

University of Kentucky Human Development Institute (HDI)
University Center for Excellence in Developmental Disabilities
Annual Report: July 1, 2010 – June 30, 2011

This annual report of progress to the Administration on Developmental Disabilities on the activities of the Human Development Institute (HDI)-University Center for Excellence (HDI) at the University of Kentucky summarizes progress toward the goals of the third year of the current five-year plan (2008-2013), including summary data for the period of July 1, 2010 through June 30, 2011. It provides information on progress made in achieving the projected goals of the Institute, including a description of the extent to which goals were achieved and a description of the strategies that contributed to achieving those goals. To the extent goals were *not* achieved, we also describe factors that impeded that achievement.

This report describes our goals and activities across each of the core functions (Preservice Training; Community Education and Technical Assistance; Research; and Information Dissemination), especially in reference to how our activities have addressed consumer satisfaction with the advocacy, capacity building, and systemic change activities initiated by HDI; the extent to which HDI's advocacy, capacity building, and systemic change activities have provided results through improvements; and the extent to which collaboration has been achieved in the areas of advocacy, capacity building, and systemic change.

A key highlight of this past year was that HDI core activities reached 39,489 individuals. Included in this total were 17,153 professionals and paraprofessionals; 3,726 family members and caregivers; 4,726 individuals with disabilities (including 326 children with special health care needs); 2,180 policymakers and/or legislators; 1,137 students, 10,241 members of the general public, and 326 participants identified as "other".

The Human Development Institute (HDI) is the *University Center for Excellence in Developmental Disabilities Education, Service, and Research* for Kentucky, and operates as a major, university-wide unit of the University of Kentucky, administered through the Office of the Vice President for Research. Established in the late sixties (1969), HDI had its beginnings in UK's Department of Pediatrics, and was known as the Center for the Handicapped. Now, over 40 years later, the Institute generates approximately \$20,000,000 in external funding per year, with nearly 200 employees, and its work impacts every corner of the state, and programs across over 20 other states as well.

The Institute continues to strengthen its relationships with families and consumers, as well as the direct role that families and consumers play in the guidance and evaluation of the Institute. The primary example of this is the prominence of our *Consumer Advisory Council* within the work of our UCEDD. During this past year, HDI's Consumer Advisory Council (CAC) was instrumental in evaluating our progress toward the objectives of our new Five Year Plan. Our Consumer Advisory Council met four times over the course of the past year (August 2010; December 2010; March 2011; and June 2011). Our August 2010 was a full one-day meeting with the KY Council for Developmental Disabilities and the KY Division of Protection Advocacy.

At the national level, our CAC members are active as well. For example, Mr. Shannon Caldwell, our CAC Liaison, has been involved in assisting AUCD's Council on Community Advocacy in reformulating its pivotal role within AUCD. At the state level, our CAC has also continued to work with our *KY Supported Employment Training Project* in developing a website especially for self-advocates and families members specific to supported employment. Perhaps

most importantly, our CAC has been instrumental in the development of an interactive, web-based training module for transportation providers (developed in collaboration with LexTran of Lexington, our city's public transit authority), with CAC members actively participating as writer and "actors" within the scenarios presented within the module. Finally, our HDI CAC Liaison, Mr. Shannon Caldwell serves, along with the HDI Executive Director, on the *KY Commission for Long-term Supports for Individuals with Intellectual and Developmental Disabilities*, and Mr. Caldwell was recently appointed by the Governor to the *KY State Independent Living Council* as well.

EXTENT TO WHICH PROJECT GOALS HAVE BEEN ACHIEVED, STRATEGIES THAT HAVE CONTRIBUTED TO GOAL ACHIEVEMENT, AND FACTORS IMPEDING GOAL ACHIEVEMENT

Goal 1: Interdisciplinary Pre-Service Training. *In collaboration with consumers and families, to provide interdisciplinary pre-service training to promote the independence, productivity, and inclusion of people with disabilities and their families throughout life.*

Progress on Objectives under Goal 1:

Objective 1.1: Coordinate developmental rotations for 15 pediatric & related area residents per year

Our participation with setting up the month-long B & D rotation schedule of Clinics and community agency visits, as well as Mentor Family-Resident matches for the Pediatric Residents ended this past fiscal year, beginning in July 2010. HDI's role in infusing community experiences was discontinued primarily due to administrative emphasis on clinical experiences and improving the Residents' Board scores throughout all of the divisions within the Department of Pediatrics. Though we were unable to meet this Core Objective for the current year, we are

currently negotiating a renewed role within the Department of Pediatrics. It is HDI's hope to reinstitute at least the component of Mentor Family-Resident within the upcoming academic year.

During this past year, in a collaborative effort between HDI and the UK Department of Psychiatry, HDI coordinated community placements for two (2) Child & Adolescent Psychiatric Residents one Wednesday morning each month during the fall semester. These community shadowing and orientation visits were organized with agencies and institutions serving those with developmental disabilities. These Psych Residents had the opportunity to visit 5 agencies. Often, two or three Medical Students accompanied the Psychiatric Residents during these agency visits. The Department of Psychiatry gathered positive feedback from their Residents, and concluded that their Residents' gained positive benefits of improved insights into developmental disabilities, became aware of available community services, and gained an increased understanding of the inter-disciplinary team and array of services available to families raising children who have developmental disabilities. U.K. Psychiatry has agreed to work with HDI in a new learning opportunity for the Psych residents for this coming year. We will be coordinating a "Mentor Family Panel" presentation during Psychiatry's 2011-2012 In-service Schedule. This family panel will discuss the psychosocial and community inclusion aspects of raising and advocating for a child with a disability.

Objective 1.2: Expand family/individual mentorships to include medical students and other disciplines/colleges (40 mentorships per yr)

Though our work with the Department of Pediatrics was limited this year (see above), our Mentor Family – Student matches continued to be made with our HDI Graduate Certificate on-line and on-campus students during their HDI 603 practicum class. We had 14 of our Graduate

Students in the Developmental Disability Certificate class who met on 2 occasions with their mentor family during this year and then wrote a “Family Mentorship Reflection Paper” revealing the insights they had gained. As noted in their reflection papers, the Family Mentor-Trainee match has provided the Graduate Certificate students one of the most powerful aspects of person-centered learning.

Objective 1.3: Increase collaborative pre-service training through at least 12 HDI co-taught Education/ Developmental Disabilities courses per year.

During the past year, HDI faculty and staff taught the following graduate or graduate level courses at the University of Kentucky: 16 courses within the UK Department of Special Education and Rehabilitation Counseling, and 5 courses as part of our Certificate in Developmental Disabilities (a total of 21 graduate level courses directly related to the educational and societal inclusion of individuals with disabilities). In addition, we also taught a Freshman Discovery Class in disability awareness and three courses within the UK College of Social Work (a total of 25 University of Kentucky courses with HDI faculty and staff as lead instructors). The Discovery Seminar Program class was entitled *Those of us Disabled: Disability and Society*. Jeff Bradford was the instructor for this Fall 2010 Semester class of 26 freshman students. This class explored the roles of people in society and examined the interaction of disability, health, employment, sexuality, spirituality, culture, technology, policy and quality of life.

In other HDI-taught courses, Dr. Harold Kleinert, HDI Executive Director, taught EDS 600 – *A Survey of Special Education* – to 11 students in the Fall 2010 Semester, 15 students in the 2011 Spring Semester, and 7 students in the Summer semester (June 2011). The Summer 2011 class was taught on campus and via compressed video to 5 sites in southeastern, central and

northern KY. Dr. Meada Hall taught *EDS 570 Emotional and Behavioral Disabilities* to 8 students in Summer II 2010; *EDS 547 Collaboration and Inclusion in School and Community Settings* to 19 students in Fall 2010; *EDS 558 Special Education for Secondary Education* to 52 students in Fall 2010; *EDS 548 Curriculum Design for Students with Moderate and Severe Disabilities Practicum Supervision* to 6 students in Fall 2010; and Practicum Supervision for *EDS 549 Methods for Students with Moderate and Severe Disabilities* and *EDS 632 Advanced Practicum in Moderate and Severe Disabilities* to 9 students in Spring 2011.

Dr. Kathy Sheppard-Jones taught seven courses for the Department of Special Education and Rehabilitation Counseling. The courses were: *Rehabilitation Supported Employment, Transition and Independent Living* (RC558) for 60 students in Summer 2010, *Practicum* (RC710) for 12 students in Summer 2010, *Internship* (RC720) for 12 students in Fall 2010, *Human Growth, Disability and Development* (RC525) for 15 students in Fall 2010, *Rehabilitation Research* (RC750) for 15 students in Fall 2010, *Rehabilitation Research* (RC750) for 38 students in Spring 2011, and *Human Growth, Disability and Development* (RC525) for 12 students in Spring 2011,.

In addition, Dr. Sheppard-Jones taught five HDI courses during 2010-2011 academic year for our *Graduate Certificate in Developmental Disabilities*; those courses were: HDI 600 - *Interdisciplinary Approaches to the Needs of Persons with Developmental Disabilities and Special Health Care Needs* (12 students on campus, 5 students distance learning); HDI 602 - *Interdisciplinary Supports* (12 students on campus, 5 students distance learning); HDI 603 - *Interdisciplinary Supports Practicum* (12 students); HDI 604 *Leadership Seminar in Developmental Disabilities* (13 students on campus, 3 students distance learning), and; HDI 605 *Interdisciplinary Leadership Project* (1 student).

Moreover, Ms. Karen Cinnamond taught *Social Work 220 History of Social Welfare* to 17 students and *Social Work 650 Introduction to Social Work Research* to 10 students in the Fall and *Social Work 400 Community and Program Development* to 18 students in the Spring. In addition, Barb Locker collaborated with the Kentucky Community and Technical Colleges System (KCTCS) to provide the following courses (a total of eight in all) as part of the Certificate for Paraeducators, developed through the Paraeducator Project: *ED 101 - Orientation to Education (2 sections)* (Fall 2010 - 30 students, and Spring 2011 - 30 students); *ED 104 - Introduction to Behavior Management* (Fall 2010 - 20 students, and Spring 2011 - 20 students); and *ED 201 - Introduction to American Education* (Fall 2010 - 20 students, and Spring 2011 - 20 students). Dr. Elizabeth Harrison also served as faculty for *ED 103 – Introduction to Special Education* for the Fall 2010 (21 students) and Spring 2011 semester (18 students).

Thus, an overall total of 35 university courses were taught by HDI faculty and staff during 2010-2011, including 25 courses taught at the University of Kentucky and 10 undergraduate courses taught at Bluegrass Community and Technical College.

Objective 1.4: Embed individually designed leadership projects into HDI's Graduate Certificate for at least 10 students per year

During this reporting period, HDI recruited its tenth class in its Graduate Certificate in Developmental Disabilities (an eleven hour, Graduate-level course of study). Twelve on-campus students participated in the cycle of courses this year, with all twelve students receiving funding support from the Administration on Developmental Disabilities through our Core grant. Student disciplines included: School Psychology, Rehabilitation Counseling, Social Work, Public Administration, and Counseling Psychology. Faculty disciplines included: Special Education, Communication Disorders, Pediatrics, Social Work, Family Studies, Educational Psychology,

Aging/ Gerontology, Rehabilitation Counseling, and Public Health. Personnel from numerous state agencies also participated in the instruction: KY Protection & Advocacy, KY Council on Developmental Disabilities, and the Kentucky Office of Vocational Rehabilitation. In addition, a parent of a child with significant, multiple disabilities continues to serve on as Affiliate Faculty. Numerous other parents, family members, and people with disabilities were involved in presentations throughout the year. The HDI Consumer Advisory Council continues to provide input regarding ways to enhance and promote the Certificate Program.

Graduate certificate students completed a variety of projects in research, leadership, and family mentorships. Examples of research projects include: 1) *Health and wellness for youth with developmental disabilities*; 2) *Depression in individuals with intellectual disabilities: A meta-analysis*; 3) *Understanding loneliness for youth with intellectual disabilities*; 4) *Postsecondary education and students with intellectual disabilities: Knowledge and attitudes of vocational rehabilitation counselors*; 5) *Postsecondary education and self-esteem of students with intellectual disabilities*; and 6) *Outcomes of workshop series for siblings of individuals with developmental disabilities*.

In their final evaluations of the DD Certificate class, all eleven (100%) of the responding students gave the highest possible ratings (a 4 or 5 or “agree” or “strongly agree”) to each of the following questions: 1) “I learned to respect viewpoints different from my own”; 2) “I gained an understanding of concepts and principles in this field”; 3) “The courses stimulated me to learn further in the area”; 4) “Grading was fair and consistent”; 5) “Rate the overall quality of teaching by the primary instructor in the courses”; 6) “Rate the overall quality of teaching by the other instructors in the courses”; 7) “Rate the overall value of the seminar coursework”, and 8) “Rate the overall value of this Certificate.”

Objective 1.5: Develop/implement HDI *online* Developmental Disabilities Leadership Certificate for at least 8 students per year.

Three HDI courses in the 2010-2011 academic year were offered via distance learning. HDI 600 - *Interdisciplinary Approaches to the Needs of Persons with Developmental Disabilities and Special Health Care Needs* included 5 students via distance learning; HDI 602 - *Interdisciplinary Supports* included 5 students distance learning; HDI 603 - *Interdisciplinary Supports Practicum* included 1 student via distance learning; HDI 604 - *Leadership Seminar in Developmental Disabilities* included 3 students distance learning, and; HDI 605 - *Interdisciplinary Leadership Project* included 1 distance learning student. Marketing plans have been developed to expand the visibility of the online Certificate nationally. Research stipends will also be awarded to distance learning students who propose research projects which include a scholarly manuscript to add to the literature within the field of developmental disabilities.

Objective 1.6: Provide interdisciplinary training to at least 10 research assistants per year.

During this past year, 11 students worked as Research Assistants (RAs). These Long-Term Trainees included 3 HDI Research Assistants who participated also in the HDI Graduate Certificate program. Of our RAs, a total of 4 disciplines were represented, including 1 combined Masters in Counseling and School Psychology, 1 PhD and 5 Masters/Ed. S. (6 total) in School Psychology, 1 Masters in Counseling Psychology, 1 Masters in Communication Disorders, and 2 in Masters in Rehabilitation Counseling.

Objective 1.7: Provide training in developmental disabilities to 100 nursing, medical, physician assistant, and dental students per year.

During this past year, the *Preservice Health Training (PHT) Project*, funded by the Kentucky Council on Developmental Disabilities, continued to offer interactive training modules

to student dentists (approximately 50 third year dental students participated). Also at UK, approximately 90 medical students participating in the PHT medical modules.

Objective 1.8: Provide training in rehabilitation technology to 14 physical and rehabilitation medicine residents

Another HDI preservice training project is the *Kentucky Resident Training Program in Rehabilitation Technology*. The primary purpose of this project is to provide knowledge, skills and opportunities for application of rehabilitation technology (RT) for residents in Physical Medicine and Rehabilitation. This training program emphasizes: (1) the role played by the physiatrist on the interdisciplinary RT team, (2) the importance of early clinical patient exposure to RT, (3) the process for identification and assessment of RT-related needs, (4) procedures for planning, coordinating and evaluating the application of RT services in both clinical and post-discharge settings, and, (4) direct experience with the RT service delivery systems in vocational and rural/agricultural rehabilitation. The program consists of two primary components: (1) a series of 24 accessible, web-based training modules on RT with accompanying on-line assessment and moderated discussion board for years 2 and 3 of residency training, and, (2) a month-long rotation in year 3 of the residency program which provides an opportunity for active participation in the planning and delivery of RT services in vocational, rural/agricultural and other community settings. The participants in this training program were second, third and fourth year residents in the Department of Physical Medicine and Rehabilitation at the University of Kentucky College of Medicine in Lexington, Kentucky and their counterparts at the University of Louisville. At the completion of the two-year training program each resident will sit for and attain the *Assistive Technology Practitioner (ATP) Certification* offered through the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). The

federal grant from the Rehabilitation Services Administration (RSA) ended September 30, 2010. HDI continued to provide the online modules to residents at the University of Kentucky and the University of Louisville through June 2011. A total of thirty medical residents have been enrolled in the on-line course and each completed a portion of the twenty-four modules commensurate with their year of residency.

Status of Objectives Under Goal 1:

Overall during this past fiscal year, HDI provided instruction and core services to 1,137 students, and as the preceding narrative indicates, carried out a diverse range of preservice activities across all levels of university preparation. The breadth of our training activities is most noted by the breadth of student disciplines that participated in our training activities this year including: Disability Studies – 27 students; Early Childhood -33 students; General Education – 142 students; Special Education – 134 students; Liberal Arts – 26 students; Medicine (General) – 192 students; Dentistry – 50 students; Occupational Therapy – 36 students; Psychology – 44 students; Rehabilitation Counseling – 247 students; Social Work – 167 students; Communication Disorders – 17 students; and Other Disciplines – 20 students. For Year III, all of the objectives under Goal 1 have been achieved, exceeded or are clearly in progress, with the exception of Objective 1.1. For that Objective, we are working closely with units within the College of Medicine to increase training opportunities for medical students and resident. Strategies for achieving the objectives of Goal 1 have derived from: 1) increasing collaboration with departments and colleges within the university; 2) increasing collaboration with other universities or professional schools in the Commonwealth; and most importantly, involving self-advocates and families in all aspects of our Preservice Training Program.

Goal 2: Community Services – Continuing Education. *In collaboration with consumers and families, to provide continuing education programs that promote the independence, productivity, and inclusion of people with disabilities and their families throughout life.*

Progress On Objectives under Goal 2:

Objective 2.1 Educate at least 10 community, civic, and/or faith-based organizations per year regarding inclusion/full participation

To address Objective 2.1, educating community and civic organizations about inclusion, we have focused our efforts in this regard around *both* school and community inclusion. On June 14-15, HDI co-sponsored the 8th *Annual Institute in Assistive Technology and Transition* with the Kentucky Office of Vocational Rehabilitation and Kentucky AgrAbility at the Good Barn on the University of Kentucky campus in Lexington, Kentucky. One hundred thirty-two (132) rehabilitation technologists, vocational rehabilitation counselors, occupational and physical therapists, extension agents, consumers, family members, school staff and graduate students attended the series of twelve workshops on topics ranging from technology and farming, technology and transition to higher education to consumer panels, community rehabilitation programs, and youth advocacy organizations.

Secondly, a key issue for inclusion within Kentucky schools is appropriate access to general education settings and to the general curriculum for students who are at the *pre-symbolic* level of communication (those students with the most significant disabilities who have not yet developed a formal communication system). To address the needs of these students, the *KY SPDG Low Incidence Communication Initiative* has developed training materials for teachers addressing the impact of student communication level and access to the general curriculum, conducted three workshops for staff and families of students with significant communication

needs in six districts, and most importantly conducted bi-weekly conference calls with participating school teams to enable their students with the most significant disabilities to establish communicative competence. To date, this initiative has trained approximately 200 school staff representing 27 student teams. Data from the weekly coaching calls significant positive changes in:

- Student communication, behavior, and participation in academic activities
- Teacher/Speech/Language Pathologist knowledge and skills
- Team knowledge and skills and
- Parent knowledge and skills.

Most significantly, team members have indicated that not only have the targeted students, in each case, learned more efficient and sophisticated modes of communication, the team itself has learned to generalize their own skills to other students whom they serve. As a final dissemination activity under this initiative, we provided a three-hour training for 120 Speech-language pathologists at the Kentucky Speech and Hearing Association (KHSAs) Annual Conference in February 2011 on addressing the communication needs of students with the most significant disabilities.

Objective 2.2 Expand community education to 100 health care professionals per year in serving persons with developmental disabilities and their families through such vehicles as on-line CME courses and conference presentations.

To address Objective 2.2, we have converted our Preservice Health Training modules to a FLASH-based application that will enable them to be readily accessed, with maximum user control and flexibility. Our newest version of our web-based Women's Health Module was approved for CME credits for nurses/nurse practitioners and was made available nationally

through the University of Kentucky's Continuing Medical Education website. This past year, a total of 48 physician assistants received CME credits by enrolling in our Virtual Patient Developmental Disability Modules for Physician Assistants (Julia Module on well adolescent care for a young woman with Down syndrome) and 38 physician assistants received credit for our Olivia Module (follow-along visit for a toddler born with extreme prematurity and receiving early intervention services), offered through the American Academy of Physician Assistants. In total, our Preservice Health Training Modules received a total of 66,921 page views during this past fiscal year. Analyzing these data into actual sessions, we find that the three most used modules or module series were the Women's Health Module with 3,956 actual sessions this past year, the Physician Assistant Modules with 1,443 sessions, and the Dental Modules with 1,082 sessions.

Finally, we presented a poster session *Unified Decision Making: Informed Decision Making with Down Syndrome Diagnosis* to the Annual Conference of the Council on Resident Education in Obstetrics and Gynecology (CREOG), San Antonio, TX in March of 2011, in collaboration with Down syndrome advocate and attorney Mark Leach of Louisville, as a follow-up to our resident physician education *Brighter Tomorrows* project.

Objective 2.3: Collaborate with at least one state and two local health wellness and prevention initiatives for all citizens to ensure the active participation of individuals with disabilities in these broader-based programs.

Objective 2.3 is identified for implementation for Years II through V under our Five Year Work Plan. We continued work on this Objective during this current year (Year III) through several important activities. On March 31, Medicaid waiver service providers statewide participated in an HDI-sponsored health and wellness videoconference, "Getting the Memo", to

discuss ways to promote health and fitness programs within provider agencies. This was done in collaboration with the KY Division of Developmental and Intellectual Disabilities. Trainers from the RRTC on Aging and Developmental Disabilities (University of Illinois at Chicago UCEDD) and NorthPointe, IL Resources led the video conference. The following day, a six hour HDI-sponsored training was conducted by the same trainers with 25 interdisciplinary participants representing the University of Kentucky's College of Health Sciences, Department of Rehabilitation Sciences; UK College of Education Departments of Kinesiology & Health Promotion; Department of Educational, School, and Counseling Psychology; and Department of Nutrition Sciences; Independence Place, Inc.; the YMCA of Central Kentucky; the KY Division of Developmental and Intellectual Disabilities; ResCare; Independent Opportunities; Pathfinders for Independent Living; the KY Office of Vocational Rehabilitation, Kentucky's Protection and Advocacy Division; KY Council on Developmental Disabilities; and HDI.

In addition, a health and wellness pilot program for Lexington youth with developmental disabilities was conducted in May and June. These activities were completed by a graduate student in our Graduate Certificate, as part of Certificate requirements under the direction of our Training Director, Dr. Kathy Sheppard-Jones.

Objective 2.4: Provide training to 200 early care/education staff and family members per year to support providers in meeting needs of children with disabilities

Several HDI projects have focused on the achievement of Objective 2.4. In Early Childhood Education, *the Training into Practice Project (TIPP)* has been well received by its target audiences: early childhood trainers and early care and education program directors. The focus of TIPP is to carry out professional development activities of the KY KIDS NOW Early Childhood Initiative. The major components include providing a training-of-trainers seminar,

which is required prior to applying for the KY Early Childhood Trainer's Credential; providing additional training required for renewing Trainer Credentials; providing training for early care and education directors and staff related to the KIDS NOW quality initiatives (e.g., implementing *KY's Continuous Assessment Guide*); and providing required orientation training to new child care staff in a web-based format. A component of TIPP since its inception has been evaluation of all project trainings conducted, including both evaluation at the end of training sessions and *follow-up* evaluations. For example, during the past year TIPP conducted five regional trainings for early care and education personnel to train participants in recommended methods for screening infants and young children, as included in *KY's Early Childhood Continuous Assessment Guide*, and to give an overview of the characteristics of eight screening tools that meet the criteria set by the state. Results from 37 participants who completed the question about overall satisfaction indicated that 94.6% (N = 35) were either highly satisfied or satisfied with the training event. TIPP also coordinates the *Kentucky Trainers Institute* for early care and education trainers each spring. Of the 49 participants who completed the satisfaction question on the written evaluation for the one and one-half day Institute held during June 2011, 93.8% were either highly satisfied or satisfied with the Institute overall.

Moreover, TIPP staff provided a 15-hour training seminar, *Fundamentals of Effective Training (FET)*, for early childhood trainers on a quarterly basis during the past fiscal year. The seminar covered criteria for effective training, adult learning theory and learning styles, training design, evaluation of training and follow-up, and organization skills. Participants rated their *application* of the skills covered in the seminar prior to attending *FET* and again 6 months after attending the seminar. Sample results from the October 2010 six-month follow-up survey are reported below, which illustrate the actual impact of training. Since attending *FET*, most

participants have *applied* the following concepts/skills to their own training sessions *to a high degree*: 50% now consider how adults process information when planning a training session; 50% have improved the way they conduct a needs assessment prior to the training session; 67% now evaluate the degree of implementation of new skills by the participants in their own workplaces (compared to 0% before attending *FET*), and 67% now evaluate the impact of these behavior changes by their participating staff on the children who attend their programs (compared to 0% before attending *FET*).

Objective 2.5: Provide statewide training opportunities to 100 local school systems and adult service agencies per year in improving transition outcomes for youth with disabilities, including Self-advocacy, Student-Directed IEPs, alternatives to guardianship.

Several projects at HDI are focused on Objective 2.5. First, HDI is providing training and assistance to approximately 68 school districts and 58 vocational rehabilitation counselors throughout Kentucky in the implementation of the *Community Based Work Transition Project (CBWTP)*. This project has a primary focus on improved employment outcomes for youth as they move through their last two years of school. Approximately 900 students began the program for the 2010-2011 school year. This past year, personnel from CBWTP developed, implemented, and evaluated three trainings across the state to assist districts in implementing the program. New training materials and Power Points were developed for participating districts to: (a) evaluate students' individual strengths, (b) use the results of that information to write monthly reports and the Career Assessment Reports, and (c) develop job analyses to meet the students' strengths and employers' needs. In addition, modules were developed to help school districts link the information from the Career Assessment Report and monthly reports to the student's Individualized Education Program (IEP) and Individual Learning Plan (ILP). Staff participated in

the Kentucky Benefits Information Network training and will be linking Work Incentives Seminar Events (WISE) to the student employment coordinators across the state to help students and their families understand the benefits of working and while receiving SSI/SSDI.

To ensure that school districts were implementing the CBWTP's policies and procedures correctly and effectively, CBWTP staff conducted 20 random on site school visits. Example of questions consisted of: (a) Does the Job Coach working with students individually? (b) Does Job Coach attend IEP meetings and give reports on status of students? (c) Are CBWTP services noted on the IEP? And (d) Is the Job Coach assigned other duties to perform at the school? If so, what other duties? Results from the audits indicated that the school districts were implementing the CBWTP correctly. The only concern was in the area of failing to document the CBWTP on students' IEPs and ILPs. Based on this, the CBWTP staff will be adding how to document the CBWTP on the IEP to the training sessions for 2011-12 school year.

The CBWTP Director, Dr. Meada Hall, is working collaboratively with the *Post-Secondary Inclusion Partnership* (see Objective 3.4) to help provide additional options for youth with disabilities in transition and with the Kentucky Post-school Outcome projects to align project data with KY's overall post-school outcomes data for students with disabilities

Finally, CBWTP staff presented at several conferences and trainings, including one national presentation at the *American Council on Rural Special Education (ARCES)* annual conference. At this conference the CBWTP was presented with the *2011 Exemplary Rural Special Education Program Award in Vocational Training and Transition*.

Objective 2.6: Provide training to at least 5,000 practitioners per year on inclusive alternate assessments, and access to the general curriculum to enable students to succeed.

To insure that policy makers and practitioners have access to the technical/content issues that must be addressed in large-scale alternate assessments for students with disabilities, HDI staff, through the *Inclusive Large Scale Standards and Assessment Project (ILSSA)*, have made numerous state, national and international presentations during the past year at such conferences as *the International TASH Conference, the Kentucky ARC/TASH Conference, the Pacific Assessment Consortium Summer Institute, Council for Exceptional Children, and the Council of Chief State School Officers (CCSSO) Conference*.

We also provide online training to teachers in the individual states that we serve. For example, in Kentucky, *ILSSA* staff trained approximately 1,000 participants about administration of the NCLB alternate assessments via the online modules. All of the New Jersey and Kentucky alternate assessment teacher trainings were delivered electronically. In *Pennsylvania*, two *ILSSA* staff led 2- day workshops with approximately 100 participants to learn more about access to the general curriculum for students with the most significant cognitive disabilities. In the *Pacific Islands*, as part of the *Pacific Assessment Consortium*, *ILSSA* staff developed and facilitated a week-long institute in the summer of 2010 (July 2010) on communication and accessing the general curriculum to 58 participants. Over this past year, *ILSSA* staff provided training to over 8,000 teachers, administrators, and other practitioners in person and through electronic means.

Objective 2.7: Provide training to 40 transportation personnel per year in the needs of individuals with developmental disabilities, (e.g., individuals who use augmentative systems, sighted guides).

During the current year, LexTran's Risk Management Director invited HDI's Pre-Service Coordinator to organize a consumer-oriented training segment on both ADA issues and disability awareness for all new LexTran Transit Drivers' Training Classes. Though LexTran is a local

Lexington KY transit authority, these consumer-lead classes, utilizing our CAC public transit video segments, present a pilot for other consumer-advocacy groups and transit companies across KY. We have taught 3 New Driver classes-to-date with a total of 24 new drivers and field trainers attending the classes.

Face-to-face interactive training has been very helpful, and it often seems to provide a first-time opportunity that some new drivers have actually engaged a person with a significant disability in candid discussion about their disability. A driver in the most recent class commented, “.....I really appreciate you all being here. I can say that I felt that I know some about disability.....but I really never considered some of these aspects that you brought out today. I really appreciate your comments and what you had to share with us as I really had never thought about some of the ways disability affects people and how important my response is....”

As part of the Consumer Advisory Committee continued involvement in transportation needs, HDI proceeded in this last quarter, to develop a web-based Training Module on “Public Transit Driver ADA and Disability Awareness.” With LexTran agreeing to partner in this potentially statewide driver ADA training tool, their administration provided both a transit bus and two of their drivers for the new filming segments. This module has key learning points, video segments, multiple-choice questions, as well as talking points by drivers and consumers in online interviews, with a printable certificate of completion for those who complete the module successfully. As it will be web-based link on HDI’s web-site, it will be able to be updated as ADA public transit guidelines are changed. The module can be accessed directly at

www.ADAdrivers.org

The module is designed as an ADA-competency training tool for Transit Companies as an “annual driver review”. It is “universal” in its design, so it could be utilized with other

UCEDD's who work with transit drivers across the country. It also provides any Transit company with a universal and free means of enhancing their annual driver-training regarding disability etiquette and ADA guidelines.

Status of Objectives Under Goal 2:

With the exception of Objective 2.3 "Collaborate with at least one state and two local health wellness and prevention initiatives for all citizens to ensure the active participation of individuals with disabilities in these broader-based programs", all objectives within Goal 2 have either been met for Year III or are clearly in progress. While we certainly are addressing Objective 2.3, and have developed both statewide and regional health initiatives, we need to complete the second portion of this objective – partnering with local health and wellness agencies. We will apply for Year III carry-over funds to address Objective 2.3 in this next year (Year IV of our Five-Year Plan).

Goal 3: Community Services – Community Collaboration. *In collaboration with consumers and families, to provide consultation and technical assistance to national, state and local agencies, providers, and advocacy groups that contribute to improvements in practice and outcomes in the lives of persons with disabilities and their families.*

Progress on Objectives under Goal 3:

Objective 3.1: Provide technical assistance to at least 10 local community recreation programs/agencies per year to increase the availability and accessibility of recreational opportunities, and to increase peer support in these activities.

Under Objective 3.1, HDI worked this past year to better understand needs of recreation organizations around the state. An online needs assessment was launched in February, 2011, with over 40 recreation organizations responding. HDI also worked closely with the Ashland School

of Ballet, the city of Hopkinsville, and the Music Institute of Lexington to provide inclusive projects that impacted over 150 Kentuckians from early childhood across the lifespan.

Kentuckians participated in inclusive ballet, music education, and outdoor recreation (including shuffleboard and horseshoes). Additionally, eight local YMCAs received resource materials from HDI including ADA requirements for physical accessibility, recreation directory, and disability resource manual. HDI also hosted a seminar on April 8, “Recreating Ourselves Through Recreation”, which was broadcast to organizations around the state.

Objective 3.2: Provide technical assistance to at least 50 providers and 20 employers/businesses per year to increase employment options for persons with the most severe disabilities, including adults who are currently receiving KY Supports for Community Living/Michelle P. waiver services, and adults currently receiving services in segregated day programs.

There are a broad range of HDI projects that address Objective 3.2, centered on transition from high school to community for youth with disabilities. The *Kentucky Post School Outcome Center (KyPSO)* is responsible for overseeing the Kentucky Department of Education/Division of Exceptional Children Services (KDE/DECS) study of youth postschool outcomes and KDE’s study of parental involvement in special education. Now in its fifth year, the KyPSO has made tremendous progress over the past fiscal year, and collects census data on all former students who had an IEP one year after school exit in the state. These key improvements are highlighted, below.

- *Improvement of our on-line data collection system* ~ Both of the data collection instruments utilized by the Center have been web-based for five years. This year we were able to identify all eligible students with whom to conduct follow-up interviews. This should avoid confusion, greatly improve our response rate, and aid in our ability to

research malleable factors for successful transition outcomes. The system also now allows personnel from the Local Education Agencies (LEA), those collecting the data, to access their entered data via log-in credentials. For instance, a teacher who has entered 20 records can go in and see all the records that she personally entered while the Director of Special Education for that district could go in and see the records entered by all of her employees. Likewise, the State Director of Special Education can view *all data* entered from across the state. In addition, the new system allows users to save information if an interview cannot be completed in one session. This is a huge improvement as, prior to this system, interviewers had to complete the interview in one session or they would lose all data.

- *Moved from a random sample to census for Youth One Year Out data collection* ~ Last year's move to a census of *all* former students that exited with IEPs the previous year has allowed us to build a larger database and begin to look at longitudinal factors influencing transition. Now in our second year, we will additionally be able to merge our data with that of other projects such as HDI's *Community Based Work Transition Program* and the data from the *National Alternate Assessment Center* (see below under Objective 4.1).
- *Enhanced professional development (PD)* ~ The true change we hope to realize from the KyPSO are better post-school outcomes for youth. This goal can only be possible when secondary education professionals know what to do. Therefore, we approached professional development (PD) along four paths: 1) PD to personnel at the local level regarding how to input data, 2) PD to the personnel at the local level regarding how to interview former students, 3) PD for personnel regarding what their data mean, and 4) PD for personnel regarding how to utilize the data.

For paths 1 – 2 we utilized webinar technology provide PD to local and regional educational professionals through a series of webinars. In conjunction with large group PD, we also utilized the webinar format to provide real-time technical assistance. A KISTS (School Exit Interview) and YOYO (One Year Later Survey) Interviewer listserv was established to allow for instant communication with those who received training via the webinars. A “YOYO Definitions” (post-school outcomes) resource document was developed and placed on our web-site in addition to web links to already existing resources to help interviewers.

For Professional Development paths 3 and 4, the KyPSO is collaborating with the National Post School Outcome Center (NPSOC) to develop and implement a needs assessment through which districts can identify areas in which their transition services might be improved. KyPSO also continues to adapt the NPSO Data Use Toolkit for use by districts and regions as they complete their annual state monitoring process.

This is also the third year in which KyPSO has overseen the dissemination, analysis, and reporting of the KY Department of Education Study of Parental Involvement. A random sample of school districts is selected and parents from within these districts receive the paper survey via standard mail. Parents are also encouraged to complete the survey on-line via a link of the KDE web-site. *The survey gauges how welcomed and involved parents feel in the special education of their son/daughter.* The relationships between parent involvement and subsequent post-school outcomes are interrelated. In previous years we have received well over 1,000 responses to this survey, and are currently on track to do so again this year. As the instrument and measurement strategies for Indicator 8 are adapted by the US Office of Special Education Programs (OSEP), we are in an excellent position to integrate their proposed changes with our interests in secondary transition.

A second major HDI project addressing Objective 3.2 is the *Kentucky Supported Employment Training Project (KSETP)*. In conjunction with the KY Office of Vocational Rehabilitation Supported Employment Branch, the KSETP continues to provide six days of required training for personnel with Kentucky OVR Supported Employment vendors. These seminars offer the following primary content areas: (a) history, values and principles that underlie supported employment, (b) person centered job selection, (c) job development, (d) job analysis, and (e) impact of wages on benefits. Examples of optional and/or advanced events include: (a) “Systematic Instruction”, (b) “A Marc Morning: The Relevance of Marc Gold's Insights for Our Work Today”, and (c) “Understanding Mental Illness, Recovery, and Supported Employment.” Project personnel provide follow-up technical assistance for individuals served, their families, and supported employment program staff.

KSETP continues to work with the KY Department for Behavioral Health, Developmental and Intellectual Disabilities and the KY Office of Vocational Rehabilitation to address employment services for people served through the KY Supports for Community Living (SCL) Medicaid waiver, the Acquired Brain Injury (ABI) Medicaid waiver, and the Home and Community Based (HCB) Medicaid waiver. Due to an increase in SE services provided by Medicaid waiver programs and the need for increased consciousness regarding underlying assumptions about the needs of people served, two new SCL events were offered this fiscal year: 1) Overview of SE Principles and Practices for Medicaid Waiver Agency Directors/Managers (two days), and 2) A Roundtable Follow-up for Medicaid Waiver Employment Specialists (one day).

In other initiatives, SETP Director Milton Tyree along with Joy Eason Hopkins, Collective Alternatives, Inc., Atlanta, developed (with assistance from Michael Callahan, Marc

Gold and Associates) a revised 3-day Systematic Instruction workshop that piloted in Lexington this June. In addition, last fall, work began on a TACE/ OVR funded initiative with Realizations of Louisville – involving six people with disabilities and their teams, demonstrating the connection between discovery and customized employment. Milton Tyree (SETP) and Melinda Mast (MG&A) are mentoring three teams each and Michael Callahan (MG&A) is providing additional training and consultation.

Finally, a partnership between the KSETP and the *HDI Consumer Advisory Committee* continued related to spreading the word about the best-known current approaches of facilitating employment for people with disabilities. Efforts included developing a web page on the KSETP web site specifically designed for job seekers and family members (http://www.hdi.uky.edu/setp/family_job_seeker.aspx).

In a related supported employment training and technical assistance project, HDI is partnering with the Kentucky Division of Behavioral Health in partnership with the KY Office of Vocational Rehabilitation through a four -year grant from *Johnson & Johnson-Dartmouth Community Mental Health* program. The purpose of the grant is to implement Evidence Based Supported Employment services for adults with serious mental illness and co-occurring mental health and substance abuse disorders throughout the Commonwealth.

In Kentucky, less than 10% of adults with serious mental illness receiving services from the regional Community Mental Health Centers were employed in state fiscal year 2009. The goal of the *Dartmouth Supported Employment Project* is to work with new and existing programs so that consistent Supported Employment will be available to every person with serious mental illness who wants to work. Another goal of the project is to develop high fidelity supported employment services.

The KY Division of Behavioral Health issued a Request for Applications to become to become a pilot site to Regional Community Mental Health Boards in December 2009.

Applications were received in January 2010 and sites selected in early March 2010. Pilot sites selected include: Four Rivers Behavioral Health (Paducah), Communicare, Inc. (Elizabethtown), Northkey Community Care (Covington), and Comprehend, Inc. (Maysville).

Each pilot site is receiving on site and off site training and technical assistance from the statewide Supported Employment Trainer. Each site will also receive \$15,000 in carry over Mental Health Block Grant funds to be used for start-up for the first year of implementation, and a minimum of \$30,000 for model implementation during the second full year of the project. Each site will also be a part of a national network of other Evidence Based Practice providers.

Fifteen people have a job at this time. All jobs are looked at as positive learning experiences. We have a Statewide Supported Employment Steering Committee that has been formed. Three of the four Supported Employment sites have begun expansion in to new counties. We've conducted our first baseline fidelity review with one of the sites. The goal is for other sites to be added once the initial sites reach a high level of fidelity.

Kentucky has also been chosen to be a part of the Johnson-Johnson-Dartmouth Community Mental Health Program Family Advocacy for Evidence Based Supported Employment Project. The family project develops partnerships between family groups (state and local NAMI affiliates) and Evidence Based Supported Employment teams. Each Supported Employment site chosen for our project works with its local NAMI affiliate.

Also related to this objective, the *Kentucky Benefits Information Network* (funded through a 15 month AARA grant from the KY Office of Vocational Rehabilitation) has successfully coordinated two four-day trainings on Social Security, other Federal and State

Programs, and Work Incentives to 45 people in Kentucky. This Project has been modeled after the very successful Indiana Benefits Information Network and was developed in response to the need of Counselors and Employment Specialists to help people with disabilities who receive Social Security, Medicare and Medicaid, to understand the impact of income on their benefits and remove many of the myths and fears about these issues to encourage employment. This training is building capacity and assisting the KY Division of Developmental and Intellectual Disabilities to launch its “Employment First” initiative for all persons with significant disabilities who currently receive Medicaid Waiver services.

One of the biggest barriers to employment for people with disabilities who also receive services from one of Kentucky’s Medicaid waivers is the “share of cost” or “patient liability” that is often incorrectly assessed by the Department of Community-Based Services. The Project has provided information to Kentucky’s Protection and Advocacy who, in turn, has put the Department of Medicaid Services “on notice” to implement appropriate corrective actions or face a class action lawsuit that would be filed by P & A.

Objective 3.3 Provide technical support to at least 10 regional technical assistance staff and 10 interagency teams per year in developing effective transition processes in early childhood

Under Objective 3.3 (effective early childhood transition programs), the Kentucky Early Childhood Transition Project (KECTP) developed a *Technical Assistance Guide for Part C* to assist the Training Coordinator and the newly hired Consultant in successful transition practice. This document not only focused on the State Performance Plan indicators, as required by the U.S. Office of Special Education Programs, but provided insight as to the regional and local transition planning efforts and how KY First Steps (KY’s Part C program) could maximize its

involvement with a small staff. The project trained the state's new Consultant using the guide and has followed up for questions.

All fifteen regions in Kentucky now have an interagency transition agreement (ITA) and interagency transition plan (ITP). Communities will use these documents as guidance when community planning occurs. The project has met with twelve of the fifteen District Early Intervention Councils (DEIC) for sustainment discussion of project activities and support for the teams. The project has met with individual communities and Community Early Childhood Councils upon request. Additional supports have been provided by webinars, email, and conference Calls. The project, which ends June 30, 2011, has met or exceeded all of its goals.

The ENGAGEMENT Training Series: Supporting Transition and School Readiness was completed by the project as a part of the State Personnel Development Grant (SPDG). Over fourteen modules are now available for trainers of families and professionals on topics determined as gaps for trainers in serving the families and providers of prenatal to six population. Objective 3.4: Provide technical assistance to at least 50 early care and education programs a year in enhancing quality of early care and education settings to support all young children.

The HDI Project *Kentucky Partnership for Early Childhood Services*, funded through the Cabinet for Health and Family Services, Division of Child Care is the managing network for the 15 community-based Child Care Resources and Referral agencies across the state. The mission of the Kentucky Partnership for Early Childhood Services is to improve the quality, accessibility, and affordability of child care needs for *all* Kentucky families. Specifically, HDI's role is to: 1) Coordinate and support the local Child Care Resource and Referral (CCR & R) agencies across the state; 2) Track performance for each of the CCR & Rs across our state's child care indicators; 3) Provide those data to the KY Cabinet for Health and Family Services; and 4) Provide training,

support, and evaluation to the CCR & Rs in improving child care outcomes throughout the Commonwealth.

In July 2010, our Principal Investigator for this project and the Program Manager met with the CCR&R directors individually. The purpose of these visits was to discuss their specific work scope for the year and outline a specific TA plan for their agency in terms of the supports they will need from the KY Partnership in accomplishing the work scope.

In August 2010, the nine CCR&R directors convened for a two day retreat to identify the following key agenda items for work in the coming year:

1. Professional Development for CCR&R agencies
2. Branding of CCR&R services/Public Relations
3. Virtual tours
4. Shared Services.

The Quality Enhancement Initiative (QEI) is HDI's second major state-wide child care project funded by the KY Cabinet for Health and Family Services, Division of Child Care, since July 2005. The main purpose of the QEI is to improve the quality of early care and education throughout KY; the project specifically targets underserved populations and promotes the KIDS NOW Early Childhood Initiative. QEI goals include three major areas: 1) to increase participation in the STARS for KIDS NOW quality rating system; 2) to increase the quality of and access to infant/toddler care and education; and 3) to provide counseling and access to the KIDS NOW scholarship program.

HDI-QEI staff is located in 16 KY Community and Technical College System (KCTCS) sites throughout the Commonwealth. Four regional supervisors (Anchors) mentor, coach, and train the project's 25 STAR Quality Coordinators (SQCs) to reliably rate early care and

education providers on four environment rating scales. SQCs also conduct needs assessments and subsequently design and provide technical assistance for early care and education programs throughout the Commonwealth. Finally, 15 Professional Development Counselors (PDs) maintain core services to early childhood scholars by providing information about scholarships and achievement awards and by supporting early care and education staff and programs. Benefits of this project include annual professional development plans for early care and education providers, increased parental involvement, and developmentally appropriate curriculum.

Through June 30, 2011, QEI staff has provided 5,574 total technical assistance contacts to childcare providers this year with 2,219 contacts targeting infant/toddler care. Professional Development Counselors completed 173 new professional development plans and provided technical assistance to 885 scholars. In addition, staff conducted regional STAR Overview sessions for early care and education personnel across the state, giving a summary of the components in the KIDS NOW Initiative. These sessions are required for all owners and directors who wish to participate in the STARS for KIDS NOW quality rating system. Currently, 34% of all licensed and certified childcare programs in Kentucky are participating in this voluntary quality rating and improvement system coordinated through HDI.

Objective 3.5 Provide assistance to at least three post-secondary programs in KY (including at least one 4 yr college) in creating inclusive higher education for students with developmental disabilities.

The *Postsecondary Inclusion Partnership (PIP)* has been funded by the Kentucky Council on Developmental Disabilities, and administered by UK's Human Development Institute. PIP is a pilot model demonstration project, funded in September 2008 for three years, that has been dedicated to providing opportunities in higher education for students with

intellectual and other developmental disabilities who traditionally have been excluded. The project is based on the theory of Social Role Valorization (SRV); the core philosophy of SRV is respect and inclusion for all through the attainment of valued social roles, including the role of college student. PIP has served approximately 33 students, including 6 students who are ethnically diverse. In this academic year, the project had one student living in a dormitory setting on UK's campus and a student who lived in a dormitory at Eastern Kentucky University in Richmond. Plans are underway to support another student as he moves into a dormitory setting on the campus of the University of Kentucky in the Fall of 2011.

To capture the impact of this project on students' lives, the Postsecondary Inclusion has completed a 52 page book featuring several PIP students, along with other students with intellectual disabilities. This book provides key information for high school and even younger students, who will use the stories of successful college students with developmental disabilities to further envision and hone their own future academic goals. It is also available online at:

http://www.shepky.org/wp-content/uploads/2011/07/Life_After_High_School1.pdf

In addition, the project has collaborated with the Fayette County Public Schools-College Connection Program (Lexington, KY) and Bluegrass Community College and Technical College (BCTC), to assist high school students with intellectual disabilities to gain initial postsecondary educational experience (while they still in high school). We have been working with seven new students with severe to moderate intellectual disabilities and two full-time teachers in the Fayette County School System. PIP has also participated in a pilot project in partnership with the Office of Vocational Rehabilitation (OVR). With OVR, we will be working with up to ten students, a supported employment specialist, and postsecondary personnel to assist students in taking classes and internships. So far, two of our students are employed and four more are participating in

internships. The ultimate goal for the students will be gainful and meaningful employment. Finally, PIP has proposed to several postsecondary institutions a certificate program that would be especially tailored to students served by the project. The proposed certificate courses would focus on the areas of basic computer skills, employability skills, an internship and an elective course(s) specific to the student's interests. PIP continues to spread the message that all people can benefit from postsecondary education when given the proper supports.

Probably the most exciting accomplishment resulting from PIP is that HDI was awarded a five year, 2.1 million dollar grant to continue the work of PIP. This new project which is called Supported Higher Education Project (SHEP), received funding October 1, 2010 from the Office of Postsecondary Education, US Department of Education. The Supported Higher Education Project of Kentucky (SHEP) is based on the understanding that education for all students is a lifelong endeavor. For too long, students with intellectual disabilities have been overlooked as their peers have graduated from high school and moved on to postsecondary settings. The Higher Education Opportunity Act Amendments (2008) provide the tools needed to remediate this situation (SHEP website is: www.shepky.org)

SHEP's goals are as follows:

1. Support 150 Students with intellectual disabilities in inclusive educational settings using person-centered planning.
2. Train 2000 professionals in secondary, higher education, and disability services to effectively serve a broader audience of learners.
3. Implement individualized certificates and meaningful academic recognition that promotes improved educational and employment outcomes.
4. Create viable funding streams to sustain project efforts beyond project funding.

SHEP is currently working with Bluegrass Community College, Eastern Kentucky University, and Northern Kentucky University in assisting these institutions in developing applications to become *Comprehensive Transition and Postsecondary Programs* for students with intellectual disabilities, so that these students participating in these individually crafted programs will be eligible for both Pell Grants and Federal Work-Study Programs. We are also working to insure that all students served under our original PIP grant will have the opportunity to continue their education, should they desire to do so.

As a final note, one of our SHEP students will be traveling to Sri Lanka with her mother (her mother's native land) in July 2011, where she will make a presentation to families and self-advocates on her post-secondary experiences in working towards an associate degree as a teaching assistant. Her college story (Megan's Story) is available on our website (<http://hdi.uky.edu/SF/ProductsAndResources.aspx>) and has been translated into the native language of Sri Lanka by advocates in that country!

Objective 3.6. Provide education on legislative issues to persons with disabilities, legislators and policymakers (e.g., reducing waiting lists, Medicaid Buy-In, Michelle P. Waiver)

To address Objective 3.6, HDI has engaged in a number of activities. For example, data gained from the *KY National Core Indicators Project* are used to assess life outcomes and satisfaction with services through both the KY Supports for Community Living Waiver Program. KY Core Indicators data were used in the 2010 Annual Report of the *KY Commission on Long-term Services and Supports for Persons with Intellectual Disabilities and Other Developmental Disabilities*, submitted to the Governor and the State Legislature on the status of developmental disabilities services in Kentucky. In addition, a *Quality Improvement Committee* was convened this past year, consisting of family members, self-advocates, and professionals from HDI, the

College of Education, and the KY Division of Developmental and Intellectual Disabilities, to make recommendations for areas of improvement for providers. These recommendations were based directly upon an analysis of the life outcomes reported through the KY Core Indicators Project, and were delivered the KY Division of Developmental and Intellectual Disabilities in Fall 2010. The recommendations centered on increasing employment for persons receiving state waiver services, as well as increasing friendships, decreasing the use of psychotropic medicine and increasing opportunities for regular and ongoing physical exercise. These recommendations were reflected in the specific language of our state's New Waiver Applications for KY's Supports Community Living Waiver, and our Michelle P. Waiver – both waiver applications are now under consideration by the US Center for Medicaid Services (CMS), with the state receiving official approval of our new Supports for Community Living Waiver in July, 2011.

A final related initiative to Objective 3.6 (though it goes well beyond the provision of education to actually include *direct services* provided to individuals returning from facilities to the community) is our *Money Follows the Person* project. In November, 2008, HDI received a contract from the Kentucky Department of Medicaid Services to provide home assessment and modification services for Kentucky's Money Follows the Person grant, with the aim of assisting approximately 550 people living in long term care to return to their home communities over five years. HDI's *Home Assessment and Modification Services* project has conducted 23 home assessments between July 1, 2010 and June, 2011. Eighteen homes have received home modification services. Client satisfaction has been assessed as a follow-up measure a minimum of 30 days post transition.

Objective 3.7: Provide technical assistance to at least 10 states per year in implementing inclusive large-scale and alternate assessments and access to the general curriculum.

As noted under Objective 2.6, we continue to work with states on their respective alternate assessments for students with significant cognitive disabilities. For example, ILSSA staff recruited, trained, and supervised the scoring of alternate assessments for two states, facilitated standard setting, and designed a new item-based assessment for implementation in a state 2010.

Examples of our work with states include:

- In *New Jersey*, *ILSSA* staff members worked with the New Jersey Dept. of Education to refine the large scale assessment test design of the Alternate Assessment based on Alternate Achievement Standards. *ILSSA* also revised a teacher resource document that provides specific targets linked to the grade level content standards designated for the alternate assessment, and created content resource materials for planning instruction in the general curriculum. Training was provided on instruction and assessment. All of the New Jersey trainings were delivered electronically. *ILSSA* staff prepared the training materials for the fall teacher training, as well as examples of student work that demonstrated access to the general curriculum and performance in the alternate assessment. Follow-up technical assistance was provided to teachers via email and phone throughout the school year. In March, *ILSSA* conducted range finding activities in preparation for scoring the alternate assessment. Range finding activities included training approximately 20 NJ teachers and 5 Pearson Measurement Inc., staff to score portfolios based on a set of scoring rules and using the scoring process to identify training sets to be used during actual scoring. Beginning in mid-April through the end of May, *ILSSA* staff developed and conducted scorer training and certification with approximately

185 scorers, who scored approximately 9,000 portfolios from NJ students participating in the alternate assessment based on alternate achievement standards.

- In *Kentucky*, *ILSSA* led administration, development and scoring activities for the state's administration of that state's revised alternate assessment containing three components: Portfolio format for NCLB content areas, Performance Task format for state assessed content areas, and Rating scale format for high school exit. For the first time, all assessment training materials were provided online. *ILSSA* staff trained approximately 1,400 participants about administration of the NCLB portfolio assessment via the online modules. In addition to the required training materials, supplemental information about the portfolio assessment was developed and posted for teacher use. Online training modules were also designed for the Performance Task assessment (grades 5, 8, 11 and 12) and Checklist assessment (grades 8, 10 and 11). These modules provided information about the assessment format, administration and resources. Each module was combined with a qualification quiz to ensure acquisition of information. Finally, *ILSSA* staff ran a scoring center to score KY student portfolios. Approximately 4,300 portfolios were scored during May and June. *ILSSA* staff prepared all scoring materials, as well as all training and ran the scoring center. Kentucky is moving forward with a new alternate assessment design and *ILSSA* is assisting in the development and illustration of the new alternate assessment attainment tasks. *ILSSA* facilitated the writing of 146 new five item assessment tasks to be implemented in the 2011-2012 school year.
- In *Hawaii*, *ILSSA* staff conducted teacher training professional development and worked on item review, bias review and standard setting. *ILSSA* staff also assisted with several activities that pertained to scoring including developing documents to be used in the

scoring center; developing a computer application and expediting protocol to receive, sort, and route student evidence; and testing the Hawaii State Online Scoring Database. ILSSA staff directed the Hawaii scoring center, and trained Data Entry and Quality Control staff. ILSSA's scoring center director worked with Keystone (primary alternate assessment contractor for HI) throughout the year planning scoring center activities and debriefed with HI state personnel regarding the work in the Hawaii State Alternate Assessment Scoring Center.

Further, through our newly funded partnership with the University of Minnesota National Center on Education Outcomes, we are collaborating on the *National Centers and State Collaborative General Supervision Enhancement Grant* to develop a common alternate assessment on alternate achievement standards for 19 participating states. HDI's responsibilities will include establishing communities of practice in all 18 states and the Pacific Territories.

Objective 3.8 Provide ongoing assistance to nine states per year in the implementation of IDEA to improve results for students.

HDI, through its *Mid-South Regional Resource Center (MSRRC)*, continues to provide ongoing technical assistance to nine states in the Mid-South region in the implementation of the *Individuals with Disabilities Education Improvement Act of 2004 (IDEA)* through regional, multi-state and individual state activities. Examples are described below.

- MSRRC staff presented at the **West Virginia** Special Education Leadership Conference. The State is using the SPP/APR as a management tool to guide the improvement of their general supervision system and increase alignment of the Elementary and Secondary Education Act (ESEA) and IDEA initiatives around accountability and monitoring. The MSRRC presentation increased participants' understanding of ESEA and IDEA,

accountability responsibilities of the State and Districts under each law, and how to use the State Performance Plan (SPP) and the Annual Performance Reports (APR) indicators for District special education reform.

- MSRRC conducted bi-annual Part B State Directors' Forums and Part C/619 State Coordinators' Forums. Topics included such areas as services and funding for residential placements, improving results for students, readiness for systems change, SPP/APR preparation, Common Core Standards, and *Race to the Top*. Part C Coordinators' Forums were also conducted and topics procedural safeguards, child outcomes, and preparation of SPP/APR submissions. As a result of these Forums, State Directors and Part C Coordinators have a shared understanding of these issues and were able to share strategies, resources and learning with each other.

All nine states also received Targeted Technical Assistance, including strategic planning multiple meetings and onsite visits focused on a specific issue or need. Examples are described below.

- MSRRC, in collaboration with Northeast Regional Resource Center, conducted a fiscal forum for state administrators of IDEA funds. The forum included presentations from many states and discussion among states about various fiscal issues including maintenance of effort, fiscal monitoring of LEAs and local providers, using Medicaid for Part C, and managing and tracking Coordinated Early Intervening Services. Participants increased their understanding of fiscal accountability and shared resources and strategies to meet these responsibilities. Participant satisfaction ratings on individual questions ranged from 91% to 99% (with a response rate of 77%).
- MSRRC staff assisted **North Carolina's** Part C staff in reviewing their procedures and policy development process and three components of their system. Guidance was

provided on distinguishing between policies, procedures and guidance; and their alignment with State and Federal regulations. A Procedures Manual template was developed and policies, procedures and guidance for the three components were incorporated into the template. As a result, Part C staff developed their capacity to revise all policies, procedures and guidance of remaining components of their general supervision system.

- OSEP Memo 09-02 for verification of correction of noncompliance with IDEA and subsequent guidance has had a direct impact on states within the Mid-South Region. Over the last 18 months MSRRC provided assistance to SEA Part B staff in six states in addressing common compliance monitoring requirements, and incorporating state priorities and processes to align with state and federal regulations.

Six states are currently receiving Sustained Technical Assistance, time and labor intensive technical assistance focused on systems change which requires multi-year assistance with routine meetings and onsite visits to engage multiple stakeholders in systemic reform.

Examples include.

- MSRRC, in collaboration with State Implementation of Scaling-Up Evidence- Based Practices Center (SISEP), facilitated the establishment and implementation of the **North Carolina** State Readiness Team; and guided staff in planning policy and practice changes to improve systems and build capacity across state, regional and local levels to improve student achievement outcomes. In addition, training was provided on the purposes and benefits of logic models; how to use logic models for improvement planning; and the components of the *Evaluating SPP/APR Improvement Activities* document to provide guidance on the development of an evaluation plan for improvement activities. The Using

the SPP/APR as a Management Tool was used to identify potential systems issues. As a result, North Carolina went from being a readiness state to an active SISEP state.

- MSRRC staff provided assistance to the **Maryland** Department of Education's Braille Task Force in the development of standards for the mastery and application of braille code for English language arts, and mathematics from Pre-kindergarten through grade 12. This year the focus was on developing braille standards for Mathematics and assistance included the planning, preparation and facilitation of Task Force meetings. As a result, the Task Force was able to develop standards for the mastery and application of braille code for mathematics in the expected timeframe. In the fall, MSRRC will assist the Task Force on the development of braille standards for English language arts.
- MSRRC provided assistance to the **District of Columbia's** Part B staff on improving that SEA's compliance monitoring system through the development of a tracking tool for file review monitoring and tracking noncompliance, correction of student level noncompliance, and verification of correction of noncompliance through additional data. Opportunities were provided for District of Columbia's staff to visit another state and learn about their system. As a result, the state's monitoring system has dramatically and systemically improved.

MSRRC staff also assisted **District of Columbia's** Part C staff to develop and implement an action plan for improvement of Part C processes and service. Implementing the action plan has resulted in the drafting of new procedures to create point of entry services, including establishment of an Initial Service Coordinator role, and a clear process from child referral to IFSP (Individual Family Service Plan) development. The procedures were compliant with Part C regulations, clarified responsibilities for all

parties, enforced the authority of Part C and strengthened the practice in evaluation/assessment, service coordination and IFSP development.

In addition, in collaboration with Mid-Atlantic Comprehensive Center staff, MSRRC staff are reviewing the **District of Columbia's** testing accommodations policy, providing a literature review of appropriate assessment accommodations for students with disabilities, comparing their accommodations policy with other states' policies, and assisting in the revision of their manual and training.

- MSRRC staff provided intensive and ongoing assistance to the **Kentucky** State SPP/APR Team on evaluating improvement activities which resulted in the state conducting and reporting an increased level of evaluation of improvement activities. In addition, MSRRC staff consulted on the development and implementation of the SEA's strategies for correcting non-compliance. Increased compliance led to the State receiving a determination of "Meets Requirements", an improvement from the previous year's determination status.

Guidance and support was provided to **Kentucky** Part C staff on improving their general supervision system and overall program redesign (i.e., restructuring Point of Entry offices and regional service delivery system; continuous improvement monitoring system); and consistently addressing Prong 1 and Prong 2 in the SPP and APR. This year Kentucky Part C was determined to be Meets Requirements, also an improvement from the previous year.

In summary, MSRRC continues to provide high quality, relevant and useful technical assistance to State Education Agencies and Lead Agencies in the Mid-South region. On a recent evaluation by the Regional Resource Center Program Formative Evaluators, our clients indicated high

satisfaction with the high quality, relevant and useful technical assistance provided by MSRRC (ratings ranged from a low of 86% to a high of 100%).

Objective 3.9: Provide ongoing assistance to KY Dept of Aging and Independent Living in addressing needs of aging caregivers through the development of a network of 20 Parent Mentors

Objective 3.9 is identified for implementation for Years II through V under our Five Year Work Plan. During this current year (Year III), we have collaborated with the Arc of Kentucky to jointly address this objective. Specifically, our state Arc was funded by the KY Council on Developmental Disabilities to develop a statewide cadre of parent mentors to assist aging caregivers in addressing the needs of their families. Rather than duplicate this effort, we decided to work together with the Arc on this objective. As a result, as a first step in developing this cadre, we supported a total of 15 family members to attend training on the needs of care-giving families at the April 2010 Annual Arc of Kentucky Conference. HDI covered the costs of the registration for these family members, and also covered the cost of lodging from our participant involvement funded as was needed.

In addition, we convened a workgroup consisting of estate planning attorneys, wealth management advisors/trust officers from local banks, human service professionals, elected officials, and parents to explore the formation of a non-profit to operate a Pooled Special Needs Trust. This workgroup is exploring both the efficacy and the feasibility of creating an organization that could utilize family mentors as a key component in helping aging caregivers develop and implement a plan to safeguard the future of their adult child with developmental disabilities.

Objective 3.10: Provide employment assistance to migrant and seasonal workers with disabilities and their families (secure employment for up to 120 workers over the five year period) in collaboration with KY Office of Voc Rehab, KYBLN, and community partners.

The *Migrant farmworkers with Disabilities Employment Partnership* (MDEP) seeks to identify and connect migrant and seasonal farmworkers with disabilities or their family members with disabilities to the KY Office of Vocational Rehabilitation (OVR) and other community resources for employment training and opportunities. The *Migrant farmworkers with Disabilities Employment Partnership* has concluded its third full year of outreach into the Hispanic community with outcomes again exceeding expectations, despite additional budget cuts this fiscal year. Still functioning with only two full time outreach workers and a full time project coordinator, the project made 4,203 educational contacts, conducted 262 interviews and referred 64 people to the KY Office of Vocational Rehabilitation during this past year alone. In addition, outreach workers have made 415 educational contacts with professionals about MDEP during this past year, bringing the project total to 1,932 professional contacts for all three years of the project. These professional contacts are essential to further disseminate information about the program and its partners.

Project staff continue to develop innovative partnerships with other agencies and maintain relationships with existing collaborators. The partnership with the Lexington Affiliate of the National Alliance on Mental Illness (NAMI-LEX) has remained one of the strongest on-going partnerships, continuing beyond the Spring 2010 Family to Family session MDEP facilitated in Spanish for the Hispanic community in Lexington. Family to Family provides a 2-3 hour per week intensive psycho-education workshop for family members of people with severe mental illness for a 12 week period. While the Spanish Family to Family was considered a

success by graduating 10 participants, both MDEP and NAMI felt there were additional platforms to educate and build awareness about mental health and mental illness in central Kentucky's Spanish speaking communities. To this end, the project developed a bi-monthly curriculum known as "Sano y Seguro" or "Safe and Sane" where NAMI and MDEP project staff and invited guest speakers present important acculturation and stress management information to immigrant families in an informal environment in the hopes of reducing the stress, anxiety and sometimes depression that accompanies immigrating to a new country. The project launches its first "charla comunitaria" (community chat) on July 22, 2011. While planning the Safe and Sane curriculum, MDEP and NAMI continued to conduct outreach at community events, festivals, and churches, attending events like the Day of the Latin Woman, the Lexington Latino festival, Woodland Arts Fair, 4th of July celebration, among many other community activities.

Referrals identified by outreach staff continue to experience multiple institutional, cultural, and personal barriers to receipt of employment services from KYOVR and other social service agencies. However, the project partners have revised several key processes which have resulted in a substantial increase in the number of referrals (individuals) who follow through with their first appointment. In addition, as medical eligibility has been identified as another stage of the OVR process that continues to cause problems for applicants as they frequently do not have access to medical care or records, the project has instituted a process for outreach workers to assist in either going for the initial assessment or obtaining medical records. Currently, 15 people are receiving services from KY OVR and 51 of the 64 referrals have applied for services. This is an increase from previous years where only 17 of 64 referrals applied for services. To date, eight referred individuals have gained or maintained employment, and 53 have received services.

In order to connect migrant and seasonal farmworkers and their family members to services like KY OVR, the outreach team frequently educates community members about different disabilities and health conditions. Over the three years of active outreach on this project, staff have identified that there is a large need for information about developmental and intellectual disabilities in central Kentucky's Spanish speaking communities. In an effort to connect Hispanic families with developmental and intellectual disability services, outreach workers have begun to volunteer on their own time to translate and interpret for other organizations. One such example is the *Down Syndrome Association of Central Kentucky (DSACK)*. Outreach worker Esperanza Rivera has volunteered with the organization to provide a welcome call to Spanish speaking families inquiring about DSACK services and activities, as well as to translate some of their basic educational materials. Karen Cinnamond, Project Coordinator for MDEP, is now serving on the NAMI Lexington Board of Directors and plays a leadership role in directing and coordinating outreach to Hispanic communities.

MDEP has developed several state wide trainings for Independent Living Centers, the Kentucky Office of Vocational Rehabilitation, and the Kentucky Office for the Blind. An all-day cultural competency training on conducting outreach and serving the Hispanic community is being adapted to an online curriculum for distribution to all KY OVR and KY OFB (Office for the Blind) counselors, managers, and staff. In addition, the project has begun developing a cultural competence curriculum for staff at HDI itself, which will also be disseminated throughout Kentucky using an on line platform. It is hoped that by providing educational and awareness opportunities for potential consumers and service providers, a bridge can be built that will address the personal, cultural, and institutional barriers to the best extent possible so that

people in our immigrant communities who have disabilities can live fuller, more independent lives.

Status of Objectives Under Goal 3:

Overall, HDI provided training and technical assistance this past year to 26,558 individuals; this includes 13,635 professionals and paraprofessionals, 1,081 family members and caregivers, 822 individuals with disabilities, 2,030 policymakers and/or legislators, 8,014 members of the general public, and 976 students. All objectives within Goal 3 have either been met for Year III or are clearly in progress.

Goal 4: Interdisciplinary Research. *In collaboration with consumers and family members, to conduct research that contributes to improvements in practice and outcomes in the lives of persons with disabilities and their families.*

Progress on Objectives under Goal 4:

Objective 4.1: Provide national leadership in alternate assessment research, including at least 3 refereed manuscripts/5 national presentations per year.

Under Objective 4.1, HDI continues to provide national leadership in alternate educational assessment research, to insure the full inclusion of students with severe disabilities in school accountability measures. Refereed publications this past year have included one manuscript published thus far [Kearns, Towles-Reeves, Kleinert, Kleinert, & Thomas,)2011). Characteristics of and implications for students participating in alternate assessments based on alternate academic achievement standards. *Journal of Special Education*], a seven state study involving over 12,600 students participating in their states' respective alternate assessments. We produced three white papers including two typology papers on alternate assessments, and

collaborated with Michael McSheehan at the University of New Hampshire on a paper on communication of students with significant cognitive disabilities.

We produced three modules on teaching the Common Core standards to students with significant disabilities they include: *Is it Reading*, *Is it Math*, and *Is it Science*. In collaboration with the National Center on the Improvement of Educational Assessment, we produced a learning progression based on the Common Core Standards in mathematics as well as a series of sample mathematics lessons. All of these resources can be found on www.naacpartners.org.

Finally, in collaboration with our transition colleagues here at HDI, we produced a paper defining what it might mean for students with significant cognitive disabilities to be Career and College Ready. This paper was presented at the *National Centers and State Collaborative* management team meeting with all 18 states and the Pacific Territories in attendance, and at the Council for Chief State School Officers Student Assessment Conference in Orlando, Florida.

NAAC has also made presentations during this past year at the National Project Director's Meeting in Washington DC, and prepared presentations for *TASH*, *International Council for Exceptional Children Conference*, *the Chief Council of State School Officers (CCSSO) Annual Conference*, *the National Association of Developmental Disabilities Councils Annual Meeting*, and *the American Educational Research Association (AERA)*. During this year, the project Principal Investigator, Dr. Jacqui Kearns, testified to an advocacy convened United States Senate Round Table on the re-authorization of the *Elementary and Secondary Education Act (ESEA)*. We continue to take a very active role in presenting our research to shape public policy in reflecting evidence-based practices.

Up to this point, the primary vehicle for achieving Objective 4.1 has been the *National Alternate Assessment Center (NAAC)*. This project has provided assistance to the following

states in its six year tenure: Colorado, Connecticut, Iowa, Kansas, Kentucky, Maryland, Massachusetts, Michigan, North Carolina, New Hampshire, New Mexico, South Carolina, Rhode Island, Georgia, DC Public Schools, Minnesota, Utah, Vermont, and Wyoming, in addition to seven unique entities, including Puerto Rico and the Pac Rim US territories. As the funding for the NAAC came to a close in December of this past, the work of this center was folded into the *National Centers and State Collaborative General Supervision Enhancement Grant* to develop a common alternate assessment on alternate achievement standards for 19 participating states. HDI's responsibilities will include establishing communities of practice in all 18 states and the Pacific Territories.

The final HDI project related to Objective 4.1, the *KY Math Etext Project* is examining digital conversion and delivery of not just the textbook, but a complete 7th grade math curriculum. Classroom implementation will also include identification and resolution of the myriad of contextual variables inherent to student opportunity for meaningful and routine use of etext. This project is supported by federal funds provided through the *National Math Etext Research Center (MeTRC)* at the University of Oregon. In collaboration with the Shelby County, KY Schools, the KY Math Etext project entails three phases. Phase I involved refining the technology used for electronic reading of complex math, developing a protocol for conversion of traditional math materials to digital format, and establishing a process for delivery and routine student use of math content on computer. Once this was established, Phase II served as a means for piloting school and student use of the digital math content to verify all issues are identified and resolved for ongoing implementation in a real world context. This included determining what local hardware and software usage procedures must be in place. Training was provided to support student routine use of math etext and strategies identified that promote

effective and efficient student use across school settings. This leads to Phase III, in which project staff will conduct a case study during the 2011-2012 school year of the extent to which a 7th grade math curriculum can be converted to an accessible digital format and integrated into instructional routine as an oral accommodation for use by students with disabilities served in a resource setting. A “Technical Brief” is also being drafted to capture the key elements and processes of math content digital conversion and electronic delivery.

Objective 4.2: Conduct and disseminate research related to family, programmatic, agency, curricular, and instructional variables associated with positive early childhood transitions (3 refereed manuscripts/14 national presentations this year).

Under Objective 4.2, the *National Early Childhood Transition Center (NECTC)*, funded through the Office of Special Education Programs from January 2003 through December 2010 has completed a series of studies to explore factors that impact the transition of young children as they move between early intervention and preschool to kindergarten settings. Over the past year, NECTC has continued to disseminate findings from the study via the website. One additional technical report has been developed by the investigators and four articles are in development to disseminate findings.

NECTC investigators worked in collaboration with *CONNECT: The Center to Mobilize Early Childhood Knowledge* to create an on-line module for faculty using NECTC research findings and resources. In addition, NECTC products are referenced in many major publications in early childhood and related fields, including UNC’s Frank Porter Graham’s *Natural Resources* newsletter, NECTAC’s *eNotes*, SpecialQuest newsletter, *inForum* - An analysis of a critical issue in special education, *Advance for Occupational Therapy Practitioners*, and the University of Kansas Beach Center on Disability website and documents. Transition resources continue to be

updated on the NECTC website, through an online searchable transition data base with over 1,000 resources. The Transition Tips web-based Toolkit of Transition Practices and Strategies continues to be supported and allows families and providers to search for and print empirically validated transition activities by topical areas such as the child's age at transition, the presence of challenging behaviors, and children from culturally diverse backgrounds. Over the past year, there were 1,002 downloads of reports and documents and 30,378 website page views; a total of 74 national organizations have links to the NECTC website. The website will continued to be maintained, with new findings posted as they become available.

Also related to Objective 4.2, The *Randomized trial of Teacher Qualifications and Salary in Kentucky's Pre-Kindergarten Programs* is a 2-year, \$438,800, collaborative research project between HDI and the National Institute for Early Education Research that is funded by the Pew Charitable Trusts. This project includes three studies. Study 1 included a randomized trial comparing the effects of teacher qualifications and teacher compensation on children's outcomes. The settings for the study included schools throughout the state in which there are at least two preschool classrooms, one with an AA level teacher and one with a BA level teacher. Study two involves the development of a database of teacher credential requirements for state issued preschool teacher certifications. Study three includes the development of a teacher survey to measure high quality instructional and environmental practices in preschool settings. The measure will be designed to serve as a proxy for on-site observational assessments. Field testing is currently underway with 67 master teachers across three states. Once completed, several versions of the measure will be tested with a national sample of 1,500 preschool teachers from Head Start, child care and public preschool settings. This will be followed by concurrent validity studies using three observational measures of quality.

Objective 4.3: Provide annual data to KY legislators, policymakers, families, and consumers on KY's utilization of supported employment

To address Objective 4.3, HDI's KY Supported Employment Training Project has developed a web based statewide supported employment provider data collection system that will provide annual data to KY's legislators, policymakers, consumers, and family members on Kentucky's utilization of supported employment (SE). Twenty SE provider agencies have agreed to pilot the system. The development of this system has been more complex than we had originally anticipated, and the data system itself encountered significant technical setbacks before its completion this year. Data entry among pilot agencies has begun. If results are favorable, the system can go on-line for all Kentucky SE providers this coming year (2011-2012). A user-friendly feature of this data base is the report generating feature, which allows individual SE agencies to generate their own quarterly reports, while providing their overall data (stripped of personally identifiable information to protect individual worker confidentiality) to be included in the overall statewide data base.

Objective 4.4: Provide leadership to state agencies in Kentucky in measuring OSEP-mandated early childhood outcomes for children participating in Part C (~11,000 children annually), Part B Section 619 programs (~3,000 children annually), and early care programs (~500 annually).

To address Objective 4.4, HDI has continued its refinement of a state-wide data platform to correlate individual early childhood assessment data to state and national outcomes measures for all children. Kentucky is one of the leading states to develop such a platform for the measurement of student outcomes for reporting to the Office of Special Education Programs (OSEP). Specifically, the *Kentucky Early Childhood Data System (KEDS)* project has expanded

the data platform for all Part B Section 619, Part C, early care and home visitation programs. This year the KEDS project collected data on approximately 41,500 children aged birth through five years across the state in various settings, in order to facilitate quality assessments and improved instructional services, and to provide child outcome measurement data to state and federal agents. The KEDS project has expanded during each of its five years of operation, and has the potential to collect data for all young children across the state in early childhood settings, with significant impact upon the educational quality of all citizens in the Commonwealth.

Consumer satisfaction with advocacy, capacity building, and systems change activities was evidenced by the increasing numbers of programs joining the KEDS system, by the evaluation results for activities conducted across the state, and by requests for the expertise of the KEDS staff. This fiscal year, all 174 KDE preschool districts with approximately 30,000 students, including Head Start children with and without disabilities; 11,000 Part C children aged birth to three years with disabilities; and 500 children in early care centers throughout KY participated in KEDS, for a total of 41,500 children. These numbers represented an increase of approximately 5,900 children from last year. For the participating programs, staff and families are experiencing benefits of improved instruction from continuous assessment, in many instances where no child-level assessment had occurred before.

An expansion to the KEDS platform has been approved by the KEDS partners and the state-wide KEDS Workgroup. To facilitate progress toward best practice for screening and assessment, where none is currently occurring, screening data will be added to the KEDS platform, based on the Ages and Stages Questionnaires (ASQ-3 and ASQ: SE). Discussions with the HANDS Home Visiting Program and KY's System to Enhance Early Development (SEED) continued this year, with the expectation to include their children in the KEDS data platform

during the last quarter of this and the next fiscal year. There are approximately 10,000 children and families served by HANDS, with children from 20 additional STARS Level 1 and 2 centers to be added through KY SEED. The addition of child screening data to the platform has required considerable modifications and negotiations.

KEDS data analyses also improved and expanded this year. First, OSEP-required progress data according to five levels of functioning for the three child outcomes were provided for both Part B Section 619 and Part C programs. Second, two-year targets were established for all programs for the two summary statements. The summary statements combined the data collected for the three child outcomes to examine student performance for significant progress and for achieving age-appropriate levels of performance. KEDS staff supplied progress data for all child outcomes and summary statements for both Part B Section 619 and Part C Annual Performance Reports (APRs). Third, the platform was expanded to produce reports based on child progress on the *KY Early Childhood Standards*, for both Birth to Three and Three to Four-Year-Olds. Expanded alignment documents and report features were added to accomplish this objective. This new feature was piloted with Part C this year, and will be extended to part B Section 619 programs next fiscal year. The result is a rich data set of the progress of KY's young children on each of the *KY Standards*.

KEDS staff continued to refine and develop the data platform to produce the required outcome measurement for each of the 12 approved assessment instruments for children aged birth through five years in KY. One new instrument was added to the platform this year (Teaching Strategies GOLD™), and web-based data entry was expanded. KEDS staff continued to gather data for comparative analyses of student progress measurement, through twice annual surveys of preschool teachers' perceptions of student progress on *KY's EC Standards*. A second

survey was added to assess the time spent on verifying demographic data received from Infinite Campus (IC), in response to multiple provider comments that data from IC were inaccurate.

Training sessions have been conducted by KEDS staff on the use of approved assessment tools, online data entry, and results of data analyses. In response to provider need, innovative tutorial online modules were refined to allow Part C and Part B providers to receive orientation for KEDS data entry at any time. The cadre of trainers for the approved assessment tools has been increased to include additional early care trainers as well as Section 619 and Part C trainers. Trainings on approved Part C instruments were conducted by KEDS staff at the Annual Infant-Toddler Institute and at multiple locations across the state throughout the year. KEDS staff attended a Training-of-Trainer Institute to be certified to train staff on the correct administration of GOLD™.

The KEDS website continued to be expanded this year, with new resources for assessment and outcome measurement. New or updated documents include: the KEDS Online User Guide, Section 619 and Part C Questions & Answers, KEDS Phase-In Schedule, PowerPoint presentations, web-based tutorials, and agency-specific guidance documents. Many requests for technical assistance were received via meetings, webinar, phone, and email.

Objective 4.5: Provide leadership to Kentucky in determining consumer satisfaction with services and life outcomes by face-to-face interviews with at least 400 consumers per year, and Annual Consumer Surveys for the KY Office for the Blind and the KY Office of Vocational Rehabilitation

To address Objective 4.5, HDI coordinated Kentucky's participation in the *National Core Indicators (NCI)* survey. National Core Indicators is the primary mechanism in determining consumer and family satisfaction with services and is an essential tool in monitoring efforts to

improve overall service quality. Nationally developed consumer measures are being used to examine outcomes and performance of state agency service providers. Over the past year, 472 consumers, families and caregivers have participated in face-to-face and telephone surveys.

Data gained from the *KY National Core Indicators Project* are used to assess life outcomes and satisfaction with services received through the KY Supports for Community Living Waiver Program. KY Core Indicators reports are also used in the Annual Report of the *KY Commission on Long-term Services and Supports for Persons with Intellectual and Other Developmental Disabilities*, submitted to the Governor and the State Legislature on the status of developmental disabilities services in Kentucky. Most importantly, a *Quality Improvement Committee* was convened, consisting of family members, self-advocates, and professionals from HDI, the College of Education, and the Division of Developmental and Intellectual Disabilities, to make recommendations for areas of improvement for providers. This group provided a recommendations report to the Department for Behavioral Health, Developmental and Intellectual Disabilities in October, 2010, which indicated pressing areas of need for the state in areas related to competitive community employment, psychotropic medications, health and wellness, and loneliness. The recommendations led to specific revisions in the Supports for Community Living Waiver (SCL); for example, to increase the percentage of individuals receiving the waiver who are employed, the reimbursement rate for supported employment services was more than doubled in KY's proposed SCL waiver amendment to the US Center for Medicaid Services (this proposed change has since been approved by CMS). In other areas of need documented by this analysis of National Core Indicator data, HDI, in collaboration with the KY Division of Developmental and Intellectual Disabilities, sponsored trainings in Spring 2011

for providers, trainers, and community agencies on developing health programs for adults with developmental disabilities.

In another initiative related to objective 4.5, the *Kentucky Office of Vocational Rehabilitation* contracted with HDI to conduct a consumer satisfaction survey of individuals who had cases closed with the Office in FY 2010. This survey was conducted with 1,072 consumers and examined quality of specific and overall services and experiences from the consumer's perspective. Additionally, HDI conducted a consumer satisfaction survey for consumers of the *Kentucky Office for the Blind*. One hundred fifteen individuals (115) participated, responding to items related to employment status and quality of employment, orientation and mobility and assistive technology services. A supplemental evaluation of the Office for the Blind's Kentucky McDowell Training Center was conducted with 43 past recipients of services to assess quality of personnel and programming. This study was conducted by a Graduate Certificate student and overseen by the training director.

Objective 4.6: Conduct research in targeted areas of need in KY (e.g., life satisfaction, recreational opportunities, supported employment, services to children with autism, individuals with dual diagnosis and mental health needs, continuing health education/health promotion, transportation) through the publication of at least 3 peer reviewed articles per year across these areas, and 10 national presentations.

The breadth of our research at HDI continues to reflect the myriad aspects of our work. As part of our work with the KY Youth Advocacy Project, we have published a featured article *Teaching Exceptional Children* (Kleinert, J., Harrison, B., Kleinert, H., & Fisher, T.) on self-advocacy for young students with developmental disabilities in the Fall of 2010. A new initiative under this objective is the publication twice yearly of our HDI Research Briefs,

developed to highlight the work of our faculty, staff, and student research both here on campus and to the broader research community. For example, our *Summer 2011 Research Brief* features a synopsis of our large scale, seven state alternate assessment study on student learner characteristics, as well as reports on the graduate research projects of two of our HDI Graduate Certificate students (i.e., on vocational rehabilitation counselor attitudes towards postsecondary education for students with intellectual disabilities, and the efficacy of sibling workshops for siblings of children and youth with developmental disabilities) (see:

<http://www.hdi.uky.edu/sf/news/newsletters.aspx>)

Under the broad rubric of Objective 4.6, *HDI's Evaluation Unit* has made a contribution to system change in a number of diverse contexts. In the evaluation of the OSEP-funded *KY State Personnel Development Grant* administered by KY Department of Education, we have regularly provided evaluative input into the planning and design of SPDG initiatives, and continue to provide evaluation technical assistance and information regarding what other states are doing with similar initiatives. Most importantly, in the Spring of 2011, the Evaluation Unit submitted an annual final report documenting evaluation data and findings on each of the KY SPDG initiatives, as well as a set of recommendations for improving initiative performance and productivity. As a part of the SPDG evaluation report, we made recommendations for statewide initiatives focused on School Climate, Secondary Transition, Early Childhood, Inclusion of Low Incidence Students, and Special Education Teacher Training and Retention.

The Evaluation Unit continues to provide technical assistance to the *Kentucky Center for Instructional Discipline* in reformatting and analyzing outcome data from several evaluation protocols, thus enriching the evaluation information available to the SPDG's Positive Behavioral and Instructional Support (PBIS) initiative.

After serving as the external evaluators for Tennessee's OSEP-funded *State Improvement Grant*, the HDI evaluation Unit also provided ongoing evaluation assistance to the *Tennessee Department of Education* for the continuation of its *State Personnel Development Grant*.

Tennessee's State Personnel Development Grant has focused on supporting children with special needs, ages 2-22, and their families in the development of requisite language, communication, pre-literacy and literacy skills to achieve academic achievement and successful transitions, and development of response to intervention models. In addition, HDI evaluators are also evaluating the RTI in literacy, RTI in math, Positive Behavioral and Instructional Supports, and special education teacher retention and equity initiatives of Tennessee's State Personnel Development Grant. In addition to providing information on this grant's implementation progress and outcomes, evaluation results have led to improved management of and communication among diverse initiatives within this grant.

The Evaluation Unit is also evaluating the *Supporting Higher Education Project (SHEP)* which expands the scope of services provided under HDI's Postsecondary Inclusion Project. SHEP is attempting to build a statewide infrastructure for transitioning students with developmental disabilities into postsecondary education (see Objective 3.5 of this report). Evaluators provided assistance to SHEP staff in collecting data and information for inclusion in its annual report submitted in April, 2011. The Evaluation Unit is also providing evaluation assistance to the design and conduct of a case study of a supported employment pilot for up to 10 students in which SHEP is partnering with the Kentucky Office of Vocational Rehabilitation to transition students with significant disabilities into paid employment positions.

During the summer of 2010, the Evaluation Unit undertook a project sponsored by *VSA: International Organization for Art and Disabilities* to conduct an environmental scan for art

education delivered to public school students with disabilities. This effort provided VSA management with valuable information regarding the challenges to and opportunities for art education for students with disabilities in the national policy, special education, technology and art domains.

Finally, the Evaluation Unit is also responsible for collecting evaluation information on those HDI projects, many of which are statewide such as the Migrant Farmworker Employment Development Project, which are pertinent to the objectives in HDI's federal five year plan. Over the last year, HDI evaluators met with a number of Project Directors and provided assistance to them to put evaluation processes and tools in place to capture data on project short-term and intermediate outcomes. Evaluators are also working with Project Directors to identify existing data routinely collected on projects which can be used for evaluative purposes.

Status of Objectives Under Goal 4: With the exception of Objective 4.3, all objectives under Goal 4 for Year III have either been met or in progress. To achieve Objective 4.3, we have completed the statewide supported employment data-base structure, and the system is entering into piloting and data collection phase. Finally, successful strategies for achieving HDI research objectives have been described above, and have included key collaborations with state policymakers, self-advocates, and family members, and other universities (as is in the case of the *National Center for Early Childhood Transition Center* and the *National Alternate Assessment Center*).

Goal 5: Dissemination. *In collaboration with consumers and family members, to disseminate HDI products through a variety of methods, including electronic and alternate formats, to assure that multiple audiences have timely access to information to improve services and results.*

Progress On Objectives under Goal 5:

Objective 5.1: Provide information to at least 2,000 consumers and family members per year on self-determination and self-advocacy through training materials, newsletters, DVDs, and other products, and through inter-agency collaboration (e.g., KY Commission for Children with Special Health Care Needs)

Under Objective 5.1 (Self-Determination and Self-Advocacy Materials), we have created a new book, *Life After High School: The Next Chapter*, both available in hard copy (over 7,000 copies printed in June 2011) and online (http://www.shepky.org/wp-content/uploads/2011/07/Life_After_High_School1.pdf). The purpose of this book is to highlight examples of youth and young adults with intellectual and developmental disabilities who have followed their dreams by going onto to college, or starting their own businesses. The book also includes resources and tips for transition planning, and is aimed at middle and high school students with disabilities, their teachers, and families, to enable them to see what is possible in their lives.

HDI continues to disseminate a range of educational materials targeted to professionals, families, and individuals with disabilities, including its transition manual “*Get a Life: Planning for Transition from School to Adult Life*” to both teachers and students with disabilities. Topics include self-determination and self-advocacy, transportation options, resources for independent and supported living, employment, and recreational opportunities. This popular student transition handbook is also-available in Spanish and is available in hard copy or download from <http://www.HDI.uky.edu/ktcp/materials/Get-a-Life-SP-2007.pdf>. We have also developed a student transition guide to post-secondary education, *Access to Post Secondary Education*, available from our comprehensive transition website www.transitiononestop.org. We continue to make available our *Student-Directed IEP* (SD-IEP) materials, a collaborative effort between

the KY Protection and Advocacy, the KY Council on Developmental Disabilities (KCDD), the KY State Personnel Development Grant (SPDG)/Post School Outcome Study, and KY's Special Education Cooperatives. The training module for the SD-IEP is available via www.transitiononestop.org

Our *Post-Secondary Inclusion Partnership (PIP)* twelve-minute DVD entitled "Megan's Story" is currently being used by families, not just in Kentucky, but from Sri Lanka in southeast Asia as well. In order for Sri Lanka families to access the video, and to understand the possibilities for their son or daughter with Down syndrome in terms of post-secondary education, the video has been translated into the native language of that country (Sinhalese).

Our HDI newsletter, *In Touch*, published its Winter 2010 issue featuring *Kentucky's Post School Outcome Study*, the *STARS Quality Rating System for Child Development Centers*, our *Postsecondary Inclusion Partnership*, as well as the growing attendance and community involvement at HDI seminars. Our newsletter is disseminated statewide to advocates, families, professionals, policymakers, and legislators and is also available on line at <http://www.hdi.uky.edu/sf/news/newsletters.aspx>. Our Summer 2011 newsletter, focusing on inclusive recreation and gardening opportunities, as well as our Health Matters initiative, is being disseminated electronically and in hard copy and is also available our website.

Objective 5.2: Disseminate information to at least 1,000 consumers and family members on KY's Supported Living Program, KY Supports for Community Living Waiver, Medicaid Buy-In, Michelle P. Waive, opportunities for Supported Employment.

Under Objective 5.2 (Supported Living and Supports for Community Living), HDI's *Kentucky Disability Resource Manual* includes direct information on housing, KY Supported Living, and the state's Supports for Community Living Waiver Program. To date, several

thousand copies of this manual have been disseminated in hard copy and a web-based version is available at: http://hdi.uky.edu/SF/Files/ResourceManual_10_10.pdf. and in Spanish at: <http://hdi.uky.edu/SF/Documents/ManualDeKentuckyParaRecursos.pdf>. During this past year, HDI disseminated well over 100 hard copies of our newly revised Resource Manual (all at no cost), and over 1,200 electronic downloads of the Resource Manual from the website. The newest edition of the Manual was released in the Fall of 2010, and also translated into Spanish, with the Spanish translation also available on our website.

We also offer a KY Transportation Manual on our website, which lists accessible transportation options by county and was viewed or downloaded 889 times last year. In addition, HDI created a Recreation Manual with options and suggestions for accessible recreational activities, which was viewed or downloaded 740 times last year.

Objective 5.3: Disseminate information to at least 500 family members and providers per year on practices to support high quality child care settings for all children.

For objective 5.3, the *Training into Practice Project (TIPP)* staff trained 61 early care and education professionals during the past year in the recommended practices and approved instruments for screening young children, as disseminated in *Kentucky's Early Childhood Continuous Assessment Guide* (KIDS NOW, 2004) and trained an additional 59 professionals/paraprofessionals in using authentic methods for assessing young children. A total of 384 early care and education professionals attended the two-day collaborative Infant-Toddler Institute in August 2010.

To assist families and prospective parents who have just received a diagnosis of Down syndrome either for their newborn or in utero, we have developed a Web-based *Family Version* of Brighter Tomorrows (www.brightertomorrows.org). During the past fiscal year, we have had

a total of 4191 visits to the Website from 67 countries. A total of 29 parents completed the electronic survey asking for their feedback and what they thought was most important for physicians to convey at the point of diagnosis. Families rated all aspects of the website at least a rating of 4.5 (on a 5 point scale) for all aspects of the website and its ease navigation.

Family comments included: “I appreciated seeing a physician and patient sitting down with up-to-date information”; “I hope you will continue to publish success stories”; and “Physicians are there not only to bring negative information, but also to show all the positive they can.”

Objective 5.4: Expand information dissemination to agencies in the broader community, including underserved individuals, through at least 5 collaborative events (e.g., community fairs) per year with our DD partners, FIND, and KSAFF.

Ms. Marybeth Vallance, HDI Preservice Coordinator, continues to serve as the contact person for “*Disability Connect*,” a program through the University of Kentucky’s Human Resources “Work-Life.” U.K.’s “*Disability Connect*” is a free, employee service for full-time and part-time University of Kentucky faculty, staff, retirees, and spouses/partners who assist in the care of family members and friends of any age who have disabilities. HDI’s “Disability Connect” offers information and referral services to UK employees and their family members who have personal questions regarding various aspects of caring for a family member, relative, or even a member of their neighborhood community who has a disability. Our *Disability Connect* service had 41 documented referrals from UK employees during this past year. Our work in this area has been to guide UK employees seeking care-giving, diagnostic and screening, early intervention, school IEP advocacy, universal design, accessibility issues, or funding issues.

Our HDI web-site has also been a source of inquiries from people around the state about programs and resources for those with disabilities or their caregivers/relatives. While HDI web-

inquiries are emailed to many of the HDI Project Directors or staff, our Preservice Coordinator has received multiple inquiries around referral requests, resources for parents of recently-diagnosed children on the autism spectrum or having a variety of learning disabilities to adult caregivers inquiring about home and vehicle accessibility, universal design, as well as school IEP, post-secondary transition planning, and funding needs.

To expand our community outreach, we coordinate both a Fall and Spring Seminar Series which are offered at no charge to our trainees, Research Assistants, educators/professionals, self-advocates and families of children with disabilities. We offer the “live” presentation at our Coldstream location (free, accessible parking) and we provide video-conferencing to our two other HDI locations, thus increasing the convenience for our students, staff, and community members in attending. Most importantly, we provide video conferencing links to sites throughout the state for our Seminar Series. We have expanded CEU applications and approvals for a broad spectrum of professionals, as well as expanded the list-serve to include individuals’ in state government, colleges and community colleges throughout Kentucky, as well as disability advocacy groups located throughout the state. Our attendance has increased up to 315 statewide attendees, for our most widely-attended Seminar. This is an increase from the Seminar Series’ attendance high of 75 in the last fiscal year.

Fall 2010 and Spring 2011 HDI Seminars included: 1) “Toward Inclusive Communities: Experiences from a Rural and an Urban Setting in India” (9/10/2010) 22 attendees ; 2) “Supporting Families of Young Children with Access to Services” (9/17/2010)” 96 attendees; 3) “Evidence Based Practices: Social Skills Development, Including Peer-Mediated Instruction and Development” (October 15, 2010) 126 attendees; 4) “Universal Applications of iPhones & iPads for Persons with Developmental Disabilities and Communication Disorders” (Feb 18,

2011) 315 attendees; 5) “Transitioning Students with Disabilities from High School to the Community: Issues and Programs” (March 4, 2011) 99 attendees; and 6) Re-creating Ourselves through Recreation (April 8, 2011) 56 attendees.

We also participate in educational seminars (and have done so for a number of years) on early intervention and school inclusion topics for *Ecuadorian* educators through an on-going “*Kentucky-Ecuadorian Partnership*.” HDI Project Staff presented “A Primer in Inclusive Education” to 24 Ecuadorian pre-school through elementary school educators via video-conferencing on November 17, 2010. HDI also presented “Learning Development of Young Children with Special Education Needs” on April 29, 2011 with 39 educators attending in the US Embassy in Ecuador. This international and multi-cultural Seminar dissemination project will be continued in the next fiscal year, and we have been asked in the coming year (2011-2012) to provide onsite assistance to professionals in Ecuador in assisting them to develop a more comprehensive plans for services for children and adults with developmental disabilities in that country.

Finally, a major source of information dissemination for the Institute occurs through its Website, which has greatly expanded its capacity over the past two years to provide information to practitioners, policymakers, families, and consumers in Kentucky, nationally and internationally. During this past year, HDI and its related sites had a record total of 5,573,467 page views (an average of nearly 18,000 page view per day), as well as a total of 263,537 product downloads (all offered at no cost). As an example of our product downloads, the PowerPoint slides for our iPad/iPhone Communication Seminar from February this year have already been downloaded over 8,700 times in the last four months of this fiscal year from sites

all over the country (<http://hdi.uky.edu/SF/Documents/UniversalApplicationsoftheiPhone-DrJKleinert.pdf>).

This year, there were 603,310 page views of our main HDI website (average daily view of 1,653), including the *KY Alternate Assessment Project* (designed primarily for teachers), 231,462, or 634 page views per day. Other major HDI sites included the *KY Post-School Outcomes Center* at 260,109 page views (average 713 page views per day). Our largest single site, the *KEDS Project* (designed to collect ongoing individual child outcome data for KY's toddlers and young children) had 2,457,678 page views (average daily pages 6,733) and our other Early Childhood Projects (designed to provide ongoing training and assistance to early childhood educators), collectively reported over 1,967,000 page views (under the related HDI website *Kentucky Partnership*) during this past year, for an average of well over 5,300 page view daily.

Other major HDI sites include www.transitiononestop.org (HDI lifespan transition website designed for teachers, administrators, policy makers, families, and students) 127,782, (daily avg., 350); our National Alternate Assessment Center www.naacpartners.org (42,278 page views for the past 9 months, and a total of 27,702 product downloads from this site alone); www.kypeertutoring.org (our statewide site for KY Peer Tutor Programs), 40,882 (daily avg. 178); *Preservice Health Training Modules*, 66,921 page views in the past 9 months (daily avg. 244); and the *National Early Childhood Transition Center*, 30,378 page views (daily avg. 83)

Status of Objectives Under Goal 5:

All objectives under Goal 5 have been achieved or are in progress for Year III. However, even though we receive tremendous traffic on our website (well over 5 million page views this year), those individuals who responded to our website satisfaction survey about the layout and

usability of our main HDI site expressed approximately only 76% satisfaction with the site (satisfied or highly satisfied). Given the prominence of our website in meeting our Information Dissemination Goal, and given the importance of all products and resources being easily found by self-advocates, family members, and professionals, we thus do not believe that this goal was this year to fullest extent possible, and are requesting unspent Carry Over Funds from this Year to create a whole new design and site architecture to our website. We have attached the proposed home page template and site architecture (site map) to this report, to show the work we have completed thus far on our website redesign.

INFORMATION ON PROPOSED REVISIONS TO THE GOALS

This report details our progress on the first year of our 2008-2013 Work Plan for each of our five goals. At this point, we have no plans to revise any of the goals or objectives which were reported above.