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<http://kskits.org/publications/newsletter.shtml>

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From the Baby's Point of View

By 2012 KITS Summer Institute Presenter
Terrie Rose, Ph.D., LP

Introduction by Karen Lawson

Introduction: Terrie Rose, Ph.D., LP was a presenter during the KITS 2012 Summer Institute. She is a psychologist and entrepreneur building a network of practical solutions for improving outcomes for young children residing in poverty and experiencing trauma. Baby's Space, which she founded while at the University of Minnesota, is a full-spectrum, birth-through-third-grade transformative model that combines childcare, elementary education, parent education, and community employment. For her pioneering work in creating high-impact early intervention to provide at-risk babies and toddlers a strong start in life, she was chosen as Leadership Fellow for Zero To Three, elected as an Ashoka Fellow in 2008, received the 2011 Lewis Hines Award from the National Child Labor Committee, and recognized by the Minnesota Association of Children's Mental Health for outstanding service in 2011. Dr. Rose is a national trainer for ZERO TO THREE for the diagnosis of mental illness in children under the age of five. She is a nationally recognized speaker in the areas of early childhood development and mental health.



Babies' emotional needs are simple: they require caregivers to be engaged with them in the simple, everyday moments afforded by parent-child interactions. In the best scenario, each baby has one person, maybe more – mom, dad and a childcare provider – who lovingly cherishes and nurtures her, helping to guarantee a solid foundation for a happy and healthy childhood. While this requirement isn't complicated or expensive, it is absolutely crucial.

All babies depend on adults to mediate their emotional experiences and buffer interactions with their surroundings. Yet many of us know from our own caregiving experiences that individual babies "bring to the table" varying abilities to self-regulate their internal experiences. Some babies fuss after sitting for an hour in a wet diaper while others cry after a few seconds. An adult who adapts her responses to the particular needs of her baby is providing the structure and attention needed to help that individual baby regulate his internal experiences and develop normally.

From the Baby's Point of View – continued

Ask A Question at www.drterrierose.com

Check out Dr. Terrie's Rose's valuable blog for thoughtful, practical advice to common childcare questions. Here's a recent post about a toddler preferring her mother followed by Terrie's response.

QUESTION: My one-year-old daughter has begun to favor me over her father, especially in the morning, before bed, or when she gets hurt. She actually screams if he tries to pick her up. My husband is taking it personally and is getting jealous of my relationship with our daughter. Is this a developmental milestone or is it a matter of me being the one who usually takes care of her needs (diaper, feedings, bath, bedtime routine, etc.)? My husband sometimes does these things, but quickly hands things over to me when our daughter becomes cranky. How can we work together?

TERRIE'S ANSWER: This is one of my favorite questions because in families with two responsive and consistent parents, preference is both typical and changeable. Our daughter as a toddler demanded "Dada, no mama!" You are fortunate to share parenting with another committed adult and rest assured that preference will go back and forth many, many times.

The key is to manage our feelings as adults. Here are a few helpful strategies:

Understanding Child Development

Infants and toddlers are figuring out their role in relationships, how to get their needs met in more complex ways and how to communicate. It is quite typical for very young children to work on this in the context of one special relationship at a time. Having a go-to-adult is a sign of healthy and robust development, particularly during the first two years of life. As she gets more of these strategies down, she will naturally broaden her network of go-to adults.

Support Each Other

While it feels great to be the go-to-adult and not so great to be "number two" there are advantages and disadvantages to both. Maintain clear and supportive communication with each other and remain willing to hear about each other's parenting experiences. Believe me, the strategies you develop in supporting each other now will pay off in spades when your children are teenagers!

Build Favorite Activities

Each parent and child can build a repertoire of favorite activities to do together. My husband was the one who read books and tucked each child in at night. He still talks about this as one of his favorite parts of parenthood. Being involved in everyday activities is the primary way in which relationships are built and maintained. Even with a year-old baby, it's not too early to each think about the rituals or favorite activities that you want to share.

By staying supportive of each other and your daughter's process of developing relationships, you'll both keep your eye on the long-range goal of raising a healthy child.

Read more at www.drterrierose.com

BLOG Brings Parents Together with Valuable Information

Terrie's blog is the go-to place on the web for parents, grandparents and caregivers. Here's a recent blog question and Terrie's solution-focused response.

Q: My first grader is very behind in reading and math. His teacher doesn't think it's dyslexia or ADHD but, rather, some sort of processing issue. Some people say to wait on an evaluation, others tell us to get one so we know exactly what we are dealing with. Others recommend tutors. His teacher says the school district doesn't test until he is two-years behind. We are a little overwhelmed but want to get it right.

A: You're right - this is a complicated process: seeking advice can be both helpful and confusing. Let's pull apart the situation from a variety of perspectives:

School

The teacher's expertise and partnership is a key to building a supportive team for your child. It sounds like your son has an informed and caring teacher with some knowledge about specific learning disabilities. While it is true that qualifying for services is a matter of proving a significant difference between ability and achievement – something your child's teacher may already have a sense of – a parent always has the right to request an evaluation. This is the only way to know for sure, at this point, if your son already qualifies. In addition, schools are well positioned, although underfunded, to provide a comprehensive evaluation that can help lead you and his teacher towards effective strategies at building academic skills.

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From the Baby's Point of View – continued

Friendly advisors

As most of us are still influenced by our own childhood perceptions of special education and mental illness, my guess is that all of the advice you're hearing is appealing. Waiting for an evaluation taps into your hope that nothing is really wrong and that your child will outgrow the issues. Turning to a tutor without pursuing an educational evaluation (or medical/psychological diagnosis) pulls at your desire to normalize the child's needs. After all, lots of kids get tutoring.

Parents

In our fantasies about parenting, rarely do we dream about having a child with disabilities. Starting down a road that considers this possibility can be overwhelming, confusing, and painful. No one wants their child to bear the burden of being measurably different from their peers. Getting an evaluation may appeal to your sense that knowledge is power, which can lead to change, but also acknowledges the potential depth of the problem. Finding your own support, maybe from parents, whose children use special education service is essential.

I recommend pursuing the evaluation in the same way you would pursue a diagnosis for a physical problem. That is, if you and your child's teacher had noticed that he visits the bathroom and drinking fountain often, and is cranky and tired after eating, you could observe him for a few more months, try to cut down on his sweets, or see the pediatrician to rule out diabetes. My guess is that you would consider the first two options and then do the last one. Your son is fortunate to have you as his advocate. I hope you find the answers you need.

Read more at www.drterrierose.com



**KITS 2013
Summer Institute
June 4-7, 2013**

***Teaching Young Children Through Intentionally
Designed and Balanced Learning Experiences***

Applications for participation
will be accepted beginning in January.

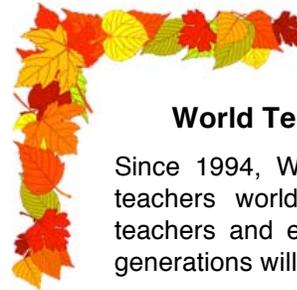
<http://kskits.org/training/KITSSummerInst.shtml>

Special Notice: COSF Training Now Available Online

Completing Early Childhood Outcome Ratings Using the COSF - Online Training Module

The Technical Assistance System Network (TASN) – Kansas Inservice Training System (KITS) has created an online module for Kansas early childhood professionals who need initial or updated training in the process of Early Childhood Outcome (ECO) Ratings using the Child Outcome Summary Form. This online module provides an overview of the four-step Kansas ECO process, including the requirements for documentation on the Child Outcome Summary Form (COSF) and where additional supporting resources are located. The online module can be accessed at the main Kansas Early Childhood Outcome webpage under ECO Training or at:

<http://www.kskits.org/ta/ECOOutcomes/whatTrainerNeeds2/independentStudy/index.shtml>



World Teachers' Day – October 5

Since 1994, World Teachers' Day celebrates teachers worldwide. Its aim is to support teachers and ensure that the needs of future generations will continue to be met by teachers.

November is Assistive Technology Awareness Month

Assistive Technology for Kansans (ATK) connects people with disabilities and health conditions of all ages with the assistive technology they need to learn, work, play and participate in community life safely and independently.

<http://www.atk.ku.edu/>

November is National Family Literacy Month

November 1 marks National Family Literacy Day. Check the Kansas Kids Ready for Learning website for links to early literacy for families and providers.

<http://readyforlearning.net/>



The Collaborative Calendar of Events

View at www.kskits.org/training



DATE	EVENT/CITY	CONTACT / REGISTRATION
10/1/12	<i>Kansas Health Literacy Summit – Topeka</i>	http://www.healthliteracykansas.org
10/1/12	<i>The Magical Do's to Helping Children Follow Instructions - Seneca</i>	Risa Flanders at 785-272-4060 x152 or rflanders@capper.easterseals.com
10/8/12	<i>Families Together Team Empowerment Conference: Special Education - Wichita</i>	Call Families Together, Inc.: 888-815-6364
10/10/12	<i>Kansas Infant-Toddler/tiny-k Meeting via Webinar (Topic: Eligibility/Child Find)</i>	https://www.surveymonkey.com/s/BDWGBBY
10/12/12	<i>Part C Infant Toddler Hearing Screening Certification Training - Topeka</i>	Register by 9-28-12 at https://www.surveymonkey.com/s/5W2VYWH
10/13/12	<i>Sensory Strategies for Better Behavior - Emporia</i>	Risa Flanders at 785-272-4060 x152 or rflanders@capper.easterseals.com
10/13/12	<i>2012 KAEYC Annual Professional Development Event / Conference - Manhattan</i>	http://www.kaeyc.net/KAEYC_Annual_Conference.html
10/15-17/12	<i>36th Annual Governor's Conference for the Prevention of Child Abuse & Neglect - Wichita</i>	https://www.kcsl.org/training_conference.aspx
10/16/12	<i>MTSS Leadership Essentials Workshop - Girard</i>	http://ksdetasn.org/cms/index.php/component/registratio npro/event/46/MTSS-Leadership-Essentials-Workshop/0
10/20/12	<i>Families Together Team Empowerment Conference: Transition - Liberal</i>	Call Families Together, Inc.: 888-815-6364
10/26/12	<i>How to Reach and Teach Children with Challenging Behavior - WebEx</i>	http://ksdetasn.org/cms/index.php/calendar/view/3842/date/2012-10-26
11/5-7/12	<i>KSDE Annual Conference - Wichita</i>	http://events.ksde.org/default.aspx?tabid=534
11/7/12	<i>Kansas Infant-Toddler/tiny-k Meeting via Webinar (Topic: Family Assessment Tools Overview)</i>	Registration is not yet available. Check the KITS Collaborative Calendar for more information.
11/15/12	<i>MTSS Leadership Essentials Workshop - Hays</i>	http://ksdetasn.org/cms/index.php/component/registratio npro/event/48/MTSS-Leadership-Essentials-Workshop/0
11/16/12	<i>Clinical Decision-Making for Children with Chronic Conditions and Lifelong Disabilities: Strategies for Prioritizing Outcomes, Providing Effective and Efficient Interventions & Promoting Participation - Topeka</i>	Contact Risa Flanders for more information: 785-272-4060 x152 or rflanders@capper.easterseals.com Download brochure at http://capper.easterseals.com/site/PageServer?pagename=KSTO_continuing_education
11/29-30/12	<i>Treatment Strategies for the Improvement of Oral Motor, Feeding/Swallowing, and Respiratory Coordination Function in Children with Neuromotor Involvement - Topeka</i>	Contact Risa Flanders for more information: 785-272-4060 x152 or rflanders@capper.easterseals.com Download brochure at http://capper.easterseals.com/site/PageServer?pagename=KSTO_continuing_education
11/30-12/1/12	<i>Beyond the Diagnosis: Autism Across the Life Span – Overland Park</i>	http://blogs.jccc.edu/autism/



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. 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>



Kansas State School for the Blind's KanLovKids Program

A Statewide Program to Support the Needs of Children Who Are Visually Impaired

"Vision and hearing are such primary avenues for learning that infants who have developmental delays or disabilities should receive comprehensive ophthalmological and audiological evaluations.

Unfortunately, this is not common practice. Without accurate information about the status of an infant's vision or hearing, service providers cannot be confident that they are providing the most appropriate interventions to promote early development" (Chen, 2000).

The purpose of this article is to provide information about the KanLovKids Program (Kansas Lions Statewide Low Vision Program), whose anchor organization is the Kansas State School for the Blind (KSSB). This program provides information about the child's visual condition(s) and also assesses his/her functional vision capabilities. In 2012 KanLovKids Program evaluated 153 children/students across the state of Kansas. Five hundred fifty parents, early interventionists, educators, related service personnel, etc., participated and contributed to these evaluations.

▫ ***How do I refer a child to be evaluated through the KanLovKids Program if I am an Early Interventionist or Childhood Special Education Professional?***

Referrals are initiated through the IFSP or IEP team. For an infant or toddler, generally the family's primary coach or an early intervention professional from the child's team will make the referral. If the child is three or older, then his/her Teacher of Students who are Visually Impaired (TVI) or early childhood special education professional makes the referral. KSSB recommends calling in advance of talking with family members to make certain that this evaluation is an appropriate referral, since the child should have been diagnosed with a visual impairment and should have been seen by an eye doctor. For more information about this clinic, please contact Dr. Anne Nielsen, Outreach Director at KSSB, at 913.620.3045 or anielsen@kssdb.org, or visit the KanLovKids website at KanLovKids.kssdb.org

The information below addresses questions about this program frequently asked by parents. It can be adapted as a handout to accompany a potential referral.

▫ ***What is the purpose of the Pediatric Low Vision Collaboration Clinic (PLVCC)?***

The primary purpose of the PLVCC is to facilitate a conversation about the child's eye condition, and to answer questions that his/her family or others on his/her support team, have about his/her vision. Dr. Linda Lawrence, an ophthalmologist from Salina, will conduct the functional vision examination and facilitate the conversation. It is an opportunity for parents, early interventionist, or school staff, to talk informally with one another, and to share critical information, which will support the child's abilities at home and within his/her community.

Dr. Lawrence's exam may also include dilating drops placed in your child's eyes to further examine the inner structures. The pupils may remain large for a day, and the child may be sensitive to bright lights.

▫ ***What should I expect to happen at the PLVCC?***

There are two main parts: 1) meet with the doctor and have him/her examine the child's eyes to provide information about his/her eye condition and visual status/abilities, and 2) participate with team members in a meeting to talk about what today's examination means and how to incorporate what you've learned into your child's/family's daily routine.

▫ ***How long does the PLVCC appointment last?***

We ask that you plan no less than 60 minutes, and no more than 90.

▫ ***My child just had an eye exam a few months ago. Does she/he still need to come to the PLVCC?***

The PLVCC is not structured to take the place of the child's eye examination with his/her family's eye care doctor (pediatric ophthalmologist, optometrist). Regularly scheduled appointments recommended by the child's eye care doctor should be followed.

KanLovKids Program – continued on Page 6

KanLovKids Program - continued

The PLVCC is a different form of an exam. Below are statements, which outline major conversation points that the PLVCC is designed to address:

To increase:

- knowledge of the child's eye condition;
- knowledge of how the child's eye condition affects his/her functioning;
- knowledge of how many things the child can see at near;
- knowledge of how many things the child can see in the distance; and
- expectations for what the child may be able to do with his/her vision.

To facilitate a discussion, which will foster the effectiveness of the child's

- ability to see more things without needing help from others;
- ability to become more visually aware of changes that occur around him/her (e.g., finds items in a room more quickly, attends to objects or activities);
- ability to increase his/her interest in seeing at a distance; and
- ability to see increased number and types of items she/he can see at near.

And most importantly, to answer any questions that the family or child's team may have.

▫ ***What information/records do you need in regard to my child?***

A current eye report from the child's ophthalmologist/optometrist, the Child/Family History form, Contact & Consent forms, and a functional vision/learning media assessment, or other vision reports from your child's TVI. These documents are required to help Dr. Lawrence understand the child's eye condition, medical history, and educational programming. Also, an orientation and mobility (O & M) assessment is helpful if available. These forms can be downloaded on the KanLovKids.kssdb.org website. The child's TVI, Certified Orientation and Mobility Specialist (COMS), or his/her primary coach or early childhood special education professional will be responsible for returning these documents to KSSB at the date requested.

▫ ***Is there anything that I need to bring to the PLVCC appointment?***

Yes, please bring toys and materials that the child likes to look at or play with. If your child has any equipment that you use to support his/her position (chair, pillow, etc.), then please bring that as well.

▫ ***Is there a charge for these evaluations?***

Low vision evaluations are rarely covered by medical insurance. These evaluations can run from \$250 to \$400 per evaluation. However, the KanLovKids participating doctors reduce their fee by \$100. Then the Kansas Lions Sight Foundation provides \$100 toward subsidizing each evaluation. The remaining \$50 is paid for by the student's educational program. Infants' and toddlers' evaluations are fully covered by the Lions, as long as funds are available.

▫ ***Who do I call if I have questions about this evaluation clinic?***

If you have questions, please contact the person who invited you to participate in this evaluation (e.g., the teacher of students who are blind and visually impaired, case manager, primary coach, etc.). He/she then will coordinate with the KanLovKids Program coordinator, Anne Nielsen, Kansas State School for the Blind, to answer your question(s).



▫ ***Does the KanLovKids Program offer any other specialty clinics?***

The Pediatric Low Vision Collaboration Clinic is just one of the evaluations offered through the KanLovKids Program. Also offered is a "low vision evaluation"

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KanLovKids Program – conclusion

which can be provided by any one of our ten low vision specialists located across the state of Kansas. Low vision is a visual impairment (usually reduced visual acuity and/or visual field) that is not corrected by medicine, surgery, contact lenses, or standard glasses. Students with low vision have difficulty performing everyday activities, such as reading at near and intermediate distances (i.e., computer use), reading blackboard, street signs, as well as performing other activities of daily living. Low vision rehabilitation starts with an examination by a specially trained low vision optometrist. These professionals understand the underlying eye disease/disorder and its specific impact on vision function. After the low vision evaluation, the doctor develops a rehabilitation intervention plan, along with the student's family and team. Prescription eyewear, optical devices, electronic aids, adaptive computer software, glare control, modification of the student's environment, counseling, education of the patient and family, skills training, orientation and mobility, independent living aids, and/or occupational therapy may be recommended. Generally, the Low Vision Evaluation is for children/students three years of age and older.

KSSB also operates the Kansas Instructional Resource Center (KIRC) to provide, or assist Kansas local education agencies, in the procurement of braille, large print, recorded, or digital textbooks and other educational materials for Kansas students who are blind/visually impaired or those with multiple disabilities. Most KIRC services are available to Kansas school districts at no cost. For more information visit <http://www.kirc.org>

Chen, D. (2000). Identifying vision and hearing problems in infants with disabilities. *IDA News*, 27(3), 1-3.

Submitted by: Anne S. Nielsen, Ph.D.
Outreach Coordinator
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Improving Literacy Outcomes with the Adult-Child Interactive Reading Inventory

We all know how important it is to read to young children – but did you know it's the quality of shared reading that really affects emergent literacy growth. How adults engage children as they read together impacts children's language and literacy learning. The Early Childhood Resource Center (ECRC) has recently acquired the *Adult-Child Interactive Reading Inventory (ACIRI)*. The ACIRI assesses both adult and child behaviors in three categories: *Enhancing Attention to Text*, *Promoting Interactive Reading and Comprehension*, and *Using Literacy Strategies*. The ACIRI can be used to help adults develop effective shared reading behaviors.

It is sensitive to both adult and child growth and change over time. Administration and scoring takes 15 – 20 minutes and the manual provides tips and activities in English and Spanish. Teachers can use the ACIRI as a teaching tool by discussing with adults the interactive reading behaviors observed and providing coaching and feedback as they develop more interactive behaviors.

To borrow the ACIRI, go to the [ECRC](#) and request *Let's Read Together: Improving Literacy Outcomes with the Adult-Child Interactive Reading Inventory*. If you would like help in learning to use the ACIRI, developing interactive book reading in your program or support for other issues, you can request KITS support through the [Kansas Technical Assistance System Network \(TASN\)](#) by clicking on the *Request Assistance* button and typing in your request.

DeBruin-Parecki, A. (2007). *Let's read together: improving literacy outcomes with the adult-child interactive reading inventory*. Baltimore: Paul H. Brookes

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Part B ECSE Preschool Coordinator's Corner

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

The KITS early childhood team and the Part B ECSE Coordinator provided a break out session at the Kansas Division for Early Childhood (KDEC) conference in February and again at the Kansas State Department of Education (KSDE) Special Education Leadership Conference in July. We also have recently completed a webinar with this information to provide guidance, including a data drilldown guide to support Part B ECSE preschool programs in understanding early childhood outcome (ECO) 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.

This KITS website has a section called Understanding Your ECO Data that includes the drill down guide and other helpful information and documents. The ECO training section has the recorded webinar for you to review.

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

There is also a presentation: [Completing the Early Childhood Outcomes Summary Rating](#) if you have new staff or others who would like to review how to complete the required form for entry into the Outcomes Web System (OWS) for Indicator 7 Early Childhood Outcomes. Please check the [What's New](#) section of the KITS website for more updates.

Transition from Part C to Part B ECSE Preschool – Part B Indicator 12

[Transition Resources](#)

At this website, you will find the State Memorandum of Agreement (MOA) between Kansas Department of Health and Environment (KDHE) and KSDE for children transitioning from Part C to Part B in Kansas, as well as a local example of a Memorandum of Understanding (MOU), scenarios and a Frequently Asked Questions (FAQ) document to address more specific guidance areas for transition. You can also find information on the KSDE Early Childhood Special Education webpage at:

<http://www.ksde.org/Default.aspx?tabid=4745>

If an LEA/district needs technical assistance with transition, please contact [Tiffany Smith](#) or go to the TASN website to request Individualized Technical Assistance with KITS at <http://ksdetasn.org/cms/>

Early Childhood Least Restrictive Environment (EC-LRE) Statutory and Regulatory Requirements

A preschool child with a disability who is eligible to receive special education and related services is entitled to all the rights and protections guaranteed under Part B of the Individuals with Disabilities Education Improvement Act (IDEA). One of these guaranteed rights is the right to be educated in the least restrictive environment in regular classrooms alongside their peers without disabilities. The child's placement must be based on the child's individualized education program (IEP). In addition, the IEP must include an explanation of the extent, if any, to which the child will NOT participate with nondisabled children in regular class. Before a child with a disability can be placed outside the regular educational environment, the group of persons making the placement decision must consider whether supplementary aids and services could be provided that would enable the education of the child, including a preschool child with a disability, in the regular educational setting to be achieved satisfactorily.

This year, the Office of Special Education Programs (OSEP) has required that States report LRE-Indicator 6 and that the FFY 2011 Indicator 6A percent and Indicator 6B percent for this year will be the baseline measurement. A proposed target will be set for Indicator 6A and 6B. The baseline and proposed targets go to the Special Education Advisory Council (SEAC) and other stakeholders for feedback and approval. After approval, the Baseline and Target are reported in a State Performance Plan and Annual Performance Report (SPP/APR) 2011 and is due to OSEP on Feb 1, 2013. The district percent on FFY 2011 Indicator 6A and 6B are reported in the FFY 2011 APR reports which are distributed in March, 2013. The data for the FFY 2012 state and district Indicator 6A and 6B percent will come from the Dec 1, 2012, Education Environments which comprise Indicators 6A (TM & UM) and 6B (SP and SS.)

Part B ECSE Preschool – conclusion on Page 9

Part B ECSE Preschool Coordinator's Corner – conclusion

The FFY 2012 state and district Indicator 6A and Indicator 6B percent are compared against the Indicator 6A and Indicator 6B targets. The state percent and whether the target is met on FFY 2012 Indicator 6A and 6B are reported in the FFY 2012 APR and are due on Feb 1, 2014. The district percent and whether or not the target was met on FFY 2012 Indicator 6A and 6B are reported in the FFY 2012 APR reports which will be distributed in March 2014. The December 1 Education Environments not related to Indicators 6A and 6B [TL, UL, HO and PL] do not have a target and are not reported.

Resources are provided on the KSDE website at:
<http://www.ksde.org/Default.aspx?tabid=4745>

Find SPP Kansas Indicator Improvement Resources at:
<http://www.sppkansas.org/resources/resources.aspx>

We will be creating a webpage with resources to the KITS website as we get further guidance to share.

Early Childhood Special Education Indicator Technical Assistance

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.

KSDE Early Learning Services Unit

<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.



Submitted by Tiffany Smith
 ECSE Part B Coordinator
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Part C Coordinator's Corner

Statewide Individualized Family Service Plan (IFSP)

The IFSP is here, the IFSP is here! Kansas Infant Toddler Services are very excited to roll out the Statewide IFSP. Each of the local tiny-k programs is trying it out this fall with the expectation that all people in all networks will fully implement its use by January 1, 2013. We are in what I like to call the "continuous improvement" phase. We are taking your suggestions and complaints, mulling them over and making changes as we can. I encourage you to always check with the www.ksits.org website before you use the document, as it is ever changing. By January 1, 2013, we will settle on the final document.

"All great changes are preceded by chaos."
 Deepak Chopra

I don't know about you, but this is often how I feel when something new is thrust upon me. So, if you are feeling a little chaotic because of the changes Kansas Infant Toddler Services is facing right now, you are not alone. While implementing a statewide IFSP system will be beneficial, it is bound to be very chaotic for those who have to make the changes. We understand. As with any new endeavor, it sometimes takes a while to assimilate. If I had any words of advice they would be to slow down, take a deep breath and don't over think it. Take each situation as it comes to you and, as impossible as it might seem, try to keep it simple. As you fill out the IFSP, remember it is a process, not a onetime thing you do just because you have to. It should be meaningful to all, and remember:

"To simplify complications is the first essential of success."
 George Earle Buckle

Technology Stipend Deadline for Application: 10/26/12

We recognize that not all local tiny-k programs have the technology and resources required to enable them to utilize the IFSP form and all of its many

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Part C Coordinator's Corner – conclusion

documents. To help alleviate this burden, we will be offering the local tiny-k programs monetary stipends to assist in the cost of upgrading computers and software. Information about these stipends has been sent directly to the tiny-k program coordinators.

IFSP Webinar Series

In addition to assistance with obtaining appropriate technology for the IFSP, Kansas ITS is holding a series of webinars to support users in implementation of the statewide IFSP. Below is a list of the webinar dates and topics. Look for information to come out on the Infant Toddler Networks and Coordinators list services.

10/10/12: Child Find and Eligibility
 11/7/12: Family Assessment Tools
 12/5/12: Coordinator Meeting
 1/30/13: Transition
 2/20/13: IFSPalooza Preview

Infant Toddler Networks List Service

If you are not already subscribed to the [Infant Toddler Networks List Service](#), you may be missing out on announcements about job openings, special events and professional development opportunities specific to ITS in Kansas. Click on this link and subscribe today!



Kansas Infant Toddler Database: Web-Based By January 1, 2013

I am happy to report that Adam North, Jim North's son, is taking over the administration of the Kansas Infant Toddler database. We are thrilled to have him on board as we move forward with the use of the web-based-only ITS database. It is our goal to have the migration completed by January 1, 2013. At that time, the desktop system will no longer be available. Consider this your heads-up. Adam will also be instrumental in making the statewide IFSP an integrated part of the ITS database. Contact Adam North at adam@jnsoftware.net

KanCare Implementation

Another big topic of conversation around the state is the implementation of KanCare, the new managed care system for Medicaid. I am taking this opportunity to reiterate that Part C services through the Early Childhood Intervention Program are carved out of KanCare and you will all continue to bill as you always have. However, you will probably, if you haven't already, be asked many questions by families about this process. For more information about KanCare you can go to the [KanCare website](#)

Audio files. We are happy to announce that we have audio files of the following brochures available.

- Child and Family Rights
- Kansas Infant Toddler Services Complaints
- Developmental Growth
- Infant Toddler Services.

These are posted on the www.ksits.org website. We hope you find these files useful.

That is about it for now. We are still moving forward at a breakneck pace and look toward a bright future! Remember:

"Change the way you look at things and the things you look at change."
 Wayne W. Dyer

Submitted by Sarah Walters, L.B.S.W., M.S.Ed.
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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.

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](#)

Early Childhood Resource Center

Spotlight on the Autism Diagnostic Observation Schedule (ADOS)



The Autism Diagnostic Observation Schedule (ADOS; Lord et al., 2000) is widely accepted as a gold standard diagnostic instrument, but it is of restricted utility with very young children. The purpose of the current project was to modify the ADOS for use in children under 30 months of age. A modified ADOS, the ADOS Toddler Module (or Module T), was used in 360 evaluations. Participants included 182 children with best estimate diagnoses of autism spectrum disorder (ASD), non-spectrum developmental delay or typical development. A final set of protocol and algorithm items was selected based on their ability to discriminate the diagnostic groups. The traditional algorithm cutoffs approach yielded high sensitivity and specificity, and a new range of concern approach was proposed.

It is the age range of the first two years of life that has become one of the central concentrations of autism research efforts. Researchers have used creative methodologies to explore the early differences in children who are later diagnosed with ASD, including retrospective videotape analysis, as well as the identification of infants at high risk for ASD (usually the younger siblings of children diagnosed with ASD). The ADOS has been of limited use in these projects, because many of the children fell chronologically or developmentally below the floor of the measure.

So remember, if you need to examine an assessment or screening tool, contact KITS ECRC at 620-421-6550, ext. 1638 or email kpage@ku.edu or resourcecenter@ku.edu

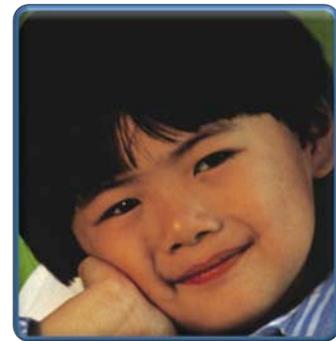
Information courtesy of www.ncbi.nlm.nih.gov.

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New to the ECRC for Fall 2012

- Howes, C., Hamre, B., & Pianta, R. (2012). *Effective early childhood professional development: Improving teaching practice and child outcomes*. Baltimore, MD. Brookes Publishing.
- Webster-Stratton, C. (2012). *Incredible teachers: Nurturing children's social, emotional, and academic competence*. Seattle, WA. Incredible Years.
- Grisham-Brown, J., & Haynes, D. (1999). *Reach for the stars: Planning for the future, a transition process for families of young children*. Louisville, KY. American Printing House for the Blind.

- Haley, S., Coster, W., Ludlow, L., Haltiwanger, J., & Andrellos, P. (1992). *Pediatric evaluation of disability inventory (PEDI)*. San Antonio, TX. Psych Corporation.
- Gronlund, G., & James, M. (2008). *Early learning standards and staff development*. St. Paul, MN. Readleaf Press.
- Hammill, D., Leigh, J., Pearson, N., & Maddox, T. (1998). *Basic school skills inventory: A readiness measure for teachers*. Austin, TX. Pro-Ed.
- Lord, C., Guthrie, W., Gotham, K., & Luyster, R. (2012). *Autism diagnostic observation schedule (ADOS)*. Torrence, CA. Western Psychology Corp.
- Norlin, J., Kline, J., & Slater, A. (2007). *Special education dictionary*. Horsham PA. LRP Publications.
- McWilliam, R. A., Cook, B., & Tankersley, M. (2013). *Research-based strategies for improving outcomes for targeted groups of learners*. Boston, MA. Pearson Education.
- Lions Club International. (2008). *Sure Sight reference guide and training DVD*. Skaneateles Fall, NY. Welch Allyn.



Contact the KITS Early Childhood Resource Center (ECRC)

620-421-6550 ext. 1651

Toll free in Kansas:

800-362-0390 ext. 1651

Email: resourcecenter@ku.edu.

Our entire catalog is searchable online at www.kskits.org/ECRC



Applications For Recognition in Best Practice in Early Childhood Services

The Kansas State Department of Education (KSDE) and the Kansas Department of Health and Environment (KDHE) identify, on a yearly basis, as many as three early intervention and as many as four early childhood preschool programs from across the state that demonstrate application of best practice in a component of their program.

Programs previously recognized for Best Practices in Early Childhood Services can be found at:

[Programs Previously Recognized for Best Practice](#)

Applications for the 2013 awards will be sent to all subscribers of the KITS Infant-Toddler Network, Preschool Programs and Coordinator list services. Application packets are also available to download from this KITS website link:

[Best Practice Application](#)

Submitted applications will be reviewed by a panel of Kansas professionals in the fields of early intervention and early childhood special education. Each recipient will be presented with a certificate of recognition and an award of \$1,250 during the KDEC Conference in February, 2013.

Please direct questions regarding the Application for Recognition in Best Practice to [Dave Lindeman](#)

Completed applications must be postmarked on or before Friday, January 11, 2013.



**Check out some
of the online tools
and resources
available at the
[KITS website!](#)**

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

Kansas Inservice Training System

Training for Early Childhood Professionals and Families

2601 Gabriel, Parsons, KS 67357

Phone: 620-421-6550 ext. 1618

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Search for us as Kansas Inservice Training System.

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