

# FDLRS Record

Newsletter for the University of Florida FDLRS-MDC program in Jacksonville

## **IN THIS ISSUE:**

**Managing Changes in Routines by Utilizing Visual Schedules and Supports**

**Increasing Self-Advocacy Skills**

**Promoting Self-Determination Through Choice Making**

**Being an Active Participant in Your Child's Therapies**

**Help Promote a "Can Do" Attitude in Your Students: Tips for Teachers**

**Basic Information on the ESE Process**



# Managing Changes in Routines by Utilizing Visual Schedules and Supports

by Chelsea Pierce, M.Ed.

Often times, the New Year brings new routines. Sometimes, a change in children's everyday activities may result in challenging behaviors due to lack of organization and discomfort of "not knowing" what to expect. How can we help our children to transition during changes in routines? Using visual supports are a helpful way to organize schedules into digestible pieces. In addition, "Visual supports serve as communication and teaching aids that provide students with information allowing them to process a message, task, or expectation." (Rao & Gagie, 2006) Visual supports pair a word, photograph or other image with an instruction, event or assignment.

For children that may be overwhelmed by verbal directions, face challenges with attention span or with memory retention, create a "Visual Schedule," which displays daily routines vertically with the use of images. It can be created with Velcro so that images can be swapped out based on changes in the schedule. This may help ease uncertainty, as each activity will be displayed in a way that is meaningful to the child. These visual schedules can be differentiated to meet the needs each learners' diverse needs. For instance, agendas are considered a visual schedule and can be used for short amount of time, or full days. It can be helpful to write down how many minutes a task is expected to last.

So, how do you get started with creation of visual schedules?

1. Begin with the student in mind
2. List their daily tasks
3. Create or find a visual or verbal representation of each task
4. Expect the unexpected! (unplanned/unusual activities)

If you are interested in creating any of these visuals and need some support with getting started, please feel free to set up a session. I can be contacted via email at [Chelsea.Pierce@jax.ufl.edu](mailto:Chelsea.Pierce@jax.ufl.edu) or by phone at (904)633-0769 and would be happy to help support!

## References:

Rao, S. M., & Gagie, B. (2006). Learning through Seeing and Doing: Visual Supports for Children with Autism. *TEACHING Exceptional Children*, 38(6), 26-33.



## OUR SERVICES

### Who we Serve:

- Individuals between the ages of 3 & 22 who have not graduated high school.
- Who are struggling in school and have complicated medical, behavioral, developmental, &/or social histories
- And who reside in Baker, Clay, Duval, Flagler, Nassau, & St. Johns counties

### Services for Families:

- Comprehensive, multidisciplinary assessment, which may include psychoeducational, emotional-behavioral, &/or developmental pediatric evaluations
- Feedback sessions and a report detailing our findings
- Assistance in planning for your child's educational and psychological needs
- Trainings for parents covering a variety of topics

### Services for the Community:

- Training/consultations for educators, students, & other professionals
- Educational consultation and support services: This can include collaboration with school personnel to facilitate school placement & provision of services



# Increasing Self-Advocacy Skills

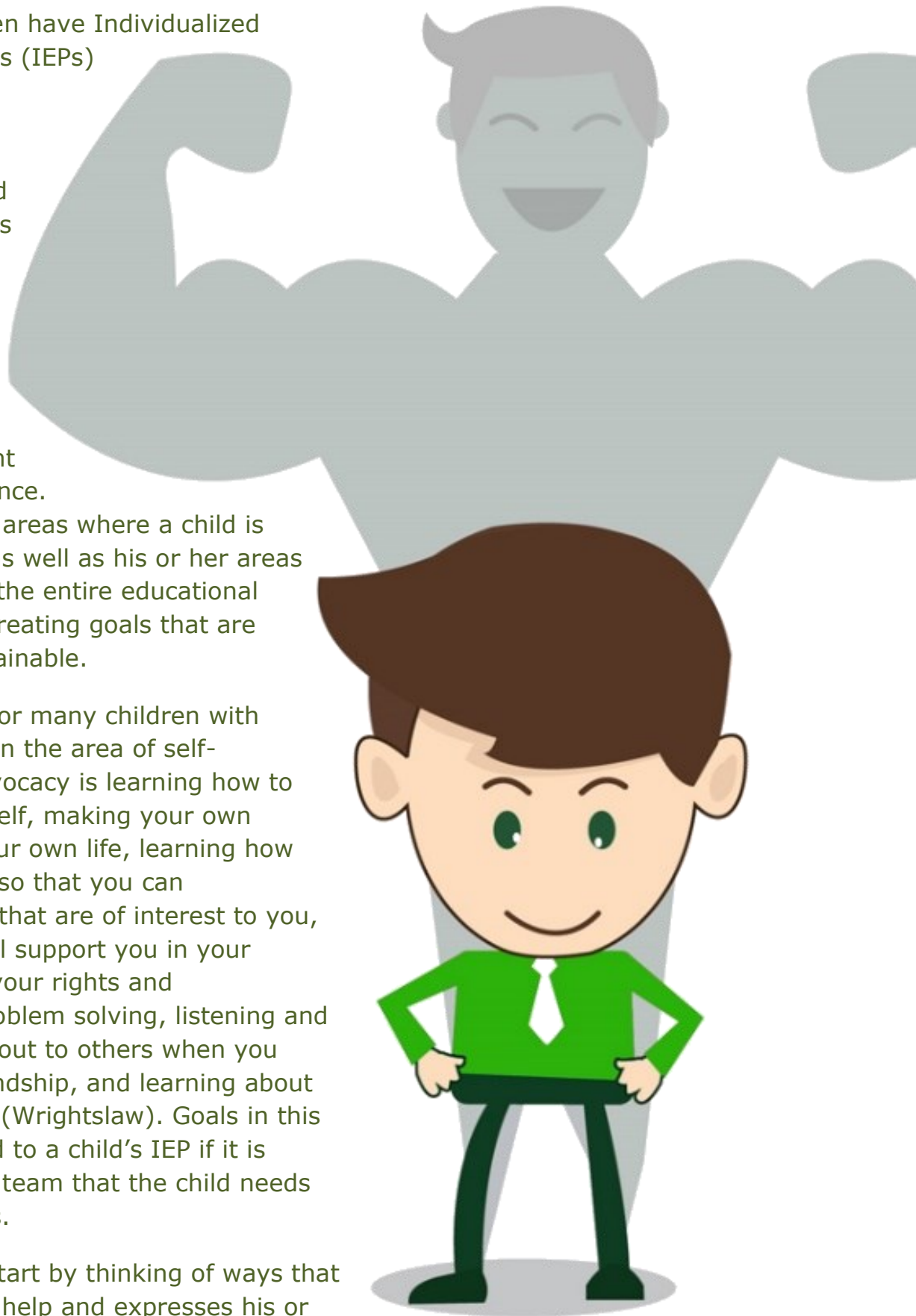
by Chelsea Pierce, M. Ed.

Many of our children have Individualized Education Programs (IEPs) that focus on their academic, social/emotional, communication and physical needs. It is always important to receive input and feedback from the child's parents and teachers in determining Present Levels of Performance.

Understanding the areas where a child is showing success, as well as his or her areas of deficit allow for the entire educational team to focus on creating goals that are achievable and attainable.

One area of need for many children with exceptionalities is in the area of self-advocacy. Self-Advocacy is learning how to speak up for yourself, making your own decisions about your own life, learning how to get information so that you can understand things that are of interest to you, finding out who will support you in your journey, knowing your rights and responsibilities, problem solving, listening and learning, reaching out to others when you need help and friendship, and learning about self-determination (Wrightslaw). Goals in this area may be added to a child's IEP if it is determined by the team that the child needs additional supports.

You may want to start by thinking of ways that your child asks for help and expresses his or



Continued from pg. 3

her wants and needs. If your child is of transition age (14 or older), you may want to print out a self-determination checklist. This will help to target areas of need.

How can we encourage our children to self-advocate?

Suggest that your child place his or her own food order, instead of ordering for them

Give your child choices. If he or she is not extremely verbal about his needs, you may want to ask them what they need, as a prompt. For instance, if your child is not asking for help in class, you may want to give choices. You may offer, "Do you want to meet with your teacher before school, or at the end of the class?" That way, it is understood that taking the time to advocate for his or her needs is non-negotiable. Explain why we would ask for help and what the benefits are.

Encourage your child to set short-term goals and work towards accomplishing these goals.

Empower your child by allowing them to request breaks in situations that may be overwhelming.

### **Helpful Resources:**

Topics - Self-Advocacy - Wrightslaw. Retrieved from <http://www.wrightslaw.com/info/self.advocacy.htm>

Your IEP Meeting: A Great Place to Practice Self-Advocacy Skills. (2015). Retrieved from <https://www.pacer.org/transition/resource-library/publications/NPC-28a.pdf>

Self-Determination Checklist Student Self-Assessment. (2008). Retrieved from [www.iidc.indiana.edu/styles/iidc/defiles/INSTRC/TuesTips/SelfDeterminationChecklistStudentSelf-Assessment1.pdf](http://www.iidc.indiana.edu/styles/iidc/defiles/INSTRC/TuesTips/SelfDeterminationChecklistStudentSelf-Assessment1.pdf)

Lee, A. M., JD. The Importance of Self-Advocacy for Kids With Learning and Attention Issues. Retrieved from <https://www.understood.org/en/friends-feelings/empowering-your-child/self-advocacy/the-importance-of-self-advocacy>

## **FDLRS Staff**

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*Chief of Developmental Pediatrics  
& Executive Director of FDLRS-  
MDC, Developmental Pediatrician*

**Jeannie M. Potthast, M.B.A.**  
*Assistant Director - CARD*

**Karen Mullin**  
*Office Manager*

**Anne M. Wilson, M.S.T.,  
BCaBA**  
*Clinician*

**Elise Summa, M.A., BCBA**  
*Lead Clinician*

**Marlena Jenkins, M.S., BCaBA**  
*Lead Clinician*

**Katrina Ressa, B.S., BCaBA**  
*Clinician*

**Jennifer Flagge, B.S.**  
*Event Coordinator*

**Anthony R. Rhodes, M.S.**  
*IT Expert*

**Audrey Bringman, B.S.**  
*Clinician*

**Chanel Baldwin, M.Ed.**  
*Clinician*

**Ashley Parker, M.S., CCC-SLP**  
*Speech Language Pathologist*

**Chelsea Pierce, M. Ed.**  
*Clinician*

**Autumn Mauch**  
*Executive Assistant*

**Tyler Rounds, B.S.**  
*Administrative Assistant*

UF-Jacksonville  
FDLRS-MDC serves  
Baker, Clay, Duval,  
Flagler, Nassau, &  
St. Johns County.

# Promoting Self-Determination Through Choice Making

By Audrey Bringman, M. Ed.

Choice making is just one component of self-determination that allows an individual with disabilities to show preference and make decisions that impact every day activities and quality of life. Choice making is a skill that may need to be explicitly taught to individuals with disabilities, but when encouraged from an early age, individuals should be able to generalize and maintain the choice making behavior throughout life, including the transition to adulthood. Choice making opportunities can be simple or complex and they can be presented in a variety of ways. For example, choices can be presented orally, in written form, or in pictorial form, depending on the individual's needs. Sparks, Pierce, Higgins, Miller, and Tandy (2016) studied the effects of a choice making training that was provided to high school students with intellectual disabilities using real life scenarios and still picture photographs. They determined that all students in the study benefited from choice making training, but the students varied in retention and maintenance of the skills. The National Gateway for Self-Determination also offers an easy to use formula for teaching and encouraging self-determination:

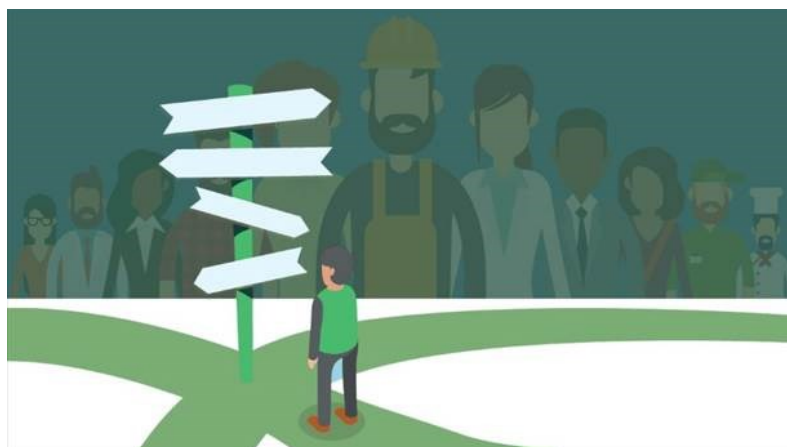
**Step 1.** Identify the problem/issue that requires a choice

**Step 2.** Look at all options available

**Step 3.** Choose the option that most appeals to you.

For further explanation on this process, [click here](#).

Choice making is an essential skill for everyday life and individuals with disabilities should be given equal opportunity to make decisions that impact their quality of life, whether it is choosing what to order for lunch, choosing which extracurricular activities to participate in, or choosing career preferences. As educators, parents, and professionals, when we give choice making opportunities to youth with disabilities and allow them to have a say in daily decisions, we can break down barriers of learned helplessness, low self-esteem, poor self-awareness, and lack of understanding of their own strengths and challenges.



## References and Resources:

Sparks, S.L., Pierce, T., Higgins, K., Miller, S., & Tandy, R. (2016). Increasing choice making in students with intellectual disability. *Education and Training in Autism and Developmental Disabilities*, 54(4). Retrieved from [here](#).

The National Gateway for Self-Determination (n.d.). *S1.15 – Choice making*. Retrieved from <http://ngsd.org/supports/supports-index-phase-1/s115-choice-making>

# Being an Active Participant in Your Child's Therapies

by Ashley Parker, MS CCC-SLP

As a Speech-Language Pathologist, I have seen first-hand the impact that parent involvement has on children's progress. No child ever "graduates" from Speech or other therapies by only working on those skills during the hour or so per week the therapist is seeing them. In fact, if a therapist works with a child one hour a week, that leaves 167 hours per week that they are outside the therapy room. Being an active participant, even when your child is in the public school system, is critical to your child's success and progress (ASHA 2015).

Generally speaking, there are three different ways that therapies are implemented: in a private clinic setting, in the home setting, or in the public school setting. For private therapy, the typical order of events involves parents bringing the child to therapy, and waiting in the lobby while the child participates in the therapy session. In Early Intervention home-based therapy, often times parents, being well-meaning, may want to separate themselves from the session in order to stay out



of the therapists way since they are working with the child. In the public schools, parents are often unable to participate in therapy due to privacy laws, work schedules, and variable class and therapy schedules (ASHA 2018).

Regardless, parents can and should participate in therapies. The following are some ways that parents can be involved in order to increase their child's progress:

1. For private and home-based therapies, parents should be at the therapy table with their child, and the therapist should be explaining to parents what different activities are, why they were chosen, and how parents can implement similar therapy strategies at home.
2. Open a solid line of communication with your child's therapist, regardless of setting. Email can be a great way to do this, and communicating with new skills you've noticed your child acquiring, a new interest that may give insight to a new preferred reinforcement, or with how you're seeing your child progress can not only establish good rapport, but can be a great way to get questions asked and answered!
3. Tell your therapist, again, regardless of setting, how much time your family reasonably has per day to set aside to work on therapeutic activities. Often times, working on skills doesn't have to be a strict set of time where it is all

work, but can be done through activities such as crafts, puzzles, book reading, and encouraging interactive play. By telling your therapists how much time you as a family can devote to specifically working with your child, you give them the opportunity to give activity suggestions that fit your life and schedule instead of general recommendations that may not be viable for your family.

Letting your child's therapist know that you want to be involved, showing active participation to the extent possible given the setting, and consistently implementing suggestions and activities given by your child's therapist will set your child up for success, making progress toward therapy goals.

### **Sources:**

Rhodes-Fyfe, A. (2015, August 20). *5 Ways to Involve Parents More in Their Kids' Treatment* [Web blog post]. Retrieved November 29, 2018, from <https://blog.asha.org/2015/08/20/5-ways-to-involve-parents-more-in-their-kids-treatment/>

Rush, D. (2018). From Couching to Coaching. *ASHA Leader*, 23 (10), 46-52.

# Help Promote a “Can Do” Attitude in Your Students: Tips for Teachers

by Marlena Jenkins, M.S., BCaBA

## Tip #1: Selecting a Goal

Set a timer for 5-10 minutes and instruct your students to create their own goal list. This should be their uninhibited thoughts and ideas based on what they wish to accomplish over the next, month, 9-weeks, semester or school year. During this stage of the process, do not limit or minimize anything your student creates. The only rule is that their list must be completed within the time allotted. Next, place students in pairs and give them a few minutes to share and discuss their list.

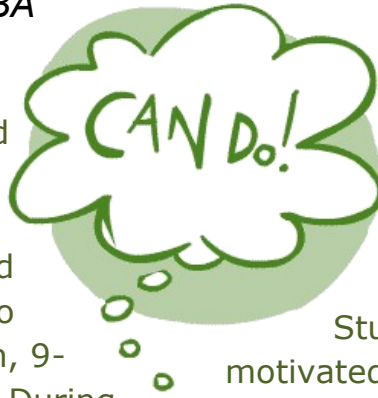
Afterwards, ask each student to return to their work space and narrow down their goal list to their top 3 goals.

**Tap into Multiple Intelligences by allowing your students to draw or create a dance or song about their top 3 goals.**

## Tip #2: Break up your Goal Bit-by-Bit

Have your students make a list of steps that are needed to reach their goal. This can be as many steps as they would like, but they should try to keep it around five so they do not get overwhelmed. Your students will enjoy checking off the steps as they are accomplished.

**Students with procrastination or organization difficulties: Print a calendar and mark off dates when each step should be accomplished. This can provide structure to students who have a hard time starting something new and/or completing things in a timely manner. Remember to build in**



**reminders before the due date. This will help student avoid procrastinating.**

## Tip #3: Reinforce Your Students

Students who are intrinsically motivated, that is motivated by their own internal efforts or success, may not have a problem completing this process without cheers and applause from their teacher, but others who need external praise will rely on your encouragement to keep them engaged and focused for what can be several months. Be sure to provide your students with behavior specific praise whenever you see them completing an action or task that supports progress toward their goal.

**Behavior specific praise should directly name the behavior that you want to continue seeing your student exhibit. During this time, you should avoid mentioning or drawing attention to any behaviors that are not positively related to the appropriate behavior you are strengthening.**

Lastly, celebrate your students for reaching their goal. This can be done in a party or group game that allows each student time to share how reaching their goal has impacted their life or made them a better student...athlete...musician....scientist...etc. Encourage your students to tackle another goal from their top 3 list.

**Please contact your local UF Jacksonville FDLRS-MDC to request training on this or any other educational topic.**



# Basic Information on the ESE Process

by Valerie Buckley, Psy.D.

Often Although learning is a process for all children throughout the year, this is often the time when parents hear that the progress of their child is not the same as the rest of their class. Parents may have suspected their child learned differently, but did not share those concerns with the teacher or was not heard when they tried to share their concerns. One avenue for children who learn differently is the process of identifying whether or not they need specially designed instruction or other services so that they can be successful in

the regular education setting with the supports they may need. In Florida, the identification step is considered to be an Eligibility Determination to decide if a student needs **Exceptional Student Education (ESE)** services. How is that determination made and what part do parents play in this process?

The following paragraphs present some information about the ESE process of identification through writing the **Individual Education Plan (IEP)**.

Continued on pg.10



Teachers will keep a parent informed of the child's progress through a variety of means including homework, graded class work, progress reports, report cards and parent conferences. If a parent is concerned about their child's learning process, a first step would be to ask for a conference with the teacher to relay concerns to the teacher to open communication. This in itself may resolve the concern. However, if your child continues to struggle in the academic setting, you may wish to ask for what extra services are available at the school to assist your child. Sometimes teachers are available before or after school to tutor students, psychoeducational classes may be offered, or behavior plans may be implemented in the class room. The official process of receiving interventions is called **Response to Intervention (RTI)** or **Multi-Tiered Systems of Support (MTSS)**. These are both processes whereby academic skills or behaviors are taught in a systematic manner that includes data collection to monitor the student's progress. Parents should be aware of this process as it is occurring with their child and have access to the information.

The RTI or MTSS process is ongoing and the interventions are supposed to be supplemental to the everyday instruction taking place with your child. When the intervention works and the data indicates the child no longer needs the interventions, the process is ended. However, if the interventions do not work what else can occur in the school setting? Two specific avenues may be beneficial for your child. The first is to inquire about an evaluation for eligibility for a Section 504 Plan. Section 504 is a general education initiative following Civil Rights law that states

a student with a disability should have the same access to instruction as a student without a disability. Perhaps your child is highly anxious and has a hard time concentrating in school, which impacts his performance in the class room. If found eligible, a Section 504 Plan can be written that offers accommodations in the school setting. This is legally binding and must be followed by the teachers and school personnel assisting the child.

The second avenue that a parent may wish to request, if RTI and parent support does not improve the outcome of the child's learning, is the evaluation process to consider if Exceptional Student Education (ESE) is warranted. ESE services are defined by Federal and State law and operationalized by each school district. Federal Law defines the concept of a **Free and Appropriate Education (FAPE)** for all students and Child Find which demands that all districts identify school age children (3-22) who need ESE services. This is accomplished through the process of evaluation and team decisions of which a parent is always a part. During the team meeting, a school based team first meets with the parent to discuss the progress of the student including teacher information, the interventions that have been attempted, and identify any concerns that may need to be addressed in the formal evaluation. Formal evaluations are often completed by multiple people including, School Psychologists, Speech Language Therapist/Evaluators, Social Workers, and possibly Occupational or Physical Therapists. Parents are required to give consent for evaluations and have the choice to discontinue the evaluation process if so desired. After the evaluation is completed,

the results of the evaluation are shared with the team and an Eligibility Team reviews all available information to determine if the student meets the criteria for ESE. If the student is found to need ESE services and Individual Education Plan (IEP) is written that describes goals and objectives, where and how those goals will be met, any special or related services offered, and any needed accommodations.

**Least Restrictive Environment (LRE)** is another concept defined by ESE law that states a student with a disability must be instructed in an environment with students without disabilities to the furthest extent possible. Most students are instructed in the regular education class room where they will get supports from the general education teacher in the form of accommodations and possibly from an ESE teacher at various times throughout the day. The continuum of services suggests there are different settings in which a student can be served. One example is a resource setting where a student is pulled out of the classroom for a pre-determined amount of time and receives therapies or instruction in a small group setting, usually with other students with disabilities. The amount of time a student receives instruction in a general education class or other setting is outlined by the IEP.

IEP's are reviewed annually and can be reviewed any time during the year if a parent or teacher requests. Every three years a triennial evaluation takes place to consider if services continue to be warranted. This may be a review of a student's cumulative file, progress reports, report cards, and teacher statements. Other evaluation elements can

be requested by the team if needed.

If a parent is unhappy with the services and cannot resolve this with the school based IEP Team, Federal Law defines **Due Process** which is a formalized procedure to address parent or school concerns about the IEP services or implementation that cannot be resolved otherwise.

The ESE process is not what all students need. However, as a parent, it is one avenue to pursue when your child is not being successful in the school setting with the standard instructional techniques. Parent involvement in their student's education can vastly improve the outcome of a student's education. Be informed about what is available to you as parents are often a child's first advocate!

**Further Information:**

[www.fndusa.org](http://www.fndusa.org)

<https://dcps.duvalschools.org/Page/9318>



## Early Intervention Screenings for Toddlers and Young Children

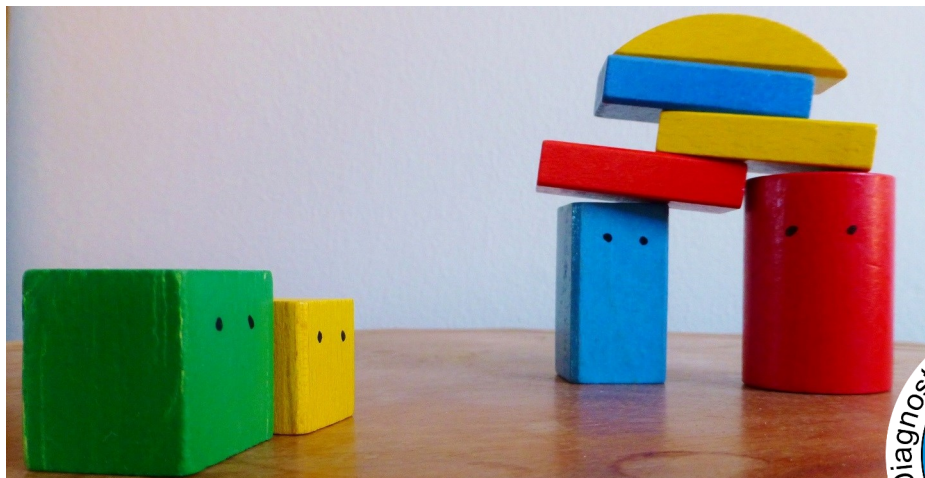
UF Health Florida Diagnostic Learning & Resources Systems, Multidisciplinary Center (FDLRS - MDC) will begin offering a program focused on screening young children ages 3 to 5 years, who are at risk of developmental or language delay and/or autism using The Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP). The VB-MAPP is a criterion-referenced assessment tool, curriculum guide, and skill tracking system that is designed for children with autism, and other individuals who experience language delays.

The purpose of the screening program is to increase access to intervention services and techniques for children awaiting a formal evaluation, utilizing a parent training model. Children who are selected for this program will be followed for one year or until they begin receiving formal applied behavior analytic services or no longer qualify due to the reduction of developmental concerns.

The service year will consist of a detailed intake, initial administration of the VB-MAPP, two quarterly parent training sessions, and one exit administration of the VB-MAPP and recommendations session.

FDLRS-MDC is a discretionary project through the Florida Department of Education. This grant funded program does not charge for its services.

**To schedule an intake** or for general questions about this service or any other UF Health FDLRS-MDC service, please contact Marlena Jenkins at (904)633-0762 or [marlena.jenkins@jax.ufl.edu](mailto:marlena.jenkins@jax.ufl.edu)



All appointments will be held at the UF Health Developmental Pediatric Center, 6271 St. Augustine Road, Suite 1, Jacksonville, Florida 32217

