



It's SUMMER!



From the Editor

This quarter's newsletter highlights the process of transition out of the Infants and Toddlers Program.

The process of transition is complex, as it combines the experience of the child in the program,

the progress made during the time the child participated and the estimate of the normal progression for the child and the best tools to optimize his or her future.

Inside this issue you will find articles by service providers that give

us their unique perspective of the process. There are also definitions and the impressions of a Family Support worker witnessing a Transition Planning Meeting or TPM.

Mario Salazar

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Introducing our Improved Newsletter

Starting with this issue, readers will find the following standard features

- A letter from the Editor or Director
- Feature articles dedicated to an important programmatic topic
- Brief from the Local Interagency Coordinating Council (LICC)
- Brief from the Family Advisory Board (FAB)
- Highlights from other MCITP task forces
- Spotlight on a community program
- Trust Fund activities
- Data, the story numbers tell
- Words of appreciation

Transition from the Infants and Toddlers Program

This information was extracted from the Web pages of our site at <http://www.InfantsToddlers.org/transition.shtm>

What is Transition? Transition is the process of change, new opportunities, and challenges. It involves identifying strengths and needs and making decisions about school and community resources. If eligible, some children will transition to special education (Part B services). Other children who are not eligible for Part B services may transition to community programs. Your service coordinator will collaborate with you to develop a plan that will facilitate a smooth and successful transition.

What are Part C and Part B? Part C of the Individuals with Disabilities Education Act (IDEA) is an early intervention program for eligible infants and toddlers, birth to age three, and their families. These children have an Individual Family Service Plan (IFSP). Part B of IDEA provides special education and related services to children and youth with disabilities, ages three through twenty-one. These children have a disability code and an Individual Education Plan (IEP)

The Transition Planning Meeting. The TPM is conducted by your service coordinator with input from you, the parents, your child's providers, and a representative (*Continued in page 2*)

Transition from the Infant and Toddlers Program (from page 1)

from Part B. Representatives from the community may participate if appropriate. You may also invite others to the meeting if desired. The purpose of the meeting is to discuss the strengths and needs of your child and determine what services may be appropriate at age three.

- Gather information about various school and community resources
- Visit preschool programs
- Know your child’s strengths and needs. Be prepared to share these with providers as you work together to identify appropriate goals and objectives
- Attend workshops on transition and IEP development

Take time to share thoughts and ideas, celebrations and concerns with your family, friends and providers as you step out in a new direction.

Transition Timeline Your Service Coordinator will help you with the transition process.

At the age of 24 months:

- There will be a discussion of transition
- A transition plan is discussed and an outcome is added to the IFSP. Between 24-30 months of age your service coordinator will prepare for a Transition Planning Meeting (TPM), and explore community options

Between 27-33 months of age:

- TPM will be held to discuss program options until your child’s third birthday and
- To consider Part B and/or other services after the third birthday.

Prior to 36 months

If you wish to consider eligibility for Part B services, an IEP meeting will be

convened to determine eligibility and, if eligible, an IEP will be approved.

At 36 months

- Services with Infants and Toddlers end
- Begin Part B services, if eligible
- Begin or continue participation in community resources

Additional information can be found at <http://www.InfantsToddlers.org/transition.shtm>



Differences between Parts B and C of IDEA

Part C

Focus on Birth to Three -Early Intervention Program, Infants and Toddlers Program

Family Orientation - Help the family cope with a child with a disability

Developmental Focus-Concentrates on the disability as it effects child's development

Developmental Eligibility -25% delay in development, diagnosed condition with a high probability of delay, atypical development

Individualized Family Service Plan - IFSP concentrates on the family and developmental outcomes

Early Intervention / Linkage Services -Direct Services: PT, OT, Speech, etc.

Natural Environment - Services provided in home, day-care, places where the children are usually found

Year-Round Services -Services provided year-round. No special qualifications needed for this type of service

Part B

Focus on Age 3 to 21 - Special Education Classes, Preschool and K-12 Classes

Child Orientation - Services primarily to educate the child

Educational Focus - Concentrates on the disability as it effects education

Educational Eligibility - Disability must impact child’s ability to learn or function in a classroom . Child must have a disability code

Individualized Education Program - IEP concentrates on educational goals of the child

Special Education / Related Services - Special instruction, Related Services: PT, OT, Speech, etc.

Least Restrictive Environment (LRE) - Services provided in school setting ranging from regular classrooms to residential settings

School Year / Extended School Year - Children must meet criteria for Extended School Year.

Transition Marks Life Changes

By Margaret Avallone, CCC-SLP Speech Language Pathologist

Transitions occur periodically throughout one's life. For our purposes in the Infant and Toddler Program, transition begins with the birth of a baby. That birth is a transition within the family structure whether it is a first baby or an addition to a growing family. Bringing baby home from the hospital changes family patterns related to meeting the baby's needs and responding to the developing child. When concerns arise related to development of the infant or toddler, the family starts a journey which might be very different from those of their circle of friends and family. This marks a transition into the world of early intervention. As a child's needs are addressed through early intervention, new providers, new plans, new service sites, and ongoing evaluations will mark transitions along this path.

I recently heard that when a patient is admitted into a medical program, plans begin for discharge. So too, does the process of leaving the Infant and Toddler Program begin when a child is determined eligible to receive early intervention. It is a time of new learning for the parents and for the child identified as needing the special intervention of skilled providers. As the family is guided on how to facilitate the development of skills by the child, the service coordinator and all providers involved should be assisting that family in moving forward toward the time that the child will exit the Infant and Toddler Program.

For early interventionists transition can easily become a calendar of dates that must be met with specific meetings, evaluations, and report writing to be completed prior to the child's third birthday and closure of a file.

However, it is a time of learning for the family. The process should be one of educating the parents and helping them build the skills necessary to become effective advocates for their child. What are the meanings behind the alphabet soup of letter acronyms and related letter and number combinations that refer to specific legislation driving the provision of special education and identification of children eligible to receive special education services?

Helping families interpret the lingo of special education should be a part of an effective program to guide parents along the first steps of ensuring that their child have access to appropriate programming. The service coordinator will be able to explain the handouts and the terminology used in the provision of early intervention services. Parents should be active participants in

the plans for the next steps in the child's education. Parents should ask questions about what is going to happen next. Parents should ask to have specific terminology explained. Interventionists should revisit the topic frequently as part of routine home visits to insure that families are ready for that movement out of the Infant and Toddler Program.

There are only two constants at every stage of the special education process. The child and the parents will go through these steps together with the professional personnel changing as needs are met and addressed. A parent who is armed with knowledge about the process and continues to learn about their child's needs and how to access those services that will best address the identified needs becomes the child's best advocate.

Example of a Transition Planning Meeting

Early in June, I participated in a Transition Planning Meeting (TPM) for a child who was turning three. The TPM took place in a "natural" space (home, day care, relative's home) for the child and the family.

The service providers started with their perception of the family status, the description of the optional preschool and the qualifications needed for inclusion in any of the programs. The providers also put emphasis on the law (IDEA Part C and B), and the fact that support/assistance can take place from the age of 3 to 21 after the child leaves MCITP.

Once the child is no longer with MCITP, there is more emphasis on education. To continue services the child must have a disability that impacts his/her ability to learn or function in a classroom setting and must have a disability code. Services are provided in the least restrictive environ-

ment. It's not cookie cutter, but depends on the child's individual needs. The program is voluntary.

One possible option to assist in the child's development is participation in a program called PEP.

PEP (Preschool Education Program) is a special education program for children who have educational disabilities.

There are other options depending on the needs of the child. Transition can also mean specialized services for learning and moving to use community supports.

With a few weeks to go in completion of MCITP, the team members meet at a pre-scheduled time in Rockville. In this particular case, the child was coded as developmentally delayed, and he will be going into the Classic PEP that meets on weekdays from 9 to 11:30 AM. The main goal

is to provide the child the tools so that he/she can be mainstreamed.

The service provider proceeded to produce several forms for the parents to complete and requested the parents provide a "Health Inventory" and proof of Montgomery County residency.

The meeting proceeded with the presentation of numerous references to services available not only through the government but also from community resources.

The TPM is the time to discuss all types of issues, including transportation, type of services to be provided, points of contact and others.

I was truly impressed by the efficiency, knowledge and professionalism of the service providers present.

The Editor.

Trust Fund Activities

Why a Trust Fund?

The purpose of our Trust Fund is to raise funds so that they can be used to benefit MCITP families. We are grateful for any contribution large or small as there are many needs to fill in our community.

June Donations

In June, one of the parents served by MCITP did something incredible. They sent in a donation of \$7,500 to the program. With the check, there was a written request that these funds be used for Hanen (a family training program

that helps promote language development). When the Program Manager contacted this family to thank them, they simply said that they benefited tremendously from the program and wanted to give back. When the family was reading the last newsletter, there was a notice about the Trust Fund and that was the only incentive they needed to write the check. MCITP is honored to receive this generous donation.

In the past year, the Trust Fund has helped families purchase several types of needed equipment, paid for deductibles for several

types of treatment and covered transportation expenses for medical appointments.

You can make the difference... by contributing to the Family Support Trust Fund. You can contribute to an existing fund or create your own unique fund. You can define what the money will be used for and be sure it will not go to overhead.

It is easy to do

Send an email to Karen.roberton@montgomerycountymd.gov or mail in a contribution to MCITP, 51 Monroe St., Suite 1700, Rockville, MD 20850.

LICC Brief

The Local Inter-Agency Coordinating Council is the "Board of Directors" of MCITP.

FY 08 LICC MEETING DATES 2007-2008

In collaboration with the
Collaboration Council for Children, Youth and Families
(Local Management Board)

Place: Children's Resource Center
332 W. Edmonston Drive, Rockville, MD

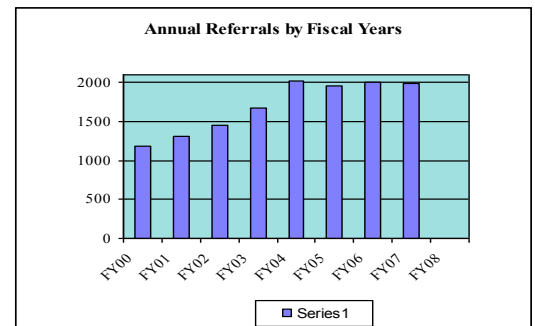
Time: 5:30p.m. to 7:30p.m.

September 20, 2007
November 15, 2007
January 17, 2008
March 13, 2008
May 15, 2008

REFERRALS BY FISCAL YEARS								
Month	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07
July	75	101	128	132	175	148	138	122
Aug.	77	92	107	123	176	180	181	159
Sept.	96	78	101	140	163	166	146	169
Oct.	72	108	134	116	199	153	159	190
Nov.	105	95	115	115	102	158	146	157
Dec.	87	86	89	121	154	114	145	141
Jan.	98	123	138	171	161	176	192	170
Feb.	113	121	122	116	204	161	118	183
Mar.	137	131	118	173	183	175	222	200
Apr.	96	123	134	162	158	199	157	132
May	125	128	133	173	176	177	210	157
June	104	118	130	135	163	150	197	215
Total	1185	1304	1449	1677	2016	1957	2011	1995
% Change	43%*	9.1%	11.1%	15.7%	20.2%	-2.9%	2.8%	-0.8%

Data Highlights

For the month of June 2007, the Montgomery County Infants and Toddlers Program (MCITP) received new 215. The table to the left shows this result, as well as results for the last 8 Fiscal Years (July to June). *The annual numbers have remained close to 2000 for the last 4 years, Montgomery County is by far the most active program in the whole state of Maryland.*



Family Survey Outcomes

The Family Survey – Families rate their progress

Ronnie Biemans, Director, MCITP

In June of last year, data was collected on family satisfaction and progress via a family survey sent by mail from the Maryland State Department of Education (MSDE). The Montgomery County response rate to the MSDE Family Survey was 21.74 %. The Statewide response was 18.68 %. The survey was developed by the National Center for Special Education Accountability. This survey will continue to be sent out annually. Results for the 2006 survey are as shown in the table:

The Infants and Toddlers Program uses a number of strategies to support families in meeting the outcomes for families that are designated by the Federal Office of Special Education.

Families know their rights

Parents are informed of their rights during the initial assessment meeting and are given informational brochures developed by MSDE at this time. Parents are given a basic overview of IDEA assurances and rights during the Family Welcome Orientation meetings held four times a year for newly referred families. In FY'08 the MCITP web site will have a section that explains parental rights and responsibilities, complaint and resolu-

tion procedures and mediation.

Families effectively communicate their children's needs

Service providers work with families to ensure that they not only understand their child's needs but that they also can advocate for them. This is done in a variety of ways including: participation in the Building Bridges Program, trainings supported by the Family Support Network and other Family Support Network activities.

Families understand their child's special needs and help their children develop and learn.

Service providers work with families using a coaching model to enable them to best support their child in addressing his/her spe-

cial needs and in moving towards school readiness. Through Family Support Network initiatives and communications, families are given information to inform them about special education, appropriate intervention strategies and community resources.

The family survey is one of several ways that the Infants and Toddlers Program gathers information from families about their experience while in the program. It is so important to get feed back directly so that MCITP can continue to improve the work that we do. **Please keep an eye out for the upcoming survey from the State.**

This year MSDE will also be sending out a Spanish language version to Spanish speaking parents and families. We hope this will make a difference in our response rate and ensure that we hear from a diverse group of parents. All voices should be heard.

Surveyed Outcome	State Result	County Result
Families know their rights	74%	74 %
Families are able to effectively communicate their children's needs	72%	71 %
Families understand child's special needs	82%	82 %

Spotlight on Community Programs

Early Childhood Mental Health Consultation Services

By Sarah Wilch-Spamer, ChildLink Coordinator

Parents of children in child care and child care providers are often faced with a child's behavior problems in a group setting. Any child may have adjustment and transition issues, stress, or difficulties relating to other children -child care providers may not have the knowledge or experience to address these situations. Children, families, and child care providers may need extra support. If you or your child care provider need help with any of these types of problems, call ChildLink at 240-777-GROW (240-777-4769) for resources and information. The ChildLink Counselor is able to refer families to a variety of services and to link child care programs to Early Childhood Consultants. Early Childhood Consultants work with child care centers and family child care programs through telephone and onsite visits at no cost to you.

At this time, a total of thirteen programs are being served by Early Childhood Consultants. The examples below offer only a glimpse into issues currently being addressed by consultants in these programs:

- Transitions
- Aggression
- Adjustment Issues
- Child Care Staff Relationships
- Classroom Management

Once referred to the Early Childhood Consultation Services Project you will be contacted by the project Program Specialist. At that time, you will be asked additional questions regarding your concerns. The information helps determine consultant availability. You will be notified when a consultant has been assigned. The assigned consultant will contact you and the child care program to schedule an initial meeting.

With the expertise and support of a consultant, parents and child care providers learn effective ways to manage challenging behaviors and enhance children's growth and development. We look forward to hearing from you.

FAB Brief

The Family Advisory Board (FAB) was established in 2006. We are a group of parents with children who are currently receiving, or have received, services from Montgomery County Infants & Toddlers Program (MCITP). We volunteer our time to accomplish two important goals:

First, the FAB aims to become a vehicle by which families can have a collective and strong voice in their relationship with MCITP. It is our belief that feedback from families and caregivers can provide a valuable source of

information for use in developing MCITP policies and procedures, programs, and services.

Second, the FAB aims to increase family-to-family support by organizing social events and developing outreach programs.

In addition to these two primary goals, the FAB hopes to focus on increasing fiscal support of the program through fundraising and advocacy efforts in the next year.

If you are interested in participating in the FAB, please send an email in English or Spanish to

mario.salazar@montgomerycountymd.gov or

call Mario Salazar at 240 777-4809.

Amy Miller and Wendy Ratnavale

co-chairs

The FAB meets on the second Thursday of the month at "La Madeleine" restaurant on Rockville Pike or other announced locations (7 to 9 PM) from September to June. If you are interested in attending and being one of our Fabulous parents, please call Mario Salazar at 240 777-4809 or send and email to:

[*Mario.salazar@montgomerycountymd.gov*](mailto:Mario.salazar@montgomerycountymd.gov)

Please join our yahoogroups list by sending an email to:

MCITPcommunity-subscribe@yahoogroups.com

By being a member you can:

- *ask and receive advice from other members,*
- *benefit from relevant exchanges in the group,*
- *receive notifications of resources both public and private.*

Call Mario Salazar at 240 777-4809 or email Mario.salazar@montgomerycountymd.gov for more information.

Words of Appreciation from MCITP Families

We were very grateful to the Down Syndrome Network of Montgomery County for helping us with our staff appreciation efforts this Spring. Financial resources were raised which enabled each of the 4 sites to have a wonderful staff luncheon. In addition, the organization collected many letters from families expressing their heartfelt gratitude. Below please find excerpts from a handful of the letters received. (All confidential and identifying information has been intentionally deleted to protect privacy.)

“At our first visit with our pediatrician, we asked for an opinion of the Infants and Toddlers Program. The pediatrician strongly recommended (it)...so we called back and had the first consultation set-up. Looking back, it was the best decision we made. Everyone we have worked with over the past 12 months has been professional, compassionate, patient, and truly wonderful. We have been very lucky and blessed with the birth of our children as well as the opportunity to have some of the best in the field work with our children.”

“Our service provider was proficient in explaining the vast amount of paperwork for the Infants and Toddlers speech program and making the heap of pages seem as concise as possible. All of the service provider’s recommendations have been right on tar-

get.”

“Our service provider has the whole package! This service provider has the skills to assess our child’s articulation problem, the know-how to hone in on them, the creativity and “kid-sense” about herself to hold his interest while doing so, and the teaching skills to show me kid-friendly and kid-fun techniques for me to work with him on common goals.”

“Each time your staff visited, the staff came to our child with open arms. Your staff showed a love for what you do and that had a positive effect on our child. Thank you for listening to my struggles as well. I often would just need to vent as well as well as a sounding board and all of your staff provided that to me in one way or another.”

“Our ability to get our child therapy through private insurance ran out the previous year and we were anxious about how long we would have to wait to get services. Our anxiety was short-lived, as we were able to get our child evaluated within just 2 weeks and then our child was in the program! This first year with (the) Infants and Toddlers Program has been tremendous for us...As we approach the end of our first year in the Infants and Toddlers Program we are delighted with our child’s progress. While we know that our child is the one who did the hardest work to accomplish goals, we also

know that our child couldn’t have done it without the Infants and Toddlers Team. We commend everyone who works for the Program who have donated or lent items for others. Both we and our child have benefited tremendously from everyone’s generosity of spirit, talent and toys.”

“I cannot tell you how impressed we have been with the staff’s skills, their patience, and their generosity with their time, emotions, and resources. We have watched our child learn and grow with their help, and are so grateful that they have come into our lives.”

“Having a preemie felt daunting but our service provider’s caring attitude and experience helped us realize that our child’s issues were just bumps in the road...The service provider is very easy to approach, imparts clear instructions, and is very resourceful. Our nanny was a bit unsure about the importance of tummy-time for our child, the service provider found information in Spanish for her to read so that the importance sank in.”

“I was very much in shock, disbelief and anger when I found that our child had PDD. Our service provider suggested getting help from a mental health professional. The service provider has patiently listened to my concerns and has helped me greatly.”

Thank You Volunteers

The Montgomery County Infants and Toddlers Program is always looking for dependable volunteers who are eager to learn new skills and give back to the community. Our program has had volunteers of all ages, some of which come from other programs to gain experience in a working environment to help prepare them for future employment. We are registered with Montgomery County Government Volunteer Agency. In addition, we can award Student Service Learning hours for students wanting to complete their service hours for graduation requirements. The Volunteer Center works in partnership with MCPS and maintains the database of volunteer activities that have been approved for Student Service Learning hours. Check the [MCPS Website](#) for more information on student service learning. In addition, each high school and middle school has an SSL Coordinator. Contact your SSL Coordinator. Please read below our mission statement and the various

volunteer positions available.

Mission: To assist families with children between birth and three years old with their efforts to address their children’s developmental and special needs.

Volunteer needs

General Office Clerk/Data Entry: Mailings to families entering Early Intervention Program--type labels, compile materials, stuff envelopes. Create folders for each client--type labels, create folders and small amount of filing. Need typing accuracy and filing accuracy and be able to work with minimal supervision. A person with data entry experience needed.

Intake Assistant: Need English/Spanish speaking person to assist the Intake Coordinator with intake calls for children to enter the program. In addition need person to assemble intake mailings.

If you are interested in volunteering with the Montgomery County Infants and Toddlers Program please contact Montrice Johnson at 240-777-1785.

Montgomery County Infants and Toddlers Program

To:

Primary Business Address
51 Monroe, Suite 1700
Rockville, MD 20850

Phone: 240 777-4809
Fax: 240 777-3132
E-mail: mario.salazar@montgomerycountymd.gov

We are on the Web!

<http://www.infantstoddlers.org>

Join our yahoogroup by sending an email to:
MCITPcommunity-subscribe@yahoogroups.com

Montgomery County Infants and Toddlers Program Listens to its Families

On May 21, the MCITP's Family Advisory Board (FAB, see page 3 for definition) held several family forums.

The decision to hold a series of informal focus group sessions as opposed to conducting a more formal study came only after careful consideration of key issues and variables:

The goals for these sessions were:

1. Educate both families and program staff about the creation of a vehicle (FAB) for ongoing feedback and program support from families.
2. Have 2-3 families that will be joining the FAB membership; aim for 8-12 families attending each session.
3. Position the FAB forums as one component of the overall program improvement process.

These final goals reflect the by the FAB to create a manageable program (the forums) in which they could be highly successful at delivering as a team, and able to obtain clearly measurable results.

Parents were recruited for these sessions through a variety of means. A letter was mailed to all families in the program. A special flyer was designed and delivered to each service site. An announcement was

posted on the MCITP website. MCITP staff was encouraged to make a special outreach effort to ethnically diverse families who might not otherwise participate in formal surveys. An MCITP staff person was assigned to register each person by phone. Afterwards FAB members followed up with each registrant by phone. In the end there were several walk-ins, in addition to those that pre-registered, who were all warmly welcomed.

The FAB took great care to make it as easy as possible for the parents to attend and hopefully also enjoy their time spent at the sessions. Sessions were held at two different Metro accessible locations around the county. Sessions were scheduled during day and evening times to accommodate working parents. The final locations were also chosen because they had rooms in which parents and children could be separated, but close enough that they could be easily reunited (if necessary).

Once parents arrived, they were welcomed by FAB members and MCITP staff into a warm and inviting atmosphere. Entering the "reception" room they were greeted by a space filled with toys for the children and light refreshments for the parents. Reading material about MCITP programs was also on hand. Parents were given preprinted name tags on which several parents wrote their child's name upon. The intention was to create a cozy, but also professional atmosphere in which parents would know they and their children were honored guests.

Three questions were asked of the participants.

1. What do you like best about the Infants and Toddlers Program?
2. If you could improve one thing about the program, what would it be and why?
3. How has the Infants and Toddlers Program and staff responded to the unique customs and traditions of your family and culture? Do you have any suggestions for improvement?

28 families attended the three forums. By all reports, they were considered highly effective and successful.

Preliminary results point to all goals being reached:

1. The FAB was recognized by those attending as the bridge between the providers and the program participants;
2. 2 families joined the FAB.
3. FAB forums have become another effective tool in gauging and obtaining material for overall program improvement.

Final results of the forums will be presented after all raw data is analyzed and compiled. Kudos to all that participated.