



# UTS TRAINING TIMES

First Steps

Volume 10 Issue 3

August 2014

## A Quick Look Inside....

- ⇒ In June, the State First Steps Office issued a Provider Agency Update. You can review the update and attachments on the ProKids website under State Forms and Reports at <https://www.utsprokids.org/forms-resources/state-forms-and-reports/>
  1. One topic of special interest to all providers is the new Child Outcome Skill Inventory—Exit form. You can learn more about this form and its use on page 6. ProKids in collaboration with the Quality Review contractors at IIDC are developing a training webinar on the use of this form on **Friday, August 22, 2104 at 12noon**. Webinar information will be sent via email. The webinar will be taped, so if you cannot attend the live session, you can review it at your leisure. ProKids has also developed a guide for the Child Outcomes Skill Inventory that you can review as a self-study. It is posted under the Forms & Resources, under the Helpful links tab at <https://www.utsprokids.org/forms-resources/helpful-links/>
- ⇒ Understanding the confidentiality rules of FERPA and HIPAA can be overwhelming. The Early Learning Challenge Technical Assistance Center has provided an overview on Confidentiality and Sharing Data. A graphic overview from the Kansas Infant Toddler Services also provides an at-a-glance overview.
- ⇒ Changes to DSP 102 & 103 timeframes become effective 8/1/14. The State has revised the timelines for completing DSP 102 & 103 and now both courses can be completed on the same day. Beginning August 1st, all newly enrolled providers will need to complete DSP102 & 103 within the first 3 months of enrollment. Providers who are currently in the process of completing both courses will have until October 15, 2014 to complete the DSP series. If a provider cannot meet that deadline, he/she will need to request a waiver from the State by emailing [firststepsweb@fssa.in.gov](mailto:firststepsweb@fssa.in.gov).

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INDIANA'S UNIFIED TRAINING SYSTEM

“Creating Learning Opportunities for Families and Providers Supporting Young Children”

## First Steps Enrollment and Credential Training Requirements

Provider Level - New	Training for Enrollment	Training for Initial Credential
Service Coordinator (Intake and Ongoing)	SC 101—SC Modules (self-study)	SC 102 within 3-6 months of employment date SC 103 within 6-9 months of employment date Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training—one course per credential year (self study or on-site) 15 points for initial credential
Direct Service Provider	First Steps Orientation or DSP 101—Provider Orientation Course (self-study)	<b>*DSP 102-within 3 months of enrollment (on-site)</b> <b>*DSP 103-within 3 months of enrollment (on-site)</b> Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training—one course per credential year (self study or on-site) 10 or 15 points for initial credential * timeline for completion has been revised, effective 08/14. DSP 102 & 103 must be completed within 3 months of enrollment or have a state waiver on file.
Provider Level - Credentialed	Training for Enrollment	Training for Annual Credential
Service Coordinator (Intake or Ongoing who has completed initial credential)	SC Orientation and Service Coordination Level 1 or SC 101 – SC Modules (self-study)	Quarterly (4) - Training Times Assessment (self-study) First Steps Core Training - one course per credential year (self study or on-site) 3 points for annual re-credential
Direct Service Provider (who has completed initial credential)	First Steps Orientation (on-site or self-study) or DSP 101 - Provider Orientation Course (self-study)	Quarterly (4) – Training Times Assessment (self-study) First Steps Core Training - one course per credential year (self study or on-site) 3 points for annual re-credential

### Attention New Providers and Service/Intake Coordinators

The Bureau of Child Development Services requires all providers and service coordinators to complete four quarterly *Training Times* assessments, as part of your mandatory training requirements for credentialing.

Your Annual Training Fee (ATF) pays for your *Training Times* subscription. To pay the ATF, log in to your account at [www.utsprokids.org](http://www.utsprokids.org). Go to the menu bar at the top of the screen and select Newsletter. Click on the link under the graphic to pay the fee. The system will walk you through the rest of the registration and payment process.

Once your payment has been received you will be able to take the current and make-up *Training Times* assessments offered during the training year covered by the ATF. To access an assessment go to the Newsletter option described above. The link to the quiz can be found next to the newsletter's title.

Both the Annual Training Fee and the Training Times assessments may also be found in the Course Catalog which is included in the Training drop down menu. If you have any problems accessing either of these items contact the UTS Connect office at [registration@utsprokids.org](mailto:registration@utsprokids.org).

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**UTS Training Times**  
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**Web Address:** <http://www.utsprokids.org>  
**Email:** Training questions [training@utsprokids.org](mailto:training@utsprokids.org)  
**Registration questions:** [registration@utsprokids.org](mailto:registration@utsprokids.org)

# Service Coordinator Training Dates for 2013-2014

**Service Coordination 102:** All service coordinators must enroll and complete SC 102 3- 6 months after employment date. If you are unable to adhere to this timeline, you must request a training waiver. Email your request to [training@utsprokids.org](mailto:training@utsprokids.org).

**Tuesdays at ProKids, Inc. Indianapolis from 9-4pm**  
 8/12/14                      11/11/14

**Service Coordination 103:** All service coordinators must complete SC103 6-9 months after employment date. If you are unable to adhere to this timeline, you must request a training waiver. Email your request to [training@utsprokids.org](mailto:training@utsprokids.org).

**Tuesdays at ProKids, Inc. Indianapolis from 9-4pm**  
 9/16/14                      12/9/14

All Service Coordinators must register online for SC 102 and SC 103 at [www.utsprokids.org](http://www.utsprokids.org).

## DSP 102 and DSP 103 Provider Follow Up Orientation

Beginning August 1, 2014, all newly enrolled direct service providers (DSP) must complete DSP 102 and 103 within the **first 3 months of their enrollment**. DSP 101 is required prior to provider enrollment. DSP 102 and DSP 103 must be completed within three months following the enrollment date. Completion dates for these courses must be documented on the Annual Attestation Statement and initial credential. Training dates for DSP 102 & 103 are listed below. These trainings are held at ProKids Inc. **Providers now have the option to complete both courses on the same day or on separate days, without requesting a waiver.** Providers enrolled prior to August 1, 2014 must complete both courses by 10/15/14. Waiver requests should be directed to State staff at [firststepsweb@fssa.in.gov](mailto:firststepsweb@fssa.in.gov).

DSP 102 Dates	Time	DSP 103 Dates	Time
August 5, 2014	1:00-4:00PM	August 5, 2014	9:00-12:00PM
August 25, 2014	1:00-4:00PM	August 5, 2014	9:00-12:00PM *Crown Point, IN
Sept. 9, 2014	1:00-4:00PM	Sept. 9, 2014	9:00-12:00PM
October 7, 2014	1:00-4:00PM	October 7, 2014	9:00-12:00PM
November 4, 2014	1:00-4:00PM	November 4, 2014	9:00-12:00PM
December 1, 2014	1:00-4:00PM	December 1, 2014	9:00-12:00PM

### THE AUGUST 2014 TRAINING TIMES ASSESSMENT

**DEADLINE IS**

**11:59 PM (EDT) ON OCTOBER 31, 2014**



## Additional Opportunities for Credential Points

Providers may utilize trainings (on-site and self-study) and conferences/workshops outside of UTS-ProKids to meet their initial or annual credential points as long as the training is related to the First Step core competencies and it is relevant to infants birth through age 36 months. These may include training offered at the SPOE Provider Meetings, provider agency training, association conferences (APTA, ASHA, etc.), hospital based conferences or grand rounds, other local, regional and national conferences, and books, videos and online training. You must keep a copy of the agenda or brochure that includes date, speakers, an agenda/content information with the time spent in the sessions you attended or a one page summary of the self-study training in your credential file. **First Steps credentialing allows a maximum of 5 points for in-service training, while conferences/workshops taken outside of provider agencies are not limited.** More information on credentialing can be found in the revised Personnel Guide (August 2012) at

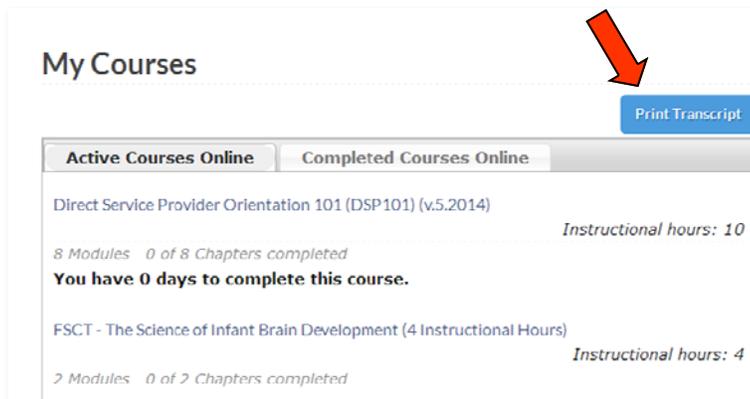
[https://www.infirststeps.com/UI/pdfs/First\\_Steps\\_Personnel\\_GuideRevised\\_8-2012.pdf](https://www.infirststeps.com/UI/pdfs/First_Steps_Personnel_GuideRevised_8-2012.pdf)

### Having Trouble Printing Transcripts for Credentialing???

Every First Steps provider knows the importance of providing your course transcripts for credentialing. In the new UTS-ProKids Learning Management System, your completed courses are in two separate file systems - **Online Courses and Onsite Courses**. Just a few clicks following the directions below and you will be ready to submit your course documents. If you still experience difficulties, call or email the UTS Connect Office.

#### Printing Online Course Transcripts:

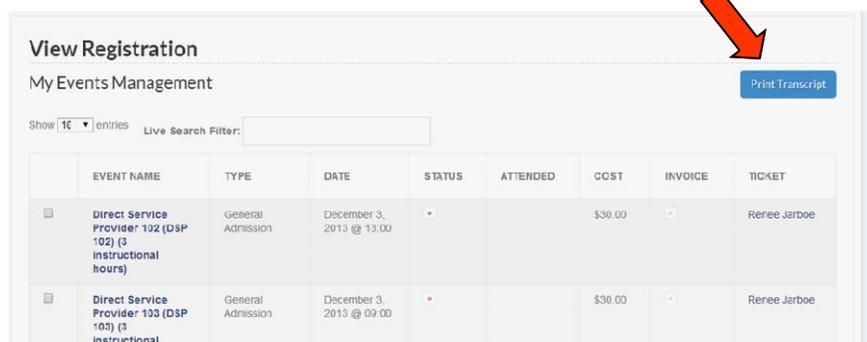
1. First, open the ProKids website homepage at [www.utsprokids.org](http://www.utsprokids.org)
2. Log in if you haven't already by clicking the "Login" button in the upper right hand corner. Return to the home page by clicking on the ProKids logo.
3. On the My Account page, click the "**View My Courses**" link on the right hand column right under your user-name.
4. Select the blue "**Print Transcript**" button.
5. The transcript will appear with all the online courses you have successfully completed.
6. A print screen will pop up on your browser. Select your printer and settings and then click print.



A couple of notes on when online course completion appears on your online course transcript:

- Courses with written assignments or follow up documentation will not display until all assignments and/or documents have been received and reviewed by ProKids staff.
- If you want to just view your completed courses without printing, click on the **completed courses** tab (in view my courses section).

#### Printing Onsite Course Transcripts:



1. Open the ProKids website homepage at [www.utsprokids.org](http://www.utsprokids.org)
2. Log in if you haven't already by clicking the "Login" button in the upper right hand corner. Return to the home page by clicking on the ProKids logo.
3. On the My Account page, click the "View My Registrations" link on the right hand column under your username.
4. Click the blue "Print Transcript" button.
5. The transcript will appear with all the onsite courses have attended.
6. A print screen will pop up on your browser.
7. Select your printer and settings and then click print.

## What's New in First Steps?

**New Cluster Maps** – Some revisions to the clusters were made with the changes in fiscal agent for Clusters CEH. Cluster E has been eliminated and those counties have been reassigned to Clusters B, C and D. You can view a new Cluster map and contact information at <http://www.in.gov/fssa/ddrs/4819.htm>.

**DDRS Provider Meeting:** On July 16, 2014, DDRS held its quarterly provider meeting. A breakout session was held to discuss the Indiana First Steps program and to gather stakeholder input related to the State Systematic Improvement Plan (SSIP). You will soon be able to view information from this session on the DDRS Provider Meeting page at <http://www.in.gov/fssa/ddrs/4884.htm>.

**Agency Updates 6.6.14** (The State sends periodic agency updates to all provider agencies. Providers should contact their agency supervisor if any clarifications are needed.) Copies of the Agency Update and attachments can be found by clicking the Forms and Resources tab and then the State Forms and Reports tab on the ProKids website.

### High Intensity Requests

When submitting a request for intensive services to the First Steps Web, be sure to attach the High Intensity Request Checklist fully completed. This is a tool for agencies to utilize when the team of professionals providing First Steps services to a child believes that an increase of services is needed. The Checklist as well as a document on Therapy Provision in Medical vs. Developmental Models of Care are attached. Please implement both documents when processing the eligibility for an increase of services.

### ICD-10 Update

The date of the ICD-10 implementation has been pushed back to October 15<sup>th</sup>, 2015. Materials purchased will still be applicable when the transition takes place. That material is not obsolete, so you can continue to learn and access that material.

### Add-on Evaluations

To clarify any inquiries regarding add-on evaluation billing, please inform staff that all Assessment Team members are able to bill for 60 minutes of face-to-face time and 15 minutes for paper review (communication with providers, reviewing documentation prior to the in-home assessment, etc.). If any additional questions remain, please feel free to contact the First Steps Web.

### Skill Inventory

Attached is a document titled "Child Outcomes Skill Inventory – Exit." Child Outcome data is a required federal indicator in the Annual Progress Report (APR). The IFSP Team must collaboratively complete this form and submit it to the Service Coordinator in one electronic transmission. All sections of this form must be completed. The form should be completed 30 days prior to the child's 3rd birthday or within 2 weeks of a planned discharge from First Steps for children leaving prior to their 3rd birthday. If the IFSP team has questions regarding scoring, please consult one of the Assessment Team members listed on the child's most recent eligibility assessment. You may use parent report if you have not observed the skill, please mark the item as PR. **The timeline has been updated to 45 days prior to child's 3rd birthday or planned discharged. The form should be submitted electronically to the SC 30 days prior to 3rd birthday/planned discharge.**

### State Staff Update

Our beloved Christina Hehli has left First Steps to join the Bureau of Developmental Disabilities Services (BDDS) team. She will now be serving FSSA as the Director of Policy for BDDS. First Steps wishes her the best of luck and success in her new position within DDRS. Contact the First Steps Web with all requests or questions that would have otherwise been directed towards Christina. The State welcomes David Brandon to First Steps. David moved to Indianapolis from Fort Wayne. He is the father of a rambunctious 2 year old son who had previously been referred to First Steps. David is excited to learn more about the program and the people who make it work for Indiana's children and families. Welcome, David!

### April Agency Meeting

April has come and gone and is most likely off your radar by now, but State Staff would love the submission of comments or feedback regarding the April 10th Agency Meeting. Please send any replies to the First Steps Web.

# Measuring Child Outcomes

As noted in the Agency Update Issued 6/6/2014 - Under Skill Inventory: Child Outcome data is a required federal indicator in the Annual Progress Report (APR). The IFSP Team must collaboratively complete this form and submit it to the Service Coordinator in one electronic transmission. All sections of this form must be completed. The form should be completed 30 days prior to the child's 3rd birthday or within 2 weeks of a discharge from First Steps for children leaving prior to their 3rd birthday. If the IFSP team has questions regarding scoring, please consult one of the Assessment Team members listed on the child's most recent eligibility assessment. You may use parent report if you have not observed the skill, please mark the item as PR. **The timeline has been updated to 45 days prior to child's 3rd birthday or planned discharged. The form should be submitted electronically to the SC 30 days prior to 3rd birthday/planned discharge.**

To assist direct service providers in understanding the OSEP Child Outcomes and their role in the completion of the exit skills inventory, UTS had developed a Q & A section below. Providers needing additional guidance may participate in a webinar and follow up online training that is being developed in collaboration with the Quality Review Team. Providers will be notified by UTS-ProKids email when this short training will be available. Lastly, providers wanting or needing more in depth training on assessing developmental skills are encouraged to take the online FSCT—AEPS, Part 1: Understanding and Using the AEPS. This course is especially relevant since all of the Child Outcomes Inventory Skills are taken from the AEPS.

## What are the OSEP Child Outcomes?

The Office of Special Education Programs (OSEP) introduced child and family outcomes as part of the State Performance Plan and Annual Performance Report in FFY2006. All IDEA, Part B and C programs must report progress on the following three child outcomes. OSEP is now placing even greater emphasis on the achievement of positive child and family results with the State Systematic Improvement Plans (SSIP). All states have been charged with reviewing data on child and family results in order to identify a focus for improvement and a theory of action.

- 1. Positive social-emotional skills (including social relationships)**
- 2. Acquisition and use of knowledge and skills (including early language/ communication)**
- 3. Use of appropriate behaviors to meet their needs**

An overview of the child outcomes data collection and analysis of Indiana's child outcomes have been discussed at length in previous issues of the Training Times. These issues can be accessed on the ProKids website at

<https://www.utsprokids.org/newsletter/>

September-2005	Family and Child Outcomes for Early Intervention and Early Childhood Special Education
February-2006	Indiana's Part C State Performance Plan
February-2008	DEC Promoting Positive Outcomes for Children with Disabilities
November-2008	Indiana's State Performance Plan and You; Understanding IDEA, Part C Federal Compliance Requirements
August-2013	At a Glance: Child and Family Outcomes
August-2013	Relationship of Quality Practices to Child & Family Outcomes
November-2013	A Summary of OSEP Child Outcome Data 2011-2012

## How are the OSEP Child Outcomes collected and analyzed?

The Indiana First Steps System derives its child outcomes data by comparing the child's level of development for all children in First Steps for at least 6 months of service at entrance into First Steps and at exit from the program. In general, the child outcome data analysis consists of the following components:

- Child Outcomes are determined by comparing their initial AEPS with the Child Outcomes Skill Inventory-Exit, looking first at whether the child made progress, and then at the following:
  1. Did the child enter at age level for the child outcome and leave at age level
  2. Did the child enter below age level and exited at the same level as peers
  3. Did the child enter below age level and exited at a level closer to peers
  4. Did the child enter below age level and made progress, but at a level not close to peers
  5. Did the child enter below age level and failed to make progress
- Once these determinations have been made, data is compiled into 2 summary statements for the Annual Performance Report:
  1. Summary Statement 1 :Of those children who entered or exited the program below age expectations in an outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.
  2. Summary Statement 2: The percent of children who were functioning within age expectations in an outcome by the time they turned 3 years of age or exited the program.

### Why is the State changing the way exit data is gathered?

Since 2006, Assessment Teams have consistently assessed children entering First Steps for eligibility. These assessments have provided a good baseline of the child's developmental skills prior to the initiation of services. Unfortunately, Assessment Teams have not been able to provide the same level of assessment as the child exits First Steps. Assessment teams have completed the child outcome exit through various methods, including parent report, a review of child progress reports or by having the direct service provider score goals. This has resulted in data that is inconsistent. To insure that Indiana is collecting the most accurate and reliable data, the State First Steps office issued an update regarding the collection of the child outcomes exit data. The state believes that when trained, direct service providers complete the child outcome skills inventory prior to exit, the data collected will be done in a more consistent and reliable manner and the data will be more representative of the child's skill level when exiting First Steps.

**What does this mean to First Steps Direct Services Providers?** The Ongoing Service Providers on the child's IFSP team will now be responsible for collecting child outcome exit data. Which, when you think about it - makes the most sense. Ongoing providers regularly see the child in their natural environments and should have the best understanding of the child's skill level. The State believes that having the child's IFSP team providers assess the child's skill levels at exit will improve the consistency and accuracy of the child exit data.

This change should not add to the provider's scope of work, since ongoing assessment is the cornerstone of early intervention services. The child outcomes skills inventory can be completed at any ongoing therapy session during the last **45 days of service. (Please note this is a change from the initial provider update. A copy of the form needs to be sent electronically to the SC 30 days prior to discharge.)** When there are more than one provider on the child's IFSP Team, the lead provider will need to coordinate the completion of the skills inventory. Because all providers should have a working knowledge of child development, any provider can complete any and all sections of the skills inventory. Ideally, all skills should be observed, but if they are not - parent report is acceptable, as long as it follows the checklist guidelines below.

✓ Not Yet Seen	✓ Emerging Skill	✓ Mastered Skill
<p><b>Observation/ Parent Report</b></p> <ul style="list-style-type: none"><li>Child does not yet perform the item as specified in the criterion, when given repeated opportunities or assistance or when modifications and adaptations are made.</li><li>Child was not observed performing the item because it is not expected based on knowledge of development.</li></ul>	<p><b>Observation/ Parent Report</b></p> <ul style="list-style-type: none"><li>Child does not consistently perform the item as specified in the criterion. Performs the item with assistance.</li><li>Child does not perform all components of the item or does not meet all aspects of the specified criterion.</li><li>Child performs the item only under specific situations or conditions.</li></ul>	<p><b>Observation/ Parent Report</b></p> <ul style="list-style-type: none"><li>Child consistently performs the item as specified in the criterion.</li><li>Child performs the item independently. Behavior is a functional part of the child's repertoire.</li><li>Child uses the skill across time, materials, settings and people.</li></ul>

Providers can also access criteria for each skill listed on the inventory on the UTS-ProKids website under FORMS & RESOURCES tab by clicking HELPFUL LINKS. <https://www.utsprokids.org/forms-resources/helpful-links/>

**When do providers need to begin using the Child Outcome Skills Inventory—Exit?** Providers can begin using the form for all discharges as soon as they have reviewed the training information provided on the ProKids website under the Forms and Resources tab, in Helpful Links at <https://www.utsprokids.org/forms-resources/helpful-links/>. All providers must begin using the form for all discharges on September 1, 2014 (Only children age 31 months and older on their initial IFSP date are excluded)

In addition to the information posted on the ProKids website, ProKids, in collaboration with the Quality Review contractors at IIDC are developing a training webinar on the use of this form. The webinar will be **Friday, August 22, 2104 from 12noon to 1pm**. Additional information on this webinar will be sent via email to all providers and provider agencies. The webinar will be taped, so if you cannot attend the live session, you can review it at your leisure.

Providers needing additional training on the use of the form or assessment are encouraged to complete the online course, AEPS, Part 1—Understanding and Using the AEPS.

**Where can I find the form?** A copy of the form can be found on pages 8 and 9. The State First Steps office will be posting the "official" state form on the First Steps website. This will be a fillable PDF form. Once the state form is available providers should begin using that form. All State forms can be found at <http://www.in.gov/fssa/ddrs/2817.htm>. Be sure to rename and save the form before closing it.

## Child Outcomes Skill Inventory - Exit

**Child Name:** \_\_\_\_\_ **FS#** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Adjusted?** \_\_\_Y\_\_\_N  
**Service Coordinator:** \_\_\_\_\_  
**Completed by:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

Child outcome data is a required federal indicator in the Annual Progress Report (APR). The IFSP Team should work together to complete one form for the child. The form should be completed 45 days prior to the child's 3<sup>rd</sup> birthday or scheduled discharge from services or within 2 weeks of discharge for children with an unplanned discharge. The completed form is sent to the SC in one electronic transmission, 30 days prior to discharge from First Steps.

**Place a check in the appropriate column for each item listed. All items must be scored.**

**Not Yet Seen** = This skill item was not observed/reported by parent or it is not yet appropriate for the child's age

**Emerging** = Some elements of the skill are present, but not complete or consistent across people and settings

**Mastered** = This skill item was observed /reported by the parent and it is consistently performed, across people and settings.

\*Parent report may be used, please indicate with an R, when parent report is used in the Notes section.

Item	Not Yet Seen	Emerging	Mastered	Notes
Simultaneously brings hands to midline				
Brings two objects together at or near midline				
Grasps hand-size object with either hand using ends of thumb, index, and second fingers				
Grasps pea-size object with finger and thumb, arm not on surface				
Aligns and stacks objects				
Rotates either wrist on horizontal plane				
Assembles toy and/or object that require(s) putting pieces together				
Uses either index finger to activate objects				
Orients picture book correctly and turns pages one by one				
Copies simple written shapes after demonstration				
<b>Progress made for these skills? ___Y___N</b>				
Turns head, moves arms, and kicks legs independently of each other				
Rolls by turning segmentally from stomach to back and from back to stomach				
Creeps forward using alternating arm and leg movements				
Assumes balanced sitting position				
Sits down in and gets out of chair				
Walks avoiding obstacles				
Stoops and regains balanced standing position without support				
Runs avoiding obstacles				
Walks up and down stairs				
Jumps forward				
Pedals and steers tricycle				
Catches, kicks, throws, and rolls ball or similar object				
Climbs up and down play equipment				
<b>Progress made for these skills? ___Y___N</b>				
Uses tongue and lips to take in and swallow solid foods and liquids				
Bites and chews hard and chewy foods				
Drinks from cup and/or glass				
Eats with fork and/or spoon				
Transfers food and liquid between containers				
Initiates toileting				
Washes and dries hands				
Brushes teeth				
Undresses self				
<b>Progress made for these skills? ___Y___N</b>				

This form does not substitute for the Child Discharge Progress Report.

## Child Outcomes Skill Inventory - Exit

Item	Not Yet Seen	Emerging	Mastered	Notes
Orients to auditory, visual, and tactile events				
Visually follows object and/or person to point of disappearance				
Locates object in latter of two successive hiding places				
Maintains search for object that is not in its usual location				
Correctly activates mechanical toy				
Reproduces part of interactive game and/or action in order to continue game and/or action				
Imitates motor action that is not commonly used				
Imitates words that are not frequently used				
Retains objects when new object is obtained				
Uses an object to obtain another object				
Navigates large object around barriers				
Solves common problems				
Uses imaginary objects in play				
Categorizes like objects				
Demonstrates functional use of one-to-one correspondence				
Recognizes environmental symbols (signs, logos, labels)				
Demonstrates functional use of reading materials				
Demonstrates use of common opposite concepts				
Repeats simple nursery rhymes				
<b>Progress made for these skills? ___Y ___N</b>				
Turns and looks toward person speaking				
Follows person's gaze to establish joint attention				
Engages in vocal exchanges by babbling				
Gains person's attention and refers to an object, person, and/or event				
Uses consistent word approximations				
Locates objects, people, and/or events without contextual cues				
Carries out two-step direction without contextual cues				
Uses 50 single words				
Uses two-word utterances				
Uses three-word utterances				
<b>Progress made for these skills? ___Y ___N</b>				
Responds appropriately to familiar adult's affect				
Initiates and maintains interaction with familiar adult				
Initiates and maintains communicative exchange with familiar adult				
Meets observable physical needs in socially appropriate ways				
Participates in established social routines				
Initiates and maintains interaction with peer				
Initiates and maintains communicative exchange with peer				
<b>Progress made for these skills? ___Y ___N</b>				

Additional Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(SPOE OFFICE ONLY)	
<b>AEPS Entry Scores:</b> FM: _____ GM: _____ ADAPTIVE: _____ COGNITIVE: _____ SOCIAL-COMM.: _____ SOCIAL: _____	<b>AEPS Exit Scores:</b> FM: _____ GM: _____ ADAPTIVE: _____ COGNITIVE: _____ SOCIAL-COMM.: _____ SOCIAL: _____

This form does not substitute for the Child Discharge Progress Report.

# Prompting: Ins and Outs

**Contributed by HANDS in Autism® Interdisciplinary Training and Resource Center**

Individuals with Autism Spectrum Disorder (ASD) often achieve better results when there is structure to support them along the way. One of the ways to provide such structure is through the use of prompting. A prompt is a cue or support provided to an individual to enable him or her to be more successful and learn in a more efficient way (Demchak, 1990). For example, if you are in an elevator and you would like a button to be pushed by the individual with ASD, you can point at the button and say “push the button,” or even support the individual’s finger while pushing the button – all of these would be considered different types of prompts (for a quick overview, see the figure).

## Types of Prompts

The ultimate goal of teaching (whether it is tying shoes or solving mathematical equations) is that the individual could complete the task independently or, at a minimum, with the least amount of involvement necessary on the part of a trainer or parent. Therefore, when considering the basic sequence or prompting hierarchy, we will go from the least amount of involvement to the most or highest level of involvement.

For clarification and as an important reminder, the initial instruction or directions are NOT prompts. The following explains each successive level or prompting in a simple manner:

### ► **Independent:**

After the initial direction, the individual can complete the task with no further support or prompting.

### ► **Gestures:**

The trainer directs an individual to the next step of an activity without saying a word or touching the individual. Usually, this step is sufficient if the individual knows what to do next but needs a reminder to start working or when the individual is presented with too many choices and is not sure where to begin. For example, let’s imagine that you are working on tying shoes, and one step is to cross the laces. A gestural prompt would consist of simply pointing or gesturing to the laces. It initially may seem that the use of gestures with no additional conversation prevents the caregiver or adult from a chance to build rapport with the individuals. However, individuals with ASD may need additional processing time when working on a task, and talking would interrupt such processing. Therefore, talking may be postponed until the task is completed.

### ► **Verbal Prompt:**

As the name may suggest, a verbal prompt is a vocal direction prompting the individual on what to do next. For example, with shoe tying, saying “put on the shoe” could be a possible verbal prompt if that is the next appropriate step for the task. When giving a verbal prompt, it is important to consider the skill or step and what the next actionable step would be and if the prompt given can be modeled if we move forward to the next prompting level.

### ► **Model:**

In the case of a model, the trainer actually does a live demonstration of how to complete the step of the task that presents a challenge for the individual. However, showing an incomplete modeling of the activity may not be sufficient for the individual to complete the step and achieve the result. Sometimes, it may be helpful to complete the whole activity, then go back and allow the individual to repeat the steps in full. If you are not able to model the whole activity because of the number of steps involved in the task, it is better to break it into smaller steps and provide support for each of these steps as if they were individual skills or behaviors. In our example, tying the shoe is a large task and involves several steps (i.e., choosing the shoe, pulling the shoe open, holding the tongue back, sliding in the foot, pulling the tongue of the shoe up, pulling the shoestrings tight, tying the laces). As you can see, each step can be separated or collapsed depending upon where the individual is at in regards to skills and where they may be more independent or where you may be able to collapse steps. You may teach

and model each step as an independent instruction or be able to model the full process of putting on the shoe. The remaining three prompting types involve physical prompting of the individual with an ASD by the trainer. To make such prompts effective, we advise that the trainer stands behind the individual with ASD so that the hands of the trainer do not become an actual prompt for the individual. It is preferable that the individual sees him or herself performing the activity.

► **Partial Physical Prompt:**

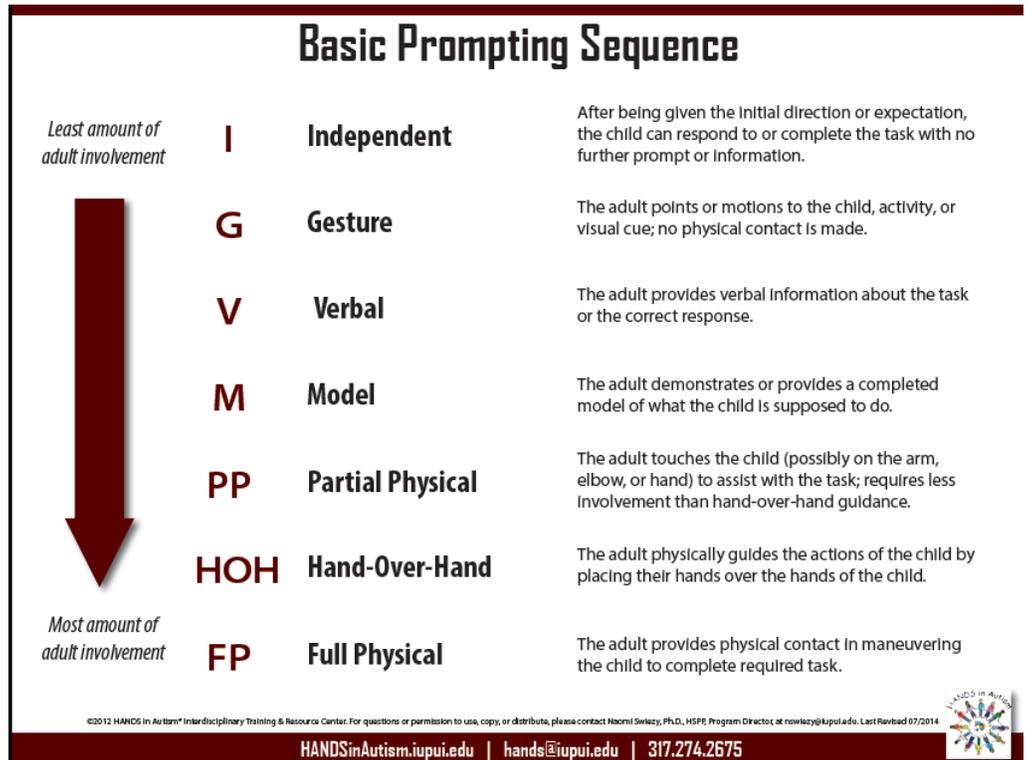
The trainer prompts the individual to complete a task by lightly touching or supporting his or her arm, elbow, or hand. This is just a light touch to prompt in the right direction. For example, when teaching to tie the shoe you can prompt to pick up the shoe by lightly directing the arm of the individual towards the shoe, providing only the level of support necessary to complete.

► **Hand-Over-Hand Prompt:**

This prompt is a higher level of support and prompting than the partial physical prompt. This prompt involves the guiding of the individual through the step by the trainer placing his or her hand on the hand of the individual completing the task. For example, to prompt through putting on the shoe, the trainer can put his or her hand and even hold the hand to guide it while completing steps.

► **Full Physical Prompt:**

Sometimes, the task may be unfamiliar, challenging, or lead to misbehavior for the individual. For these situations, the full physical prompt may be very helpful. Here, the trainer surrounds the individual's whole body from the back of the individual and uses both hands to engage both of the individual's hands in completing the task while completing the necessary steps successively or completing the whole task if the individual is independent in portions of the task.



**When to Prompt**

Prompting may be used to guide through a task or skill that is new or even with more familiar tasks if the individual is not yet independent and needs additional help. Prompting may be used even when the individual is independent with the task if they may make errors (also known as errorless learning) to work towards greater independence.

**Where to start with prompting?**

When teaching a new skill, you may need to start with a higher level of prompting (e.g., hand-over-hand versus gestural). At other times, we want to allow the individual the opportunity to respond and want to utilize the

## Prompts (continued)

lowest level of prompting possible, only utilizing the prompting necessary to support the individual's success in completing as independently as possible. Additionally, consider prompting within the context and while maintaining the integrity of the skill or behavior being taught. Finally, remember that physical prompting may not always be appropriate if, for example, the individual is larger than the trainer or if the individual is positively or negatively influenced by tactile issues.

While supporting through prompting, inappropriate or interfering behaviors should be blocked and ignored while providing the level of support needed to complete the task at the highest level of independence. Finally, make sure that the prompting is faded (or systematically and gradually reduced) as quickly as possible to ensure independence.

### Prompting: Best Practices

- When using physical prompts, stand behind the individual to allow the individual to learn the task from his or her own perspective.
- After giving the initial instruction, wait a little time to allow the individual to process the instruction and start reacting (also known as time delay).
- Do not forget to praise for appropriate work or task-related behavior for the individual throughout the process even if he or she did not do the work independently.
- After the individual masters the step, fade (or reduce) the level of prompting to the lowest prompting level possible. However, the level of prompting needed may vary depending on the individual's behavior or location on a particular day. As such, one should be ready to provide the level of prompting needed to assist and support the individual.

All in all, work yourself out of the job of a supporter!

For additional instruction and examples of prompting, visit the HANDS in Autism® website at <https://handsinautism.iupui.edu/elearning.html>. Training materials or e-Learning modules completed through the HANDS in Autism® website are eligible for general continuing education credits or professional growth points as applicable. Check one out today!

### References:

- Biederman, G. B., Fairhall, J. L., Raven, K. A. & Davey, V. A. (1998). Verbal prompting, hand-over-hand instruction, and passive observation in teaching children with developmental disabilities. *Exceptional Children*, 64, 503-511.
- Demchak, M. (1990). Response prompting and fading methods: A review. *American Journal on Mental Retardation*, 94, 603-615.
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- Sturmey, P., & Fitzner, A. (2007). *Autism spectrum disorders: Applied behavior analysis, evidence, and practice*. Austin, TX: PRO-ED
- Walker, J. & Shea, T. (1988) *Behavior management: A practical approach for educators (4th ed.)*. Columbus, OH: Merrill

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HANDS in Autism® Interdisciplinary Training and Resource Center provides innovative, research-based, and practical training, contractual services, and ready-to-use resources and tools to school staff, medical and service providers, primary caregivers, and individuals with Autism Spectrum Disorder based on the HANDS in Autism® training model ([HANDS in Autism® training model](https://handsinautism.iupui.edu/training.html)). This model is founded on the belief that training should focus on: individual strengths; comprehensive training; data driven decision making; blended evidence-based intervention strategies; and hands-on practice, coaching and mentoring with individuals with Autism Spectrum Disorder as well as a range of other individuals with diverse strengths and challenges in their natural settings. To learn more about the Center and a range of services, go to <https://handsinautism.iupui.edu/index.htm>

# Confidentiality Issues: Addressing Questions about Sharing Data among Organizations

April 2014



Early Learning Challenge  
Technical Assistance

Many people have questions about the sharing of data about children, such as the inputting of developmental screening results and other sensitive child-level data into a statewide database. Questions about confidentiality issues are commonly asked of the Privacy Technical Assistance Center (PTAC); the ELC TA program; and the Center for IDEA Early Childhood Data Systems (DaSy Center), which focuses on parts B and C of the Individuals with Disabilities Education Act (IDEA).

How do privacy implications impact organizations and the decisions they make? While the answer is often the unpopular “It depends on the specific case,” there are several key points that people can consider when storing, providing access to, and conducting analyses on data covered by the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). This document describes these key points and also provides answers to common questions and questions asked at the webinar. If your needs go beyond the answers that appear here, please direct specific questions to your local technical assistance center.

### KEY POINTS ON SHARING DATA COVERED BY FERPA AND HIPAA

Seven key points to know with regard to the federal laws on sharing education and health data—with a special emphasis on data obtained and used by early childhood education programs—are presented concisely here. The laws are complex, but keeping these points in mind will help states and agencies begin to navigate the legal landscape as they develop and enhance their early childhood data systems.

**1. Properly de-identified data can be shared.** Under both FERPA and HIPAA, if the data have been properly de-identified, they can be shared. This should be the first choice for sharing data for research or other purposes, as it limits the risk of unauthorized disclosure of personally identifiable information (PII). It is important to understand that properly de-identifying data involves more than simply removing names and Social Security numbers. For example, data on small subgroups may present a problem, while aggregate data may not.

**2. To share PII, get consent.** In most cases, consent is the recommended approach for sharing PII with nonprofit organizations and other third parties. This is commonly also the easiest option for all involved.

This ELC TA resource is based on a webinar held on April 21, 2014, sponsored by ELC TA.

Webinar Presenter:  
**Baron Rodriguez**  
Privacy Technical Assistance Center  
(PTAC) Director, AEM Corporation

Moderator:  
**Kathy Thornburg**  
ELC TA Specialist

The Early Learning Challenge Technical Assistance (ELC TA) program is run through a contract from the U.S. Department of Education in partnership with the U.S. Department of Health and Human Services' Administration for Children and Families. The content in this resource does not necessarily reflect the position or policy of the U.S. Department of Education or the U.S. Department of Health and Human Services, nor does mention or visual representation of trade names, commercial products, or organizations imply endorsement by the federal government.

*The ELC TA Program provides and facilitates responsive, timely, and high-quality technical assistance that supports each Race to the Top—Early Learning Challenge (RTT-ELC) grantee's implementation of its RTT-ELC projects.*

*ELC TA is administered by AEM Corp. in partnership with ICF International.*

*For more information, visit <https://elc.grads360.org>*

**3. Directory information is administered by local education agencies (LEAs).** Under FERPA, LEAs control their own directory information. If a large entity such as a state wishes to access directory information, it must obtain permission from every district to which the information pertains. Also, while there are provisions that allow parents to opt out—thus preventing their children’s information from appearing in yearbooks, handbooks, rosters sent to parents, and so on—these children’s directory information can still be shared with school officials and for purposes of audit and evaluation of the program.

**4. FERPA protects education records.** Determining *when* something is an education record is not always easy to do. For instance, people often wonder whether emails, videos, and text messages—all commonly used in early childhood settings—qualify as education records. Often, the determination is made based on what specifically was sent, and for what purpose. In other words, context and data flow matter.

**5. FERPA does not focus on how to protect data.** Instead, it focuses on who has access to data and for what purpose. People commonly ask whether a particular data security system or protocol is adequate under FERPA, but the law is broad in this area, stating that “reasonable methods” must be used to protect data. If an organization is compliant in data security under HIPAA—which is more prescriptive in this area—it is generally compliant under FERPA.

**6. Only governmentally funded education programs are subject to FERPA.** Education programs that are fully funded by nonprofit organizations, including religious and nonreligious organizations, need not comply with FERPA. However, in general, if any federal dollars are given to and used by a program, the program must comply with FERPA. This includes state dollars that are administered by the U.S. Department of Education. If a program uses only state and/or local funds that are not administered by the Department, it most likely does not need to comply with FERPA, although it is still a best practice to do so.

**7. The definition of an “education program” is broad.** FERPA defines “education program” to include a wide variety of programs, including a wide variety of early childhood programs—even programs that do not reside at an education agency. For example, a program could be housed and administered by a health agency and still be classified as an education program under FERPA.

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Definition of “Early Childhood Education Program” from 20 U.S.C. 1003(8)

“The term ‘early childhood education program’ means—

- (A) a Head Start program or an Early Head Start program carried out under the Head Start Act (42 U.S.C. 9831 et seq.), including a migrant or seasonal Head Start program, an Indian Head Start program, or a Head Start program or an Early Head Start program that also receives State funding;
  - (B) a State licensed or regulated child care program; or
  - (C) a program that—
    - (i) serves children from birth through age six that addresses the children’s cognitive (including language, early literacy, and early mathematics), social, emotional, and physical development; and
    - (ii) is—
      - (I) a State prekindergarten program;
      - (II) a program authorized under section 619 [20 U.S.C. 1419] or part C of the Individuals with Disabilities Education Act [20 U.S.C. 1431 et seq.]; or
      - (III) a program operated by a local educational agency.”
-

## COMMON QUESTIONS AND ANSWERS

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This section lists common questions about early learning confidentiality issues and their answers.

### ***Who is allowed to view record-level child data, and under what circumstances?***

Generally, FERPA requires prior written consent before PII from education records can be disclosed to a third party. However, there are exceptions to the consent requirement. FERPA's audit and evaluation exception provides one mechanism for linking education data to wage data (or to other agency data) without consent. (Note that the term "audit" means program evaluation.) Refer to the federal definition of the term "early childhood education program" (shown on the previous page) to determine whether a particular early childhood program's records are classified as education records under FERPA.

### ***When is prior consent required for the disclosure of information?***

FERPA provides some exceptions to the requirement of prior consent. These include the following:

- Directory information
- Use by school officials
- Studies
- Audits and evaluations
- Health and safety emergencies
- Other purposes as specified in section 99.31

There is no research exception. Therefore, to share data for research, one must either obtain a de-identifiable dataset, or, if the dataset is identifiable, it must fall under one of the exceptions listed above, such as the audits and evaluations, school officials, or studies exception. To fit under the studies exception, the study must "improve instruction," and it must be "for or on behalf of a local education agency," which generally prevents the studies exception from being used at the state level.

The school officials exception allows LEAs and schools to use data for necessary purposes. The school officials exception can be used to disclose records to a third party if all of the following conditions apply:

1. *The third party performs a service or function for which the LEA or school would otherwise use its own employees.* This specification allows the LEA or school to outsource work to partner organizations and individuals, as needed.
2. *The third party is under the direct control of the LEA or school with regard to the use and maintenance of the education records.* In this context, "direct control" does not mean that the LEA or school controls the third party, but that the LEA or school has the final say on how the data are used.
3. *The third party's function is as a school official with a legitimate educational interest, and this is specified in an annual notification of rights to parents.* FERPA requires that parents be notified annually about which partners and volunteers have access—due to a legitimate educational interest—to their child's data.

Additional questions regarding confidentiality, FERPA and HIPAA.

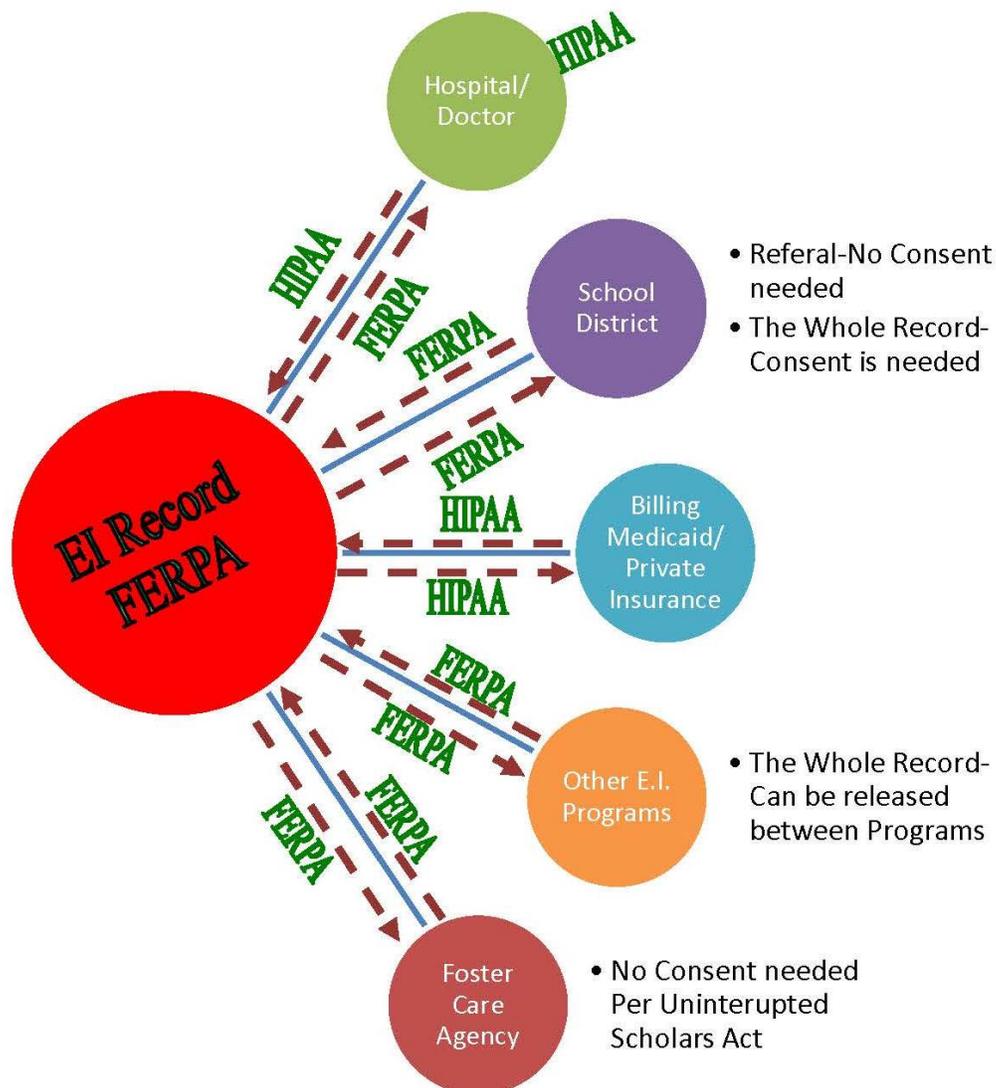
### ***Q: To what extent are the records of children enrolled in licensed (private) child care programs subject to the requirements of FERPA?***

A: These programs are early childhood education programs according to the federal definition, but the records of children enrolled in them are not subject to FERPA unless federal funding is being received by the programs. These programs' records may, however, be subject to HIPAA if they include health information.

Continued on Page 16

**Q: How should we handle emailing child information, such as Individualized Education Programs (IEPs) and Individualized Family Service Plans (IFSPs), to places such as child care centers and family child care locations?**

A: IEPs and IFSPs are part of the education record and should be transmitted securely. Visit the Security Best Practices section of the PTAC Toolkit webpage (<http://ptac.ed.gov/toolkit>) to access detailed information on identity authentication, secure methods of transmitting information electronically, and more. It is important to verify that you are sending information to the right person. A common and dangerous mistake is to send information to someone with the same first name but a different last name. It is also important to verify that the information was received. One good practice is to encrypt your files as attachments and protect them with a password. The resources on our website explain in detail how to do these things and more. See also the Office of Special Education Programs' letter to Ms. Breton on March 21, 2014, located at <https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/acc-14-000862r-me-breton-email-3-21-14.pdf>.



# Annual Provider Training Needs Assessment

Each year, UTS-ProKids solicits provider input into training needs and requests for the next contract period. UTS uses this information to plan and modify courses, based on your input. Want to hear a specific presenter or topic? Please take a few minutes to link to the Annual Provider Training Needs Assessment. This is your opportunity to let us know what training you want and need.

<https://www.surveymonkey.com/s/RZQTMXK>

## Indiana Infant-Toddler Institute



Indiana Infant-Toddler Institute

October 6 & 7, 2014

Sheraton - Keystone at the Crossing in Indianapolis

Exhibitors \* Networking \* First Steps Core Training

### Institute Keynote Presentations

**Monday, October 6<sup>th</sup>: From All to Each and Every: Using Your Leadership to Support Each Young Child.**

Camille Catlett is a Scientist at the University of North Carolina's Frank Porter Graham Child Development Institute and the author of the *Baby Talk* monthly newsletter. Her keynote will offer new ways of thinking about the influence you provide in creating opportunities for services and supports that build each child's full potential and empower each family. Discover the ways in which evidence-based practices and intentional and explicit approaches can support the work you do with a whole new view on how you can lead from the middle.



**Tuesday, October 7<sup>th</sup>: Infant & Toddlers in Educare – Practices and Lessons Learned.** Dr. Diane M. Horm is the George Kaiser Family Foundation Endowed Chair of Early Childhood Education and Founding Director of the Early Childhood Education Institute (ECEI) at the University of Oklahoma at Tulsa. Educare is a research-based program that prepares young, at-risk children for school. This specially-designed place that nurtures early learning and sends a bold message about the value of investing in the first five years; an innovative partnership between the public and private sectors to create a more efficient, more effective early learning program; and a compelling platform to drive change among policymakers, business leaders and early childhood providers by showing what quality early learning looks like in various settings.

The Institute Preliminary Program and online registration information is available at [www.utsprokids.org](http://www.utsprokids.org).

### Concurrent Sessions

Developmental Screenings - Kinder/Allison

Rough & Tumble Play for Infants-Toddlers - Swim

Including Children with Special Needs in Everyday Routines - Purcell

Using Data to Inform Practice & Policy; Lessons Learned - Horm

Recognizing the Impact of Toxic Stress - L. Jones/Hines

Breastfeeding Support in Child Care Settings - Cardarelli

Using Assessment to Plan Classroom Activities - Culley

Are Sleeping Babies, Safe Babies? - Himes/Beaulieu/Henley -

Appropriate and Meaningful Assessment - Elicker/McMullen

Practices That Support Each Young Child - Catlett

Reflective Supervision - Katz

Autism Spectrum Disorder - Swiezy

Early Learning Success - D. Jones

Supporting Relationship-Based Care Practices - Ruprecht/Henley

Using Core Knowledge & Competencies - Osman

**Special Early Bird Rate - only \$99 through September 2nd!!!**

**2 Institute days, breakfast and lunch each day, 12 contact hours**



# Spanish Classes (Level 1)

## For First Steps Providers

*Percy Consiglieri,  
President and CEO of GMG  
Spanish Services:  
Consultant, Interpreter,  
Translator and Teacher.*

**Monday and Wednesday Evenings**

**September 15– October 15, 2014, 6-7:30pm**

**ProKids, Inc. 6923 Hillsdale Court, Indianapolis, IN 46250**

**(317) 472-5602, or [registration@utsprokids.org](mailto:registration@utsprokids.org)**

- **Would you like to become more marketable with bilingual skills?**
- **Are you currently able to effectively communicate with the Spanish-speaking families on your caseload?**

The Spanish speaking population continues to grow in the state of Indiana and First Steps providers struggle to meet the needs of these families due to a language barrier. If your agency serves many Spanish-speaking families and struggles to meet the needs of these families due to a language barrier, please consider taking advantage of this language enrichment opportunity by sending your therapists to this 10 week course. Since this course is geared towards First Steps therapists, Percy will ensure that they come away with the skills to be able to communicate with families about their child's needs in therapy, and have the basics to be able to build a relationship with Spanish-speaking families. Having a more diverse bilingual staff will make your agency more marketable and competitive as the need continues to rise.

Comments from past participants:

*“Practical knowledge to start using immediately with parents and kids.”*

*“Perfect for First Step providers of all disciplines.”*

*“Percy is delightful, pleasant, easy-going and very approachable. He even goes beyond class time to help answer questions via email.”*

*“I liked that he personalized the course and incorporated the words/commands/toys*

- ⇒ **This course applies to beginning level Spanish speakers as well as therapists looking to refresh their skills.**
- ⇒ **The course fee is \$250 for a ten week course = \$25 per session!**
- ⇒ **This training has been approved for First Steps credential points.**
- ⇒ **Register online at [www.utsprokids.org/login.asp](http://www.utsprokids.org/login.asp). Space is very limited!**



**SAVE THE DATE**

# HANDS in Autism<sup>®</sup> Model in Practice

## Intensive 3-Day Workshop

**Early Childhood  
Development**

**November 19-21, 2014, 8am-4pm EST**

**Transition & Vocational  
Programming**

**October 14-16, 2014, 8am-4pm EST**

Join the HANDS in Autism<sup>®</sup> Team for an intensive training that focuses on providing hands-on experience and coaching in a simulated classroom/work environment. Individuals on the spectrum participate, facilitating a rich learning environment for all. While the program includes traditional instructional methods such as lectures and discussion, the emphasis of training is building increased knowledge and skill of the process of making appropriate programming decisions for each student, classroom, workplace, and/or intervention team through hands-on application and learning.

Registration available at :

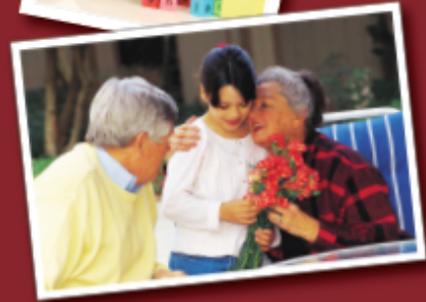
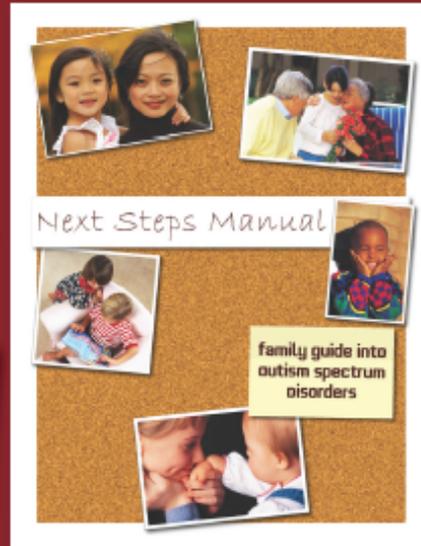
*See reverse for more information!*



**[HANDSinAutism.iupui.edu/handsIntensive.html](http://HANDSinAutism.iupui.edu/handsIntensive.html)**

Hosted by the HANDS in Autism<sup>®</sup> Interdisciplinary Training & Resource Center





September 11-12, 2014, 9am-3pm EDT

# HANDS in Autism<sup>®</sup> Next Steps<sup>™</sup> Facilitator Certification Training

Join the HANDS in Autism<sup>®</sup> Team for an intensive training to begin the process to becoming a Next Steps<sup>™</sup> facilitator in your community. Making Next Steps<sup>™</sup> workshops available through your school, organization, or community will help raise the level of support provided to caregivers, providers, and individuals with Autism Spectrum Disorder (ASD) and related developmental disabilities.

*See reverse for more information!*

Registration available at:

[HANDSinAutism.iupui.edu/nextsteps.html](http://HANDSinAutism.iupui.edu/nextsteps.html)

Hosted by the HANDS in Autism<sup>®</sup> Interdisciplinary Training & Resource Center



## About HANDS in Autism® Next Steps™

With the mission of the HANDS in Autism® Center focusing upon the development of local capacity and bridging of systems across medical providers, school professionals, community members, and families, the HANDS in Autism® Next Steps™ workshop serves as an effective platform for sharing dialogue and setting a foundation for the use of common language, awareness of resources, and collaboration across systems within communities. In striving to continue the missions of the HANDS in Autism® Center and to foster greater local capacity, the HANDS in Autism® Next Steps™ Facilitator Certification process has been established. This process is generally reflected below as the "Pathway to becoming a certified HANDS in Autism® Next Steps™ Facilitator." The current program is the first step in this pathway. Interested persons may contact the HANDS in Autism® team directly at [hands@iupui.edu](mailto:hands@iupui.edu) for further information.

### Pathway to becoming a certified HANDS in Autism® Next Steps™ Facilitator:

- ❑ **Instruction:** Attendance at a scheduled HANDS in Autism® Next Steps™ Facilitator Training as offered here. This training currently occurs one time a year.
- ❑ **Shadowing & Modeling:** Attendance at a scheduled HANDS in Autism® Next Steps™ workshop or hosting\* a HANDS in Autism® Next Steps™ workshop led by HANDS in Autism® staff
- ❑ **Coaching & Mentoring:** Hosting\* a HANDS in Autism® Next Steps™ workshop in partnership with HANDS in Autism® to arrange, advertise and co-lead the Next Steps™ workshop
- ❑ **Leading:** Independently leading a HANDS in Autism® Next Steps™ workshop with submission of an audio or video recording of the workshop for the HANDS in Autism® staff to complete a fidelity check\*\* on components associated with leading a Next Steps™ workshop
- ❑ **Maintenance:** Completion of live or web-based booster sessions as warranted given content updates within 90 days from the time the sessions are distributed, recertification quizzes completed biannually within a 90-day time period from the time of notification, electronic submission of satisfactions and sign-in/registration data for program reporting

*\*Additional fees associated with hosting a HANDS in Autism® Next Steps™ Workshop*

*\*\*Fidelity checks have a nominal fee associated with their completion at the time of certification and recertification*

## Intended Audience

Providers, educators, and outreach program representatives, who have background, knowledge, and experience in serving individuals with ASD and related developmental disabilities.

As a certified HANDS in Autism® Next Steps™ Facilitator, you will be highlighted on the HANDS in Autism® website which has greater than 40,000 visitors annually. Further notation will be included within the Next Steps™ Facilitator roster on the HANDS in Autism® website where persons will be able to gather information regarding the Next Steps™ workshops, certification process, and directions to connect with a certified HANDS in Autism® Next Steps™ Facilitator in their area.

## Total Cost

One day only (includes training on Next Steps™ content delivery and format): \$175. Full training (content, delivery, logistics, and participation in a live Next Steps™ event): \$350. Payment may be made with credit card at time of registration or via invoice with 60 days to pay following event.

## Location

Goodman Hall, Room 1030, 355 W. 16th Street, Indianapolis, IN 46202

**[HANDSinAutism.iupui.edu/nextsteps.html](http://HANDSinAutism.iupui.edu/nextsteps.html) | [hands@iupui.edu](mailto:hands@iupui.edu) | 317.274.2675**

## First Steps Online Core Trainings for 2014

You asked for it and UTS-ProKids is working hard to bring you more online courses. We are pleased to announce the development of several ***new online courses*** for 2014. The catalog of all online courses can be found at <https://www.utsprokids.org/training/course-catalog/>

- ▶ **FSCT: AEPS, Part 1 - Currently available on-line.** This online course provides an overview of the Assessment, Evaluation, Programming System for Infant and Toddlers (AEPS). It is open to all providers. The course covers the mechanics of the AEPS, scoring criteria and guidelines and discusses the use of observation, direct test and parent report. Providers will have a better understanding of the tool and can use it for progress monitoring. This course is required for all Assessment Team Members who have not previously completed the AEPS 2 day course. AT members must also complete the AEPS Part 2 - Using the AEPS for First Steps eligibility. The face-to-face course is offered quarterly.
- ▶ **FSCT: Infant Brain Development – Currently available on-line.** This Award winning video from the Professional Development Center, Rockefeller College, University of Albany, SUNY provides information on the structure of the human brain and how an infant's brain develops through the use of computer animations, graphics and interviews with a scientist, pediatrician and experts in the early childhood field. Chapters include information on Factors that Influence Brain Development, the Structure of the Brain, How the Brain Develops, Windows of Opportunity, Impact of Early Experiences on Brain Development, and Resources.
- ▶ **FSCT: Inclusion in Early childhood Care & Education Settings - Coming very soon...** This course reviews state and federal regulations pertaining to child care inclusion and the role of the Child Care Resources & Referral Inclusion Specialist. If you serve children in child care settings, this training is for you.
- ▶ **FSCT: Physical Therapy: Ethics and Jurisprudence for Home & Community-Based Settings - Coming in later this year.** All PTs in Indiana are now required to complete an ethics and jurisprudence course every 2 years. This introductory online course is designed to meet the CEU licensing requirements for PTs and PTAs.

**Be sure to check the UTS website and emails for updates for both online and face-to-face course information and availability.**

### 2014 FSCT Conferences and Workshops

In addition the new online courses, UTS-ProKids also has many new face-to-face courses in development. You can view all posted trainings in the Training Calendar at <https://www.utsprokids.org/training/calendar/>. In order to effectively plan you FSCT for 2014, we have listed many of our courses for you.

**FSCT: Pathways - Course to Go: 2, 4, 6 Month Motor Course - Per publisher request, this course is only available on-site. Contact [training@utsprokids.org](mailto:training@utsprokids.org) for additional information.** Established in 1988, Pathways Awareness is a national, non-profit organization dedicated to raising awareness about the benefits of detecting early motor delays and encouraging physical therapy in very young children. Pathways' critical infant milestones literature has been recognized and endorsed by the American Academy of Pediatrics and the National Association of Pediatric Nurse Practitioners as the definitive resource concerning early motor delays.

**8/15/14 FSCT It's Online, But Can I Trust It?** Who do you trust? Find out how to identify authoritative sources while developing a toolkit of go-to resources for education and health information.

**8/22/14 - FSCT: Child Abuse 101:** Understand the indicators of child maltreatment, the risk factors for maltreatment, and reporting laws and responsibilities. Presented by Prevent Child Abuse Indiana Sandy Runkle, MSW and Carol Poole, MSW

**8/29/14 FSCT: Feeding Intervention and Family Support -** Feeding infants is a complex process. Some children need more support and assistance gaining the feeding skills necessary. Therapists will learn strategies to assist families in developing a consistent plan for feeding skills and texture progression, setting up mealtime environments and managing difficult behaviors that contribute to struggles at mealtime.

(Continued on next page)

## First Steps Core Trainings for 2014 (continued)

**9/15/14 FSCT: Life with Cerebral Palsy—A Parent and Therapist View** - This half-day seminar will educate practitioners about cerebral palsy and its impact on the family.

**10/17/14 FSCT: Feeding Intervention and Family Support** - Feeding infants is a complex process. Some children need more support and assistance gaining the feeding skills necessary. Therapists will learn strategies to assist families in developing a consistent plan for feeding skills and texture progression, setting up mealtime environments and managing difficult behaviors that contribute to struggles at mealtime.

**10/24/14 FSCT: Sensory Implications on Motor Movement** - This half-day seminar will educate practitioners on development of the sensory system, sensory dysfunction, neuroplasticity, and treatment modalities.

**New Training Topics and Dates for 2015 will be published  
in the November Training Times.**



ABOUT PARENTING SPECIAL NEEDS - From the desk of Chantai Snellgrove, Founder and Editorial Director

### **Welcome to Parenting Special Needs Magazine!**

Becoming a parent of a child with special needs has changed my life forever, and in ways I never thought possible. She has taught me many lessons and I believe made me a better person. We at Parenting Special Needs, LLC, are making it our mission to provide parents of children with special needs of all ages and stages of life, both information and inspiration. Through Parenting Special Needs On Line Magazine, we've created a world that provides practical tips, shares life's lessons, tackles the challenges and celebrates the joys, of one of life's greatest gifts.

Navigating our world together, we explore the changing face of parenting a special needs child. Continually seeking change for the better with new and helpful information that is "simplified" to fit into our already busy schedules. A few of our features will include: "REAL LIFE" with a special needs child, S.O.S: Siblings Offering Support, "Practical Tips", Do you know or Did you know?, Development, Special Needs Planning, Rights, Caregiver Care, information and resources to help navigate your course.

As Parenting Special Needs Magazine continues to develop, we welcome any comments you may have. We look forward to bringing together the "world wide" Parenting Special Needs community.

Please, share your life's lesson by submitting and encourage family members and friends to subscribe to Parenting Special Needs Magazine. Finally, help us to become stronger, using one voice to raise awareness and advocate for our children.

**You and your families can receive a free digital subscription at <http://parentingspecialneeds.org/>.**



These links are offered for those who wish to delve deeper into related IDEA, Part C and other infant-toddler resources. Their content is **NOT** included in the August Training Times Assessment.



## Baby Talk: Resources to Support the People Who Work With Infants and Toddlers

Issue No. 38 July 2014

### Great Resources from ZERO TO THREE (ZTT)

#### ***The Power of Play***

When you see a baby wiggle to reach a rattle, a toddler stacking blocks, or a preschooler pretending to fly a rocket ship, you are watching children “in the zone”—engaged, exploring, and discovering. The first three years offer rich opportunities for learning that unfolds through play with adults, siblings, and peers. Learn more about how these play skills emerge and what you can do to support play in infants and toddlers in ZTT’s booklet *The Power of Play*, available in English and Spanish.

<http://main.zerotothree.org/site/DocServer/ThePowerofPlay.pdf?docID=161> (English)

<http://main.zerotothree.org/site/DocServer/EIImpactodeJugar.pdf?docID=141> (Spanish)

*Let’s Play!* is a free app from ZTT with fun activities, organized by age and routine, for family members and providers to use to support a young child’s early learning. With *Let’s Play* you can search for play-based activities for children from birth to 5 years old, snap a photo of a child playing, and share activities with other.

**The Let’s Play app is available from iTunes or the Google Play Store**

#### **Essential Contributions of Fathers**

Fathers who spend more time taking care of their newborn child undergo changes in brain activity that makes them more apt to fret about their baby’s safety, a new study shows. In particular, fathers who are the primary caregiver experience an increase in activity in their amygdala and other emotional-processing systems, causing them to experience parental emotions similar to those typically experienced by mothers, the researchers noted.

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_146451.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_146451.html)

#### **Essentials for Parenting Toddlers and Preschoolers**

This free, online resource, developed by the Centers for Disease Control and Prevention (CDC), is designed to support parents of 2-4 year-olds. ***Essentials for Parenting*** addresses common parenting challenges, like tantrums and whining using articles, fun and engaging videos, frequently asked questions and downloadable resources like chore charts and daily schedules. Positive parenting skills and techniques can reduce parenting stress and provide parents with ways to encourage good behavior and reduce misbehavior using proven strategies like positive communication, structure and rules, clear directions, and consistent discipline and consequences. This resource can help to build the foundation of a positive parent-child relationship and contribute to more confident parenting.

[http://www.cdc.gov/parents/essentials/index.html?utm\\_source=June+2014+E-News&utm\\_campaign=May+2014+E-news&utm\\_medium=email](http://www.cdc.gov/parents/essentials/index.html?utm_source=June+2014+E-News&utm_campaign=May+2014+E-news&utm_medium=email)

[http://www.cdc.gov/parents/essentials/index.html?utm\\_source=June+2014+E-News&utm\\_campaign=May+2014+E-news&utm\\_medium=email](http://www.cdc.gov/parents/essentials/index.html?utm_source=June+2014+E-News&utm_campaign=May+2014+E-news&utm_medium=email)

#### **Books and Reading Make a Difference**

Growing up in a home with lots of books and being read to as a toddler have a bigger impact on the performance of a child starting school than their temperament or socio-economic background, new research shows. Researchers found the quality of a child’s learning environment when they were toddlers was the most significant indicator of their ability to manage themselves at school.

<http://www.smh.com.au/national/education/reading-helps-toddlers-start-school-research-by-quit-and-charles-sturt-20140531-39b09.html>



## Baby Talk: Resources to Support the People Who Work With Infants and Toddlers

Issue No. 37 June 2014

### Tips for Keeping Children Safe: A Developmental Guide

This 2014 resource describes daily routines for children within four age groups (infants, mobile infants, toddlers, and preschoolers) and provides safety tips that specifically address the developmental needs of children in a specific age group, as well as tips that apply to all children. It was developed by the Office of Head Start's National Center on Health for early childhood staff working with young children in classroom environments.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center/safety-injury-prevention/safe-healthy-environments/keep-children-safe.html>

### Essentials for Parenting Toddlers and Preschoolers

The Centers for Disease Control and Prevention recently launched a free, online resource designed for parents of 2 to 4 year olds. *Essentials for Parenting Toddlers and Preschoolers* addresses common parenting challenges and provides strategies to help parents reduce parenting stress and build safe, stable, and nurturing relationships with their children. Skills focus on encouraging good behavior using proven strategies, such as positive communication, structure and rules, clear directions, and consistent discipline and consequences.

<http://www.cdc.gov/parents/essentials/index.html>

### Using Brain Activity Patterns to Identify Autism in Children as Young as 2

In one of the largest studies to date, researchers at Boston Children's Hospital used electroencephalography (EEG) to measure brain activity in children and determined 33 specific patterns that could differentiate a child with autism from a neurologically typical peer. The researchers measured EEG patterns in 430 children with autism and 554 control subjects ages 2 to 12. Those with autism had activity patterns that consistently showed reduced connectivity between brain regions, especially in areas associated with language on the left side of the brain.

<http://healthland.time.com/2012/06/26/using-brain-activity-patterns-to-identify-autism-in-kids-as-young-as-2/?xid=newsletter-healthland>

### Research Supports Importance of Praising Effort, Not Talent

Findings from a recent study has reinforced that praising effort increases motivation and encourages strategies for handling failure. Researchers analyzed videos of mothers interacting with their children at 1, 2 and 3 years of age. The scholars tallied the kind of praise each mother gave to her child and the amount, paying particular attention to the proportion of the praise that was directed at the child's effort, such as "good throw," versus praise for the child personally, such as "you're so good at baseball." Five years later, when the children were 7 and 8 years old, the researchers interviewed the children, asking questions about their mindset. For example, "How much would you like to do math problems that are very easy so you can get a lot right?" Toddlers who had heard praise commending their efforts were more likely as older children to prefer challenges than those who heard praise directed at them personally, the study found. Toddlers who heard praise directed at actions also were more likely to believe later on that abilities and behavior could change and develop. Researchers also noted that parents praised the efforts of boys more than girls. Later, boys were more likely to try more challenging pursuits, the study found.

<http://news.stanford.edu/news/2013/february/talking-to-baby-021213.html> (news article)  
<http://onlinelibrary.wiley.com/doi/10.1111/cdev.12064/full> (research article)

**Baby Talk is a free, one-way listserv that is distributed monthly. Each issue features resources that are high quality, readily available and free. To join the listserv, send an email with no message to [subscribe-babytalk@listserv.unc.edu](mailto:subscribe-babytalk@listserv.unc.edu) To suggest resources, please contact Camille Catlett at [camille.catlett@unc.edu](mailto:camille.catlett@unc.edu) or (919) 966-6635.**