

**Medical Home Phone Conference**  
**May 22, 2007**  
**“USOE Services Offered By the Schools for Children Age 3-6”**  
**Barbara Ward, RN and Connie Nink**

**Barbara Ward:** We have Connie Nink from the Utah State Office of Education. She is joining us from a conference in New Mexico. She will be talking to us about the services offered by the schools for children age 3-6.

**Connie Nink:** Thank you for inviting me to talk with you today. My official title at the State Office of Education is the preschool special education coordinator. We do have a pre kindergarten person and I am the special education person. When I was first told about the call we were going to talk about transition but I also want to make sure that, as people out in the medical field, you understand that all districts have a responsibility for what we call “child find” and they must actively reach children from the ages of 3 through 21 and the 3-5 year olds and 6 year olds that do not go to kindergarten. That’s why when they say 3-6 year olds, it’s usually 3-5 year olds but if their birthday doesn’t fall before September then those 6 year olds will stay in preschool.

When we ask for the medical profession to help us seek out children that need our services its really to go through the preschool coordinators of that district they can tell you how they do child find because the state and the federal government do not require it a certain way. Every district does it differently. It is important for the medical professionals with basic concerns for the child to make sure that parents seek out assessments through the school district. The preschool website that will give you the preschool coordinators name, address, phone number and email so that you can go directly through that coordinator so you can say “Mom, this is who you need to call.” The website is [www.schools.utah.gov/sars/servicesinfo/preschool.htm](http://www.schools.utah.gov/sars/servicesinfo/preschool.htm). That will get you directly to the preschool coordinator’s name and address. This will actually take you to those lists of names for whatever district you are in.

Another child find activity we have is from early intervention to the preschool. Early intervention is actually governed by the Health Department and they do birth to 3 years old. They do a medical model so children who are at risk of being developmentally delayed, they can serve. It’s based on a family services model. They go into the home and teach the parents things that they can do for their child and provide related services to the family for that child. They develop an Individual Family Service Plan (IFSP) that will take the children up to 3 years of age. Some of the children do not go until their third birthday - they have their needs met and go out of the model. For those children that we are concerned with, that we believe will need extra help, they are provided with a transition from early intervention into the educational process.

The transition process for students referred from early intervention to education will start from 90 days to 120 days before their third birthday. In Utah the way we do it, there is a transition meeting for the family to understand more of the educational process. The actual assessment doesn’t start there because some of the parents will say: “I don’t think my child needs special education.” But it does give them some ideas of who to contact later should they feel there are needs later. We are also going to tell them about the difference between early interventions, which is a family service model, into the education model.

What happens at the transition meeting, and it's usually 90 days before the child's third birthday, they talk about those things. Then closer to their third birthday, so we can get an accurate assessment of the child's needs, they will be contacted by the educational agency closest to their home so of course it's usually the school district for the assessment to be conducted. When a student is looked at for special identification within the educational system there is one of thirteen categories. Most of them are from the *DSM4*: autism, communication disorders, deaf/blindness, developmentally delayed, emotional disturbance, hearing impaired and deafness, intellectual disabilities, multiple disabilities, orthopedic impairment, other health impairment, specific learning disabilities, traumatic brain injury and visual impairment. Most the students within preschool are rarely classified under the developmentally delayed category. One reason is that some of the parents don't have the medical back up for some of the other classification such as autism, emotional disturbance or other health impairments. They haven't found out those things yet. Most of the children are labeled as developmentally delayed. Here is the qualification that I think will help you as these children come into your office: what has to be in place for a student who is developmentally delayed is that they have to be 1.5 standard deviations below the mean or at 4 below the 7 percentile in 3 areas of domains of development: cognitive development, physical development, emotional, adaptive, communication. Or, they have to be 2.6 standard deviations below the mean in 2 areas of development or 2.5 below the mean or at or below the first percentile in 1 area of development.

If we have a classification and we have the data for another classification such as visual impairment and that's the primary disability, then the child should go with that. What we find is that most parents like the developmental delay category. We are concerned that too many of our preschools may use developmental delay as opposed to finding out or letting the parent know that they think their child has an intellectual disability. So we say that it's a category that can be used but should be used if there is not data to support any of the other areas.

If a child is eligible and meets the criteria and it's sufficient, if we have medical information and it supports one of the other categories, then the medical information is taken into consideration as they look at the educational needs for that student. After the team evaluates and if the team, which includes the parents, finds the child eligible then the individual educational plan is developed. This is one of the differences between early intervention and schooling. We develop an individual educational plan (IEP) verses what early intervention does which is the individual family service plan (IFSP). We work to provide education and find out if the child is qualified, and then they look at the qualification for the categories and see if they need specialized instructions so we work on providing appropriate activities and provide specialized instructions as that student needs to participate in those appropriate activities. That is preschool.

Another big transition that we have, which is important to know about, is transition from preschool into kindergarten and that is left up to the individual school districts as to how they handle that type of transition. It's important for parents to always make sure that they know what that process is. We find a lot of parents coming from early intervention don't want to transition to preschool and we find that a lot of parents don't want to transition from preschool to kindergarten, but it is one of those options that parents need to look at as children get older. Our teachers have as much trouble as the parents do when we move them up from place to place

**Can I ask a question? I just want to clarify that, are you saying that some parents want to hold their child back?**

**Connie Nink:** Yes  
**And some teachers want to do the same?**

**Connie Nink:** Yes.

**And it's just because they really don't want to recognize that this child needs the support they need?**

**Connie Nink:** At our agency what they will say when they want to retain a child back into any particular program is something like: "He's not ready. He's a boy. We could leave him out another year and he will probably do fine." There are just not some districts out there that support retaining the children. We believe it is important to provide the support within the classroom and make sure that the child is progressing with the same-age peers. We work really hard to make sure that children go up every year as they would if they were not labeled as a special education student.

**Being a developmental pediatrician, I agree with that model that children should move forward with their peers and have the support they need to do that. But I often have a patient in the clinic that has been told by their teacher that it would be good to be held back. I'm wondering what is the best way to handle that situation because we know it is not a great thing to getting one message from your doctor and one from your school.**

**Connie Nink:** You are so correct and that is one of the reasons I want to thank everybody for letting me have this opportunity to discuss these things with you because we don't want to pit the medical profession against the education profession and sometimes it's the state office against the teachers. The teachers have the best interests for the child at heart and I know everybody does, and there are some people who truly believe that children should be held back and that will help them. But one of the things is if they are qualified for special education services, special education services in the educational model says they need extra support, they need specialized instruction. It doesn't say where that specialized instruction happen but they need the support and the accommodation of specialized instructions to help them progress as their peers progress. One of the things we tell teachers is that there is research that states that it is never a good idea to retain a student. Some of our districts have provided a transitional kindergarten to make that step a little bit easier so they can have more hands on time with activities to help them progress to the general education. It's not preschool, but a transitional kindergarten gives them more time to work on their needs and gives them different situation and a less pressured situation. Just keeping them in preschool is not going to be helpful and we just have to say that. One of the things I've heard at the state office is of a mother that didn't know there was a concern with her child and took a pre-kindergarten test and the kindergarten teacher which was not special education said "I'm sorry; your child is no way ready to come to school. You should keep him home another year." That is not something that is in the regulations for special education or regular education. There is a pre-kindergarten test that is given to many of our students in different districts. It is not a common test given throughout the state. Every district has its own test. Those tests are to measure where the student is when he comes in. It is the kindergarten core which is the curriculum for kindergarten. It is to measure where they are starting so they can have post results. So to say that the child is not ready to come, he may not be as advanced as some of the children you've just tested and he may need support when he is there, but there is nothing that says that keeping children behind is a good thing to do. However there are exceptions and as soon as we say we shouldn't, we know there are exceptions. If a child is prevented from doing the same curriculum again then that child

would benefit from being retained. How many students are going to do the same things the same way without getting better at it? If there is special education really specifically, we never recommend retaining the child.

I ask every medical physican, nurse or anyone who has a concern about a child know that your districts are actively looking for those students. We even have a special mandate- we even look for children who are homeless and make sure they are developing as they should be. Please look at that website for the information of the person to call so you can get information from them or at least you will know where to send your parents if there is a specific problem.

**This is Kathy Heffron: I am on the website and the preschool coordinator contact doesn't work. It's not highlighted so it doesn't link up to anything.**

Connie Nink: Thank you I will call our USOE (Utah State Office of Education) Webmaster and tell him that it's supposed to be there. Thank you for telling me.

**I have a question, what is your experience of kids falling through the cracks? What kids should we be watching for that aren't being hooked in to developmental preschool who should be?**

**Connie Nink:** I don't think there are a whole lot of students falling through the cracks. It's those students that we don't have a category for, that don't have a lot of experience doing different activities because they are home alone or don't have siblings. It's those children who are sitting at home alone without other siblings to get them excited to do those activities. There are a lot of students that are missing some activities that can just look different by being exposed to other children and what they do at preschool. I think those are the children we miss the most.

**Those kids would be more Head Start referrals, right?**

**Connie Nink:** That is a good place you can refer them to, however you have to be a particular income to get into Head Start. There is only a small percentage that can get in without those qualifications of money. They do have a sliding fee pay scale but some of our parents don't do that. There are good child care centers in places that provide those activities. Even if you notice that a child is a little bit behind, one of the things you can talk to them about is just getting them to go outside and run and move a lot or taking them to the park because we know that gross motor develops before fine motor. If we can get those kids out doing those kinds of things when they are coming to school, then they might be able to be not as far behind as developing everything from the beginning.

**So if I could paraphrase what you are saying, is that you think that it's kids who come into kindergarten who aren't prepared for kindergarten not because they have specific delays but because of lack of exposure.**

**Connie Nink:** I would say that is true

**I've got a question. On the thirteen categories you listed, I sometimes hear parents being advised that if you have a child that makes it into more than one category, to always pick the one that is the most static or permanent because if you pick one that may be more pressing or the child may grow out of you may lose services. What people advise**

**families is that they will get the same services regardless of what category the child is classified in. Is that true?**

**Connie Nink:** That is true. When I first started in this field, there was this feeling that if the child qualified as hearing impaired he would only get hearing services. This is no longer true. With our special education law, one of the things they said was that once children are eligible in one of the 13 categories they walk in the door and the child gets what he needs though access of general curriculum and access to special educational therapists which then becomes related services.

**So it is good to pick the one that is long lasting and permanent.**

**Connie Nink:** That is hard to say, but we have a law that says the primary disability. So the child may be having social/emotional problems but his real problem is autism. If he truly has autism and you have the data for this, then that should be his primary classification. It will not define services.

**Lisa Samson-Fang:** We may have time for one more question, anybody else with a question?

**I have a question. This is Kathy again. Is Preschool only the typical school year or is it year round.**

**Connie Nink:** It is just the school year. We do have extended school year services only for children who might regress on what they have been doing more than they can recoup in the same amount of time. It's very specific and it's just to retain skills. It's not to benefit from extra instruction.

**Kathy: If the family feels they need that, would it be included in the IFSP, and is it a team decision?**

**Connie Nink:** It is a team decision and it's based on data. So if a family feels the child needs service, then you are making sure the data is being collected to make sure they do need that service.

**Lisa Samson-Fang:** It's 1:00. I think we have to call it to an end. Is there a way people can contact you if they have questions?

**Connie Nink:** Here is my email. [Connie.nink@schools.utah.gov](mailto:Connie.nink@schools.utah.gov)

**Lisa Samson-Fang:** Thank you Connie. Barbara when is the date of our next call?

**Barbara Ward:** Our next call is June 26<sup>th</sup>. I will send out the website and Connie's email. I will also send out a link on our Medical Home Portal that you can download a form that allows the medical home to express their concerns to the school system.

In attendance: Barbara Ward, Connie Nink, Al Romeo, Budge Clinic, Clinic 6 U of U, South Main, IHC Sandy, Dinosaurland Vernal, UVP North University, Montezuma Creek, Redrock, Kathy Hall, Jeff Schmidt, Wendy Hobson