

Connections

Linking school professionals who support student achievement

Connections

Fall 2007

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WELCOME....

Welcome back to the 2007-2008 school year and to another edition of the CDE "Connections" Newsletter. Now in its ninth year, "Connections" is designed to bring timely information to related services providers, including school psychologists, social workers, nurses, educational audiologists, educational interpreters, occupational therapists, physical therapists, adapted physical educators, orientation and mobility specialists, assistive technology specialists, speech language pathologists and school counselors. This year "Connections" will focus on the implementation of Response to Intervention (RtI) in Colorado and the roles of related services providers in this systems change process.

CDE has defined RtI as an approach that promotes a well-integrated system connecting general, compensatory, gifted, and special education in providing high quality, standards-based instruction/intervention that is matched to students' academic, social-emotional, and behavioral needs. A continuum of intervention tiers with increasing levels of intensity and duration is central to RtI. Collaborative educational decisions are based on data derived from frequent monitoring of student performance and rate of learning.

As related services providers, we have an exciting year ahead with many new opportunities and challenges. More and more schools and districts in Colorado are adopting RtI with the goal of improving the educational outcomes of all students. Under RtI, related services providers can be key players in developing and implementing research-based interventions designed to support high quality core instruction.

Fall



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The following Core Principles were developed by the Colorado’s RtI Task Force and revised by the RtI Implementation Team to guide statewide implementation:

- 1) **ALL children can learn and achieve high standards as a result of effective teaching.**
- 2) **ALL students must have access to a rigorous, standards-based curriculum and research-based instruction.**
- 3) **Intervening at the earliest indication of need is necessary for student success.**
- 4) **A comprehensive system of tiered interventions is essential for addressing the full range of student needs.**
- 5) **Student results are improved when ongoing academic and behavioral performance data are used to inform instructional decisions.**
- 6) **Collaboration among educators, families and community members is the foundation to effective problem-solving and instructional decision-making.**
- 7) **Ongoing and meaningful involvement of families increases student success.**
- 8) **All members of the school community must continue to gain knowledge and develop expertise in order to build capacity and sustainability.**
- 9) **Effective leadership at all levels is crucial for the implementation of RtI.**

This issue of “Connections” is designed to apply the above principles to the work of Related Services Providers. For each discipline, we are providing interpretation of what RtI means and how it can be implemented. Our intent is to begin discussions that will guide our professions in developing new roles and applying new tools under RtI. The information that follows reflects the current ‘best thinking’ related to RtI and the disciplines we represent. We expect to see an evolution of ideas and practices as RtI matures from a theoretical and conceptual framework into a statewide implemented model of educational practice.

“However beautiful the strategy, you should occasionally look at the results”

- Winston Churchill

Role of School Psychologists in RtI

For many school psychologists, the implementation of RtI is already providing the opportunity to take on an expanded (beyond that of assessment) role as they become more involved with providing supports so that all students can learn. In addition to having more opportunities to collaborate with the entire educational team, under RtI school psychologists are also being asked to provide the full range of services for which they are trained, including prevention, early intervention, behavior/classroom management, mental health intervention, consultation, using data for decision-making and school improvement planning. It is anticipated that an RtI framework will allow school psychologists to serve more students proactively rather than at the point of special education referral.

Although the opportunities for school psychologists are extensive, there are challenges associated with shifting from traditional psychometric (norm-referenced) approaches to the more pragmatic, RtI approach which focuses on measuring changes in individual performance over time. Perhaps one of the more exciting challenges for school psychologists will be reallocating their time to better address prevention, early intervention and mental health issues. Another challenge may be involved in shifting from assessing for learning or behavioral “within child” deficits to becoming part of a team utilizing an eco-behavioral perspective to improve instructional planning. This approach will involve a greater emphasis on universal screening, early intervention, attending to the fidelity of evidence-based interventions, partnering with parents, considering the instructional environment, and progress monitoring prior to special education referral, and an expansion of the school psychologist’s assessment “tool kit” to include more instructionally relevant, ecologically based procedures.



It is anticipated that much of the time that school psychologists previously spent administering normative assessments will be converted to implementing the problem solving model and providing the following services:

- Conducting universal screening for learning and behavioral problems
- Consultation with general educators
- Collaborating in the development of new team procedures, e.g., developing methods for referral, monitoring and evaluation at each tier
- Developing and implementing research-based interventions based on individual student needs
- Providing classroom observations as needed
- Developing and implementing progress monitoring procedures
- Providing data to help guide the team in decision making
- Evaluating instructional and program outcomes
- Serving as liaisons to parents by helping them understand the new model and how they can be involved in providing interventions to their child
- Serving as liaisons to community providers and agencies who may not be familiar with the new models.

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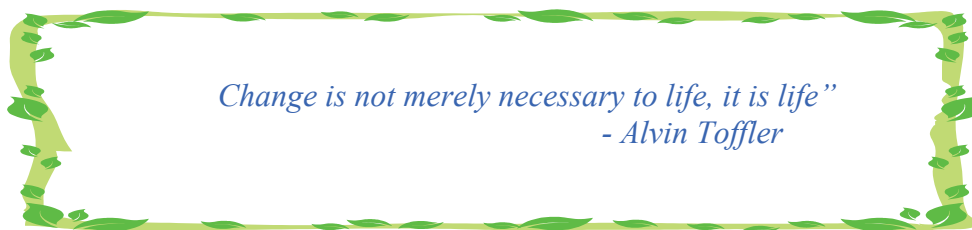
There is also a shift in how school psychologists are addressing individual student problems. Rather than serving as special education gatekeepers, school psychologists can expand their roles to emphasize:

- Consulting with teachers and parents on early intervention activities in the classroom and at home
- Developing progress monitoring strategies as part of the individual student intervention plan
- Interpreting data as part of the ongoing decision-making process
- Observing students in the instructional environment in order to help identify appropriate intervention strategies
- Conducting focused assessments to answer specific questions about student's instructional needs
- Conducting functional behavioral assessments and designing behavioral support plans
- Providing evidence based interventions

As the IQ/achievement discrepancy is phased out as a determining factor for specific learning disabilities, school psychologists are utilizing more relevant assessments that contribute directly to interventions. When the intent is to gather information directly related to student performance and to formulate new instructional strategies, school psychologists are increasing their use of:

- Results from state assessments
- Error analysis of work samples
- Local assessment results (e.g., DIBELS, Terra Nova, etc.)
- Curriculum Based Measurements
- Classroom observations
- Behavior Rating Scales
- Interviews
- Additional progress monitoring data.

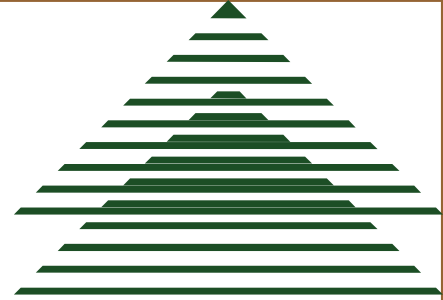
Schools and students will benefit from opportunities that school psychologists will have for an expanded role focused on reducing barriers to learning, including addressing students' mental health needs. Please see the section entitled, "A Multi-tiered Model for Emotional and Behavioral Interventions" elsewhere in this newsletter.



MULTI-TIERED MODEL FOR MENTAL HEALTH AND BEHAVIOR INTERVENTIONS

-Adapted from Cherry Creek School District RtI Model

As school social workers, school psychologists, and school counselors work together to address students' social-emotional needs, the use of the tiered approach to interventions as prescribed by RtI serves as a framework for aligning interventions. An example of some of the interventions and services that could be provided in each tier is provided below:



TIER 1: UNIVERSAL INTERVENTIONS (anticipated to meet the needs of 80-90% of students)

- Involvement in School-wide initiatives such as School-wide Positive Behavior Support and Bullyproofing programs
- Involvement in social/emotional learning programs such as *Second Step, Paths, Life Skills Training* etc.
- Involvement with parent communication and partnership approaches such as problem solving meetings, parent education opportunities, etc.
- Involvement in school-wide training to staff in areas such as child abuse and warning signs of mental health problems

TIER 2: TARGETED INTERVENTIONS (needed by 5-10 % of students)

School mental health professionals can provide evidence-based interventions, including:

- Social skills training such as *Second Step*
- Group counseling using evidence based approaches in areas such as divorce, study skills, grief, anxiety, etc.
- Anger Management Training
- Behavior contracting
- Functional Behavioral Assessments (FBA)
- Behavioral Intervention Plans (BIP)
- Coaching/Mentoring
- Social/Emotional Assessment
- Parent training

TIER 3: INTENSIVE INTERVENTIONS (needed for 1 to 5 % of students)

- Consideration of special education and/or 504 Plan accommodations and supports
- Collaboration with other community agencies and systems such as mental health, probation, substance abuse agencies, etc.
- Administration of threat assessments

COLORADO SCHOOL SOCIAL WORKERS AND RESPONSE TO INTERVENTION, (RtI)

On April 12, 2007 in Colorado Springs NASW along with CDE offered a day long workshop titled, *Embracing Response to Intervention: School Social Work Leadership Academy*. The presenters were Jim Clark and Andrea Timm, two social workers from the Heartland Area Education Agency 11 out of Iowa. The conference was well attended by school social workers from throughout the state of Colorado, demonstrating the need and desire for more information in the area of RtI. Feedback from those in attendance indicated that they were reenergized in the school social work profession along with receiving concrete RtI concepts to take back to their respective schools.

The April 12th School Social Work Leadership Academy along with the SSWAA RtI article as well as the IDEA 2004 statute supports our ecological and systemic models that are the foundation of school social work practice. We now have an opportunity to use the skills for which we were trained.

- Our traditional role of parent partnership
- Our role of liaison to community resources and agencies
- Our solution-based problem-solving approach to individual/students, systems/schools or RtI as it is now called: (Heartland, Iowa PowerPoint)
 1. Defining and analyzing the problem
 2. Planning an intervention
 3. Implementing and monitoring the intervention
 4. Evaluating effects
- Creating systems that support early intervention and prevention by promoting the development of a continuum of programs and services, (Heartland, Iowa PowerPoint presentation, 4/12/2007)

“RtI/Problem-solving is a framework for organizing evidenced based practices in a systematic process for the purpose of determining what interventions enable learning.” (Heartland, Iowa PowerPoint).

For Colorado school social workers in districts implementing the RtI format, now is the time to take a leadership role and embrace what we value for students, schools and communities. RtI gives us the opportunity to help educators and administrators understand the value of systemic change.

In order for school social workers to stay on top of their changing job responsibilities, they will need to seek professional development opportunities in the areas of data collection and analysis, progress monitoring, functional assessment, and evidence-based behavior interventions. The Colorado School Social Work Committee has committed to bringing such professional development opportunities to the School Social Workers of Colorado. If you are interested in joining this exciting change effort or would like more information, please contact Bethany Robinson at bethlrobin@msn.com.

Resources available for you to access

1. Colorado Department of Education online:
<http://www.cde.state.co.us/cdesped/RTI.asp>
2. Heartland Area Education Agency Program Manual on line:
www.aea11.k12.ia.us
Under “Programs and Services” click on “Diverse Learners/SPED/ELL”
and then click on “SPED Program Manual”
3. Heartland Area Education Agency 11
Scientifically Based Social Emotional Programs on line:
www.aea11.k12.ia.us

WELCOME

Amy Molina has joined the Behavior and Mental Health Team as an intern this year, and will serve as the CDE Intensive Supports Coordinator (formerly known as the BEST Coordinator). Amy will provide support for behavior Evaluation & Support teams (BESTs) as they collaborate to provide intensive interventions for students at Tier 3. The Intensive Supports Coordinator position has been re-named to better express the merging of BEST and PBS teams to improve outcomes for students with social, emotional, and behavioral problems.

Amy is a School Psychology PhD candidate at the University of Northern Colorado. In addition to working part time as an intern for CDE, she is also employed as a school psychology intern at Chappelow Arts & Literacy Magnet School in Greeley. Amy has formerly worked as a high school and middle school Spanish teacher and as a university counselor/advisor for Urban Education. Her research interests include issues affecting culturally and linguistically diverse students and families, school completion, alternative schools, and positive psychology. Amy lives in Fort Collins, where she enjoys playing tennis year-round, cooking, and exploring new places around the state with her husband, Miguel, and yellow lab, Sunny.

You may reach Amy by e-mail at Molina_a@cde.state.co.us .



Delineating the Role that SLP's Might Play in RtI

The traditional role of the speech-language pathologist has morphed throughout the years from a pull out model to an inclusive model. Presently, the SLP can be a valuable member of the RtI team in helping to differentiate between children with differences in learning styles and those who, despite high-quality instruction by well trained individuals, have unexpected underachievement due to a disability. RtI can also be effective models in helping the SLP provide crucial information on the identification of a language difference versus a language disorder especially with students who are English Language Learners.

As a team member of the RtI model, the SLP can be a more active consultant with the classroom teacher. They can make available instructional materials not only to teachers but to parents to use with students at home. The SLP can co-teach with the classroom teacher and provide a more intensive focus on phonemic awareness, phonics, vocabulary, text comprehension and overall language fluency in meaningful linguistic context. This approach enables the SLP to give direct intervention and monitor progress. The SLP can also present the teacher with developmental guidelines as well as suggestions and strategies for them to implement. In this approach the students have less interruption of general education teaching and an opportunity to increase the practice of targeted interventions in the classroom and at home.



The students benefit in accessing high-quality services by a highly qualified individual which can result in less treatment time. The SLP benefits in their ability to manage their workload, lessen their paperwork and give intervention sooner than if the usual referral process is followed as well as compliance with the RtI mandate.

Finally, the SLP can aid in the collaborative team process of applying a problem-solving framework of identifying and addressing the student's difficulties using effective, efficient instruction leading to improved achievement.

"Opportunities multiply as they are seized"

- Sun Tzu

How can the nurse contribute to the RtI model?



The RtI model for the school nurse makes the most sense in the school setting. Most nurses will recognize the Response to Intervention (RtI) pyramid as the Public Health Prevention Model. As you identify the students who are still not making progress after initial interventions, you increase the strategies and support. The purpose of RtI is to promote student success earlier and prevent future academic problems. In most cases, the school nurse is already involved with the general school population and is providing both prevention services and interventions to increasing degrees at all levels. The school nurses should understand RtI, its benefits for students, and the benefit for efficacy of education. The Health Services Model for Student Success looks like this:

Universal Level: (80-90%)

- o Prevention of illness & injury
- o Promotion of healthy behaviors.
- o Assurance of the quality & accessibility of health services
- o Prevention of the spread of disease
- o Protection against environmental hazards
- o Provision of assessment & evaluation of all students
- o Participation in development & presentation of health education programs

Targeted Level: (5-10%)

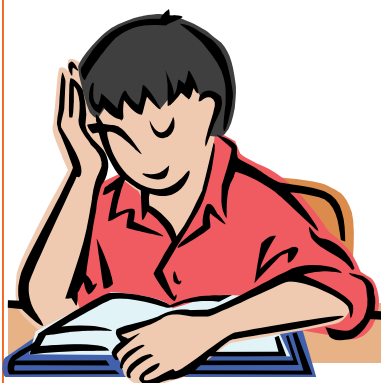
- o Early detection of students identified to be potentially at risk
- o Referral for appropriate early intervention thereby decreasing escalation of risk behaviors
- o Participation on school health advisory teams to address risk behaviors
- o Provision of health-related professional development for school staff

Intensive/Individualized Level (1-5%)

- o Development & implementation of individualized health care plans for students requiring health-related modification & accommodations
- o Delegation, training & supervision of unlicensed health staff
- o Provision of health components for special education, child find, and 504 accommodation plans

Students at risk of educational difficulties may have a physical or emotional concern that needs to be addressed before learning can occur. It is important that the school nurse be part of the intervention team in every school building as she will have invaluable input into the process especially for the students with identified health needs. The school nurse should collaborate with the other school professionals to provide successful interventions for positive outcomes.

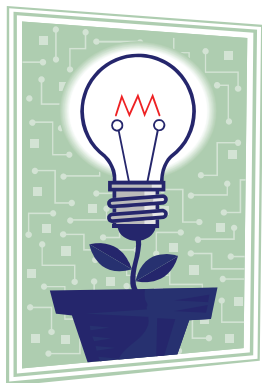
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If students are missing a significant amount of school or class time due to illness, the school nurse has the expertise to recommend student accommodations or interventions to allow them to fully access their education. They can be instrumental in helping the student manage their health needs during the school day so that they will be in a better position to learn. School nurses often work closely with families of students who are having trouble, to screen health issues and do case management. School nurses are familiar with health care agencies and community services and can make referrals to link supports between student/families and school staff.

As nurses we are all familiar with the six steps of the nursing process: Assessment, Diagnosis, Outcome Identification, Planning, Implementation and Evaluation. These steps should be part of our RtI process and we need to use this to guide our decision making when planning interventions for students. We need to continually evaluate the outcome of our interventions and readjust when we are not meeting expectations. As a profession, we must also start using evidence-based practices in our work with students. This is a large focus of RtI and the same must be for school nursing practice. We can not continue to institute the same interventions that do not have proven outcomes. Evidenced based interventions will be the key to successful outcomes.

School nurses can make an important contribution to the RtI process as this should be a school-wide effort. School nurses can also be an advocate for all students because as we know, “Healthy children learn better”.



*“There is one thing stronger than all the armies in the world;
and that is an idea whose time has come”*

- Victor Hugo

Assistive Technology and the RtI Model



As the Response to Intervention (RtI) Model is implemented in educational systems, the roles of related service personnel, including those specializing in assistive technology are changing. Assistive technology specialists serve an important role in identifying children with disabilities and providing needed support to students struggling in both general and special education.

RtI is a multi-tiered process to provide services and intervention for all students. Many Assistive Technology specialists within the state already support the principles of RtI. They work toward early identification of learning and instructional needs and they rely on evidence based practice and frequent progress monitoring through data collection in order to improve educational performance for students with and without disabilities. Assistive technology can be beneficial in helping students meet their educational goals. It is essential that assistive technology specialists remain aware of current research and best practices and collect data regarding the impact of assistive technology on student outcomes.

Examples of assistive technology supports at all levels of the RtI model include:

Universal Level: (80-90%)

- Universal design of the classroom based on sound research
- Collaboration with general education and with Instructional Technology departments on technology to support all learners
- Participation in development of in-services & presentation of training programs
- Supporting classroom teachers with resources and tools; emphasis on proactive approach to intervention
- General consultation and collaboration in the classroom on how to implement technology solutions within the curriculum using data guided decision-making processes
- Assist with screening of all students

Targeted Level: (5-10%)

- Early detection of students identified to potentially be at risk
- Referral for appropriate early intervention
- Modeling of appropriate intervention(s)
- Consultation and collaboration on technology for struggling students
- Provision of professional development for school staff
- Collection of data on usage or performance with technology and measurement of change in individual performance over time
- Collaboration with parents, general education, special education, administration and support personnel

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Intensive/Individualized Level: (1-5%)

- Intervention for students with intensive needs based on results of comprehensive evaluation
- Development & implementation of individualized educational plans for students requiring modifications & accommodations
- Provision of assistive technology components for special education, child find, and 504 accommodation plans
- Use of the best evidence to make decisions about special services provided to individuals utilizing assistive technology
- Complete data collection about the student's present levels, skills, and abilities and evaluating the student's performance with and without assistive technology strategies in place in order to effectively measure outcomes.

It is important to note that in Colorado, the assistive technology professional's role varies from district to district. Many assistive technology specialists also maintain a full caseload as related service personnel in addition to their responsibilities with assistive technology. Assistive technology professionals may be involved in the following applications of assistive technology in the RtI model dependent on their individual district's model:

- Consultation for direct and indirect services at all tiers/levels to support struggling students with regard to assistive technology
- Provision of classroom-based intervention relying on Evidence-Based Practice
- Collaboration with other professionals and serving as a team member to solve problems
- Assistance with general education teachers with progress monitoring and data collection
- Collaboration on the implementation of scientific and research based intervention
- Working as a team to select, design and implement whole school screening processes
- Continuation of professional development to educate others working with students to ensure carryover of activities across environments
- Consultation with parents and families for reinforcement of skills at home

The RtI model is designed to redefine tasks, not to add more tasks to already overloaded professionals. RtI addresses prevention and early intervention to provide support sooner, enabling caseloads to remain manageable. The regulations regarding financial support for RtI permit an LEA to use up to 15% of its IDEA Part B funds to develop and implement early intervening services for children who are not currently identified as needing special education services. The IDEA web site indicates: "State and local officials are in the best position to make decisions regarding the provision of early intervening services, including the specific personnel to provide the services and the instructional materials and approaches to be used. Nothing in the Act or regulations prevents states and LEAs from including related services personnel in the development and delivery of educational and behavioral evaluations, services, and supports for teachers and other school staff to enable them to deliver coordinated, early intervening services."

<http://idea.ed.gov/explore/view/p/,root,dynamic,QaCorner,8>

**Problem-Solving and RtI:
New Roles for Educational Interpreters/Notetakers**
By Sheryl Muir, Ed.D.

With the addition of Educational Interpreting and Transcribing as Related Services under IDEA 2004, many changes will be occurring. One kind of change will be due to the new position *as* a related service provider. Educational Interpreters are newcomers to the professional ranks, with accompanying training, established skill and knowledge levels, a national exam, and Colorado Department of Education credentials required for any Educational Interpreter to work in schools. Another kind of change will be directly connected to the responsibilities as a member of the problem-solving team in schools. Because the use of inclusive problem-solving teams is typically a new approach, this change will involve all of the service providers and parents in new roles.

New and Expanded Roles

Educational Interpreters have worked in schools since the 1970s but had largely been used as paraprofessionals. In the past decade drastic changes have occurred in the field due to the realization of the need for standards and high quality services in educational interpreting. More and more states are requiring training and a certain level of skill in order for interpreters to become licensed to work in schools.

The inclusion of transcribing with educational interpreting as new Related Services is a very new concept in our state. Few deaf education programs or services have a well-developed transcribing service as the reauthorization of IDEA was approved in 2006. It is an area that will demand much work to create training, protocols, and guidelines for the services of transcribers and notetakers.

System Design

Currently Educational Interpreters are generally excluded from discussions of teams of educators, including the IEP meeting, 504 Plan meetings, or Student Assistance Teams, etc. Therefore, the first crucial piece of system design for implementing an RtI model to include Educational Interpreters and Transcribers as members of problem-solving teams, is to include them on a regular basis for meetings for students who may require or already receive their services. Some roles of these professionals will include:

- Participating in their professional organizations to stay abreast of new developments related to RtI
- Attending district, regional, and statewide trainings to learn more about RtI
- Serving on deaf education committees to create screening tools and assessment materials for use with students who use interpreters and/or notetakers

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Team Collaboration

Educational Interpreters and Transcribers need to work closely with all other team members in order to determine their role on the team and needs of students that can be impacted by the input of Educational Interpreters and Transcribers. One starting point will be working more closely in concert with the general education teachers and the deaf education teachers who serve the same students they do. By planning together and learning to conduct ongoing assessments of student learning, educational interpreters, transcribers, and teachers can begin the essential dialogues that will provide the basis for progress monitoring and problem-solving that needs to occur as crucial components of RtI. As each district works to develop and implement RtI, the role of every team member will likely become more fluid as teams cross-train each other and learn to work together as a team.

Serving Individual Students

Educational Interpreters and Transcribers will continue to spend the majority of their time working with individual students in general education classrooms. Their activities will likely include:

- Consulting with teachers and parents
- Pre-teaching vocabulary and concepts, as needed, based on team planning with the general educator and the deaf educator and the team
- Researching what other district's and state's screening tools and progress monitoring assessments are available for use with students and teachers
- Using videotape and/or observation to gather data about how well a teacher is communicating messages, how faithfully and accurately the interpreter is conveying the messages, and how well the student is learning
- Working with parents and school team members to jointly develop teaching and learning strategies, including visual strategies, scaffolding of information, and checking for understanding, as well as progress monitoring and assessment of teaching and learning

Meeting the Challenge

To meet this challenge, educational interpreters will need to be:

- Prepared to take on the role and responsibilities of an educational professional who actively collaborates with teachers, other related service providers, administrators, parents, and students
- Engaged in ongoing professional development beyond that of interpreting and transcribing
- Ready to articulate the needs of their students and the specific role an interpreter and/or transcriber can play in the students' education

How do I fit into the multi-tiered pyramid as an OT/PT/APE?

As we've established, earlier in this newsletter, RtI is a school wide educational initiative aimed at improving outcomes for all students. The pyramid model is used to illustrate the 3 tiers of support in an RtI system. A natural question for related service providers becomes, "where do I fit into the pyramid?" The answer to this question may differ greatly between students. For that reason it cannot be stated, prescriptively, what happens at which level, with respect to OT and PT intervention. As related service providers, our role is to support special education programming. Under an RtI model, however, we may be asked to offer input on students who are not receiving special education services. At this point in the development and implementation of an RtI process within the state of Colorado, it may be best to consider related service provision, specifically OT and PT service provision, as an inverted and overlapping pyramid placed upon the RtI pyramid. Your greatest and most intense level of intervention will occur at the tip of the RtI pyramid. The smallest or minimal amount of service from related service providers will occur at the base of the RtI pyramid. At the base of the pyramid and within Tier II, your level of intervention may consist of collaborative consultation, teacher in-servicing, building in-servicing, modeling beneficial activities within the classroom in order to assist a teacher with differentiation of instruction as related to the areas we address. It is important to keep in mind that effective consultation must respect and respond to the varied level of support that different teachers may need in order to successfully implement the ideas/activities that a therapist may be recommending.

Meeting the Challenge as an OT, PT, or APE

- **Focus on the LRE**
- **Embed therapeutic activities throughout the academic day**
- **Base the decision of which therapeutic activity and which model of service delivery on scientifically based evidence, to the degree practicable**
 - *For example: It is clearly supported through research that in order for motor learning to develop, an individual must repetitiously engage in the specific task within the performance context - Are we programming to allow for such repetition within natural school environments?*
 - *Consider providing in-services and/or teacher/paraprofessional training in order to improve carry over of therapeutic activities across environments.*
- **Continuously monitor the progress of functional application of skills.**
 - *Target your therapeutic outcomes; your outcomes should support educational programming*
 - *Check in with various teachers and monitor the quality of work samples or the functional efficiency of movement*
 - *Monitor the students' progress toward the targeted outcomes you developed, with the IEP team, in order to inform your intervention strategy.*
 - *Alter your intervention strategy readily when on-going progress monitoring indicates that your strategy is ineffective or the students' progress is insufficient.*
 - *Plug in to the curriculum and activities of the classroom in order to make modifications to the same curriculum/activities to allow for success within the LRE.*

- **Make intervention decisions based upon data**
 - *Develop a system that will enable you to collect objective data targeting therapeutic outcomes being applied within the whole school environment.*
 - *Progress monitoring data serves multiple purposes:*
 1. *to determine if interventions are producing desired effects*
 2. *to inform any changes or adjustments to the intervention/service delivery*

- **Be more available for problem solving**
 - *Be present at school special education team meetings.*
 - *Be available to offer input on students who are not identified as special education students. Input may be offered in written form. You may decide to develop a notebook addressing educational programming ideas for those performance areas deficits that result in frequent referrals.*
 - *Be prepared to screen a student who is not being referred to special education, for the purposes of offering ideas, as appropriate, toward improving general education programming. This is the manner in which you support the concept of early intervening services. Although you are not offering direct services, you are offering a valuable perspective toward supporting the student within his/her general education environment. Requests for screenings should come from a problem solving team after other ideas have been implemented and found ineffective. It would be poor resource management for you to be asked to screen students prior to those students going through a problem solving process. The intention of having related services providers contribute to general education programming initiatives is not to dilute your efforts at the special education level, rather to offer consultation and enrichment towards differentiated instruction within the general education setting.*

An effective therapist is one who makes himself progressively unnecessary.

- modified from a quote by Thomas Carruthers





ON THE HILL

The Positive Behavior for Effective Schools Act (HR 3407)

Recently introduced in the House of Representatives, this bill would amend the Elementary and Secondary Education Act (also known as “No Child Left Behind”) to allow State and local educational agencies and schools to make greater use of early intervening services, particularly School-wide Positive Behavior Supports (PBS.)

The Act would help schools meet the twin challenges of improving academic achievement and fostering a school climate that promotes learning. The [Positive Behavior for Effective Schools Act](#) (H.R. 3407) takes a proactive approach to help education systems meet these challenges through the promotion of PBS, shown to reduce disciplinary problems and increase test scores.

The Positive Behavior for Effective Schools Act will give schools the tools and opportunity to change how they respond to students, reinforce desired behaviors and eliminate inadvertent reinforcements for problem behavior. These steps can help realize the goals of academic and social success for all students. Specifically, through amendments to the Elementary and Secondary Education Act, the legislation would allow and encourage schools and localities to support PBS. It would also support research, technical assistance and related school-reform activities that improve school climate. The bill would also establish a new office in the Department of Education to help coordinate and administer assistance to mental health and related service professionals who work with students on PBS and other evidence-based approaches to help improve their academic and behavioral outcomes.

The bill also amends the terms “pupil services” to “specialized instructional support services” and changes “pupil services personnel” to “specialized instructional support personnel” throughout NCLB.

For more information on this bill, go to www.bazelon.org.

NEW.....

The *Guide to School Mental Health Services* has been revised. It has been updated to include information on recent major developments in school psychology and mental health including:

- **Response to Intervention,**
- **Colorado's School-wide Positive Behavior Supports Initiative,**
- **The Problem Solving Model,**
- **IDEIA 2004,**
- **Increased Emphasis on Family Involvement,**
- **Evidence Based Practices, and**
- **System of Care in Community Mental Health**

New copies have been printed. If you would like to order copies for parents, teachers or colleagues, please contact Wendy Ulibarri at ulibbarri_w@cde.state.co.us. The Guide is also available on the CDE Web site (follow the ESLU link to Support Services and then School Psychology). They will also be included as part of the Co-operative Services Handbook Series

ATTENTION

School Psychologists and School Social Worker Contacts

We are working to update our CDE mailing lists. If you know of a school psychologist or school social worker who is not on our mailing list, please e-mail Diane Barranco at barranco_d@cde.state.co.us with the name and e-mail address. Please specify school psychologist or school social worker so that they are put on

Mental Health Association of Colorado
www.mhacolorado.org

National Alliance for Mental Illness
www.nami.org

Substance Abuse and Mental Health Services
Administration www.samhsa.gov

Council for Exceptional Children
www.cec.sped.org

National Center for Educational Statistics
www.nces.ed.gov

National Center for Learning Disabilities
www.nclld.org

Don't miss two exciting opportunities for training in assistive technology.

1. Free graduate credit in advanced assistive technology offered through Assistive Technology Partners (ATP) at the University of Colorado at Denver and Health Sciences Center. Accepted applicants receive 18 graduate credit hours and over \$9,000 in financial support for this year long learning opportunity. Applicants from all related services fields are encouraged to apply. For more information and to print an application, visit www.assistivetechologypartners.org/GraduateCoursework.html. The project, currently in year three of five, is funded through the US Department of Education Office of Special Education. (US DOE Grant # H325A040122). Application deadline is October 15, 2007.
2. Save the date for the Annual Collaborative Assistive Technology Conference of the Rockies on June 12-14, 2008 held at the Denver Tech Center Hyatt. For more information visit www.assistivetechologypartners.org/conference.html

Upcoming Events



Educational Interpreter Performance Assessment Performance Exam

September 29—30, 2007

Contact Ali Boyle, Educational Interpreter Coordinator
ali.boyle@bvsd.org or 303-506-9316

October 26 and 28

Educational Interpreter Performance Assessment Performance Exam

In conjunction with the Colorado Symposium on Deafness

At the Sheraton Denver Tech Center

More details will be sent to the educational interpreter listserv or

contact Ali Boyle, Educational Interpreter Coordinator

ali.boyle@bvsd.org or 303-506-9316

2007—2008 Colorado Educational Audiology Group Meeting Dates

- **September 12, 2007**
12:30—4, Lowry Building 729, classroom #229
- **October 26, 2007**
Linda Thibodeau's FM presentation at the Symposium on Deafness
- **November 13, 2007**
12:30-4, location to be determined
- **January 16, 2008**
12:30-4, location to be determined
- **February 12, 2008**
12:30-4, location to be determined
- **April 9, 2008**
12:30-4, location to be determined
- **May 13, 2008**
12:30-4, location to be determined

Save the Date



October 5, 2007

Crossroads Conference

“Positive Environments = Success” by Dr. Hank Bohanon

Two Rivers Convention Center

Grand Junction, CO

For more information: sharisjerven@hotmail.com



October 18-20, 2007

Colorado Society of School Psychologists

“Foundations of Change: Making Good Things Happen for Students, Teachers, Families and Yourself”

Vail Cascade Resort and Spa

For more information and to register see www.cssponline.org



November 1-3, 2007

Colorado School Nurse Conference

Beaver Run Resort—Breckenridge, CO

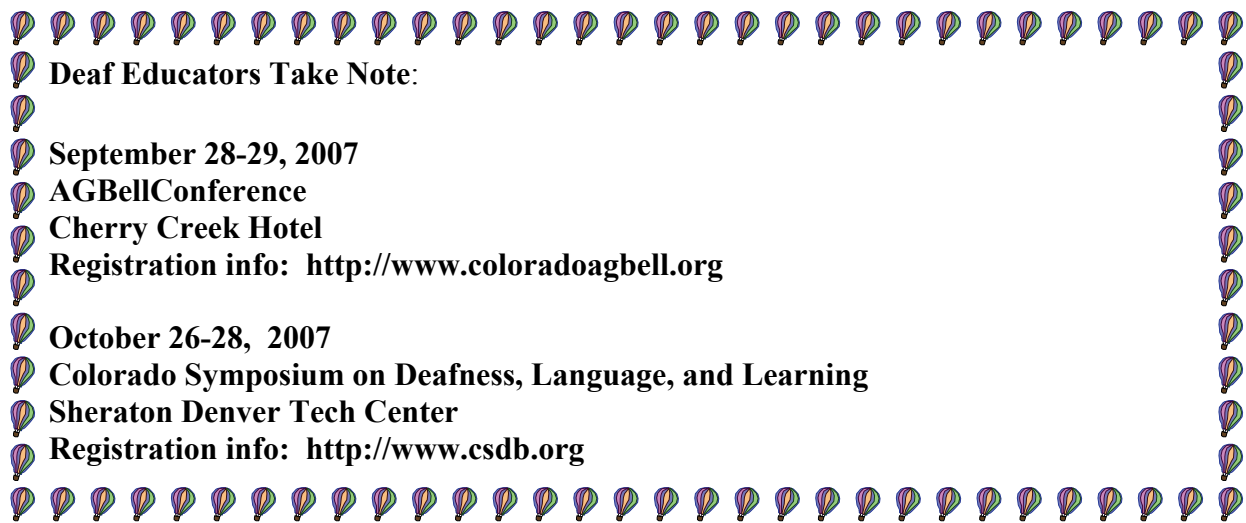
For further information: www.coloradoschoolnurse.org



April 3-5, 2008

11th Annual National School Social Work Conference

Denver



Deaf Educators Take Note:

September 28-29, 2007

AGBellConference

Cherry Creek Hotel

Registration info: <http://www.coloradoagbell.org>

October 26-28, 2007

Colorado Symposium on Deafness, Language, and Learning

Sheraton Denver Tech Center

Registration info: <http://www.csdb.org>

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