

PICs –n– Pieces

Parent Information Center & Parent Education Network Wyoming State PIRC
Parents Helping Parents of Wyoming, Inc.



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WHAT YOU NEED TO KNOW ABOUT PROGRESS MONITORING

What is Progress Monitoring?

“Progress Monitoring” is just what it sounds like—a way to monitor a child’s progress! Progress monitoring tools allow for direct, frequent, and continuous assessment. By using progress monitoring tools, teachers can assess how a child is doing academically and the effectiveness of their instruction. Progress monitoring tools can be used with whole groups of students or with one student at a time.

Why use Progress Monitoring?

There are many benefits to progress monitoring. Some of these include:

- ✓ Students receive more appropriate instruction.
- ✓ Learning outcomes improve.
- ✓ Teachers can make more informed instructional decisions.
- ✓ Student progress is monitored and documented.
- ✓ Families and school professionals communicate more effectively about students’ progress.
- ✓ Teachers have higher expectations for students.
- ✓ Special education referrals decrease.

How does Progress Monitoring work?

As previously stated, progress monitoring tools can be used with entire classrooms or with individual students. A teacher might use progress monitoring tools to assess the progress of all students in her classroom and to identify those who might need additional help. Teachers may also monitor the progress of individual students to address their unique learning needs.

The following example shows how progress monitoring tools might be used to address a child’s reading needs. Maria is a child who struggles with her reading rate. Maria’s teacher, Mr. Hill, and the progress monitoring team work with Maria’s parents to discuss the need for some additional instruction or interventions. Here are some steps the team might use to track Maria’s performance and to evaluate the effectiveness of their interventions using progress monitoring.

Choose a progress monitoring tool. Several formal tools for progress monitoring exist, such as the Dynamic Indicators of Early Basic Literacy Skills (DIBELS) and AIMSweb. These are brief assessments that provide a snapshot of a child’s academic development. Progress monitoring tools can also be informal, such as the number of words a child reads in a minute or the number of math problems a child solves in a minute. In this example, the team decides that they will monitor Maria’s progress by determining how many words she accurately reads in one minute.

Decide how often to measure progress. The team decides that Mr. Hill will measure Maria’s progress each week on Friday.

Continued on page 2

Progress Monitoring

Establish a baseline. A baseline is like a pre-test. It is the initial assessment that shows where a child is performing, before the teacher provides instruction or interventions. In Maria's case, the team wanted to see how many words Maria could read in one minute before trying additional interventions. To get a good baseline, Mr. Hill measured Maria's reading rate 3 different times using 3 different passages.

The first time, Maria read 32 words per minute. The second time, she read 36 words per minute, and the third time, she read 34 words per minute. Mr. Hill graphed each of these data points on a chart and then circled the median number. The median is found by putting all of the numbers in order, from lowest to highest, and then finding the middle number. In this case, the median was 34 words per minute. This number will serve as Maria's baseline. (See chart below.)

Set a goal. The target reading rate for a child Maria's age is 50 words per minute. In order to reach this target, the team wants Maria to increase her reading rate by 2 words per minute each week. With a baseline of 34 words per minute, it will take Maria 8 weeks to reach this goal. Mr. Hill draws a line on his graph from Maria's baseline to the target. This line (see dotted line below) is called the "aim line." It will help the team to see if Maria is on track for meeting her goal.

Decide on the interventions to be used. Progress monitoring tools don't just measure the child's progress; they also measure how well the strategies being used in the classroom are working. Keeping track of the interventions and strategies being used are an important part of progress monitoring. For their intervention, the team decides that Mr. Hill will do 10 additional minutes of sight word drills with Maria each day.

Measure progress using the selected tool. After a week of doing the additional sight word drills, Mr. Hill once again measures Maria's reading rate. She reads 35 words per minute, showing little progress from her baseline. After an additional week, Maria reads 33 words per minute, and after another week, she reads 34 words per minute. Mr. Hill graphs these data points on his chart.

Analyze the data. As the chart shows, Maria showed no improvement after 3 weeks, even with the additional drills. The data points from her weekly assessments were not near the aim line. Therefore, the team decided that the drills were not a helpful way to increase Maria's reading rate.

If needed, select different interventions. Since the drills were not working, the team decided that Maria will instead participate in a daily, research-based repeated reading program. Mr. Hill draws a vertical line on the graph after the last data point to signal that there has been a change in interventions.

Measure progress. Mr. Hill measured Maria's progress at Week 4, the first week after beginning the repeated reading program. Maria read 41 words per minute. She read 43 words at Week 5, and 45 words at Week 6. Mr. Hill graphed these results on the chart.

Continue to evaluate and monitor progress. After looking at the graph, the team could see that Maria was making progress with the repeated reading program --the data points on the graph were approaching the aim line. Therefore, the team determined that the repeated reading program was an effective intervention. The team will continue to monitor and discuss Maria's progress on a weekly basis to ensure that she continues to move toward her goal.



This article is available as a PEN Note. Visit www.wpen.net or call 307-684-7441 for copies.

Some information from www.studentprogress.org and www.specialconnections.ku.edu

Accessing Accommodations for SAT/ACT

As graduation time nears, many high schoolers are faced with the daunting task of taking college entrance exams. With so much riding on these exams, they are a stressful time for almost any student. However, the stress can be compounded for students with disabilities.

Historically, the ACT and SAT have had reputations for making accommodations difficult to access, though their approval rate is overall quite high (85% for SAT, 92% for ACT). This was likely due in part to the courts' narrow definition of what constitutes a disability under the Americans with Disabilities Act (ADA), which is a law that guarantees equal access for all individuals.

However, Congress recently passed new regulations to expand the definition of a disability, hopefully making it easier for students with less visible disabilities, such as Attention-Deficit Hyperactivity Disorder (ADHD) and learning disabilities, to obtain needed accommodations. The new regulations, which were released in September and take effect in March, tell testers to give "considerable weight" to documented accommodations at applicants' schools, keep documentation requests "reasonable" and give credence to assessments of disabilities by qualified evaluators.

According to experts, applicants applying for accommodations need to demonstrate that their disability substantially limits their daily functioning and their ability to take the test. They must show that their requested accommodation fits their disability — extra time (typically 100 to 125 more minutes) for a student with a reading disability, or breaks between tests for a student with poor attention. Extended time is the most requested accommodation.

Students also must prove they have used similar accommodations in their school, even if informally. "The presumption is that if you're not using it, you don't need it," says Nora Belanger, a disability rights and special-education lawyer in Norwalk, Conn.

Public school students may have formal plans: an Individualized Educational Plan for specialized instruction, services, accommodations and academic goals, or a less intensive Section 504 Plan. Private schools, on the



other hand, may provide accommodations informally, like giving time at lunch to finish a test. All this documentation is vital.

Documentation submitted to the College Board and ACT ranges from one page to hundreds. Sometimes key information is buried. Such was the case for one student whose school submitted his 40-page-plus I.E.P. without summarizing why he needed accommodations for the SAT. He was denied. Vincent Varrassi, his tutor, stepped in: "I wasn't the evaluator but I took the info that was already there and was able to present it in a four-page letter that flowed logically." The application was approved.

Because testing organizations may ask applicants for more documentation, "parents need to be organized," says Marybeth Kravets, co-author of the "K&W Guide to Colleges for Students With Learning Disabilities or Attention Deficit Hyperactivity Disorder." "They need to copy everything in school files as early as possible," she says. "They need to have a copy of special-education records, if they have medical records when the child was 7 or 9 and a kid was acting out."

Perhaps the biggest red flag is a late diagnosis.

If a student's condition is diagnosed in high school or just before, that tends to raise questions. If it is less than three school years before a request for accommodations, the ACT requires students to submit "full" documentation — for example, for a student with attention disorder, the documentation would that include results from a professional evaluation, an overview, evidence of early and current impairment, relevant testing, and the impact of current accommodations.

In cases suggesting later diagnoses, the College Board (SAT) also requires full documentation, but typically when a student has used accommodations or had a formal plan in place for only less than four months.

For more information about SAT and ACT accommodations, visit their websites at www.collegeboard.com/ssd/student/index.html and www.act.org/aap/disab/chart.html.

Taken from Moore, A.S. *Accommodations Angst*. New York Times, November 4, 2010.

Seeing Beyond the Scores

A new study published in the Journal of Autism and Developmental Disorders this month indicates that children with autism may be more capable academically than their IQ scores would suggest.

While tests scores can never paint a complete picture of a child, IQ scores are generally considered to be reliable measures of academic ability for most students. However, the results of this study show that this may not be the case for students with autism.

While IQ tests attempt to measure ability, achievement tests are designed to measure mastery. When a child's scores on these two types of assessments are similar, then he or she is assumed to be achieving in a way that is consistent with his or her ability.

However, the researchers in this study found that there were discrepancies between the IQ and achievement scores of students with autism in 90% of the cases.

“What we found was astounding: 27 out of the 30

children — that's 90 percent — had discrepancies between their IQ score and scores on at least one of the academic achievement tests,” said Annette Estes, a research assistant professor at the University of Washington's Autism Center and one of the study authors. “Some scored higher and some scored lower than what their IQ score would predict.”

The discrepancies were particularly large in spelling and word reading, the researchers report.

Estes says that future study will concentrate on whether or not these trends hold true in the classroom.

“We need to know if children with autism spectrum disorders who have these higher-than-expected scores are able to demonstrate their abilities in the classroom in terms of grades and other measures of success,” Estes said. “This could influence placement in classes that adequately challenge them.”

Source: Heasley, S. *True Smarts of Kids with Autism Often Differ from IQ*. Disability Scoop, November 18, 2010, available at www.disabilityscoop.com

Diagnostic Developments

Researchers have found a promising new method for detecting a biological basis for autism.

In a new study, scientists used magnetic resonance imaging (MRI) scans to examine the brains of 30 individuals diagnosed with autism and 30 with no diagnosis.

By using these scans, researchers were able to successfully identify 94% of the individuals diagnosed with autism, and another study also showed positive results.

The images showed significant differences in the brain circuitry of individuals with autism, especially in the areas dealing with language and social and emotional functioning.



If future studies confirm these results, experts say that this method could lead to more scientific and less subjective diagnosis as well as aid in early detection. Source: Steenhuysen, J. *Brain scans accurate at spotting autism: U.S. study*. Reuters Dec 2, 2010, <http://www.reuters.com/>

Temple Grandin's Mother Given Emmy Award

A recent HBO film received many accolades for its depiction of Temple Grandin, a woman with autism who is well known for her advocacy efforts as well as her contributions in developing humane animal-handling facilities.

Julia Ormond played Temple's mother in the film and was awarded an Emmy for her performance. At an autism conference in Los Angeles, Ms. Ormond graciously presented the awarded to Temple's real mother, Eustacia Cutler.

Said Ormond: “I know that as a young woman Eustacia Cutler's dream was to be an actress. Instead, she played the most important role a woman can play in life... that of a loving and caring mother and, for that, I want her to have my Emmy.”



WHAT YOU NEED TO KNOW ABOUT HEALTH CARE



The recent passage of the Affordable Care Act under President Obama has generated much controversy. However, regardless of whether or not you supported this law, there are some important changes to be aware of that may benefit you and your family.

+ Industry Reforms

The new law:

- Prohibits insurance companies from refusing coverage to or limiting the benefits of children (up to age 19) because of a pre-existing medical condition. In 2014, discriminating against all individuals who have a pre-existing condition will be prohibited.
- Prohibits all insurance plans from putting lifetime caps on the dollar amount that they will spend on benefits. In the past, patients with cancer or other chronic diseases ran the risk of hitting a lifetime cap and losing access to care. The law also restricts most insurance companies' use of low annual dollar limits on benefits. In 2014, annual limits will be eliminated.
- Prohibits all insurance plans from canceling your coverage because of an unintentional mistake on an application.
- Prohibits new insurance plans from denying coverage for needed care without a chance to appeal to an outside party.

+ Consumer Protections:

For new plans purchased on or after September 23, 2010, the new law:

- Requires plans to cover recommended preventive services, including mammograms, colonoscopies, immunizations, and well-baby and well-child screenings without charging deductibles, co-payments, or co-insurance.

- Guarantees you the choice of any available primary care and pediatric doctors in your plan's network of providers. It also assures women the right to see an OB/GYN without having to obtain a referral first.
- Ensures coverage of services provided by an emergency room that is not in your network without prior approval or additional cost to you.

+ Costs and Coverage

- The law creates a new program – the Pre-Existing Condition Insurance Plan – to make health coverage available to you if you are uninsured, have been denied health insurance by insurance companies because of a pre-existing condition, and are otherwise eligible.
- Young adults are able to remain on their parents' health plan until they turn 26 if the plan covers dependent children and if coverage isn't offered to them through their job.
- The new law provides additional resources and authorities to health care and law enforcement officials to prevent fraud and abuse in Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) and return more taxpayer dollars to the Medicare Trust Funds.
- New funding is expanding and modernizing Community Health Centers across the country to serve up to 20 million more patients.
- The law requires insurance companies to publicly disclose and justify unreasonable premium increases.
- In 2011, insurance companies will be required to spend at least 80% of your premium dollars on health care and quality improvements instead of overhead, salaries, or administrative expenses – or provide rebates to consumers.
- In 2014, new tax credits will help middle class families afford health insurance. Medicaid will be extended to Americans with low incomes of up to \$14,000 for an individual or \$29,000 for a family of four in 2010 dollars.

For more information about how the new law might impact you and your family, visit www.HealthCare.gov.

Taken from Affordable Care Act: What it Means for You brochure; available at http://www.healthcare.gov/center/brochures/for_you.pdf

REPORT CARD

Wyoming Superintendent of Public Instruction Dr. Jim McBride recently announced that 72 percent of Wyoming schools made adequate yearly progress (AYP) as defined by the No Child Left Behind Act (NCLB).

Under NCLB, all states are required to make AYP determinations each year for every public school district and school in the state. Schools and districts are required to continually improve their students' achievement in language arts and mathematics from year-to-year to match a federal mandate that all students are achieving at or above grade level by 2014.

This year, technical malfunctions related to the state assessment process have made it impossible for Wyoming to make valid determinations of student achievement based on the 2010 PAWS results. At the request of Wyoming school districts, the Wyoming Department of Education requested and was granted a waiver by the US Dept of Education for using the assessment results for high-stakes accountability. However, determinations based on the additional indicator for high schools (their graduation rate) continued for this year's determinations.

A total of 97 schools and five districts across Wyoming did not meet AYP targets for the 2009-10 school year. Of the 97 schools, four did not meet AYP for the sixth consecutive year, five did not meet AYP for the fifth consecutive year, five missed for the fourth year in a row, ten did not meet AYP for the third year in a row, 29 missed for the second year in a row and 44 did not meet AYP for their first year.

The consequences for schools and districts increase each consecutive year that they do not meet AYP. The 97 schools and five districts missing AYP this year will be listed as high priority or "in need of improvement" and will receive technical assistance to aid in improving

student and school achievement.

As prescribed in the Wyoming Accountability Workbook, schools and districts must meet a specific target level, which ranges between 49.2 and 65.6 percent proficient, in math and language arts to achieve adequate yearly progress. The long-term goal is for 100 percent proficiency in language arts and math by 2014.

The graphic below shows the target increases for the next three years or until the 100 percent requirement in 2014.

A new target level requirement applies to schools that do not have a graduation rate of at least 80 percent as well. Those schools that do not meet the 80 percent requirement have been given a range of achievements and, depending upon which achievement level they fall under, must now raise their graduation rate by a minimum percentage from year to year.

Before the target levels were implemented for this year, schools only had to show a measurable increase in their graduation rate. The new target levels, depending on what the current rate is, require an increase in their graduation rate of between 11 percent and 6 percent from the previous year.

This year, at least 251 schools out of 348 in Wyoming made AYP, which compares with 245 schools making AYP last year. This is an increase of 1 percent over last year. Ninety-seven schools did not meet AYP this year, which compares with 102 schools not making AYP from last year. Forty-two Wyoming districts made AYP last year, while 43 Wyoming school districts made AYP this year. The full 2010 AYP results are available on the Wyoming Department of Education website at www.k12.wy.us under New Information.

Taken from WY Dept Ed Press Release: 2010 Adequate Yearly Progress List Released, December 7, 2010.

	Elementary School		Middle School		High School	
Year	Language Arts	Mathematics	Language Arts	Mathematics	Language Arts	Mathematics
2011	65.20	61.90	67.25	62.65	74.20	67.90
2012	76.80	74.60	78.17	75.10	82.80	78.60
2013	88.40	87.30	89.08	87.55	91.40	89.30
2014	100.00	100.00	100.00	100.00	100.00	100.00

Q & A: Parent Information Center

Q *What is it exactly that PIC does?*
 PIC helps families of children with disabilities to learn about and understand the special education law.

Q *How does PIC do that?*
 We have 7 Outreach Parent Liaisons located in different communities across the state, working out of our offices or out of their homes, to answer questions on a one-on-one basis about specific problems or concerns parents might have about their children. Often, families do not know what the process is for special education, so PIC staff help them walk through the process of receiving services. Sometimes families are frustrated and do not know how to voice that frustration in a positive way, so PIC staff will problem-solve with families to find ways to better communicate with schools.

Q *I have heard PIC provides trainings on special education and/or disabilities. How can I get one scheduled in my area?*
 PIC is available to provide trainings in any community in Wyoming for families of children with disabilities, at no cost to them. All you need to do is go to our website at www.wpic.org and click on "contact PIC" in the right upper corner to find the Outreach Parent Liaison for your area. You can then either call them or e-mail them with your request— and set up a date and/or time that is convenient for everyone. Or, you can call the PIC central office at 1-800-660-9742 and we will send the request to the outreach, who will then get back with you to get it scheduled.

Q *What topics do you cover for your trainings?* We have 24 different workshops available, and can tailor them to fit your need. The list

of workshops with descriptions is located at www.wpic.org under the **services** menu button. Some topics are: Tips for IEP's; Parent's rights under IDEA; sensory disorders; Down Syndrome; Autism; Transitions to Employment; and Positive Behavior Interventions and Supports; to name a few.

Q *How long do the trainings last?* Most workshops are between 1 1/2 to 2 hours. However, we can expand them to 4 hours each.

Q *Sometimes I feel overwhelmed at my child's IEP meetings. Can someone with PIC go with me to an IEP meeting?* Yes! PIC Outreach Parent Liaisons are available to attend meetings with families— given enough lead time for scheduling. We like time to discuss any concerns or issues prior to the IEP meeting, and problem-solve solutions to support your child's academic success. PIC's role at IEP's is not as "fixers" but as someone to help families keep their emotions under control and to clarify and help families stay on track. We believe in a win-win solution for everyone.

Q *Do you have a handbook or other information I can read?* Yes! We have just developed a new revision of our handbook on cd and hard copy called "**Keys to Confident and Effective Parent Participation in the Special Education Process**". It is available at www.wpic.org as well. We also have 24 brochures on different disabilities and related topics posted Call PIC for your copy today!

TOGETHER We Make a Difference

Check out our newly revised
Keys to Confident and Effective Parent Participation in the Special Education Process
 at www.wpic.org or call PIC for your copy!



Choosing Quality Child Care

You want the best for you children. But how can you ensure that they are getting the best from their child care? The Wyoming Department of Family Services suggests taking these 5 steps when choosing a child care provider:

1 Get organized.

Finding quality child care is going to take a little homework. If possible, begin gathering basic information several months before you think you will need child care.

- Ask your friends and coworkers for recommendations.
- Contact Child Care Finder at 1-800-578-4017 or www.cnswyoming.org for names of licensed child care programs and other helpful information.
- Contact Wyoming Children’s Action Alliance at 307-635-2272 or www.wykids.org to learn more about quality standards for child care.
- Check to see if your community has a Head Start program or a community sponsored pre-kindergarten or after-school program.

2 Conduct a phone interview.

Save time and energy by using the phone to narrow your search. It is a good idea to contact at least three different caregivers. To get the best response, avoid calling at busy times such as arrival, departure, or lunch time. A list of questions to ask is available at: <http://dfswapps.state.wy.us/DFSDivEC/General/documents/ParentsCheckList.pdf>.

3 Make a visit.

If possible, visit at least three caregivers or child care programs. Be prepared to spend some time—at least an hour or longer. You should expect:

- A warm greeting
- Short introductions to both adults and children
- A brief tour
- An explanation of fees and policies
- An invitation to stay awhile to see the daily routine and children playing

Some questions to ask might include:

- ✓ Please describe a typical day.
- ✓ How much TV are children allowed to watch?
- ✓ How do you handle nap times?

- ✓ How do you handle toilet training?
- ✓ What types of play or learning activities do you have?
- ✓ Do you have CPR and First Aid training?
- ✓ What child proofing have you done to prevent accidents?
- ✓ What types of foods do you serve for meals and snacks?
- ✓ Do you participate in the Child Care Food Program?
- ✓ Are children ever transported in a vehicle? Do you use seatbelts or car seats?
- ✓ How do you handle emergencies?

4 Check references.

Don’t be shy about checking references. Selecting a caregiver for your child is one of the most important things you will ever do. Ask each caregiver for at least two parent references and their phone numbers. Most parents are happy to share information with other parents and can be a wonderful resource. Parents who check references say they often get information they couldn’t have gathered any other way. Also, you can request the licensing compliance history from the Child Care Licensing Officer for your county

5 Make a decision.

Remember that it is OK to be choosy. Review the information you have gathered and call back if you have questions that were not answered. Trust your gut instinct. If you are not comfortable with what you have found thus far, keep looking. If a child care you like is full, put your name on a waiting list. Even if you must use another program temporarily, you will have this as an option if things don’t work out.

Prepare your children by talking positively about the new child care situation and by letting them visit the place beforehand. Ask your new caregiver if it would be OK for your child to bring a favorite toy, teddy bear, or blanket to help ease the transition.



Tips on Toys

The holidays are over. The decorations are put away. But all those new toys are here to stay.

Toys can be an important part of a child's development, but selecting the right toys can be a difficult task. Here are some tips from the American Academy of Pediatrics (2008) that may help.

1. **Read the label.** Warning labels give important information about how to use a toy and what ages the toy is safe for. Be sure to show your child how to use the toy the right way.
2. **Think LARGE.** Make sure all toys and parts are larger than your child's mouth to prevent choking.



3. **Avoid toys that shoot objects into the air.** They can cause serious eye injuries or choking.
4. **Avoid toys that are loud** to prevent damage to your child's hearing.
5. **Look for stuffed toys that are well made.** Make sure all the parts are on tight and seams and edges are secure. It should also be machine washable. Take off any loose ribbons or strings to avoid strangulation. Avoid toys that have small bean-like pellets or stuffing that can cause choking or suffocation if swallowed.
6. **Buy plastic toys that are sturdy.** Toys made from thin plastic may break easily.
7. **Avoid toys with toxic materials that could cause poisoning.** Make sure the label says "nontoxic."
8. **Avoid hobby kits and chemistry sets for any child younger than 12 years.** They can cause fires or explosions and may contain dangerous chemicals. Make sure your older child knows how to safely handle these kinds of toys.
9. **Electric toys should be "UL Approved."** Check the label to be sure.
10. **Be careful when buying crib toys.** Strings or wires that hang in a crib should be kept short to avoid strangulation. Crib toys should be removed as soon as your child can push up on his hands and knees.

New Legislation: HUD's Section 811 Housing Improvements

Last month, the Frank Melville Supportive Housing Investment Act of 2010 was passed by Congress. This groundbreaking legislation will reinvigorate and modernize the US Department of Housing and Urban Development (HUD) Section 811 Supportive Housing for Persons with Disabilities program that provides critically important affordable housing linked with community-based supportive services for the most vulnerable people with disabilities. By leveraging other sources of capital funding, such as federal Low Income Housing Tax Credits, the reformed Section 811 program will now fund thousands more units of supportive housing every year and – for the first time – create integrated supportive housing units within affordable housing properties.

On Dec 17, 2010 the US Senate passed this legislation by unanimous consent. The House passed a similar bill in 2009 and voted Dec 21, 2010 to adopt the bill passed by the Senate before final adjournment of the 111th Congress.

Section 811 Reforms The Frank Melville Supportive Housing Investment Act makes long overdue Improvements to the Section 811 program by:

- Modernizing and simplifying the capital advance program for non-profit sponsors,
- Integrating supportive housing for people with disabilities into larger multi-family affordable rental housing developments,
- Protecting an existing tenant-based program targeted to people with disabilities, and
- Creating an innovative subsidy approach that will allow states to leverage additional capital funds for the creation of new units of supportive housing.

Source: Consortium for Citizens with Disabilities press release Dec 22, 2010

ABOUT US:



Parent Information Center, PIC:

Outreach Parent Liaisons (OPL) provide local information and support to families of children with disabilities, on their rights under special education law, IDEA. PIC also provides workshops on IDEA, IEPs, and specific disabilities such as attention disorders, autism and down syndrome. If interested in a workshop in your community or making contact with an OPL, call PIC at 1-800-660-9742 or (307) 684-2277:

- Terri Dawson**, Director, tdawson@wpic.org
- Julie Heil**, Outreach Coordinator-Buffalo, 684-2277, jheil@wpic.org Serves Buffalo & Sheridan
- Betty Carmon**, Powell, 754-3430, bcarmon@wpic.org Serves Cody, Powell, Greybull, Worland, Lovell & Thermopolis area
- Janet Kinstetter**, Moorcroft, 756-9605, jkinstetter@wpic.org Serves Moorcroft, Gillette, Sundance & Newcastle area
- Jan Jones** jjones@wpic.org; **Eva Chance** echance@wpic.org Cheyenne, 635-3536, Serve Cheyenne, Laramie, Wheatland & Torrington
- Jennifer Petri**, jpetri@wpic.org Green River, (307) 875-1929 or
- Tammy Wilson**, twilson@wpic.org Green River, (307) 217-2244 Serves Green River, Rock Springs Kemmerer and Evanston area



WY Family to Family Health Information Center:

Wyoming Family To Family Health Information Center (WY F2F HIC) provides support and information for families of children and youth with special health care needs (CYSHCN) on services and resources in Wyoming. Call 1-800-660-9742 or e-mail: wyf2f@wpic.org.



Parent Education Network, PEN:

As the Wyoming State PIRC, PEN provides technical assistance to schools about family friendly practices in education. PEN works with schools to help families be more actively engaged in their children's learning and education. For more information, contact:

- Terri Dawson**, Director (307) 684-7441, tdawson@wpic.org
- Natalie Pique**, Family-School Partnership Liaison, Casper (307) 265-6884 npique@wpen.net

Parents as Teachers, PAT:



PEN also provides home-based services for children, prenatal through age five, and their families with the *Parents as Teachers (PAT)* program. For more information, call Dara Johnston, PAT Coordinator at (307) 684-7441 or e-mail PATinfo@wpen.net. Certified PAT parent educators are:

- Erin Swilling**, Cheyenne, (307) 635-3536, eswilling@wpen.net
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- Becky Rigsby
- Anita Sullivan

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UPCOMING EVENTS

WE'RE CELEBRATING OUR 20TH ANNIVERSARY

2011 MARKS THE 20TH ANNIVERSARY OF PARENTS HELPING PARENTS OF WYOMING AND WE WANT YOU TO JOIN US IN CELEBRATING! WATCH FOR MORE INFORMATION ABOUT EXCITING UPCOMING EVENTS!



Parent Information Center

Information & Referral
for Parents of Children
with Disabilities

500 W. Lott St. Suite A Buffalo, WY 82834
1- 800-660-9742 or (307) 684-2277

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