C S P D A C

Assessment, Intervention for ADD Students Top State Needs

by Julie Booth and Pat Brown, Co-chairs

Meeting the needs of students with attention deficit disorder (ADD) through accurate assessments and effective interventions are top areas for training according to the latest statewide survey.

The Comprehensive System of Personnel Development Advisory Committee (CSPDAC) refined the statewide system for Special Education Needs Assessment in 1992, which now provides data for state, regional, and local staff development planning. The top statewide training priorities identified from the June 1993 needs assessment are as follows:

1. Assessment issues for ADD students
2. Intervention for ADD students
3. Conflict resolution
4. Every Student Succeeds state initiative
5. Authentic assessment
6. Full inclusion
7. Non-aversive behavior management
8. Curriculum alignment with district core curriculum
9. Disability awareness
10. Curriculum-based assessment and measurement

Specific training priorities for the regions, Special Education Local Plan Areas (SELPAs), and districts are being sent to the respective agencies.

The needs assessment data also have been used to develop a new strategic plan for the Comprehensive System of Personnel Development (CSPD) and regional strategic plans. The state CSPD planning team has refined and ratified the objectives, strategies, and activities for identified goals. Next the team will design an implementation plan. Additionally, there will be eight strategic plan regional meetings this fall to provide customized assistance to each region regarding regional strategic plans for staff development.

CSPDAC was established in response to the P.L.94-142 mandate that the state educational agency ensure that all interested parties participate fully in the development, review and annual updating of the state's comprehensive system of personnel development for preservice and continuing education needs in special education. CSPDAC focuses on statewide personnel development including needs assessment, collaboration, technical assistance, dissemination, and evaluation. For information, contact CSPDAC Coordinator, Barbara Thalacker, 916/657-4996.

Credentialing Changes (cont. from page 3)

Credentials in Mild/Moderate and Moderate/Severe Disabilities and included resource specialist competencies in program standards for all special education credentials. The current categorical credentials in Learning Handicapped and Severely Handicapped will be replaced by the new credentials. The Resource Specialist Certificate of Competence will no longer be available as a separate certificate when these changes are implemented. Holders of the new Special Education Specialist Instruction in Mild/Moderate and Moderate/Severe Disabilities credential will be authorized to serve students in kindergarten through grade 12 and classes organized primarily for adults.

The commission also voted to maintain separate and distinct credentials for teachers of the Visually Handicapped, Communication Handicapped for Deaf and Hard-of-Hearing, and Physically Handicapped (with a name change to Orthopedically Handicapped). All low incidence credentials will have a birth through age 22 authorization.

3) Creation of Two-Level Credentials

All special education teaching credential candidates will be required to complete preparation programs for a preliminary (Level I) and professional (Level II) credential. Two-level teaching credentials will be required for Special Education Specialist Credentials in Mild/Moderate Disabilities and Moderate/Severe Disabilities, Visually Handicapped, Communication Handicapped-Deaf and Hard-of-Hearing, and Orthopedically Handicapped.

Two levels of preparation will not be required of special education services credential holders in the areas of Audiology, Orientation and Mobility, Speech and Language, and the Special Education Specialist Credential in Early Childhood.

4) Special Education Specialist Instruction Credential in Early Childhood

The commission adopted two alternative means for earning a new early childhood special education authorization:

- separate Special Education Specialist Credential in Early Childhood for Birth through Pre-Kindergarten
- Emphasis Credential in Early Childhood (Birth through Pre-K) for holders of the Special Education Specialist Instruction Credentials in Mild/Moderate and Moderate/Severe Disabilities, to be completed as part of the Level II preparation program.

By providing the option for institutions to develop early childhood emphasis under the Special Education Specialist Instruction Credentials in Mild/Moderate and Moderate/Severe Disabilities, CTC expects that programs will address infancy, family, and transdisciplinary content within existing course work and add specific early intervention course work.

5) Clinical Rehab Services Credential

CTC voted to maintain the Clinical rehabilitative Services Credentials in Audiology; Orientation and Mobility; Language, Speech, and Hearing; and the Special Class Authorization. The authorization for all areas included under this credential will be birth through age 22. The commission also adopted a policy requiring all candidates for the Clinical Rehabilitative Services Credential in Language, Speech, and Hearing with Special Class Authorization to meet the Level I Standards relating to the common competencies for regular education and special education, to be developed for all special education teaching credentials.

The Special Education Specialist Instruction Credential in Communication Handicapped—Language and Speech Emphasis will be eliminated as a separate credential for any new candidates upon completion of Standards of Program Quality to be developed for special education credentials.

CTC also adopted a policy requiring the Master's degree for the Clinical Rehabilitative Services Credential in Language, Speech, and Hearing and in Audiology, effective in 1995. This policy aligns California's professional standards with recent federal regulations. All current holders of the Clinical Rehabilitative Services Credential in Language, Speech, and Hearing and Audiology will continue to be authorized in the areas specified by their credentials. It is anticipated that the National Teachers Examinations in Speech Pathology and Audiology will also be required for the credential some time in the future.

6) Resource Specialist Local Assessor Agencies

CTC approved a plan to conduct on-site evaluation of the local assessor agencies approved to assess and recommend candidates for the Resource Specialist (RS) Certificate of Competence during 1994. Under the new structure for special education credentials, the competencies currently required for the RS Certificate of Competence will be included in program standards for special education credentials, and the RS Certificate will not be offered as a separate document. A detailed explanation of the evaluation process will be mailed by CTC to each of the 12 assessor panels. Assessor panels will remain in place for current specialists who want to teach outside the special day class.

For infomation, contact Dr. Marie Schrup at 1812 9th St., Sacramento, CA 95814-7000.

LIFTING THE LIMITS WITH TECHNOLOGY

ALTHOUGH RUSSELL CAN'T MOVE A LIMB OF HIS BODY, WITH A SINGLE VOICE COMMAND, HE CAN TURN ON THE PORCH LIGHTS AND OPEN HIS FRONT DOOR.

MARISSA CAN'T SEE, BUT SHE CAN READ HER MAIL WITH A HAND-HELD DEVICE THAT CONVERTS PRINT TO SOUND.

AND JESSE, EVEN THOUGH HE CAN'T HEAR, KNOWS WHEN HIS PHONE'S RINGING BY THE FLASHING OF A LIGHT.

From high tech to low tech, people with disabilities are finding assistive technology essential to their independence. Federal regulations issued last November also support the benefits of assistive technology for students with disabilities. Under the Individuals with Disabilities Education Act (IDEA), assistive technology is required to be provided when it is "educationally" relevant.

An ***assistive technology device*** is defined in the regulations as "any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities." The appendix to the regulations notes that the device or assistive technology service must be provided if it is determined to be special education, a related service, or a supplementary aid that enables the student to receive an appropriate education in the least restrictive environment. ***Assistive technology service*** is defined as any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. This includes evaluation, purchasing or leasing, designing, fitting, customizing, adapting, repairing, or replacing, and training or technical assistance.

Since 1985, California has recognized that students who have hearing, visual, and severe orthopedic impairments, or a combination of those disabilities require specialized services and specialized books, materials, and equipment (excluding medical equipment). The current state budget allocates $335.566 per low incidence pupil to purchase, coordinate repair, and maintain inventory of specialized books, materials, and equipment. Additional federal funds are allocated to each special education local plan area for specialized support services.

PARTIAL GLOSSARY

Abbreviation expansion: *frequently used phrases or computer commands that are coded by letters or numbers or both. For example, with a two- or three-character letter code, an introductory paragraph in a form letter could be entered.*

Assistive FM listening device: *a mike worn by the speaker that transmits high-fidelity sound to a person wearing a receiver that resembles an audio cassette player. This device improves auditory discrimination and attention by allowing the person to focus on the speaker, overriding extraneous and distracting background noise.*

Audio-signage: *a system that gives verbal messages or directions. The system consists of transmitters and receivers that transmit information through infrared or radio waves signalling the location of an elevator, door, telephone, and so on.*

Augmentative communication device: *a visual display, printed output, or speech output through which communication is produced.*

Braille refreshable displays: *tactile displays that use retractable pins to form Braille characters. Information on the computer screen is read through tactile Braille feedback.*

Closed-circuit TV: *magnifying system that permits the visually impaired to read and write. Provides magnification of any printed text or pictures from three to sixty times.*

Cochlear implant: *a device that provides useful hearing and improved communication ability for people with profound hearing loss, including nerve deafness. Cochlear implants have electrodes or "channels." The electrodes are placed in the inner ear and stimulate the remaining nerve fibers in the ear to transmit signals.*

Digitized speech: *recorded human speech that is compressed. Natural-sounding speech output in any language is produced.*

Electrolarynx: *a battery-powered transitorized vibrator that is activated by a switch. The vibrator is placed firmly against the skin of the neck and activated while the laryngectomee mouths speech.*

Environmental control unit: *hardware or software or both that permits control by voice or switch operation of any electrical appliance or mechanical device capable of conversion to electrical operation (e.g., door, drapes).*

Headpointer: *a helmet like device that includes a protruding stick from either the forehead or the chin. The headpointer is used for a variety of functions, including making selections on a communication board, pressing switches to operate a computer or electronic wheelchair, or pressing the keys on a computer keyboard.*

Home warning device: *equipment that provides a visual or tactile signal to alert someone with a hearing impairment. This includes sensors for doorbells, smoke alarms, alarm clocks, baby monitors, and telephones.*

Large-print display: *a computer monitor that enlarges or enhances the text that is displayed.*

Optical character recognition: *scanning of text to a computer or Braille printer for presentation of material in Braille print or synthesized speech.*

Semantic compaction: *the use of icons or pictures to encode words, phrases, sentences, or entire paragraphs on an augmentative communication device. For example, by selecting a picture of people, then an exit sign, the utterance "Let's go" would be produced.*

Speech recognition: *converts text into artificial or "computer" speech.*

Tactile reading device: *provides tactile display of printed letters up to 20-point font size through 100 vibrating pins.*

Telephone communication devices for the deaf (TDD): *devices that permit telephone communication or typing. They provide a visual display or printed output of typed text or both. Large visual displays and Braille refreshable displays are also available.*

Word prediction: *As a word is typed, a list of predicted words appear. For example, after a person types the letter "t" for "there," a window displaying word choices appears. To select "there," the person types the number next to the desired word. The entire word is then automatically typed into the document.*

A PRIMER ON ASSISTIVE TECHNOLOGY

by Diane Bristow, Linking People with Technology, and Gail Pickering, California State University, Northridge

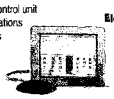
Assistive technology is the use of any device that will enable people with disabilities to function to their maximum potential educationally, vocationally, socially, and in daily living activities. This includes both low- and high-technology applications. *Low technology* refers to any apparatus that is either nonelectronically based or simple battery-operated items, such as toys and tape recorders. High technology involves the use of sophisticated systems that are electronically based, such as power wheelchairs and environmental control systems.

Implementation of this technology concerns the entire individual and should include an analysis of the person's goals, needs, abilities, and potential capabilities. Through a comprehensive evaluation, the most appropriate technology can be selected and matched to the individual. It still remains, only a tool, however. Effective use is achieved only when the person can independently and successfully implement the use of the technology. This can involve custom modifications, extensive training, and ongoing assessment by a team that may include the person with a disability, family members, teachers, employer, occupational therapist, physical therapist, speech/language pathologist, psychologist, rehabilitation engineer and a physician.

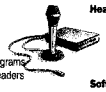
Assistive technology is changing rapidly due to advances in computer technology and equipment design. When recommending or selecting assistive technology, professionals need to know what is available, its features, how it compares with other similar devices, and its applications for people with disabilities. The following is a framework for understanding the myriad of assistive technology devices and a glossary of terms.

Daily Living Aids
- clocks/watches—Braille, talking
- computer
- calendars—pocket/book, computer
- calculator—pocket, computer
- page turner
- environmental control unit
- telephone adaptations
- visual signal aids

Speech Aids
- electrolarynx
- amplifiers



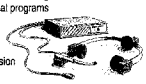
Visual Aids
- magnifiers
- closed-circuit TV
- Braille devices
- screen reading programs
- optical character readers



Electronic Communication & Writing
- augmentative communication devices
- telecommunication devices for the deaf
- amplified telephones
- electronic notebooks

Hearing Aids & Assistive Listening Devices
- hearing aids
- assistive listening device
- FM systems/amplification devices
- cochlear implants

Software Organizational Writing Tools
- outline/organizational programs
- word processing
- spell check
- thesaurus
- abbreviation expansion
- word prediction



Modified Computer Access
- Direct selection—keyboard modifications, pointing aids, speech recognition, Braille, eye gaze pointing
- Scanning—single, dual, joystick, sensor switches; count; row-column; directed
- Encoding—Morse code, predictive, abbreviation expansion, semantic compaction, Universal Access System
- Visual display—large character/font, large monitor, backlighting, color contrast
- Auditory techniques—speech synthesis, tones

THE VALUE OF ASSISTIVE TECHNOLOGY

People with disabilities have the right to maximum independence and participation in all environments, without barriers.

Technology can be harnessed to diminish or eliminate environmental barriers for people with disabilities.

People with disabilities have the right to control and direct their own choices and the right to access the information they need in order to make informed decisions according to their goals and interests.

People with disabilities have the right to employ assistive technologies, strategies for implementation, and necessary training support to maximize their independence and productivity.

—Values of the Alliance for Technology Access

To obtain the complete text and glossary of the overview, contact RISE. For more information about low incidence funding, call Jack Hazekamp at 916/657-3213, 916/657-3504 (TDD) or the Clearinghouse for Specialized Media and Technology at 916/445-5103.

RURAL NETWORK SHARES EQUIPMENT THROUGH TECHNOLOGY

Everyone has stashed an unused item in a closet and forgotten about it only to find out later that a neighbor or friend has been looking for an item just like it. That is what happened to the Mendocino County Office of Education last year. The item that was stored in the closet was a Versabrailler—a tool that the neighboring Sonoma County Office of Education was in great need of.

"We had purchased the equipment for a student who subsequently moved from our service area," explains Mary Anne Landis, Mendocino special education consultant for students with low incidence disabilities. Not until an inventory was taken as part of a regionalization of services project did the Sonoma County office discover the available equipment. An agreement was made to move the equipment to Sonoma, where 10 children now benefit from it.

The regional database, just coming on line on SpecialNet, will eventually inventory low incidence equipment found in the Region J special education local plan areas (SELPAs), allowing more equipment matchups to be made. Landis is convinced the database will be a valuable resource for sharing the costly and highly specialized equipment. "In times of shrinking budgets, we hope this inventory will help sites within the region to locate unused or surplus equipment that might be needed." She sees potential for a statewide database through the state Clearinghouse for Specialized Media and Technology.

The database, contracted by LIRN (Low Incidence Rural Network) through GTE-Education Service Network, is part of the Low incidence Regionalization Pilot activities. The LIRN project combines efforts of the Marin, Mendocino, Sonoma, Humboldt, Del-Norte, Sonoma, Lake, and Napa County SELPAs to serve approximately 800 students throughout an area of 44,000 square miles—from the Golden Gate bridge to the Oregon border. Landis serves as director of the project.

Adaptive technology panels provide individualized service to students in local settings. The panels represent a collaboration of local education personnel, parents, and agencies. Panels of experts are demonstrating of equipment onsite around the region. Equipment and expertise provided by the Technology Center in Sebastapol are combined with a speech therapist and an expert in severe disabilities. Assessments are conducted to determine what equipment would best benefit the student, and then hands-on demonstrations are provided. "This aspect of our project has met with resounding praise from teachers and parents," says Landis.

The project is also compiling a directory of staff expertise, and each is finding ways to share the identified personnel skills. Needs assessments are also being conducted. Trainings and workshops are being held throughout the region.

One additional activity in Region J is identifying summer camps that are available in the region for children with these disabilities. Underway is a plan to establish a camp in the region initially for students with dual sensory impairments.

For more information, contact Landis at 707/463-4807. ■

SEVEN COUNTIES REFINE SIGNING SKILLS

Parents, aides, administrators, teachers, and students from seven counties received intensive sign language skill development training through the Positive Assimmilation of Training Skills (P.A.T.S.) regional pilot program. Participants learned strategies to improve their interpreting skills, sign-to-voice skills, techniques of collaborating with classroom teachers, and ability to differentiate between transliterating and translating skills. For information about P.A.T.S., call Liaison/Director Kathy Burns-Jepson at 209/385-8383.

DELIVERY SYSTEM (CONT. FROM PAGE 1)

- ***P.A.T.S. (Positive Assimilation of Training Skills)***
- ***Low Incidence Regional Network (LIRN)***

A comprehensive evaluation of the pilots is being conducted by the Department focusing on the impact of the pilot projects on student outcomes; satisfaction of parents, staff and administrators; and program improvement. Surveys have been completed by administrators, parents, staff, and students to provide baseline data. Additional surveys at the end of the project's third year will measure their effectiveness.

An Assembly Concurrent Resolution, passed by the Legislature in 1992, requires the study to evaluate the impact and effectiveness of the pilots for responding to the Legislature by providing direction for any necessary statewide changes in the delivery system of educational programs for students for low incidence disabilities.

"An important aspect of the evaluation is to identify barriers that may limit regionalization of programs," Hazekamp explains. Some of the possible barriers already identified include staff time and travel requirements, limited expertise in specific disability areas, limited access to specialized preservice and inservice opportunities, governance issues and aspects of the current funding model. The Department is requesting input on additional barriers as well as suggestions for needed statewide changes to reduce or eliminate these barriers.

For more information (including project contacts and phone numbers), call Hazekamp at 916/657-3213. ■