

National State Policy Database (NSPD)

www.rrfcnwork.org/nspd

Now, in one location you can search, copy and cite state and federal special education regulations in the NSPD!

The Individuals with Disabilities Education Improvement Act (IDEA) is a federal law ensuring services to children with disabilities throughout the nation. Infants and toddlers with disabilities (birth – age 2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B.



The National State Policy Database allows you to locate and download full copies or specific sections of the federal and state special education regulations. Currently, the database contains only regulations pertaining to Part B, but the contents will be expanded in the future. With the NSPD, you can search for specific words or phrases, find your terms highlighted, and then make excerpts of the sections that you can download into a document on your computer, all in one location – **and it's free!**

STATE PERSONNEL DEVELOPMENT GRANT (SPDG) INFORMATION

The SPDG is a federal grant of \$5,000,000 for five years that will improve Connecticut's system for personnel preparation and professional development leading to systemic change. Southern Connecticut State University (SCSU) is working with paraprofessionals in four urban school districts to complete a certification program allowing them to become highly qualified special education teachers. SCSU started its first cohort with New Haven this fall and will begin its second cohort with Hartford in fall of 2007. The State Education Resource Center (SERC) is working with districts that have model programs in critical priority areas to scale up their efforts in other districts throughout the state. The Connecticut Parent Advocacy Center (CPAC) is working with school districts to improve parental involvement and foster positive relationships between families and schools. Connecticut's Birth to Three System is developing a training video and manual for service providers and families. The video and manual will help to better understand expectations and improve services for children with disabilities B-3 and their families. For more information, please contact Dana Colon at dana.colon@ct.gov.

STATE PERFORMANCE PLAN (SPP) INFORMATION

Stakeholders and workgroups are reviewing local and statewide data regarding 20 indicators in the SPP. An Annual Progress Report for each district on indicators 1-14 will be released in the late fall, comparing district data against state targets. Additionally, the Department of Education will be submitting a state level Annual Performance Report to the Office of Special Education Programs (OSEP) at the U.S. Department of Education by February 1, 2007. OSEP will be reviewing Connecticut's data in relation to its targets and will be making determinations about the state's progress.

If you have not submitted your data regarding dispute resolution sessions, please do so as the deadline was September 15th. You may submit your form to Gail Mangs. She can be reached at 860-713-6938 or by email at gail.mangs@ct.gov.

USE OF ED 634: AGREEMENT TO CHANGE AN INDIVIDUALIZED EDUCATION PROGRAM WITHOUT CONVENING A PLANNING AND PLACEMENT TEAM MEETING.

We have received a request for guidance regarding the appropriate use of ED 634, Agreement to Change an Individualized Education Program without Convening a Planning and Placement Team Meeting. Specifically, a question has been raised as to whether a district can put IEP changes into effect after obtaining verbal agreement from the parent, but before the parent has signed the form. While the new federal regulations require an agreement between the parent and the school district to amend the IEP without a PPT, they do not require a *written* agreement. However, the comments to the regulation state, "...it would be prudent for the public agency to document the terms of the agreement in writing, in the event that questions arise at a later time."

Therefore, the Bureau of Special Education is recommending the following practice: The school district must complete the ED 634 and attach, at minimum, a Prior Written Notice, the revised pages 1 and 2 of the IEP and any other pages of the IEP that will be different as a result of the changes made. In addition, Connecticut regulation requires that parents receive Prior Written Notice at least five school days before IEP changes go into effect. Therefore, a district will be in technical compliance by mailing the ED 634 with the Prior Written Notice (and other required IEP pages) to the parent and implementing the changes only after the appropriate time period has elapsed. However, such action involves a risk if the district does not have an ED 634 signed by the parent. A signed ED 634 is the only proof a district will have that the parents did, in fact, agree to make changes to the IEP without convening a PPT. Such proof could be of critical importance to a school district in a complaint proceeding or due process hearing. If you have further questions, please contact Gail Mangs at (860) 713-6938 or Roger Frant at (860) 713-6917.



Additional
Resources:

Parent Training and
Information center
(PTI)
CPAC
1-800-445-2722
(860) 739-3089
V/TDD
www.cpacinc.org

For professional
development and
technical assistance
offerings contact:

State Education
Resource Center
(SERC)
(860) 632-1465
www.ctserc.org

PARENTALLY PLACED PRIVATE SCHOOLS STUDENTS ACROSS STATE LINES

34 C.F.R. 300.131(f) states, "Each LEA in which private, including religious, elementary schools and secondary schools are located must, in carrying out the child find requirements in this section, include parentally-placed private school children who reside in a State other than the State in which the private schools that they attend are located." Under the comments to this section, (page 46591) it states, "...the LEA where the private...schools are located...also is responsible for determining and paying for the services to be provided to parentally-placed private school children with disabilities. We believe this responsibility extends to children from other States who are enrolled in a private school located in the LEA. The Act does not provide an exception for out-of-State children with disabilities attending a private school located in the LEA and, therefore, out-of-State children with disabilities must be included in the group of parentally-placed children with disabilities whose needs are considered in determining which parentally-placed private school children with disabilities will be served and the types and amounts of services to be provided.

LEAD POISONING IN CHILDREN AND THE IMPACT ON LEARNING/BEHAVIOR.

Childhood lead poisoning is the most common environmental health problem that affects children in Connecticut (CDPH, 2006). Yet, it is entirely preventable. Blood lead levels as low as 10mcg/dL have been shown to affect a child's learning and behavior, and very high levels > 70 mcg/dL, can cause seizures, coma and death. Elevated blood levels impact our most vulnerable population, our children, at a time that their developing bodies are most susceptible to damage. The most common sources of lead poisoning are lead-based paint, soil and dust that have become contaminated with lead (many times carried into the home), water (lead pipes and/or lead solder used in plumbing), occupations and hobbies (painters, mechanics, bridge workers, jewelry making, ceramic making), and even some ethnic and folk remedies/medications. To assist in combating the negative results of childhood lead poisoning, a committee has been formed bringing together various State Agencies representatives (DPH, SDE, DCF, DMR, UCONN, SERC, local health agencies, private foundations and private individuals). The main objective of this committee is to assist in the education of school personnel (general education and special education teachers, speech/language pathologists, school social workers, school psychologists, guidance counselors, school nurses, principals) concerning the issue of lead poisoning and its negative impact on children's learning and behavior in the classroom. Please look for conferences and symposiums within the next year on the dangers of childhood lead poisoning. More information can be found on the Department of Public Health website www.dph.state.ct.us.

P.J., et al. v. State of Connecticut, et al.

Current Status

The PJ Settlement Agreement is beginning year five of this 5-year implementation process. **Attachment six** contains the current status on the progress of the goals of the settlement agreement, opportunities for technical assistance and monitoring activities.

NATIONAL INCLUSIVE SCHOOLS WEEK™

DECEMBER 4-8, 2006

During the week of December 4-8, 2006, Connecticut will be joining with states, schools and classrooms throughout the nation and across the world, to celebrate the 6th Annual National Inclusive Schools Week™ with the theme of *Charting an Inclusive Journey through School, Work, and Life: Successful Transition Planning for All Students*. The sponsors, the Urban Special Education Leadership Collaborative and Education Development Center, Inc., have made available a free celebration kit that can be accessed at www.inclusiveschools.org.



During this week there are many events planned throughout the state. **What are you doing?** We'd like to know and have you share this at the SERC *Expanding Horizons 9th Annual Conference on Educating Students with Disabilities in General Education Classrooms* December 7th featuring George Sugai, Ph.D., Carole J. Neag, Endowed Chair in Special Education University of Connecticut. Dr. Sugai's keynote address *School-wide Positive Behavior Supports: Improving Schools through Academic and Behavior Supports* will be followed by over 30 concurrent presentations from schools throughout Connecticut sharing their stories of success, ideas and practices they have implemented to become more inclusive of all students. This year we have purposely scheduled the conference to coincide with this very special week on inclusive schools. We would also like to showcase activities that your school has done in the past or plans to do for this year to celebrate National Inclusive Schools Week™. Please consider creating a poster session for the conference to share your activities with others. Application and other information is included in **attachment seven**. For more information on *Expanding Horizons* see www.ctserc.org.

Additionally, given National Inclusive Schools Week's theme on transition, special recognition will be given at the conference to Charlie Dey, a Connecticut resident who was recently honored with one of five national The Purpose Prize™ awards for creating Start on Success. This National Organization on Disability program provides paid internships and assigns workplace mentors to predominantly minority high school students with physical, mental, and emotional disabilities in Connecticut.

Join the celebration, visit www.inclusiveschools.org, and get involved, because

“Great things happen in inclusive schools™.”

REVISED GUIDELINES FOR THE IDENTIFICATION OF STUDENTS AS INTELLECTUALLY DISABLED

On November 29 and 30th, there will be a workshop on the revised guidelines for the identification of students as intellectually disabled. **Attachment eight** contains information about the upcoming informational sessions. Registration for the event from SERC will be forthcoming.

NINTH ANNUAL YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES (YLF 2007)

YLF 2007 will be held from July 23 - July 26, 2007 at the University of Connecticut in Storrs. Forty high school sophomores and juniors with disabilities, who represent the state in terms of geographic region, gender, ethnic background and disability, will be selected to attend the forum. The goal of YLF is to offer high school students with disabilities in Connecticut an educational and motivational forum where they can explore and develop their leadership potential in an atmosphere of support and encouragement. See **attachment nine** for the complete student application. Please forward this application to appropriate staff at your high school(s).

Connecticut State
Department of
Education
Bureau of Special
Education
165 Capitol Avenue
Hartford, CT 06106
Phone: 860-713-6910
Fax: 860-713-7051

Mailing address:
P.O. Box 2219, RM 369
Hartford, CT 06145-
2219

Visit us on the web at:
www.state.ct.us/sde

Transition Services for Students with Disabilities: Promising Practices

Under Connecticut’s State Performance Plan, the Bureau of Special Education is required to collect data from districts regarding the quality of transition planning for students aged 16 and above with an IEP that includes coordinated, measurable, annual IEP goals and transition services that will reasonably enable a student to meet his/her postsecondary goals. To this end, we would like to begin to explore how districts are providing transition services to students with disabilities in two settings: 1) within the high school program and 2) off-site in college, training and/or community settings.

Districts specifying transition services that are off-site will be asked to complete a more detailed description that will be included in an updated version of our publication: *Transition Services in College, University or Community-Based Settings for Students with Disabilities*. Such services, typically involve students, ages 18-21 who are preparing for entry into the workforce, training, postsecondary education, independent living and/or accessing resources in their communities.

Please have the person(s) most directly responsible for transition planning at the secondary level complete the enclosed form that requests information regarding the types of services that are implemented to address the transition needs of students receiving special education services. Please do NOT include those services available ONLY to general education students or Section 504 students. However, some services/programs may include BOTH general and special education students.

* * * * *

If you checked any of the boxes in Question #2 – indicating that you are providing transition services in an off-site location **AND** you would like a more detailed description of your services to appear in the Bureau publication: *Transition Services in College, University or Community-Based Settings for Students with Disabilities*, please provide a contact person who will be responsible for completing the Transition Services Profile that will be sent out via email later this month:

Contact Person Name: _____

Title: _____ District: _____

Name of Services: _____

Telephone: () _____ Email: _____



STATE OF CONNECTICUT
STATE DEPARTMENT OF EDUCATION



TO: Directors of Special Education

FROM: Nancy M. Cappello, Ph.D.
Interim Bureau Chief
Bureau of Special Education
CT State Department of Education

DATE: October 12, 2006

SUBJECT: Transition Planning for Youth with Special Health Care Needs

During the past year, the Department of Health (DPH) and the University of Connecticut's A.J. Pappanikou Center on Developmental Disabilities have collaborated to improve care coordination and case management for the population of children and youth with special health care needs (CYSHCN). DPH has developed a statewide system for integrating care coordination services at the community-based level through development of Regional Medical Home Support Centers (RMHSC). There are five RMHSCs located throughout CT in Stamford, New Haven, Norwich/Old Lyme, Hartford, and Waterbury.

In its current ten-year action plan for the US Department of Health and Human Services, DPH must meet six outcome measures, one of which involves transition: **#6 – “All youth with special health care needs will receive the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence.”** DPH is particularly concerned about transition-age YSHCN (ages 14-21) since there are significant un-met needs for this population.

To help facilitate the successful completion of this outcome measure, DPH and UCONN's Pappanikou Center have scheduled **interagency collaboration meetings that will meet regularly in the five RMHSC service regions**. These meetings will include stakeholders, providers, families and others who can support the care coordinators, youth with special health care needs and their families to successfully transition YSHCN to all aspects of adult life. The State Department of Education (SDE) has worked with DPH regarding the needs of this population for several years. With an increased emphasis on transition, SDE would encourage local districts serving this population who might be either special education or 504 students to actively collaborate with other providers in their region to meet the needs of YSHCN.

Dr. Patricia Anderson, the State Transition Coordinator for the State Department of Education, attended the initial regional meeting that was held in the Eastern Region (Norwich) last spring to help identify the most appropriate district personnel to invite to future meetings. Since the primary purpose of these collaborations is to share information and available referrals, Directors of Special Education

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SDE would encourage local districts who are currently serving YSHCN to identify the most appropriate person to be a liaison to the regional group. It might be a transition coordinator, the school nurse, the Special Education Director, or a related service provider. If interested, please forward a name and contact information to the Contact Person listed for the RMSHC in your area. You will be added to the regional dissemination list that will provide you with meeting dates for the 2006-07 academic year.

At each Regional Networking meeting, participants are able to bring in case studies to discuss in order to obtain additional information and referrals. There might even be a time set aside for the parents and child being discussed to attend. For example, parents may learn how to obtain respite care or access other support networks for children with severe medical needs. Parents who are having difficulty balancing the medical, educational, and physical needs of their child, might be able to take advantage of the services offered through the RMSHC or other supports provided by those attending the Networking meeting.

If you have questions about meeting the transition needs of youth with special health care needs or the Regional Networks, please call Patricia Anderson at 860-713-6923 or email: patricia.anderson@ct.gov.

PLA: pla
Enclosures

cc: George Dowaliby, Interim Associate Commissioner

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Regional Medical Home Support Centers

Care Coordination is the process of arranging and integrating the delivery of health and related services across providers and service systems, over time, for families and their children and youth with special health care needs (CYSHCN). Care coordination is provided by the Department of Public Health (DPH) through five Regional Medical Home Support Centers (RMHSC). Care coordinators support CYSHCN identified by medical homes in the region and develop models of coordination among primary care, specialty, and community providers, and improving transition for young adults with special health care needs.

Please contact the RMHSC in your region to be added to an email dissemination list regarding Regional Networking meetings.

Sharman French

North Central Regional Medical Home Support Center
21 Grant Street
Hartford, CT 06106
860-550-7559
sfrench@thecharteroak.org

Judi Calechman

South Central Regional Medical Home Support Center
135 College Street, Suite 220
New Haven, CT 06510
203-785-7176
Judith.calechman@yale.edu

Ann Marie Mackin

Eastern Regional Medical Home Support Center
44 Hatchetts Hill Road
Old Lyme, CT 06371
860-892-7042 extension 378
amackin@ucfs.org

Mary Ann Austin

Southwest Regional Medical Home Support Center
26 Palmer's Hill Road
Stamford, CT 06902
203-276-5908
maustin@stamhealth.org

Renaë Vitale

Northwest Regional Medical Home Support Center
56 Franklin Street
Waterbury, CT 06706
203-709-5716
rvitale@stmh.org



**The Connecticut Regional Medical Home Support Center System
of Care for Children & Youth with Special Health Care Needs
Measuring and Monitoring Community-Based Systems of Care**



All states are being asked to create a comprehensive system of care for children with special health care needs and their families as outlined in the federal 10-year action plan: *All Aboard the 2010 Express*. This plan is the culmination of several parallel activities sponsored by the Division of Services for Children with Special Health Needs (DSCSHN) of the Maternal and Child Health Bureau (MCHB). The plan represents an exciting partnership among public, private, and family sectors at the federal, state, and local levels all working together to create a system of care for children and families. To create this system, six performance outcomes must be achieved. *All Aboard the 2010 Express* delineates recommended policies and practices to be implemented to achieve the **six outcomes**:

Outcome #1: Families of children with special health care needs will partner in decision making at all levels, and will be satisfied with the services they receive.

- % of families of CSHCN reporting satisfaction with the quality of: regular source of primary care, obtaining referrals and appointments for needed services, coordination among primary care, specialty care, overall services.
- % of parents of CSHCN who report satisfaction with their level of involvement/input in setting concerns and priorities to make decisions about their child's care plan.
- % of parents of CSHCN who report knowing the steps to take when they are not satisfied with the services their child/family receives.
- # of parents of CSHCN who are supported financially for their involvement in state and local activities.
- # of parents of CSHCN who report that they are effective partners in policymaking at the state and local levels.

Outcome #2: All children with special health care needs will receive coordinated ongoing comprehensive care within a medical home.

- % of CSHCN with a regular source of primary medical care through a primary care provider.
- % of CSHCN whose regular source of primary medical care communicates in a way that is clear and understandable to the family.
- % of parents whose regular source of primary medical care identifies, discusses, and addresses the comprehensive needs of their child and family.
- % of CSHCN whose regular source of primary medical care coordinates age-appropriate well-child checks, including: vision, hearing, developmental, behavioral/mental health, oral health, newborn screening, immunizations.
- % of parents of CSHCN who receive referrals and assistance from their regular source of primary medical care in accessing needed/desired services.

Outcome #3: All families of children with special health care needs will have adequate private and/or public insurance to pay for the services they need.

- % of CSHCN with insurance that covers costs of needed services, including: mental health, dental care, age-appropriate well-child checks, durable medical equipment, ancillary services, non-durable medical supplies, care coordination, prescriptions, specialty care, related therapies (e.g., PT, OT, speech/language, audiology), in-home nursing.
- Amount of out-of-pocket costs paid by families of CSHCN, including costs of: mental health, dental care, age-appropriate well-child checks, durable medical equipment, ancillary services, non-durable medical supplies, respite care, transportation, care coordination, prescriptions, specialty care, related therapies (e.g., PT, OT, speech/language, audiology), in-home nursing, home modifications, car/van modifications.
- % of CSHCN who can choose the providers of their choice.
- % of CSHCN whose insurance provides: timely approval for needed care, overall parental satisfaction, clear information about coverage, resources, complaint procedures for providers and parents.



**The Connecticut Regional Medical Home Support Center System
of Care for Children & Youth with Special Health Care Needs**
Measuring and Monitoring Community-Based Systems of Care



Outcome #4: All children will be screened early and continuously for special health care needs.

- % of infants whose mothers began prenatal screening in the first trimester of pregnancy (e.g., substance abuse, genetics).
- % of infants and families being monitored for special health care needs and developmental delays.
- % of children receiving age-appropriate well-child checks including: vision, hearing, developmental, behavioral, mental health, oral health, metabolic, EPSDT (if implemented in state).
- % of children receiving needed follow-up due to failed screening: vision, hearing, developmental, behavioral, mental health, oral health, metabolic.

Outcome #5: Community-based service systems will be organized so families can use them easily.

- % of parents of CSHCN who have a coordinated service plan that involves all providers and a lead service coordinator who communicates with the family.
- % of parents of CSHCN who report that they are able to access comprehensive services for their child and family.
- % of parents of CSHCN who have specialty care available in their region of the state.
- The degree to which the state service system has an enrollment/eligibility process that links families of CSHCN and their medical home with a wide variety of public and private services and resources.
- # of private/public partnerships to provide community-based, comprehensive medical services for CSHCN (e.g., data sharing, contracts, MOAs).

Outcome #6: All youth with special health care needs will receive the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

- % of youth with SHCN who have a transition plan by age 14 that includes input from education, health, vocational rehabilitation, mental health, or other appropriate agencies, which addresses transportation, housing, independent living, and necessary accommodation.
- % of youth with SHCN whose regular source of primary medical care facilitates the transition from pediatric to adult providers.
- % of adult health care providers who are prepared to serve youth with SHCN.
- % of youth who report satisfaction with the information and training they received to make informed decisions about their health care and other services.
- % of youth with SHCN who received desired services and supports by age 21, including: post-secondary education, employment, health insurance, transportation, housing, personal care attendant, SSI, SSA-related work incentives (e.g. PASS, 1619 a & b).



Keeping Connecticut Healthy



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P.J., et al. v. State of Connecticut, et al.**Current Status**

The PJ Settlement Agreement is beginning year five of this 5 year implementation process. In May 2002 the Connecticut State Department of Education (CSDE) embarked on the implementation of this agreement with the intent of making significant continuous improvement in providing a free appropriate education to students with an intellectual disability in the least restrictive environment as well as in accessing extracurricular activities with their non-disabled peers. Additionally, the CSDE intended to continually reduce the disparate identification by race, ethnicity and gender with this population of students. Over the past four years the state and a number of districts have made continuous improvement on all of the goals of the Settlement Agreement. Yet, there is still work to be done. All districts and the state continue to be accountable to significant improvement toward the goals of the Settlement Agreement. The targets set by the Expert Advisory Panel are provided below as an indicator for improvement.

LRE Goals

Goals	2001	2002	2003	2004	2005	EAP Target
Regular Class Placement	11.1	11.5	13.5	20.1	33.7	80%
Mean TWNDP	35.4	37.5	43.7	51.9	61.8	
Median TWNDP	31.7	34.8	42.5	52.8	66.3	
Home School	71.3	71.3	75.5	77.1	82.9	90%
Extracurricular	20.3	20.2	25.9	33.2	41.1	Same as non-disabled students

The table above indicates the progress of the state on the Least Restrictive Environment goals of the Settlement Agreement since May 2002. This has been achieved through the leadership of administrators and educational practices of teachers within multiple school districts across the state. Yet, there is still work to be done within specific districts to achieve appropriate placements that approach the targets set by the Expert Advisory Panel. There are 45 districts that have achieved greater than 40% regular class placement and 12 districts that have achieved or exceeded 80%. Prior to May 2002 there were only 13 districts exceeding 40% regular class placement and 6 districts at 80% or more.

Disparate Identification

The state and the five districts overrepresented by race, ethnicity and gender in 2002 have shown continuous improvement toward reducing this disparity. Due to the concerted attention of districts to the issues which have created the problem, there now remains

only one district that continues with statistically significant disparate identification and this district has shown continuous reduction in overrepresentation since 2002.

Monitoring Activities and District Self-Reviews

The CSDE will be continuing this year to conduct monitoring activities specific to the Settlement Agreement, in addition to the Focused Monitoring occurring statewide for all of special education. Settlement Agreement specific activities will include the Walk-Through visits that began last spring to examine the use of promising practices, participation and progress of students in the general curriculum and the availability of supplementary aids and services to support regular class placements. Additional audits will be conducted on data accuracy and ID identification.

All districts are encouraged to use the Walk-Through protocol for self-examination and professional development. Additionally, districts should be conducting routine data accuracy audits or spot checks to assure the data reported to the CSDE is accurately reflecting student's programs. We have found over time about a 6-25% error rate, when we examine district's December 1 data and compare that to students' IEPs and the students' schedules, although some districts have had extremely higher error rates. Also, the appropriate identification of students with ID requires districts' serious attention. There has been a precipitous reduction in the ID population from .8 incidence rate in 1998 to our current .5 incidence rate in 2005. While many factors are contributing to this appropriately, such as reduction in the inappropriate overrepresentation due to race/ethnicity, the CSDE is cognizant that the national incidence rate is much greater than this, and that this rate has remained historically stable. Districts are asked to analyze the trends in ID incidence over the past several years to identify practices that may be inappropriately contributing to this reduction. Your attention to this is appreciated.

Opportunities for Assistance to Support Continuous Improvement

Throughout 2006-07 the following activities are being offered by the SDE to support districts to continue their improvements toward the targets set by the EAP for the goals of the Settlement Agreement.

1. **Revised Guidelines for the Identification of Children with Intellectual Disability-** These are anticipated for the fall 2006 with training available to all districts in the state and those most at risk for disparate identification. Several features of these guidelines includes instructional practices for use in preventing misidentification, non-biased assessment procedures, appropriate tests and use of scores for identification, and differential diagnosis re: multiple disabilities, autism, speech and language and learning disabilities. Look for SERC flyers to sign up.
2. **LRE/Inclusion Initiative Trainings-** SERC continues to provide a plethora of trainings to address all grade levels for educating students with disabilities in general education classes. Look for the Booklet of trainings to determine those trainings best suited to successfully educate students with an intellectual disability in their home school and in general education classes within your district.

3. **STEP BY STEP-** A comprehensive 3 day training as to how to effectively provide greater general education class access to students with disabilities. This training is very helpful for administrators, department heads as well as teachers. There is something for everyone and for teams.
4. **Grants for Extracurricular Activities-** contact Ann Malafronte of CAIS for grants being offered to increase extracurricular participation of students with an intellectual disability with their nondisabled peers. She can be contacted at (203) 250-1111.
5. **Coaches Academy-** This team training is for districts to increase their building's capacity to assist teachers to educate students with significant disabilities in general education classes. It is geared to your district's needs and interests, done in your district through workshop sessions, participant portfolio, demonstration lessons and individual/group mentoring. This competency-based Academy (available for 3 graduate credits) will be offered to 15 districts. Sign up by contacting Dr. Kathy Whitbread at the University Center For Excellence In Developmental Disabilities (UCEDD), University of Connecticut at (860) 679-1565.
6. **STAR Team-** Parents and districts may access this student specific resource that will assist teams to identify how to effectively meet the needs of the student referred to the project in their grade appropriate general education classroom. Contact Dr. Kathy Whitbread at the UCEDD, University of Connecticut at (860) 679-1565 to make a referral.

Expectations for Districts

Due to the serious focus and attention of many educators in Connecticut, placements in general education classes have increased AND improved educational benefits for children have been realized. One without the other is not acceptable! So, the work and commitment to these ends needs to continue. On-going attention to providing LRE and appropriate identification is necessary to assure the class members of this Settlement Agreement, as well as all other children with disabilities receive their rights protected by law. **Those of you who have taken on this commitment understand the challenges and the rewards. Your efforts and achievements have not gone unnoticed and are greatly appreciated, not only by the CSDE, but more importantly are appreciated by the parents and children whose lives you have positively influenced..., for the rest of their lives.**

During 2006-07 the SDE is looking to each and every school district to examine their belief systems, their practices and their results to determine how to move closer to and meet the targets set by the Expert Advisory Panel, for class members, as well as for all other children with disabilities. To say it cannot be done responsibly and effectively is not acceptable, and in fact, it is not accurate. There are too many examples of educators throughout Connecticut that have successfully placed increased numbers of students in general education classes with very positive educational benefits to these students.

The CSDE is as serious today as it was in 2002 at the onset of the Settlement Agreement, in its resolve to assure appropriate identification and FAPE in the LRE for these students

as well as all students with a disability. Therefore, continued vigilance of the CSDE through on-going monitoring, technical assistance and training will be available to districts this year.

Each district in conjunction with the CSDE is accountable toward meeting the goals of the Settlement Agreement. If you would like further information or specific assistance from the CSDE, please contact Anne Louise Thompson, (860) 713-6936, annelouise@ct.gov or Lynn Toper, (860) 713-6941, lynn.toper@ct.gov.

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National Inclusive Schools Week™ December 4 - 8, 2006

National Inclusive Schools Week 6th Annual Celebration!

National Inclusive Schools Week celebrates quality education for students with disabilities as well as students from low socioeconomic backgrounds and English language learners. Since its inception in December of 2001, the week has highlighted activities that enhance awareness, build knowledge and skills, and promote a system-wide culture of inclusive education.

Organized by the Urban Special Education Leadership Collaborative and Education Development Center, Inc., the week also acknowledges the hard work of educators, students, parents, and community members committed to making their schools and community more inclusive.

The National Inclusive Schools Week website, www.inclusiveschools.org, has compiled resources, teacher tips, lesson plans and other ideas recommended by schools throughout the country. The Celebration Kit and other publications available at this site can help you get started in planning activities in your school and community.

2006 Theme: Planning for All Students

This year's theme is *Charting an Inclusive Journey through School, Work, and Life: Successful Transition Planning for All Students*. Over the course of a student's school experience she or he will encounter many transitions – from elementary to middle school, middle school to high school, and high school to post-secondary education or work. These changes can be difficult for any student, but for students with disabilities, English language learners, and those with little community support, these transitions can make the difference between success and failure. Inclusive schools and communities guide students along a personalized and supportive path that can ensure smoother transitions and ultimately a successful and fulfilling life.

Join Us! Get Involved!

SERC and the Connecticut State Department of Education are coordinating various events throughout National Inclusive Schools Week, including the 9th Annual Conference on Educating Students with Disabilities in General Education Classrooms – *Expanding Horizons: A Marketplace of Ideas 2006*, (see page 8), a pre-conference session entitled, *Positive Behavior Support: A Systems Approach to Effective School-wide Management* (see page 9), and other professional development opportunities, such as *Making a Difference Through Co-Teaching* (see page 39). Connecticut school districts and community agencies will have an opportunity to share the progress they have made in promoting and using inclusive practices to support all students. Please view the following page and the SERC website www.ctserc.org for information on how you can participate, as well as for updates of the week's activities as they are planned throughout the fall.

Characteristics of Inclusive Schools

Inclusive schools:

- make sure each and every student feels welcome and is learning;
- embrace the understanding that every student is unique and, therefore, learns differently;
- understand that all children — including students with disabilities, English language learners, and those with special talents — learn better if teaching is tailored to their abilities and interests;
- collaborate with families;
- hold high expectations for student success; and
- keep improving.

Source: National Institute for Urban School Improvement



Continued on next page.

National Inclusive Schools Week™

December 4 - 8, 2006

(Continued)

You Are Invited!

SERC is currently looking to schools and families in Connecticut to share activities, lessons, and ideas that they have incorporated into their school year, as well as special events conducted during past Inclusive Schools Weeks and/or plans for this December. We would like to share materials and ideas that focus on issues related to diversity, disabilities, and inclusion at all grade levels and in the community.

Please use the application to describe a promising practice so that it may be shared with others through a poster session at the December 7, 2006 *Expanding Horizons* conference. Posters will also be displayed at various SERC activities throughout the week.

Information submitted should be grouped according to three categories:

- **Activities That Promote Awareness** – This information serves to promote the benefits of inclusive education. Awareness is the first step to promoting positive change and the foundation on which to build knowledge, skills, and practices for responsible inclusion.
- **Activities That Build Knowledge and Skills** – This category moves beyond awareness to increasing the knowledge and skills of students, educators, family, and community members so that inclusive practices will become integrated into the framework of the school and community.
- **Activities That Influence the System** – Activities in this category reflect the importance of using knowledge and skills gained to bring about systemic change. By changing the policies, procedures and culture of our communities, it is more likely that positive advances in inclusive education will become institutionalized.

For additional information and/or questions, please contact Cathy Wagner, Consultant, at 860-632-1485, ext. 346 or wagner@ctserc.org.

Return the application to Cathy Wagner, SERC, 25 Industrial Park Road, Middletown, CT 06457 no later than **November 1, 2006**. You will be contacted prior to the conference regarding your participation.

Expanding Horizons Poster Session Proposal Application

Lead Presenter Contact Information:

Name _____ Position _____

District/Agency/Organization _____

Address _____ City _____ Zip Code _____

Work Phone (____) _____ Email _____

Session Title: _____

Brief overview of the activity/event to be shared: _____

Purpose of the activity/event: _____

Materials and/or resources needed: _____

Specific grade level, content area, and/or intended audience (if applicable): _____
