

Connections

Linking school professionals who support student achievement



Connections Fall 2005

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New Beginnings, Beginning Again

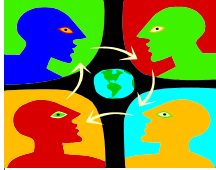
By Jo Anne Gearhart, Editor

Welcome to another school year! Many of you are familiar with this publication and we are pleased that you are back at work, continuing to provide the best possible services for kids in our schools. We also know that a great many educators are new to their respective professions and we especially want to welcome newcomers. The Connections Group, as we call ourselves, is a group of special services professionals who meet regularly to discuss common challenges and to creatively problem-solve issues that are unique to our professions. Specifically, we are school social workers, school nurses, school psychologists, audiologists, educational interpreters, school physical therapists, school occupational therapists, school orientation and mobility specialists, school counselors and school speech-language pathologists. At CDE, we are also known as RELATED AND SUPPORT SERVICES. Our goals are to ensure high standards for our colleagues, to serve as consultants, to provide professional development opportunities, and to promote the understanding of our various roles in the schools.

With all new beginnings come changes and we are no exception. We have said good-bye to Heather Hotchkiss, one of the original members and co-founders of our group. Heather has moved on to Adams County Schools as a Special Education Director. We wish her well. June Crenshaw is our new CDE consultant for school social workers (see her introduction elsewhere in this newsletter). Welcome, June. We also welcome Sheryl Muir, our new Deaf/HOH specialist (also look for her introduction). She will be assisting Cheryl Johnson with information pertaining to educational audiology. Welcome, Sheryl!

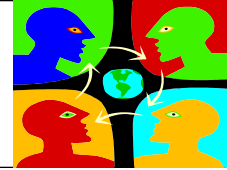
Comings and goings also apply to you out there in the schools. Again we want to welcome newcomers to the related/support services professions. Specifically, we are most interested in obtaining information about those of you who have recently participated in Induction Training in your school district. As you know, induction training is part of the Colorado Licensing Act of 1991 and part of the process of obtaining a professional license. Please let us know about your experience by completing and returning the Induction Training Survey on page 14 of this newsletter. We are hoping to find new ways to provide improved training for Related and Support Services personnel.

If we could offer one piece of advice, it would be seek out connections. If you are new to the profession, reach out, network, ask questions! And please--ask us! We are most happy to answer (or find the answer to) your questions! We know how difficult it is to get started in a new profession and/or a new state system. That's why we hope to "personalize" our professions and provide a contact with which to connect, a voice with which to talk. Our names, email addresses and phone numbers are listed on the back of this newsletter. We look forward to hearing from you!



A National Coalition Formed to Address Personnel Shortages

Submitted by Karen L. Kelly, Speech-Language Consultant CDE



A new coalition has formed to address the nationwide personnel shortages for qualified special education instructors and related services. The group, the National Coalition on Personnel Shortages in Special Education and related Services, was created through a partnership between the American Speech-Language-Hearing Association (ASHA) and the national Association of State Directors of Special Education (NASDSE). The goal of the coalition is to provide a forum for a national dialogue, information and research collaboration, and a means for developing and promoting the implementation of national, state and local strategies to remedy the ongoing problem. According to ASHA and NASDSE, special education personnel shortages outpace those for math and science teachers. Up to 98% of school districts list it as a top priority, particularly considering that under the reauthorized IDEA they must now provide highly qualified teachers for students with disabilities.

The shortage of related services personnel continues to be a growing concern. In the 2004 ASHA Schools survey of school-based speech-language pathologists, 62% of the respondents reported that job openings were more numerous than job seekers in their school. Shortages additionally plague other disciplines, including school counselors, school psychologists, school social workers, and physical and occupational therapists. Expanding caseloads and unmanageable workloads are the result, leaving many in the field stretched well beyond their resources.

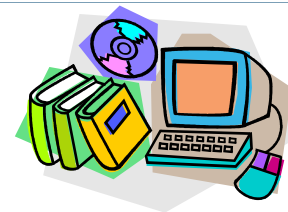
But K-12 schools are not alone in this crisis. The shortage of special educators extends to faculty at Institutions of Higher Education, where 30 % of vacancies are left unfilled because of too few applicants. The most recent data available indicate that the nation produced only 213 doctorates in special education in 2002, 30 % fewer than 20 years ago. For every special education faculty position left unfilled, 25 special education teachers go untrained.

At the Colorado Department of Education (CDE) the related services and supports team, which includes consultants for educational audiology, school nursing, speech-language pathology, school psychology, school social work, orientation and mobility, assistive technology, and school counseling, will be surveying special education directors this fall in order to gather current personnel shortage data across disciplines. This data will be used to develop aggressive recruiting strategies and to target regions with chronic hard-to-fill positions. To offer recruiting suggestions or to participate in the development of this survey contact Karen Kelly at Kelly_k@cde.state.co.us

CONNECTIONS NEWSLETTER MAKING A CHANGE!

We will no longer be mailing out a "hard copy" of the *Connections* newsletter. To be cost-effective, the newsletter will be solely posted on the related services website: <http://www.cde.state.co.us/cdesped/RSS-Connections.asp> effective fall of 2005. Every effort will be made to communicate each posting with all school-based related service providers via the separate related services (discipline specific) listservs and email distribution lists. For those disciplines without an electronic "connection", a post card will be mailed to announce the posting of the newsletter. We thank you for your patience as we move to an exclusive electronic format. Please continue to be in touch with your discipline-specific consultant on your newsletter needs. We want *Connections* to be an ongoing communication and update tool for you!

Opportunity for Free Advanced Training in Assistive Technology



Assistive Technology Partners is pleased to announce a Personnel Preparation grant titled Advanced Training Program in Assistive Technology. Funding for twelve graduate students is available each year for five years (2004-2009) for training in advanced practices in assistive technology devices and services for children with low incidence disabilities. The grant targets special education, occupational, physical, speech/language and other related services and early intervention personnel who serve children with low incidence disabilities. This program is funded through the US Department of Education Office of Special Education Program to provide 18 hours of *advanced* assistive technology training. Each applicant must meet the following requirements for admission:

- A commitment to be a leader in the field of assistive technology for students with low incidence disabilities;
- Prior graduate coursework in assistive technology or related bioengineering coursework; with prior educational, research, or clinical experience in a field related to education or early intervention (e.g., special education, regular education, exercise physiology, early childhood education/intervention, speech language pathology, occupational therapy, physical therapy, audiology, or psychology);
- Completed Bachelors in one of these fields with at least a 3.2 GPA;
- A goal to learn the principles, methods and techniques needed to carry out independent applications of AT for children with low incidence disabilities;
- Three letters of recommendation from professionals familiar with the applicant's work; and,
- Participation in an interview session to be conducted by the program steering committee. Students will be asked to sign a service commitment letter in accordance with Section 673(h) of IDEAS and 34CFR part 304 prior to final admission into the program.
- Availability for 2 days per week for 12 months.

This program hosted by Assistive Technology Partners (ATP), Department of Physical Medicine and Rehabilitation at the University of Colorado at Denver and Health Sciences Center will increase the number and quality of personnel with advanced assistive technology skill sets serving infants, toddlers and children with low incidence disabilities. The program will deliver 12 credit hours of graduate coursework and 6 credit hours of field work experience to graduate students so that they may better serve the intensive assistive technology related needs of children. Skills sets necessary for successful hands-on field work, participatory action research, grant writing, curriculum development, aligned with state standards, assessment and environmental adaptations will form the core of this program.

5 Year Program Goals Include:

1. Improve outcomes and foster access to the community and general education for children aged birth to 21 with low incidence disabilities by preparing trainees to provide comprehensive assistive technology services using effective research-based curricula and pedagogy.
2. Prepare 60 personnel to address the specialized assistive technology needs of children with low incidence disabilities from diverse cultural and language backgrounds, including schools and early childhood settings in high poverty communities.
3. Align all training within the context of standards-based activities.
4. Incorporate state-of-the-art research and training applications in assistive technology to the trainees.
5. Provide clear defensible research-based-methods of re-evaluating the preparation of trainees to provide high quality assistive technology services and positive outcomes and communicate those results to Office of Special Education Programs (OSEP).
6. Implement partnerships between training programs and schools to promote continuous improvement in preparation programs and in service delivery.
7. Offer integrated training and practice opportunities that will enhance collaborative skills of personnel

who share responsibility for providing assistive technology related services to children. Implement an outcomes driven process of formative and summative evaluation of the training program. Prepare for sustainability through institutionalization of a Masters and Doctoral program in Assistive Technology for early interventionists, special educators and related services personnel at the University of Colorado at Denver and Health Sciences Center, Department of Physical Medicine & Rehabilitation.

Students accepted into the 12 month program will receive:

- 18 graduate credit hours
- \$10,000 stipend
- *Advanced* training in assistive technology devices and implementation strategies
- Best practices in assessment and intervention
- Over 200 hours of research and field experiences
- Two days per week of intensive assistive technology study, research and fieldwork

For more information or to apply: Open and print an application from our web site or request a formal application packet from ATP. Individuals interested in applying for the student positions for the 2006 year (January to December), should submit a letter of interest, three professional letters of reference, and a completed application packet to: Maureen Melonis, Assistive Technology Partners, 1245 E. Colfax, Suite 200, Denver, CO 80218, 303-315-1283 maureen.melonis@uchsc.edu by September 30, 2005.

Applications must be postmarked by September 30, 2005.

Year two of this program runs from January 2006 to December 2006. Interviews will occur between September 30 and October 30 with notification prior to November 30.



CDE Webinars Held on IDEA 2004

Submitted by Karen L. Kelly

On July 27 and August 2, 2005, the Colorado Department of Education held web-based meetings to provide interim guid-

ance for the implementation of IDEA 2004, which became effective on July 1, 2005. Over 50 sites participated in the 90 minute web meetings, with several districts hosting their entire special education staff. The Interim Implementation Guidelines were presented by Terri Connolly, ESSU Interim State Special Education Director, Karen Kelly, ESSU Supervisor and Laura Freppel, ESSU Senior Consultant, Law and Dispute Resolution. The power point presentation is currently available for downloading in a word document on the CDE website in the SPED Director's Corner www.cde.state.co.us/cdesped A question and answer document will soon be posted at this site that includes questions posed by the participants and responses from various consultants and other sources.

It is important to remember that IDEA '97 regulations that are consistent with IDEA '04 are still in effect. Any part of the Exceptional Children's Educational Act (ECEA) that is in conflict with the new IDEA will need to be reviewed and considered for alignment with the final regulations. Once the final federal regulations are approved, which is anticipated to occur in December 2005, CDE will provide additional guidance to administrative units.

In the meantime, CDE/ESSU is establishing task forces and writing groups to prepare items that need to be submitted to the State Board of Education for approval or to the State Legislature for rules changes. Statewide and regional participation is encouraged and welcomed during this process. It is anticipated that recommended changes will be made available for public comment in early 2006.



CASBHC



Colorado Association for School-Based Health Care 2005 Workshop & Conference, September 29th - 30th

Managing Mental Health Challenges in Schools

Thursday, 11:30 AM - 4 PM
Workshop with National Assembly on School-Based Health Care (NASBHC) instructors. Practical approaches for school nurses and health practitioners on managing depression and anxiety.

Thursday, 4:00 PM - 6 PM
Reception and networking.

Friday, 7:30 AM - 4 PM
Sessions include *Mental Health Screening, CBT Strategies*, plus a variety of afternoon breakout sessions.

Mark your calendar for the third annual workshop and conference in Denver, Colorado. This year's focus is **Managing Mental Health Challenges in Schools**.

Presenters will include Laura Brey (NASBHC), Sharon Stephan (University of Maryland), Denver's own West High School SBHC providers, and many more.

The conference will be held at the **Park Hill Golf Club at 4141 East 35th Avenue** in Denver. Registration fees are daily. You may register for either or both days! CEU credits available for additional fee.

Register at web site:
<http://www.casbhc.org/registrationnew.asp>

Save the Date!!

SEPTEMBER 2005						
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Special thanks to **NASBHC, HealthOne Alliance, The Denver Foundation,** and the **Colorado Department of Public Health and Environment** for their generous financial support.
Exhibitor and sponsorship opportunities.

Showcase your products and services with an exhibit; increase name recognition through a sponsorship. We are happy to discuss exhibitor and sponsorship opportunities with you. Please contact Barbara Ford, CASBHC Executive Director, 303-399-6380.

CASBHC is a 501(c)(3) organization committed to the advocacy of accessible health care for Colorado's children and adolescents.

email: info@casbhc.org
phone: 303-399-6380
web: <http://www.casbhc.org>



The School Orientation & Mobility Specialist and Dual Licensure in Colorado

This article was printed in the Spring 2005 issue of INSIDE

By Jim Olson, Pat Lewis, Nancy Cozart, and Tanni Anthony
with thanks to the Vision Coalition for their input.

Safe and independent travel by an individual with visual impairment is the result of extensive training in the related service area of Orientation and Mobility. A certified Orientation & Mobility Specialist (COMS) teaches travel skills to children with visual impairment. These may include students with visual impairments who are wheelchair travelers, have cognitive and/or physical disabilities, as well as those with a combined sensory loss (combined vision and hearing loss or deafblind).

In Colorado, the term “dual certification” specific to visual impairment refers to individuals who hold a professional teaching license from the Colorado Department of Education specific to teaching students with visual impairments AND a special services license as a School Orientation and Mobility Specialist. This individual is both a certified teacher and a related service provider.

In Colorado public schools, dually certified individuals are hired so that one individual might address both professional disciplines. The primary role of a teacher of students with visual impairments (TVI) is to teach academic-related compensatory skills and provide the needed accommodations to children from 3-21 who qualify for services under established ECEA guidelines for visual impairment. The COMS teaches travel skills to these same students. Travel skills include a range of concepts and skills depending on the needs of the individual student. One student may be learning to travel from one classroom to another using trailing techniques, another may be using a long cane and learning the techniques of crossing streets to travel from home to school, while another student may be learning bus travel to get to a job site. In addition to the actual mobility component of a student’s instruction, the O&M specialist will continually address the spatial concepts associated with travel, self protective techniques, the use of the human guide, map skills, and safety issues.

In addition to the direct instruction of orientation and mobility skills and techniques, the provision of O&M services requires that COMS spend time consulting with staff, parents, peers, and administration; producing tactile and large print maps; planning lessons throughout the community for each student’s individual needs; building community relationships; and providing in-service training for a variety of service providers. TVIs do much of the same, emphasizing learning styles, literacy modes, and activities of daily living and compensatory skills. Both certificants comb organizations for donations of equipment; present for teacher preparation classes; produce individual and specialized materials for each student; continually assess progress, evaluate and prepare reports for students, parents and staff; teach their students social skills; and continually update and enhance their teaching skills



by taking classes and attending conferences.

A key component to making the dually certified teacher effective in his/her roles with students is to ensure this individual has a manageable caseload and time to address the education instruction AND travel needs of identified students. Issues develop that may be in direct conflict with providing appropriate instruction in each area of skill in the IEP, as indicated by dually certified TVI/COMSs in Colorado.



“Being responsible for teaching academic-related compensatory skills and teaching O&M lessons is very challenging. I think the two most challenging aspects are finding time to plan quality lessons and scheduling the O&M lessons, especially since they are usually after school. Since each student is at a different skill level and working toward different goals, for both academic skills and O&M, I am planning several specific lessons for each individual student every week. None of my lessons are applicable to more than one student.”

“When prioritizing the work week, O&M is often slighted for classroom needs that the TVI is responsible for. O&M instruction always loses out to school work – the test on Europe is more important at that particular time.”

“In cases where O&M and TVI services are provided by two individuals, the student benefits from having the expertise of two people - two specialists are what the students deserve. We cannot ‘team’ with ourselves when we are the case manager, the TVI and the O&M.”

“If I had a small enough caseload so I could cover the O&M skills and the academics, it would be positive for me and my students. I love teaching both disciplines and I really feel I can service the whole child with the right amount of time. Right now, my school district thinks I can do everything and does not seem to recognize the two roles that compete for the same hours of the day.”

It is important that these professionals work with district personnel to determine effective strategies to provide both the services of a TVI and the COMS without compromise to either needed area to the student.

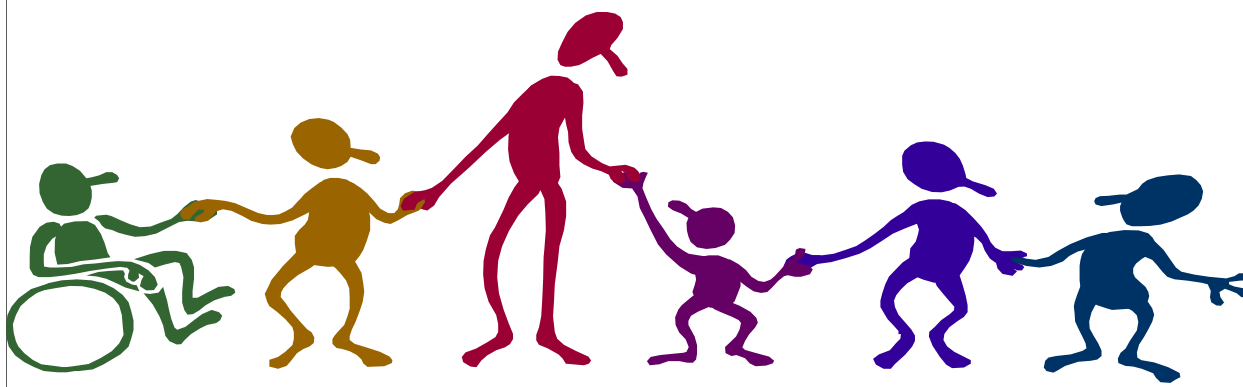
School district personnel vary greatly in their level of understanding and implementation of reasonable caseloads for dual certified personnel. Colorado has caseload formula for this purpose that was updated in 2004 and is posted on the CDE Blindness/Low Vision webpage (<http://www.cde.state.co.us/cdesped/SD-BLV.asp>). This form addresses students' needs for services from both the TVI and the COMS. This caseload formula can provide documented information for the necessity of each service provider. Since each student's needs are different, the service provisions for each district are different. Some districts have high needs for both areas of service and others may have greater need just for one. Larger school districts that have more than one dually certified teacher may share students; one service provider to be the TVI and a second as the COMS. When certain

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districts are contracting services, this model can also work.

Three specific areas make the individual roles of TVIs and COMSs unique within the field of special education: (1) their instructional emphasis on compensatory skills, (2) activities of daily living specific to individuals who are blind/visually impaired, and (3) orientation and mobility . While there is common focus, Certified Orientation and Mobility Specialists and Teachers of Students with Visual Impairments are two separate and distinct professions. It is not unusual for an individual to pair his/her degree in visual impairment with orientation and mobility, low vision therapy (CLVT), or vision rehabilitation therapy (VRT), but each of these certifications may also stand alone. The knowledge and skills of the TVI reinforce the knowledge and skills of the COMS and vice versa. Together, they address the unique needs of visually impaired individuals throughout their lifetime.



Change of Address

Dear Connections,

Please update your mailing list with the information listed below: Addresses are maintained for potential mailings by specific disciplines.

Name _____

Related Service Profession (ONLY) _____

Address _____

City/State/Zip _____

Email _____

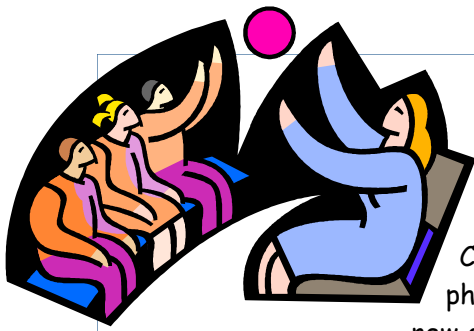
Previous Incorrect Name/Address: _____

Send to: Georgia Fogel, 201 E. Colfax Ave., Rm. 300, Denver, CO, 80203 or via email at fogel_g@cde.state.co.us

This newsletter is no longer delivered in "hard copy". It can be found on the web at:

<http://www.cde.state.co.us/cdesped/RSS-Connections.asp>





Getting Back to Basics

By Sandra Meagher, OTR

Reviewed and edited by the CDE Motor Liaison Committee

Changing professional settings as an occupational therapist (OT) or physical therapist (PT) can sometimes feel like embarking on a whole new career. Leaving a clinic to be a school based practitioner can result in the therapist feeling unprepared for the legal, policy, and philosophically based differences often encountered. In order to review, or initially present, topics related to OT and PT practitioner compliance, specific to the school setting, we are beginning a series of "Getting Back to Basics" articles. The objective of these articles is to clarify many of the more nebulous areas of IDEA (Individuals with Disability Education Act) compliance and to offer suggestions towards best practices within OT/PT school-based service provision.

We begin this series of articles with "The School Based Evaluation: What Should It Look Like and How is Need for Services Determined?"

Typically a student is referred for an occupational therapy or physical therapy evaluation after a child study process determines that a comprehensive examination of motor skills is appropriate. The purpose of the school-based evaluation is to determine whether a motor-based deficit is interfering with a student's ability to receive a free and appropriate education (FAPE). Secondly, the purpose of the evaluation is to aid in determining the appropriate form and frequency of intervention that will result in educational benefit. Intervention will include either accommodations or modifications to the curriculum or environment. Accommodation can take the form of direct or consultative therapy services, or something as simple as arranging for special seating, desk angle, thicker pencils, or extra time to transition between classes. Modifications may include more time for work or tests, shorter assignments, allowing use of a keyboard for essays, etc.

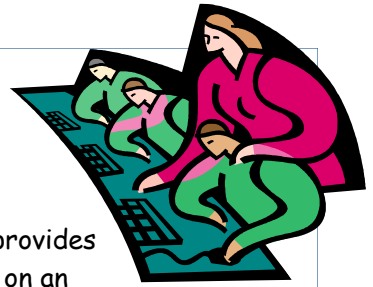
A comprehensive OT/PT evaluation involves reviewing all available records, classroom observation, conversations with teachers, a formal evaluation (norm-referenced or criterion-referenced), **and/or** an informal professional assessment. The latter may include an assessment of endurance, movement impairments, strength concerns, wheelchair mobility skills, and general restrictions in ability to keep up with peers in areas such as movement, play and environmental and curricular access. This component of the professional assessment is classified as informal because it is not standardized. Keep in mind; it is not required per IDEA that a standardized score be generated from the OT/PT evaluation process. Your evaluation should be multi-faceted, comprehensive, and educationally relevant, but the results need not be standardized (per IDEA).

As practitioners we are competent in the administration of assessments. As school-based practitioners we must be competent in the interpretation of results as relevant to educational performance. Be sure to choose an evaluation tool that generates information applicable to the educational environment. Assessing muscle tone to determine the origin of lack of stability or the presence of spasticity results in information that can be generalized to performance within the school setting. Administering the School Function Assessment, likewise, produces data that

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translates to the environment of function. Trapping a ruler against the wall 10 consecutive times generates information of no educational relevance.



Conducting a standardized, norm referenced assessment alone generally provides insufficient data. It is not enough to determine a student's performance on an assessment compared to a normative sample. It may be a useful tool but only if the results are interpreted with respect to curricular access or access skill relevance. Couple your formal assessment with classroom observation. The objective of your classroom observation may be to observe a student transitioning between classes, accessing the bathroom, accessing the cafeteria, observing posture/sitting tolerance within the classroom, observing general organization as related to sensory processing skills. It is the classroom environment that is paramount to a student's success. In order to fulfill your role as a school based therapist you must know what is happening in the classroom.

Formal assessments typically are classified as either norm-referenced or criterion referenced. Norm referenced assessments are usually tests of specific motor skills that may give the therapist insight into the child's strength or coordination, but are not necessarily important to classroom function. The child may never do well on the test, due to permanent handicapping conditions, but may be functioning quite well in the classroom.

Norm referenced assessments offer comparative information between an individual and a sample of other individuals. The score gives little functional information regarding what an individual actually can do. For example, a student with a diagnosis of cerebral palsy may never have efficient use of his hands. However, through the use of a switch activated Mercury or other Assistive Technology (AT) system, this student may be generating written output. The norm referenced assessment would only tell us that this student scores below the 1st percentile when compared with same aged peers.

Many students will never score above the 1st percentile on a norm referenced assessment. However if appropriate accommodations and modifications are made they may be functional within their special education programming. And therein lies the role of the school based evaluation - determining current level of function and determining accommodations/modifications to improve level of function.

It is often more appropriate to use criterion reference tests which look at functional activities, allowing the student to succeed using his own strategies or adaptations. For example, the student using the AT system would be evaluated performing functional activities with the AT system in place. A norm referenced assessment would still measure this student's performance in the 1st percentile, on measures of fine or gross motor skills. With the use of the AT system, a criterion referenced assessment would measure the improved functional performance. Of relevance to this student's education is his level of function, not how he compares to non-disabled, same aged peers.

Another benefit of criterion referenced assessments becomes evident during a staffing situation where a parent can be apprised of functional improvements their child has made. For most students with disabilities, their handicapping condition is permanent. Norm referenced assessments, administered multiple times over the course of a student's education, may not

measure improvements in motor function; whereas a criterion-referenced assessment will measure improvements in level of mastery on specific educational or self-help related criteria. Over time, it will measure the functional benefit of the accommodations and modifications that have been made.

Need for services - in this case OT or PT services - is determined in a very straightforward, though not quantifiable, manner. Per IDEA, a student is to receive occupational therapy or physical therapy services if a motor dysfunction is interfering with that student's ability to receive reasonable benefit from his/her education and/or is interfering with his/her ability to receive an appropriate education. There is no specific score a student must test below as an indicator of the need for services. In the absence of specific qualification criteria, school districts may have developed their own quantified criteria as an indication of need. Check with your special education director to see if these exist and what they are. The purpose of this article is only to discuss the requirements as outlined by IDEA.

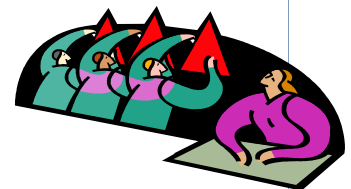
In conversations with many therapists this past year we've noted a common assumption that a student must score two standard deviations below the mean on a standardized assessment in order to be considered for physical therapy or occupational therapy services. Per IDEA, the "qualifying" criterion is simply the existence of an Individualized Education Plan (IEP). If a student in grades K - 12 has an IEP and presents with a motor dysfunction that interferes with his/her ability to receive a free and appropriate education (FAPE) then specialized intervention from the appropriate service provider is warranted.

Data generated by an OT/PT evaluation process, including recommendations by the evaluating therapist, serve as the foundation from which the staffing team determines whether these services are needed in order for a student to benefit from special education. Optimally the evaluation will serve to isolate the confounding influence a lack of motor-based skills may have on educational performance in terms of academic output or environmental access. However, it is not necessary that a student score two standard deviations below the mean on a standardized assessment in order to be considered for services per IDEA.

The idea of two standard deviations below the mean suggests that the student being assessed falls in the 5th percentile or below. In a normal distribution model 95 percent of the population will score between two standard deviations of the mean. Naturally a student who scores at the 5th percentile or below may present with motor dysfunction that significantly restricts his/her academic output or environmental access. However, IDEA does not mandate these quantified measures as the only method to determine need. In fact, the OT or PT evaluation should not just determine need or absence of need, but must also indicate educationally relevant, OT or PT related, functional performance levels that a student has or has not mastered.

The objective of the school based occupational or physical therapy evaluation is to determine the effect of motor related deficits on educational performance. It is the aspect of educational function, on its many levels, that drives the evaluation. We must ensure, as we administer assessments, that we keep the question of impact on **education** in the forefront of our minds.

The intent of this article is to outline requirements under IDEA. Check with your special education director for district-specific requirements.



NEW FACES

Introducing June Crenshaw, CDE Consultant for School Social Workers

The newest member of the CDE Exceptional Student Services Unit is June Crenshaw, School Social Worker Consultant. June will be supporting and advocating for School Social Workers in Colorado. One of her immediate goals is to establish regional meetings to address mental health and social/emotional issues impacting the education of Colorado students.

June spent ten years working as a School Social Worker with the Adams twelve Five Star Schools. Her role encompassed assessment, direct service, individual, group and classroom intervention, staff support and training, chairing child study and staffing teams, district mediation and Employees' Assistance Program (EAP). These services and more are just part of a School Social Worker's charge. Determining the varied responsibilities and leadership roles social worker are providing in their schools will assist CDE in planning for the future. June wants to hear from you about your school wide leadership roles in the areas of behavior and affective needs as well as positive student, family and staff supports. It's time to let our efforts be known.

June has been an elementary classroom teacher which has propelled her to support initiatives which link social workers with regular educators and specialists to enhance the social/emotional growth of Colorado students.

June's recent experience was on the twin research grant at the University of Colorado and early childhood consultation with the Boulder Mental Health Center. She is excited about returning to the public education arena and supporting students through the statewide network of School Social Workers. You can contact June at: (303) 866-6622 or by email at crenshaw_j@cde.state.co.us

New BEST Coordinator at CDE Introducing Amy McDiarmid

Amy McDiarmid, a doctoral student in the University of Denver's School Psychology program, has joined the CDE Behavior Learning Team as an Intern. Amy serves as the CDE contact person for the BEST teams throughout the state.

Currently, Amy has completed her coursework for the doctoral program and is working on her dissertation. Amy's dissertation topic deals with using traditional Taekwondo classes as an alternative character education program with middle school students to increase self-control behaviors. Amy has studied traditional Taekwondo for the past 17 years and is currently an assistant instructor and coach of the University of Denver Taekwondo Team. Amy hopes to propose her dissertation after the first of the year. Prior to beginning work at CDE, Amy was the University of Denver Psychoeducational Clinic Supervisor working with second year graduate students in obtaining interviewing, assessment and interpretation skills.

1st Positive Behavior Support (PBS) and BEST Symposium

The Colorado Department of Education recently organized and hosted the 1st Positive Behavior Support (PBS) and BEST Symposium on July 26 – 27th. This symposium was designed to increase the capacity of educators, administrators and parents to effectively implement research based practices, strategies and interventions to create safe and effective learning environments and maximize the academic and social competence of ALL students in Colorado.

The Colorado Department of Education was honored to welcome a variety of expert national presenters such as, Dr. George Sugai (Sustaining a Continuum of PBS: Strategies and Outcomes), Dr. Lucille Eber (A 6-Year Statewide Implementation of School-wide PBS: Process, Outcomes, Lessons Learned, and Next Steps), Dr. Richard Neel (Things to Change: Interventions Focused on Child and Their Environment), Dr. Anne Todd (Using Office Discipline Referral Data for Decision Making), and Dr. Judy Reaven (Anxiety Symptoms in Children with High-Functioning Autism Spectrum Disorders: Implications for Intervention). In addition, innovative local Colorado specialists in the area of behavior presented the following topics: motivation; PBS in an early childhood setting; parent and community involvement; classroom management and group dynamics; PBS principles for students with Autism; bully-proofing; and understanding and respecting diversity. All of the presenters provided new ideas and strategies that could be implemented to enrich the lives of our students in Colorado.

The 1st Positive Behavior Support (PBS) and BEST Symposium was attended by a group of approximately 700 educators, administrators and parents from Colorado. Some quotes from participants included: "Thank you once again for a truly professional, high-caliber training" and "Good presenters and the conference as a whole was well executed". The Symposium was a landmark in the history of serving students in Colorado through bringing BEST and PBS teams together to learn, to share and to collaborate for the first time.

OT
PT
APE

CONFERENCE

October 19, 2005*

SAVE THE DATE

October 19, 2005*
OT/PT/APE Conference
IDEA 2004

We are pleased to announce
Leslie Jackson, Med., OT/L
AOTA's Federal Affairs representative
Will present on IDEA '04

*Due to Ms. Jackson's limited availability,
we have moved the annual conference from
February 2006 to October 2005

INDUCTION TRAINING SURVEY FOR SPECIAL SERVICE PROVIDERS

Please respond to the following statements by circling the answer which accurately expresses your opinion.

1. My induction training enabled me to perform my job responsibilities more effectively.

Strongly Agree Agree Disagree Strongly Disagree NA

2. My induction training provided specific content knowledge and skills for the practice of my profession.

Strongly Agree Agree Disagree Strongly Disagree NA

3. My induction training provided a knowledgeable mentor to whom I could ask questions related to the performance of my job.

Strongly Agree Agree Disagree Strongly Disagree NA

4. My induction training was highly informative regarding the practices and procedures of my school and school district.

Strongly Agree Agree Disagree Strongly Disagree NA

5. My induction training provided ongoing professional development related to the practice of my profession.

Strongly Agree Agree Disagree Strongly Disagree NA

6. My induction training was consistent with the knowledge and practices I was taught in graduate/ undergraduate school.

Strongly Agree Agree Disagree Strongly Disagree NA

7. My induction training provided specific information about special education regulations related to my profession.

Strongly Agree Agree Disagree Strongly Disagree NA

8. My induction training consisted of multiple sessions over a period of several months/years in order that I could discuss actual situations which I encountered in the workplace.

Strongly Agree Agree Disagree Strongly Disagree NA

9. My induction training was helpful to the practice of my profession.

Strongly Agree Agree Disagree Strongly Disagree NA

I am a:

- a) school social worker
- b) school psychologist
- c) educational audiologist
- d) school nurse
- e) school counselor
- f) occupational therapist
- g) speech language pathologist
- h) physical therapist
- i) orientation & mobility specialist
- j) special services provider

Type of license:

- a) provisional, first year
- b) provisional, second year
- c) provisional, third year
- d) professional, one to three years of practice
- e) professional, four to six years of practice
- f) professional, seven or more years of practice

Comments:

Thank you for completing this survey. Please download and print this page and fax to Sharron at 303-866-6811. We will share the results with you in an upcoming issue of CDE Connections.



Positive Behavior Supports: A Framework to Support All Students

Colorado is on the map....the OSEP Positive Behavioral Interventions and Supports map that is. Due to the success of our Colorado PBS Initiative, examples of successes in our schools are included in national PBS presentations by Dr. George Sugai, Dr. Rob Horner and Anne Todd. On the national map of participating PBS states, Colorado “blinks” as an exemplar state.

The Behavior Learning Team and the Prevention Initiatives Unit teamed with school districts and university partners in 2002 to create a vision to establish positive, predictable learning environments for all Colorado students. The response has been extremely positive and this year we have increased from 137 schools to 274 schools in 31 school districts.

The initial “New Team” training focuses on systems change at the school-wide or universal level. Building level teams meet monthly to define clear positive expectations for students and determine how they will be taught and positively acknowledged in all school settings. Using discipline data for decision making is also a critical component as they identify particular problem behaviors or locations within the building and respond in a consistent and effective manner. Teams are encouraged to engage families and community partners in all phases of implementation.

While this approach is successful for 80-90% of the students, targeted group interventions (specialized interventions for learners who are at-risk for academic or social failure) and intensive individualized supports for students with chronic/intense behavior challenges are necessary for 10 -20 % of the students. At this point teams begin to analyze individual student behavior and identify the “theme” or communicative intent behind the problem behavior. Students can then be matched to available interventions to meet their needs in an appropriate manner. A student who does not get assignments written in his planner may have a “check in/check out” with an adult who can prompt and monitor his success in this area. A student who needs adult attention may have the opportunity to be a teacher assistant or join an after school club of interest. Social skills and anger management groups may be other options or the school may develop an after school homework club.

A more extensive Functional Behavioral Assessment (FBA) may need to be completed on students with the most challenging needs. The team will then identify specific teaching goals, interventions and supports to help these students learn new skills and increase appropriate behavior in all school setting.

This is the focus of training for our experienced PBS teams in their second or third year. These interventions are identified through a Competing Pathway Analysis. This collaborative process helps define the essential features of problem behavior and identify proactive strategies to modify environmental variables and support student behavior change. The team follows eight steps which are frequently presented in a visual flow chart format (See multiple examples on www.cde.state.co.us/pbs in the presentation for the Traumatic Brain Injury Conference). Actually the process is quite simple to teach, create and implement and has application for a wide range of behaviors which interfere with successful participation in school, home and the community.

1. The first step is to clearly define the problem behavior in observable terms.
2. Next, using information from the brief or intensive FBA, determine what typically happens before the problem behavior is observed: predictors or antecedents.
3. Now, use your knowledge of “function of behavior” and determine what typically happens after a problem behavior is observed: the maintaining consequences.
4. Using information gathered about the student’s medical, psychological and family background, determine what events, conditions or activities (setting events) increase the likelihood of the behavior. This is a critical time to get input from family members, counselors, medical personnel

(Continued on page 16)

(Continued from page 15)

and others working with the student.

5. Now that you have analyzed the problem behavior, what is the desired behavior you would like the student to demonstrate?
6. If the student or classroom peers engage in this behavior, what is the typical consequence?
7. Since the child is clearly not demonstrating the behavior at this point in time, determine what would be an acceptable alternative or replacement behavior that the student could perform that meets the same outcome or maintaining consequence as the problem behavior.

The last step is to identify intervention strategies that decrease the likelihood of problem behavior and increase the newly identified replacement behavior for each of the 4 identified components: setting events, predictors, teaching and reinforcement/consequences.

In the classroom setting one example might be as follows: John (1) throws his math paper on the floor when (2) teacher ask him to complete independent work which (3) allows him to avoid failure as he is asked to leave the group. The teacher is aware that John (4) has a more difficult time on days he is tired and hasn't slept well or has not had his medication. She would really like John (5) to complete his assignment quietly and (5) earn his points toward a good grade like the rest of the class. But she realizes that if John was (6) able to indicate in some way that he needed help, then he would be able to (7) avoid failure in a more proactive and appropriate manner.

What (8) strategies can the team develop to increase the replacement behavior and make the problem behavior inefficient and irrelevant? To minimize the impact of John's ADHD and sleeping problems (Setting Events), the team will work with mom to have a back and forth book (or a morning voice mail for an older child) to alert the staff he had a rough night or is out of meds. A person may be the "check in/ check out" contact that greets John and spends 5 -10 minutes talking about strategies and supports available if he needs help. To address the predictor or antecedent the teacher could use a "help card" or signal and cues so the class could let her know if someone needs help. At that point the students have the option of pairing up to do the assignment. John may need some support to develop these new skills and teaching strategies during small group or individual time with a school psychologist or social worker.

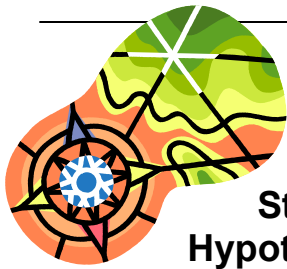
Application of the Competing Pathway Model goes beyond addressing specific behavior problems in the classroom setting. Individual student support teams can use this analysis for students who are consistently tardy for class, have a high rate of incidents in non-classroom settings (lunchroom, restroom) or who respond poorly to changes in schedules or routines. Social workers and mental health personnel can work collaboratively with school teams to minimize the academic and social challenges students with ADHD, anxiety and depression face on a daily basis by identifying specific strategies and teaching roles to increase a student's ability to ask for help or to use relaxation or calming strategies. Itinerant staff in OT/PT, Speech/Language or vision/hearing services can provide expertise on predictor and antecedent strategies to minimize the impact of a child's disability and to increase academic and social competence.

Another important application is working with families to support student behavior at home by pinpointing "sticky situations" and assisting parents to identify triggers for problem behaviors.

The Positive Behavior Support Coaches are working with Kiki Mc Gough and Jessica Krueger from CDE and Shirley Swope from PEAK as they present "*Behavior Change is a Family Affair*", a three hour Saturday class where parents will map out a behavior change plan using the competing pathway model. Six sessions will be scheduled this fall throughout Colorado for families and staff working together to promote positive behavior and consistency in home and school environments.



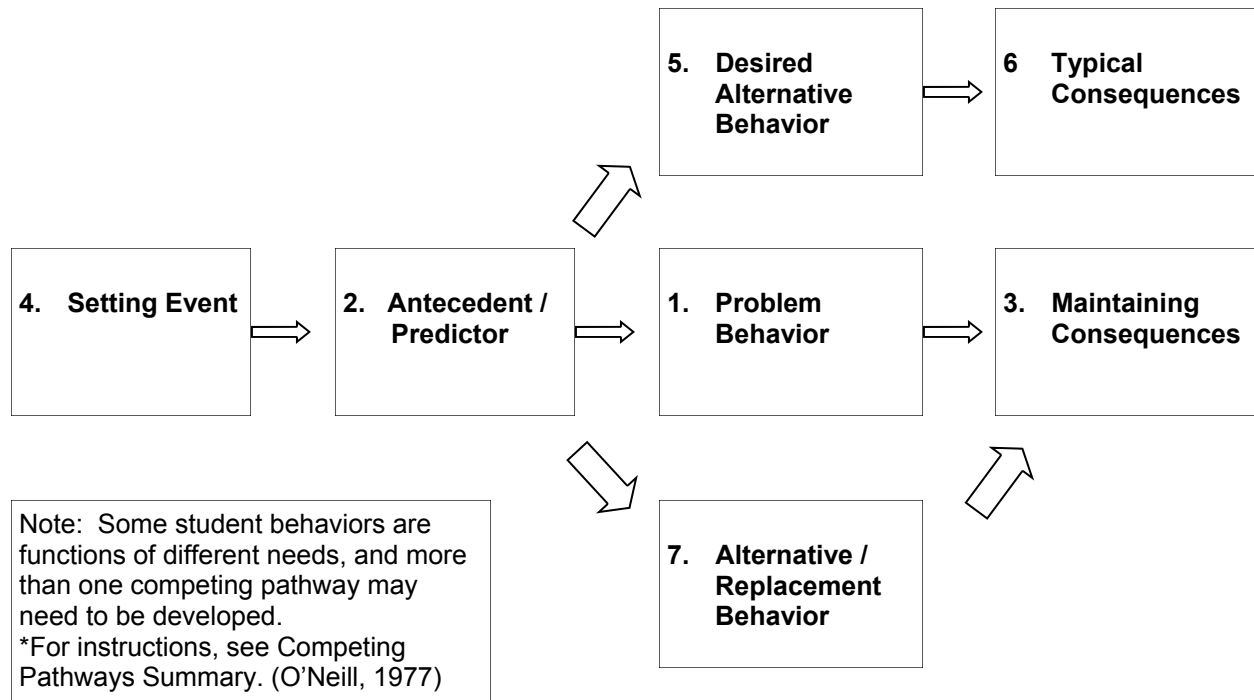
Please contact Kiki Mc Gough, PBS Coordinator at (303) 866-6768 or mcgough_k@cde.state.co.us for additional information on the Colorado School-wide PBS Initiative or use of the Competing pathway Model. Visit our PBS website at www.cde.state.co.us/pbs where we have posted our PBS and Competing Pathway Model presentations.



Competing Pathways Diagram, Part 1

Student:
Hypothesis Statement:

Date: 0/00/04



RESOURCES

Articles for APEs - Adapted Physical Educators, are you in need of activity ideas for students with severe, profound, or multiple disabilities? Access the article entitled: *Activity Ideas for Students with Severe/Profound/Multiple Disabilities*, by Christina Stopka, Ann Goodman, and Claudia Siders at: <http://www.palaestra.com/featurestory.html>

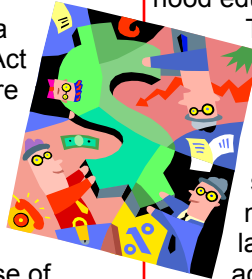
National Early Childhood Transition Center (NECTC) Web Site - NECTC's mission is to examine factors that promote successful transitions between infant/toddler programs, preschool programs, and public school programs for young children with disabilities and their families. Its primary objective is to investigate and validate practices and strategies that enhance the early childhood transition process and support positive school outcomes for children with disabilities. The web site includes a searchable database of transition research, policy, and practice. The web address is: <http://www.ihdi.uky.edu/nectc>

HOUSE EDUCATION COMMITTEE APPROVES LOAN FORGIVENESS FOR SCHOOL-BASED SLPs

The House Education & the Workforce Committee completed consideration of a bill reauthorizing the Higher Education Act (HEA). Included in the 200+ page bill are provisions identifying school-based speech-language pathologists as a profession of national need and priority for loan forgiveness. H.R. 609, The College Access & Opportunity Act, is expected to be considered by the full House of Representatives sometime during the week of July 25th. The Senate is expected to take up this legislation sometime in the fall.

Setting the precedent of recognizing school-based SLPs as a profession of national need under HEA has been one of the top objectives of ASHA's 2005 Public Policy Agenda. ASHA lobbyists will continue to work with House and Senate leaders to promote other measures within HEA to help recruit and retain qualified SLPs and audiologists in schools.

ASHA lobbyists pushed hard for the inclusion of both audiologists and SLPs in H.R.609. However, the committee believes that the U.S. Department of Education has not collected the necessary data to determine if and to what extent persistent shortages of audiologists exists in our nation's schools. Complicating the inclusion of audiologists is determining their status as full-time employees of local school districts (as opposed to contracted private employees) and if the need is comparable to other professions such as nurses, early child-



hood educators, and school-based SLPs.

The intent of the provision is to attract and retain new professionals in school-based speech-language pathology. If enacted in its current form, the provisions of H.R.609 would forgive up to \$5,000 of a student's loan after: 1) obtaining, at a minimum, a master's degree in speech-language pathology from an accredited academic program; 2) meeting the Medicare criteria for a qualified SLP provider (i.e., successfully completed a clinical fellowship and national exam); and 3) having been full-time employed for 5 consecutive school years. Finally, this individual would have to be a "new borrower" after the enactment date of the HEA reauthorization. ASHA lobbyists are seeking clarification that a "new borrower" applies to individuals who are beginning their master's degree studies and not to incoming undergraduates.

The loan forgiveness program would be run through the existing Graduate Assistance in Areas of National Need (GAANN) program at the U.S. Department of Education. To learn more about the GAANN program, the Department of Education maintains a Frequently Asked Questions Web page available at <http://www.ed.gov/programs/gaann/faq.html> (new window). For more information or questions, please contact Neil Snyder, ASHA's Director of Federal Advocacy, via email at nsnyder@asha.org or by phone at 800-498-2071, ext. 4257.

Continuing Education ACVREP Credit for O&M Specialists

If you have access to the internet, you'll soon be able to get credit for as much as 5-10 hours of ACVREP-approved continuing education any time of day or night, from anywhere! The AER O&M Division Professional Development Committee is requesting some of the presenters from our O&M Division Conference in New Orleans to provide written material and/or links to augment the recording of their session on our AER web site, as well as a quiz to test the knowledge of the listeners. Those who pass the quiz will get a certificate indicating they have obtained ACVREP-approved credits.

For more information, contact Professional Development Committee Co-Chairs Eileen Sifferman (520) 742-4169 / ESifferman@aol.com or Dona Sauerburger (301) 858-0138 / sauerburger@mindspring.com.

Reminder: Recordings of most of the sessions from the 2003 AER O&M Division Conference are available FOR FREE on the AER web site in the "Members Only" section! Go to www.aerbvi.org and get on the "members-only" section and enjoy!

WEDNESDAY, OCTOBER 19, 2005

**“The IDEA 2004 - Implications for Occupational Therapists,
Physical Therapists and Adapted Physical Educators”**

The Doubletree Hotel 3203 Quebec Street, Denver, CO 80207
303-321-3333

Lodging: Participants will make their own hotel reservations and secure with a credit card.
The conference rate of \$99 is offered until September 28.

Registration Form: Registration is on a first-come, first-served basis; our conference room space is limited. If your registration is accepted, you will **receive a confirmation by EMAIL ONLY!!**

REGISTRATIONS MUST BE RECEIVED BY OCTOBER 7TH!!

Late registrations will not be accepted and there will be no on-site registrations. There are no registration refunds once an individual has been accepted as a participant of the conference. Each participant will earn 8.0 Contact Hours of CEUs for full attendance of training

Please make **check** or **money order PAYABLE TO SSM CONSULTING**

Mail Registration and Payment to: Sharron Fieber, CDE, Room 300,
201 E Colfax, Denver, CO 80203

Please print neatly and complete the entire form. Your EMAIL CONFIRMATION, name tag and certificate of attendance will be derived from this form. THANKS!

*“The IDEA 2004 - Implications for Occupational Therapists,
Physical Therapists and Adapted Physical Educators” - October 19, 2005*

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE _____ HOME PHONE _____

School District or Agency _____ EMAIL _____

Please indicate your profession for the CDE mailing database for school OT/PT/APEs

___ APE ___ COTA ___ OT ___ PTA ___ PT

Payment must be made with a check or money order to SSM CONSULTING __\$65.00

**REQUESTS FOR ACCOMMODATIONS MUST BE RECEIVED BY OCTOBER 1st.
NO EXCEPTIONS!**

_____ Sign Language Interpreter _____ Vegetarian Meal _____ Other



**Announcing:
Colorado Society of School Psychologists
Conference
October 6-8, 2005
At the Vail Cascade Resort and Spa
Vail, Colorado**

Colorado Society of School Psychologists will be hosting their 2005 Annual Conference entitled Taking Care of Business...and Ourselves, on October 6-8, 2005. Don't miss this wonderful opportunity to attend an all day workshop by nationally renowned speaker Dr. George Sugai, Professor at the University of Connecticut and the co-director of the Technical Assistance Center on Positive Behavior Interventions and Supports. Dr. Sugai has authored numerous books, chapters, and articles on improving behavioral supports for all children and has been working directly with CDE for several years with Colorado's School-wide Positive Behavior Supports Initiative. Other invited speakers include the Keynote speaker, Dr. Bill Jenson, chair of the department of educational psychology at the University of Utah in Salt Lake City. As the author of the Tough Kids Tool Box series, Dr. Jenson has provided an array of useful information on effective practices in education with research in academic interventions, parent training, and practical classroom management techniques for students with severe behavioral concerns.

Held at the newly renovated Vail Cascade Resort and Spa, the Conference promises a comfortable atmosphere while providing timely presentations designed to meet current demands and challenges facing school psychologists. Professionals in other educational roles including administrators, special educators, teachers, and mental health professionals will also find the CSSP Conference well worth their time. General topics will include evidence based practices and response to interventions, role and practice of a problem solving school psychologist, executive functions and concepts, differentiated instruction, supporting behavioral needs for individual students, current assessment trends and much more. You won't want to miss this great opportunity for professional growth, social interaction, and personal relaxation!

For more information go to the CSSP website at www.cssponline.org or contact Lynne DeSousa, Conference Facilitator at desousal@thompson.k12.co.us or Michelle Malvey, CSSP President at Michmalvey@comcast.net. Early registration ends September 8th.

HOTEL RESERVATIONS

Make your Hotel reservations by contacting the Vail Cascade Resort at (800) 420-2424. Please mention "CSSP Conference" to receive discounted room rate of \$105 (plus tax).



WHAT IS SWAAAC?

Assistive technology (AT) is any tool that helps people to function more effectively at home, school, work and play. In the schools, AT ranges from simple low tech modifications or accommodations such as a pencil grip or paper holder to more sophisticated technology including computers and screen readers. For some students with disabilities, AT is the lifeline that provides them with equal access to information and learning in the classroom and in the world. The Individuals with

Disabilities Education Act (IDEA) of 2004 requires that assistive technology be provided by the schools to children who need it to receive a free and appropriate education. It must be considered by the team during the development of the Individual Education Plan (IEP) or the Individual Family Services Plan (IFSP).

Over twenty years ago, the Colorado Department of Education, Exceptional Student Services Unit, recognized the importance of assistive technology and established school-based assistive technology teams, referred to as SWAAAC. In 1997, CDE contracted with Assistive Technology Partners (ATP) at the University of Colorado and Health Sciences Center to provide support to the SWAAC teams. Through this collaboration, SWAAC teams receive:

- access to an AT loan bank with over one and a half million dollars worth of AT equipment to try with students before purchasing,
 - technical assistance and support
 - significantly discounted attendance at the annual assistive technology collaborative conference,
 - numerous resource materials around assistive technology including information sheets, training packages, and resource guides which assist SWAAAC members in evaluations, recommendations of AT, funding, and follow-up training and implementation,
 - a network of professionals in the community to assist in problem-solving,
 - several annual trainings provided by nationally recognized leaders in the fields of speech language, occupational and physical therapy,
 - a collaborative and unified group of professionals to address system wide changes in assistive technology at the state level,
- meetings three times a year (with travel expenses paid by CDE) to network with other AT professionals and expand technical and clinical skills regarding assistive technology

The acronym SWAAAC originally had only two "A's" and stood for Statewide Augmentative, Alternative Communication teams. As the field has grown, the name and role of the SWAAAC team members expanded to include all assistive technology. Consequently a third A (for AT) was added. The SWAAAC model has been evolving since its inception in 1983. There are currently 539 SWAAAC team members and 67 teams throughout the state of Colorado. These teams provide expert, multi-disciplinary Assistive Technology services to enable students with disabilities full access and participation in all educational opportunities. The SWAAAC model looks a little different in each district. In some districts, there may be SWAAAC team members whose entire job is assistive technology. In others, AT services are provided by the school team. SWAAAC teams serve as valuable resources to the school staff, parents, and students.

To find a SWAAAC team member for a particular district, visit the SWAAAC web site at www.swaaac.org or call Assistive Technology Partners at the University of Colorado and Health Sciences Center at 303-315-1280.



Best Practice Makes Perfect!

Ensuring Student Success through School Social Work

*13th Annual Colorado
School Social Work Institute*

October 14-15, 2005
*Beaver Run Resort
Breckenridge, CO*

Sponsored by:

Colorado School Social Work Committee—NASW
Colorado Department of Education,
Roche Colorado Corporation

Please contact June Crenshaw if you need additional registration forms or information. You may reach her by E-mail, crenshaw_j@cde.state.co.us or by phone at (303) 866-6622.

O&M Publication Manuscripts Wanted - The ***O&M Division Research and Publications Committee*** is interested in receiving submissions of manuscripts for possible publication by the O&M Division's ***Hill Publications***.



The Committee encourages new publications related to O&M and reviews and publishes these manuscripts through the O&M Division's Hill Publications. We hope to assist prospective authors with the process of developing a good idea and successfully getting it published.

If you have an idea for possible O&M-related publication, contact the Chair of the committee: Rob Wall, COMS: Robert.wall@wmich.edu or call: 269-387-3072. Fax: 269-387-3567.

School Counselor News

School Counselor News

Colorado School Counselor Association Presents Education Trust Training on the National Model

The Colorado School Counselor Association presented its first ever Summer Institute for school counselors. It was held June 13-15 at the University of Colorado, Colorado Springs Campus. The Education Trust, an independent nonprofit organization dedicated to promoting school reform and high academic achievement for all students, provided the training for the event. This is the first time in Colorado that the Education Trust has collaborated with the school counselor professional organization to provide intensive training on the National Model for School Counseling. Approximately ninety-five school counselors attended the event including the entire counseling staff of Pueblo District 60.

In June 2003, the Education Trust and MetLife Foundation established the National Center for Transforming School Counseling (NCTSC). This new Center continues the work supported by the Dewitt Wallace-Reader's Digest Fund and MetLife Foundation to ensure school counselors across the country are trained and ready to help ALL groups of students reach high academic standards. The formation of this Center comes at a critical time as states, districts, and schools are raising standards and implementing accountability systems. The NCTSC is a nation-wide network of organizations, state departments of education, school counselor professional associations, institutions of higher education and school districts currently involved in the transforming school counseling initiative. Through the center, the networked sites form a community of influence to transform the field of school counseling into a force for promoting standards-based education reform. According to Reese House, Director of the new National Center for Transforming

School Counseling, "This new Center will arm practicing school counselors with the data and knowledge to lead schools efforts to raise achievement of all students and close the gap between groups once and for all."

Due to the overwhelming success of its first institute, CSCA is gearing up to present a second Summer Institute in the summer of 2006. The next trainings will be on two-tracks: one for counselors who have had the first training and one for beginners. Be watching the CSCA website (www.cosca.org) for more details as they become available.

American School Counselor Association and Bridges.com Offer Webinars on the National Model

The ASCA/Bridges Webinar Series offers educators a variety of engaging 60- to 90-minute webinars organized into four learning tracks:

- The ASCA National Model
- More Motivated Students
- More Students with Meaningful Future Plans
- Graduation Rate/Test Prep Improvement

What is a Webinar?

Webinar is short for Web-based seminar – just like an in-person seminar, except participants view the presentation through their Web browsers and listen through their telephone. Interactivity is a key feature; you can give, receive and discuss information. The Fall Webinar Series runs from Sept. 26, 2005, through the end of November. The Spring Webinar Series runs from Feb. 28, 2006, through April 28, 2006. The Webinar Series gives you the chance to earn IACET-approved CEUs from ASCA – from the comfort of your own office. ASCA members receive discounted pricing. Go to www.schoolcounselor.org for the webinar course list and more information.

Upcoming Events

September 29-October 1- Colorado Academy of Audiology, Beaver Run Resort, Breckenridge. Kristina English, Ph.D. and other presenters. Contact: CAA, P.O. Box 33365, Northglenn, CO 80233.

October 14 and December 9 - 2005 Speech-Language Advisory Council Fall Meetings, The Burnsley Hotel, 1000 Grant St., Denver, CO. Contact Karen Kelley at Kelly_k@cde.state.co.us or Melissa Chaffin chaffin_m@cde.state.co.us

October 14-15 - Occupational Therapy Association of Colorado Annual Conference
Go to www.otacco.org for registration information

October 14-15 - School Social Work Institute - "Best Practice Makes Perfect! Ensuring student success through school social work" Beaver Run Resort, Breckenridge, CO Contact: Kelli Roark, (303) 866-6669

October 19: OT/PT/APE Conference—
<http://www.cde.state.co.us/cdesped/RSS-main.asp>

October 21-23 - Colorado Symposium on Deafness, Language and Learning - Audiology Pre-session. Beaver Run Resort, Breckenridge, CO. Contact Jon Vigne at jvigne@cscdb.org or (719) 578-2177.
10 a.m. - Noon: John Christianson, Gallaudet University, Topic: Cochlear Implants,
1-5p.m.: Jeanne Kinkaid, Esq. Topic: Case Law and Legal Issues

October 28 - Fall Colorado Speech/Language and Hearing Assn. (CSHA) "Children Apraxia of Speech: Assessment and Treatment"
www.cshassoc.org For information call Kathy Boada - (303) 861-6212

November 16 - Colorado Educational Audiology Meeting Topic: Adolescent Social-Emotional Issues by Robert Baldwin, Ph.D. 12:30-4 p.m. Cherry Creek School district Training Center (SARC), 14188 E. Briarwood Ave.

November 18-20 - The Annual American Speech-Language and Hearing Assn. (ASHA) Convention "Using Evidence to Support Clinical Practice" San Diego, CA
www.asha.org

December 1-3 - Getting in Touch with Literacy -(conference specific to literacy of learners with visual impairments) Denver, CO
Contact: www.gettingintouchwithliteracy.org

January 13-14, 2006 - APTA Pediatrics Section Conference Providing Physical Therapy in Schools under the IDEA CU- Denver and Health Sciences Center, Fitzsimons Campus. Go to www.jfkpartners.org/workshops.asp for registration information

January 17, 2006 - Colorado Educational Audiology Meeting, 9-4p.m. Topic: HA/FM Verification Procedures. Sponsored by Phonak: contact: Cheryl Johnson, CDE, 303-866-6960, johnson_c@cde.state.co.us

January 27-28, 2006 - The Metro Speech-Language Symposium and Pre-Conference "2006: A New Bag of Tricks" Co-Chairs, Marla Watkins marla.watkins@dcsdk12.org and Amy Simmons Grimm asimmons@mail.ccsd.k12.co.us



CDE Connections Consultants

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