

Linking school professionals who support student achievement



## Connections Winter 2006

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Connections, Winter 2006

## New Study Confirms Need for School Mental Health Services

By Jo Anne Gearhart, Editor

The U.S. Department of Health and Human Services, under the auspices of the Substance Abuse and Mental Health Administration Services, has recently published a report (November, 2005) based on a comprehensive survey of mental health services in the nation's public schools. The report, *School Mental Health Services in the United States, 2002-2003*, provides the **first national survey ever undertaken** of school-supported mental health services. A representative sample of approximately 83,000 public schools across the United States provided survey results.

Some of the significant results reported in the survey were that on average, one-fifth of all students receive some type of school-supported mental health service during the school year. The most frequent mental health problem for students at all levels was "social, interpersonal or family problems." The spectrum of concerns ranged from relatively mild such as adjustment issues, to significant behavior problems such as bullying, to serious psychiatric and developmental disorders. Especially noteworthy was the fact that over two-thirds of the schools reported increased need for school mental health services. At the same time, about one-third of the schools indicated that funding for school mental health services had actually decreased and forty percent of schools reported that funding had remained the same in the face of increased demand. Over two-thirds of the schools reported that the greatest barrier to providing more services was the competing priorities for funding, specifically for academic achievement.

For school counselors, school nurses, school social workers and school psychologists, these findings are hardly news. The report just seems to acknowledge what these professionals have experienced for years. Early prevention and intervention efforts make a huge difference for children. "Taking action to address childhood mental health problems now can save lives, especially when school personnel work with parents to identify children and intervene appropriately before they develop significant problems," said SAMHSA Administrator Charles Curie, summarizing the report. Our greatest hope for is that all children will have ready access to appropriate school mental health services. Children's school success, including their academic achievement, depends on it.

## **MAINTENANCE OF CERTIFICATION IN SPEECH- LANGUAGE PATHOLOGY [HTTP://WWW.ASHA.ORG/ ABOUT/MEMBERSHIP-CERTIFICATION/ CERTIFICATION/](http://www.asha.org/about/membership-certification/certification/)**

Demonstration of continued professional development is mandated for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology. This standard will take effect on January 1, 2005. The renewal period will be three years. This standard will apply to all certificate holders, regardless of the date of initial certification.



### **Implementation**

Individuals who hold the Certificate of Clinical Competence (CCC) in Speech-Language Pathology must accumulate 30 contact hours of professional development over the 3-year period in order to meet this standard. Individuals will be subject to random review of their professional development activities.

If renewal of certification is not accomplished within the 3-year period, certification will lapse. Re-application for certification will be required, and certification standards in effect at the time of re-application must be met.

Continued professional development may be demonstrated through one or more of the following options:

- Accumulation of 3 continuing education units (CEUs) (30 contact hours) from continuing education (CE) providers approved by the American Speech-Language-Hearing Association (ASHA). ASHA CEUs may be earned through group activities (e.g., workshops, conferences), independent study (e.g., course development, research projects, internships, attendance at educational programs offered by non-ASHA CE providers), and self-study (e.g., videotapes, audiotapes, journals); or
- Accumulation of 3 CEUs (30 contact hours) from a provider authorized by the International Association for Continuing Education and Training (IACET); or
- Accumulation of 2 semester hours (3 quarter hours) from a college or university that holds regional accreditation or accreditation from an equivalent nationally recognized or governmental accreditation authority; or
- Accumulation of 30 contact hours from employer-sponsored in-service or other continuing education activities that contribute to professional development.

Professional Development is defined as any activity that relates to the science and contemporary practice in Audiology, Speech-Language Pathology, and Speech, Language and Hearing sciences, and results in the acquisition of new knowledge and skills or the enhancement of current knowledge and skills. Professional Development activities should be planned in advance and based on an assessment of

knowledge, skills and competencies of the individual and/or an assessment of knowledge, skills, and competencies required for the independent practice of any area of the professions.

For the first renewal cycle, beginning January 1, 2005, applications for renewal will be processed on a staggered basis, determined by initial certification dates. For individuals initially certified before January 1, 1980, professional development activities must be initiated after January 1, 2005, and completed by December 31, 2007; for individuals initially certified between January 1, 1980, and December 31, 1989, professional development activities must be initiated after January 1, 2006, and completed by December 31, 2008; for individuals initially certified between January 1, 1990, and December 31, 1999, professional development activities must be initiated after January 1, 2007, and completed by December 31, 2009; and for individuals initially certified between January 1, 2000, and December 31, 2004, professional development activities must be initiated after January 1, 2008, and completed by December 31, 2010. All individuals will have a 3-year period to complete the process for renewal of certification.

#### **ACTIVITIES FOR WHICH ASHA CEUs ARE NOT INTENDED**

The following activities are *not* intended for [ASHA CEUs](#). While these activities may be judged worthwhile learning experiences, they do not meet the criteria established for the CEU by the [International Association for Continuing Education and Training \(IACET\)](#) nor do they meet the [requirements of the ASHA CEB](#) to qualify as activities to be offered for ASHA CEUs.

**Association membership and leadership activities.** Holding membership or serving in some leadership capacity in an association or society does not qualify.

**Committee/board meetings.** Participation in committee or board meetings or activities does not qualify.

**Business meetings.** Meetings to discuss business, make policy, develop procedures, discuss association/organizational management, develop long-range plans, etc., do not qualify.

**Some meetings, conventions, exhibitions.** Meetings, conventions, and exhibitions that attract large numbers of participants, involve different activities, and are conducted primarily for information-sharing purposes generally do not qualify for CEUs. Planned learning activities within such events that meet the CEB requirements are eligible for CEUs.

**Work experience.** On-the-job training and other work experience does not qualify for CEUs unless the work experience is structured as part of a planned and supervised continuing education experience that meets the CEB requirements. To be considered continuing education and be eligible for ASHA CEUs, the activity content and learning outcomes must be related to the sciences as they pertain to speech-language pathology, audiology, speech/language/hearing sciences, and/or the contemporary practice of speech-language pathology and audiology. Activity content and level must be beyond that required for initial certification by ASHA in the professions and contribute to the acquisition of new skills and knowledge.

**Entertainment and recreation.** Attendance at cultural performances, or at entertainment or recreational activities does not qualify unless these events are an integral part of a planned activity that meets the CEB requirements.



**Travel.** Travel or participation in a travel study program does not qualify, unless the educational component of the travel study program meets the CEB requirements.

**Unsupervised study.** Individual, self-paced study, or other form of independent learning experience not planned, directed, and supervised by an [ASHA Approved CE Provider](#) does not qualify.



## ***O&M NEWS***



AER and ACVREP have jointly produced an Orientation and Mobility (O&M) study guide to assist O&M Specialists in preparation for the ACVREP O&M certification exam, which is one of the required components for obtaining initial certification as COMS (the exam may also be used for points towards recertification for current COMS). The study guide was prepared by Diane, L. Fazzi, Ph.D, COMS.

During the summer of 2005, the final review of the O&M Study Guide was completed and it is now ready for publication. Individuals needing the study guide to prepare for the O&M exam can order a copy through AER (contact Lorna Frazier-Linsey at 877-492-2708 Ext. 202 or [Lornafl@aerbvi.org](mailto:Lornafl@aerbvi.org)).

***COLORADO DEPARTMENT OF EDUCATION  
ACCEPTING APPLICATIONS FOR  
SOCIAL WORK/MENTAL HEALTH SR. CONSULTANT***

This Senior Consultant position will provide leadership and coordination for School Social Work, Mental Health Services and Behavior interventions in Colorado.

Interested applicant may obtain a Colorado Department of Education Employment Application at our website: [www.cde.state.co.us/cdemgmt/HR/jobs.htm](http://www.cde.state.co.us/cdemgmt/HR/jobs.htm).

**All materials submitted should be current and specifically address the qualifications for this position.**

Closing date for this position is February 28, 2006.

## **Colorado Futures in School Psychology Project: “RTI is For Behavior Too!”**

**Cathy Lines and Francie Crepeau-Hobson,  
CSSP Futures Chairs, and Barb Bieber, CDE**

The Colorado Futures in School Psychology Project is designed to support school psychologists along with other related services providers in adapting to new and expanded professional roles in response to requirements in NCLB and IDEA 2004. The Futures Project is overseen by a collaborative advisory group composed of school psychology leaders representing regions across Colorado, CSSP, university trainers and CDE.

After receiving a Sliver Grant from CDE during the 2004-2005 school year, the Futures Project initially surveyed school psychologists and special education directors from across the state to determine their professional development priorities. As a result, the Futures Grant enlisted Dr. Frank Gresham, a national expert in Response to Intervention, to present five regional RTI trainings around the state during Spring, 2005 (RTI was a key request on the needs assessment).

Now in the second year of CDE funding, the Futures Project is utilizing data collected last year along with a new survey. These results have led to a focus on social/emotional/behavioral interventions.

Preliminary fall survey results (with approximately 50% of the responses tabulated) indicate that the following behaviors are of the most concern to Colorado school psychologists: motivation and task completion, oppositional and defiant behaviors, aggression, impulsivity, and disruption. Training requests include progress monitoring, anger management, cognitive-behavioral interventions and data management. Final results will be sorted by region and trainings tailored to meet specific needs in each region.

Other activities of the Futures Project include networking among regional psychologists, posting CSSP website resources for our “future” roles in schools, and serving as state educational leaders in operationalizing IDEA '04.

For more information, you can consult the CSSP website under FUTURES.

### **Announcement—O & M Mobility Conference**

The 2006 Orientation and Mobility Conference sponsored by CDE, CAER, Insights Inc., and CSDB will take place April 6-8<sup>th</sup> 2006 on the CSDB campus in Colorado Springs. Conference topics will be Orientation and Mobility techniques for pre-schoolers and sensory integration strategies. The conference is restricted to Colorado O&M Specialists. For more information, contact Tanni Anthony at [anthony\\_t@cde.state.co.us](mailto:anthony_t@cde.state.co.us)

# *NO EMOTION LEFT BEHIND*

BY TIMOTHY P. SHRIVER AND ROGER P. WEISSBERG

Published: August 16, 2005 in the New York Times

The debate over education reform has tended to divide children's learning along two axes, the emotional and the academic. Either we can address children's academic performance, the conventional thinking holds, or we can address their emotional and social needs. Before No Child Left Behind comes up for reauthorization in 2007, we'd like to deliver some important news: The two kinds of learning are intimately connected. That means that promoting students' social and emotional skills plays a critical role in improving their academic performance.

Social and emotional learning is the process through which children learn to recognize and manage emotions. It allows them to understand and interact with others, to make good decisions and to behave ethically and responsibly. The best social and emotional learning programs engage not only children, but also their teachers, administrators and parents in providing children with the information and skills that help them make ethical and sensible decisions - to avoid bullying, for instance, or to resist pressures to engage in destructive or risky behavior, such as substance abuse. When they are well designed and executed, such programs have consistently achieved these goals, turning out students who are good citizens committed to serving their communities and cooperating with others.

Recent studies, however, have revealed something even more exciting about these programs. Along with Joseph Durlak, a Loyola University psychologist, one of us (Roger Weissberg) recently conducted the largest-ever quantitative analysis, encompassing more than 300

research studies on this subject. The results, which will be presented later this week for the first time, show that social and emotional learning programs significantly improve students' academic performance. The review shows, for example, that an average student enrolled in a social and emotional learning program ranks at least 10 percentile points higher on achievement tests than students who do not participate in such programs. Moreover, compared with their counterparts outside of these programs, social and emotional learning students have significantly better attendance records; their classroom behavior is more constructive and less often disruptive; they like school more; and they have better grade point averages. They are also less likely to be suspended or otherwise disciplined.

The numbers vindicate what has long been common sense among many teachers and parents: that children who are given clear behavioral standards and social skills, allowing them to feel safe, valued, confident and challenged, will exhibit better school behavior and learn more to boot.

This simple observation is of monumental importance as we attempt to improve our country's public schools. We don't have to choose between academic achievement and the development of character. Rather, we should concentrate on both. No Child Left Behind has created greater accountability in American education, but it is inadequately financed, it fails to effectively address the needs of special education students, and its assessment standards for all children are far too narrow. A truly effective new law should

include benchmarks for social and civic learning.

One state, Illinois, has blazed a path in this regard. There is a social and emotional learning component to the Illinois State Learning Standards, and the state's school districts now incorporate such programs into their curriculums. Federal legislation should follow that lead. The new law should also include provisions for conducting systematic classroom assessments of children's social and emotional growth.

What we now understand about the role of social and emotional learning in academic learning should lead us to dramatic action, but it builds on common wisdom. Good teachers know that they can't sacrifice one part of a child for another. Now they have the figures to prove it. The time has come for policy makers to help restore balance to our nation's classrooms and, in so doing, to help American children achieve their fullest potential.

*Timothy P. Shriver is the chairman of the Collaborative for Academic, Social, and Emotional Learning and of the Special Olympics. Roger P. Weissberg is a professor of psychology and education at the University of Illinois at Chicago and president of the collaborative.*

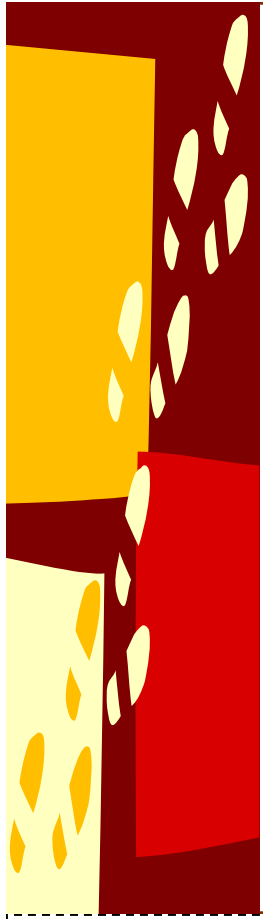
## New Website



The U.S. Association of Blind Athletes (USABA), a member organization of the United States Olympic Committee, is pleased to announce the launch of their newly designed website.

“The professional look gives USABA members, past and present, an impression we all can be proud of.” said Mark Lucas, Executive Director. The site, developed by Kaneshiro Production & Design, includes an introductory page in which images of athletes will change often. It also will highlight current elite athletes from past Paralympic Games or World Championships. Once in the site, all pages are directed to an interior home page, like the table of contents page of a book. USABA sports calendars, sports adaptations or other pertinent information also is included in each section.

To visit the new website go to [www.usaba.org](http://www.usaba.org)



## STATE SPECIAL EDUCATION OUTCOMES: STEPS FORWARD IN A DECADE OF CHANGE

A new report from National Center on Educational Outcomes (NCEO) summarizes NCEO's tenth survey of state directors of special education. The report offers a snapshot of the new initiatives, trends, accomplishments, and emerging issues as states document the academic achievement of students with disabilities during standards-based reform. For the first time in the 14 years NCEO has been collecting data, NCEO reports that the number proficiency on state accountability tests is increasing. Most states now have at least three years of trend data and enough evaluation data to be able to attribute increased proficiency to several positive efforts by schools and districts. At least half of the states credited the positive trends to the following six factors: (1) Clearly communicated participation policy; (2) Better alignment of Individual Education Plans (IEPs) with standards; (3) Improved professional development; (4) Development and provision of accommodation guidelines and training; (5) Increased access to standards-based instruction; and (6) Improved data collection. All states report documenting accommodations use on test day. Updates on alternate assessments show continued evolution in various aspects, from the approach itself, to the content, setting of standards, and the scoring criteria that are used. Forty-five states offer an alternate assessment based on alternate achievement standards.

<http://education.umn.edu/nceo/OnlinePubs/2005StateReport.htm>

### Change of Address

Dear Connections,  
Please update your mailing list with the information listed below: Addresses are maintained for potential mailings by specific disciplines. **PLEASE TYPE OR PRINT NEATLY.** Thanks

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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>





## Special Education Directors Respond to Personnel Shortages Survey

By Karen L. Kelly, Supervisor/Speech-Language Consultant

Many thanks to the Special Education Directors who responded to the October, 2005 statewide email survey regarding personnel shortages. This survey was developed to gather data regarding the current and anticipated personnel shortages among special education and related services staff across the state. The questionnaires, which were co-designed by the State Improvement Grant Director, Cyndi Boezio, and the Related Services Consultants in the Exceptional Student Services Unit (ESSU), were returned by 48 of the 58 administrative units (83%) and analyzed by Andrej Birjulin, senior consultant in the ESSU. Table 1 illustrates the **current unfilled positions** shown in descending order based on the percent of total reported unfilled openings across all disciplines. These shortages are in addition to the number of service providers who were reported to be obtained through local and national contract agencies.

**Table 1. Current unfilled positions**

Discipline	Percent of Total Unfilled Positions
Paraeducator (Special Education only)	60.4%
Mild/Moderate Needs, Resource, Generalist Teacher	8.2%
Speech-Language Pathologist	8.0%
School Psychologist	3.2%
Educational Interpreter	3.0%
Teacher of Students with Emotional Disturbance/SIED	2.6%
Occupational Therapist	2.4%
Significant Support Needs Teacher	2.3%
Teacher of Deaf/Hard of Hearing Students	2.0%
School Nurse	1.7%
Other	1.1%
Orientation and Mobility Specialist	0.9%
Other	0.9%
Adaptive Physical Educator	0.7%
Physical Therapist	0.5%
Teacher of Blind/Visually Impaired Students	0.5%
Certified Occupational Therapy Assistant	0.4%
School Counselor	0.4%
Speech-Language Pathologist Assistant	0.3%
School Social Worker	0.2%
Assistive Technology Specialist	0.1%
Audiologist	0.1%
Braillist	0.0%
Physical Therapy Assistant	0.0%

Directors were also asked to report **anticipated vacancies for 2006-07** due to retirements, new positions, non-renewals, re-organization, etc. Table 2 illustrates that almost three-fourths (73.3%) of the total anticipated vacancies statewide will involve four disciplines: special education paraeducators, mild/moderate/ generalist teachers, speech-language pathologists and school psychologists. This information will be useful to the CDE SIG director in efforts to maximize the impact of ongoing state improvement grant activities related to the recruitment and retention of paraeducators and speech-language pathologists. Specifically, special education directors anticipate needing an additional 328 paraeducators, 168 generalist special education teachers, 102 speech-language pathologists and 43 school psychologists. This information will be shared with Department Chairs at state institutions of higher education as well as coordinators of degree programs for these disciplines.

**Table 2. Anticipated vacancies for 2006-07**

Discipline	Percent of Total Anticipated Openings
Paraeducator (Special Education only)	37.4%
Mild/Moderate Needs, Resource, Generalist Teacher	19.2%
Speech-Language Pathologist	11.7%
School Psychologist	5.0%
Significant Support Needs Teacher	4.1%
School Social Worker	3.0%
Other	2.7%
Teacher of Students with Emotional Disturbance/SIED	2.7%
School Nurse	2.3%
Educational Interpreter	2.2%
School Counselor	1.6%
Occupational Therapist	1.6%
Speech-Language Pathologist Assistant	1.2%
Teacher of Deaf/Hard of Hearing Students	1.2%
Teacher of Blind/Visually Impaired Students	1.1%
Certified Occupational Therapy Assistant	0.6%
Physical Therapist	0.6%
Audiologist	0.5%
Other	0.5%
Adaptive Physical Educator	0.5%
Orientation and Mobility Specialist	0.3%
Assistive Technology Specialist	0.1%
Physical Therapy Assistant	0.1%
Braillist	0.0%

Related service team members were also interested in determining the extent of the shortage within each discipline. A third analysis revealed the percentage of **current shortage within each specific discipline** (percentage of unfilled to filled positions) and these data are illustrated in Table 3 below.

**Table 3. Current shortage within each discipline**

Discipline	(Unfilled/Filled)	Percent of Total Positions
Orientation and Mobility Specialist	(3.3/17)	16.3%
Educational Interpreter	( 10.6/96.7)	9.9%
Adaptive Physical Educator	(2.6/28.5)	8.4%
Paraeducator (Special Education only)	(213.1/2561)	7.7%
Certified Occupational Therapy Assistant	(1.5/20.1)	6.9%
Teacher of Deaf/Hard of Hearing	(7.0/117.2)	5.6%
Speech-Language Pathologist	(28.4/612.1)	4.4%
Occupational Therapist	(8.5/195.1)	4.2%
Other	(3.8/89.6)	4.1%
Teacher of Emotional Disturbed/SIED	(9/223.5)	3.9%
Physical Therapist	(1.9/49.3)	3.7%
Teacher of Blind/Visually Impaired	(1.8/55.3)	3.2%
Significant Support Needs Teacher	(8/259.5)	3.0%
School Nurse	(6/205.7)	2.8%
School Psychologist	(11.2/437.7)	2.5%
Speech-Language Pathologist Assistant	(1/43.6)	2.2%
Assistive Technology Specialist	(.5/25.6)	1.9%
Mild/Moderate Needs, Resource, Generalist	(29.1/1620.4)	1.8%
Other	(3/200.2)	1.5%
Audiologist	(.5/33.8)	1.5%
School Counselor	(1.5/527.9)	0.3%
School Social Worker	(.6/285.2)	0.2%
Braillist	(0/13.5)	0.0%
Physical Therapy Assistant	(0/26.9)	0.0%

Directors' suggestions regarding solutions to personnel shortages included "grow your own" programs, on-line endorsement opportunities, sign-on bonuses and salary incentives (much cheaper than paying a contracted agency), advertising out of state (particularly in Michigan, Ohio, Florida and Oregon), as well as payment or reimbursement for moving expenses, professional dues, and professional development or career ladder opportunities.

The Related Services team at CDE and the State Improvement Grant Director will refer to this information as we develop and implement aggressive recruiting and retention initiatives across the state and at the national level. Activities currently under consideration include recruiting at state and national conferences, development of brochures and printed materials to disseminate to institutions of higher education, recruiting at job and career fairs, and ongoing investigation of the constraints and barriers faced by local educational agencies in their efforts to hire highly qualified special education staff. If you have ideas to share or would like to assist in this effort please contact Karen L. Kelly at [Kelly\\_k@cde.state.co.us](mailto:Kelly_k@cde.state.co.us).

## BEST & PBS Fall Regional Trainings

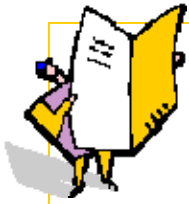


The CDE Behavior Learning Team recently organized and hosted the Behavior Evaluation and Support Team (BEST) and School-wide Positive Behavior Support (PBS) Fall Regional Trainings. These trainings were held regionally in the Northeast Region (November 2<sup>nd</sup>), Metro Region (November 3<sup>rd</sup>), Colorado Springs Region (November 4<sup>th</sup>) and Western Slope Region (November 8<sup>th</sup>). These trainings were designed to support teams in building behavioral capacity within their districts or BOCES. Previously, CDE has provided regional trainings that addressed school-wide and classroom interventions as well as

mental health interventions to support students with challenging behaviors that interfere with academic success.

Two local experts in Data Driven Dialogue, Sandra Berman LaFrance and Tonya Poe, were presenters. Participants in these trainings learned the Data-Driven Dialogue process and how to apply this collaborative process to their team data. The training was highly interactive and prepared team members to lead and support data discussions in their districts or buildings.

The BEST & PBS Fall Regional Trainings were attended by a group of approximately 250 educators and administrators from across the state. The Fall Regional Trainings were a collaborative effort between BEST and PBS to provide educators with a process for data based decision making that can be generalized to all data and aligns with both response to intervention and progress monitoring.



## Announcing a Series of Fast Facts on Evidence Based Practices

In order to provide resources to assist school psychologists, school social workers and other related services personnel in providing best practices in interventions, the Colorado Department of Education has researched and produced a series of “Fast Facts,” describing evidence based practices regarding student mental health issues. These Fast Facts are designed to assist related services providers by having a ready reference of programs and/or services that are proven to meet student’s needs within specific problem areas.

According to the No Child Left Behind Act of 2001, scientifically-based research is ... research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs.” As such, Evidence-Based Practice (EBP) is the use of practices, interventions, and treatments which have been proven, through data based research, to be effective in improving outcomes for individuals when the practice is implemented with fidelity.

There are many questions that must be answered before a program and/or practice is determined to be research based. The following are examples of a few of the important questions:

- Has the practice demonstrated effectiveness in several research studies using different samples, at least one of which is comparable to the population of the school or region in question?
- Is the practice feasible, e.g., can it be used in different formats, is it cost-effective and is training available?
- Is there sufficient information, including a manual, for the practice? Are key components clearly laid out?
- Is the practice based on clear and well-articulated theory?
- Does the practice have associated methods of ensuring fidelity (consistency of delivery of the intervention over time)?
- Can the practice be evaluated?
- Does the practice address cultural diversity and different populations?

The first Fast Facts in this mental health series include an Introduction to Evidence Based Practices, Social Skills, Behavior, Anger Management and Bully proofing. In each area there are examples of researched programs along with information on the publisher, the type of intervention and the target population. In addition, information is provided on the type of research conducted as well as the research sample so that comparisons can be made to the group being served.

This series is available on the CDE website and is listed under Evidence Based Practices in the Topics Index. A link is also included on the School Psychology Home Page. Additional topics will soon be available.

Position Statement Regarding  
**Mental Health Issues and Students With Disabilities**  
Respectfully Submitted by the  
Colorado Special Education Advisory Committee - July 2005

### Background

During the 2002-2003 school year, parents across the state brought concerns to the forefront of our agenda regarding mental health issues and its impact on students ability to achieve and otherwise benefit from their education. This committee responded by: 1) designating a subcommittee to broadly review the issues related to mental health issues and its impact on educational services; and 2) establishing a position statement to raise the level of awareness and concern among professionals including school district administrators, legislators, and policy makers serving and supporting youth.

### Summary of Concerns

Cutbacks in state funding have resulted in fewer students and families having access to necessary mental health services, including outpatient, day treatment, and residential services. As a result, public schools are educating many students with very significant mental health issues whose needs may be beyond the capacity of local districts. Zero tolerance policies adopted by many school districts following Columbine also impact students with disabilities. Although safe schools must remain the highest priority, there is major concern that many students, including those with mental illness and those with developmental disabilities who exhibit challenging behaviors are not provided

positive behavior supports or other preventative interventions. This lack of support results in them being at higher risk for suspensions, expulsions, and other punitive, exclusionary consequences, as well as for clinical mental illness.

### We strongly recommend:

- ☞ An alignment with and between child and youth service agencies, including school districts to better coordinate existing services.
- ☞ Advocacy for the restoration of funding to community mental health centers, county human services departments, and school districts.
- ☞ Readily accessible community based mental health service and support, including day treatment and residential treatment services for at risk students and families.
- ☞ Consistency across all Colorado school districts in implementing state and federal regulations regarding mandated proactive/preventative educational strategies including:
  - ☞ Developing behavior support plans for students with disabilities also at risk for suspension and expulsion.
  - ☞ Providing counseling and skills teaching to parents.
  - ☞ Providing direct mental health services within schools for students with challenging emotional and behavioral needs.
  - ☞ Providing ongoing professional development for all educators.



# Responding to Natural Disasters

## Helping Children and Families Information for School Crisis Teams

By: Philip J. Lazarus, NCSP, Florida International University  
Shane R. Jimerson, NCSP, University of California, Santa Barbara  
Stephen E. Brock, NCSP, California State University, Sacramento

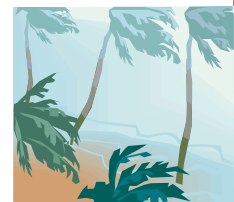
Natural disasters can be especially traumatic for children and youth. Experiencing a dangerous or violent flood, storm, or earthquake is frightening even for adults, and the devastation to the familiar environment (i.e., home and community) can be long lasting and distressing. Often an entire community is impacted, further undermining a child's sense of security and normalcy. These factors present a variety of unique issues and coping challenges, including issues associated with specific types of natural disasters, the need to relocate when home and/or community have been destroyed, the role of the family in lessening or exacerbating the trauma, emotional reactions, and coping techniques.

Children look to the significant adults in their lives for guidance on how to manage their reactions after the immediate threat is over. Schools can help play an important role in this process by providing a stable, familiar environment. Through the support of caring adults school personnel can help children return to normal activities and routines (to the extent possible), and provide an opportunity to transform a frightening event into a learning experience.

Immediate response efforts should emphasize teaching effective coping strategies, fostering supportive relationships, and helping children understand the disaster event. Collaboration between the school crisis response team and an assortment of community, state, and federal organizations and agencies is necessary to respond to the many needs of children, families, and communities following a natural disaster. Healing in the aftermath of a natural disaster takes time; however, advanced preparation and immediate response will facilitate subsequent coping and healing.

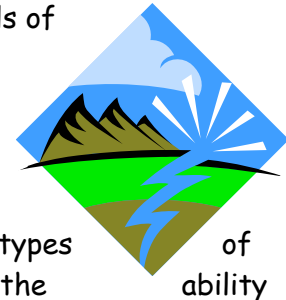
### Issues Associated with Specific Disasters

**Hurricanes.** Usually hurricanes are predicted days to weeks in advance, giving communities time to prepare. These predictions give families time to gather supplies and prepare. At the same time, however, these activities may generate fear and anxiety. Although communities can be made aware of potential danger, there is always uncertainty about the exact location of where the hurricane will impact. When a hurricane strikes, victims experience intense thunder, rain, lightning, and wind. Consequently, startle reactions to sounds may be acute in the months that follow. Among a few children



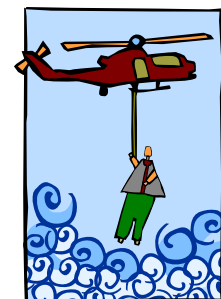
subsequent storms may trigger panic reactions. Immediate reactions to hurricanes can include emotional and physical exhaustion. In some instances children may experience survivor guilt (e.g., that they were not harmed, while others were killed or injured). Research indicates that greater symptomatology in children is associated with more frightening experiences during the storm and with greater levels of damage to their homes.

Earthquakes. Aftershocks differentiate earthquakes from other natural disasters. Since there is no clearly defined endpoint, the disruptions caused by continued tremors may increase psychological distress. Unlike other natural disasters (e.g., hurricanes and certain types of floods), earthquakes occur with virtually no warning. This fact limits the ability of disaster victims to make the psychological adjustments that can facilitate coping. This relative lack of predictability also significantly lessens feelings of controllability. While one can climb to higher ground during a flood, or install storm shutters before a hurricane, there is usually no advance warning or immediate preparation with earthquakes. Survivors may have to cope with reminders of the destruction (e.g., sounds of explosions, and the rumbling of aftershocks; smells of toxic fumes and smoke; and tastes of soot, rubber, and smoke).



Tornadoes. Like earthquakes, tornadoes can bring mass destruction in a matter of minutes, and individuals typically have little time to prepare. Confusion and frustration often follow. Similar to a hurricane, people experience sensations during tornadoes that may generate coping challenges. It can be difficult to cope with the sights and smells of destruction. Given the capricious nature of tornadoes, survivor guilt has been observed to be an especially common coping challenge. For instance, some children may express guilt that they still have a house to live in while their friend next door does not. In addition, a study following a tornado that caused considerable damage and loss of life revealed significant associations between children's disturbances and having been in the impact zone, been injured, and having experienced the death of relatives.

Floods. These events are one of the most common natural disasters. Flash floods are the most dangerous as they occur without warning; move at intense speeds; and can tear out trees, destroy roads and bridges, and wreck buildings. In cases of dam failure the water can be especially destructive. Research has reported that many children who survive a destructive flood experience psychological distress. The two most significant predictors of impairment are the degree of disaster exposure and perceptions of family reactions. Sensations that may generate coping challenges include desolation of the landscape, the smell of sludge and sodden property, coldness and wetness, and vast amounts of mud. Most floods do not recede overnight, and many



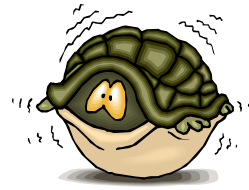


residents have to wait days or weeks before they can begin the cleanup.

Finally, it is important to acknowledge that although natural disasters may last for only a short period, survivors can be involved with the disaster aftermath for months or even years. In attempts to reconstruct their lives following such a natural disaster, families are often required to deal with multiple people and agencies (e.g., insurance adjustors, contractors, electricians, roofers, the Red Cross, the Federal Emergency Management Agency (FEMA), and the Salvation Army).

### **Possible Reactions of Children and Youth to Natural Disasters**

Most children will be able to cope over time with the help of parents and other caring adults. However, some children may be at risk of more extreme reactions. The severity of children's reactions will depend on their specific risk factors. These include exposure to the actual event, personal injury or loss of a loved one, dislocation from their home or community, level of parental support, the level of physical destruction, and pre-existing risks, such as a previous traumatic experience or mental illness. Symptoms may differ depending on age but can include:



**Preschoolers**—thumb sucking, bedwetting, clinging to parents, sleep disturbances, loss of appetite, fear of the dark, regression in behavior, and withdrawal from friends and routines.

**Elementary School Children**—irritability, aggressiveness, clinginess, nightmares, school avoidance, poor concentration, and withdrawal from activities and friends.

**Adolescents**—sleeping and eating disturbances, agitation, increase in conflicts, physical complaints, delinquent behavior, and poor concentration.

A minority of children may be at risk of post-traumatic stress disorder (PTSD). Symptoms can include those listed above, exhibited over an extended period of time. Other symptoms may include re-experiencing the disaster during play and/or dreams; anticipating or feeling that the disaster is happening again; avoiding reminders of the disaster; general numbness to emotional topics; and increased arousal symptoms such as inability to concentrate and startle reactions. Although rare, some adolescents may also be at increased risk of suicide if they suffer from serious mental health problems like PTSD or depression. Students who exhibit these symptoms should be referred for appropriate mental health evaluation and intervention.

### **Immediately Following a Natural Disaster: Information for School Crisis Teams**

Identify children and youth who are high risk and plan interventions. Risk factors are outlined in the above section on children's reactions. Interventions may include individual counseling, small group counseling, or family therapy. From group crisis interventions, and by maintaining close contact with teachers and parents, the school crisis response team

can determine which students need supportive crisis intervention and counseling services. A mechanism also needs to be in place for self-referral and parental-referral of students.



Support teachers and other school staff. Provide staff members with information on the symptoms of children's stress reactions and guidance on how to handle class discussions and answer children's question. As indicated, offer to help conduct a group discussion.

Reinforce that teachers should pay attention to their own needs and not feel compelled to do anything they are not comfortable doing. Suggest that administrators provide time for staff to share their feelings and reactions on a voluntary basis as well as help staff develop support groups. In addition, teachers who had property damage or personal injury to themselves or family members will need leave time to attend to their needs.

Engage in post-disaster activities that facilitate healing. La Greca and colleagues have developed a manual for professionals working with elementary school children following a natural disaster. Activities in this manual emphasize three key components supported by the empirical literature: (a) exposure to discussion of disaster-related events, (b) promotion of positive coping and problem-solving skills, and (c) strengthening of children's friendship and peer support. Specifically:

Encourage children to talk about disaster-related events. Children need an opportunity to discuss their experiences in a safe, accepting environment. Provide activities that enable children to discuss their experiences. These may include a range of methods (both verbal and nonverbal) and incorporate varying projects (e.g., drawing, stories, audio and video recording). Again provide teachers specific suggestions or offer to help with an activity.

Promote positive coping and problem-solving skills. Activities should teach children how to apply problem-solving skills to disaster-related stressors. Children should be encouraged to develop realistic and positive methods of coping that increase their ability to manage their anxiety and to identify which strategies fit with each situation.



Strengthen children's friendship and peer support. Children with strong emotional support from others are better able to cope with adversity. Children's relationships with peers can provide suggestions for how to cope with difficulties and can help decrease isolation. In many disaster situations, friendships may be disrupted because of family relocations. In some cases parents may be less available to provide support to their children because of their own distress and their feelings of being overwhelmed. It is important for children to develop supportive relationships with their teachers and classmates. Activities may include asking children to work cooperatively in small groups in order to enhance peer support.

Emphasize children's resiliency. Focus on their competencies in terms of their daily life

and in other difficult times. Help children identify what they have done in the past that helped them cope when they were frightened or upset. Tell students about other communities that have experienced natural disasters and recovered (e.g., Miami, FL and Charleston, SC).

Support all members of the crisis response team. All crisis response team members need an opportunity to process the crisis response. Providing crisis intervention is emotionally draining. This is likely to include teachers and other school staff if they have been serving as crisis caregivers for students.



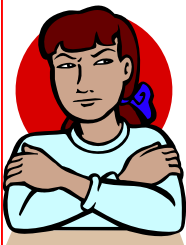
Secure additional mental health support. Although more than enough caregivers are often willing to provide support during the immediate aftermath of a natural disaster, long-term services may be lacking. School psychologists and other school mental health professionals can help provide and coordinate mental health services, but it is important to connect with community resources in order to provide such long-term assistance. Ideally these relationships would be established in advance.

#### Important Influences on Coping Following a Natural Disaster

**Relocation.** The frequent need for disaster survivors to relocate creates unique crisis problems. For example, it may contribute to the social, environmental, and psychological stress experienced by disaster survivors. Research suggests that relocation is associated with higher levels of ecological stress, crowding, isolation, and social disruption.

**Parent's Reactions and Family Support.** Parents' adjustment is an important factor in children's adjustment, and the adjustment of the child in turn contributes to the overall adjustment of the family. Altered family functions, separation from parents after natural disaster, and ongoing maternal preoccupation with the trauma are more predictive of trauma symptomatology in children than is the level of exposure. Thus, parents' reactions and family support following a natural disaster are important considerations in helping children's cope.

**Emotional Reactivity.** Preliminary findings suggest that children who tend to be anxious are those most likely to develop post-trauma symptomatology following a natural disaster. Research suggests that children who had a preexisting anxiety disorder prior to a natural disaster are at greater risk of developing PTSD symptoms.



**Coping Style.** It is important to examine children's coping following a natural disaster because coping responses appear to influence the process of adapting to traumatic events. Research suggests that the use of blame and anger as a way of coping may create more distress for children following disasters.

## Long-Term Effects

Research suggests that long term difficulties following a natural disaster (e.g., PTSD), are most likely to be seen among children who experienced any of the following:



- ☞ Had threats to their physical safety.
- ☞ Thought they might die during the disaster.
- ☞ Report that they were very upset during the disaster.
- ☞ Lost their belongings or house as a result of the disaster.
- ☞ Had to relocate in the aftermath.
- ☞ Attended schools following the disaster that had multiple schedule changes, double sessions or a lot of disruptions.

Consequently, crisis response team members need to identify students who experience these risk factors and closely monitor their status. These students may require long-term coping assistance.

For further information on helping children cope with crises and for a list of references for this article, visit <http://www.nasponline.org/>.

## Getting Back to Basics For the OT, PT, and APE Practitioner

By Sandra Meagher

This second article in the “Getting Back to Basics” series comes from questions submitted to Leslie Jackson, AOTA’s (American Occupational Therapy Association) federal affairs representative and the keynote speaker at the October 19th CDE Conference. Many conference attendees submitted questions regarding Section 504. This article details Section 504 as a civil rights law and describes the implementation of Section 504 in a public school setting.

Section 504 of the Rehabilitation Act of 1973 is a federal civil rights law designed to protect the rights of individuals with disabilities. Specifically it prohibits

organizations and employers who receive financial assistance from any federal department or agency from excluding individuals with qualifying disabilities from participating in or having access to program services. Public schools receive funding from the federal government, therefore Section 504 of the Rehabilitation Act applies to the public school environment.

Section 504 of the Rehabilitation Act of 1973 and the IDEA (Individuals with Disabilities Education Act) are the major legislative acts guiding the practice of OTs, PTs, and APEs within public schools. Special education is governed through the IDEA. Its purpose is to ensure a free and appropriate public

education (FAPE) to students with special education qualifying disabilities. Providing an individualized education plan (IEP) is a means of Section 504 compliance. Since the IDEA governs the IEP process we do not discuss special education in terms of Section 504. The development of a 504 plan is always in the context of regular education students. No student would have both a 504 plan and an IEP. Compliance with the IDEA results in compliance with Section 504 of the Rehabilitation Act.

In the absence of an IEP, to be protected under Section 504, a student must be determined to: 1.) Have a physical or mental impairment that substantially limits one or more major life activities. 2.) Have a record of such an impairment, or 3.) Be regarded as having such an impairment. Section 504 requires that school districts provide a free and appropriate public education to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities. (34 CFR sec/ 104.3 (j) (1))

Major life activities include functions such as caring for one's self, walking, writing, learning, breathing, performing manual tasks, seeing, hearing, speaking, working and even broader issues like emotional illness... Keep in mind, however, that the limitation of a major life activity, due to disability, must have relevance to the educational environment. The relevance need not be directly related to a limitation in learning, but it must be related to an inability to receive a free and appropriate education, due to the impairment. An evaluation process, conducted by the school, determines whether a student qualifies for services or accommodations under Section 504: Formal testing is not required. The evaluation process refers to a collection of information from a variety of sources. If a determination

is made that a student's disability substantially limits a major life activity and confounds access to FAPE, then a 504 plan is developed to document necessary accommodations in order for that student to access FAPE.

In some school districts direct occupational therapy or physical therapy services have been included on a 504 plan. This determination is made at the district level. Some districts choose to provide related services on a consultative basis. The determination of specific services and accommodations under a 504 plan is made at the district level. This determination is made after the evaluation process, which must first determine that the student in question does indeed have an impairment, or has been regarded as having an impairment which substantially limits one or more life activities. Typically, weaknesses in performance areas such as motorplanning, visual motor integration, sensory processing, etc., do not qualify as impairments that substantially limit a major life activity, resulting in the denial of FAPE. Naturally, exceptions to this general guideline may arise. Once again, the determination is made at the district level after an evaluation process.

Never forget that Section 504 of the Rehabilitation Act of 1973 is a civil rights law. It was developed to protect the community of people with disabilities who, due to an impairment or disabling condition, may not otherwise have been able to access programs and services funded, in part or whole, by the federal government. The integrity of this act is upheld through a meaningful evaluation process. Please consult with your district 504 coordinator for information related to the specific district you serve. Additional information including frequently asked questions can be found at [www.ed.gov](http://www.ed.gov).



## **Colorado School Social Work Committee**

In Affiliation with the Colorado  
Chapter of the NASW,  
CDE, and AGS Publishing



***Save The Date!***

**Friday, February 17, 2006**

BASC-2/VINELAND-2

**Presented by: Beth Doll, Ph. D.  
Professor of School Psychology, University of Nebraska**

**For School Social Workers  
And  
School Psychologists**

**Location: District 50—Westminster  
Exact Location To Be Announced**

**\*\*Registration information to follow at a later date\*\***

# Social Work News

## Social Work News

By Heather Hotchkiss

### 13th Annual School Social Work Institute Update:

Best Practices Makes Perfect! Ensuring Student Success through School Social Work - was the theme for this year's institute. It took place in Breckenridge at the beautiful Beaver Run Resort and Conference Center. The keynote speakers and breakout sessions were all very informative and motivating. For more information on the sessions and some of the presentations, please visit our website at [www.cde.state.co.us/ssw](http://www.cde.state.co.us/ssw).

### FYI from CDE...

June Crenshaw, School Social Worker Consultant at CDE - Exceptional Student Services Unit, has resigned her position and to pursue some personal interests (Editor's note: CDE wishes her well and thanks her for her time with us!).

Upcoming Events: A statewide training on administering the BASC - 2 and Vineland -2 will be held on Friday, February 17, 2006 in District 50, Westminster (Please see flyer in this newsletter). The workshop will be free. A Continental Breakfast will be provided by the Colorado School Social Work Committee and lunch will be provided by CDE. School Psychologists will also be invited to attend. The presentation by Beth Doll, Ph.D., University of Nebraska, includes information about the BASC-2 and the Vineland-2 and its components, scoring, interpretation and intervention applications. More information and the registration form will be mailed out soon.

**School Social Work makes a difference and it makes sense.** School social workers provide a systemic approach to addressing the behavioral and social/emotional needs of students and their families. School Social Work services and supports positively impact student achievement. Early detection and intervention is imperative. As we move to the Response to Intervention (RtI) model, the challenges for School Social Workers are 1) to clearly articulate and align our services along a full continuum of supports, taking into consideration assessment, prevention and intervention; 2) the progress monitoring of our services and sharing the outcomes with families and educators; and, 3) demonstrating the impact that school social work services have on academic achievement through data collection. Social Workers are up for this challenge to increase their visibility in areas of leadership and educational support in our schools.

Mark Your Calendars!

**The School Social Work Association of America conference is coming to DENVER in 2008! April 3-5, 2008 Keep watching for more details!**

**Update and Request for Information:**

The CDE list serve for School Social Workers should be up and running this month. If you have not done so already, please send this information to Kim Hubbard, [hubbard\\_k@cde.state.co.us](mailto:hubbard_k@cde.state.co.us) and please include your position and E-mail address. Our goal is to ensure that all Colorado school social workers are on the listserv.

Thank You!

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# School Counselor News

## School Counselor News

Submitted by Jo Anne Gearhart, CDE Consultant for School Counselors

### **CALLING ALL SCHOOL COUNSELOR EFFICACY STUDIES IN COLORADO!**

In light of the increased awareness and emphasis on the school counselor's role in promoting academic achievement and post-secondary education, I am asking that all school counselors and school counselor supervisors to help me collect a databank of studies that prove the effectiveness of school counselor programs in Colorado. I need research studies using hard, empirical data rather than testimonials or anecdotal data. The reason for providing a central repository for these efficacy studies is that several important education advocacy groups are asked for such information. We need to begin collecting our own data now that many school counselors and districts are implementing comprehensive school counselor standards and programs. I cannot emphasize enough the critical importance of these studies. Please contact me at [gearhartjm@yahoo.com](mailto:gearhartjm@yahoo.com) or call me at Broomfield High School (303-447-5374) or home (303-438-5661). Thanks for all you do for school counselors!



### **PARA TRAINING**

The Exceptional Student Services Unit is proud to bring *ParaReading* from Sopris West and a Math Academy from the PAR<sup>2</sup>A Center to Colorado. These two opportunities for paraeducator training will be offered in all 8 regions with all materials, instructor fees, and 1 university credit hour for FREE!! Please contact Adena Miller for more information:

303.866.6698

[miller\\_a@cde.state.co.us](mailto:miller_a@cde.state.co.us)



## PCD Criteria Committee

The Perceptual Communicative Disorders (PCD) Criteria Committee is made up of 20 very committed individuals representing the following perspectives: Special Education Director, Early Childhood, English Language Acquisition, Twice Exceptional (Gifted/LD), Post-Secondary, IHE, Parent/Advocate, CSEAC, Principal, School Psychologist, Speech/Language, PC (LD) Specialists. (Recommendations for group membership had been solicited from all Directors of Special Education.)

The group met for three full days in the fall and the following is a sampling of topics/research/information addressed through readings, presentation and professional dialogue (structured processes): national and state historical perspectives; legal language: IDEA 2004, proposed federal regulations, ECEA, and current Colorado Rules; IQ/achievement discrepancy; Response to Intervention; state and district examples of LD criteria (alternatives to IQ/achievement discrepancy); identification of specific criteria across examples; cases for and against the inclusion of evidence of cognitive processing deficits in eligibility criteria.

During the last meeting, the group identified the common criteria found across examples and had considerable dialogue around the pros and cons of **requiring evidence of processing deficits**. **At the conclusion of the session, each participant documented their current thinking as to criteria essential to eligibility in Colorado.**

Most responses indicated that the following should be included in the new PCD/LD eligibility criteria:

- **Skill deficit** (compared to peers)
  - **Slow/inadequate rate of learning**
  - **Lack of response to research-based interventions (RTI)** -- sometimes included inadequate rate of learning
  - **Exclusionary factors** (other disabilities; environmental, cultural, or economic disadvantage, etc.)
- ← Sometimes grouped together under "dual discrepancy"

**Processing Deficits** (Some responses included specific contextual information or clarification, such as: processing deficits would be identified through the RTI process and/or referenced as part of a body of evidence; assessment for processing deficits would be targeted as indicated by area of learning difficulty; etc.)

One response included the following statement:

"A 'professional judgment' qualifier statement should be included, especially when reviewing the young student 3-7 years of age.

**NEXT STEPS FOR CRITERIA COMMITTEE:**

- Review the context for the new criteria (IDEA 2004; proposed federal regulations, current ECEA Rules, etc.)
  - Further conversation as to the specific implications, ramifications for inclusion/exclusion of any particular criterion and the cross-interaction among a given set of criteria
- Further definition/clarification of specific criteria, especially "processing deficits"
- For more information contact Candy Myers at [CDE\\_myers\\_c@cde.state.co.us](mailto:CDE_myers_c@cde.state.co.us)

# Upcoming Events

**January 27-28 - 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

**February 15 - The Northeast Regional Speech-Language Pathologists** will sponsor an all day training - Ft. Collins. For more information: Evelyn Hobbs [evelynh@psdschools.org](mailto:evelynh@psdschools.org) Poudre School District, Ft. Collins, CO

**February 17 - BASC-2, Vineland 2 Training**, Westminster. For more information, contact (???)

**February 23-25 - The Parents Encouraging Parents (PEP) Conference**, Estes Park, For more information, call 303-866-6846.

**April 6-8 O&M State Workshop - CSDB**  
Contact: Tanni Anthony at [Anthony\\_t@cde.state.co.us](mailto:Anthony_t@cde.state.co.us)

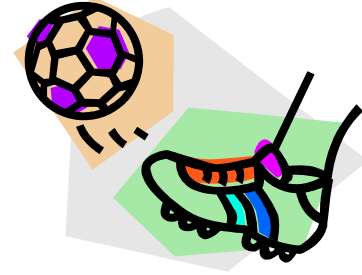
**April 21-22 - Colorado School Counselor Association Annual Conference**, "Reach for the Summit!" For more information, see [www.cosca.org](http://www.cosca.org).

**June 28-30 - 2<sup>nd</sup> Annual Communication Summer Institute** Breckenridge, Colorado. For more information, contact: Karen L. Kelly [Kelly\\_k@cde.state.co.us](mailto: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!

## ***National Sports Center for the Disabled and US Paralympics Team Up to Start Soccer Program for Children with Physical Disabilities***



The National Sports Center for the Disabled is asking for your help in identifying potential participants and distributing information for our competitive soccer program. Children who have been diagnosed with, Cerebral Palsy, a Traumatic Brain Injury or who have survived a stroke will be eligible for the fall season of the NSCD Soccer Development Program. For more information check out our website ([www.nscd.org](http://www.nscd.org)) or call/e-mail Dana Schoenwetter, Soccer Development Supervisor (303) 293-5318 - [dschoenwetter@nscd.org](mailto:dschoenwetter@nscd.org).



## ***RESPONSE TO INTERVENTION*** [COLORADO SCHOOL-WIDE SYSTEM FOR STUDENT SUCCESS]

The following webpage provides links to self-assessment tools and other resources that will assist in the implementation of a school-wide system for addressing the learning and behavioral needs of ALL students.

<http://www.cde.state.co.us/cdesped/RTI.asp>

A Colorado Response to Intervention Task Force has been formed that includes 53 members representing a wide range of perspectives, including: building and district administrators; parents/advocates; special and general educators/specialists; university educators; literacy specialists; CDE consultants, Regional Manager, Assistant Commissioner; etc. The charge to this group is to create a Colorado RTI Framework and determine implementation strategies that will result in success for ALL students through an integrated approach to meeting their academic and behavioral needs.

The first meeting of this group was held on December 8. The group began the work of defining RTI from a Colorado perspective, clarifying the underlying principles, identifying specific district-level strategies that would result in systemic implementation of RTI, and making suggestions as to the state's role in supporting this implementation. For more information contact Candy Myers [myers\\_c@cde.state.co.us](mailto:myers_c@cde.state.co.us)

## CDE Connections Consultants

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