

Low Incidence Initiative



Teaching Academic
Age-appropriate Learning
via Communication

Funded by:
Kentucky Department of Education

District Packet

2016-2017

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*Items indicated with an asterisk are documents that must be filled out and included in each team's application.

Welcome Letter

Low Incidence Initiative – TAALC

Dear Teacher, Speech-Language Pathologist and Other School Personnel,

Thank you for your interest in the *Low Incidence Initiative-Teaching Academic Age-appropriate Learning via Communication* program (LII-TAALC). This project is a grant awarded to the Human Development Institute at the University of Kentucky, and is funded by the Kentucky Department of Education. The underlying premise of LII-TAALC is all students can and do communicate. The Low Incidence Initiative program is designed to provide training and experience in identifying communicative competence for students with complex communication needs, infusing communication skills and targets into the academic curriculum, and progressing students from pre- and emerging symbolic communication toward symbolic communication. The project will focus on working with specific targeted students in your district with complex communication needs. As you may know, many children with complex communication needs lack the Alternative and Augmentative Communication devices and academic supports needed to stimulate the use of symbolic communication. We will equip you with the skills needed to better serve these students.

This packet includes an overview of the LII-TAALC project, information about the role of the teacher and SLP in the project, a description of the sequence of steps involved in the project and the various forms needed to begin participation in the project, which will give us information about you and your students. LII-TAALC will provide you with a full day training on *Identifying Communicative Competence* and *Content Access Training* for low incidence populations as well as consistent distance consultation.

The Low Incidence Initiative will be an exciting and rewarding experience for both you and your students. Thank you for being a part of the Low Incidence Initiative-TAALC. We look forward to meeting you soon.

<p><i>Jacqueline Farmer Kearns, Ed.D.</i> Principal Investigator, LII Interdisciplinary Human Develop. Institute University of Kentucky</p>	<p><i>Jane O'Regan Kleinert, Ph.D., CCC-SLP</i> Co-Principal Investigator, LII Division of Communication Disorders University of Kentucky</p>
<p><i>Judith L. Page, PhD., CCC-SLP</i> Co-Principal Investigator, LII Division of Communication Disorders University of Kentucky</p>	<p><i>Lou Ann Land, MS</i> Project Coordinator Human Development Institute University of Kentucky</p>

Contact Information

Low Incidence Initiative – TAALC

<p>Jacqueline Farmer Kearns, Ed.D. Principal Investigator, LII Human Development Institute University of Kentucky (859)257-7672, Ext. 80243 Email: jacqueline.kearns@uky.edu</p>	<p>Jane O'Regan Kleinert, Ph.D., CCC-SLP Co-Principal Investigator, LII Division of Communication Disorders University of Kentucky (859)323-1100, Ext. 80568 Email: jklei2@uky.edu</p>
<p>Judith L. Page, PhD., CCC-SLP Co-Principal Investigator, LII Division of Communication Disorders University of Kentucky (859)218-0571 Email: judith.page@uky.edu</p>	<p>Lou Ann Land, MS Project Coordinator Human Development Institute University of Kentucky (859) 257-7672 Email: lland@uky.edu</p>

Please feel free to be in touch if you come across any questions as you read through this district packet.

Program Information: *Sequence of Activities for Each District*

Low Incidence Initiative – TAALC

Application Process

1. Identify up to three students to participate in the project and send in an application.
2. Obtain parental consent forms and complete the initial parent questionnaire.
3. Administer the Learner Characteristics Inventory (LCI) and collect short video clips of identified students (5 to 10 minutes). Please have **one LCI completed by the teacher and one by the SLP who works with the student.**

Training

4. All team members will watch 3 short webinars prior to the on-site training.
5. All team members will attend the Identifying Communicative Competence and Content Access Training.

Intervention and Coaching Calls

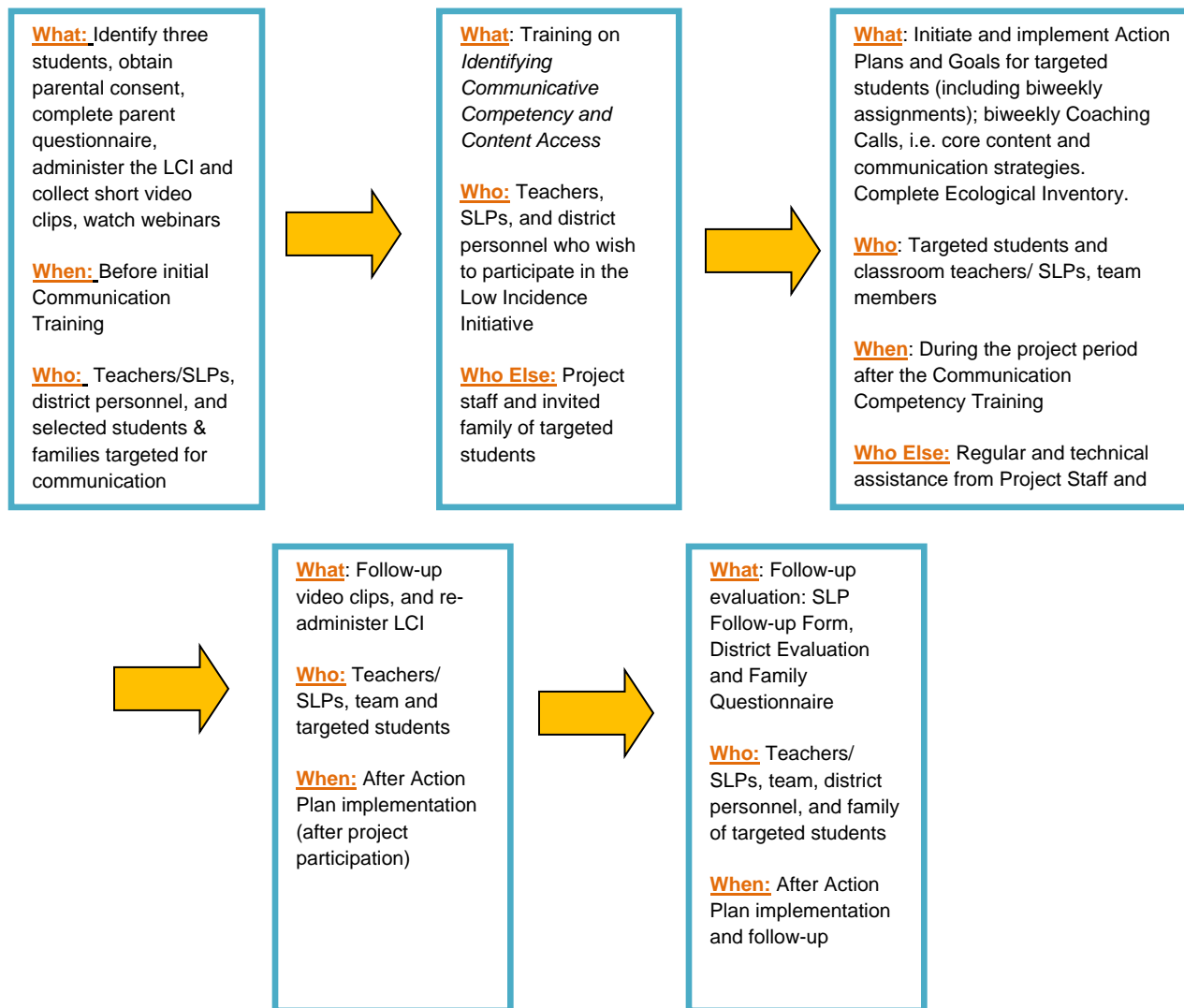
6. Initiate follow-up Action Plan and Goals as identified by project staff (core content and communication will be key areas of focus).
 - a. Includes AAC technology try-out
 - b. Over-arching goal will have bi-weekly sub-goals (how you are going to take your students from X to Y in manageable increments).
7. Follow-up interaction with Project Staff via Coaching Calls (This occurs biweekly for approximately 6 calls.).
 - a. Submission of biweekly data to display student progress
 - b. Biweekly action planning will be included in each Coaching Call
 - c. Biweekly online feedback on-line surveys should be completed by each team member
8. Complete Action Plan for core content and communication with targeted students

Project Wrap-Up

9. Collect follow-up video clips of target students.
10. Re-administration of LCI (Expressive Communication, Receptive Language, Engagement, Augmentative Communication Usage/describe the student's communication system).
11. Complete final feedback survey on-line
12. Return loaned equipment.

Program Information: *Timeline*

Low Incidence Initiative – TAALC



Ongoing Tasks

- ✓ Project staff contact via e-mail or in person
- ✓ Visits for technical assistance or video conferences with Project Staff
- ✓ Biweekly progress monitoring of each student's Action Plan and Goals via data collection
- ✓ Biweekly Assignments for each targeted student: Core Content and Communication
- ✓ On-line Feedback Surveys

Video Tape Collection Protocol

Low Incidence Initiative – TAALC

Please follow these suggestions in collecting video samples of your student's academic and communication programming to be reviewed by the Low Incidence Initiative. The students should be in a low incidence category and in the alternate assessment.

1. Select up to three students for whom you need input for their academic and communication programming.
2. Select activities that represent the student's typical behaviors in school programming.
3. Select activities that represent the student's typical school programming.
4. It may help to manipulate or sabotage the learning environment to collect the initial video clip.
5. Tape the student participating in his/her activity with a teacher, para-educator, SLP or peers.
6. The tape segments should be no longer than 1-3 minute clips and provide a clear example of the student's typical performance in as many of these situations as possible. Shorter is better.

1) Request
2) Refuse/Reject
3) Initiate
4) Respond

Application Directions

Low Incidence Initiative – TAALC

Application Directions:

One application is required for each team of professionals working with students in any given school. This team must include students' primary classroom teachers and speech language pathologists. All other staff members who work with the students are strongly encouraged to participate as well, including, but not limited to: additional teachers, teaching assistants, occupational therapists, physical therapists, visual impairment specialists, and district level personnel.

Complete Application Package Checklist:

- Team Application for Participation
- Student Information page for **each** of up to three participating students
- Signed Permission forms for **each** participating team member
- Signed Participation Assurance forms for **each** participating team member
- Parental Consent forms for **each** participating child
- Initial Parent Interview for **each** participating child
- Learner Characteristics Inventory (LCI) for **each** participating child
- Video Clips of **each** identified student (can be sent separately)
- Parental consent forms for any **additional** children shown in video submissions

Please print the application in full (pages 9-22 of this document). You will need to copy designated pages multiple times to accommodate for all participating students and team members.

Please send the complete application package via e-mail or fax to:

Lou Ann Land
Project Coordinator
Lland@uky.edu
Fax #: (859) 323-1838

Team Application for Participation

School Year 2016-2017

Low Incidence Initiative – TAALC

School Name: _____ School District: _____

Classroom Setting: _____

Classroom Teacher's Caseload: _____ Speech Language Pathologist's Caseload: _____

School Personnel

Please indicate the school personnel interested in participating in this project.
This list MUST include the students' primary teacher and speech language pathologist.

Name	Title (Teacher, SLP, OT, PT, Teaching Assistant, etc.)	E-mail Address:	Telephone #:

Student Information

Please provide the following information about up to three students that you would like to participate in the project:

Student Initials	Age	Gender	Grade	Disability Classification	Augmentative Communication (AC)
					Uses AC Needs AC
					Uses AC Needs AC
					Uses AC Needs AC

Declaration of Interest

Why would you like to participate in the Low Incidence Initiative? _____

Student Information

To be duplicated and completed for up to three students

Low Incidence Initiative – TAALC

Basic Information

Student's Initials: _____

Type of services received (please check all that apply):

Communication intervention _____; Speech _____; OT _____; PT _____;

Vision services _____; Hearing services _____; Adaptive PE _____;

Other _____

Student's Primary Means of Communication: _____

Further Information

Please provide any other narrative information about the student that you feel would be helpful:

Communication Abilities	
Cognitive Abilities	
Motor Abilities	
Social Skills	
Interests and Preferences	

Learner Characteristics Inventory (LCI)

To be duplicated and completed for up to three students

Low Incidence Initiative – TAALC

Learner Characteristics Inventory for Alternate Assessments on Alternate Achievement Standards

Citation: Kearns, J., Kleinert, H., Kleinert, J., & Towles-Reeves, E. (2006). *Learner characteristics inventory*. Lexington, KY: University of Kentucky, National Alternate Assessment Center.

Role: (We would like the SLP and Educator to each fill out an LCI independently.)

- SLP
- Educator

Purpose: This inventory will be used to assist states in describing the population of students who take alternate assessments based on alternate achievement standards. These students represent less than 1% of the total student population and come from a variety of disability categories but represent students with the “most significant cognitive disabilities”.

Student Name: _____

Student’s Grade-Level (choose one):

- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

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Student's IDEA disability label (choose only the student's primary handicapping condition):

- Intellectual Disability
- Multiple Disabilities
- Autism
- Speech/Language Impairment
- Hearing Impairment
- Visual Impairment
- Traumatic Brain Injury
- Emotional Disability
- Deaf/blind
- Physical Disabilities
- Other Health Impairment
- Orthopedic
- Other

Is your student an English Language Learner (i.e., speaks a language other than English primarily at home-Spanish, French, Russian)?

- Yes
- No

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Classroom Setting (check the best description)

- Special school
- Regular school, self contained classroom for almost all activities
- Regular school self contained classroom except for homeroom, lunch, and “specials”
- Self contained (children go to some general education academic classes but return to special education (61% or more of school day in special education classes)
- Resource room (e.g. children come for services and then go back to their general education classroom (at least 40% of the school day in general education classes)
- Inclusive/Collaborative – students based in general education classes, special education services delivered in the general education class (at least 80% of the school day in general education classes)

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Augmentative Communication System (check the best description)

Does your student use an augmentative communication system in addition to or in place of oral speech?

Yes

No

For students using augmentative communication systems:

(Check the best description of the student's use of the augmentative communication system)

Uses only one symbol or sign at a time and is able to use only a few symbols in total to express simple or early intents (e.g., drink, eat, toilet, greeting, preferred activity, refusal).

Can combine two symbols together to express broader intents such as social content, answer simple questions, etc. (e.g., expresses greetings, peer names, social exchanges, personal interests).

Uses mostly iconic symbols (clear representations) or signs together in sequence to express functional intents, extensive social interactions, academic content, and to respond consistently to answer questions.

Uses multiple abstract symbols, signs, or print in sentences or phrases on the augmentative communication system to express a variety of academic, social, and self-initiated interactions.

Speech Language as a Related Service (check the best description of the extent to which the student is receiving speech/language as a related service)

Direct services for communication/language therapy (pull-out)

Direct services integrated into student's routine/classroom-collaboration

Consultation services only

Student does not currently receive speech language as a related service

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Expressive Communication (check one answer that best describes your student)

Uses symbolic language to communicate: Student uses verbal or written words, signs, Braille, or language-based augmentative systems to request, initiate, and respond to questions, describe things or events, and express refusal.

Uses intentional communication, but not at a symbolic language level: Student uses understandable communication through such modes as gestures, pictures, objects/textures, points, etc., to clearly express a variety of intentions.

Student communicates primarily through cries, facial expressions, change in muscle tone, etc., but no clear use of objects/textures, regularized gestures, pictures, signs, etc., to communicate.

Receptive Language (check the best description)

Independently follows 1-2 step directions presented through words (e.g. words may be spoken, signed, printed, or any combination) and **does NOT need additional cues.**

Requires additional cues (e.g., gestures, pictures, objects, or demonstrations/models) to follow 1-2 step directions.

Alerts to sensory input from another person (auditory, visual, touch, movement) **BUT requires actual physical assistance** to follow simple directions.

Uncertain response to sensory stimuli (e.g., sound/voice; sight/gesture; touch; movement; smell).

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Vision (check the best description)

- Vision within normal limits.
- Corrected vision within normal limits.
- Low vision; uses vision for some activities of daily living.
- No functional use of vision for activities of daily living, or unable to determine functional use of vision.

Hearing (check the best description)

- Hearing within normal limits.
- Corrected hearing loss within normal limits.
- Hearing loss aided, but still with a significant loss.
- Profound loss, even with aids.
- Unable to determine functional use of hearing.

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Motor (check the best description)

- No significant motor dysfunction that requires adaptations.
- Requires adaptations to support motor functioning (e.g., walker, adapted utensils, and/or keyboard).
- Uses wheelchair, positioning equipment, and/or assistive devices for most activities.
- Needs personal assistance for most/all motor activities.

Engagement (check the best description)

- Initiates and sustains social interactions.
- Responds with social interaction, but does not initiate or sustain social interactions.
- Alerts to others.
- Does not alert to others.

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Health Issues/Attendance (check the best description)

- Attends at least 90% of school days.
- Attends approximately 75% of school days; absences primarily due to health issues.
- Attends approximately 50% or less of school days; absences primarily due to health issues.
- Receives Homebound Instruction due to health issues.
- Highly irregular attendance or homebound instruction due to issues *other* than health.

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Reading (check the best description)

Reads fluently with critical understanding in print or Braille (e.g., to differentiate fact/opinion, point of view, emotional response, etc.).

(OPTIONAL FOR STATES)

Reads fluently with basic (literal) understanding from paragraphs/short passages with narrative/informational texts in print or Braille.

Reads basic sight words, simple sentences, directions, bullets, and/or lists in print or Braille.

Aware of text/Braille, follows directionality, makes letter distinctions, or tells a story from the pictures that is not linked to the text.

No observable awareness of print or Braille.

Mathematics (check the best description)

Applies computational procedures to solve real-life or routine word problems from a variety of contexts.

Does computational procedures with or without a calculator.

Counts with 1:1 correspondence to at least 10, and/or makes numbered sets of items.

Counts by rote to 5.

No observable awareness or use of numbers.

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Comments: Please share any additional information you would like for us to know about the learning characteristics of this student. Thank you for your time and honest answers.

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Educational and Related Services Personnel Permission Form

To be duplicated and filled out by each participating team member

Low Incidence Initiative – TAALC

Thank you for participating in the Low Incidence Initiative. Throughout the LII-TAALC program, you will be taking several videotapes of targeted students engaged in a variety of your classroom teaching activities. Low Incidence Initiative-TAALC specialists from the University of Kentucky will review taped examples of your interaction with these students, as well as your student's current communication level, to make suggestions of how to optimize their current program. In order to accomplish this, we are requesting your permission to be videotaped. **Please complete the form below:**

I, _____, give my permission and consent to the Low Incidence Initiative, a grant-funded program supported by the Kentucky Department of Education for the following (**please initial those to which you agree**):

_____ my participation in the Low Incidence Initiative–TAALC

_____ the review of videotaped teaching samples of me interacting with targeted students by University of Kentucky specialists and UK personnel

_____ to work with specialists from the University of Kentucky via video-conferencing, teleconference, or in-person meetings

_____ to have videotapes, pictures, or work samples be used for teaching or training purposes including university, state and/or national level. These may include but are not limited to conferences, trainings and initiatives.

Team Member Signature

Date

Witness

Date

Contact Information for the Low Incidence Initiative			
<p><i>Jacqueline Farmer Kearns, Ed.D.</i> <i>Principal Investigator, LII</i> <i>Human Development Institute</i> <i>University of Kentucky</i> <i>(859)257-7672, Ext. 80243</i> <i>Email:</i> jacqueline.kearns@uky.edu</p>	<p><i>Jane O'Regan Kleinert, Ph.D., CCC-SLP</i> <i>Co-Principal Investigator, LII</i> <i>Division of Communication Disorders</i> <i>University of Kentucky</i> <i>(859)218-0568</i> <i>Email:</i> jklei2@uky.edu</p>	<p><i>Judith L. Page, PhD., CCC-SLP</i> <i>Co-Principal Investigator, LII</i> <i>Division of Communication Disorders</i> <i>University of Kentucky</i> <i>(859)218-0571</i> judith.page@uky.edu</p>	<p><i>Lou Ann Land, MS</i> <i>Project Coordinator, LII</i> <i>Human Develop</i> <i>Institute</i> <i>University of Kentucky</i> <i>(859) 257-7672</i> <i>Email:</i> lland@uky.edu</p>

Participation Assurances

To be duplicated and filled out by each participating team member

Low Incidence Initiative – TAALC

I, _____, understand that in order to participate in the Low Incidence Initiative, I must:

- Identify up to three students I feel would benefit from participation in the Low Incidence Initiative, contact their parents and provide them the Parent Information Packet to review and complete
- Obtain Parental Consent Forms and assist families in completion of initial Family Questionnaire for students who will be participating
- Collect initial video samples and administer the Learner Characteristics Inventory (LCI)
- Attend the Identifying Communicative Competence and Content Access Training
- Implement the Action Plan/Goals for each targeted student as identified by Project Staff
 - Collect biweekly data on the student's progress
 - Participate in biweekly coaching calls
 - Implement biweekly action plans (communication and core content)
 - Complete the Ecological Inventory (teacher)
- Collect follow-up video clips
- Send the data and follow-up video clips to LII staff member
- Complete the Speech-Language Pathologist Follow-up Form, District Evaluation, re-administer portions of the LCI, and assist family of targeted students in completion of follow-up Family Questionnaire

Thank you for your participation in the Low Incidence Initiative. We look forward to working with you!

Signature

Date

Print Name

School Name/District

Permission Form for Students to Appear in Videos and Pictures

*To be duplicated and completed for all additional students
who will appear in videos*

Low Incidence Initiative – TAALC

A student in your child's class is participating in a specialized program for communication use. We have permission from his family to document with video and pictures his use of his communication system in his classroom. It is so exciting that the other children in the room are working and learning with him. Sometimes the videos include his working with other children, but we need your permission if your child happens to appear in the tapes. No identifying information is ever given. If you are willing to allow your child to appear in those tapes, please read, mark permission for use of the tapes and sign below.

Thank you so much for helping us in our teaching and trainings.

I give permission for my child, _____, to appear in the teaching/training tapes taken in his/her classrooms or school for use in teaching/training on communication by the University of Kentucky and its affiliated grants. Tapes may be used at the university, state and/or national level for teaching and training purposes.

Parent/Guardian signature

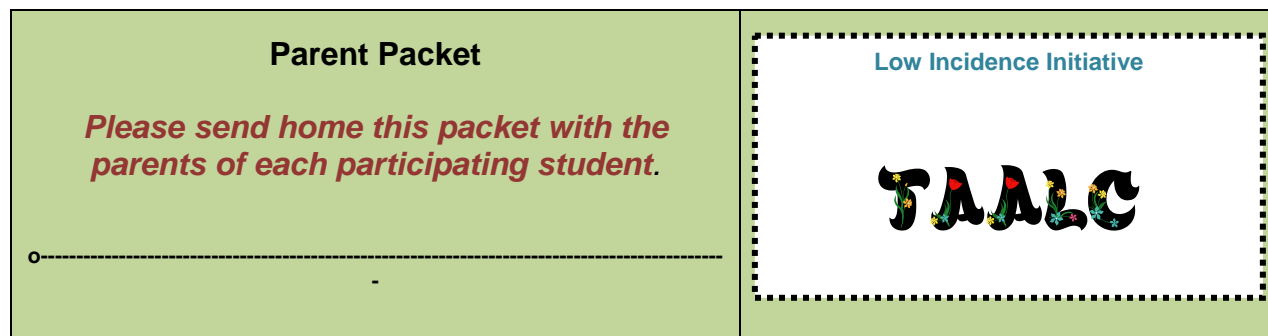
Date

Witness

Date

Thank you for allowing your child to assist us in the Low Incidence Initiative!

Contact Information for the Low Incidence Initiative			
<p><i>Jacqueline Farmer Kearns, Ed.D. Principal Investigator, LII Human Development Institute University of Kentucky (859)257-7672, Ext. 80243 Email: jacqueline.kearns@uky.edu</i></p>	<p><i>Jane O'Regan Kleinert, Ph.D., CCC-SLP Co-Principal Investigator Div. of Communication Disorders University of Kentucky (859)218-0568 Email: jklei2@uky.edu</i></p>	<p><i>Judith L. Page, PhD., CCC- SLP Co-Principal Investigator, LII Division of Communication Disorders University of Kentucky (859)218-0571 judith.page@uky.edu</i></p>	<p><i>Lou Ann Land, MS Project Coordinator, LII Human Develop Institute University of Kentucky (859) 257-7672 Email: lland@uky.edu</i></p>



Hello!

We would like to invite your child to participate in an exciting program called the Low Incidence Initiative: Teaching Academic Age-appropriate Learning via Communication (LII-TAALC). Your school district has agreed to participate in this innovative program.

LII-TAALC is designed to optimize the communicative output for students with complex communication needs while strengthening their current educational program.

LII-TAALC is a grant funded by the Kentucky Department of Education to the University of Kentucky Human Development Institute to work with students with significant disabilities who also have complex communication needs.

Here is how the program will work:

First, your child will be videotaped by his or her teacher in his/her current educational program and this videotape will be shared with LII-TAALC staff. The purpose of this is to determine the current level of communication your child exhibits and to determine ways in which to optimize your child's communicative output within his or her educational program.

Next, your child's teacher and/or speech-language pathologist will attend a training to increase their knowledge and skill set in regard to what constitutes communication and the various types of communication one can exhibit. We would like to invite you to attend this training as well, and believe that you can provide us with valuable information about your child and how he or she communicates—you are the individual who knows and understands your child best.

After this, your child will work with his or her teacher, speech-language pathologist, and Low Incidence Initiative Staff in order to implement an action plan to better meet your child's communicative needs within his or her educational program.

We have attached a permission form for you to sign if you want your child to participate in the Low Incidence Initiative program. We have also attached a short questionnaire for you to complete that will help us better understand your child. We sincerely hope you will allow your child to be a part of LII-TAALC program.

We look forward to meeting you and your child in the future. Please feel free to contact us if you have any questions or concerns.

<p><i>Jacqueline Farmer Kearns, Ed.D.</i> Principal Investigator, LII Human Development Institute University of Kentucky (859)257-7672, Ext. 80243 Email: jacqueline.kearns@uky.edu</p>	<p><i>Jane O'Regan Kleinert, Ph.D., CCC-SLP</i> Co-Principal Investigator Div. of Communication Disorders University of Kentucky (859)218-0568 Email: jklei2@uky.edu</p>	<p><i>Judith L. Page, PhD., CCC-SLP</i> Co-Principal Investigator, LII Division of Communication Disorders University of Kentucky (859)218-0571 judith.page@uky.edu</p>	<p><i>Lou Ann Land, MS</i> Project Coordinator, LII Human Development Institute University of Kentucky (859) 257-7672 Email: lland@uky.edu</p>
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Parent Packet

Student Permission Form

Low Incidence Initiative – TAALC

Your child's teacher has suggested that your son or daughter be involved in a program entitled the Low Incidence Initiative-TAALC in which specialists from the University of Kentucky will review taped examples of your child's communication and make suggestions to optimize your child's program. In order to accomplish this, we are requesting your permission. *Please complete the form below:*

I give permission for my child, _____, to participate in the Low Incidence Initiative, a grant funded program supported by the Kentucky Department of Education.

I give permission for my child to (**please initial those to which you agree**):

_____ participate in the Low Incidence Initiative –TAALC

_____ be videotaped for review by the University of Kentucky specialists and UK personnel may review information about my child's school programming

_____ have his/her videotapes, pictures, or work samples used for teaching or training purposes including university, state and/or national level. These may include but are not limited to conferences, trainings and initiatives.

_____ work with specialists from the University of Kentucky via video-conferencing, teleconference, or in-person meetings

_____ I would like to attend the Identifying Communication Competency and Content Access Training on _____.

Parent/Guardian signature

Date

Witness

Date

Thank you for allowing your child to participate in the Low Incidence Initiative!

Contact Information for the Low Incidence Initiative			
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Parent Packet

Questionnaire

Low Incidence Initiative – TAALC

Thank you for allowing your son or daughter to participate in the Low Incidence Initiative TAALC. We are very interested in how you think your child's program is progressing. In order for us to better serve your child, please complete the questions below.

Current School Program Questionnaire

(Before the Low Incidence Initiative)

1. How does your child communicate wants and needs with you?
2. How does your child express refusal?
3. How does your child initiate or sustain social interactions?
4. What types of Augmentative Communication (pictures, objects, devices) has your child used?
5. What seems to work best when communicating with your child?
6. Are you aware of any recent changes in your child's current program at school? Please explain.
7. Do you know what curriculum your child is using at school, or the goals of his or her academic program? If yes, please explain.
8. Do you know what classes your child attends and what curriculum or content your child is currently working on? If yes, please explain.