

# Family Focus



For families who have a child on an IFSP or IEP and as a courtesy to families who have a child on a 504 plan for the purpose of informing and assisting parents as they participate on their child's education team.

## Brock's Story

By: DEB SHEPARD

Principal, Rum River Elementary

It's hard to believe our son, Brock is a senior in high school. Like all parents, I remember the day he was born like it was yesterday. He came into the world a little earlier than expected and he was also somewhat different than we expected. Brock has Down Syndrome. As I look back, I remember experiencing a wide spectrum of emotions; I was so happy to be the mother of this darling baby and starting my family, I was sad that my child had a permanent disability, and I was afraid of what the future might hold for him.



Thankfully my fears and sadness were easily put to rest. Brock quickly showed us that he was a pretty typical kid. While it may have taken him a bit longer to accomplish various skills and milestones, he was successful. He began his "education" at just six weeks of age as part of the district's Early Intervention Program. From there he went onto ECSE preschool before starting kindergarten. At the beginning of his 2nd grade year, we made the decision to enroll Brock in another district school that offered a specific program for students with Developmental Cognitive Delays (DCD). This was not an easy decision as it meant leaving his neighborhood school where his sister also attended.

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If you would like a translated version of this document and/or further assistance, please contact your child's school or the Family Welcome Center (763-433-4684).

Yog koj xav tau ib qhov txhais ua lus rau daim ntawv no thiab/losyog kev pab ntxiv, thov cuag nrog koj tus menyuum lub tsev kawm ntawv los yog qhov Chaw Tos Txais Tsev Neeg (Family Welcome Center) (763-433-4684).

Si desea una versión traducida de este documento o más información, haga el favor de ponerse en contacto con la escuela de su hijo/a o el Centro de Bienvenida a la Familia (Family Welcome Center) (763-433-4684).

Haddaad u baahatid dokumiintigaan noocisa turjuman iyo/ama caawimo dheeraad ah, fadlan la xariir dugsiga ubadkaaga ama Xarunta Soodhoweynta Qoyska (Family Welcome Center) (763-433-4684).

# CHILD NUTRITION LINKED TO BEHAVIOR ISSUES, WHERE DO I START?

BY: JULIE MORRIS, INCLUSION SITE COORDINATOR, COMMUNITY EDUCATION, ADVENTURES PLUS PROGRAM

If you have a child with some significant behavior issues that affects their daily academic performance, there seems to be many avenues to follow to get them the help they need. "The help" seems to usually boil down to a decision whether to go to the doctor to get a prescribed medication to help them perform the way they need to in school, therapy of some kind, or most recently, families have been finding ways to modify their child's diet in some way. Some may choose to do all three of these solutions. "It makes a lot more sense to try modifying a child's diet before treating him or her with a stimulant drug," says Marvin Boris, a Woodbury, New York, pediatrician whose 1994 study found that diet affected the behavior of his young patients who had both ADHD and food allergies. <sup>1</sup>When we try the "modify their diet" avenue, this can get complicated. "The first step is to get on a good elimination diet that does away with the most common allergenic foods and all dyes and preservatives," explains Boris. <sup>1</sup>If your child's behavior improves after several weeks, add back foods, one at a time, until you find ones that worsen your child's behavior. Those foods go on the list of no-nos." <sup>1</sup>Sounds easy right?

A quick read of most labels on our prepared foods will list many additives such as food coloring, preservatives and flavorings. There remains a prevailing position by the FDA that food additives, artificial coloring and flavors approved by the FDA are not detrimental to children's behavior, emotions, and learning.

However, these additives are becoming red flags for a lot of guardians as they have in many cases seen positive behavior changes in their own children, almost immediately

in some cases, when they have changed their child's diet. More and more families have been doing their own research into the food products they are buying and find ways to adapt their child's diet with hopes that they are making their child healthier and happier. This makes most people think to eat more fresh and natural foods, right? If you think about it, we know less about what gets added to our fresh food such as meats, vegetables, and fruits that we are consuming than the prepared foods we might buy because they don't come with detailed labels. So what then? Buy Organic, Buy Local and Buy Responsibly? This can get expensive for families and where do you start? "If changing your child's entire diet seems too daunting, at the very least try removing foods and other products—like vitamins and toothpaste—that contain food dyes. "Dyes have no essential place in kids' diets," says Ohio State's Eugene Arnold. <sup>2</sup> Although there is no substantial evidence that food additives, which have passed FDA standards, will harm your children or seriously affect their behavior unless of course the child is sensitive or allergic to a specific ingredient.

Is it the food coloring, preservatives and flavorings causing the behavior issues, unhealthy eating, or something else? If everyone followed a "custom fit" food plan just for them, humans would all be a lot healthier and probably feel a lot better too. In ADHD and other neurobehavioral issues like Autism, diet has been shown to play a significant role in creating and exacerbating symptoms for persons affected by it. With medical advancements in allergy testing and experiments of food intolerances it seems the majority of children with Autism, ADHD and various other learning disabilities have food sensitivities. So we ask ourselves,



why is this so common in children that have these diagnoses? Some believe the answer seems to be in the brain. <sup>3</sup>According to The Brain Balance Centers: "The brain controls everything, and a problem with the brain and its regulation of the immune and digestive systems can result in all of the dietary and nutritional issues we see in these children. Therefore dietary and nutritional interventions, although helpful to manage symptoms, are only temporary if the imbalances in the brain are not addressed." Some families are turning to allergy and blood testing, and a brain balance program to find out a baseline of where their child is at. "There are two nutritional components critical to helping resolve a child's brain imbalance. One is discovering and eliminating sensitive foods that exacerbate FDS (or Functional Disconnection Syndrome) and the other is restoring depleted vitamin stores." These two things determine if your child has sensitivities and nutritional deficiencies, then doctors can recommend a clear and simple plan to nutritionally support improved brain function and hopefully along with that their behavior improves. Of course there is no one "cure all" and the chemical make-up is different in each child thought it seems that similar nutritional deficiencies are present in children with similar behavior issues. Some food for thought....

If your family is new to the food allergy world or you are looking for some hopeful and healthier alternatives and/or explanations here are some helpful websites that can guide you:

**For allergy aware recipes:**

<http://vegangela.com/>  
<http://mochallergies.org/>

**Looking to bring "store bought" treats for your child's birthday to share?**

<http://www.lennylarry.com/product-category/completecookie/>  
<http://www.alternativebaking.com/>

**Further Information on food allergy symptoms:**

[http://foodallergies.about.com/od/diagnosingfoodallergies/a/Food\\_Allergy\\_Symptoms.htm](http://foodallergies.about.com/od/diagnosingfoodallergies/a/Food_Allergy_Symptoms.htm)

1 *Annals of Allergy* 72: 462, 1994.[www.cspinet.org/nah/3\\_00/diet\\_behavior.html](http://www.cspinet.org/nah/3_00/diet_behavior.html)  
 2 [www.healthline.com](http://www.healthline.com)  
 3 [www.brainbalancecenters.com/blog/2013/06/adhd-autism-diet-behavior/](http://www.brainbalancecenters.com/blog/2013/06/adhd-autism-diet-behavior/)

**Please Join Us!**

The Special Education Advisory Committee (SEAC) meets the first Thursday of each month (October-May) at the Staff Development Center in Anoka. Dinner and networking starts at 5:30pm.


Meeting is from 6:00 p.m.-7:30 p.m.

Childcare available upon request, you must RSVP. [Mary.Gale@anoka.k12.mn.us](mailto:Mary.Gale@anoka.k12.mn.us) or 763-506-1362

2015 Meeting Dates are as follows:  
 Feb. 5, March 5, April 9 and May 7

**SEAC EMAIL**

To contact SEAC parent co-chairs write to:  
 Dist11SEAC@yahoo.com



We welcome speaker suggestions, questions and concerns.

**Special Education Administrative Team**

- Director and Assistant Director:**
- Cherie Peterson -  
 Director of Special Education ..... 763-506-1353
  - Marsha Polys -  
 Assistant Director of Special Education ..... 763-506-1359
- Special Education Supervisors:**
- Jill Kenyon - Early Intervention Program/LAUNCH ... 763-433-4801
  - Emily Rustman -  
 Early Childhood Special Education (3-5)/LAUNCH ... 763-506-6101
  - Kathy Ferguson - Pathways ..... 763-506-7601
  - Lori Olson - Bridges ..... 763-506-7501
  - Kimberly Adams -  
 River Trail Learning Center/LO Jacob ..... 763-506-1901
  - Melissa Hayes - Evaluation Team, Sandburg .... 763-506-1579
  - Carey Raph -  
 River Trail LC/LO Jacob, Setting III EBD ..... 763-506-1976
  - Erin Jensen ..... 763-506-1358
  - Dr. Jennifer Babiracki -  
 Setting III DCD (elementary) and ESY ..... 763-506-1367
- Special Education Teacher and Learning Specialists:**
- Carol McDonald ..... 763-506-1351
  - Kathy Steffens ..... 763-506-1418
  - Rachel Wick ..... 763-506-1531
- Special Education Coordinator of Staffing and Finance:**
- Darcy Doke ..... 763-506-1360

## CLIP & SAVE

### Special Education Administration Structure

If you have a concern about your child's special education program or would like to speak to one of the administrative team, please feel free to call:

#### Director of Special Education:

**Cherie Peterson** ..... 763-506-1353

#### Assistant Director of Special Education:

**Marsha Polys** ..... 763-506-1359

#### Special Education Supervisors:

**Jill Kenyon** ..... 763-433-4801

Andover, Madison, Sorteberg Early Childhood Center

**Emily Rustman** ..... 763-506-6101

Oxbow, Johnsville, Riverview Early Childhood Center

**Kathy Ferguson** ..... 763-506-7601

Champlin-Brooklyn Park Academy,  
Eisenhower, Hoover, Pathways

**Erin Jensen** ..... 763-506-1358

Andover HS, Blaine HS, Champlin Park HS,  
CRHS, Anoka HS, STEP, Crossroads

**Lori Olson** ..... 763-506-7501

Jackson MS, Northdale MS, Oakview MS,  
Roosevelt MS, Anoka MS, Coon Rapids MS, Bridges

**Kimberly Adams** ..... 763-506-1901

Evergreen Park, Mississippi, River Trail Learning Center

**Carey Raph** ..... 763-506-1976

Andover EBD CB Only, Crooked Lake, Monroe, Morris  
Bye, Epiphany, Evergreen, River Trail Learning Center

**Melissa Hayes** ..... 763-506-7921

Franklin, McKinley, Sand Creek, University, Wilson,  
Sandburg, Eval Team

**Dr. Jennifer Babiracki** ..... 763-506-1367

Adams, Hamilton, Sandcreek DCD CB only, Ramsey,  
Rum River, Dayton, Jefferson, Lincoln, CBPA DCD CB only

My Child's Casemanager is: \_\_\_\_\_

Phone # \_\_\_\_\_

## PARENT RESOURCES...

*This section includes resources that parents may want to access depending on the needs of their child.*

### American Society of Deaf Children

800 Florida Ave. NE, #2047, Washington DC 20002  
800-942-2732 [www.deafchildren.org](http://www.deafchildren.org) [asdc@deafchildren.org](mailto:asdc@deafchildren.org)

### The ARC Greater Twin Cities

2446 University Ave. W., Suite 110, St. Paul, MN 55114  
952-920-0855 [www.arcgreatertwincities.org](http://www.arcgreatertwincities.org) [info@arcgreatertwincities.org](mailto:info@arcgreatertwincities.org)

### Autism Society of Minnesota

2380 Wycliff St., 102, St. Paul, MN 55114  
651-647-1083 [www.ausm.org](http://www.ausm.org) [info@ausm.org](mailto:info@ausm.org)

### Children and Adults with Attention-Deficit/Hyperactivity Disorder

8181 Professional Place, #150, Landover, MD 20785  
800-233-4050 [www.chadd.org](http://www.chadd.org)

### Children's Home Society and Family Services

1605 Eustis St., St. Paul, MN 55108  
651-646-7771 [www.chsfs.org](http://www.chsfs.org) [welcome@chsfs.org](mailto:welcome@chsfs.org)

### Cystic Fibrosis Foundation

8011 34th Ave. S., Suite 116, Bloomington, MN 55425  
651-631-3290 [www.cff.org](http://www.cff.org) [minn@cff.org](mailto:minn@cff.org)

### Downs Syndrome Association of Minnesota

656 Transfer Rd., St. Paul, MN 55114  
651-603-0720 [www.dsamn.org](http://www.dsamn.org) [dsamn@dsamn.org](mailto:dsamn@dsamn.org)

### Epilepsy Foundation of Minnesota

1600 University Ave. W., Suite 300, St. Paul, MN 55104  
651-287-2300 [www.efmn.org](http://www.efmn.org)

### Girl Scouts River Valleys

5601 Brooklyn Blvd., Brooklyn Center, MN 55429  
800-548-5250 [www.girlscoutsrv.org](http://www.girlscoutsrv.org)

### Minnesota Association for Children's Mental Health

165 Western Ave. N., St. Paul, MN 55102  
800-528-4511 [www.macmh.org](http://www.macmh.org) [info@macmh.org](mailto:info@macmh.org)

### Minnesota Organization-Fetal Alcohol Syndrome (MOFAS)

1885 University Ave., Suite 395, St. Paul, MN 55104  
651-917-2370 [www.mofas.org](http://www.mofas.org) [info@mofas.org](mailto:info@mofas.org)

### Minnesota Speech-Language-Hearing Association

1000 Westgate Dr., Suite 252, St. Paul, MN 55114  
651-290-6292 [www.msha.net](http://www.msha.net) [office@msha.net](mailto:office@msha.net)

### National Council on Disability

1331 F St. NW, #850, Washington DC 20004  
202-272-2004, TTY 202-272-2074 [www.ncd.gov](http://www.ncd.gov) [ncd@ncd.gov](mailto:ncd@ncd.gov)

### PACER

8161 Normandale Blvd., Bloomington, MN 55437  
952-838-9000, TTY 952-838-0190 [www.pacer.org](http://www.pacer.org)

### Polaris-Special Needs Scouting, Northern Star Council BSA

763-231-7244 [www.polaris.nbsa.org](http://www.polaris.nbsa.org) [samberg@northernstarbsa.org](mailto:samberg@northernstarbsa.org)

### United Cerebral Palsy of Minnesota

1821 University Ave. W., Suite 180N, St. Paul, MN 55104  
651-646-7588 [www.ucpmn.org](http://www.ucpmn.org) [info@ucpmn.org](mailto:info@ucpmn.org)

# BROCK'S STORY

CONTINUED FROM PAGE 1

Moving Brock to a DCD program was one of the best decisions we've made regarding his academic and social needs. Often times, parents are hesitant to have their child be part of a specialized program, as they feel these programs take away from academics, inclusion, and the development of peer relationships. As parents, we had these same reservations; however, Brock's experience in the DCD program was extremely positive.

Brock's involvement with the DCD program allowed for many successful experiences. Brock received academic instruction at his level based on his specific learning needs. While grade level content could have been modified for him in the regular setting, it was still content he didn't understand and it didn't have relevance for him. Learning wasn't frustrating for Brock in the DCD classroom. In this setting, he had the opportunity to learn at a pace that worked best for him, and he interacted with others similar to his ability. He spent time in the regular education classroom during times that were beneficial to him. This also allowed his peers to see him at his best and get to know him on a personal level because it was during times of the day he could be himself doing the same thing his peers were doing, showing he was more like them than different. The students saw beyond his disability, and saw Brock, the young man with an engaging personality. Inclusion not only advanced Brock's skills, it allowed other students to gain a deeper understanding of the importance of accepting and getting to know individuals with differences.



Brock's accomplishments have exceeded what we had hoped for him. Of course, he plays a major part in his success. We also believe that the many people along the way have played a critical role in his success; special education teachers,



general education teachers, paraeducators, coaches, administrators, and all the students Brock has met along the way. At the beginning of this school year, Brock was crowned homecoming king at Blaine High School. It was truly a magical day for Brock and our family. This special recognition of Brock not only speaks to his character, but to the character of the students Brock has traveled with through his educational career. We are very grateful to everyone involved who created this positive environment for all students. It's going to be difficult for us to say good-bye as Brock graduates from high school in June.

# WHAT DOES THE SPECIAL EDUCATION POPULATION LOOK LIKE IN ANOKA-HENNEPIN?

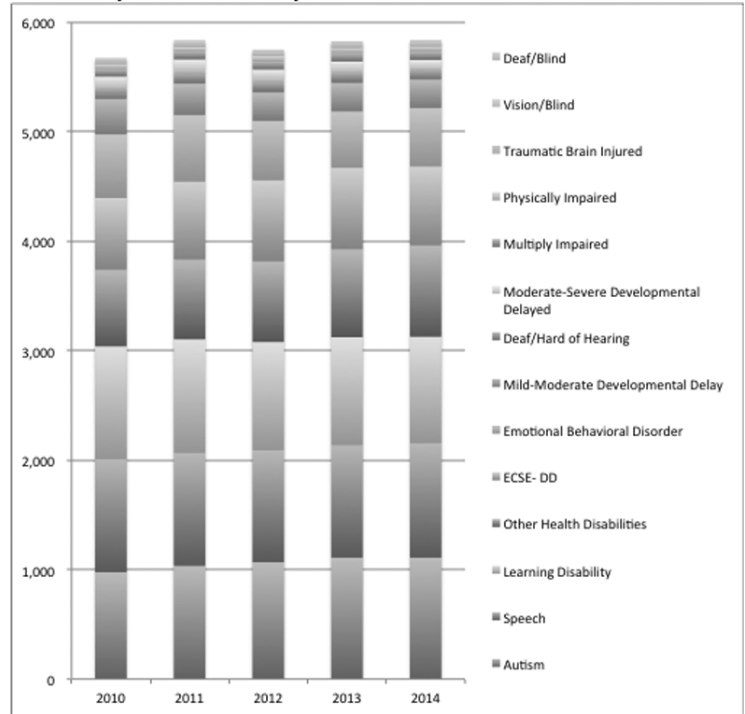
BY: CHERIE PETERSON, DIRECTOR OF SPECIAL EDUCATION

All school districts throughout the nation are required to complete a special education child count on December 1st of each school year. This report serves as the basis for federal and state funding. This process has been completed for the 2014-15 school year and provides a very clear picture of the types of students we serve.

Students can qualify for services under 13 different disability areas. The total number of students identified as meeting special education have remained roughly the same over the past four years in Anoka-Hennepin (Table 1). This year's total was 5829 or roughly 14.5% of the district's population.

Table 2 depicts the changes in population of the high-incidence disability areas while Table 3 depicts the changes in low incidence populations. The growth in the area of autism can be seen in Table 2 but are most more evident as you review the changes over the past 10 years (Table 4). In 2005, autism was considered a "low incidence" disability with a total of 490 students reported. For the first

Table 1: Five year childcount history



time, the population of students with Autism surpassed all other disability areas and was reported as 1110 in December of 2011. There are many theories about why we are seeing changes in this population but no firm answers. As a district we do know that we have been challenged over

Table 2 High Incidence Disability Areas

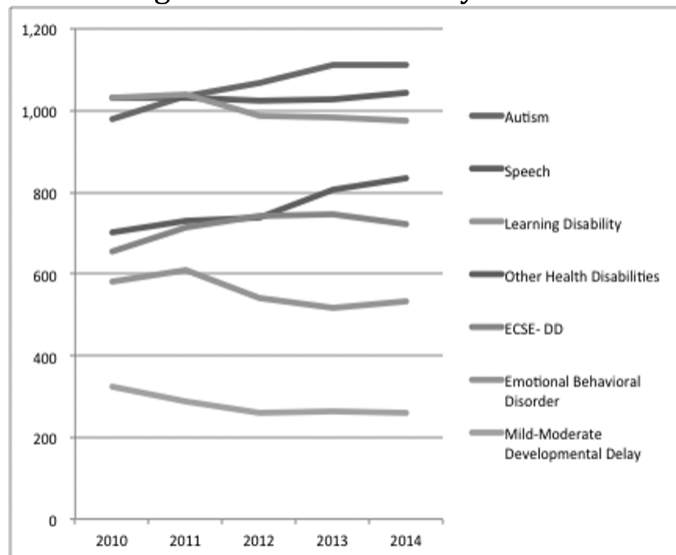
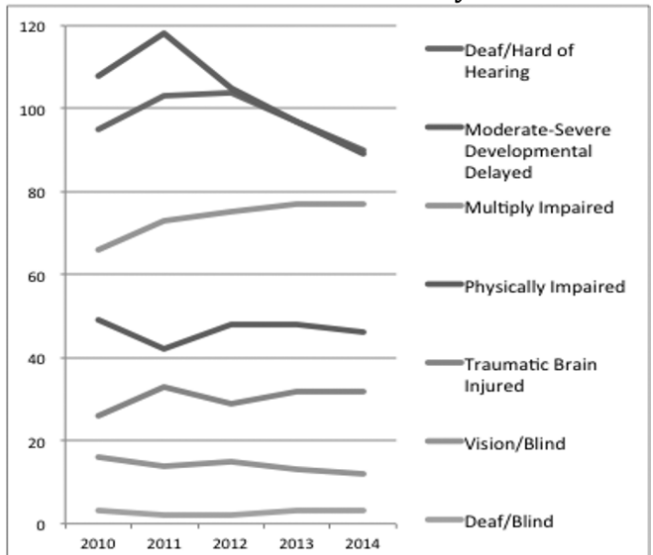


Table 3 Low Incidence Disability Area



the last ten years in meeting these ongoing changes through program development as well as staff training.

Most other disability areas have been more consistent, however it is interesting to note that there has been a significant drop in the number of students identified as Moderate-Severe Developmental Delay (see Table 3). It is our belief that this is likely more a change in labels with more students being reported as Multiply Impaired or as meeting the ASD criteria.

When we compare the district's profile to that of the state we see some changes that are worth noting. Most of the percentages of disability are very similar however the percentage of students with autism is about 19% for the district but closer to 13% for the state. On the other hand, the percentage of students identified as meeting criteria for learning disabilities is about 17% for the district while approximately 23% for the state. Approximately 14.5% of Anoka-Hennepin's students meet criteria as students with a disability. This compares to a percentage of 14.9% for the state.

It is difficult to compare our results to national data because criteria and disability descriptions are not the same from state to state.

In addition to providing the district with an overall picture of the number of students identified in different disability areas, the childcount report does provide us with data on where students are served. In Anoka-Hennepin the majority of students are served in Setting I which is defined as being in the general education setting 80% or more of the time. Approximately 15% of the students are served between 60 and 80% of the time in the general education setting or in Setting II. Approximately 10% of our students are served for more than 60% of their time in a self-contained special education setting.

Table 4 Autism Spectrum Disorders

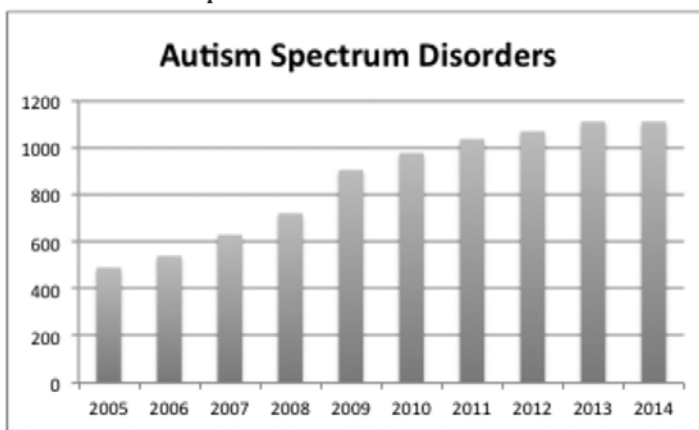
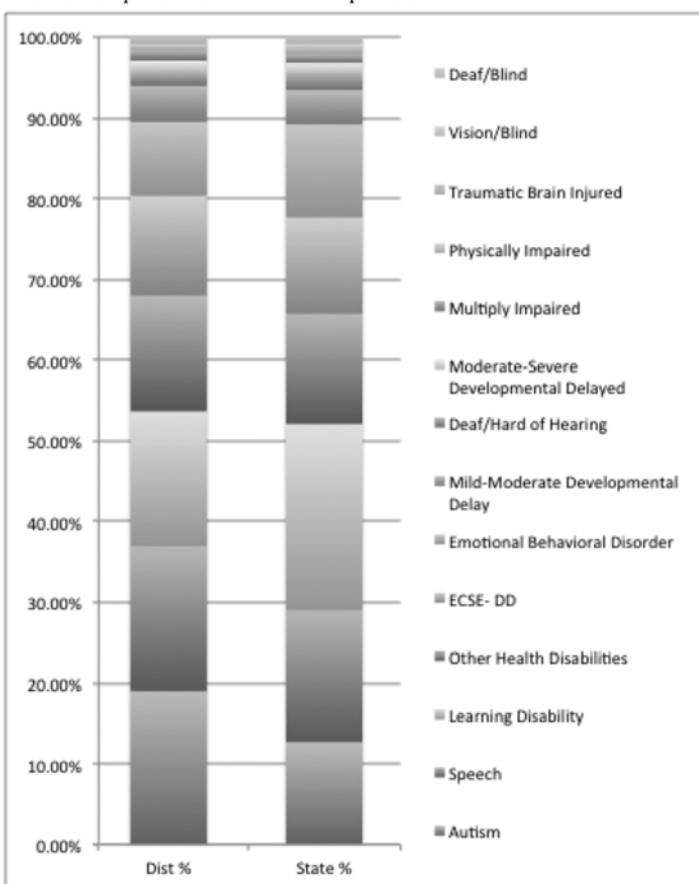


Table 5 Comparison of Anoka-Hennepin to State of MN



# WHAT TO DO IF YOUR STUDENT HAS A HEALTH CONCERN

BY: CYNTHIA HILTZ, MS, RN LSN, NCSN, HEALTH SERVICE COORDINATOR

Dr. M. Jocelyn Elders, former U.S. Surgeon General, maintained “you cannot educate an unhealthy child and you cannot keep an uneducated child healthy.”

## Student health needs have changed and increased

Because of changes in society, family structure, child health, special education laws, health care and the educational system, the school health service of today does not function as it did even just 10 years ago. According to the Centers for Disease Control and Prevention, children come to school today with many more medical, social, and emotional needs. Students who have a diagnosed health condition require continuity of care. Our student populations are exhibiting increasing rates of all types of health concerns (Source: National Association of School Nurses):

Mental health conditions. . . . .	22%
Obesity . . . . .	17%
Vision deficiencies. . . . .	13%
Daily medication needs. . . . .	13%
Asthma . . . . .	10%
Students missing more than 11 days of school due to an illness/injury . . . . .	6%
Hearing deficiency . . . . .	5%
Allergies. . . . .	4%
Seizure disorder . . . . .	1/2-1%

Each student with a health concern may require individualized nursing care during the school day. For example: students with diabetes may require school nurse time to assist with the monitoring of blood sugar levels and calculation of insulin doses. As the medical community

changes its care standards, these changes come to school with the students. As an example: it is now common for diabetics to require individualized care 2-3 times per day. Each student’s care needs must be considered individually. If any of these cares can be delegated, it requires in-depth training from the school nurse for each person the care is delegated to. To maintain safe care the school nurse must continue monitoring the care given by the unlicensed caregiver. On top of these increased healthcare concerns, the Minnesota Department of Health reports that 20% of children in Minnesota are underinsured, making school nursing services the only regular source of health care some students receive.

## The role of a school health staff

At Anoka Hennepin schools there are two staff roles that work in the health service. The health para educator sees your student when they come into the office with routine care needs such as: first aid, upset stomach, or just doesn’t feel well.

There is also a Registered School Nurse with licensure from both the Minnesota Department of Nursing and Education who specializes in helping students and the school community to meet their medical needs and provide advice on disease prevention/health promotion. If your student has an on-going health concern they should connect with the school nurse. Today’s school nurse must have knowledge in the healthcare of children and adolescents, families, and communities as well as the ability to work with education, health care, and human services systems. They understand the school setting and how to help students maintain their optimal level



of health so that they can accomplish their educational goals. School nurses provide direct health care, leadership for provision of health services, health screening and referral and leadership for health policies. School nurses promote health, promote healthy school environments, and are the liaison between school personnel, family, community, and healthcare providers. They break down the barriers to education for those students with health concerns. School nurses provide direct and indirect healthcare services to students in a complex environment utilizing an independent nursing process. The school nurse assesses the student's health and makes referrals to community resources as appropriate. By providing the school nurse with consent to communicate with private medical providers they can coordinate care within the school. School nurses provide the benefits of medical care management, fewer student absence days due to health concerns, more time for teachers to work on teaching instead of health issues, reduced chronic health care emergency visits, and promotion of wellness for the entire school community.

## Parent/guardian to do list:



- Communicate with the health service staff.
- Provide consent for the school nurse to communicate with your private medical provider.
- Bring questions and concerns with regards to health care at school to the school nurses attention.
- If your student is unable to attend school due to their medical condition communicate with the school nurse. There are some alternative ways to provide the education program that require private medical provider information and documentation to determine if they are appropriate and that your student is medically healthy enough to participate.



Watch for special home mailings of the "Can Do" Program. Classes will be offered to students with special needs at Andover Elementary School.

For more information,  
please call Carolynn Meints at  
**763-506-1712**

Discover  
**Community Education**

Anoka-Hennepin Schools



# TECHNOLOGY IN EARLY CHILDHOOD SPECIAL EDUCATION

By: CATIE BUTCHER, ECSE TEACHER

Technology is certainly an integral part of instruction in our ECSE programs in Anoka-Hennepin. In an age where technology is so accessible and children can often solve some of our adult struggles with iPads and computers, it is important to use these tools to enhance learning as we prepare students for the future. While it is easy to focus on computers and the use of iPads (which we do have access to and utilize), there is so much more technology that we are using in our early childhood settings. Here is a peek into how I use it to address the unique and diverse needs of the students in my classroom.

Within our circle time routine, technology is used to prompt students as well as give them a voice. I use a laser pointer to teach students the days of the week songs as well as to prompt students as they use their own pointer to follow the light and move left to right and top to bottom. This takes away the need for a verbal prompt as well as hand-over-hand assisting, helping them to feel more confident and independent in this part of the daily routine. This has easily faded the need for verbal support as time passes. After we count how many students are here for the day, we “tap it out” on our learning drum where they can hit the drum and get visual and verbal feedback, reinforcing 1:1 correspondence. We use voice output devices or switches with students to give them the ability to vocalize a repetitive line in a story.



This is also used with verbal students as a motivator to stay engaged, recording a sound or silly line from a book, so they are paying attention and waiting for their opportunity to interact with the story. We have been starting to utilize beanie babies that we have emptied the stuffing from and use them to put over a switch, changing it from a plastic circle that we touch to an animal from the story that they can be more motivated to activate.



During learning tables or small group time, switches with randomizers are used so that students that are nonverbal can practice switch use while prompting peers and engaging in learning tasks. They can ask students to pick items by color, shape, number, category, etc., and are a great learning tool. Verbal peers also encourage their peers to “hit their switch” as they wait for instructions. Ablenet spinners are used and are set up with clothing pictures so students can dress their doll or put together the Mr. Potato Head with the item the spinner lands on. The learning opportunities are endless and students stay engaged in learning with the addition of this adaptive visual tool. We recently started using Handwriting Without Tears to help students have a multi-model approach to learning the lines and strokes to correctly form



letters. We use wooden pieces of lines and curves, stamps of the lines and curves on magna doodles, drawing on small chalk boards, and rolling out lines of playdough to form the letters in letter dough trays. This learning is enhanced with the use of a glow station, where my students write with a wand in the dark making a letter trail of light as they practice the letter we are working on. iPad apps also supplement this instruction as we use a letter formation app to watch, replicate, and then create letters using the correct formations we have been learning. The best part of the use of the iPad app, is that it allows you to have an instant activity, so learning can be practiced during transition times such as waiting for bussing-making the most of our instructional time.

Playtime is another time to utilize technology. We have access to many switch activated toys, allowing students at any level of ability to interact with toys. This year, a focus in my room has been to use those toys to get students to interact and work together. When using a ball maze switch toy and a regular ball maze toy at

the same table, students are able to use the same materials as they can engage in an identical task to their peers. It usually ends in a race as one student hits their switch to make the ball go to the top and the other waits for their cue to drop their ball. Even setting out a switch-operated fan with peers that are playing with pinwheels encourages peers to come together and see the need for the other and creates interactions. Setting out books that have a flat switch in the back that repeats a line from a story motivates students to interact with books and encourages literacy.

Technology integration assists teachers in allowing all students to participate in learning, while engaging them in a meaningful and hands-on way. I am blessed with an amazing team that works together looking for new ways to integrate technology to support all learners. Through our different backgrounds and training opportunities we continue to add more ideas to our tool kit to continue to improve student learning. These are just a few of the ways technology is being utilized with some of our youngest students in the district.



Anoka-Hennepin Special Education website. There are a variety of resources to explore.

**CHECK IT OUT!**

 [www.anoka.k12.mn.us/specialeducation](http://www.anoka.k12.mn.us/specialeducation)

# TRANSITION

BY: KATHY FERGUSON, SPECIAL EDUCATION SUPERVISOR

There are three different avenues that high school special education students can take toward graduation.

One is graduating by credits with no modifications. Another is graduating via IEP with their senior class and a third is enrollment into a transition program if there continues to be identified transition needs that require direct specialized instruction.

Transition programming and planning discussions should begin in 9th grade with families and continue to occur annually at the student's IEP meeting. During their 12th grade year the student's high school IEP team will meet to identify if there continues to be transition needs and make a referral. Currently the district has three sites that deliver transition programming for students 18-21 years old. They are Crossroads West, Pathways and Bridges.

In the past many students were referred to a transition program because the team felt it would be good for them to continue to have support after high school, the student hadn't obtained a driver license or they think they can take college courses for free. That is no longer our practice. We acknowledge that it would be great for many students, not just special education students, to have additional support after high school, but this does not mean that they have a need for direct specialized instruction in a transition area.

Students that are referred to the transition program will go through an intake process at the site in which the student was referred. At that meeting the team will identify needs in one of the five transition areas and develop goals and objectives that need to be met in order to obtain their diploma. These intake meetings with families take place during April and May of the student's 12th grade year.

The following are guidelines that have been developed to help teams determine the most appropriate programming and site:



## Crossroads West

- The student has successfully held a job/participated in vocational site.
- The student has a transportation plan.
- The student has a post secondary goal.
- The student manages financial resources.
- The student is able to successfully access community resources.
- The student has been successful in several mainstream classes with minimal support.
- The student has met some graduation requirements and may have a few substitutions.
- The student has not met IEP goals and objectives.
- IEP team has agreed that student may NOT graduate short credits.

## Pathways

- The student has not maintained a job and has a need for direct instruction/support in the area of employment.
- The student has not developed a transportation plan.
- The student does not have a realistic post secondary goal.
- The student does not manage financial resources.
- The student has a need for direct instruction/support in the area of community participation.

- With instruction and support the student will be less vulnerable to exploitation.
- The student has the need for direct instruction/support to be successful in post secondary classes.
- The student may have met some graduation requirements through substitutions.
- The student has not their met IEP goals and objectives.



- The student needs support to access employment opportunities.
- The student has a need for supported transportation.
- The student's post secondary goal includes supported living and employment.
- The student will need support to manage financial resources.
- The student will need direct instruction and support in the area of community participation.
- The student will need ongoing instruction and support to be less vulnerable to exploitation.
- The student will need direct instruction and support in the areas of home living.
- The student will need direct instruction/support to be successful in post secondary classes.
- The student may have met some graduation requirements through substitutions.
- The student has not met their IEP goals and objectives.

**The mission of the Anoka-Hennepin School District Transportation Department is, "to provide safe, reliable, and efficient transportation services to the students of Anoka-Hennepin so when they arrive at their school, they are ready to learn."**

**BY: KEITH PAULSON, DIRECTOR OF TRANSPORTATION**

School Buses are the safest form of land transportation there is. From the vehicle design and specifications, to the driver training, licensing, drug/alcohol testing, and background checks, we do our utmost to keep safety the number one priority for the students we serve.

Three of our staff members coordinate the transportation for students requiring special services. Coordinators work to route students in a timely manner, taking into account the student's needs. We have two bus companies and two cab companies that provide the direct transportation service to students. Of the 120 buses serving students with special needs, we also employ 85 bus para-educators who ride on a number of those buses to assist the students and drivers.

If parents have concerns about transportation, they can contact us at 763-506-1125 and ask for Karla Bell, The Special Education Route Coordinator. If a student is not riding, or there is a specific timing issue with the bus, parents can call the bus company dispatcher directly.

If parents have questions about transportation – please call our office at  
**763-506-1125.**

# WHAT IS ADAPTED ATHLETICS?

BY: TED JOHNSON, DEVELOPMENTAL ADAPTIVE PHYSICAL EDUCATION TEACHER AND COACH

Adapted athletics is an interscholastic athletic program for students, grades 7-12 with cognitive or physical impairments. It is **NOT** Special Education and **NOT** adapted physical education.

## **Students compete in one of two divisions:**

**CI-** for students with cognitive impairments (full scale IQ of 70 or below on the most recent evaluation) or

**PI-** for students with diagnosed and documented physical impairments that affect motor function or gait pattern, or cardio/respiratory impairment limiting intensity and duration of physical activity.

## **What sports are played?**

We participate in 4 different sports, indoor soccer in the fall, floor hockey in the winter, and bowling or softball in the spring. Students who participate are eligible to earn varsity letters.

## **Does each school have their own team?**

We have one team representing the school district in each division, CI and PI, made up of students from all of the secondary schools combined.

## **Is transportation provided?**

Transportation is provided from the home school to practice and home after practice. A bus is provided for away games. Parents are responsible for rides home after games.

## **Where do you play and practice?**

Practices and home games are at the Andover YMCA. Bowling currently practices at the Andover Lanes.

## **How often do you meet?**

An average week is 2-3 days after school (combination of games and practices). Practices begin at approximately 3:20 PM and end at 5:15 p.m. Games begin at 4:30 p.m. Team sports play 10-12 games during a season.

## **Is there a cost involved?**

As with all extra-curricular activities, there is a participation fee. The fee is \$100 per season. However, students on free lunch pay no fee and students on reduced lunch will pay a reduced fee to be set between the parent and the school activities director.

## **Where and how do I register my son or daughter?**

Registration takes place prior to the start of each season with the athletic secretary at the high school your son or daughter does/will attend. At the time of registration you will need a physical form signed by your child's physician. If your son or daughter is registering for the PI team they will need an additional page, page 4 of the Minnesota State High School League Physical Form. All registration materials can be picked up from and turned in to the athletic secretary.

## **Who can I contact for more information?**

You may call:

Ted Johnson at 763-506-2437

Sue Opat at 763-506-4933

Bill Newell at 763-506-2438

Pete Kutches at 763-506-8550

# PROJECT SEARCH

## PREPARING STUDENTS FOR COMPETITIVE EMPLOYMENT

BY: PAT BERGSTROM, MEDTRONIC PROJECT SEARCH INSTRUCTOR

Workforce training opportunities are available through Project SEARCH, a program designed to improve employment outcomes for young adults with disabilities, ages 18-21. The award-winning international program is hosted by Medtronic, Inc., and partners with school districts in the north metro, Anoka County Vocational Rehabilitation Services, County Developmental Disability Case Management Services, Opportunity Services and the Minnesota Department of Education. More than 40 students have completed the program since its launch six years ago, and 10 are currently enrolled in training this year.

The program's goal is to prepare students for competitive employment. Over the nine months, interns complete three work experiences called rotations. These experiences include manufacturing, office administrative in areas such as Accounts Payable and Human Resources, Xerox print centers and science laboratory support. The work place environment facilitates the learning, teaching and acquisition of competitive work skills.

Project SEARCH Interns graduate with work experiences, resumes and are ready to earn a wage in the real world. Nearly 70%-80% of the students are competitively employed after program completion with graduates earning well above minimum wage. Several are employed by Medtronic.

*"Interns are immersed in a work environment every day. They had an opportunity to learn skills that can transfer to future employment opportunities. They get immediate feedback on both the soft skills and the hard skills needed to be successful on the job and receive daily feedback on their work performance."* Pat Bergstrom, Project SEARCH Instructor

*"By lengthening the learning curve at the front end through the internship, Medtronic gains employees with deep knowledge of the work environment, and their skills and confidence increase over time,"* said Noi Keothammakhoun with Medtronic.

And, it's a winning team that supports Project SEARCH. Instructor Pat Bergstrom received the Karen Jester Award in 2011 from Project SEARCH for her excellent skills as a classroom teacher (Centennial Schools); Dave Thacker (Centennial Schools) received the 2011 Director of Special Education Award from the State of Minnesota; and Anoka County Developmental Disabilities unit received the 2011 Odyssey Employment Award from the Minnesota Department of Human Services.

For more information regarding this Project SEARCH program and the application process contact Pat Bergstrom, Instructor – [pat.l.bergstrom@medtronic.com](mailto:pat.l.bergstrom@medtronic.com) or Lisa Ripken, Business Liaison at [lisa.n.ripken@medtronic.com](mailto:lisa.n.ripken@medtronic.com)



**Special Education Department**

2727 N. Ferry St.  
Anoka, MN 55303



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The **FAMILY FOCUS** newsletter will be mailed out approximately two times a year to District #11 parents of students on IEP's and 504 plans.

- If you know someone who would like to receive this newsletter please call 763-506-1362, leave name and complete address.
- If you do not wish to receive this newsletter, please call 763-506-1362, leave name, complete address and state you do NOT want this mailing any more.

**FAQ - Email us!**

In future Family Focus editions we will answer questions from our readers in the areas of school services, community services and family services. If you have a question you would like addressed email us at: **Dist11SEAC@yahoo.com**

