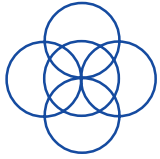


Birth to 6 EVENTS



A BULLETIN FOR THOSE WHO WANT TO LEARN MORE ABOUT SERVING YOUNG CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES

Issue 56—May 2007

Extending Resources through Staff Sharing and Other Collaborations

Sharing staff between Birth to 3, Early Childhood Special Education (ECSE), Early Head Start, and Head Start Programs is a common way to extend resources. Staff sharing arrangements can appear easy on the surface, but challenges exist. Here are some thoughts from early childhood organizations participating in staff sharing, including the difficulties such sharing has presented, as well as unexpected benefits.



This is an especially busy time of year as the school year comes to an end. Both Birth to 3 Programs and Early Childhood Special Education Programs expend extra energy in late spring establishing transition plans for children with June, July and August birthdays. This issue of Birth to 6 EVENTS focuses on strategies for extending your resources through sharing staff between programs, unique staff collaborations, and working with paraprofessionals. So pour yourself a cup of tea, sit back, and enjoy the opportunity to reflect on your work as you read this issue. You deserve it.

Arianna Keil, editor

Collaborations Between Programs

Between Birth to 3 Programs

Liz Lindstrom, Program Coordinator for Grant and Iowa County Birth to 3 Programs, knows the value in sharing staff across early intervention programs. "We have to share resources in rural areas," Lindstrom states. She and administrators from Birth to 3 Programs in Crawford, Lafayette, and Richland Counties work together to provide services and supports to young children and their families living in the southwestern corner of the state.

continued on page 2...

Included in this issue of EVENTS:	
Staff Sharing	1
Paraprofessionals	5
Preserving Early Childhood	15
EI Referral Checklist	16
Research Highlights	17
Self Assessment Pilots	18
RESource Pearl	20
B-3 ICC Updates	21

EXTENDING RESOURCES

Extending Resources from page 1...

Several years ago, the Grant/Iowa County Birth to 3 Program hired its own physical therapist. The Richland County Birth to 3 Program contracts with the Grant/Iowa Program for her services one day each week. In their agreement, should the therapist's workload become full, children from Grant and Iowa counties are served first. "This arrangement has helped with the hot and cold supply of staff, as well as the hot and cold number of children needing these therapies," she notes. For occupational therapy services, the Grant/Iowa Birth to 3 Program contracts with a hospital in Prairie du Chien, as does the Crawford County Birth to 3 Program.

Speech and language therapy services are provided to children in this portion of the State using a variety of means, including contracting with SLPs from hospitals, rural health cooperatives, school districts, and private practices. Most of these therapists serve children in a variety of settings (such as Birth to 3 programs, school districts, and hospital settings). Most also serve children in more than one county.

This sharing of staff between counties and programs has allowed some families that have moved between these counties to continue to receive services from the same therapists. Lindstrom attributes the success of this extensive staff sharing to good collaboration between administrators from these counties. "I consider us co-workers. We share the same paperwork, forms, and procedures. We work as a unit; we support each other. I don't feel alone out here." Despite these arrangements, Lindstrom feels the resources are often still not enough.

Between Birth to 3 and Early Head Start



Suzanne Wolf is both the Disabilities Coordinator for Early Head Start (EHS) and the Birth to 3 Program Coordinator for Kenosha County. This dual role allows her the opportunity to encourage the staff she supervises to think of serving children across programs. Accordingly, two service coordinators with the Kenosha Birth to 3 Program are also trained as Early Head Start Home Visitors. "We try to have these service coordinators work with children with multiple disabilities," states Wolf. She believes this enhances the family focus of the programming, and also reduces the number of people in and out of these families' homes.



Additionally, the EHS Program and provider for Kenosha County Birth to 3 services are located in the same building. Sharing physical space creates opportunities for natural interactions between staff working in these programs. Wolf believes this has facilitated referrals from EHS staff to the Birth to 3 Program, and has led to earlier delivery of supports and services for some eligible children. Additionally, the two programs share a common document containing both the Individual Family Service Plan (IFSP) for Birth to 3 and Family Partnership information for Early Head Start.

Kenosha County has an Early Childhood Council of professionals serving young children aged birth to 8 years of age. The council meets monthly. One of its functions is to organize professional development opportunities for early childhood professionals throughout the county, such as trainings for child care providers on the *Ages and Stages Questionnaires*® developmental screening tool, as well as Wisconsin Model Early Learning Standards (WMELS). Wolf believes all of these factors assist in creating an environment in which staff is willing and eager to serve children across programs.

In the western portion of the State, Patty LeMay works for the Chippewa County Department of Human Services. Although staff currently is not shared between Birth to 3 and EHS Programs in this region, collaboration between programs occurs regularly to ensure children and families are well-served. "We keep open lines of communication," notes LeMay. Formal meetings including professionals from Birth to 3 and EHS are held at least annually to discuss the previous year and plan for the upcoming year. In addition, children in Birth to 3 living in the northern regions of Chippewa County are invited to attend playgroups held by the Rusk County Birth to 3 Program.

EXTENDING RESOURCES

Between Early Childhood Special Education, Head Start, and 4-K



Barb Wehman and Sue Smalley from CESA 11 have seen exciting collaborations serving young children grow in the northwestern part of the State in the school districts of Barron, Rice Lake, Stanley Boyd, Chippewa Falls, and Fredric. Wehman and Smalley have assisted numerous communities in establishing Early Learning Centers, where a combination of children from early childhood special education (ECSE), Head Start, and 4 year old kindergarten (4K) are taught together. “There are no labels here, there are just young children getting together learning through play,” states Wehman.



After years of planning, an organization of early childhood professionals called Building Bridges 4 Children (BB4C) helped to establish a community-based Pre-K4 collaboration in Chippewa Falls. In Chippewa Falls, over 300 children in ECSE, Head Start, and 4K receive services in one of seven Early Learning Centers, none of which are located within schools. A teacher licensed to teach young children is responsible for the implementation of a shared curriculum, and teacher assistants are encouraged to take the State’s paraprofessional examination. The Chippewa school district pays for children enrolled in 4K. In the Stanley Boyd school district, the Early Learning Center also includes children from the neighboring school district of Cadott.

Similar Early Learning Centers have been established in the communities of Rice Lake, Dallas, and Frederic. Some Centers are located within schools in these districts, but most are in separate buildings, often previously abandoned school houses. Smalley and Wehman note most of these Centers use a standard district calendar, as well as a shared curriculum (such as Creative Curriculum®). The school district contracts with Head Start or a state licensed child care center to provide the Pre-K4 education service at their site. Busing of children is handled differently at each site: sometimes the district provides for busing of HS and Pre-K4 children on the same district bus and sometimes Head Start provides the transportation for the children. A new Early Learning Center in Ellsworth will provide services to children enrolled in ECSE and Head Start, and may expand to include Pre-K4 in the future.

Wehman believes these collaborations work because these programs do not view each other as competition: “Head Start expands resources, and stands to gain a lot from a well-designed 4K collaboration.” She encourages early childhood professionals to replace the concept of barriers and instead create a child-centered approach. “What is the first thing you can give away? When you give it away to other early childhood partners, you’re providing it to children.”

Smalley and Wehman also help to coordinate professional development opportunities for EC professionals in northwestern Wisconsin, including the first annual Early Learning Summer Academy to be held this June in Chippewa Falls. The low-cost academy will last six days and feature training in WMELS, social-emotional development, the Family Services Credential, sections for child care partners, Love and Logic behavior strategies, and generating meaningful early childhood outcomes.

Serving Children with Low-Incidence Conditions

Serving children with low incidence conditions, such as children who are deaf or hard of hearing or those with assistive technology (AT) needs, can also present challenges to programs. Staffing issues can be especially problematic for programs serving relatively small numbers of children and families faced with these conditions.

Wisconsin Assistive Technology Initiative (WATI) Director Liz Lahm notes that WATI supports AT consultants in each of the State’s 12 CESAs. In turn, these consultants offer support to Birth to 3 Programs and ECSE Programs within each CESA region. Although Lahm believes sharing staff across programs within each CESA generally works well, she sees some break down in the system when county lines don’t necessarily correspond with CESA boundaries. “It is possible to miss things, particularly county-based communications, when we don’t have the same basic channels of communications.”

Within early childhood, WATI serves more children ages 3 to 5 years as compared with birth to 3 years. Lahm believes the CESA-based communications found both in ECSE and WATI facilitate this connection, as

EXTENDING RESOURCES

compared with county-based communications in early intervention. Different funding sources between Birth to 3 and WATI/ECSE programs also contribute to the coordination problem. WATI receives funding from the Birth to 3 Program, DHFS as well as DPI.

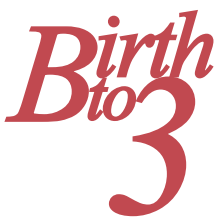
WATI provides professional development opportunities to early childhood professionals statewide, but Lahm believes there is a need for more training. "To maximize the impact of a training, it would be ideal to group staff from several counties together," she notes. "Our goal is to build capacity within Birth to 3 and 3 to 5 Programs throughout the State." Lahm believes integrating her organization's message within other state initiatives is also key to extending resources, such as including information on AT in transition or Responsive Education for All Children (REACH) project materials. "This allows people to see the information in a variety of ways," she explains.

Wisconsin Educational Services Program Deaf and Hard of Hearing (www.wesp-dhh.wi.gov) Outreach Birth to 6 Services Coordinator Sherry Kimball notes their program is currently examining how children who are deaf or hard of hearing (DHH) being served throughout the State. "[Early intervention and ECSE] Programs are beginning to realize the importance of utilizing DHH teachers to serve these children," she states. "It can be challenging, however, when you have a child who is deaf or hard of hearing in your program, and [then] not another [child with a hearing loss] for four years."

Kimball has seen staff sharing arrangements in serving such children between county Birth to 3 programs, CESAs and local school districts, as well as the Center for the DHH in West Allis. She notes these arrangements are often easier in relatively resource rich areas of the state (such as counties near West Allis), but believes that strong relationships, heightened awareness of the unique needs of DHH children, and awareness of how neighboring counties are serving these children will also facilitate staff sharing.

To help achieve these ends, WESPDHH is working to provide outreach training to EI and ECSE professionals throughout the state. In-service trainings on serving young children who are DHH have included multiple county Birth to 3 programs, as well as ECSE professionals from the region. "There is a difference between knowing what resources are out there, and actually accessing the resources," states Kimball. "If programs understand what is best practice in serving DHH children as well as what surrounding programs are doing to serve these children and families, real changes and increased collaboration can happen."

Birth to 3 Professional Development



Wislines (All Wislines are held from 1:00-2:30 pm)

- **June 14**

Monitoring Autism: Wisconsin Surveillance of Autism and Other Developmental Disabilities (WISADDS), Maureen Durkin, PhD

- **July 12**

Input Session: Integrating Child Outcomes into the IFSP,
Linda Tuchman and Amy Wilson

- **August 9**

Understanding Autism: One Developmental Pediatrician's Perspective, Tina Iyama, MD

Audio Access Information for Wisline calls:

Toll Number: 608-316-0022 Toll Free Number: 888-677-9189 Passcode: 2862

For details: <http://dhfs.wisconsin.gov/bdds/b3etn/index.htm>

Orientation to Best Practices in Birth to 3

September 20

Wisconsin Dells, specific location TBA

For details: <http://www.waisman.wisc.edu/birthto3/WHATSNEW.HTML> (available in August)

Birth to 3 Leadership Event - **Save These Dates!**

November 29-30

Wisconsin Dells, Wisconsin Dells, specific location TBA

For details: <http://www.waisman.wisc.edu/birthto3/WHATSNEW.HTML> (available in August)

PARAPROFESSIONALS

Roles for Assistants and Paraprofessionals in Birth to 3 and 3 to 5

An issue commonly raised in discussions around extending professional resources is the role of paraprofessionals or assistants in serving children and families in Birth to 3 and Early Childhood Special Education (ECSE) Programs. Paraprofessionals work under the guidance of field-specific licensed professionals. Although paraprofessionals typically have less formal educational training as compared with their certified professional counterparts, they frequently bring a wealth of experience to their work. Assistants often have a two year associate degree and are required to work under supervision of a licensed professional in their field.

Birth to 3 Programs

Paraprofessionals may work in early intervention in Wisconsin from a variety of fields, including dietitian technicians, occupational therapy assistants, and physical therapy assistants. These early intervention paraprofessionals work under supervision as defined by the standards of the profession, or standards developed by the State's Department of Health and Family Services DHFS (see HFS 90.11 (6)(b)). Early intervention program assistants and parent facilitators are two additional types of paraprofessionals working in early intervention. Currently there are no standards for supervision in state regulations related to supervision of early intervention program assistants or parent facilitators, however HFS-90 outlines personnel standards for both positions (see page 13 for supervising guidance).

Occupational Therapy Assistants – Promising Practices in Birth to 3 Programs

Linda Tuchman, WPDP

“How Do We Grow and Diversify our Work Force?”

This is a question I have continually explored during my tenure with Wisconsin's Birth to 3 Program. One of the activities I've pursued over the years has related to developing the role of Certified Occupational Therapy Assistants (COTAs) in Wisconsin's Birth to 3 Program. In a recent interview with Catherine Wilson, retiring Occupational Therapy Assistant (OTA) Program Coordinator, Madison Area Technical College, and others who have championed this potential, I was reminded of the good work that started several years ago.

Getting Started

My journey began around 2000 by meeting with Catherine Wilson, OTA Program Director at Madison Area Technical College to exchange information about our respective positions and interests. Immediately, we discovered that the roles and functions of COTAs are a good fit with work in early intervention. At the time we began our conversations, the Birth to 3 Program was deeply into figuring out how to improve our support to families in natural environments. My initial impressions were that the COTA emphasis on assisting individuals with daily activities had a place in family-centered, routines-based intervention.

One of my first realizations was that the COTA training program is an accredited, two-year associate degree program with a rigorous set of national standards and competencies. I also learned that, in general, technical colleges attract, recruit and have support systems to assist non-traditional college students in succeeding in higher education environments. Technical college students often include first generation college students, returning adults, and students from diverse ethnic and economic backgrounds. COTA Programs in Wisconsin are located at Blackhawk, Fox Valley, Gateway, Madison Area, Milwaukee Area, and Western Wisconsin Indianhead Technical Colleges, demonstrating statewide access. There are often waiting lists for entrance into these training programs. There is a high demand in the job market for COTAs, particularly with the aging population, although there is a pediatric job market in schools, clinics and hospitals.

The COTA is trained to complement and enhance the work of a Registered Occupational Therapist (OTR). The discipline is based on a holistic perspective and has historical roots in social sciences and humanities, as well as medical sciences. As a discipline, current trends are to move more into social contexts and out of clinical environments. COTA training prepares students with universal concepts for work in education, social services, home-based services and child care.

PARAPROFESSIONALS

COTA training has a focus on generating creative and multiple approaches to activities. They are skilled at spontaneously grading an activity up or down to meet the goals established in a plan by an OTR. COTAs develop appropriate activities for the context using universal principles of engagement.

It became apparent to Catherine and me that we had found our common ground and were interested in exploring more ideas. Catherine joined the Birth to 3 Interagency Coordinating Council Personnel Development Work Group to bring our interests to a wider audience. Catherine invited me to meet other OTA faculty in the State the summer of 2002. The importance of linking curriculum to the job market was evident in our discussions: given the limited early intervention job market, few OTA programs had placed extensive focus on birth to 3 curriculum and field work.

Curriculum/Job Market Links

An important part of the COTA program is to closely match a student's field work with potential job markets. When Birth to 3 became fully implemented in natural environments, supervisory questions surfaced, creating obstacles to employment opportunities. A faculty member from another technical college shared that she has added limited Birth to 3 content to her training curriculum because she has not been able to access field work and potential job markets in Birth to 3 Programs. Her feedback from Birth to 3 Programs has been that they can't hire COTAs because of the restraints of supervisory requirements.

Directing both a training program and a Birth to 3 Program, Catherine and I took a few baby steps to connect training curriculum with a job market. I attended her class each year to introduce the Birth to 3 Program, family-centered care, and routines-based intervention. This class has become a vital avenue for increasing awareness and interest by COTA students in pursuing training and positions with agencies that serve children in the Birth to 3 Program.

In addition, for the past four years, an OTA student from MATC has participated in the Interdisciplinary Training in Early Childhood (ID Train) Program at UW-Madison's Waisman Center. The COTA students joined an interdisciplinary team of UW-Madison students from occupational therapy, physical therapy, speech-language therapy, social work, audiology, education, special education, and human development and family studies. Each participating student, including the OTA students, has received a generous stipend (U.S. Department of Education, Office of Special Education Programs) for adding this experience to their degree granting programs. In return, each student has a service obligation to work in an early intervention or special education related position. The OTA students have been an invaluable addition to the ID Train team.

Supervision of COTAs Working in Birth to 3 Programs

One of the challenges in expanding the role for COTAs in Birth to 3 Programs has been to establish cost-effective ways to successfully supervise COTA work in natural environments. At first glance it appeared that the supervisory requirements for close, onsite supervision would prohibit the effective use of OTA practices in Birth to 3 Programs. Teri Black, another faculty member with the MATC OTA Program and a member of the Wisconsin Occupational Therapy Association has been actively involved in seeking clarifications to regulations to allow the most flexibility for COTAs to practice in a variety of settings, including off-site, natural environments. She has been an excellent spokesperson for the potential roles of COTAs within Birth to 3 Programs.

In the last several years, interpretation of the supervisory guidelines established by the Department of Regulation and Licensing has provided more flexibility to employers. In 2000, a Medicaid Update (No. 2000-26) clarified that supervisors can apply for waivers to provide general supervision to COTAs for certain procedures, including activities of daily living skills. Under general supervision, the supervising therapist must visit the child/family on a bi-weekly basis or after every five contacts between the COTA visits. Additionally, the supervising therapist must meet to discuss the intervention after every five COTA visits with the child and family (Medicaid Handbook, 2006)..

PARAPROFESSIONALS

A letter dated July 1, 2004 from Jacquelynn B. Rothstein, Legal Counsel for the Occupational Therapy Affiliated Credentialing Board, to the Wisconsin Occupational Therapy Association provided further clarification of COTA supervisory requirements relative to the location of supervisory visits. The correspondence states that: *If you wish to hold the meeting simultaneously, that is fine. Otherwise, the meetings may be held separately, this is one meeting between the OTR and the OTA, and one with the OTR and the client. These meetings do not need to be held at or during a treatment session. On-premises meetings are intended to review the progress and effectiveness of treatment.*

Teri Black reminded me that it is the responsibility of the supervising therapist to appropriately identify the need for general or close supervision, dependent upon the particular intervention or procedure provided and the skill level of the COTA. For example, a new graduate may need more supervision than an established COTA who has progressed from close to general supervision for particular interventions.

For Your Consideration: Potential COTA Roles in Birth to 3 Programs

- There is a good fit between the roles and responsibilities of a COTA and Birth to 3 practices. As you ponder the personnel needs for your Birth to 3 Program, consider the role for a COTA in your program and the benefits of creating a role for a COTA.
 - What might be the role of a COTA in your program?
 - Could a COTA have a primary relationship with a child and family?
 - Could a COTA enhance their role with service coordination skills?
 - How might a COTA diversify your Birth to 3 professional team?
 - Have you considered how a COTA's time might be shared between Birth to 3 and other programs in your community?
- Supervisory practices have been interpreted to provide more flexibility for COTAs to practice in natural environments.
 - Does your agency or program have a motivated OTR for supervision?
 - What strategies might you employ to establish a cost effective supervisory schedule?
 - How could your Birth to 3 Program benefit from the enhanced role of COTAs while also being able to bill Medical Assistance?
- COTA Training Programs are interested in creating Birth to 3 Program markets for their graduates.
 - Have you made contact with the OTA training program at the technical college with an OTA training program in your community?
 - Does the OTA program offer course work and/or field work relevant for Birth to 3?
 - How might you help them develop field work and potential job markets?
 - Have you offered to present information on Birth to 3 content to COTA students in your area?
- COTA services can be billed to Medicaid, and if delivered in natural environments, will generate the enhanced natural environments rate.
 - Have you pursued how this might benefit your program?
 - Have you considered the benefit of applying for a supervision waiver? (See page 9.)
 - What might lead you to believe the waiver would be appropriate for a COTA employed by your agency/program?

PARAPROFESSIONALS

Interviews with Kristy Apuakehau, OTR, Sheena Tonn, COTA, Therapies Plus, Wisconsin Rapids, and Julie Strenn, Program Manager-Developmental Disabilities, Wood County

Linda Tuchman, WPDP

Kristy Apuakehau, OTR, is the co-owner of Therapies Plus and works in Birth to 3 under contract from Wood County. Kristy has made a commitment to hiring a COTA and is responsible for supervising the work of the COTA. Following are thoughts about working with COTA Sheena Tonn that Kristy shared with me during a phone interview.

What have you found to be the benefits of hiring a COTA in your agency for work in a Birth to 3 Program?

I see the value [of our work together] – Sheena learns from me. I see how she's interacting with a child and families. She gives me another set of eyes... to compare what I see. This relationship is more of a collaborative effort [as compared with relationships] with COTAs at long term care facilities. We have a close relationship... [and we make a] conscious effort to monitor, watch where a child is, compare perspectives, wonder what's working, and [talk about] what to change. Working jointly helps us to serve more children in a cost effective manner.

What has been your experience in establishing a supervisory relationship?

Supervision is challenging, but we make it work. This work requires a close supervisory relationship, with nearly daily contact with the OTR, but not always at every visit. We routinely alternate home visits, make occasional joint visits and maintain ongoing communication after each of Sheena's visits. We hold occupational therapy supervisory visits on-site or following every other weekly visit. If we go on a joint visit, it is to review treatment techniques. [Under our current schedule], if a child is only scheduled for an OT visit every two weeks, Sheena doesn't see the child.

What has been your experience in billing for COTA services?

The MA billing rate for COTAs is the same as for an OTR. Procedures delivered by the COTA capture the natural environment enhanced reimbursement rate. However, there are limits to the procedures that a COTA can perform. Activities of daily living require general supervision, [whereas] closer supervision is required for therapeutic activities and sensory integration activities. [Additionally], a supervisor can apply for a waiver for general supervision to bill MA under activities of daily living. [As an OTR in a supervisory position,] I would like to learn more about this!

Sheena Tonn, COTA is a graduate of the MATC, OTA Program, spring 2006. She is currently employed by Therapies Plus, Wisconsin Rapids, with a portion of her time committed to working in Birth to 3. She shared the following information.

What interested you in taking on a position that included Birth to 3 work?

My interest in working in a Birth to 3 Program started when I was in high school working at a daycare facility. I was primarily working with the birth to age three population, especially birth to age 2. I just loved playing with the children and helping them learn the basic foundations for further learning. As I decided to become a COTA, I continued working at the same daycare and started noticing and comparing what I was learning about typical and atypical developmental milestones among the children. I found it very interesting. I always imagined myself working with children in my job as a COTA, especially children in the birth to three age range.

What in your OTA MATC program helped to prepare you for the position?

Learning the developmental milestones was beneficial, at least the order of what comes first and then what follows. The age ranges often don't apply to children in Birth to 3 Programs because of the delays the children may have. I also learned how to plan a variety of activities for specific needs of a child in order to get a desired effect. Learning about different diagnoses and treatment strategies was important also. Overall being open to various cultures and family dynamics helps as well, acting professionally when going into homes.

What have you liked the most about your work in a Birth to 3 Program?

It is nice to be able to work with the families and help develop a plan that can support treatment goals as well as work for the family. This helps the carry over of therapy all week long. Seeing progress and children significantly improve week to week and month to month, you know you are truly making a difference for that child and family.

How has the supervision practices you have worked out with Kristy worked for you?

Initially we weren't sure how to set up our relationship, primarily because the supervision requirements

PARAPROFESSIONALS

Interview with Sheena Tonn, continued

vary from document to document and are not very clear. Eventually, we came up with a schedule that could help us fulfill the requirements and make efficient use of our time. I think it is important to have an OTR who is willing to work with you on the schedule because it's not easy. But, it's very important, especially being right out of school and never working in Birth to 3 before.

What additional training would you find helpful for working in a Birth to 3 Program?

We seem to have several children with sensory needs right now which Kristy has noticed has been increasing with time. We use therapeutic listening with a lot of kids with sensory needs, so having that certification would be helpful to know what works best for certain issues. As long as one team member has it, they can oversee others involved. We also use some strategies from Greenspan or The Floortime approach so training in that area may be helpful as well.

Other comments about working in a Birth to 3 Program.

It is difficult not having an office except your car or being limited to bring only what can fit in your car, but the benefits of meeting and changing the lives of the children and families are indescribable!

Discussion with Julie Strenn, Program Manager, Developmental Disabilities Services for Wood County Unified Services

In a conversation with Julie Strenn, who supervises the Birth to 3 Program, I learned that the county contracting process was instrumental in establishing the organizational climate for including a COTA on the Birth to 3 team. The initial interest in the employment of a COTA began as a cost efficiency measure. Over the year, the partnership has become more meaningful. Families have provided positive feedback about their experiences. The OTR/COTA team is affectionately known as the "Kristy/Sheena team."

Julie is comfortable with the supervisory relationship and the frequency of contact between Kristy and Sheena. The practices are grounded not only in supervisory requirements, but also on the needs of the children and families and the complementary skills of the OTR/OTA team. The COTA and OTR services are billed under the OTR, the responsible supervisor. There are no differences in the reimbursement rates for an OTR or COTA. It is the procedure code that sets the reimbursement rate. Her projections about the potential cost effectiveness have played out, as have the benefits to the program, children and families. Currently, Wood County is pursuing options for COTA students to have Birth to 3 experiences along with other field work.

Recommended Resources: Occupational and Physical Therapy Assistants

Department of Health and Family Services, Medicaid Handbook Web Resources

January 2006

Allowable Services and Supervision Requirements for Assistants, Students, and Aides

<http://dhfs.wisconsin.gov/medicaid2/handbooks/therapy/appendix2.htm>

Allowable Procedure Codes for Occupational Therapy Services

http://dhfs.wisconsin.gov/medicaid2/handbooks/therapy/appendix9_b.htm

Medicaid Update: Changes in Therapy/Therapist Assistant Supervision Requirements and Reimbursement

<http://dhfs.wisconsin.gov/medicaid3/updates/2000/pdf2000/2000-26.pdf>

Wisconsin Medicaid Request for Waiver of Physical Therapist Assistant and Occupational Therapy Assistant Supervision Requirements

<http://dhfs.wisconsin.gov/forms/DHCF/HCF01149.pdf>

PARAPROFESSIONALS

Early Childhood Special Education

Arianna Keil, WPDP

The Wisconsin Department of Public Instruction (DPI) also has specific guidelines for the roles of paraprofessionals within the public school system. These and other relevant issues are outlined on the DPI webpage for paraprofessionals at <http://www.dpi.wi.gov/sped/paraprof.html>. IDEA 2004 Special Education Paraprofessional Requirements are described on this page. The site recommends viewers refer to the [WI.GOV DPI License, Permit and Registration Services webpage](#).

DPI's paraprofessional site also lists No Child Left Behind (NCLB) Title 1 paraprofessional requirements for 5-17 years old, and describes when special education paraprofessionals are required to meet the entry level requirements of NCLB (http://www.dpi.wi.gov/esea/pdf/bul_0203.pdf).

Each CESA throughout the State has a liaison named to support paraprofessionals. West Salem's CESA 4 has been awarded the statewide special education paraprofessional training grant for the past 11 years. The paraprofessional portion of CESA 4 site can be found at <http://www.cesa4.k12.wi.us/paraprof.htm>. This site includes numerous items relevant to paraprofessionals, such as certificates and degree programs, *The ParaPost* Newsletter, regional service network contacts, resources and web links, state and national conferences, and other training opportunities.

Suzan Van Beaver is the DPI liaison for the State's paraprofessional training grant. "Paraprofessionals are an important part of the school team for children with disabilities," she notes. In the past, monies from this grant have supported work through CESA 4 such as the *ParaPost* newsletter and website, as well as trainings at UW-Oshkosh and UW-Madison. This year minigrants were also awarded to each CESA for regional paraprofessional training.

State of Wisconsin Paraprofessional Coordinator and Paraprofessional Training Grant Director Mary McKee acknowledges that the roles of paraprofessionals in ECSE can sometimes be as varied as their titles: teacher aide or assistant, instructional aide or assistant, paraeducator, and paraprofessional. "In the last five years [after NCLB was signed into law] there have been more requirements for paraprofessionals paid out of Title I funds," she notes. McKee encourages paraprofessionals to view these increased requirements as greater recognition of the important roles "paras" play within the school system. Increasingly, she sees paraprofessionals providing more student-centered instructional support as compared with other duties.

Beyond the obvious benefit of an additional adult supporting learning in a classroom, McKee highlights several advantages to partnering with paras. "I hear many paras say they have a different relationship with a child as compared with the teacher." Teachers and paras can also share observations and realize important elements of a child's behavior or learning style that might have otherwise gone unnoticed. Paras serving children in special education can sometimes serve children over several years, forming long term relationships that can support children and families.

McKee has also seen some districts struggle with defining roles and responsibilities for paras. "Very few teachers receive training on how to manage another adult in their classroom." McKee believes many of these challenges can be addressed through mutual respect and remaining focused on the child. She also finds communication to be an essential element in supporting work between teachers and paras. "In order for the team to be effective, you need time together." She recommends requesting support from administration for team meetings, and encourages teams to be creative in problem-solving about finding this time.

In her work at CESA 4 and with DPI, McKee has seen many districts successfully defining para roles. Common features among these districts include administration and teachers valuing paras, the availability of training opportunities for paras, and para involvement in the Individualized Education Plan (IEP) process (see sample form, p. 12). McKee recommends ECSE professionals contact their CESA to learn how the work of paras is being supported in their region.

Wisconsin PI 34.01 paraprofessional definition:

"Aide" means a school employee who works under the direct supervision of a licensed teacher in a school or district whose responsibilities include, but are not limited to, supporting the lesson plan of the licensed teacher, providing technical assistance to the teacher, helping with classroom control or management, and other duties as assigned.

Aides may not serve as substitute teachers.

PARAPROFESSIONALS

CESA 4 Early Education Director Gaye Tylka has supported paraprofessionals in ECSE for years. "Paraprofessionals continue to be the foundation of the Early Childhood Special Education Program," Tylka states. "Everyone serving children with disabilities is a member of the team. Paraprofessionals are team members in delivering supports and services to children, and ideally in receiving and sharing information as well." As compared with the roles of general education paras, she finds special education paras are generally more engaged with children.

Tylka agrees with McKee that communication and respect are essential elements in fostering strong relationships between teachers, paras, and other staff. Para participation in teachers' team planning meetings is particularly beneficial.

Tylka stresses that paras in ECSE must be clear on their specific role with each child. Well-intentioned paras can sometimes anticipate a child's needs so effectively the child fails to learn to advocate for herself or to communicate her needs. Particularly in social situations, a well-meaning para can sometimes limit the child's ability to socialize independently. "Paras must know when to step back, to be invisible," notes Tylka.

Along with her work on bringing training to paras, Tylka has been involved in developing and delivering a curriculum designed to teach child care workers about inclusion. The two-credit class is a collaborative effort between Viterbo University, Western Technical College, and UW-LaCrosse. Taught on Friday evenings and Saturdays, the course presents information on Wisconsin Model Early Learning Standards, 15-20 of the highest frequency disabilities, developmental screening, collecting observational data, and resources for providers and families. The curriculum for the course will be distributed to CESAs and Child Care Resource and Referral (CCR&R) agencies throughout the State by next year.

What Paraprofessionals Need from their Supervising Teachers

(list generated by thirty preK-12 paraprofessionals in 2005 class setting in western Wisconsin)

1. Support: Keep paras informed through continuing education
2. Open Communication: Verbal and written
3. Clear Expectations and Directions: On homework, behavior plans, other classroom strategies
4. Freedom for Creativity: Remain open-minded to para insights and ideas
5. Respect: Consider paras as team members in receiving and sharing information
6. Feedback: Provide information on what paras are doing well, as well as areas needing improvement



PARAPROFESSIONALS

Paraprofessional IEP Input Form

(adapted from Mary McKee, CESA 4)

This form is for use when a paraprofessional is not in attendance at the IEP meeting. The information will be shared with the IEP team. This is an effective way for paraprofessionals to provide input into program planning based on their daily experiences with a child.

Student's name: _____

Paraprofessional's name: _____

Date: _____

What I observe to be the student's strengths: _____

What I observe to be challenges for the student: _____

Possible solutions to these challenges: _____

Any other pertinent information that would be helpful for the IEP team to be aware of: _____



Caring for Children, Caring for Ourselves 2007

THE WECA HEALTH AND WELLNESS CONFERENCE

July 13-14

American Family Insurance Training and Education Center, Madison

For details http://www.wecanaeyc.org/uploads/media/Caring2007progarm_final.pdf

Understanding Sensory Integration

June 20

Milwaukee

Contact: Milwaukee County Special Needs Childcare Program at
414-289-6558.

For details: <http://www.t-net.org/>



PARAPROFESSIONALS

Profession-specific information on paraprofessionals:

Birth to 3 Programs Only

- **Early Intervention Parent Facilitators**

A parent facilitator is the parent of a child with a disability with demonstrated skills in planning, communicating, and providing support to other parents. According to HFS 90.11(6)(a), parent facilitators are hired by county administrative agencies or service providers based on demonstration of the above-described skills.

- **Early Intervention Program Assistants**

(from Supervision of Unlicensed Paraprofessionals in the Wisconsin Birth to 3 Program, Draft, April 2004)

An early intervention program assistant works under the supervision of special educators and other qualified early intervention personnel listed in HFS 90.11 (6) (a) to provide direct services to children and families by performing routine tasks assigned. The special education teacher uses professional judgment in delegating assignments to the paraprofessionals, taking into account the needs of the child and family, the types of strategies used, and the skills of the paraprofessional. An early intervention program assistant carries out written programs and service plans designed by licensed or certified personnel but takes no independent action. An early intervention program assistant does not perform initial evaluations or annual assessments but provides data and input.

When providing intervention directed by an occupational, physical or speech therapist, an early intervention program assistant is not functioning as a therapy assistant under the standards of those disciplines.

The minimum standard for supervision of early intervention program assistants in a home or community setting includes regular, continuing interaction between the teacher and the early intervention program assistants to review the services provided to each child and family. This includes ongoing assessment of the child and revision of the intervention strategies as needed.

1. Teacher visits each child and family at least one time per month.
2. Teacher meets with the early intervention program assistant at least one time per month to review the service plans for each family.
3. The teacher should also be available for ongoing consultation with the early intervention program assistants.
4. At least every three months, the teacher and the early intervention program assistant jointly visit each child and family for the purpose of assessment, observation of the early intervention program assistant implementing the services, review of the plan and revision of strategies as needed.

The best practice recommendation for supervision of early intervention program assistants in a home or community setting is that the teacher and the early intervention program assistant jointly visit each child and family at least once each month for the purpose of assessment, observation of the early intervention program assistant implementing the services, review of the plan, and revision of strategies as needed.

Early Childhood Special Education Programs Only

- **Special Education Program Aide**

The Wisconsin DPI website for special education paraprofessionals outlines IDEA 2004 special education paraprofessional requirements:

Under IDEA 2004 612 (A)(14)(B), the Wisconsin Special Education Paraprofessional meets the requirements of the law through obtaining a Special Education Program Aide License (883).

PI 34.34 (18) Special Education Program Aide License. Any person employed by a school district as a special education program aide shall hold a license under this subsection. A license as a special education program aide may be issued to an applicant who is at least 18 years of age and is recommended by the district administrator of the employing school district, the administrator of a CESA or his or her designated official to receive a license under this section.

PI 34.01 Definitions. (4) "Aide" means a school employee who works under the direct supervision of a licensed teacher in a school or district whose responsibilities include, but are not limited to, supporting the lesson plan of the licensed teacher, providing technical assistance to the teacher, helping with classroom control or management, and other duties as assigned. Aides may not serve as substitute teachers.

PARAPROFESSIONALS

Birth to 3 and Early Childhood Special Education Programs

● **Speech and Language Therapist Assistants**

Speech-language pathology assistants (SLPAs) are support personnel who, following academic and/or on-the-job training, perform tasks prescribed, directed, and supervised by the American Speech-Language-Hearing Association (ASHA)-certified speech-language pathologists. ASHA has developed a position statement and guidelines on partnering with SLPAs, as well as a list of responses to frequently asked questions. A person with a BA in Speech and Language may work in early intervention as an Early Intervention Program Assistant (see page 13).

ASHA position statement:<http://www.asha.org/NR/rdonlyres/5B506839-3D1D-4FC6-B085-E4ED35200B7B/0/PSSupportPersonnel.pdf>

ASHA guidelines:<http://www.asha.org/NR/rdonlyres/2098755B-AC9C-4F81-9011-B84000043E59/0/v3GLSupervisionSLPAs.pdf>

Frequently asked questions:http://www.asha.org/about/membership-certification/faq_slpasst.htm

● **Occupational Therapist Assistants** (from the U.S. Department of Labor)

Occupational therapist assistants and aides work under the direction of occupational therapists.

Occupational therapist assistants, commonly known as *occupational therapy assistants*, help children with rehabilitative activities and exercises outlined in a treatment plan developed in collaboration with an occupational therapist. Assistants monitor a child's activities to make sure that they are performed correctly and to provide encouragement. They also record each child's progress for the occupational therapist.

An associate degree or a certificate from an accredited community college or technical school is generally required to qualify for occupational therapist assistant jobs. Occupational therapist assistants are regulated in Wisconsin (see s. 448.05(5m), Wis. Stats., for details) and must pass a national certification examination after they graduate. Those who pass the test are awarded the title "Certified Occupational Therapy Assistant."

● **Physical Therapist Assistants and Aides**

The Physical Therapy Practice Act and state professional licensure laws regulate the role of physical therapist assistants and aides in Birth to 3 and 3-5 programs. In addition, physical therapist assistants and aides working in 3-5 programs must also meet requirements in special education law. See administrative rules PI 11.24 at http://dpi.wi.gov/sped/pi11_0701.html In both programs, the physical therapist is responsible for examination, evaluation, reevaluation of the child, and development of the intervention plan. In 3-5 programs, the physical therapist also participates in development of the child's IEP. Physical therapist assistants perform components of physical therapy interventions and aides perform related tasks selected by the supervising physical therapist.

Physical therapist assistant is the only individual permitted to assist a physical therapist in providing selected interventions. The physical therapist assistant provides specific components of physical therapy intervention under the direction and supervision of the physical therapist. Interventions may include balance and coordination activities, mobility training, strengthening exercise, transfer training, and self care activities. The physical therapist delegates those portions of a child's physical therapy which are consistent with the physical therapist assistant's education, training, experience and skill level. The physical therapist considers the complexity, stability, acuity and criticality of the child's condition/needs and then determines the safe and appropriate level of supervision.

The physical therapist assistant documents interventions performed, data collected, student progress and equipment provided. With knowledge of the supervising physical therapist, the physical therapist assistant may contact the family or community providers. The physical therapist assistant may help design and fabricate equipment or adaptations for specific children. The physical therapist assistant is a graduate of a two year technical college and is licensed by the Department of Regulation and Licensing. See <http://drl.wi.gov/prof/phta/def.htm> In 3-5 programs, the physical therapist assistant is also licensed by the Department of Public Instruction. See <http://dpi.wi.gov/tepd/pt34.html#additionallicenses3434>

Aides perform tasks under the direction and supervision of the physical therapist. Such tasks may include keeping the treatment area clean and organized or transporting the child to and from therapy and the classroom. The physical therapist may collaborate with the teacher and aide about accommodations, adaptations or strategies that help the child participate in daily routines such as positioning, toileting or dressing. Aides cannot provide tasks which require the decision making or problem solving skills of a physical therapist. The physical therapist determines when an activity or task becomes part of classroom, school or natural environment routines. Within the context of physical therapy licensure, aides are considered non-licensed personnel. Aides are trained on the job in selected tasks. In 3-5 programs, aides must meet Department of Public Instruction requirements for licensure as special education program aides. See <http://dpi.wi.gov/tepd/aide.html>

EARLY CHILDHOOD

Early Childhood...It's a Journey, Not a Race

The 6th annual Preserving Early Childhood Conference was held on March 14th and 15th at the Madison Concourse Hotel. This conference is co-sponsored by the Wisconsin Department of Public Instruction (DPI), the Wisconsin Head Start State Collaboration Project and a variety of other state agencies and associations. Over 200 people from over 40 communities attended the conference designed to promote collaborative approaches for young children in Wisconsin, with special emphasis on 4 year old kindergarten (4K) programs throughout the State. Jill Haglund, Early Childhood Consultant for DPI, and State Superintendent Elizabeth Burmaster opened the conference.

DPI invited James Autry, Leadership and Change Management Consultant, former Fortune 500 Executive, and author of *The Servant Leader* to present the keynote address, "Conversations for Change (see below)." The main address on the conference's second day featured 4K movement leaders from New York and Maine, as well as Danielle Gonzalez from Pre-K Now, and Helen Blank from the National Women's Law Center.

Numerous interactive sessions were held each afternoon, and included workshops on reflective practices, new community approaches to 4K, and Wisconsin Model Early Learning Standards. The conference concluded with a session by Public Relations Consultant Lisa Pugh on creating effective messages to advocate for children.



Former Fortune 500 Executive and Preserving Early Childhood conference keynote speaker **James Autry** believes leadership is fundamentally about caring and community building rather than control. He finds that letting go of ego is the greatest barrier to leadership. Leaders should be concerned about creating a place where people can do good work. Leadership, states Autry, is largely a matter of paying attention, and requires love of people, work and mission manifest in behavior. The goal of leaders should be to make employees' strengths effective and their weaknesses irrelevant.

Autry recommended people find a balance *within* life and work, rather than *between* life and work. "*Between* creates a psychological dualism for people. Let go of the separation between life and work. It's all about your values as a whole person," he stated. He believes the strength of the work community is second only to family communities.

Autry also recommended being careful with one's words. "Your words are your most important tools," he stressed. Autry himself wrote many notes to employees to offer support and encouragement. He believes a "new covenant" is needed in the American workplace, one that is characterized by support and community, honesty and trust, rather than fear.

Autry strongly recommended nurturing one's inner life. How do you nurture your inner life? Through prayer, meditation, art, music, reading, or anything else you do reflectively and quietly, says Autry. "Try to live in the present, the now-ness."

Autry closed his session with a story about a Buddhist monk. The monk was running from a tiger through the forest. He came to a cliff, and grabbed a vine hanging off the cliff and jumped. As he hung from the vine, he looked down and saw that another tiger was below him. Then he heard a rustling noise, and noticed a small mouse emerging from a crevice in the cliff face. The mouse began chewing on the vine. The monk looked to the left, and saw nothing. The monk looked to the right, and saw a beautiful, ripe strawberry. He picked the strawberry and...he ate it. It was delicious.

"We're all caught between the two tigers—the tiger of the past, and the tiger of the future," says Autry. The key is to enjoy the strawberry—the now.



REFERRAL CHECKLIST

Early Intervention Referral Checklist for Healthcare Providers

This checklist is used to determine if an infant or toddler, birth to three years of age, has a condition or concern that may make the child eligible for early intervention from the Wisconsin Birth to 3 Program. If you are concerned that a child has one or more of the conditions listed, you should consider referring the child to the early intervention program in the child's county of residence. For referral information, call **Wisconsin First Step** at 1-800-642-7837 or visit the Wisconsin Department of Health and Family Services' website for a complete list of Birth to 3 Program contacts (<http://dhfs.wisconsin.gov/bdds/birthto3/>) and an online referral form (<http://apps4ns.dhfs.state.wi.us/mchref/public/>).

Child's Name _____ DOB _____ Age _____

	This checklist includes many but not all conditions or concerns that may make a child eligible for early intervention. Children with high-probability diagnoses will likely be eligible for Wisconsin's Birth to 3 Program. Children with other concerns associated with poor developmental or behavioral outcomes will be evaluated for eligibility. All children with these conditions or concerns should be referred to early intervention.	
	Eligible by diagnosis	
High-Probability Diagnoses	<input type="checkbox"/> Chromosomal anomalies (e.g., Trisomy 13, 18, 21) <input type="checkbox"/> Metabolic disorders (e.g., phenylketonuria, Hurler-Scheie, Tay-Sachs, Lesch-Nyhan syndromes) <input type="checkbox"/> Extreme prematurity (26 weeks gestation or below) <input type="checkbox"/> Extremely low birth weight (<1000 g/2.2 lbs) <input type="checkbox"/> Prenatal infections (toxoplasmosis, rubella, CMV) <input type="checkbox"/> Fetal alcohol syndrome <input type="checkbox"/> Brain hemorrhage (grade III/IV IVH) <input type="checkbox"/> Anomalies of the brain or spinal cord (microcephaly, meningomyelocele) <input type="checkbox"/> Other (Please describe) _____	<input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Degenerative or progressive neurological disorders (MD, leukodystrophies) <input type="checkbox"/> Abnormal movement patterns (ataxias) <input type="checkbox"/> CNS trauma (shaken baby syndrome) <input type="checkbox"/> Visual impairment/blind <input type="checkbox"/> Hearing impairment/deaf <input type="checkbox"/> Autism or Pervasive developmental disorders <input type="checkbox"/> Other genetic(e.g., Prader-Willi, deLange, Williams syndromes; OI; achondroplasia)
	Eligible by documentation of developmental delays	
Developmental Delays (>25%)	<input type="checkbox"/> Global developmental delays <input type="checkbox"/> Cognitive delays <input type="checkbox"/> Gross motor delays <input type="checkbox"/> Fine motor delays <input type="checkbox"/> Other (Please describe) _____	<input type="checkbox"/> Adaptive/self-help delays <input type="checkbox"/> Social/emotional delays <input type="checkbox"/> Speech/language/communication delays
Other Diagnoses	<input type="checkbox"/> Genetic anomalies (Turners, Fragile X in girls) <input type="checkbox"/> Premature (27-37 weeks gestation) <input type="checkbox"/> Low birth weight (1001-2000 g) <input type="checkbox"/> Small for gestational age (weight <10 th percentile) <input type="checkbox"/> Prenatal alcohol or illegal drug exposure <input type="checkbox"/> CNS anomalies (hydrocephalus, macrocephaly, tethered cord) <input type="checkbox"/> Perinatal seizures or epilepsy <input type="checkbox"/> Other (Please describe) _____	<input type="checkbox"/> CNS infections or toxin exposure (lead) <input type="checkbox"/> Brain hemorrhage (grade I/II IVH) <input type="checkbox"/> Variant movement or speech patterns <input type="checkbox"/> Low vision or intermittent hearing loss <input type="checkbox"/> Physical anomalies (cleft lip/palate, club foot, brachial plexus injury) <input type="checkbox"/> Psychiatric condition or severe emotional/behavioral disorders <input type="checkbox"/> Chronic illness or medically fragile
Atypical Development	<input type="checkbox"/> Growth and feeding problems (e.g., failure to thrive, G-tube for feeding) <input type="checkbox"/> Sensory or regulatory problems (chronic problems with sleep, attention, and/or eating)	<input type="checkbox"/> Chronic illness or medically fragile <input type="checkbox"/> Social-emotional problems (atypical social interactions)

RESEARCH HIGHLIGHTS

Providing Web-based Support for Families of Infants and Young Children With Established Disabilities

Anat Zaidman-Zait, Janet R. Jamieson, *Infants and Young Children*, Vol. 20, No. 1, pp 11-25

Increasingly, many parents of children with disabilities are turning to the Web for information and support. Although the Web offers opportunities to help families cope and make decisions, challenges also exist. This article from the March 2007 issue of *Infants and Young Children* explores these issues through review of the literature, and offers suggestions for optimal use of this potentially powerful resource.

Numerous advantages of the Web are cited, including ease of access to a wide variety of information on an as-needed basis, convenience, and its private and anonymous nature. Conversely, parents need to think critically about Web-based information quality and coverage, information overload, and Web site design and maintenance. Many parents are responsible Web searchers. As compared with nonparents, one study (Fox, 2002) found that parents were more likely to spend more time on-line during a search, visit at least four sites for the desired information, and more likely to talk with their doctor about information found on-line. Parents also tend to trust recommendations about Web sites from reliable sources; another study (Taylor, 2001) found that parents were likely to visit a Web site that was recommended by their doctor.

Variable quality of information continues to be one of the most problematic features of the Web. Low-literacy adults in particular can face challenges in accessing good quality online health information (Birru, 2004). Several initiatives have developed sites to assist consumers in judging Web-based information, including Healthfinder (a Federal Web site developed by the U.S. Department of Health and Human Services, www.healthfinder.gov), Health on the Net Foundation Code of Conduct (HONcode, at <http://www.hon.ch>), and WebGuide (www.cfw.tufts.edu).

In addition to the information resources found on the Web, virtual support communities can offer emotional support and coping strategies to parents of children with special needs. The authors believe these online discussion groups may be especially beneficial to parents living in rural areas, parents of children with low-incidence conditions, and parents who find it difficult to leave their homes (such as parents of children with behavioral disorders, or parents with disabilities themselves).

Early childhood professionals can use the Web as a tool in their work with parents in several ways. Professionals can help guide parents in their information-seeking activities, and assist them as they determine site quality by highlighting the authority of Web site creators and site stability. Professionals can also generate a list of recommended Web sites, or direct parents to a central web site with quality-control features (such as Healthfinder or WebGuide). Lastly, professionals may also consider developing a new Web site as a complement to existing program services.

Full text link: http://depts.washington.edu/isei/iyc/20.1_zait.pdf

Northeast Wisconsin Summer Early Childhood Education Offerings

Children with Differing Abilities (ONLINE)

June 11

Northeast Wisconsin Technical College, Green Bay

Autism Series

Northeast Wisconsin Technical College, Green Bay

July 10: Autism-The Journey

July 12: Autism-Lifespan Challenge

July 17: Autism-Physical Aspects

July 19: Autism-Communication

July 24: Autism-Behavior Workshop

July 26: Autism: School Resources

For details: call 1-800-422-6982, ext. 5444 or www.nwtc.edu (click on my.NW), or visit the Wisconsin Training Calendar at <http://www.t-net.org/>

SELF ASSESSMENT

Pilot Programs' Experience with the New Birth to 3 Program Self Assessment

The Wisconsin Birth to 3 Program is establishing a new, annual self assessment process. The process involves collecting data in various areas of programming, but its predominant focus is on the State Performance Plan (SPP) Indicators from the OSEP Child Outcomes Initiative. Programs review at least 10% of their early intervention files to obtain most of this information, which is then used to answer 29 required focus questions. Programs are also encouraged to conduct staff, parent, and other community partner interviews to obtain a well-rounded picture of program workings.

The goal of the new self assessment process is to offer more opportunity for county self-reflection, as well as greater flexibility in the onsite program review. Counties will submit their self-assessment results to the state on an annual basis. If necessary, data will be clarified through conversations with state staff and RESource representatives. Onsite review visits continue to be scheduled every four years. The onsite review will typically be a one-day visit and will offer an opportunity for counties to highlight their work and seek clarification on any areas of concern.

Pilot counties for the new process included Dodge, Forest/Oneida/Vilas, Kenosha, Monroe, Walworth, and Waushara. Annual self-assessments for all counties will begin in 2008. During the remainder of 2007, counties scheduled for an onsite review will also begin the annual self assessment process.

The following summary is based on conversations with coordinators, directors, or supervisors from the six pilot counties about their experience with the new Birth to 3 self assessment process. The interviews were conducted between March 27 and April 17, 2007.

I. Data gathering

What data required for the assessment was the easiest to find? Overall, the pilots agreed the majority of data required for the assessment was relatively easy to find. Most data was available in the early intervention record or in child count data from DHFS Birth to 3. Some programs found use of the new IFSP helped facilitate data gathering. All pilot counties used a sample of at least nine early intervention files to generate data for the assessment.

The hardest to find? The information pilot counties found most difficult to find varied from county to county. Generally, most counties found it challenging to locate only 2 or 3 pieces of data required for the assessment. Examples of difficult-to-locate information included start dates for services and Lead Educational Agency (LEA) notification of a child's potential eligibility for special education. Most programs reviewed early intervention file notes to obtain required information that was not immediately apparent.

II. Team participation

Who were the team members participating in the process? Most pilot programs involved a wide variety of persons in their self assessment process. Program directors, service coordinators and providers, RESource personnel, and Regional Human Services Coordinators were involved in nearly every pilot county's review. Other team members included human services or long term care division managers, parents, advisory committee members, provider administration, and other community partners.

Were there others you would like to have involved if you had more time? Suggestions for additional team members to include in future self assessments included additional community partners such as Head Start, home visitors, school districts, early childhood special education professionals, and medical providers. One pilot county coordinator would like to have had increased involvement from the program director and supervisor initially, and will take steps to do this in future self assessments.

How was the RESource staff involved? What was helpful about their involvement and what would you change or suggest to make this more helpful in the future? Most pilots were very satisfied with the support they received from their RESource representative during the self assessment process. RESource representatives typically explained the new process, assisted in the file review process, sought state staff input into counties' questions, and facilitated discussions around the assessment results. Several RESource representatives also conducted parent and staff interviews.

SELF ASSESSMENT

III. Overall experience

The majority of counties piloting the new self assessment process considered it to be a positive and worthwhile experience. Programs found the process “validating, because it assumes we are compliant,” “timely,” and “educational for both new and established staff.” Several pilot programs emphasized that the benefits from self assessment correlated with the effort put into it. One pilot program found the experience underscored her program’s relative lack of supervisory support.

What did you learn about your program from the self assessment? Most programs, even those programs regularly conducting self assessments, learned valuable information during the new process. Most programs found the process confirmed what they were doing well. It also highlighted areas needing additional attention, most commonly related to documentation of specific data. One pilot program felt the process did not reveal any new information about how the program was serving children and families, but did highlight the need for increased supervisory support.

How will you use this information for future decision making? Most pilot programs had already made changes to their record keeping or program management as directed by findings from the new self assessment process. These changes most commonly involved altering standard forms to facilitate data organization.

What part of this process was the most meaningful to your program? Most pilot programs found the new self assessment process meaningful in several ways. Particularly meaningful were interpreting the data after its collection and discussing how it could be used to benefit children and families enrolled in Birth to 3, and how the process encouraged team members to feel ownership in the program. One program that surveyed many parents found their feedback critical. Another program found the process highlighted the importance of the role of RESource and county administration in program support and guidance.

Were there processes or tools (e.g., interviews, focus groups, surveys) you didn’t use because of the time constraints in the pilot process that you think would be helpful in future self-assessments? Some counties found the new process sufficient, whereas others believed additional surveys and interviews with parents and other community partners would have been helpful. One program emphasized the value of family visits by state staff.

What are some changes that you might suggest to improve the process? Although the majority of pilot programs were satisfied with the new self assessment process, many offered suggestions for improvement. Requests for additional time or scheduling later in the calendar year were the most common suggestions. Other suggestions included using the 13 focus questions found on previous reviews prior to answering outcome questions, and generating a 1-2 page narrative summary of what the program learned from completing the self assessment process.

Additional information on the new self assessment process can be found in the Wisconsin Birth to 3 Program Draft Self Assessment Manual: <http://www.waisman.wisc.edu/birthto3/selfassessment.pdf>

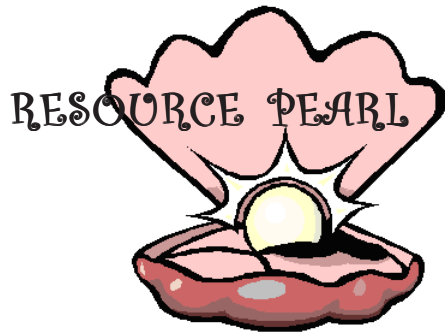
Wisconsin Model Early Learning Standards Trainings

- June 13
CESA 6, Oshkosh
For details: http://www.cesa6.k12.wi.us/prof_dev/
Contact: Pstarr@cesa6.k12.wi.us, 920-236-0567
- August 13
Northwest Connection Family Resources, Osceola
Contact: Rachael Marrier at 715-294-2800 x-490, marrierr@osceola.k12.wi.us



Authentic Assessment, Wisconsin Early Childhood Association
July 21
Brookfield
Contact: llusk@wecanaeyc.org

RESOURCE PEARL



Tips for your everyday life

Homemade Flower Food

To keep fresh flower bouquets blooming longer, use this recipe from Karen Williams, Northern Region RESource Representative

Add two aspirins or the juice of half a lemon (helps flowers absorb water), a teaspoon of sugar (for nourishment), and a few drops of chlorine bleach (to reduce bacteria) to a quart of tepid water. Change the water when it begins to look cloudy or every five days.

Additional tips from Karen:

- It's best to cut flowers from your garden either early in the morning after a cool night has restored their strength, or at the end of the day when they are filled with nutrients.
- Cutting stems at a 45-degree angle prevents stems from sitting flat in the vase and ensures maximum water absorption. For woody flowers such as lilacs, smash the bottoms with a hammer until they are frayed.

Welcome to the new State Birth to 3 Program staff!

(Information from Beth Wroblewski, DHFS)

Loraine Lucinski (lucinla@dhfs.state.wi.us 608-266-5442) has her professional roots in early intervention and most recently completed her Masters in Public Health. She has extensive experience in community health systems, most recently in the Division of Public Health.

Theresa Walske (walsktm@dhfs.state.wi.us 608-267-7844) is a Speech and Language Pathologist and has extensive experience with Medicaid and funding of health related services, most recently in the Division of Health Care Financing.

Lori Wittemann (wittelh@dhfs.state.wi.us 608-267-5150) is an educator with extensive early intervention experience in Wisconsin, most recently in Washington County with the Threshold Program.

Birth to 3 Interagency Coordination Council (ICC): Family Forums

Family leadership and participation has been a high priority of the ICC over the past several years. The Parent Leadership Team comprised of parent and provider ICC members attended a national parent leadership conference in California in 2005 to gain ideas from other ICCs across the country. The outcome of that event was the development of a Parent Leadership Action Plan. This plan was reviewed by the ICC and has helped to shape subsequent ICC parent activities. Priorities have been to provide orientation and mentoring to new ICC members, especially parents. Another is to develop ways for families to have access to the voices of other parents so that they are able to represent a constituency on the ICC. The approach selected by the ICC Parent Leadership Team has been to hold Family Forums the evening before each quarterly ICC meeting.

During the last several years a number of formats have been tried. Two forums were held prior to ICC meetings. The first was in November 2005 in Minoqua in co-sponsorship with Great Lakes Inter-Tribal Council. The second was in September 2006 in co-sponsorship with Lutheran Social Services of Waukesha County. (See *Reflections on the Waukesha County Family Forum*.) Terri Vincent, an ICC member and Rock County Birth to 3 staff member, scheduled a great turn out for a March 2007 ICC Family Forum. Unfortunately, this session was cancelled due to inclement weather. The most recent forum was held in conjunction with the Listening Session at *Circles of Life Conference* on April 27, 2007 facilitated by Family Voices of Wisconsin, an advocacy group for families who have children with special health needs and the Wisconsin Children and Youth with Special Health Care Needs Program.

The ICC Parent Leadership Team has developed a set of materials to describe the protocol for Family Forum sessions, including a planning timeline, a sample invitation, a list of discussion questions, ideas for door prizes, parent and child care sign in sheets, and a sample audiovisual release document. These materials are designed to help other Birth to 3 Programs work with ICC members and DHFS staff to hold a Family Forum in their community. At a recent Birth to 3 Wisline, Cindy Flauger and other members of the ICC shared information about these forums and invited counties to offer to co-sponsor forums in their own communities (For ICC Family Forum materials, visit <http://dhfs.wisconsin.gov/bdds/b3etn/schedule.htm#2007> under the 4/12/07 Wisline).

At the April 27 meeting, held during the *Circles of Life Conference*, the ICC endorsed the idea of offering an ICC Family Forum in any community regardless of whether or not the ICC is meeting. ICC members are prepared to work with communities throughout the state in response to requests to hold a Family Forum. In addition, the ICC approved broadening the discussion topics to include questions similar to those from the Birth to 3 Family Outcomes Survey.

If you are interested in holding a Family Forum in Your Community, contact Linda Tuchman at tuchman@waisman.wisc.edu.

Wisconsin Birth to 3 Interagency Coordinating Council

The *Wisconsin Birth to 3 Interagency Coordinating Council (ICC)* was established by the Governor to advise and assist the Department of Health and Family Services (DHFS) in the performance of the responsibilities established under Part C of the Individuals with Disabilities Education Act (IDEA).

The mission of the ICC is to advise, review, analyze, and monitor the implementation of the State's early intervention system, maintain a forum for communication relative to early intervention and make recommendations to DHFS regarding the effective implementation of the early intervention system.

The [Guiding Principles](#), adopted by the Council in December 1988, provide the framework for carrying out the mission and responsibilities. These Principles present the philosophy and reinforce the importance of parent partnerships, community support, team work, collaboration, and the importance of early intervention. (Excerpted from the ICC's Bylaws). <http://b3icc.state.wi.us/index.htm>

Reflections on the Waukesha County Family Forum – September 15, 2006

Linda Tuchman, ICC member and Director, WPDP

Upon entering the Center for Learning Excellence in Waukesha, I sensed that something special was about to happen the evening of September 15, 2006. The Birth to 3 Program display board was proudly exhibited in the lobby of the Center. Upon entering the meeting room, finishing touches were being put to baskets of door prizes, and cookies were enticingly arranged next to the pizza. Momentarily, families started arriving, toting various childhood paraphernalia with children in tow or snuggled somewhere among the diaper bags and car seats. After settling the children into the child care room, the family members took their seats around a number of round tables. I knew that our ICC members were in a privileged space to witness what was about to happen. Jill Soltau, a parent member of the ICC from Waukesha County, took the floor to begin the conversation. She invited families to introduce themselves and share what brought them to the meeting. Each came out of desire to help, to be involved, and to make connections with other parents who experience the Birth to 3 Program. It took only a few opening questions from Jill for the sharing to begin.

One of my biggest realizations was that the families who attended the Family Forum had had few opportunities to connect with other families to share their stories and common experiences. In particular, most parents commented on the unique and special aspects of developing trusting, helpful relationships with their home-based service providers. One parent, Lisa Belmont, commented “Birth to 3 gave me the tools to teach my child the skills he needed to live – gave me the opportunity to do my job as a mom.” I was left with the impression that so much of the families’ Birth to 3 experiences were about their relationships with the Birth to 3 staff. Naturally, the parents had a few good suggestions for improving their early intervention services. At the end of the discussion, a very tired but energized Missy Kueht-Becker (Lutheran Social Services, Waukesha) brought the children back into the meeting room, reminding all of us about the energy it took to meaningfully engage the children.

The Center for Learning Excellence in Waukesha Center was a great location for the meeting. The Center houses Early Head Start, Head Start, child care and preschool programs. One of the Lutheran Social Services offices is located down the street. The Center also includes conference facilities to promote community gatherings and a commitment to lifelong learning. Meeting at this location and taking time to listen to families, confirmed for ICC members the importance of meeting in various communities to get a better perspective on local Birth to 3 practices and the partnerships within the community. We also recommitted to the importance of creating opportunities for families to gather and share their stories with the ICC.



JOB POSTINGS

Wisconsin Birth to 3 Program Coordinator and Supervisor

Position announcement and application details are available at:
http://wisc.jobs/public/job_view.asp?annoid=26338&jobid=25853

The application requires the following process: Apply with an Application for State Employment (OSER-DMRS-38); a current resume; and a written response limited to 3 pages describing your experience related to: 1) developing and maintaining policies and standards related to early intervention and/or family-centered services; 2) supervising or leading the work of others (include the type of staff); and 3) facilitating collaborative relationships with various professional and departmental bodies and consumer advocacy groups. Be sure to provide specific details regarding the setting, scope, duration, and your specific role and responsibility for each experience. Your responses are considered an examination and will be used to determine the eligibility for this vacancy.

The first review of application/examination materials will be held on materials received by June 1, 2007. Materials will be evaluated and qualified candidates will be invited to participate in the next step of the selection process. Application/examination materials received after this date may be considered if the first group of candidates does not produce a selection.

Birth to 6 EVENTS

Wisconsin Personnel Development Project

Editor: Arianna Keil, WPDP

Contributors: Kristy Apuakehau, Therapies Plus
Teri Black, Madison Area Technical College
Sandra Corbett, DPI
Jill Haglund, DPI
Julia Herwig, RESource, SIG
Maureen Juras, Forest/Oneida/Vilas Birth to 3
Arianna Keil, WPDP
Sherry Kimball, DPI-DHH Outreach
Liz Lahm, WATI
Patty LeMay, Chippewa County Birth to 3
Liz Lindstrom, Grant/Iowa County Birth to 3
Mary McKee, CESA 4

Desktop Publishing: Cheri Sanders, Media Specialist - WPDP

Copy Editor: Lynn Sankey, WPDP

Director: Linda Tuchman

Tammy Nauman, Monroe County Birth to 3
Mary Peters, DPI
Sue Smalley, CESA 11
Kim Sterling, Dodge County Birth to 3
Julie Strenn, Wood County Developmental Disabilities
Sheena Tonn, Therapies Plus
Linda Tuchman, WPDP
Gaye Tylka, CESA 4
Suzan Van Beaver, DPI
Barb Wehman, CESA 11
Etty Wilberding, Walworth County Birth to 3
Catherine Wilson, Madison Area Technical College
Suzi Wolf, Kenosha County Birth to 3, Early Head Start
Beth Wroblewski, DHFS
Susan Younger, Waushara County Birth to 3

EVENTS is published three times each year by the Wisconsin Birth to 3 Personnel Development Project (WPDP) with funding from the Wisconsin Birth to 3 Program, Department of Health and Family Services, and the Wisconsin Department of Public Instruction. WPDP, housed at the Waisman Center, University of Wisconsin-Madison, is funded by the Birth to 3 Program to address the need for well qualified early intervention service providers in the state. WPDP offers a wide range of educational opportunities for parents, service providers from all disciplines, and program managers/administrators, through a multifaceted program. Activities include statewide and regional in-service workshops, Parents as Leaders (PALS), technical assistance, the Birth to 3 Training and Technical Assistance website, and materials development and dissemination.

For additional information, call 608-890-0144, 1-800-532-3321, or email keil@waisman.wisc.edu

Deadline for submissions to next Birth to 6 EVENTS: August 24, 2007.

WPDP website: www.waisman.wisc.edu/birthto3/