

PICs –n– Pieces

Parent Information Center & Parent Education Network Wyoming State PIRC
Parents Helping Parents of Wyoming, Inc.



January/February
2012

Wyoming's Recipe for Literacy

3 + 8 = READING SUCCESS

In an effort to improve literacy instruction in Wyoming schools, Superintendent of Public Instruction Cindy Hill and her team have “cooked up” an initiative that has been shared with teachers throughout the state.

The 3 + 8 Teacher to Teacher Initiative; taught to teachers, by teachers; highlights an approach developed by Roger Farr, who was influential in the development of the PAWS. The approach, which Farr called “Purposeful Reading,” focuses on the 3 + 8—the 3 kinds of texts people use and the 8 strategies and questions that readers can use to make sense of them.

The three types of texts this program highlights are:

Functional Text, such as recipes, maps, charts, or schedules.

Expository Text, such as newspaper articles, science books, or opinion pieces.

Narrative Text, such as stories, biographies, movies, or cartoons.

For each type of text, there are strategies (a total of 8) for the reader to use in order to fully grasp the text's meaning. The strategies are as follows:

Functional

- 1) Read to **determine relevance** and **importance** of functional information.
- 2) Read to **select** and **apply** relevant information.

Expository

- 3) Read to understand a text's **major points** and **supporting details**.
- 4) Read to understand the text's organizational exposition and how that **organization** serves the **writer's purpose**.
- 5) Read to understand how the **information** in the text **applies** to broader topics and issues.

Narrative

- 6) Read to recognize and understand an author's **development** of character, setting, and mood as basic **story elements**.
- 7) Read to understand how the **plot** of a story develops as a series of high points and/or how it can be depicted as a **problem** and its **solution**.
- 8) Read to understand the **theme** of a story and how the author develops it.

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WYOMING'S RECIPE FOR LITERACY

Along with the 8 strategies that go along with each type of text, there are 8 questions students can ask themselves in order to ensure that they are maintaining a proper focus. Those questions are:

Narrative

- 1) What are the most important things that **happened** in this story?
- 2) What does the author want us to **wonder about** or **learn**?
- 3) How did the author appeal to our **senses** or our **emotions**?

Expository

- 4) What are the **most important** things in this article?
- 5) What does the author **really believe** about people and the world?
- 6) Why did the author put this part **here** instead of **over there**?

Functional

- 7) If you want to use this text, what do you do **first, second, third**?
- 8) What's the most **important thing** in this text?

The Wyoming Department of Education's Comprehensive Literacy Plan lists as one of its fundamental beliefs about reading: "All people at all ages can learn to read. Literacy begins early and lasts a lifetime—from birth through career/college." The plans also states: "The first best teacher is the parent, grandparent, family."

As we always say, "*Together, We Make a Difference!*" The 3 + 8 program is designed to be a "recipe" for improving the instruction of teachers; however, parents, as their children's first and best teachers, can apply these same "ingredients" to build literacy skills in their children. Using some of these questions while reading with your child can help them become effective, critical readers.

For more information about the 3 + 8 program, contact the Wyoming Department of Education at (307) 777-7690.



Have a little reader?

Parents really are their child's first and best teachers. If you have a little reader, here are some simple strategies you can use to help him or her build strong literacy skills:

- Invite your child to read with you every day.
- When reading a book where the print is large, point word by word as you read. This will help the child learn that reading goes from left to right and understand that the word he or she says is the word he or she sees.
- Read a child's favorite book over and over again.
- Read many stories with rhyming words and lines that repeat. Invite the child to join in on these parts. Point, word by word, as he or she reads along with you.
- Discuss new words. ie "This house is called a palace. Who do you think lives in a palace?"
- Stop and ask about the pictures and what is happening in the story.
- Read from a variety of children's books, including fairy tales, song books, poems, and information books.

For more tips, visit www2.ed.gov/parents/read/resources/readingtips/index.html



The Facts on FERPA

What is FERPA?

FERPA stands for the Family Educational Rights and Privacy Act, otherwise known as the Buckley Amendment. It is a Federal law that is administered by the Family Policy Compliance Office in the U.S. Department of Education. FERPA applies to any educational agency or institution that receives federal funding, such as public schools and most colleges and universities. FERPA gives parents certain rights with respect to their children's education records.

What rights does FERPA cover?

FERPA covers three main rights for families:

1 Access to Education Records

Under FERPA, a school must provide a parent with an opportunity to inspect and review his or her child's education records within 45 days of a request. A school is required to provide a parent with copies of the records if it is necessary in order for the parent to view them. An example would be a parent who does not live within commuting distance of the school.

2 Amendment of Education Records

Under FERPA, a parent has the right to request that inaccurate or misleading information in his or her child's education records be changed. The school does not necessarily have to obey the request, but it must *consider* it. If the school decides not to change the record, then it must inform the parent of his or her right to a hearing on the matter. If, as a result of the hearing, the school still decides not to change the record, then the parent has the right to insert a statement in the record with his or her views. That statement must remain with the contested part of the student's record for as long as the record is maintained. It is important to understand that this part of FERPA applies only to inaccurate or misleading information, not records that a parent simply dislikes or disagrees with, such as a grade.

3 Disclosure of Education Records

Under FERPA, a school cannot share personally identifiable information from a student's education records unless the student's parent has provided written consent. There are, however, a few exceptions to this rule. For instance, any "school official," such as a teacher, counselor, or other staff member, who has a "legitimate educational interest" in the child, may access his or her records.

Another exception is transferring records to another school when a child enrolls. The previous school can release records to the new school, as long as it has made parents aware of this procedure (schools must notify parents of their rights under FERPA each year). The school must provide the parent with a copy of the records that were released if requested to do so.

"Directory information" is another exception. "Directory information" is information in a student's education record that would not generally be considered harmful or an invasion of privacy if shared. Directory information could include information such as the student's name, address, e-mail address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, the most recent previous educational agency or institution attended, photograph, grade level (such as 11th grade or junior year), and enrollment status (full-time or part-time).

When a student turns 18 years old or enters college, the rights given to parents under FERPA transfer to the student.

Recent Changes

On December 2, 2011, the Department of Education released amendments to FERPA that went into effect on January 3, 2012. Many of the changes relate to the disclosure of education records.

The purpose of this change is to give schools the option to implement policies that allow for the release of student information for uses such as yearbooks, but restrict the use for more potentially dangerous purposes.

Another change involves the use of information for research purposes. The FERPA regulations change certain parts of the law to help facilitate research on education programs through the use of State longitudinal data systems. The new regulations clarify who can receive student information to conduct research and under what circumstances these types of disclosures can occur.

FERPA offers important protections for students and families. For more information about FERPA guidelines, visit <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/parents.html>.

Source: www.2ed.gov

NEW RESEARCH ON DYSLEXIA

Many people think of dyslexia as a disorder that makes it difficult for people to read the words they see. However, new research published in the December 22, 2011 issue of the journal *Neuron* suggests that problems in how people with dyslexia process the sounds they hear may be an important element of this learning disorder.

French researcher Katia Lehongre and her colleagues focused on a phenomenon called "sampling," which refers to how the brain initially responds to sounds. Specifically, sampling involves the processing of phonemes, which are the basic elements of sound.

The investigators found that in people with dyslexia, as compared to people who did not have dyslexia (control group members), there were abnormalities in the left auditory cortex, or the "hearing center" of the brain. The results suggest that the brains of people with dyslexia may "overreact" to phonemes at high-frequency rhythms, making them less responsive to certain sound frequencies that are ideal for processing basic sound elements. This could interfere with verbal memory, and therefore speech.

Although we "typically think of dyslexia as an



impairment of reading or the printed word, previous research has suggested that there's an auditory-processing component" said Dr. Andrew Adesman. In other words, "It's not just the printed word, but also auditory." Indeed, according to Adesman, one of the biggest risk factors for dyslexia is delays in spoken language in young children.

Previous brain imaging studies had shown abnormal processing of brief sounds in people with dyslexia, but the researchers said it has been unclear what neurophysiological mechanisms (brain processes) were behind the abnormalities.

Other researchers cautioned that the brain abnormalities identified in this study may just be a reflection of other problems in the cerebellum region of the brain; however, the findings give direction to research that may one day lead to better treatments for children and adults who are diagnosed with dyslexia.

For more information about dyslexia, including a downloadable brochure, visit www.wpic.org.

Source: Gardner, A. Differences in how people process sounds might be one cause of this learning disability, study suggests. In HealthDay, Dec. 21, 2011, available at www.health.usnews.com

COMMON MYTHS ABOUT DYSLEXIA

Myth: Dyslexia is related to problems with vision and seeing.

Truth: Research has shown that the majority of children and adults with reading difficulties experience a variety of problems with language that stem from altered brain function, not from altered visual function.

Myth: Mirror writing is a symptom of dyslexia.

Truth: Backwards writing and reversals of letters and words are common in the early stages of writing development among children with and without dyslexia. Children with dyslexia may have problems in naming letters, but generally not in copying letters.

Myth: More boys than girls have dyslexia.

Truth: Boys' reading disabilities are indeed identified more often than girls', but studies indicate that such identification is biased.

The actual prevalence of the disorder is nearly identical in the two sexes.

Myth: Dyslexia affects only English speaking individuals.

Truth: Dyslexia can affect students of all languages, but more is known about the reading difficulties of English speakers. Difficulty decoding unknown words is the major characteristic of English speaking students. Reading may be characterized by slow but accurate reading for those whose language has more consistent letter-sound correspondences.

Myth: Smart people cannot have dyslexia.

Truth: Intelligence is in no way related to phonological processing, as scores of brilliant and accomplished dyslexics -- among them William Butler Yeats, Albert Einstein, George Patton, John Irving, Charles Schwab, and Nicholas Negroponte -- attest.

Sources: American Academy of Pediatrics (www.aap.org) and Dyslexia Awareness and Resource Center (www.dyslexiacenter.org)

SLEEP DISORDERS IN CHILDREN

Sleep is one of the great paradoxes of life—as kids, we avoid it at all costs, and as adults, we can't seem to get enough of it! While making sure that kids get enough sleep is a common battle for parents, some children have more serious problems. According to Child Uplift, Inc., an organization dedicated to raising student performance by addressing sleep problems, nearly 17% of students have some form of sleeping disorder that requires professional help. However, less than 2% of disorders are diagnosed and treated.



Addressing sleep disorders is important, as they can cause cognitive, memory, learning, behavior/emotional, and/or health/safety problems. In fact, Immediate and *significant* improvements in behaviors and mood regulation occur in most children/teens once a sleep disorder is treated and corrected.

Sleep disorders can have long-term health effects that reach into adulthood. If some sleep disorders like Obstructive Sleep Apnea are not corrected early, these adults have a three times higher death rate by accidents or ensuing health problems, such as strokes and heart attacks. Adults with uncorrected sleep disorders have a significantly higher rate of job loss, disability, and welfare support than those without a sleep disorder, as well as lower academic and intellectual functioning.

According to Child Uplift, major sleep disorders include:

- **Bedwetting**—applies only to children with a chronological and/or developmental age of 5 or older.
- **Sleep Walking**
- **Insomnia**—child has difficulty falling asleep at night, resists sleep until late at night, and then has difficulty waking up in the morning.
- **Narcolepsy**—child falls asleep frequently during the day and seems difficult to wake and keep awake.
- **Periodic Limb Movement Disorder**—child moves around or kicks often in bed, seems to be hyperactive, resists falling asleep.

- **Restless Leg Syndrome**—child has difficulty falling asleep at night, complains that his or her legs ache or tingle after sitting for longer periods or before bed, fidgets when sitting still for a long period of time.
- **Sleep Apnea**—young children may snore lightly, older children/teens may snore loudly, child may choke, gasp, or snort in sleep, may stop breathing for a short amount of time during sleep.
- **Night Terrors**--children may appear to be having nightmares but cannot be awakened from them and cannot talk about them or remember them.

If you are concerned that your child or teen may have a sleep disorder, one symptom to watch for is **Excessive Daytime Sleepiness**—the child may act lethargic, depressed, irritable and oppositional, defiant, moody, have poor motivation, or fall asleep frequently in class. If you notice this, or other symptoms on the list below, you may wish to talk with your child's doctor.

Red Flags of a Sleep Disorder:

- ▶ Snoring in sleep
- ▶ Difficulty falling asleep or staying asleep
- ▶ Kicking or moving around often in sleep
- ▶ Nighttime bedwetting (children 5 or older)
- ▶ Choking, gasping, or snorting in sleep
- ▶ Too active or too tired in daytime
- ▶ Irritable or temperamental
- ▶ Difficulty awakening
- ▶ Staying awake too late at night
- ▶ Open mouth breathing in day or nighttime
- ▶ Little sleep attacks or excessive daytime sleepiness
- ▶ Child stops breathing briefly during sleep
- ▶ Distractible
- ▶ Child sometimes complains of aching or tingling limbs
- ▶ Learning problems
- ▶ Behavior problems



IDEA

From Part C to Part B

The Individuals with Disabilities Education Act (IDEA) is the federal law that governs special education services... and there's a lot to it! In fact, there are four different parts to IDEA: Part A, Part B, Part C, and Part D. Parts A and D cover general provisions and activities, while Parts B and C govern the provision of services for children with disabilities.

Part C applies specifically to infants and toddlers, ages birth to 3, while Part B is for children ages 3 to 21. If your family is receiving early intervention services under Part C through a developmental center, planning for the transition or change to Part B will happen before your child's 3rd birthday. Your team will work with you to help make the transition as smooth as possible, and, in many cases, most things about your child's services will remain the same. Even if you notice few changes, there are some key differences between Part C and Part B that are important to understand.

Who's the Lead?

PART C: WY Department of Health through the Behavioral Health Division, Developmental Disabilities
PART B: WY Department of Education

One of the differences between Part C and Part B is the state agency in charge- called the "lead". Under Part C, the lead agency is designated by the state, and in Wyoming, this is the Department of Health, Behavioral Health Division, Developmental Disabilities Section. For Part B, the lead agency is the WY Department of Education, Special Programs Unit. This is important to know in case there are any disagreements between you and the school team. More information on resolving disputes can be found in the Parent Information Center's "*Baby Steps*" booklet for infants and toddlers under Part C and in the "*Keys.... Parent Rights Handbook*" for Part B available on our website at www.wpic.org.

Eligibility Criteria

PART C: One disability category

PART B: 13 disability categories

Both Part C and Part B have similar evaluation procedures. A parent or guardian must give permission before an evaluation can take place. Then, the school or agency must complete the evaluation within a reasonable amount of time -- 45 days for Part C and 60 days for Part B. The school team will then gather information about the child in a variety of ways. This can be done by using formal tests, interviews, and observations. Parent input is a requirement for both Part C and Part B.

A child is found eligible for Part C services if they:

- Have a developmental delay in
 - Cognitive (thinking) development
 - Physical development (including vision & hearing), also called gross and fine motor
 - Communication development- expressive and receptive language
 - Social and emotional development
 - Adaptive (functional) development- for example: feeding, dressing, etc.
- Have been diagnosed with a condition that has a good chance of resulting in a developmental delay.

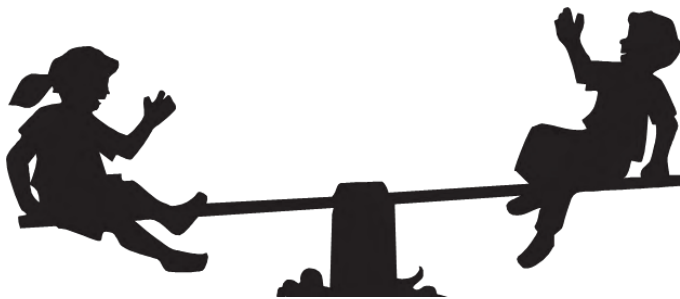
Although children who experience developmental delays all have a unique set of strengths and needs, they all receive services under the same category.

While there is only one disability category for Part C (Developmental Delays), there are 13 different categories in Part B. A child can receive services under any of these categories:

Autism Spectrum Disorder,
Cognitive Disability,
Deaf-Blindness,
Developmental Delay
(until age 9 in WY),
Emotional Disability,
Hearing Impairment,

Multiple Disabilities,
 Orthopedic Impairment,
 Other Health Impairment,
 Specific Learning Disability,
 Speech-Language Impairment,
 Traumatic Brain Injury, or
 Visual Impairment.

Each one of these categories has its own set of eligibility criteria, and the team will decide which category best describes the child’s needs based on the results of the evaluation. It is important to remember that a child’s individual needs determine what services they receive, NOT their disability category.



Individualized Plans

PART C: Individualized Family Service Plan (IFSP)
PART B: Individualized Education Program (IEP)

Both Part C and Part B require that all children who receive services have an individualized plan in place. In Part C, this plan is called an Individualized Family Service Plan (IFSP) because it focuses on the needs of the family. In Part B, it is called an Individualized Education Program (IEP) because it changes its focus to the individual needs of the child. Both types of plans contain information about the child’s current level of functioning, his or her strengths and needs, measurable outcomes, the services to be provided, when and how long those services will be provided, and the individuals responsible for providing the services. Some of the main differences between an IFSP and an IEP include:

- 1. Location of Services.** IFSPs require that services be provided in the child’s natural environment—settings that are natural or typical for children of that age (home, child care centers, etc.) if he/she did not have a disability or special health care need. IEPs require that services be provided in the least restrictive environment, meaning that the child remains with his or her nondisabled peers as much as possible.
- 2. Service Coordination.** Families of children who receive services under Part C are entitled to a Family Service Coordinator, who makes

sure the plan is implemented correctly and coordinates between the various providers. Part B does not have a Service Coordinator under PART B, although schools usually have a case manager or contact person for each child.

- 3. Review Frequency.** IFSPs must be reviewed at least every 6 months, while IEPs must be reviewed at least annually.
- 4. Year Round Services vs. Extended School Year Services (ESY).** Under Part C, services year-round are required. Under Part B, a child receives services during the regular school year unless the IEP team decides that the child needs Extended School Year Services in order to receive a free and appropriate education (for more info, see PIC’s ESY Brochure at www.wpic.org).

Child Services vs. Family Services

PART C: Child and family services
PART B: Child services only

Both Part C and Part B require family participation in all decisions about the child’s individualized plan. However, under Part C, services can be provided to the child’s family in order to help them meet the needs of their child. Under Part B, all services are child-specific.

The Transition Process

The state of Wyoming requires that that a transition planning conference be held sometime between 6 to 9 months before the child turns 3 years old. At that time, the team will discuss an initial evaluation for Part B eligibility. The IEP team must determine whether or not the child is eligible for services under Part B criteria by the child’s 3rd birthday (using the 13 eligibility categories listed above).

The transition from Part C to Part B is one of many transitions for your child and family. Understanding these subtle changes will enable you to better understand your child’s program and make the transition as seamless as possible. If you would like more information or have questions, call Parent Information Center at 307-684-2277, or online at www.wpic.org



FOR MORE INFORMATION

The Parent Information Center’s “*Baby Steps*” booklet for infants and toddlers under Part C and in the “*Keys.... Parent Rights Handbook*” for Part B is available on our website at www.wpic.org or by contacting PIC at 307-684-2277

THE DIRT ON GRATITUDE

How many times have you told your child to appreciate the good things in life and to say “thank you?”

Probably a lot. The field of positive psychology is interested in gratitude and its beneficial effects on well-being. In fact, research has shown that people who experience gratitude have more positive emotions, such as joy, love, and happiness; have fewer negative emotions, such as bitterness, envy, and resentment; have increased feelings of connectedness and improved relationships; experience greater satisfaction with school and improved academic achievement; and even have better physical health than people who don't take the time to notice and appreciate the good things in their lives.

Parents can help their children develop the attitude of gratitude through a variety of simple acts and activities.

Model practicing gratitude. Emotions are contagious. Express thanks to your families, friends, neighbors, and strangers, and ensure that your children see you behaving gratefully.

Encourage “gratitude” thinking. For example, if your child wins the spelling bee, help her identify all those who helped along the way. Suggest she say “thank you” in person or by writing a note to someone who made a particular difference.

Share gratitude daily. Make time in the morning or at dinner for the family to share at least one thing for which each person is grateful. This can be balanced with one thing that was difficult that day, but starting with gratefulness reinforces positive connections and resources.

Reinforce grateful behavior.

Watch for grateful behavior or language in your child.

Identify it when it happens and praise him for it. For example: “That was thoughtful of you to thank your friend for helping you with homework. Good for you. I'm sure it made him feel good and made your friendship stronger.”

Use visual reminders. Put notes in your child's lunchbox reminding her to be thankful for her health, sibling, dog, etc. Text your child and remind her to count her blessings. Share something for which you are grateful.

Make a Grateful Sayings Poster. Get a piece of poster board and write "For This I Am Grateful" in big letters across the top. Ask everyone in your family (and friends and neighbors, too!) to write or draw something on the poster for which he is grateful. It can be something big (like getting an A on a test or winning the soccer championship) or something small (like getting to stay up an extra 15 minutes or taking a fun walk with Dad). Ask each person to put his name or initials under what he writes or draws. Keep the poster up all month so that everybody can continue to add to it. By making this a month-long activity, you are showing your family that gratitude is something we experience every day, if we make the time to notice it! At the end of the month, bring the poster to the dinner table and take turns reading aloud what was written.

Keep a Good Stuff Journal. Most people spend far more time thinking about how they can correct something that has gone wrong, worrying about something that is about to go wrong, or simply replaying a failure or setback, than they do basking in what has gone right and being grateful for their everyday blessings.

You can help your child notice what goes well in her life and build gratitude by keeping a Good Stuff Journal.



Analyzing why events go well, what the positive (“A cool looking bird was sitting outside my events mean to us, and how we can create window”). Next to each positive event that your child circumstances that enable more good things to occur, lists, write a reflection (at least one sentence) on one encourages a consciousness of blessings and gratitude of these topics: and promotes optimism.

Every night, set aside a few minutes with your child and write down three positive events from the day. These things can be relatively small in importance (“My mom made my favorite dessert tonight”) or relatively large in importance (“My leg has finally healed and my cast got taken off”). The positive events can be things that your child brought on (“I got an A on the test”) or that she witnessed in others (“My sister helped my brother with his homework because mom was busy”). The positive events can also be things noticed in nature

Every night, set aside a few minutes with your child and write down three positive events from the day.

- Why this good thing happened
- What this good thing means to you
- What you can do tomorrow to enable more of this good thing
- What you learned from taking the time to name this good thing
- What ways you or others contribute to this good thing

For more activities to help build gratitude in your children, visit

www.fishfulthinking.com.

Taken from www.nasponline.org

WHAT'S HAPPENING IN WYOMING

AdvancED® Wyoming Spring Conference 2012



AdvancED Wyoming Spring Conference 2012

Join us at the AdvancED® Wyoming Spring Conference 2012 as we assemble forward thinking members of the education community from all over the state. We will discuss both new and innovative ways to drive excellence in schools and school systems.

WHEN: Monday, March 5, 2012 8:00 AM to Tuesday, March 6, 2012 3:15 PM

WHERE: Parkway Plaza
123 West E Street
Casper, WY 82601

To register, visit www.cvent.com and search “Wyoming AdvancED 2012”



The Tots 'n Tech Research Institute (TnT) recently launched a new website that includes a wealth of up-to-date information about adaptations and assistive technology (AT) for infants and toddlers. The website features a new Help Desk resource, which is designed to make it easy to find adaptations or AT solutions for everyday situations. Information is presented through various media and can be searched by starting with a functional skill, such as communication/socialization or getting around. The TnT Help Desk is available at <http://tnt.asu.edu/tnt-helpdesk>.

Did You Know?
This year's PAWS test will not include a writing section. Writing will be assessed on a separate test.

TOGETHER We Make a Difference

ABOUT US:

Parent Information Center, PIC:



Outreach Parent Liaisons (OPL) provide local information and support to families of children with disabilities, on their rights under special education law, IDEA. PIC also provides workshops on IDEA, IEPs, and specific disabilities such as attention disorders, autism and down syndrome. If interested in a workshop in your community or making contact with an OPL, call PIC at 1-800-660-9742 or (307) 684-2277:

- Terri Dawson**, Director, tdawson@wpic.org
- Betty Carmon**, Powell, 754-3430, bcarmon@wpic.org
Serves Cody, Powell, Greybull, Worland, Lovell & Thermopolis area
- Janet Kinstetter**, Moorcroft, 756-9605, jkinstetter@wpic.org
Serves Moorcroft, Gillette, Sundance & Newcastle area
- Tammy Wilson**, twilson@wpic.org Green River, 217-2244
Serves Green River, Rock Springs Kemmerer & Evanston area

F2F WY Family to Family Health Information Center:

Wyoming Family To Family Health Information Center (WY F2F HIC) provides support and information for families of children and youth with special health care needs (CYSHCN) on services and resources in WY. Call 1-800-660-9742 or in Casper 307-215-6320 or e-mail: wyf2f@wpic.org.



Parent Education Network, PEN:

As the Wyoming State PIRC, PEN provides technical assistance to schools about family friendly practices in education. PEN works with schools to help families be more actively engaged in their children's learning and education. For more information. Call 307-684-7441 or in Casper:

Natalie Pique, Family-School Partnership Liaison,
(307) 247-0075 npique@wpen.net

Parents as Teachers, PAT:



PEN also provides home-based services for children, prenatal through age five, and their families with the *Parents as Teachers (PAT)* program. For more information, call Dara Johnston, PAT Coordinator at (307) 684-2277 or e-mail PATinfo@wpen.net.

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Parent Education Network

Wyoming State PIRC

www.wpen.net
(307) 684-7441

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This newsletter reports items of interest about education, parenting, and disability issues. PHP does not promote or recommend any therapy, treatments, etc. PHP will not endorse any particular political or religious view. Individuals or organizations referred to are not necessarily sanctioned by this publication or its editor.

The editor reserves the right to make corrections as are appropriate and in accord with established editorial practice in materials submitted for publication. Views expressed in PICS –N– PIECES do not necessarily reflect those of the Department of Education., or the US Department of Health

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“We must become the change
we want to see.”

—Mahatma Gandhi

Parents Helping Parents of WY, Inc. (PHP), because of rising production costs, we must charge a \$20/year subscription fee to professionals and other interested individuals.

The newsletter remains free to parents, however any donation is appreciated.

Please complete and return the form below so that we may update our mailing list:

_____ I am a parent of a child with a disability and a Wyoming resident. Please keep me on/add me to the list.

_____ If your child has a disability, please list disability: _____ Child’s age _____

_____ I am a parent leader in my child’s school _____ (name of school).

_____ I am a professional, teacher or other interested person. Enclosed is \$20 for a one year subscription.

My organization/school name is _____ My role/ position is _____

_____ I am the parent of a child with disabilities, but do not live in Wyoming. Enclosed is \$20 for 1 year subscription.

Name: _____ Phone: (H) _____ (W) _____

Address: _____ Zip: _____
Street City State

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Mail to: Parents Helping Parents of WY, Inc.
500 W. Lott St, Suite A
Buffalo, WY 82834

For more information:
Contact PHP at 1-800-660-9742
(307) 684-2277
tdawson@wpic.org



UPCOMING EVENTS

ADVOCACY 101

Be Involved. Be Informed. Be an Advocate.

Advocacy 101 Workshop on Feb 20, 2012 — WY Governor's Council on Developmental Disabilities in Cheyenne. For self advocates and families of children with disabilities.

For a tentative agenda, visit the Wyoming Governor's Council on Developmental Disabilities Facebook Page or call [1-800-438-5791](tel:1-800-438-5791).



Parent Information Center

Information & Referral
for Parents of Children
with Disabilities

500 W. Lott St. Suite A Buffalo, WY 82834
1- 800-660-9742 or (307) 684-2277

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