



EI Training News

Spotlight On Success: The Family Is Part of The Team

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The following success story comes to us, with permission from the family and from CFC #10, LaRabida Children's Hospital in Chicago. Meet the Holloways...

The Holloway Family is no stranger to the State of Illinois Early Intervention Program. They have been involved with the program since 2007 with both of their children. Their oldest child, Zariah, has been in EI since she was seven months old and has successfully Transitioned into a 3-5 Early Childhood Program. Their youngest, Theodore Jr., has been in the program since he was fifteen months old and is making developmental gains.

The Holloway's appreciate that in the Early Intervention Program the family really is a part of the Team. The providers help to enhance Zariah and Theodore's learning opportunities and the family is able to carry out various tasks, games and activities until the next visit from their providers. Zariah and Theodore came to Early Intervention because of concerns with their communications skills. Zariah is now four years old, speaks very clearly and has a large vocabulary. Theodore is two years of age, his speech is coming along very well and his family recognizes a big difference in his ability to communicate with them.

Mrs. Holloway says the best part of Early Intervention is the relationship that she has with the Providers, Karen Parker, DT, and Raneya Brown, SLP, and the Service Coordinator Minnetta Gills-Walker. The open communication that she has

with the team, as well as the flexibility they provide has helped to make her family's experience with Early Intervention positive. Having a Service Coordinator they could have an open dialogue with concerning their children's development and how things are working, made all the difference for the Holloways.

An obstacle that they did face in EI was not being able to have a Speech Therapist right away for each of the kids. However, Mrs. Holloway states that it was easier the second time around because of the relationships she formed with therapists the first time they were involved with EI.

The Holloway family is also pleased with the availability of resources, such as play groups. They feel that the play groups afforded Zariah and Theodore the opportunity to interact with other children since the kids did not attend a day-care. Another beneficial resource for the family was the Parent Event hosted by their Child and Family Connections Agency. They could see and talk to other parents that were dealing with the same types of challenges and having some of the same experiences.

Advice the Holloway family would like to offer families coming into EI is to be available for services, participate, and be a team player.



The EI Training Program Instates Registration Fees

The economic recession and Statewide cutbacks impact everyone, including the Illinois Early Intervention Training Program. After a great deal of consideration, the Training Program will implement a \$10 registration fee for all of its standard training sessions effective October 1, 2010. Standard trainings include all required system trainings, global assessment tools, workshops of continuing education and professional development focusing on the key principles of early intervention and the like. Specialty trainings, such as conferences, symposiums, and focused training series will be charged according to the materials and resources offered to the registrants at that particular event.

Cutting budgets without cutting programs is a dilemma faced by most non-for-profit entities. And like many organizations across the State, the EI Training Program has had to cut it's

The Illinois EI Training Program

By Phone

708.429.0227

Toll Free:

866.509.3867

By Fax

708.444.8470

By Mail

7550 W 183rd St
Tinley Park, IL 60477

By E-Mail

tburke@illinoiseittraining.org
lgimble@illinoiseittraining.org

Website

www.illinoiseittraining.org

Office Hours

8:30 am - 4:30 pm
Monday - Friday

Observations...

-Chelsea Guillen, IL Early Intervention Ombudsman

"Hello", from the Early Intervention Ombudsman. My name is Chelsea Guillen. I began my role as Illinois' first EI Ombudsman in February. Prior to beginning this role, I ran an early intervention program and served as the EI State-wide Outcomes Coordinator. In addition to these experiences, it may be helpful to know that I am credentialed as a developmental therapist and that my family participated in the early intervention system after the birth of my youngest son. All of these experiences shape what I bring to this role.

The Ombudsman is intended to be a resource to the field. A primary goal in this position is to improve and ensure adherence to program philosophies and practices. For the past six months, I have been focusing on increasing my understanding of the early intervention system and how the various pieces interact and support each other. Though working in the early intervention system for the past thirteen years, I feel that in many ways I am in an early part of a learning curve. I have spent the last few months gathering information from DHS and their contracted entities.

I recently finished my statewide tour of all the Child and Family Connections (CFC) Offices. This tour reminded me of how large and diverse our state really is. When speaking to system stakeholders, I find the focus often shifts to how individuals want the system to be better. While we certainly have things that we want to improve, I want to share with you some of the promising practices that have been shared with me. It is my hope that the good work that is occurring will continue to spread.

- ◆ Managers shared that their service coordinators really work to ensure that the family's voice is heard and represented throughout the entire IFSP development and implementation process.
- ◆ Many CFCs reported positive monitoring visits. Compliance with system policies continues to improve at the CFCs and documentation is getting stronger.
- ◆ Transition from early intervention to early childhood services is working well for many families. CFCs have developed positive communication approaches and streamlined their processes with local districts.
- ◆ Some managers report that they have really improved the IFSPs that they develop with families. Families have IFSPs that are sensible as well as practical.
- ◆ Linking families with each other and improving the use of community-based (non-system) resources has enhanced family support in some areas.
- ◆ Some CFCs have engaged community partners to increase the number of inclusive groups for children while others are increasing the amount of educational opportunities they provide for parents.

This is certainly not an exhaustive list of the positives reported, it should give you a sense of some of the bright spots. As I continue to gather information from additional stakeholders, I hope to be able to share other promising practices.



The EI Training Program Pleased to Announce Training Opportunities

Online Registration is Available for Each of These Events at: www.illinoiseittraining.org

Connecting Families and Providers: Partnering for Success - This half day symposium features Dr. Bonnie Keilty, Ed.D, who will explore and define fundamental elements of early intervention. Dr. Keilty takes a closer look at what early intervention looks like when it is based on current research and best practices. She will also provide strategies that work for developing successful partnerships with families in order to set our children on a positive course for learning and development.

Dr. Keilty is an Assistant Professor of the Child and Family Development faculty in the Department of Special Education and Child Development at the University of North Carolina, Charlotte. An author, mentor, and interventionist, Dr. Keilty has devoted her career to early intervention. With experience in a variety of settings including home, community, classroom, and hospital her research focuses on the home visiting, family support, and assessment in early intervention. All of her work stresses the translation of research and theory to practice.

An energetic and engaging speaker, Dr. Keilty will share her insights and expertise on Friday, October 22nd in Fairview Heights and again on Friday, November 5th in Glen Ellyn.

DATE: Friday, Oct 22, 2010
TIME: 9:00 am - 12:00 pm (*Continental Breakfast and Sign-In begins at 8:00 am*)
LOCATION: Four Points Sheraton
319 Fountains Parkway
Fairview Heights ~ 62208
COST: \$40 registration fee *includes breakfast and a copy of Dr. Keilty's book, "The Early Intervention Guidebook for Families and Professionals"*

DATE: Friday, Nov 5, 2010
TIME: 9:00 am - 12:00 pm (*Continental Breakfast and Sign-In begins at 8:00 am*)
LOCATION: College of DuPage
425 Falwell Blvd
Glen Ellyn ~ 60137
COST: \$40 registration fee *includes breakfast and a copy of Dr. Keilty's book, "The Early Intervention Guidebook for Families and Professionals"*

The Clock is Ticking! How to Make the Most of Your Time with Children and Families in Early Intervention - The Illinois Early Intervention Training Program is offering a unique opportunity for interventionists of all disciplines to participate in a series of six workshops that will: *Strengthen your ongoing assessment skills; Strengthen and refresh your understanding of typical development in infants and toddlers; Provide you with resources and strategies on how to promote development through parent-child interaction; Provide you with feedback on intervention practices through reflective videotaping and discussions; and Provide a fun, interactive supportive group to problem solve and share resources with!*

Dr. Tweety Yates, Co-Project Coordinator of the Center on the Social Emotional Foundations for Early Learning and Assistant Professor at the University of Illinois in Champaign-Urbana, will facilitate this experience which combines face-to-face workshops and activities between sessions. Participants will be awarded EI credential credit for the face-to-face sessions with additional credit awarded on an individual basis based on activities conducted between sessions.

Participants must be credentialed in the Illinois Early Intervention System and have an active caseload of children and families and be committed to strengthening their practices in the field of early intervention.

DATE: 1st Session, Wednesday, Oct 6th /2nd Session, Wednesday, Nov. 3rd - *Remaining sessions will be scheduled according to group consensus with the last session no later than April 30, 2011.*
TIME: 9:00 am - 3:00 pm
LOCATION: Hawthorne Suites ~ 1 Lyon Court ~ Bloomington, 61705
COST: \$60 registration fee *includes three ring binder to hold all of the training materials, resources, tolls and strategies provided. A flip video will be loaned to record segments of your intervention sessions for reflective feedback.*

'EI Training Program Instates Registration Fees' continued...

operating budget for the 2010-2011 program year to adjust for the cut in grant monies received from the State of Illinois.

The Training Program is proud of the quality and level of training opportunities it has to offer. The positive feedback from the field on local, state, and national levels regarding existing programs and the opportunities available to expand and develop new training opportunities and provider supports bring the EI Training Program to that common dilemma of how to cut costs without cutting program.

Recent updates to its website registration will now process credit card payment through PayPal services. It is not necessary for users to have an existing PayPal account or to create a new one in order to use this payment feature. However it is required that all training participants pre-register for all EI Training Program events through the website's registration process. With its new registration process, the Training Program hopes to discourage 'no-show' registrants. No-shows are inconsiderate to those on wait lists and are a drain on training resources. Refunds will be made if notice of cancellation is received and acknowledged two weeks before an event.

To make group registrations, 4 or more, contact the Training Program offices at 866-509-3867, extensions 253 OR 258. Credit card, check payable to UCP of Chicago, or purchase order will be accepted for group registrations.

FRAGILE X SYNDROME

Fragile X Syndrome is the most common form of inherited intellectual and developmental disabilities. The syndrome occurs in approximately 1 in 2600 males and 1 in 4000-6000 females. Fragile X happens when there is a change or mutation in a single gene on the X chromosome, called the Fragile X Mental Retardation 1 (FMR1) gene. Normally, this gene normally makes a protein needed for the brain to develop, but when there is a change in this gene, little or none of the protein is made. The lack of this protein causes Fragile X Syndrome.

Not everyone with Fragile X has the same signs and symptoms. There are also some differences in symptoms between males and females. The majority of males with fragile X have a significant intellectual disability ranging from learning disabilities to severe mental retardation and autism, while approximately one third of females with fragile X are significantly intellectually impaired. Males also tend to show more physical features connected with fragile X, such as enlarged ears, elongated face with a prominent chin, flat feet, hyperflexible joints and other skeletal problems. Females also tend to have a milder presentation of behavioral challenges than males. Common behavioral characteristics include attention deficit disorders, aggressive behaviors, hand flapping and poor eye contact. Sensory issues with unusual responses to various touch, auditory, or visual stimuli are also common symptoms of fragile X as are difficulties in speech and language communication.

Because symptoms of Fragile X Syndrome can be subtle, particularly in females, it is often underdiagnosed. Available since 1991, the Fragile X DNA test provides definitive diagnosis of Fragile X Syndrome and is also an extremely accurate carrier detection. Reliable for persons of any age, it can also be performed prenatally.

There currently is no cure for Fragile X Syndrome. Because the impact of fragile X is so varied, it is important that careful evaluation and assessment of each child's abilities be made to tailor a treatment plan to address specific needs. There are many areas of intervention that can improve the lives of children and families affected by Fragile X. Special education, speech and language therapy, occupational therapy and behavioral therapies are helpful in addressing many of the cognitive and behavioral issues associated with Fragile X Syndrome. With proper education, therapy, and supports, all persons with Fragile X can improve.

The information above was gathered from The National Fragile X Foundation's website and its related links. An excellent resource for professionals and families, www.fragilex.org, offers current research and information on the cause and treatment options available to individuals with Fragile X as well as support to individuals and families whose lives are impacted by Fragile X.

It is the mission of the National Fragile X Foundation to unite the Fragile X community, to enrich lives through educational and emotional support, to promote public and professional awareness, and to advance research toward improved treatments and a cure for Fragile X. Check them out at www.fragilex.org.

Pointers For Parents...

Charting Your Child's Development from 6 to 9 Months

The following chart describes many of the things a baby is learning between birth and two months and what a parent can do to support their child in all areas of development. This is one of a series of handouts made available from ZERO TO THREE, the nation's leading resource on the first three years of life, and the American Academy of Pediatrics. For more information on this and other family and provider resources, go to: www.zerotothree.org or www.aap.org

HEALTHY DEVELOPMENT: 6 TO 9 MONTHS

What's going on:	What you can do:	Questions to ask yourself:
<p>Babies this age are big communicators. They use many sounds, gestures and facial expressions to communicate what they want. Their actions are their communications. They may be starting to put consonants and vowels together to form words like 'dada' and 'mama'.</p>	<ul style="list-style-type: none"> ▶ Talk a lot with your baby. For example, label and narrate. "You're eating a big banana!" Give her time to respond. ▶ Respond to her communications. See how long you can keep a back-and-forth conversation going. For example, she makes a sound, you imitate it, she makes another sound and so on. 	<ul style="list-style-type: none"> ▶ How does your baby let you know what she wants; what she's feeling and thinking? ▶ What, if anything, do you find frustrating about understanding your baby's communications? Why?
<p>As her brain grows, your baby will start to imitate others, especially you. This leads to the development of lots of new skills. Babies this age can also use toys in more complex ways. For example, instead of just holding a plastic cup, a baby this age may use it to pour water in a bathtub.</p>	<ul style="list-style-type: none"> ▶ Give your baby time to take in what you did and then copy you. Push a button on the jack-in-the-box, then wait for your baby to do it before you do it again. This teaches your baby cause and effect. Seeing that she can make things happen builds her self-confidence and makes her want to take on new challenges. ▶ Provide a variety of safe toys for the bath: containers, rubber toys, plastic bath books, plastic ladles. These will encourage your baby to explore and experiment with the different ways to use objects. Of course, never leave your baby alone in the bath. 	<ul style="list-style-type: none"> ▶ How have you seen your baby imitate? ▶ What kind of play does your baby most enjoy? What does this tell you about her?
<p>Babies' motor skills are advancing by leaps and bounds at this stage. But all babies grow at their own rate. Many babies at this age can roll over both ways, scoot, crawl and even stand. Their motor skills allow them to make the ideas in their head happen, for example, getting the ball that rolled away.</p>	<ul style="list-style-type: none"> ▶ Encourage your baby to use her body to get what she wants. If she's showing you with her sounds and gestures that she wants the toy that is out of reach, don't just get it for her. Help her get it for herself by bringing it close enough for her to grab. This builds her confidence. ▶ Create an environment that is safe for exploration. Make sure only safe objects are within your baby's grasp, and that anything she might use to pull herself up to her feet is sturdy and fastened down to the floor or wall. This kind of baby-proofing of your house also will reduce conflicts between you and your baby. 	<ul style="list-style-type: none"> ▶ How does your baby use her body to explore? to express her feelings? ▶ What do you need to do to make your home safer for your 'little explorer'?

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TINLEY PARK, IL
PERMIT 321

The IL Early Intervention Training Program
A Program of United Cerebral Palsy of Chicago/Infinitec
7550 W 183rd Street
Tinley Park, IL 60477



IL Dept of Human Services Bureau of Early Intervention
<http://www.dhs.state.il.us/ei>



Provider Connections
www.wiu.edu/ProviderConnections/



IL Early Intervention Clearinghouse
www.eiclearinghouse.org



Hearing and Vision Connections
www.morgan.k12.il.us/isd/hvc



Early Intervention Monitoring Program
www.eitam.org



Early Intervention Central Billing Office
www.eicbo.info