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kansas in service training system

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N E W S L E T T E R

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Effective Practices to Implement Family-Centered Services

By 2009 KITS Summer Institute Presenter Jean Ann Summers

We often speak of “family-centered practice” as one of the basic guiding principles of early childhood services for children with disabilities and their families. Indeed, the Division for Early Childhood includes family-based practices as one of its five basic recommended practices for direct services in early childhood programs. Most of us sincerely believe that we are family-centered in our approach to practices. Yet there are almost as many definitions of the meaning of family-centered practice as there are practitioners. We need a clear understanding both of what family-centered practice is, and why we take that approach to our services to guide our specific strategies in working with families.

Most definitions of family-centered practice, across many disciplines in health, social service and education programs, include two basic components: First, we embrace the concept of family choice, empowerment, and partnership in both deciding about services and in carrying them out – this is the “how” of family-centered practice. Second, we believe that successful outcomes for children are dependent, to a great degree, on the well-being of the family as a whole, and thus we must also take responsibility for building the capacities of each member of the family as well as the child. This is the “what” of family-centered practice. Understanding both the “how” and “what” of family-centered practice is critical to effectively serving children and families.

The “How” – Building Empowered Partnerships. The idea of partnership as a central tenet of family-centered practice is built on the recognition that families are most knowledgeable about their children, have life-long responsibility for their children extending far beyond the years of their involvement in early childhood services (and thus need to learn to be effective advocates for their child), and ultimately have the greatest influence on their children’s development. For these reasons, we seek to build partnerships with families that empower them as equal members of the team. Research suggests that parents who feel empowered in the family-professional relationship will be more satisfied with the services and outcomes for themselves and their child and will be more engaged with professionals in decision making and working with their child.



Part C Coordinator's Corner

Updates Part C Infant-Toddler Services/tiny-k

KDHE Part C Infant-Toddler Services has launched a new website with our own domain. Please check it out at <http://www.kdheks.gov/its/index.html>

On the website you can find:

- Kansas Part C IDEA FY2009 Grant Application
- DRAFT of the Part C Infant-Toddler Services Procedure Manual. A public meeting will be held May 6, 8:30-9:30 AM. You may also send comments to tsmith-birk@kdheks.gov
- Families & Professional information pages
- Publications and Data Reports
- Local Infant-Toddler Services/tiny-k Network Contacts

American Recovery and Reinvestment Act of 2009

The U.S. Department of Education has posted the American Recovery and Reinvestment Act of 2009 (ARRA) on it's website at <http://www.ed.gov/policy/gen/leg/recovery/index.html>

The fifth bullet on that page is *Individuals with Disabilities Education Act, Part C*, including a Fact Sheet (<http://www.ed.gov/policy/gen/leg/recovery/factsheet/idea-c.html>) and Guidance Sheet in MS Word or PDF format.

We would welcome your comments and suggestions for the American Recovery and Reinvest-

ment Act of 2009. Please send to tsmith-birk@kdheks.gov

Social Security

The following information may be of use to Family Service Coordinators as they work to provide resource support to families. Often families apply for Supplemental Security Income (SSI) while still in the hospital, but this is not always the case. The website below can assist you in staying up to date on information you will need to support families to use this important resource. www.socialsecurity.gov

Question

I was told Social Security will give SSI to children who were born prematurely. Is this true?

Answer

Social Security does provide SSI disability benefits to certain low birth weight infants, whether or not they are premature. A child who weighs less than 1200 grams (about

2 pounds, 10 ounces) at birth can qualify for SSI on the basis of low birth weight, if otherwise eligible. A child who weighs between 1200 and 2000 grams at birth (about 4 pounds, 6 ounces) AND who is considered small for his or her gestational age may also qualify. For this second category of low birth weight infants, the chart below shows the gestational age at birth and corresponding birth weight that satisfies our "small for gestational age" criterion.

Even if a child who was born prematurely does not fall into one of the "low birth weight" categories, he or she may still qualify for SSI if the evidence in his or her records show that he or she meets the definition of disability for children for another reason. Go to www.socialsecurity.gov/applyfordisability, call 1-800-772-1213 (TTY 1-800-325-0778) or contact your local office (www.socialsecurity.gov/locator) for more information.

Gestational Age	Weight at Birth
37-40 weeks	Less than 2000 grams (4 pounds, 6 ounces)
36 weeks	1875 grams or less (4 pounds, 2 ounces)
35 weeks	1700 grams or less (3 pounds, 12 ounces)
34 weeks	1500 grams or less (3 pounds, 5 ounces)
33 weeks	1325 grams or less (2 pounds, 15 ounces)

— submitted by Tiffany Smith-Birk, Part C Coordinator, KDHE

Part B 619 Coordinator's Corner

Updates on Early Childhood Outcomes - State Performance Plan Indicator B-7

What are the early childhood outcomes?

The three early childhood outcomes are:

1. Positive social-emotional skills (including social relationships),
2. Acquisition and use of knowledge and skills (including early language/communication, and literacy for three, four, and five year olds), and
3. Taking appropriate action to meet their needs.

The Kansas Department of Health and Environment, Part C Infant-Toddler Services and the Kansas State Department of Education, Part B-619 preschool programs have worked together to develop a collaborative system for collecting and reporting early childhood outcomes data as required by the U.S. Department of Education, Office of Special Education Programs (OSEP). *Outcome data is used at the federal level to examine the effectiveness of state programs serving children with disabilities from birth through age five, and the plan for collecting data is included in the State Performance Plan (SPP) and annual outcomes data is reported in the Annual Performance Report (APR).* In Kansas, LEAs and Infant Toddler Networks have been entering outcome ratings on individual children into the Outcomes Web System (OWS) since April 2006. Many trainings and technical assistance opportunities have been offered throughout the state to help prepare for OSEP requirements to report progress in the three outcome areas beginning with the February 2010 submission of the APR.

What's New?

Data collected from July 1, 2008, through June 30, 2009, will be considered baseline data from which targets will be set. OSEP requires states to begin using targets to report in the SPP due in February 2010. Targets will be set in each of the three outcome areas using the following calculations:

Summary Statement 1: Of those children who entered the program below age expectations in the outcome area, the percent who substantially increased their rate of growth by the time they exit the program.

Percent = # of children reported in progress category (c) + # of children reported in category (d) divided by [# of children reported in progress category (a) + # of children reported in progress category (b) + # of children reported in progress category (c) + # of children reported in progress category (d)] x 100

OR
Percent = $\frac{(c) + (d)}{(a) + (b) + (c) + (d)} \times 100$

	Outcome A	Outcome B	Outcome C
Year 1 Summary Statement 1	83%	81%	81%
Year 2 Summary Statement 1	85%	87%	86%
Year 1 Summary Statement 2	64.5%	57%	75%
Year 2 Summary Statement 2	66%	63%	79%

Summary Statement 2: The percent of children who are functioning within age expectations in the outcome area by the time they exit the program.

Percent = # of children reported in progress category (d) + # of children reported in progress category (e) divided by [the total # of children reported in progress categories (a) + (b) + (c) + (d) + (e)] X 100

OR
Percent = $\frac{(d) + (e)}{(a) + (b) + (c) + (d) + (e)} \times 100$

What can I do?

You can print your outcomes report at the local level from the OWS (Outcomes Web System) and use the calculations above to determine where you are in comparison to state level data. Looking at this data and asking what it means will help you prepare for any changes that may be necessary. If you have any questions you can contact me at cayres@ksde.org or 785-769-1944.

Here is the state data for Part B based on the new summary statements:

– submitted by Carol Ayres, 619 Coordinator, KSDE





TACSEI Webinar Series

A new professional development resource is available on the web for professionals and family members working with young children with challenging behavior. The Technical Assistance Center for Social Emotional Interventions (TACSEI) launched a series of free webinars beginning in January 2009. At their website, <http://www.challengingbehavior.org/> you can sign up for an upcoming webinar or view archives of past webinars. While you are there, browse through resources, including articles, research briefs, tools, and related links. New materials include:

- Screening for Social Emotional Concerns: Considerations in the Selection of Instruments
- Information for Military Families

TACSEI is a "sister project" to the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) at <http://www.vanderbilt.edu/csefel/>



Effective Practices to Implement Family-Centered Services continued

We build empowered partnerships by establishing an atmosphere of trust and respect that demonstrates a belief in the mutual competencies of both the parent and the professional. The key to establishing such partnerships lies in effective communication, including being willing to listen, being consistently honest and reliable, and demonstrating a commitment to the child and family. Building empowered partnerships requires professionals to be highly skilled in interpersonal relationships. Especially early on, when families are first dealing with the shock of discovering their child has "differences," professionals must be respectful of families in that process and how they are hearing and absorbing the information they are getting. In short, empowering families requires professionals who are self-confident (and non-defensive) about their own abilities and who have strong supports of their own to enable them to engage in partnerships with a variety of families without bringing along their own "baggage."

The "What" – Building Family Capacity. For professionals who enter the early childhood field because of their love of young children, it is difficult sometimes for them to hear they are also responsible for the family as a whole. Still, for many years research has shown us that strong families lead to strong outcomes for children. The quality of parent-child interactions is related to children's language and social-emotional development. Children do better in homes where the parents are knowledgeable, they have a stable living environment, and the family is free

of violence and substance abuse.

Building family capacity involves recognition that "family" means more than "mothers." For many years we have been slow to recognize the contributions of fathers to children's development. We have also been slow to recognize how our own strategies may make fathers feel excluded from the early childhood intervention process. Fathers bring their own approaches to interactions with their children that are complementary to the approaches mothers have – together, they help to maximize children's development. Similarly, siblings also have needs – for their parents' attention, for understanding their brother's or sister's disabilities, and for expressing their own feelings and fears in a non-judgmental atmosphere. Young siblings need to feel included when home visitors, educators, and therapists are focusing so much on a brother or sister. Finally, siblings are a built-in "inclusion" tool which professionals can use to provide more naturally-occurring intervention by involving brothers and sisters in therapies or learning activities.

Researchers have identified three broad categories of supports that are essential to building family capacity: physical, informational, and emotional supports. Physical supports include the nuts and bolts of daily living: housing, food, health care, transportation, career building, education, and so on. Early childhood education programs are not equipped to provide all these types of supports. This is where service coordination comes into the picture – professionals need to know where to go to help families find resources they may need. A further tenet of family capacity building

The Collaborative Calendar of Events

View at kskits.org/training

DATE	EVENT	CONTACT
4/27-4/30/09	<i>Considering Ethical and Professional Behaviors</i> , 4/27 & 4/28 at Olathe, 4/29 at Salina, 4/30 at Clearwater	Lucy Campbell, lcampbell@ksde.org
4/30-5/1/09	<i>KSDE Annual Conference</i> , Wichita	Janice Craft, jcraft@ksde.org
6/3/09	<i>Addressing the Social-Emotional Needs of Young Children in Community Settings</i> (ITV sites to be determined)	Kristin Rennells, tatekris@ku.edu
6/16-19/09	<i>Evidence-Based Practices for Effective Collaboration with Families</i> , 2009 KITS Summer Institute, Lawrence	Misty Goosen, mistyg@ku.edu
9/23-24/09	<i>ATK Expo</i> , Wichita	http://www.atk.ku.edu/
10/15-18/09	<i>DEC 2009</i> , Albuquerque, New Mexico	http://www.dec-sped.org
10/29-30/09	<i>Kansas Association of School Psychologists Fall Convention</i> , Overland Park	http://kasp.org/KASPCEC2008Conference.htm
11/4-6/09	<i>Governor's Conference for the Prevention of Child Abuse & Neglect</i> , Topeka	https://www.kcsl.org/training_conference.aspx

Links to Other Training Calendars

- KCCTO child care or CDA advisor trainings: www.kccto.org
- Families Together: www.familiestogetherinc.org
- HeadsUp Network for Head Start and early childhood: www.heads-up.org
- Children's Alliance Training Team: www.childally.org/training/training.html
- KACCRRRA: www.kaccrra.org
- Capper Foundation: capper.easterseals.com
- Council for Exceptional Children: www.cec.sped.org/pd
- KSDE: ksde.org



Talking with Parents About Autism

Rationale

Autism spectrum disorder, or ASD, is a complex disability that can sometimes involve other health, developmental, neurological, and genetic conditions. This is reason enough for professionals to share concerns with parents when possible “red flags” for an autism spectrum disorder are observed. Additional support for early identification of ASD comes from a growing body of evidence suggesting improved

outcomes for most and dramatic response to intervention for some children with characteristics of autism. A third rationale for talking with parents about your concerns is that it demonstrates your knowledge of ASD, which will make it more likely parents will turn to you for guidance and support in the future. Finally, there are some resources and services that are only available to children diagnosed with an autism spectrum disorder. Your open

communication with parents at this critical time can be the first step toward building a relationship of mutual trust and respect.

Recently KITS and KISN (Kansas Instructional Support Network) collaborated to develop information and resources to guide early intervention and early childhood special education providers in carrying out this critically important responsibility in an effective and sensitive

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Effective Practices to Implement Family-Centered Services continued

requires early childhood professionals to empower families, not just through building empowered partnerships (the “how” aspect), but by helping them learn to meet their own needs. This involves helping families identify the informal resources they may have in their extended families and communities, to meet those needs. This is yet another aspect of the strengths-based approach to family-centered practice.

Information includes a wide range of knowledge and skills. Families need to have knowledge about being a good advocate for their child: how to navigate a bewildering array of services, how to understand the use their rights, and how to develop their own skills to build effective partnerships with multiple professionals. They also need to understand children’s development as well as effective strategies they can build into their daily routine that will encourage children’s learning and minimize disabilities. Finally, they need to understand the importance of simply taking a step back and recognizing their children as children first, with all the strengths and joys that implies. All of these informational needs can be filled by professionals both by directly providing the facts and figures and by role modeling the information and skills in their interactions with the child and family.

Emotional supports are both the easiest and hardest to provide. It is easy in that sometimes the very presence of the early childhood professional is the proverbial lifeline in the storm. Providing families with skills and affirming

their sense of competence with their child also meets a deep emotional need most parents have, especially when faced with children whose needs go beyond their initial expectations of parenting. Meeting emotional needs is also very difficult, especially for practitioners whose training was primarily child-focused and who did not receive training counseling or other relationship-focused techniques. Further, some of the emotional struggles parents are experiencing are very hard to hear, especially when they involve a range of life challenges and issues that go far beyond the child’s disability. Finally, professionals can easily feel overwhelmed when faced with a number of families, all of whom are emotionally needy and looking for support. Effective strategies for emotional support include strategies to “heal thyself” in order to empower professionals.

Conclusion – Outcomes for Families. Both the “what” and the “how” of family-centered practice should produce outcomes for families. For each individual family, this will involve identifying the outcomes they want and expect from their involvement in early childhood. Strategies for helping families identify outcomes for themselves as well as for their child is a part of building effective family partnerships. Taken together, however, the types of outcomes we can help families identify and that we can work toward are embedded in all the approaches we describe above: building a sense of empowerment, competence, and partnership skills, developing effective advocates ready for the long “marathon” of raising a child with a dis-

ability, building capacities of families to access the resources they need, gain the knowledge and skills for effective parenting, and find the emotional support that will strengthen their capacity to serve as the central, nourishing pillar in a child’s life.

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Effective Practices concludes

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—submitted by Jean Ann Summers

Talking with Parents About Autism

manner. This information is intended to compliment the *Talking to Parents About Autism Action Kit* developed by Autism Speaks. The kit can be ordered or downloaded at the website: http://www.autismspeaks.org/whatisit/talking_to_parents_action_kit.php

Step 1: Go to the website to view the video (for you) and download the Early Childhood Milestones Map brochure (for family members). You may also request a free copy of the DVD and brochures (in English and Spanish) for your program.

Step 2: If you or your team need additional resources on early identification of ASD in young children, the following websites are a good place to begin. Along with print resources, each site offers video clips to help professionals and parents learn to identify possible signs of ASD in young children.

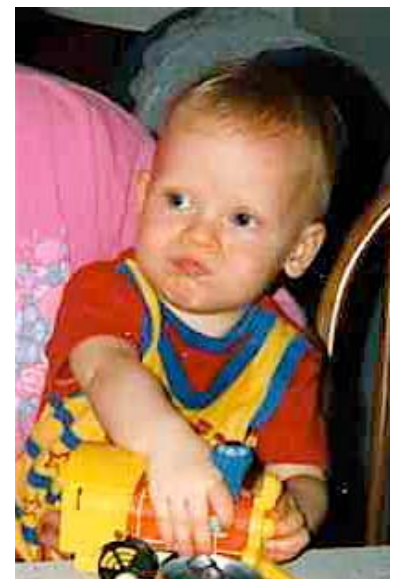
- Learn the Signs. Act Early <http://www.cdc.gov/ncbddd/autism/actearly/>
- Autism Speaks <http://www.autismspeaks.org/video/glossary.php>
- First Words Project. <http://firstwords.fsu.edu/>

What Families Really Need to Know and Why

The Autism Speaks training materials primarily target child-care providers and early childhood teachers in community settings. The supporting materials developed by KITS/KISN are intended for practitioners in early intervention (Part C) and early childhood special

education (Part B/619) programs that observe “red flags” for a possible autism spectrum disorder during the course of an evaluation. Evaluation and eligibility determination for Part C or Part B/619 services for this child should proceed as it would for any other. As with any child, you will be identifying and describing the strengths and needs of the child with characteristics of ASD. Parents need to know that early intervention and early childhood special education services are always individualized for a child and provided according to eligibility and need, not prescribed by diagnosis. This is consistent with federal law and state statutes governing Part C and Part B/619 services. Parents also need to know that they made the right decision when they decided to trust you to evaluate their child. They need to know if your team sees possible signs of an ASD. They need your help in making fully informed decisions about next steps for their child and family.

Talking with Parents continues on page 9



The Kansas Early Learning Document: Newly Revised and Ready to Go!

The *Kansas Early Learning Document* has been revised and is available for programs, teachers, and early childhood professionals to use. Previous sections have been updated and two new sections have been added: How to use the Guidelines; and, How to use the Standards. Hopefully, these two new sections will provide teachers and other professionals information and support they need to provide developmentally appropriate environments, align their curricula with the Standards, and develop IEP goals that align with the standards, benchmarks, and indicators in the document.

Section III: How to use the Kansas Early Learning Guidelines provides:

- An overview of responsive and intentional care and education
- An overview of how children learn, with a focus on the importance of play as the major learning process
- Examples that show the importance of relationships in the learning process
- Example scenarios that show how play is tied to learning specific skills, abilities, and knowledge from the age levels that are listed in the “Ages Pages” in Section II

Readers should find that the information is useful as they design their teaching environment to meet the needs of the children in their family child care homes and early childhood classrooms. Examples of how daily routines and play activi-

ties address Guidelines are provided throughout the Section. The major focus is that “Play = Learning” and that play is the fundamental, natural, and universal activity of children. Adults in a child’s life must be both partners as well as intentional teachers. The interactions between adults and children build the relationships and therefore the trust between adults and children—an essential component for successful outcomes.

Section V: How to use the Kansas Early Learning Standards provides a step-by-step guide for the following processes:

- Aligning curriculum to the Standards
- Developing a scope and sequence, based on the Standards;
- Linking specially designed individual plans for children with disabilities (Individual Education Plans—IIEP/ Individual Family Service Plans/IFSP) to the Standards

These three processes are described through examples. The Alignment example also includes a form to help programs and teachers through the alignment process if they choose to use it. The Scope (all the aligned learning standards/benchmarks) and a sequence (example indicators in hierarchical order) part of Section V gives a program the information necessary to ensure that the curriculum used in the program includes the standards and benchmarks. Finally, linking the Early Learning Standards to IIEP’s provides a way for all children to

have meaningful participation and progress in the general early childhood curriculum.

The *Kansas Early Learning Document* shows the continued connections to the School Readiness Framework, the Kansas Early Childhood Comprehensive System (KECCS) plan, and the continuum examples that show the strong connection from birth to grade three standards and benchmarks. Additional resources and information are provided in the Appendices section.

The Guidelines and Standards are not a curriculum, but they do meet the purpose for which they were designed:

- To recognize the importance of the early years as learning years
- To serve as a guide for appropriate curriculum development and/or selection
- To serve as a guide for creating quality learning environments and opportunities

For copies or for further information, contact Gayle Stuber at gs-tuber@ksde.org or 785-296-5352. The KSDE website, www.ksde.org will have the document online under Early Learning by mid-April.

—submitted by Gayle Stuber,
Ph.D., KSDE



Talking with Parents About Autism concludes

Be Prepared

Step 3. You should provide parents with a list of resources: national, state and local. The Autism Speaks Early Childhood Milestone Map brochure recommends several websites for families. You should have additional resources available to share with families, depending on the level of information they might need. Here are sample sources of information for families at 3 levels:

- Brief and concise (6 pages) http://www.nichcy.org/InformationResources/Documents/NICHCY_PUBS/fs1.pdf
- More detail, including treatment options & research (41 pages) <http://www.nimh.nih.gov/health/publications/autism/complete-index.shtml>
- Comprehensive video course, *My Next Steps: A Parent's Guide to Understanding Autism*. The first part explains what is autism? Part two takes parents through next steps following a diagnosis. The video can be viewed in segments online, downloaded, or ordered from the website <http://depts.washington.edu/uwautism/video/video.html>

Practice

Your message to families could include these key “talking points”:

- 1) Some of the characteristics described in their child’s initial evaluation are consistent with characteristics of children with an autism spectrum disorder. It’s your responsibility to make

families aware of your team’s concerns. Find out if they see what you see.

- 2) You have information on ASDs to share, now or later, as they choose. Find out what they already know about ASDs.
- 3) Some children with ASDs are more likely to have certain medical problems. A medical doctor can rule out ASD along with any associated conditions. For example, according to the NIMH website above, children with ASD need a formal audiological evaluation (to rule out hearing loss). Some may need lead screening (for children who put things in their mouths), genetic testing (to rule out conditions such as Fragile X Syndrome), laboratory tests (for metabolic problems), or a neurological evaluation (one in four may have a form of seizures).
- 4) If the family wants to pursue a medical consultation, offer to share the results of your team’s evaluation. Be willing to speak with their child’s pediatrician or family physician. If the family wants a referral for a specialist, be sure you have information regarding developmental pediatricians and specialty clinics in your area of the state. If the family wants to pursue a medical consultation but does not have the resources, you will help them find the support they need (remember, any of these activities requires signed consent for release of information).

- 5) There are some resources and services in addition to those offered by Part C or Part B/619 programs that are only available to children diagnosed with an autism spectrum disorder, such as the Kansas Autism Waiver program <http://www.kansasearlyautism.org/>
- 6) The best outcomes for children with ASDs are associated with early and intensive intervention to address medical, educational, and behavioral concerns.
- 7) Their child is eligible for services from their local Part C or Part B/619 program based on identified need, regardless of diagnosis. If eligible, an effective IFSP or IEP can be developed without delay.
- 8) Set a date to follow up on referrals and any requests for additional information or assistance.

Final Thoughts

Sharing sensitive news with parents is never easy, but planning ahead helps. You could role-play with a coworker or friend (preferably one who is also a parent). Additional resources are available. If you are a Part C or Part B/619 provider who needs more information or support on this topic you can contact:

Kansas Inservice Training System (KITS) 1-800-362-0390 x 1618 or kskits@ku.edu

Kansas Instructional Support Network (KISN) 913-588-5943 or shoffmeier@kumc.edu

—submitted by Phoebe Rinkel
with thanks to KISN Project staff Sarah Hoffmeier and Lori Chambers, and KITS staff Peggy Miksch and David Lindeman.

Application of Best Practice in Early Childhood Services

The Kansas State Department of Education-Special Education Services and Kansas State Department of Health and Environment-Infant Toddler Services recognized programs for application of best practice in early childhood services. These programs were awarded \$1000 to use as a resource and a certificate of recognition at the 2009 Kansas Division for Early Childhood Conference February 27th.

Two Part B and three Part C programs received the award this year. Bright Beginnings of Butler County is recognized in the area of Service Coordination that Supports Natural Environments. This program has altered its model of service delivery for Infants/Toddlers with disabilities and their families to implement the primary coaching model. The transitions to the model has greatly impacted the style and methods utilized by program staff for Service Coordination. Significant effort has yielded a system that is responsive to the needs of families and is built on the priorities of families. Systematic feedback from families has indicated the success of the service model. Contact Person: Susan Harsh, Bright Beginnings of Butler County, 409 North Main, El Dorado, KS 67042-2039, 316-320-1342.

Harvey County Infant/Toddler Program received recognition for collaboration with community partners in the transition of children from the local hospital to services by the Infant/Toddler Program. This program has increased referrals and the identification of children in need of early interven-

tion service through collaboration with community partners, and in some instances, the sharing of staff to meet the needs of families. This community has demonstrated that multiple agencies can work together to ensure positive outcomes for children. Additionally, jointly developed materials support the community in their communication and individualized planning for children and families. Contact Person: Marcia Friesen, Harvey County Infant/Toddler Program, 816 Oak Street, Newton, KS 67114, 316-284-6510, ext. 1005.

For over a year, the Douglas County tiny-k Early Intervention Program has conducted a unique staff development program that relies on their internal staff to conduct focused training on identified staff needs. The program has not required additional funds to support, as many of the identified needs can be address by team members. This program has set aside staff meeting time to consistently conduct training that supports consistent application of evidence based practices and has become a part of the routine work experience. When training is accessed outside of the program, each staff member has the responsibility to bring back information and share it with the team. Contact Person: Dena Bracciano, tiny-k early intervention of Douglas County, 2619 W. 6th, #B, Lawrence, KS 66049, 785-843-3059.

The preschool program in Crawford County, a program of SEK Interlocal # 637, is recognized in the area of Transition from Preschool to Kindergarten for Children with

Autism. This program has undertaken and accomplished a change in the planning and execution of supporting children with autism as they move from one educational program to their next program. They have instituted specifically focused planning for children with autism that incorporates individually tailored planning including a graduated transition. Specific strengths of the program are the sharing of staff across the preschool and kindergarten, collaboration across programs, shared training for personnel, and parent involvement. Contact Person: Debbie Potter, SEK Interlocal #637, 1700 N. Locust, Pittsburg, KS 66762, 620-235-3152.

The preschool services of High Plains Special Education Cooperative are recognized in the area of Integrated Service Delivery Model. This program has significantly changed its model of service delivery for young children with disabilities to one that strives to keep children in the learning setting they would normally be if they did not have a disability. In addition, this program is implementing the evidence-based practice of primary coaching in their program for children ages three to five years of age. This effort has focused on one member of the educational team supporting the family or other teacher while receiving supports for other team members. Contact Person: Shelly Harris, High Plains Education Cooperative, 621 E. Oklahoma Ulysses, KS 67880, 620-356-5577.

For more information on current and past award winners see <http://kskits.org/resources/#Application>

New Items at the Early Childhood Resource Center

- 1001 Great Ideas for Teaching and Raising Children with Autism Spectrum Disorders (Book)
- Practical Solutions for Educating Young Children with High-Functioning Autism and Asperger Syndrome (Book)
- Extraordinary Play with Ordinary Things (Book)
- ADOS (Autism Diagnostic Observation Schedule) (Kit)



Resource Spotlight from the ECRC

ADOS – Autism Diagnostic Observation Schedule



The ADOS 2008 edition is published by Western Psychological Services. The ADOS allows you to accurately assess and diagnose autism and pervasive developmental disorder across ages, developmental levels, and language skills. Module 1 is used with children who do not consistently use phrase speech and Module 2 is used with those who use phrase speech but are not verbally

fluent. Administration time is 30 to 45 minutes. Available within the ADOS are cutoff scores for both a narrow diagnosis of autism and a broader diagnosis of pervasive developmental disorder.

Find these and other resources at <http://kskits.org/ecrc>.

—submitted by Kim Page, ECRC
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Addressing the Social-Emotional Needs of Young Children in Community Settings

An Early Childhood Distance Learning Event Presented by PBS Kansas

On June 3, from 10:00 to 11:30 a.m., PBS Kansas will host an interactive videoconference focused on improving the social-emotional outcomes for young children in early education and childcare settings in Kansas. Linda Broyles, Deputy Director of the Southeast Kansas Community Action Program (SEK-CAP) will be the featured presenter to discuss her agency's nationally recognized model for program-wide implementation of the Pyramid Model. Linda is also affiliated with the Center for Social Emotional Foundations for Early

Learning (CSEFEL) and the Technical Assistance Center for Social Emotional Interventions (TACSEI).

The 90-minute presentation will include time for highlighting other early childhood projects and initiatives supporting early childhood social-emotional development at the state and local levels. Resources for providers working with young children in community-based early education and childcare settings will be shared. Time will be provided for questions. In order to determine where ITV sites for this event will be located, please

RSVP to Kristin Rennells at tatekris@ku.edu no later than May 22, 2009.

There is no cost for this event, but you must register in advance. The first 100 registrants will receive a copy of the booklet, *Program-Wide Positive Behavior Support: Supporting Young Children's Social-Emotional Development and Addressing Problem Behavior*, courtesy of Linda Broyles and CSEFEL.

**Training for
Early Childhood
Professionals and
Families**



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**KITS Summer Institute 2009
Evidence Based Practices for
Effective Collaboration with Families**

**June 16-19, 2009
Lawrence, Kansas**



Speakers: Jean Ann Summers, Connie Zienkewicz, Susan Moore, Clara Perez-Mendez, Marilyn Espe-Sherwindt, and Pam Winton

**Registration is still open so sign up quickly at
<http://kskits.org/training/KITSSummerInst.shtml>**

Content questions may be directed to Misty Goosen, mistyg@ku.edu, 785-864-0725. Registration questions can be answered by Robin Bayless, rbayless@ku.edu, 620-421-6550 ext. 1618

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