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Formalizing Informed Clinical Opinion Assessment Procedures is More Likely to Yield Accurate Results

By 2012 KITS Summer Institute Presenter
Stephen J. Bagnato

Introduction by Karen Lawson

Introduction: *Stephen J. Bagnato, Ed.D., NCSP, was a presenter during the KITS 2012 Summer Institute. He is a Developmental School Psychologist and Professor of Psychology and Pediatrics at the University of Pittsburgh, Schools of Education (Applied Developmental Psychology) and Medicine (Pediatrics). He is Director of the Division for Early Childhood Partnerships at the University (Office of Child Development), and affiliated with Children's Hospital of Pittsburgh of UPMC as a Core Faculty Member in Leadership Education for Neurodevelopmental Disabilities at the LEND Center at the University of Pittsburgh. Permission for the use of this article was granted by TRACE.*



Informed clinical opinion or judgment is used widely in a number of professional fields to assess the presence of not so obvious behavioral conditions warranting treatment or intervention. Clinical opinion has been an important part of eligibility determination in IDEA Part C early intervention programs since the federal law establishing these programs was first enacted.

Researchers at the Tracking, Referral and Assessment Center for Excellence (TRACE) reviewed 20 studies that included more than 150,000 children in order to identify the characteristics of informed clinical opinion that were associated with accurate decisions about subtle child behavior differences. Headed by Stephen Bagnato at Children's Hospital of Pittsburgh and the UCLID Center at the University of Pittsburgh, a team of five researchers attempted to isolate what mattered most in terms of accurate decision making using clinical judgment as an assessment practice and procedure.

The focus of the review conducted by Bagnato and his colleagues was on those characteristics of informed clinical opinion that could inform eligibility determination for Part C early intervention. Findings from the different studies reviewed by the TRACE investigators pointed to several assessment features that contribute to accurate decision making.

Formalizing Informed Clinical Opinion - continued

Findings point to the following practices that seem especially important when using clinical opinion for eligibility determination:

- An operational definition of the behaviors or domains constituting the focus of assessment increases the likelihood of accurate decisions and conclusions.
- Structured guidelines for collecting appropriate information help focus the assessment process on the operationally defined behavior.
- Trained practitioners who know how to use informed clinical assessment procedures and guidelines help ensure accurate decisions.
- Multiple sources of information obtained from different people about a child's behavior in different settings help produce the data needed to make accurate decisions.
- Consensus decision making by three or more people knowledgeable about the child being assessed contributes to the accuracy of the clinical-judgment process.

The common theme that emerges from the review is that formalizing the clinical-opinion process is important when the procedure is used for eligibility determination. What does this mean in terms of eligibility determination for early intervention programs?

Structure the informed clinical opinion process to insure accurate eligibility determination.



Using Clinical Judgment for Eligibility Determination

The following highlights some key characteristics of the clinical-judgment process that can help when using informed opinion for eligibility determination. The inclusion of as many characteristics as feasible should improve the accuracy of eligibility determination.

Preparation

- ✓ *Define the behavior(s) constituting the focus of assessment.* The more specific the focus of assessment, the higher the probability that those conducting the assessment will fully pay attention to those behavior(s) constituting the focus.
- ✓ *Develop and prepare guidelines for conducting an assessment.* The procedures that are used to conduct clinical-judgment assessments matter in

terms of collecting the data needed to make accurate decisions. Structured guidelines help tremendously in conducting appropriate research.

- ✓ *Identify the methods and procedures needed to obtain assessment data.* The guidelines used to structure the assessment process should be as specific as possible regarding the tools, methods, procedures, etc., used to conduct the assessment.
- ✓ *Train staff in using the guidelines and assessment procedures.* Get all those engaged in the assessment process "on the same page" by training them in how to conduct the assessment.

Information Gathering

- ✓ *Obtain the assessment data using multiple methods and procedures.* Use multiple methods and procedures to ensure that a rich array of relevant information is obtained through administering the assessment procedures.
- ✓ *Have three or more people gather the assessment information.* Multiple information and assessors will yield information from different perspectives, thereby providing a more complete picture of a child's behavior. Those conducting the assessments should be knowledgeable about the children being assessed.
- ✓ *Gather the assessment information in multiple settings.* Child behavior more often than not varies as a function of setting. A complete profile of a child's behavior across settings will provide a more complete picture.

Decision Making

- ✓ *Pool all the assessment data from the different tools, people, and settings.* Develop and use a systematic approach to pooling and analyze all the assessment information that is gathered. Like the assessment process, structuring decision making will increase the accuracy of eligibility determination.
- ✓ *Engage the team in a process of aggregating and analyzing the findings.* What aspects of the child's behavior did team members identify as most relevant? To what extent and in what manner did the child's behavior raise concerns?
- ✓ *Make a consensus decision based on available information.* Determine as a group or team what the consensus decision or conclusion is about the child's eligibility for early intervention. Does the child's behavior warrant intervention, and if so, what kind of intervention?

Formalizing Informed Clinical Opinion - conclusion

Informed clinical opinion can be a useful approach for determining a child's eligibility for early intervention. The process can be structured and codified by adopting the process described in this *Endpoints*. Doing so should ensure the accuracy of eligibility determination.

Some Key Features for Using Informed Clinical Opinion

Preparation

- ✓ Define the behavior(s) constituting the focus of assessment
- ✓ Develop and prepare guidelines for conducting an assessment
- ✓ Identify the methods and procedures needed to obtain assessment data
- ✓ Train staff in using the guidelines and assessment procedures

Information Gathering

- ✓ Obtain assessment data using multiple methods and procedures
- ✓ Have three or more people gather the assessment information
- ✓ Gather assessment information in multiple settings

Decision Making

- ✓ Pool all the assessment data from the different tools, people, and settings
- ✓ Engage the team in a process of aggregating and analyzing the findings
- ✓ Make a consensus decision based on available information

▫ This research summary is based on findings reported in Bagnato, S.J. Smith-Jones, J. Matesa, M. & McKeating-Esterle, E. (2006), Research foundations for using clinical judgment (informed opinion) for early intervention eligibility determination. *Cornerstones*, 2(3), 1-14.

Reference:

Endpoints TRACE Practice-Based Research Summaries, 2(3) (December 2006).

<http://tracecenter.info/endpoints.php>

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CONNECT: Professional Development Resources Available Online

Have you identified your professional development needs for 2012-2013? Are any of the following on your list of targeted topics?

- *Embedded Interventions*
- *Transition*
- *Communication for Collaboration*
- *Family-Professional Partnerships*
- *Assistive Technology Interventions*
- *Dialogic Reading Practices*
- *Tiered Instruction: Social Emotional Development and Academic Learning*

The CONNECT project has developed free online instructional modules on each of these topics for trainers, faculty members, and administrators to facilitate the provision of evidence-based professional development for early childhood practitioners.

<http://community.fpg.unc.edu/>

The first six modules are available in English or Spanish. Videos, activities, handouts, and narrative

content comprise each module. All are organized around a 5-Step Learning Cycle that begins with identifying a real life practice dilemma and moves practitioners through a problem-solving approach for making evidence-based decisions. Links are provided to personnel preparation standards and OSEP Indicators and Outcomes. The CONNECT website features a searchable resource library, instructor supports and discussion boards, news archive, and archived presentations by CONNECT researchers. For first time users there are brief video tutorials.

To see how the CONNECT Modules support the Office of Special Education Programs (OSEP) early childhood indicators, download the following document: *Aligning Professional Development with OSEP Early Childhood Indicators*.

http://www.kskits.org/ta/ECOOOutcomes/documents/CONNECT_OSEP_Alignment.pdf

Improving Outcomes for Young Children with Hearing Impairment and Other Disabilities: Technology for Audiometric Assessment

The purpose of this project is to develop an automated computer-based procedure that will prepare children with hearing impairment and other disabilities to complete behavioral audiometric evaluations. The training procedure will be designed for use at home and in school, by a parent, teacher, or therapist, to teach the child to respond appropriately in a clinical hearing evaluation for proper auditory management. The long-term outcome of this project is for young children with multiple disabilities to receive the testing that is needed to fully benefit from current technology such as cochlear implants.

Recent technological advances in digital hearing aids and cochlear implants have impacted the outcomes for children with significant hearing loss. There is no doubt that such technology has improved outcomes for children with profound hearing loss in both detection and intervention. For young children with hearing loss and additional disabilities, however, the potential of technology is not fully realized due to difficulties obtaining behavioral audiometric assessments. Proper functioning of cochlear implants depends critically on extensive behavioral testing (mapping). Young children with the most significant multiple disabilities, however, often require lengthy and individualized procedures to learn the discrimination responses used in the evaluation. Hearing clinics often do not have the time or expertise to prepare these children for a behavioral assessment. This is an important limitation because it has been estimated that thirty to forty percent of children with hearing impairment have one or more additional disabilities (e.g., Gallaudet Research Institute, 2010).

This project is designed to address this problem. We will develop a computer-based procedure that will be easily implemented at home or school, and allow testing in a clinical setting with minimal intrusion. Our target population is children with hearing impairment who have corrective technologies (e.g., cochlear implants) and other disabilities. To cover a wide range of challenges that such children will experience, we will recruit children with a range of additional disabilities such as intellectual/developmental disabilities, vision impairment, and orthopedic impairment. Collaborative partners for recruiting children and disseminating findings include critical state and local early childhood agencies and technical assistance providers. An advisory committee, including parents and consumers, will be formed to plan and evaluate project activities.

The entire project consists of four steps in which specific needs are addressed. In Step One, the prototype hardware, software, and protocol packages will be developed and tested. Typically developing children as well as individuals with intellectual disabilities will participate in this step.

Step Two concentrates on refining the procedures to address the primary problem of hearing loss. Children with hearing impairment but no other disabilities will participate. Starting from this step, transfer from training to clinical settings will be assessed by having the children take a hearing test at a clinic. Step Three concentrates on testing and refining with the target population: children with hearing impairment who have corrective technologies and specific co-disabilities.

Finally, Step Four concentrates on training the target trainers, such as parents and service providers. The training would present a host of issues that are potential barriers to the effective use of the technology and will be the target of this final step. Conclusion of this step should yield a teaching technology that is widely useful for teaching children of different ages and co-disabilities.

In order to meet a wide variety of demands to develop this training technology, we assembled an interdisciplinary team consisting of the behavioral scientists (Kathryn Saunders, Dean Williams, and Yusuke Hayashi at Life Span Institute, University of Kansas), an audiologist (Tiffany Johnson at University of Kansas Medical Center), and an educational researcher (Kathleen Stremel-Thomas at Teaching Research Institute, Western Oregon University). This project is supported through the Steppingstones of Technology Innovation for Children with Disabilities Grant under the Office of Special Education and Rehabilitative Services in the U.S. Department of Education.

References:

Gallaudet Research Institute. (2010). *Regional and national summary report of data from the 2009-2010 annual survey of deaf and hard of hearing children and youth*. Washington DC.

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The Collaborative Calendar of Events

View at www.kskits.org/training

Date	Event / Location / Sponsor	Contact / Collaborative Calendar Link
7/16/12	<i>The Magical Do's to Helping Children Follow Instructions</i> – Manhattan – Easter Seals Capper Foundation	Risa Flanders: 785-272-4060 ext 7152 http://www.kskits.org/~kskits/cgi-bin/CollCal/EventDetails.php?EventID=642
7/30/12	<i>Sensory Strategies for Better Behavior</i> – Manhattan – Easter Seals Capper Foundation	Risa Flanders: 785-272-4060 ext 7152 http://www.kskits.org/~kskits/cgi-bin/CollCal/EventDetails.php?EventID=643
9/5-7/12	<i>Kansas Multi-Tier System of Supports (MTSS) Symposium</i> – Wichita – KSDE/TASN	http://www.kskits.org/~kskits/cgi-bin/CollCal/EventDetails.php?EventID=629
9/19-21/12	<i>4th Annual RTI Early Childhood Summit</i> – Santa Ana Pueblo, NM – Division for Early Childhood	http://www.kskits.org/~kskits/cgi-bin/CollCal/EventDetails.php?EventID=609
9/24/12	<i>Sensory Strategies for Better Behavior</i> – Holton – Easter Seals Capper Foundation	Risa Flanders: 785-272-4060 ext 7152 http://www.kskits.org/~kskits/cgi-bin/CollCal/EventDetails.php?EventID=644
9/27/12	<i>Imagine the Possibilities with Assistive Technology: KSHA Annual Conference & ATK Expo 2012</i> – Wichita – KSHA & ATK	Sheila Simmons: 620-421-8367 http://www.kskits.org/~kskits/cgi-bin/CollCal/EventDetails.php?EventID=637
9/28-30/12	<i>Kansas Physical Therapy Association (KPTA) 2012 Fall Conference</i> – Overland Park – KPTA	KPTA, 785-233-5400 http://www.kskits.org/~kskits/cgi-bin/CollCal/EventDetails.php?EventID=619
10/1/12	<i>The Magical Do's to Helping Children Follow Instructions</i> – Seneca – Easter Seals Capper Foundation	Risa Flanders: 785-272-4060 ext 7152 http://www.kskits.org/~kskits/cgi-bin/CollCal/EventDetails.php?EventID=645
10/5/12	<i>Family Enrichment Weekend (Spanish)</i> – Garden City – Families Together, Inc.	Families Together: 316-945-7747 http://www.kskits.org/~kskits/cgi-bin/CollCal/EventDetails.php?EventID=630
10/13/12	<i>Healthy Hearts – Healthy Minds: 2012 Kansas Association for the Education of Young Children (KAEYC) Annual Professional Development Event/Conference</i> – Manhattan – KAEYC	http://www.kskits.org/~kskits/cgi-bin/CollCal/EventDetails.php?EventID=612
10/15-17/12	<i>36th Annual Governor's Conference for the Prevention of Child Abuse & Neglect</i> – Wichita – Kansas Children's Service League (KCSL)	Pamela Noble: 877-530-5275 ext 1343 http://www.kskits.org/~kskits/cgi-bin/CollCal/EventDetails.php?EventID=613
10/28-30/12	<i>Division for Early Childhood (DEC) 28th Annual International Conference on Young Children with Special Needs and Their Families</i> – Minneapolis, MN - DEC	DEC: 406-543-0872 http://www.kskits.org/~kskits/cgi-bin/CollCal/EventDetails.php?EventID=607



The KITS Collaborative Training Calendar is a list of trainings, conferences and workshops available to persons interested and/or involved in the field of Early Childhood. Any not-for-profit organizations are welcome to list their early childhood trainings, workshops or conferences on this calendar. KITS reserves the right to remove any information that we deem to be inappropriate or to not meet the needs of our constituents. For an overview, to view events, to add your own event, or to find links to other on-line calendars, go to: <http://www.kskits.org/~kskits/cgi-bin/CollCal/CollCalIndex.php>



Jackson Heights Elementary Best Practice Project: Kids Investigating and Discovering Science



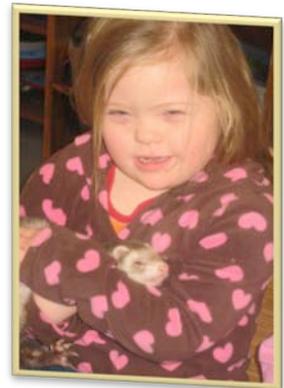
The Kids Investigating and Discovering Science (KIDS) project was started with the ECSE classroom and the high school science department just this school year. The implementation of KIDS is a unique utilization of social interactions between multiage peers (3-5 year olds and 14-18 year olds). The goal is to foster peer partnerships between grade levels as they teach and learn about animal or reptile science.

Students from the high school come weekly to the ECSE classroom with a pet. Prior to the visit the high school students are required to research each animal or reptile, and are then responsible for presenting the lesson in an age appropriate manner. During the visit, the older students gather the preschoolers together to learn about the animal or reptile habitat, eating, characteristics, and other important information about them. After the brief lesson the children have the opportunity to ask questions and hold the animal or reptile.

Holding the animal requires a huge trust between the animal or reptile, older students and the younger students. The pet is then placed in a child safe cage, which was purchased by a student's parent. The pet stays in the classroom for a week. During the week, the preschoolers are in charge of feeding, watering, and playing with the animal or reptile.

Thus far, we have had a bearded dragon, a hedgehog, baby black rat snakes, a white corn snake, a tarantula, mud puppies, a rabbit, a large tortoise, a bullfrog, ferrets, quail, and many others. With the award funds, we will take a field trip to Topeka to learn about other animals, adopt a classroom pet, host a parent day where the ECSE students and the high school students will share about the animals and reptiles we have learned about, and make bound books about each animal.

For more information about the KIDS project please contact Kay Smith, ECSE teacher, Jackson Heights Elementary at Kay.Smith@jhcobras.net or call (785) 364-2244.



Part B ECSE Preschool Coordinator's Corner

KSDE Early Learning Services Unit Website

<http://www.ksde.org/Default.aspx?tabid=2284>

Our website has information, reports and documents about early childhood programs, including Parents as Teachers, ECSE Part B, Kansas Pre-K, 4 Year Old at Risk, and our Birth to Five State Early Childhood documents from our annual regional summits. This includes Part B ECSE contacts across the state as well as the KDHE Part C tiny-k contacts. <http://www.ksde.org/Default.aspx?tabid=4745>

If you would like to add or update Part B ECSE contact information, please contact [Beccy Strohm](#).

KSDE Leadership Conference for Special Education Administrators

The KSDE Leadership Conference for Special Education Administrators is designed to provide information relevant to educational leadership and to provide updated information on district requirements in preparation for the upcoming school year. The conference is being held on Wednesday, July 25 – Friday, July 27, 2012, at the DoubleTree (formerly Hilton Wichita Airport Hotel), 2098 Airport Road, in Wichita (316-945-5272). Please register at <http://www.ksdetasn.org/cms/>

Featured topics include:

- New to Special Education Administration
- Legal Issues
- Fiscal Accountability
- Early Childhood (Transition – Indicator 12 and Early Childhood Outcomes – Indicator 7)
- Early Warning System
- KIAS (Kansas Integrated Accountability System)

Other Upcoming Training:

- *Kansas Multi-Tiered System of Supports (MTSS) Symposium*: September 5–7, 2012, Hyatt Regency Wichita, 400 West Waterman, Wichita, 316-293-1234
- *Tri-State Regional Special Education Law Conference*: November 8–9, 2012, Embassy Suites, Omaha Downtown/Old Market at 555 South 10th Street, Omaha, 800-362-2779

Transition From Part C to Part B ECSE Preschool Part B Indicator 12

Due to the release of new Part C IDEA regulations in September of 2011, KSDE and KDHE were required to update the Memorandum of Agreement (MOA), regarding children transitioning from Part C *tiny-k* programs to Part B Early Childhood Special Education. We will also be jointly releasing a Frequently Asked Questions (FAQ) document to address more specific guidance areas for transition. Early Childhood Transition updates will be discussed at the 2012 KSDE Leadership Conference for Special Education Administrators.

Early Childhood Outcomes – Outcomes Web System (OWS) Part B Indicator 7

Remember...

The deadline to enter data in OWS for this year will be **July 31, 2012** for all students entering or exiting on or before **June 30, 2012**.

Please visit the KITS website to review the **updated OWS user guide** that is now available as a webpage with links for easier access.

<http://kskits.org/ta/ECOOutcomes/Index.shtml>

There are other resources, including COSF rating examples and quality rating forms for administrators, data entry staff and the direct service provider to assist you with verification of your program data.

The KITS early childhood team and the Part B ECSE coordinator will provide a breakout session at the leadership conference to provide guidance, including a data drilldown guide to support Part B ECSE preschool programs in understanding early childhood outcome data, evaluating current early childhood outcome reporting process, and identifying patterns in the data that can lead to improved services to Kansas children and families.

The KITS website has a section, **Understanding Your ECO Data**, that includes the drill down guide and other helpful information and documents.

Part B ECSE Preschool Coordinator's Corner – conclusion on Page 8

Part B ECSE Preschool Coordinator's Corner - conclusion

Early Childhood Special Education Indicator Technical Assistance

There are many resources available regarding Early Childhood Transition (Indicator 12), Early Childhood Outcomes (Indicator 7) and Least Restrictive Environment (Indicator 6), as well as the other Part B Indicators. Please go to the TASN website to request **Individualized Technical Assistance** or to get information regarding the Kansas SPP indicator improvement resources, public reports and other useful links.

<http://ksdetasn.org/cms/>

School Readiness Data Task Force

The task force members finalized their work in February and sent their recommendations for the School Readiness Framework and the set of indicators and data elements to be shared with KSDE leadership, the Children's Cabinet and Trust Fund, and the State Early Childhood Interagency Leadership Team. At its April meeting, KSDE leadership endorsed the School Readiness Framework as the vision for Kansas around school readiness and accepted the list of indicators and data elements. Members of the State Early Childhood Interagency Leadership Team are working with their own agencies to endorse the framework. Once this process is complete, the framework will be shared across the state.

All documents from the School Readiness Data Task Force are online at:
<http://www.ksde.org/Default.aspx?tabid=4681>



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Part C Coordinator's Corner

"Identity is such a crucial affair that one shouldn't rush into it." – John Perry Barlow.

Well, no one ever accused the Part C program of rushing into finding an identity. For years the people of Kansas have struggled with what to call the Part C program. We have been known as Kansas Infant Toddler Services, Part C, Part C Early Intervention, Local networks, tiny-k and I am sure many other names. This has caused a bit of an identity crisis. This spring the staff at KDHE announced that the statewide Part C program in Kansas would now be referred to as **Kansas Infant Toddler Services**. Each of the local programs/networks will be referred to as "local tiny-k programs". We hope this will go a long way in solving the identity crisis!

"Whether we are called upon to be involved in leading government or business, guiding young minds, leading a family, standing for what is right, or organizing a dinner, a carpool, or a household, everyone has a leadership role to play." – Michael McKinney

Leadership is everyone's job. KDHE has a goal to build the leadership of all that work in early intervention. Toward that effort, KDHE, together with KITS, the KUMC OT Department and TARC, sponsored training in March: **Implementing Evidence Based Practices in Early Childhood Intervention**. M'Lisa Sheldon and Dathan Rush from the Family, Infant and Preschool Program of North Carolina presented on leadership and the relationships that professionals have with each other. Their training was built on the "Mission and Key Principles of Early Intervention in Natural Environments", which has as its mission to provide support and resources to family members and caregivers so they can enhance the development and learning of children through everyday learning opportunities.

The purpose of the training was to begin building leadership in local programs and assist programs to gain proficiency in supporting their team(s) and other

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conclusion on Page 9**

Part C Coordinator's Corner – conclusion

practitioners in the implementation of the “Mission and Key Principles”. Each of the 37 local tiny-k programs identified two master coaches, who attended the training. Mentor coaches were provided with a variety of checklists and other tools to aid them in providing support in their leadership development. Outcomes and service delivery methods were studied and participants were given the opportunity to look at case studies, video clips, and use the tools to “connect the dots”. Mentor coaches became more comfortable coaching each other and providing leadership to their team, while keeping fidelity to the “Key Principles”. Each program was then required to develop an action plan, which is to be carried out throughout the next year. It is our hope to nurture the innate leadership that all providers possess to support the practices outlined in the “Mission and Key Principles”.



It is with deepest sorrow and regret that we must inform you of the death of **Jim North**, our ITS database contractor of many years. It was an unexpected shock to all of us, even after knowing about Jim's recent illness. We will remember him for his amiable and warm nature, his devotion to maintaining the ITS database, and his personal relationship with each program. We are providing the following links to his obituary.

http://www.cape-coral-daily-breeze.com/page/content_detail/id/530474/James--Jim--North.html?nav=5012

<http://www.legacy.com/obituaries/news-press/obituary.aspx?n=james-north&pid=157933201>

Given the unexpected nature of this sad news, KDHE ITS is working to determine what our next steps are. Please send outstanding data-related issues to MBoswell-Carney@kdheks.gov and she will keep track of needed changes. Since a family member of Jim's is his secondary contact for database issues, it may be a short while before we can devise a plan to address the current operation of the database. We will keep you informed as we know more information. Thank you all for your understanding and patience.

In Other News...

What does the date, July 1, 2012, mean for our local tiny-k programs? It means that the **Federal Regulations for Part C** must be implemented. We continue to revise the **Procedure Manual** and should have it out for public comment in the next couple of months. There are new clarifications for Transition from Part C to Part B, and we have been working with KSDE to revise our Memorandum of Understanding (MOA) to meet the new regulations. We have also developed a frequently asked questions (FAQ) document in conjunction with KSDE and KITS, which will be posted on our website.

www.ksits.org

KDHE rolled out the **Statewide IFSP document** to Family Service Coordinators on June 1, 2012. We were provided with lots of feedback and are working to make final adjustments. Here is how implementation will go...

- July 1, 2012: Each tiny-k program is required to have at least one person utilize the document starting at the beginning of July. Programs are encouraged to expand that use to all teams and team members throughout the fall. Programs may choose to have all providers use the form starting July 1st.
- January 1, 2013: All new IFSP written should be on the new statewide form.
- July, 13, 2013: Web-based implementation

The Statewide IFSP document, along with any required supporting documents, will be made available to all networks via our website within the first couple weeks in July. To support the implementation of the IFSP and its supporting documents, KDHE and KITS are in the process of developing a series of webinars that will be made available to the local tiny-k programs.

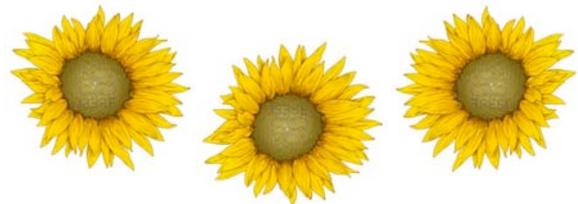
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Transition from Part C to Part B: Unpacking the TA Packet

For many years KITS has provided an online technical assistance (TA) packet on best practices in transition from Part C to B. The decision to “unpack the packet” and design a web page on the topic resulted from practitioner feedback and the need to update materials and resources to reflect changes to transition guidance following release of the Final Part C IDEA 2004 Regulations in September 2011. Information formerly included in the transition TA packet is now available for download on the new **Transition from Part C to Part B** web page located at <http://kskits.org/ta/transitionPartCtoPartB/>

The transition web page was designed as a resource for administrators and practitioners, as well as for families of young children receiving services in a Kansas *tiny-k* program. It is intended to promote collaborative, timely and effective transition practices for children with IFSPs as they are turning three. Information included on this web page addresses the current process of transition for children with disabilities and their families from Part C to Part B services in Kansas. Components of effective transition practices serve as sections for the main page:

- ✓ Formalizing structures for developing, implementing, and evaluating the transition;
- ✓ Data collection and analysis;
- ✓ Effective, evidence-based transition practices for children and families; and
- ✓ Application of evidence-based practices to support continuous improvement.

The web page also includes a section for *Recently Added Information, Resources for Families, and Additional Resources*, including current materials on transition available from the KITS Early Childhood Resource Center. At the time the page was launched, new materials were being edited, so check the page for updates. Watch for the *2012 Transition FAQ*, the 2012 revision to the *Kansas State-level Interagency Memorandum of Agreement between KDHE and KSDE*, and the *Part C to B Transition: Part C tiny-k Program and Part B LEA Responsibilities* documents.

If you have any questions or suggestions about the new transition web page, please call us at (800) 362-0390, ext 1618, or email us at kskits@ku.edu

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Early Childhood Resource Center

Spotlight On Transition from C to B



The Early Childhood Resource Center (ECRC) has numerous resources available to support children with disabilities transitioning from Part C to Part B. Families, teachers and administrators sometimes find themselves at a loss when planning for transition. The ECRC has materials to help build a team to provide a seamless transition for 3 year olds with no disruption of service. Highlighted below are two popular resources available from the ECRC.

Tools for Transition In Early Childhood by Beth Rous helps establish a clear vision of what transition should look like, shows a view of transition from a general education and special education perspective, helps set up a formal interagency structure to make decisions as a group while avoiding conflict, and draw up a team plan that helps set goals and outcomes.

Mariah's Story, A Study in Age 3 Transition is a video about Mariah Slick, who has Down Syndrome. The video highlights Mariah and her family making the transition from infant-toddler intervention to special education services at the nearby Head Start. The video was created by Bridging Early Services Transition Project.

For more information contact the KITS ECRC at 620-421-6550, ext. 1638 or email kpage@ku.edu or resourcecenter@ku.edu. Our full catalog is searchable online at www.kskits.org/ecrc

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KITS eUpdate

The KITS eUpdate contains a list of abstracts and corresponding website links on various projects of interest to early intervention and early childhood special education program staff. This web page has links to the most recently featured projects in the KITS eUpdate.

<http://kskits.org/listserv/kitseUpdate.shtml>

The eUpdate is provided to subscribers of the KITS Infant Toddler Network and Preschool Program List Services. If you would like to subscribe, simply join either the [Infant Toddler Network List Serv](#) or the [Preschool Program List Serv](#).

Links to Other Online Resources

As part of ongoing efforts to link to and disseminate research-based information that leads to effective practice, KITS has thoughtfully chosen the links to resources listed on this web page.

<http://kskits.org/resources/>

These online resources include:

- National Resource Information
- State Resource Information
- Kansas Technical Assistance System Network (TASN)
- No Child Left Behind
- Early Childhood Education Plan
- Programs Recognized for Best Practices

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