, & Shelden, 2004; Shelden & Rush, 2004). Although models differ, the PSP approach might be generally described as one professional providing supports and services to the family, backed up by a team of other professionals who provide coaching, consultation, and occasional joint visits. Advantages of the PSP approach include enabling visitors to develop strong relationships with children and families and helping ensure that services are efficient. In addition, because the PSP looks at the whole child in context of his or her family and community (rather than focusing narrowly at disciplinary goals), the model keeps

intervention focused on functional goals that the family finds meaningful.

Reflect on your experiences

Home visiting can be a very rewarding way to work with young children and their families. But a full schedule of visiting families each week can be difficult and stressful. Reflective practices help home visitors deal with their stress and continually learn how to be effective. Every contact with a family is an opportunity to understand more about children and families, ways to best support them, and about oneself. A reflective approach to practice encourages observation, self-awareness, and insight. Whether alone or with families, colleagues, or supervisors, home visitors should continually reflect on their work. One way is to “debrief” right after visits by thoughtfully considering a range of questions (Pawl & Dombro, 2001). What happened during the visit that went well? What did you do that made you feel supportive and helpful? What was difficult for you? How might you approach things differently next time?



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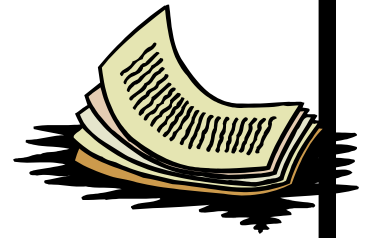
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Special thanks: to ENRICH team members Lisa Swenson, Michelle Thornhill, and Renee Charlifue-Smith for providing suggestions to an early draft of this article; to Robin McWilliam for generously sharing information from his in-press chapter on Home Based Services; and to Cordelia Robinson and David Olds for providing key references and perspectives.

Research Brief

McWilliam, R. and Scott, S. (2001). A support approach to early intervention: A three-part framework. *Inf Young Children 2001; 13(4):55-66*



This article discusses the background for the important concepts of support, and proposes a three-part definition of the term. Support infused with early intervention has three important components: informational support, material support, and emotional support. Families often say that they want more **informational support**. The article describes how parents often request information about: the disability or condition of their child; services and resources; child development (i.e. what comes next, what other children this age do; and intervention strategies (i.e. what they can do with their child). Almost immediately after hearing a diagnosis, families usually want to know more about the disability, or health issue. In addition to information provided by physicians, early interventionists are in a position to expand information about the specific disability, or help families get the information they seek. Parents often seek information about services and resources available to them, and early interventionists can share their experiences with community services and resources, or connect them with other families with similar experiences. It is important for professionals to consider a variety of media and methods for providing informational support in order to best suit the family. The article cautions professionals who refer families to web sites to make sure that the sites contain accurate information. A second aspect of support is **material support**. Material support is an expansion of informational support since it includes finding resources to meet basic needs, such as programs for monetary assistance, adapting materials for everyday living, obtaining needed equipment, and establishing financial support. Providing support for families to meet basic needs contributes to overall well being and ability of the family to focus on their other priorities, such as child-level interventions, and community inclusion opportunities. A third important aspect of support, **emotional support**, is grounded in the family-centered service characteristics of helpgiving. Emotional support is provided through responsiveness to family questions and concerns, and a sense of positiveness about the child and parents, sensitivity, orientation to the family as a whole, competence in providing information about community, and about development. Early interventionists provide emotional support to families by helping a family build social networks, facilitating parent groups, and engaging in helpgiving practices that promote family empowerment. Emotional support has been found to reduce stress, promote well-being and positive parent-child interactions in families.

The emphasis on informational, material, and emotional support has important implications for service delivery. One example is how a new agenda must be developed for home visits. The new agenda focuses on families' routines as the context for providing these three kinds of support. Home visits consist of focused conversations about how routines are going, significant events, and any questions or concerns. Concerns or questions might emerge for which one, two, or all three aspects of support might be provided. Thinking through upcoming events, or challenges with a family during the visit also works smoothly into families' abilities to anticipate needs for information, equipment, or emotional support for new experiences.

The role of the early interventionist has changed considerably in the last few years. Professionals' effectiveness depends on their skills in working with the child's regular caregivers. The support model provides a framework in which professionals can provide their expertise to those people who are most available to children, the child's primary caregivers.

Editorial Comment: Service providers have long recognized the importance of support for families of children with disabilities or health issues. This article reinforces the importance of support, and gives suggestions for ways support can, and should, be an integral part of a family-centered, team based intervention program. The specific information in the article will guide providers to expand their practice to emphasis support and relationship building with families.

Resources on the Web Related to Home Visiting

Coaching in Natural Environments

<http://www.coachinginearlychildhood.org/>

Everyday Children's Learning Opportunities Institute

<http://everydaylearning.info/index.php>

FACETS (Family-guided Approaches to Collaborative Early-intervention Training and Services)

<http://www.parsons.lsi.ku.edu/facets/index.html>

Home Visiting

The Future of Children, VOLUME 3, NUMBER 3 - WINTER 1993

http://www.futureofchildren.org/pubs-info2825/pubs-info.htm?doc_id=75410

Home Visiting: Recent Program Evaluations

The Future of Children, VOLUME 9, NUMBER 1 - SPRING/SUMMER 1999

http://www.futureofchildren.org/pubs-info2825/pubs-info.htm?doc_id=70386

Just Being Kids

Colorado Residents:

http://www.cde.state.co.us/earlychildhoodconnections/order_mat_form.asp

Outside of Colorado: <http://www.media-products.com/ecm.php>

Revisiting Home Visiting: Summary of a Workshop

<http://www.nap.edu/books/NI000203/html/>

RBI (Routines-Based Interview)

<http://www.fpg.unc.edu/~inclusion/RBI.pdf>

SAFER (Scale for Assessment of Family Enjoyment within Routines)

http://www.vanderbiltchildrens.com/uploads/documents/ccd_safer.pdf

TaTICS (Therapists as Collaborative Team members for Infant/Toddler Community Services)

<http://tactics.fsu.edu/index.html>

The Asset-Based Context Matrix

http://www.cde.state.co.us/earlychildhoodconnections/docs/pdf/Newsletter_11.pdf

Zero to Three <http://www.zerotothree.org/>

Research and Training Center (RTC) on Early Childhood Development

<http://www.researchtopractice.info/>

The RTC was established to create a bridge between research evidence and early childhood intervention practices. The site is designed specifically for parents, therapists, early childhood educators, and early interventionists, as well as researchers. The site includes information about effective practices based on research. The information is presented in a variety of formats.

Centerscope includes articles about the conceptual and operational framework of the RTC. Bridges are practice-centered research syntheses of topics related to early childhood development. Bottomlines are one-to-two page summaries of practice-based research syntheses. Be sure to look at the section called *If It Fits*. *If It Fits* is "an idea-packed resource for evidence-based fun!" Each two-page issue of this newsletter focuses on easy steps and creative ideas parents and practitioners can use right away to implement a particular early childhood practice recommended by the RTC.

The RTC is a major initiative of the Center for Evidence-Based Practices at the Orelena Hawks Puckett Institute and is funded by the U.S. Department of Education, Office of Special Education Programs (OSEP), Research-to-Practice Division.

**Resources
on the
Web**

Upcoming Events

MARCH

Effective Practices in Assessment and Intervention for Infants and Toddlers with Special Needs presented by Dr. Louis Rossetti

March 25-26, 2004 at the Hyatt Regency, Denver, CO

This course will provide participants with an epidemiological overview of special populations of infants and toddlers. Identification and special assessment procedures for these populations will be discussed. Relevant issues related to the Neurodevelopmental assessment of infants and toddlers with special needs and their families as well as common problems faced by the assessor will be discussed. Dr. Louis Rossetti is an internationally recognized authority on services to infants, toddlers, and their families, author of five books and the Rossetti Infant-Toddler Language Scale. Prior to Mar 8, \$229, after Mar 8, \$249 For information, contact Brenda Montoya, 1-800-835-1043 or visit: <http://www.heartspring.org/worldreach/Infants.html>

Kicked Out of Preschool: Disruptive Behavior Disorders in Early Childhood

March 26, 2004 12:00 p.m. – 2:00 p.m. Live in Denver at The Children's Hospital and videoconference sites in Cortez, Greeley, Lamar, Montrose, Pueblo, and Sterling

Serious behavior problems in younger children are increasingly being reported by researchers and clinicians. Participants in this interactive videoconference will discuss the scope of the problem, including discussion of diagnostic entities, exploration of possible etiologies for the apparent increase in these disorders, and review of appropriate assessment strategies and treatment approaches for children in this age range. For more information or to register, please go to www.jfkpartners.org/workshops.asp. Questions? Call 303-864-5267.

APRIL

Parents Encouraging Parents (PEP) Conference

April 1-3, 2004 in Estes Park, CO

These conferences are available to persons residing in Colorado who have a child with a disability - age's birth to twenty-one. Also, administrators, principals, teachers, medical and other service providers interested in the Parent-Professional Partnership are invited to participate in a PEP Conference. The purpose of this conference is to bring parents and other professionals together, allowing them an opportunity to share ideas, discuss concerns, celebrate successes, and obtain information relating to parenting, educating and supporting a child with a disability. For information call (303) 866-6846 or visit

<http://www.cde.state.co.us/cdesped/PEP-new.htm>

Child Abuse Prevention

April 8, 2004 8:30 a.m. – 12:30 p.m. Live in Denver at The Children's Hospital and videoconference sites in Alamosa, Cortez, Greeley, Lamar, Montrose, Pueblo, and Sterling

For more information or to register, please go to www.jfkpartners.org/workshops.asp. Questions? Call 303-864-5267.

Continuing the Circle: A Journey of Culture

April 23, 2004 at the Hyatt Hotel (Denver Tech Center)

To learn more about our own cultures and cultures different from our own and ways for families and providers to join together to make a difference for all children and share in conversations regarding our children with special needs. Featuring Herma Williams, Sylvia Sanchez, Eva Thorpe, Tasha & Mary's; Clara, Grace Sage, Evan Xiong. Join the Partnership with CDE, PEAK Parent Center. Puentes Culturales, El Grupo Vida, ACT II at UCB, JFK Partners at UCHSC, Colorado Developmental Disabilities Council, Price Foundation Initiatives at UCB and others. \$50 per person includes lunch. Parent/Family Scholarships Available. Contact <http://www.peakparent.org/>

MAY

Colorado IFSP Training

May 4, 2004 in Denver

This one day interactive training event consists of 3 modules that focus on IFSP development. Each training session will be limited to 30 participants. For IFSP teams consisting of Service Coordinators, parents, Child Find personnel, and service providers. To register:

<http://eccevents.spindustry.com/asp/EventsPlus/events.asp?e=16> Info: Penny Dell at 303-866-6848 or dell_p@cde.state.co.us

KIDS' BRAINS: Healthy Connections for

Our Future, Fifth Annual Conference

May 20 and 21, 2004 King Center, Auraria Campus Denver, Colorado

Presented by Metropolitan State College of Denver, Department of Human Services Featuring Dr. Bruce D. Perry and Dr. Elaine B. Johnson and more than 30 workshops. Come and enjoy a two-day exploration into the importance of environment in brain development for infants and young children. Registration covers attendance both days and Thursday evening's picnic. Regular: \$95 Student: \$85 To Register: www.kidsbrains.org

Early Childhood Activities Calendar

Remember to periodically check out this useful source of information on training opportunities and other events:

<http://www.cde.state.co.us/earlychildhoodconnections/calendar/Cal.htm>

Subscription Information

To receive a FREE monthly *electronic* subscription to Resources and Connections go to <http://www.cde.state.co.us/earlychildhoodconnections/Technical.htm> or contact your local Early Childhood Connections at 1-888-777-4041.

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Please pass along copies of Resources and Connections to your colleagues and friends!

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|--|--|--|
| Larry Edelman, Co-Editor edelman.larry@tchden.org | Susan Smith, Co-Editor smith_s@cde.state.co.us | Ann Grady, Abstract Editor grady.ann@tchden.org |
|--|--|--|