

Connections

Linking school professionals who support student achievement

Connections, Spring 2007

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Spring



“New Ways of Doing Things”

By Jo Anne Gearhart, Editor

“The real difficulty in changing the course of any enterprise lies not in developing new ideas but in escaping old ones.”

John Maynard Keynes

How difficult change is! And how often we see it in education! Change is demanding because it calls for new ways of doing things.

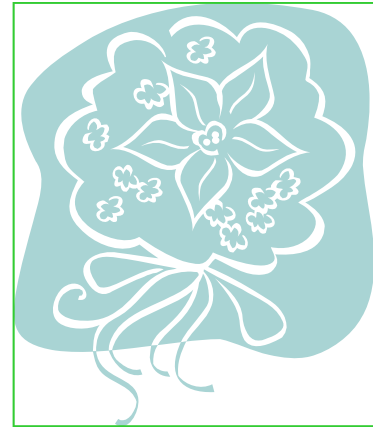
Such is the change called for with the new collaborative model around student support services called Response-to-Intervention. Actually, the model is not new (*see article by Dr. Horowitz on pages 8-9 in this newsletter*); it has had its origins in the Pre-Referral Intervention Model and the School-Based Consultation Team Model. Response-to- Intervention or RtI seeks to provide improved supports for all students in our schools. This “new” approach comes at the academic achievement of all students from the holistic view. It involves general education supports first and then moves to the specific. It is a global approach to identifying and removing barriers to learning for all students.

Your education consultants at the Colorado Department of Education have been “wrestling” with what RtI means to all of our various professions. We have included several articles in this and in recent newsletters about RtI—definitions, overviews and philosophical underpinnings. Some of our professions, such as the school psychologists, have been working on the RtI model for several years; others are just beginning to define what the implications of RtI are for our work. We are all diligently studying and consulting with experts in the field. We are aware that there are many questions which are yet unanswered; yet we are hopeful that we will be able to provide guidelines to those of you who are practitioners.

Stay tuned to the next several CDE Connections newsletters. Our continuing theme will be how Response-to-Intervention will work for the benefit of all students and how we as Related/Support Services can contribute.

INTRODUCING TWO NEW FAST FACTS!

The Exceptional Students Leadership Unit would like to introduce two new Fast Facts that will soon be posted on the CDE website. These new Fast Facts are part of a series on Evidence Based Practices in School Mental Health and will provide information on Anxiety and Childhood Bipolar Disorder. Each includes background on anxiety and bipolar disorders, characteristics of the disorders, and strategies for intervening with affected students in schools. In addition, the Fast Facts list resources that may be helpful for students, parents, teachers, and mental health professionals working in schools. Please look for these new resources on the CDE website at <http://www.cde.state.co.us/cdesped/FastFactsIndex.asp>



HELP FOR ADOPTIVE FAMILIES

Many adoptive families are in need of services that address their unique issues as adoptive families and these families may be in contact with school social workers or school counselors for a variety of reasons. Did you know ...

- that post-adoption services exist to help adoptive families?
- that funding is available for children adopted through the child welfare system for services related to adoption or for child-specific services not covered by Medicaid?
- that many of the services available through the Colorado Post-Adoption Resource Center are available to all adoptive families?
- that we have regional Resource Coordinators to help adoptive families find needed services?
- that training for community professionals is available to help identify, support and understand the unique issues experienced by adoptive families and their children?
- that unresolved issues related to adoption may come up for a child in the school setting when classroom assignments trigger some of the core issues of adoption, or when another's comments or behaviors bring to mind some prior trauma or experience?

The Colorado Post-Adoption Resource Center is funded by a grant from the Colorado Department of Human Services in partnership with The Adoption Exchange. We offer statewide post adoption services. For more information and a packet of materials to assist adoptive families in your school contact us at postadopt@adoptex.org, check out our website at www.adoptex.org or call Paula at 1-800-451-5246.

SURPRISING SECRET TO A LONG LIFE: STAY IN SCHOOL

It is commonly known that kids who stay in school will secure better jobs and earn higher salaries. However, new research reveals that increases in educational attainment contribute to a longer lifespan, reports the *New York Times*. The one social factor that researchers agree is consistently linked to longer lives in every country where it has been studied is education. It is more important than race; it obliterates any effects of income. Year after year, in study after study, says Richard Hodes, director of the National Institute on Aging, education "keeps coming up." And, health economists say, those factors that are popularly believed to be crucial -- money and health insurance, for example, pale in comparison. Dr. Adriana Lleras-Muney and others point to one plausible explanation for the life-extending impact of education -- as a group, less educated people are less able to plan for the future and to delay gratification. If true, that may, for example, explain the differences in smoking rates between more educated people and less educated ones. Better educated people tend to make better choices about lifestyle, diet, exercise, savings, and other factors that prolong life. For more information, see <http://www.nytimes.com/2007/01/03/health/03aging.html>

SCREENING, BRIEF INTERVENTION, REFERRAL, AND TREATMENT (SBIRT)

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

[Screening](#) quickly assesses the severity of substance use and identifies the appropriate level of treatment.

[Brief intervention](#) focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

[Referral to treatment](#) provides those identified as needing more extensive treatment with access to speciality care.

A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted in medical and social service settings.

For more information, see <http://sbirt.samhsa.gov>.



Collaborative Assistive Technology Conference!

The 2007 Collaborative Assistive Technology Conference is right around the corner and you don't want to miss this opportunity to explore great Assistive Technology (AT) options! Come see how AT can enhance the quality of life for individuals with disabilities through the thoughtful integration and appropriate application of AT.

Highlights of the Conference include over 70 break-out sessions, hands-on training, computer labs, a large exhibit hall, an adapted home and accessible classroom.

The Conference activities will begin on Thursday, June 21, 2007 with five Pre-Conference sessions:

Write On, Right Now: Emergent Writing
Caroline Musselwhite Ed.D., CCC-SLP

Empowering Adolescent and Adult AAC Users with Functional Communication
Elizabeth (Libby) Rush M.A., CCC-SLP, CPM

Super Shortcuts: Easy Ways to Customize PCs for People with Disabilities
Alan Cantor B.Ed., M.A

Creative Solutions for the Home, Office and Classroom Using PVC and Triwall
Diane Brians, B.A.

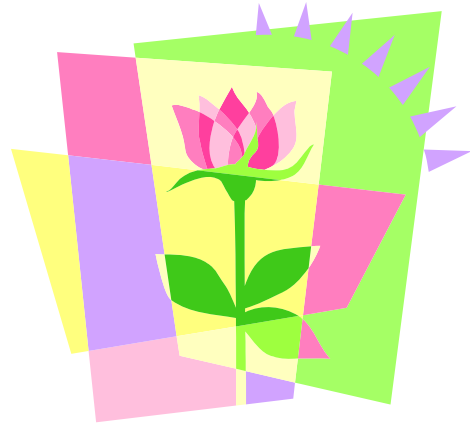
Accommodations in the Workplace: The How-To-Guide for Employment Practices
Carrie Bruce, MA, CCC-SLP & Sarah Endicott, OTR

On Friday, June 22, 2007, the official Conference begins with this year's Keynote Address, "**Assistive Technology Across the Life Span.**" We have assembled an exciting panel of successful AT users to tell their stories of breaking barriers, achievement, and the impact of AT on their lives.

Meet our Panel Speakers:

Ed Reinhardt – a former University of Colorado football player who suffered life-altering injuries as a result of a tackle. After 62 days in a coma and years of rehabilitative therapy, it is a miracle that he now travels the country speaking, singing and sharing his experiences on the road to recovery.

Benjamin Snow – college student, writer and film enthusiast, Ben recently gained na-



tional attention with his award-winning 60 second film “Thumbs Down to Pity.” Hear how Ben uses AT to engage higher education, advocate for inclusion and pursue his dreams.

Callie Hurst – high school junior with aspirations for college and a career as a school psychologist. Her extracurricular interests include Special Olympics, snowshoeing, peer counseling, and treasurer for the student body counsel. She uses a wide array of assistive technology to overcome sensory deficits and achieve independence. At the young age of 16, this will be Callie’s second appearance as a conference presenter.

Marlene Harmon – co-chairs the post-polio support group of Denver. Prior to retirement, she enjoyed teaching painting and independent living skills. She integrates a combination of high-tech and low-tech AT for her own independent living, community volunteerism and advocacy.

Lauren Blakely – college student at Metropolitan State pursuing a Non-profit Certification. She accesses her education with a Pathfinder communication device. She enjoys basketball, painting, shopping and spending time with friends. Don’t miss her inspirational message of changing minds and possibilities.

Jason Regier – recently finished his MBA and MS in Marketing. He has been playing Quad rugby for 7 ½ years and is also the president of the Denver Harlequin Wheelchair Rugby Team. Jason is also an Executive Producer of the movie "The Goal".

Following the Keynote, companies from across the United States will be in the Exhibit Hall, giving conference participants the opportunity to see and personally experience a number of different technologies. During the conference breakout sessions, choose from over 70 sessions that focus on intensive hands-on learning. Sessions are designed for different ages, disabilities, interest, and ability levels. As in the past, the computer labs are available with various software and hardware applications, and technology experts close by to assist and answer questions.

Plan to stop by our annual Adapted Home and Accessible Classroom displays on Friday and Saturday to see how various AT products can actually be integrated into these environments. Do you or someone you know have difficulty around the house because of limited use of one hand, decreased strength or movement, or other mobility or sensory challenges? This is the perfect time to see how your home, or that of someone you know, can be easily adapted to include easy ideas for access, as well as the latest AT. Our Accessible Classroom highlights the talents of our own Colorado school-based professionals as they demonstrate and share their adaptations, techniques, and methods for adapting classrooms and providing access to the curriculum.

A limited number of scholarships are available for persons with disabilities and their family members. For more information on the conference, visit our web site at www.uchsc.edu/atp or give us a call at 303-315-1280.

Opportunity for Advanced Training in Assistive Technology

Assistive technology can be a powerful tool for educational equity, but only if technology-relevant content and skills are well learned, well practiced, and appropriately applied to meet the needs of both the individual and the educational environment. Throughout the United States there is a significant shortage of qualified personnel trained to evaluate and implement assistive technology use for children with low incidence disabilities.



In an effort to address this shortage, Assistive Technology Partners (ATP) at the University of Colorado at Denver and Health Sciences Center, and their collaborating partners are implementing an Advanced Assistive Technology Training Program. The project, currently in year three of five, is funded through the US Department of Education Office of Special Education (US DOE Grant # H325A040122).

This project developed out of concern for assistive technology specialists who struggle to maintain their energy and commitment while staying abreast of the ever-changing field of assistive technology. The proposed project combines the technical expertise of Assistive Technology Partner's staff with the medical expertise of the University of Colorado's Health Sciences Center staff to provide advanced training in assistive technology implementation. This project goes beyond the initial assistive technology training application to implement systems change.

Funding for 12 graduate students is available each year for five years (2004-2009) for training in advanced practices in assistive technology devices and services for children with low incidence disabilities. Students accepted into the program receive over \$9,000 in financial support as well as 18 graduate credit hours in advanced assistive technology coursework. The grant targets special education, occupational, physical, speech/language and other related services and early intervention personnel who serve children with low incidence disabilities.

Each applicant must meet the following requirements for admission:

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

- Availability for 1- 2 days per week for 12 months.

The program will deliver 12 credit hours of graduate coursework and 6 credit hours of field work experience to graduate students so that they may better serve the intensive assistive technology related needs of children. Skills sets necessary for successful hands-on field work, participatory action research, grant writing, curriculum development, alignment with state standards, assessment and environmental adaptations will form the core of this program.

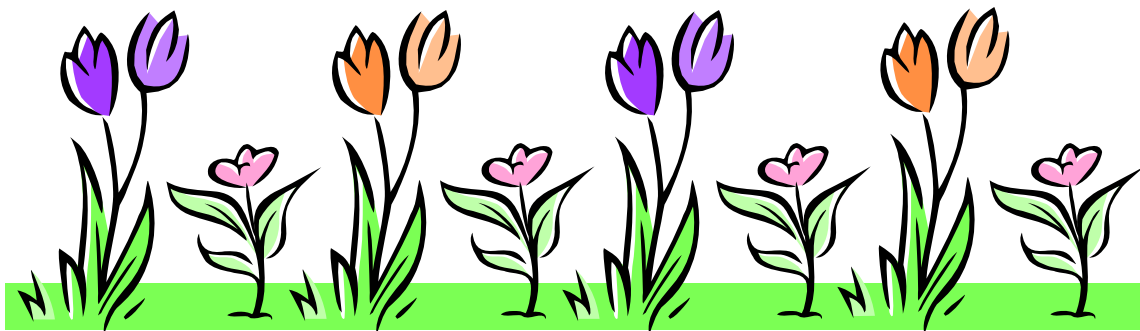
The Advanced Assistive Technology Training Program, now entering its third year of implementation, has trained 23 assistive technology practitioners, with another eleven currently enrolled. These individuals represent a variety of communities across the state and serve children from both rural and urban settings. Students have been very pleased with the training provided. One student commented: "This has been a great opportunity to expand my knowledge in assistive technology, to develop networks with other professionals, and to be immersed in the field of assistive technology through dynamic, skilled, and passionate professionals." Another noted, "ATP has lined up a top-notch set of instructors who present the most current trends, equipment, and resources in the field of assistive technology. The pace is fast and intense. Assigned projects are relevant to a school-based AT practice. Class work includes lectures, hands-on work with equipment, observations of practitioners with clients, interaction with AT developers, direction from state-level leaders, literature reviews, and research training and projects."

For more information or to apply: Open and print an application from our web site or request a formal application packet from ATP. Individuals interested in applying for the student positions for the 2007 year (September, 2007 to August, 2008) , should submit a letter of interest, three professional letters of reference, and a completed application packet to: Maureen Melonis, Assistive Technology Partners, 601 E. 18th, Suite 130, Denver, CO 80203, 303-315-1283 maureen.melonis@uchsc.edu by May 31, 2007.

Applications must be postmarked by May 31, 2007.

Year four of this program runs from September 2007 to August 2008.

Applicants accepted into the program will be called for an interview after June 1st and notified prior to July 31.



Response to Intervention: A Primer (or “The Facts about LD Classification”)

*By Dr. Sheldon H. Horowitz, Director of Professional Services,
National Center for Learning Disabilities*

FACT: There are more students classified as having specific learning disabilities (LD) than any other type of educational handicapping condition.

FACT: Almost 48% of all students receiving special education services are served under the LD category.

Yet the identification of students with LD has frequently been cited as the single-most problematic issue facing the field of special education during the past thirty years. And with good reason. When Public Law 94-142 was passed in 1975, no specific approach or formula was presented to guide states and local school districts in how best to implement the process of identifying and selecting students for services under the LD category.

What emerged over time was a smorgasbord of practices, the majority of which hinged on the notion that students with LD would demonstrate a significant discrepancy between their potential and actual performance when evaluated using a battery of tests including measures of intelligence, academic achievement, and social-emotional adjustment. This determination would result in a classification (“label”) as LD, and students would be entitled to whatever menu of services and supports was in place for students in that school community. So what’s the problem? It’s simple: *There is little if any evidence that an IQ-achievement discrepancy is an accurate predictor of LD!*

The discrepancy approach also falls short because it:

- often results in over-referral for special education evaluation
- places limited emphasis on early recognition of students at risk for learning failure
- delays the onset of specialized instructional and intervention services
- contributes to the separation and even alienation of general and special education professionals
- makes inefficient use of school personnel and resources

The Challenge

In 1982, a National Research Council publication proposed that the following three conditions be met before a student could be classified as having LD:

- a high quality general education instruction has been provided
- special education services and supports would be available to help if/when classification takes place
- the assessment process used to justify classification as LD was accurate and meaningful

While these recommendations seem straight-forward and logical, the vast majority of school-based practices are unfortunately far from meeting these criteria. Virtually every state has created its own established guidelines and procedures for testing and classification, and it is not unusual for students to literally lose their classification as LD when they move from one state (or school district) to another.

A “New” Approach to Recognizing and Responding to Students with LD

Response to Intervention (RTI) is not a new idea. In fact, features of this approach have been around for more than twenty years under names like Teacher Assistance Team Mode, Pre-

Referral Intervention Model, Mainstream Assistance Team Model, School-Based Consultation Team Model, and Problem-Solving Model. RtI is an approach to serving students who struggle with learning that can contribute meaningfully to the identification and classification process because it is based on *evidence* that informs the decision-making process. In other words, RtI is a service delivery approach that guides educators to anticipate, recognize and document student learning, and to provide timely, well-targeted and effective instruction.. How students responds to this instruction (in combination with more formal assessment as needed) determines a student's eligibility for the classification as LD.

The potential benefits of this approach:

- Attention is paid to students in a phased approach, with increasing intensity over time and with specific data about progress collected and shared among general educators, special education and other resource personnel, and parents
- Data are collected to document how well students responds to targeted instruction; this in turn guides decisions about how to adjust classroom instruction and whether a formal referral for special education assessment is warranted
- Student progress is monitored with clear timelines to avoid having students fall between the cracks and not receive timely attention

The RtI approach can work hand in hand with existing special services delivery models; it demands, however, a greater sharing of professional talent, a commitment to earlier recognition of students who struggle, and a willingness to deliver relevant, high-quality instruction and support before referring students for special education testing.

Some Core Features of RtI

While there is no single recommended approach to implementing an RtI model, there are a number of basic features that approaches have in common:

- students first receive high quality instruction in general education settings
- to the greatest extent possible, all instruction is research-based general education professionals and other teaching staff share active roles in student instruction and in collecting data on student performance
- student progress is monitored across the curriculum, not just on specific isolated skills
- student progress monitoring is ongoing (not just a snapshot of scores at a particular point in time)
- the RtI approach is well-documented and is seamless integrated into school-wide practice

RtI: Questions, Concerns and Opportunities

A number of successful projects provided promising evidence that RtI approaches to identifying and serving students with LD are viable alternatives to current systems of services and supports. In 2002, The National Center for Learning Disabilities convened The Learning Disabilities Roundtable to find common ground on this topic among ten leading organizations. A series of follow-up meetings resulted in the formulation of policy recommendations about RtI and how to improve services and supports to students with LD.

Some additional resources about RtI include:

The National Center for Research on Learning Disabilities: www.nrclld.org and www.nrclld.org/publications/papers/mellard.html.

From Intelligence & Achievement Testing to Response-to-Intervention: www.studentprogress.org/library/presentations.asp.



Challenges and Opportunities of RtI

As schools and districts implement the Response to Intervention Model, all educators will be involved in the process of supporting the learning of all students by identifying and responding to individual academic and behavioral needs. What is notably different about RtI's is that the emphasis is on prevention and early intervention rather than the "wait-to-fail" model. Above all, with the RtI model educators will be called upon to collaborate with other educational professionals to implement the strategies developed to enhance student achievement.

First and foremost, RtI will require collecting and interpreting extensive data to support the decisions for intervention. While this is not necessarily a new practice for related service providers and other support personnel, it does require sharing the decision-making around that data collection and analysis. It is important to note that the potential for an increased workload with RtI is a factor with which most professionals will contend. Yet the nature of the workload may be qualitatively rather than quantitatively different and this change may produce the perception of more tasks than actually happens in reality. As with any new endeavor, the "learning curve" around new task definition is always precipitous initially.

RtI presents both challenges and opportunities. Some of the common challenges are:

- Working with a greater variety of stakeholders around the problem-solving model
- Being involved in prevention and early intervention strategies with general education students
- Greater involvement with teachers and staff regarding creation and implementation of innovative classroom strategies to achieve better learning results
- Increased training around evidence-based intervention strategies and progress monitoring methods
- Increased evaluation of instructional and program outcomes as well as ecological assessment procedures
- Developing new skills around collaboration and decision-making

Many practices associated with the RtI are not necessarily new or nor revolutionary to related service providers and support personnel. They may require the use of skills that have not been utilized in past professional experiences. The opportunities presented by RtI will undoubtedly sharpen our professional skills and practices to better meet the learning needs of the students we serve.

The RtI Model cannot be realized in a quick-fix environment. It is a systemic approach that requires fundamental changes for most schools and educators. While change produces greater challenges, it also holds greater possibilities. RtI holds the promise of greater achievement for all students.

Achieving Peak Performance: Building Partnerships for Student Success

The 3rd Annual PBS Pre-Symposium and Symposium – **Achieving Peak Performance: Building Partnerships for Student Success** will be held at the Hyatt Regency Tech Center on Monday, July 23 – Wednesday, July 25, 2007.

The Colorado Department of Education, Exceptional Student Leadership Unit in conjunction with Prevention Initiatives, is sponsoring this symposium, designed to facilitate skill acquisition for creating positive school environments that support the social/emotional and academic competence for all Colorado students.

The Colorado Department of Education has always valued trainings that build the capacity of school personnel to address the needs of students with challenging behaviors which impact social and academic competence. This year CDE has provided various training opportunities for members of School-wide PBS teams, Behavior Evaluation and Support Teams (BEST) and district behavior specialists. We are pleased this year to include school-based Mental Health professionals as we address the areas of behavior, mental health and social-emotional needs of Colorado students. The Pre-Symposium creates an opportunity for participants to attend an all-day intensive session with their choice of five national presenters. The Symposium allows for BEST and PBS teams to strategically plan how they will continue to improve student outcomes in Colorado schools.

Positive Behavior Support (PBS) is a systems approach to enhancing the capacity of schools to educate ALL students, including students who present challenging behaviors. It is a three-tiered model that addresses universal, targeted and individual supports as represented by the familiar PBS triangle above. Colorado has had a strong PBS initiative for the past five years and is currently supporting 405 schools in 48 districts with this powerful model. This year, we have identified nationally recognized speakers to address preventative and proactive interventions to support all students in the State of Colorado .

This will be a valuable training so we strongly encourage you to select team members who can return to the district/BOCES and share this important and useful information. Make every effort to establish a team that has the skill, desire, and capacity to train others. Please choose members from your administrative unit who are directly involved with responding to the social, emotional, and behavioral needs of students, and who can provide training to their colleagues in your district/BOCES. Some examples may include PBS team members, special education teachers (i.e. affective needs, SIED, resource), mental health providers (i.e. psychologist, social worker), general education teachers and/or administrators. Parent participation is strongly encouraged and scholarships will be available for parents attending with PBS/BEST teams. Each BOCES/district can also request a scholarship for a community or school-based Mental Health professional.

July 23: Pre-Symposium Sessions OPEN REGISTRATION

The Pre-Symposium will be held on Monday, July 23 and will feature 5 nationally recognized experts in the field of education and psychology. These full day intensive sessions will provide participants with current research and best practices to proactively address the needs of students with a variety of social-emotional issues and at-risk factors. These sessions are open to all school personnel, parents, community agencies, advocacy groups, university students and personnel. Cost will be \$50 per person and registration with payment must be received by June 1. Registration is accepted for each speaker on a first come/first serve basis up to 125 persons per session. Registration and payment received after June 1 will be \$75.00.

July 24/25: PBS/BEST Symposium Open to returning PBS teams, all PBS Coaches and district administrators and BESTs.

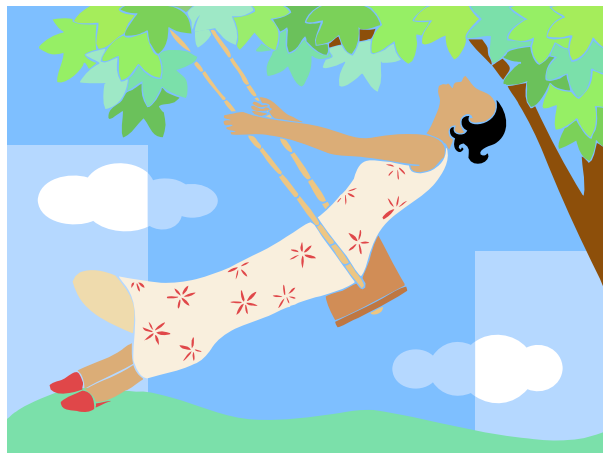
Start planning now to attend the Third Annual PBS/BEST Symposium. Join your colleagues for 40 breakout sessions featuring exemplar PBS and BEST presentations as well as strategies and interventions for students at the universal, targeted and intensive levels. We will have national and local experts including Anne Todd, Leanne Hawkins and Stacy Skalski as well as others in the field of PBS, mental health and behavior planning. Cost will be \$75 per person and registration with payment must be received by June 1. Registration and payment received after June 1 will be \$100.

BEST DEAL: All 3 days for \$100 per person – registration with payment must be received by June 1. Registration and payment received after June 1 will be \$125.

For BEST questions, please call Michael Ramirez (Behavior Consultant) at (303)866-6991, Julia Wigert (BEST Intern) at (303) 898-9623 or Kim Hubbard (Behavior Administrative Support) at (303) 866-6690.

For PBS and other questions or concerns, please contact Jason Dewar at (303) 866-6743 or Kelli Roark at (303) 866-6669. We look forward to seeing you in July!

Enjoy! Spring!



New Name!

The Special Education Services Unit at the Colorado Department of Education has a new name. It is now called Exceptional Student Leadership Unit or ESLU. Look for the new name on future publications and communications!

MENTAL HEALTH SERVICES

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

Educational Interpreting: A Related Service

By Sheryl Muir, CDE Consultant for Educational Interpreters

With the reauthorization of IDEA 2004, Educational Interpreting was identified as a related service in 34CRF300.34(a). This means that IEP teams need to discuss interpreting services as a part of each deaf or hard of hearing student's educational program, and include the time an interpreter will be interpreting for a student on the service delivery page, and a description of the interpreting services needed should be included in the Description of Services as well as in the appropriate sections of the Communication Plan.

34CRF300.34(c)(4) lists examples of interpreting services:

- Oral transliteration* services
- Cued language transliteration services
- Sign Language transliteration services
- Sign Language interpreting** services, and

Special interpreting services for children who are deaf-blind



* Transliteration refers to facilitating communication from a language to a different mode of the same language, such as spoken English to signed English.

** Interpreting refers to facilitating communication from one language to another, such as from spoken English to American Sign Language.

Also, in 34CFR300.34(c)(4) the definition of interpreting was clarified to include transcription services, such as communication access real-time (CART), C-Print, and TypeWell for children who are deaf or hard of hearing. As the transcription services is a relatively new area of service for most Colorado districts to provide, we are sure to see more development of types of transcription services, tools used in transcription, and clarification of how transcription works best in the preK-12 environment. One reason the definition of interpreting was expanded to include transcription services is due to the increased use of transcription at the postsecondary level. It is an important aspect of transition to prepare students for the use of services and accommodations typically used in postsecondary settings.



Nursing Delegation in the School Setting

By Kathleen Patrick, School Nursing Consultant

Delegation is a term used in other fields but it takes on a unique meaning in the practice of nursing. Nursing delegation means, “transferring the responsibility of performing a nursing activity to another person while retaining accountability for the outcome” (ANA 1994, NASSNC 2000). The decision by a school nurse to delegate is a serious responsibility and must be determined on a case-by-case basis. No nursing task, regardless of how simple it may seem to be, is always delegable. The health, safety and welfare of the student must be the primary consideration in any decision. It is also important to be aware that only a registered nurse can delegate .

Nursing tasks that are frequently delegated in the school setting include medication administration, emergency medications, G-tube feeding, catheterization, tracheostomy suctioning, and blood glucose monitoring.

Delegation is a process based on the judgment of the professional school nurse. The Colorado Board of Nursing holds the nurse responsible for any judgments made. The nurse must assess the student’s needs, the staff member’s ability to perform the task, the nature of the task to be delegated, her availability and accessibility and her ability to adequately supervise.

As the demand for nursing services increase, it becomes even more important tool to help the student with acute and chronic health needs fully access their education.



The MAARIE Framework for Reading and Critiquing Research

Evidence Based Practice and Scientifically Based Methodologies are terms now appropriately applied to the educational setting. IDEA 2004 and NCLB both emphasize the need to implement educational strategies based upon evidence supporting the effectiveness of the strategy on the population being served. However, prior to being able to implement evidence based strategies one must first learn to access and appropriately critique the evidence. The MAARIE Framework, developed by Riegelman (2005) offers a structured approach towards becoming a critical consumer of research. This approach recommends analyzing the following features of research:

M – Method

Method involved identifying and evaluating key issues about the study, including:

- hypothesis
- population
- sample size

A - Assignment

Assignment – refers to how the study participants were assigned to the groups (treatment or control)

A - Assessment

Assessment – the reader should critique the outcome measure used in the study. How well does the measurement tool chosen address the study question?

R – Results

Results report the comparison between the treatment and control groups. What were the statistically significant differences between the groups? Were there adjustments to account for confounding variables? What was the effect size (the magnitude of difference between the control and treatments groups)?

I – Interpretation

“Given the results, how should the relationship between the independent and dependent variable be understood?”

“Does the independent variable cause a change in the dependent variable, and, if so, for whom and under what circumstances?”

E – Extrapolation

Extrapolation refers to speculation as to what the study find means to individuals or situations not directly involved in the study.

How can the study results be extrapolated beyond the study population, setting, or parameters?

(Riegelman, R.K. (2005). *Studying a study and testing a test*. Philadelphia: Lippincott Williams & Wilkins.)



Tools toward EBP Implementation

Access to research literature and time to access research literature can be significant barriers to evidence based practice. Keep in mind, within any given caseload one will encounter a recurrence of either presentation or anticipated intervention approach. An OT/PT department within a district might easily work together and develop references and literature reviews on recurring topics. A few of the internet resources listed below compile research data and offer a literature review format, thereby decreasing the amount of time needed on your end.

Do remember, evidence based practice incorporates 3 components: Client values, Empirical Evidence, and Clinical Expertise in the form of data guided decision making.

The following are internet resources on evidence based practice:

Center for Evidence-Based Medicine	www.cebm.net
Freemedicaljournals.com	www.freemedicaljournals.com
National Guideline Clearinghouse	www.guideline.gov
OTseeker	www.otseeker.com
PEDro-Physiotherapy Evidence Database	www.pedro.fhs.usyd.edu.au/index.html
Promising Practices Network	www.promisingpractices.net
PubMed/MEDLINE	www.ncbi.nlm.nih.gov
Social Programs That Work	www.evidencebasedprograms.org
University of Puget Sound OT Dept. Evidence Symposium	www.ups.edu/x3676.xml
What Works Briefs	www.csefel.uiuc.edu/whatworks.html
What Works Clearinghouse	www.w-w-c.org
National Information Center for Children and Youth with Disabilities Research Center	http://research.nichcy.org
Kids OT – Mary Muhlenhaupt	www.kidsot.com

AOTA recently published an evidence review [Collins, A. (2006, September). Using evidence to guide decision making in the educational setting. *School System Special Interest Section Quarterly*, 13(3), 1-4.] It offers a case example and subsequent steps toward evidence review. It can be accessed through: www.AOTA.org for members or procured through an inter-library loan program using the aforementioned reference.

"All kids are gifted; some just open their packages earlier than others."

-Michael Carr (author)

STATE LEGISLATURE RECOGNIZES CONTRIBUTIONS OF SCHOOL PSYCHOLOGISTS

Sixty-sixth General Assembly
STATE OF COLORADO
SENATE JOINT RESOLUTION
CONCERNING THE RECOGNITION OF COLORADO SCHOOL
PSYCHOLOGISTS.

WHEREAS, In 2001, Surgeon General David Satcher released a National Action Agenda for Children's Mental Health which stated that the nation is facing a public crisis in mental health for children and adolescents; and

WHEREAS, In the United States, one in ten children and adolescents suffer from mental illness severe enough to cause some level of impairment, yet, in any given year, it is estimated that fewer than 20% of these children receive necessary treatment; and

WHEREAS, The long-term consequences of untreated childhood disorders are costly, in both human and fiscal terms; and

WHEREAS, The Surgeon General's report found that the school system is the largest provider of mental health services to children and adolescents and, for many of these children, is the only source of mental health care; and

WHEREAS, School psychology is one of three unique areas of psychological practice as defined by the American Psychological Association; and

WHEREAS, The philosophy of practice and the techniques used in school psychology have emphasized health promotion, disease prevention, early detection, and direct services to children, as needed; and

WHEREAS, School psychologists are working to remove barriers to children's learning in every school district in Colorado, and are often the only mental health service available to children and parents in certain counties; and

WHEREAS, School psychologists have been striving to improve children's lives in Colorado since 1915 and were implementing programs in some of Colorado's schools to address bullying even before the tragedy at Columbine High School; and

WHEREAS, A 2005 sunrise report by the Colorado Department of Regulatory Agencies said: "There is little doubt that the services offered by school psychologists are invaluable. School psychologists focus on learning and education, as well as socialization issues. Perhaps more than any other mental health profession, school psychologists impact Colorado's future, because they work with our children"; and

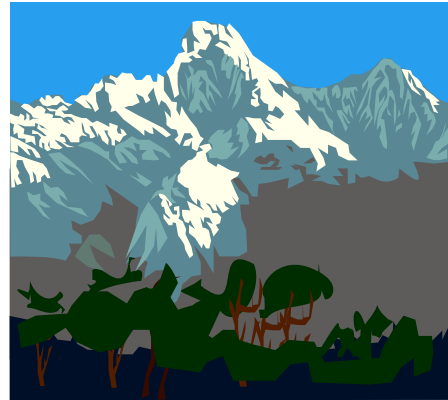
WHEREAS, School psychologists develop programs to train teachers and parents regarding effective teaching and learning strategies, successful techniques to manage behavior at home and in the classroom, and to work with students with disabilities or special talents; and

WHEREAS, Colorado school psychologists deserve recognition for their hard work to give Colorado students a brighter and healthier future; now, therefore,

BE IT RESOLVED by the Senate of the Sixty-sixth General Assembly of the State of Colorado, the House of Representatives concurring herein: That we, the members of the General Assembly, hereby: the mental health and educational competence of all children; and working relationships between teachers, parents, and service providers in the community.

BE IT FURTHER RESOLVED, That copies of this Joint Resolution be sent to the Colorado Society of School Psychologists, the National Association of School Psychologists, and the Colorado State Board of Education.

The American School Counselor Association National Conference Comes to Denver!



“Reaching New Heights”

The American School Counselor Association’s 2007 annual conference, "Reaching New Heights," June 23-26, 2007, will be at the Hyatt Regency Denver at Colorado Convention Center. It will bring together approximately 2,000 pre-kindergarten to post-secondary professional school counselors, counselor educators, supervisors and graduate students.

ASCA’s conference helps professional school counselors across the country meet their professional development needs.

Conference sessions allow attendees to take away solid, practical ideas they can put to work tomorrow, make valuable contacts in the school counseling field and discover the latest techniques in school counseling.

Featured keynote speakers are:

Dr. Joycelyn Elders, Former U. S. Surgeon General

Dr. Michelle Borba, Author and Educator

Jim Fay, Parenting Educator and Co-Founder of the Love and Logic Institute

For more information and to register for the conference, go to:

www.schoolcounselor.org.

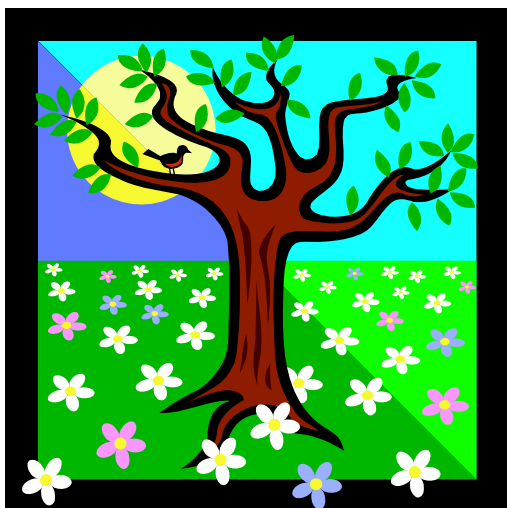
NEW

School Social Worker for CDE

I would like to introduce myself. My name is Gail Ploen. I have recently retired as a School Social Worker from Cherry Creek School District June, 2006 after 27 years of school social work and school social work supervision experience and am currently working part-time as a social work liaison at CDE. Presently I am also a Field Liaison for University of Denver's Graduate School of Social Work.

I welcome any suggestions, ideas, or concerns you may have related to the role of school social work, CDE licensing, and Exceptional Student Services. I can be reached at the email address and phone number listed below. I look forward to hearing from the field and am excited about working collaboratively to meet the social worker needs within the state.

Gail Ploen
Ph. 303-550-4889
Email: gploenmsw@aol.com



Remember!

Colorado School Social Worker

Website

www.cde.state.co.us/ssw

SAMHSA and Ad Council Unveil National Mental Health Anti-Stigma Campaign

The Substance Abuse and Mental Health Services Administration (SAMHSA), in partnership with the Ad Council has launched a national awareness public service advertising (PSA) campaign designed to decrease the negative attitudes that surround mental illness and encourage young adults to support their friends who are living with mental health problems.

"We took a new approach to de-stigmatizing mental illness with this campaign," said Assistant Surgeon General Eric B. Broderick, SAMHSA Acting Deputy Administrator. "Instead of telling people why they shouldn't discriminate against people with mental illnesses, we are showing how friends can be supportive of those who have disclosed they are having a mental health problem and the critical role that friendship plays in recovery."

Despite the fact that an overwhelming majority of Americans (85 percent) believe that people with mental illnesses are not to blame for their conditions, only about one in four (26 percent) agrees that people are generally caring and sympathetic toward individuals with mental illnesses, according to a recent HealthStyles Survey. The survey data, licensed from Porter Novelli by SAMHSA and the Centers for Disease Control and Prevention, also found that only one-quarter of young adults believe that a person with a mental illness can eventually recover, and slightly more than one-half (54 percent) who know someone with a mental illness believe that treatment can help people with mental illnesses lead normal lives.

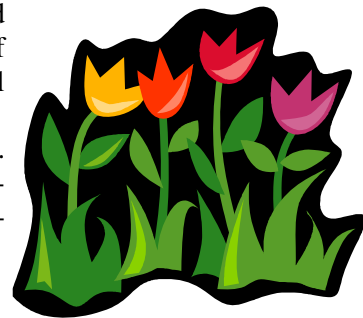
According to SAMHSA, in 2005 there were an estimated 24.6 million adults aged 18 or older who experienced serious psychological distress (SPD), which is highly correlated with serious mental illness. Among 18 to 25 year olds, the prevalence of SPD is high (18.6 percent for 18-25, vs. 11.3 percent for all adults 18 years of age and older). But this age group shows the lowest rate of help-seeking behaviors. Additionally, those with mental health conditions in this segment have a high potential to minimize future disability if social acceptance is broadened and they receive the right support and services early on.

Created pro bono by Grey Worldwide, the PSA campaign aims to reach 18- to 25-year-old adults who have friends living with mental illnesses. It highlights the importance of their providing support. Featuring a voiceover by Tony award-winning actor Liev Schreiber, the television and radio spots illustrate how friendship is the key to recovery. The campaign also includes print and interactive advertising that directs audiences to visit a new comprehensive Web site, www.whatadifference.samhsa.gov to learn more about mental health and what they can do to play a role in their friend's recovery.

In addition to collaborating with the CDC, SAMHSA's National Mental Health Anti-Stigma Campaign has partnered with other federal agencies, including the National Institute of Mental Health (NIMH), State mental health agencies, leading researchers on stigma, and a broad coalition of stakeholders, including organizations that represent provider organizations and consumer and family member groups. The Campaign held a series of regional meetings to develop a grassroots network to support the Campaign and provide assistance with anti-stigma efforts to States and local communities.

A resource guide entitled, "Developing a Stigma Reduction Initiative," was also recently released and is based on the evaluation and lessons learned from the Elimination of Barriers Initiative. Copies of the guide can be obtained by calling SAMHSA's National Mental Health Information Clearinghouse at 1-800-789-2647.

To view the ads, please visit www.whatadifference.samhsa.gov. The PSAs were distributed to more than 28,000 media outlets nationwide earlier this month and will air in advertising time that will be donated by the media.



NEW

TECHNOLOGY UPDATE

What have Colorado schools accomplished in a decade of technology development? See how Colorado compares to other states.

Check out the report on the website:

http://www.edweek.org/media/ew/tc/2007/CO_STR2007.pdf



**"Education is the key to unlock
the golden door of freedom."**

George Washington Carver (botanist/author/educator)

Upcoming Events

CSHA Annual Conference: “Auditory Processing Disorder: Where Audiology and Speech Pathology Meet”

May 5 at Auraria Higher Education Center,
For specific information and to download the registration form go to the CSHA website www.cshassoc.org



The 2007 Collaborative Assistive Technology Conference

June 21-22 at the Hyatt-Regency, Denver Tech Center
For more information, see www.uchsc.edu/atp or call at 303-315-1280.

American School Counselor National Conference “Reaching New Heights”

June 23-27: Denver Convention Center

For more information and to register, see www.schoolcounselor.org.

The 3rd Annual PBS Pre-Symposium and Symposium – Achieving Peak Performance: Building Partnerships for Student Success

July 23-25: Hyatt Regency Tech Center

For more information, contact Jason Dewar at (303) 866-6743
or Kelli Roark at (303) 866-6669.

School Nurse Orientation

July 23-26: Frisco

For more information, call 303-866-6779.

Save the Date



November 1-3—Colorado School Nurses Conference
See www.coloradoschoolnurse.org for details!



Fall 2007—Colorado School Counselors Association
Regional Workshops. See www.cosca.org for details!



ATTENTION ALL CONNECTIONS READERS!

We will no longer be mailing out a “hard copy” of the CDE Connections newsletter. To be cost-effective, the newsletter will be solely posted on the Related/Support Services website: <http://www.cde.state.co.us/cdesped/RSS-Connections.asp>.

School counselors can access the CDE Connections at www.cosca.org. Every effort will be made to communicate each posting with all school-based related and support person providers via 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.

CDE Connections Consultants

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<p>Sheryl Muir, Educational Interpreters CDE, 201 E. Colfax Ave. Denver, CO 80203 Phone: (303) 866-6909 Email: muir_s@cde.state.co.us</p>	<p>Sandra Meagher, OT, PT, APE CDE, 201 E. Colfax Ave. Denver, CO 80203 Phone: (304) 866-6639 Email: meagher_s@cde.state.co.us</p>



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