



September 19, 2011

***RE: Vermont Interdisciplinary Team (I-Team) at the University of Vermont (UVM),
Center on Disability and Community Inclusion (CDCI)***

Dear Vermont School District Administrator:

As the Executive Director of the Center on Disability and Community Inclusion (CDCI) at UVM, I would like to welcome you to a new school year. The purpose of this letter is to provide you with information related to the technical assistance and educational support you may obtain from the ***Vermont Interdisciplinary Team (I-Team) at the University of Vermont (UVM), Center on Disability and Community Inclusion (CDCI)*** for students who experience low incidence disabilities including severe disabilities, severe autism spectrum disorders, deaf-blindness, and severe cognitive impairments.

Background of the State I-Team:

Since 1977 the Vermont I-Team has provided educational consultation to school districts across Vermont centered on the educational needs of students with low incidence disabilities. Each year the Vermont I-Team receives approximately 185 referrals. Through on-site consultation, technical assistance and professional development including courses, workshops and inservice training, the Vermont I-Team seeks to build the capacity of educators to meet the needs of students with low incidence disabilities.

The Vermont I-Team is a program funded by the State of Vermont, Department of Education, through a grant awarded yearly to the University of Vermont, Center on Disability and Community Inclusion. State Interdisciplinary Consultants (SIC), Family Resource Consultants (FRC), and Regional Educational Consultants (REC) comprise the staff of the Vermont I-Team. Federal funds add the Vermont Sensory Access Project (formerly VT Deafblind Project) services to the I-Team service delivery model. The I-Team Statewide Interdisciplinary Consultants (SIC), including an occupational therapist, physical therapist, consultant in deafblindness and communication specialist, provide technical assistance related to the motor and communication needs of students with low

incidence disabilities and are housed at Mann Hall at the CDCI/UVM in Burlington. In addition to the offices at the CDCI/UVM, the I-Team has five regional offices located across the state. Each region has an Educational Consultant (REC) who at a minimum has a Masters Degree and demonstrated skill and experience in educating students with intensive special education needs. Each region also has a Family Resources Consultant (FRC) who is a parent of a child with intensive educational needs.

The I-Team mission is to assist local IEP teams of families, educators, and other educational service providers in the **delivery of quality educational services to students with intensive special education needs through technical assistance, professional development, training, support for systems change and family support.**

Services the I-Team Provides:

The State I-Team provides on-site consultation services and training to the IEP or IFSP teams of referred children or students. We also provide training to school district personnel, early intervention program personnel, family members, community service providers and general community members on a variety of topics (a list is included in this packet) related to the education of students with intensive special education needs. Training can be delivered on site at the student's school or program, district wide, regionally and statewide. We are also able to provide technical assistance via the use of on-line technology.

Making a Referral to the I-Team:

A referral form is attached to this letter.

Please disseminate this letter, referral forms and attachments. We look forward to continuing our work with you during 2011-2012 and wish you the very best year.

Sincerely,



Susan Ryan | Executive Director and Professor
College of Education & Social Services, UVM
Center on Disability and Community Inclusion
311 Mann Hall, 208 Colchester Ave, Burlington VT 05405
V 802.656.1143 | F 802.656.1357

<http://www.uvm.edu/~cdci>



University of Vermont
CENTER ON DISABILITY AND COMMUNITY INCLUSION
The University Center for Excellence in Developmental
Disabilities Education, Research, and Service
Mann Hall - 3rd Floor, 208 Colchester Avenue
Burlington, VT 05405-1757

802-656-4031
802-656-1357 (FAX)

www.uvm.edu/~cdci

Vermont I-Team Contacts

Statewide I-Team Consultants:

[Susan Edelman](#), PT, Consultant for Deaf-blindness, CVI Consultant 802-656-8554

[Marie MacLeod](#), PT, CVI, AT Consultant

[Barbara Miles](#), Consultant for Deaf-blindness

[Marie-Christine Potvin](#), Ph.D., OT, AT Consultant

[Maureen Nevers](#), AAC, Communication, AT, and CVI Consultant

Regional Educational & Family Resource Consultants

Northeast Vermont

[Kevin Smith](#), EC - 802-323-3942

[Paula Manzi](#), FRC - 802-895-4529

Northwest Vermont

[Ginny Iverson](#), EC - 802-355-5449

[Jolene Blanchard](#), FRC - 802-233-2555

[Janet Lockyer](#), EC - 802-229-1735

Central Vermont

[Mary Ellen Seaver-Reid](#), EC - 802-598-1438

[Tammy Willey](#), FRC - 802-734-8312

Southeast Vermont

[Craig Barringer](#), EC - 802-451-3456

[Donna Gillen](#), FRC - 802-483-9473

Southwest Vermont

[Tammy Alexander](#), EC - cell 802-236-1880

[Donna Gillen](#), FRC - 802-483-9473

Referral Specialist

[Louise Lynch](#), - 802-656-7122

Professional Development Workshops and Trainings Available Through the I-Team

General information on developmental disabilities such as:

Evidence-based practices
Assessment practices
IEP development
Specific curricular issues including literacy, community living, self-help, mobility and pro-social skills
Transition planning
Related services decision making
Integrated services

Family Centered Practices:

Family issues
Building positive relationships / friendships
Circle of Courage
Circle of Friends
MAPS

Inclusion:

General education
Differentiated Instruction
Universal Design for Learning
Co-teaching
Supportive Classroom
Leadership
Collaboration
Creative Problem Solving



Vermont State I-Team

Statewide Collaborative Support for Vermont children
and youth who require Intensive Special Education

Vermont State I-Team Fee for Service Options for 2011/12

Fees Associated with Student Referrals

No Fees Charged to the School

An **Initial I-Team Visit** prior to making a yearly referral may be requested by any educational team in the state that is working for an I-Team eligible student. This visit is intended to introduce teams to I-Team services and supports, provide feedback on the student's current program and services and to assist the team to determine if a yearly referral would be appropriate or useful to the student, family and/or team. In order to access the initial contact, teams must complete a simple one-page request form that includes information on the team, the student and required parent permission. The initial visit includes a visit to the school by the educational consultant to observe the student and meet with the team and family.

A \$450 Fee will be charged for Each Student's Yearly Referral

A Yearly I-Team Referral includes onsite and distance consultations/meetings, technical assistance and training with the educational consultant and appropriate statewide consultants (Communication, Assistive Technology, Occupational and Physical Therapy, Deaf-blindness, & Cortical Visual Impairments) depending on the needs of the student, family and educational team. It also includes family and team access to the Family Resources Consultant for the school year. Specific services will be determined in collaboration with each referred student's team and family.

- A yearly referral for the 2011/12 school year submitted before September 15, 2011 and during May/June (2012) is offered at a \$50 discount (\$400).
- There is no fee for students from **Children's Integrated Early Intervention (CIS-EI) Program** and for students on the **Vermont Sensory Access Project Census** (formerly known as the Vermont Deafblind Project. For information about **volume discount** please contact Susan Ryan at susan.ryan@uvm.edu

Note: I-Team Consultants salaries and benefits are paid from a grant from the Vermont State Department of Education. The fees provide additional funds to supplement the state grant. Fees will be used for travel expenses, contracted services, professional development, equipment and supplies that are not provided for in the grant. These fees are necessary for the I-Team to continue to provide quality services for school teams, students and families.

Fees for Professional Development

School / District Staff Training - Training fees are based on length of time of actual training regardless of the number of I-Team Consultants involved in the training or the number of participants. Participants could include teachers, special educators, related service providers, administrators, family members, students or community members. Topics include:

Disability Specific Topics - Autism Spectrum Disorders, Deafblindness, etc.

Inclusion for All Students - Access to the General Education Curriculum

Developing Positive Peer Relationships

Positive Behavioral Supports

Systematic Data-based Instruction

Co-Teaching

Supervising and Training Paraprofessionals

- **1/2 day = up to 3.5 hours billed at \$400**
- **Full day = up to 7 hours billed at \$800**

Course with Onsite Consultation / Mentoring - A course includes 15 hours of class time per credit plus two days of onsite consultation / mentoring. Class time can be face to face, online or a combination of the two. A course is developed in increments of 15 hours (15 hours, 30 hours or 45 hours). If participants desire UVM credits the course must be planned at least 3 months in advance and the school district would pay a reduced tuition rate to UVM.

Courses are billed at \$3,700 for each 15 hours of class time (1 credit) and includes 2 days of onsite consultation. Tuition fees are additional and are paid to the University of Vermont

Online Modules - The I-Team is developing a series online training modules which will be available to educators and family members.

\$20 per module - free for referred student's team members

Webinars - The I-Team is planning to develop several webinars during 2011/12. Please refer to our website for updates.

\$30 per person

Please visit our Website for further information:

<http://www.uvm.edu/~cdci/iteam/>



Vermont State I-Team

OUR VISION

Every child and youth in Vermont, who requires intensive special education is welcome in her/his class and community, is taught well, and has access to needed resources for a quality education.

OUR MISSION

To assist local teams of families, educators, and other service providers in the delivery of quality educational services to students with intensive educational needs through technical assistance, professional development, support for systems change, and family support.

The **Vermont State I-Team** is partially funded by the Vermont State Department of Education and is located on the campus of the University of Vermont in Burlington, VT. Regional offices are located in South Burlington, Williamstown, Middlebury, Brattleboro, and Newport, VT.

Referral Process:

The Vermont State I-Team Student Referral form, when completed and returned to the CDCI by fax or mail starts the referral process for the school year. Then, the Educational Consultant serving the region will contact the student's case manager. The student's parent(s) or guardian will receive contact from the Family Resources Consultant of that region. The referral is considered a starting point from which technical assistance needs are assessed. Please include email address when possible, as this is the mode of communication often used to commence and maintain contact.

Fees:

A fee of \$450 will be charged for each student referred to help defray expenses (e.g. travel, equipment, materials, telephone, internet access). If the student is on the **Vermont Sensory Access Project Census (formerly known as the Vermont Deafblind Project)** or, is in the **Children's Integrated Services Early Intervention (CIS-EI) Program**, **no fee is charged**. Please refer to the fee schedule entitled *Vermont State I-Team Fee for Service Options* for further information.

For more information contact:

Louise Lynch, Referral Specialist/Program Support: Louise.Lynch@uvm.edu or
Susan Ryan, Interim I-Team Director: Susan.Ryan@uvm.edu

Mailing Address, Phone, Fax and Website:

CDCI / UVM, Mann Hall - 3rd Floor
208 Colchester Ave, Burlington, VT 05405-1757

Phone (802) 656-7122; Fax (802) 656-3636
<http://www.uvm.edu/~cdci/iteam/>

Vermont Telecommunications Relay Service:

A free service for all Vermonters, connecting deaf, hard-of hearing, deaf-blind and speech-disabled individuals with users of regular telephones. Contact 711 or 1-800-253-0191 (TTY) 1-800-253-0195 (Voice) or www.vermontrelay.com

Vermont State I-Team Student Referral

School Year: _____

Date Referral Completed: _____

Please Print legibly

STUDENT INFORMATION

STUDENT PLACEMENT

Name: _____

School District: _____

Date of Birth: _____

School: _____ Grade: ____

Parent(s)/ Guardian: _____

Address: _____

Address: _____

Phone: _____

Telephone: _____

Schedule:
Full Day - Start and end times? _____

E-mail: _____

Other Schedule - Days and times? _____

Additional Parent Info: _____

Is a regular Team Meeting scheduled for this student?

Yes (when) _____ No

Please **indicate** one choice:

Student is in the regular classroom: 80 % or more of the day, 40 % or more of the day
or private, separate school, residential placement or hospital placement

Preschool child with IEP who receives special education and related services In settings with typically developing peers (e.g. early childhood settings Home Part time early childhood/part time early childhood special education settings.

Children's Integrated Early Intervention (CIS-EI) Program

IEP/IFSP TEAM SERVING STUDENT

Name/Team Role

*Indicate primary contact person with **

Contact Information

phone, email, alternate address

Service Coordinator/Case Manager

Special Education Teacher

Regular Education Teacher

Instructional Assistant

School OT

Home/Clinic OT

School PT

Home/Clinic PT

School SLP

Home/Clinic SLP

Other Team Roles / Names

Special Education Administrator: _____

Principal: _____

Vision Consultant: _____

Hearing Consultant: _____

Nurse: _____

Other: _____

ELIGIBILITY

Check only **one** primary eligibility for Special Education reported to the Department of Education in Child Count:

- | | | |
|--|--|--|
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Learning Impaired |
| <input type="checkbox"/> Hard Of Hearing | <input type="checkbox"/> Deaf | <input type="checkbox"/> Speech or Language Impaired |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Emotional Behavioral Disability | <input type="checkbox"/> Orthopedically Impaired |
| <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Developmentally Delayed (CIS or EEE only) | |

Is the student identified on the Vermont Sensory Access Project Census (formerly known as the Vermont Deaf-Blind Census?) YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW <input type="checkbox"/>
--

REFERRAL REQUESTS

REQUEST FOR TECHNICAL ASSISTANCE TO DEVELOP / MODIFY THE STUDENT'S PROGRAM

Note: Requests in this area are for providing technical assistance to your team to develop, or modify, the student's instructional program, accommodations, and/or supports or services. **Your team should complete this section.**

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Teaming | <input type="checkbox"/> Family Support | <input type="checkbox"/> IEP Development | <input type="checkbox"/> Peer Relations |
| <input type="checkbox"/> Inclusion | <input type="checkbox"/> Specialized Instruction | <input type="checkbox"/> Communication | <input type="checkbox"/> Functional Skills |
| <input type="checkbox"/> Literacy | <input type="checkbox"/> Accommodations/Supports | <input type="checkbox"/> Related Services | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Transition Planning | <input type="checkbox"/> Positive Behavioral Supports | <input type="checkbox"/> Vision/Hearing/Sensory Issues | |
| <input type="checkbox"/> Information on Disabilities | <input type="checkbox"/> Data-based Decisions | <input type="checkbox"/> Assessment Strategies | |
| <input type="checkbox"/> Other: _____ | | | |

REQUEST FOR TRAINING

Note: Requests in this area are for providing training to your team (including family members), to other school staff, students and/or community service providers. **Your team should complete this section.**

Areas of Training (Check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Curriculum (e.g., academic, self-care, vocational, recreation) | <input type="checkbox"/> Family Support / Resources | <input type="checkbox"/> Peer Relationships |
| <input type="checkbox"/> Collaborative Teaming | <input type="checkbox"/> Specialized Instruction | <input type="checkbox"/> Communication |
| <input type="checkbox"/> IEP Development | <input type="checkbox"/> Transitions | <input type="checkbox"/> Inclusion |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Vision/hearing/sensory issues | <input type="checkbox"/> Integration of Related Services |
| <input type="checkbox"/> Positive Behavior Supports | | |
| <input type="checkbox"/> Other: _____ | | |

Intended Audience (Check all that apply):

- | | | | | |
|--|--|--|---|---|
| <input type="checkbox"/> Student's Team Members | <input type="checkbox"/> Paraeducators | <input type="checkbox"/> General Educators | <input type="checkbox"/> Administrators | <input type="checkbox"/> Family Members |
| <input type="checkbox"/> Related Service Providers | <input type="checkbox"/> Community Service Providers | <input type="checkbox"/> The Student's Peers | | |
| <input type="checkbox"/> Other: _____ | | | | |

REQUEST FOR FAMILY SUPPORT

The family should complete this section. An I-Team Family Resource Consultant is available to contact families to discuss how to best support each family's needs at school, at home and in the community.

- E-mail: _____
- Phone: _____ Best day & time to call: _____

I would like:

- Help with family & school partnerships (understanding the IEP process, etc.)
- information about available services/resources (some examples are: Medicaid, SSI, addressing challenging behaviors, assistive technology, finding summer camps, support groups, Children's Personal Care Services.



Vermont State I-Team

Statewide Collaborative Support for Vermont children and youth who require Intensive Special Education

University of Vermont, Center on Disability and Community Inclusion
208 Colchester Ave, Burlington, VT 05405

REFERRAL FEES 2011-2012 SCHOOL YEAR

A service fee of \$450 will be charged for this yearly Student Referral to help cover expenses (travel, equipment, materials, telephone, internet access). Referrals received by June 1 for the following school year, a \$50 discount will be given (\$400 fee). **No charge is required** for referrals from **Children's Integrated Services Early Intervention (CIS-EI) Program** or for a student on the **Vermont Sensory Access Project Census**. Consideration will be given for a **volume discount** for more than 4 referrals. Contact Susan Ryan at: Susan.Ryan@uvm if you believe, your school falls in this category.

Please Print legibly

FINANCIAL RESPONSIBILITY

Please indicate who will be responsible for paying the fees associated with the I-Team services for this school year.

Name: _____ Position: _____

Full Address: _____

REQUIRED ADMINISTRATOR PERMISSION

As the Special Education Administrator, I agree to support this team to request I-Team services, which may include school visits, conference calls, internet conferences, record reviews, training to team members and parent contacts.

Special Education Director Signature: _____ Date: _____

Please Print Special Education Director Name: _____

REQUIRED FAMILY PERMISSION

I give permission for _____'s educational team to consult with members of the Vermont State I-Team regarding his/her educational program for the _____ school year. I-Team members have permission to access my child's educational files and to share information on my child with other I-Team members as needed to provide this assistance. I understand that there is no cost to me for these services and that strict confidentiality will be observed in the use of all information. I have given input regarding my priorities for I-Team assistance and understand that the school will keep me informed of all I-Team visits on behalf of my child.

Parent or Guardian Signature: _____ Date: _____

Please Print Parent or Guardian Name _____

PARENT PERMISSION TO VIDEOTAPE

I give permission for Vermont State I-Team personnel or school personnel to videotape my child, _____, while engaged in educational activities in school, at home or in the community to share with I-Team members who are working with my child's educational team. Video clips may also be shared with our school team members as an information / training tool. All video clips will be shared with us if we desire to view them. The video clips are NOT to be used for any other purposes (e.g., during regional or statewide training of teachers or family members) unless we give specific written permission for that intended use.

Parent or Guardian Signature(s): _____ Date: _____

Please Print Parent or Guardian signature _____

I-TEAM USE ONLY

REC: GI JL KS MSR TL CB

Date Received: ___ / ___ / ___



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Initial I-Team Contact Process:

This is a very limited, initial contact by an Educational Consultant used to determine if a student's technical assessments needs warrant a referral to the I-Team. This may be particularly useful to an educational team who has not used Vermont State I-Team services in the past. The contact may be made by telephone, conference call, web conference (e.g. Skype), or by an onsite visit.

Fees:

No fee is charged for the Request for Initial I-Team Contact.

For more information contact:

Louise Lynch, Referral Specialist/Program Support: Louise.Lynch@uvm.edu or
Susan Ryan, Interim I-Team Director: Susan.Ryan@uvm.edu

Mailing Address, Phone, Fax and Website:

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Request for Initial I-Team Contact

Our team is supporting a student with a complex and challenging disability and we would like to request an initial contact (one contact) with an I-Team Consultant to discuss our student's / team's needs, to review our current program and to help us decide if an I-Team referral would be appropriate / useful to us at this time. I understand that no fee is charged for this initial contact.

Name/Team Role

*Indicate primary contact person with **

Contact Information

Service Coordinator/Case Manager

phone & e-mail

Special Education Teacher

phone & e-mail

Regular Education Teacher

phone & e-mail

SLP

phone & e-mail

Contact Type: We would prefer:

Telephone contact Conference call Web conference (e.g., Skype) Onsite visit

STUDENT INFORMATION

Name: _____

Date of Birth: _____

Parent(s)/ Guardian: _____

Address: _____

Telephone: _____

E-mail: _____

STUDENT PLACEMENT

School District : _____

School: _____

Grade: _____

School Schedule. Start and end times? _____

Is a regular Team Meeting scheduled for this student? Yes (when) _____ No _____

REQUIRED FAMILY PERMISSION

I give permission for _____'s educational team to share information with I-Team members to help determine if an I-Team referral will be helpful to my child and his team. If a school visit is scheduled, I understand that I am invited to be present to meet the I-Team consultant and share my concerns and interests about my child's educational program. I further understand that if a visit is not scheduled, that the I-Team Consultant will try to contact me by phone. This permission is for the initial contact only, if a referral is made, I understand that I will be asked to sign the referral form also.

Parent or Guardian Signature: _____ Date: _____

REQUIRED SCHOOL PERMISSION

I give permission to the educational team to participate in an Initial I-Team Contact with the Vermont State I-Team to assess whether the student's technical assessment needs warrant a Vermont State I-Team Referral

Special Education Director Signature: _____ Date: _____