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PRESCHOOL SPECIAL  
EDUCATION

BIRTH  
through news

• *Working together for children with disabilities* • INFORMATION FOR FAMILIES AND PROFESSIONALS  
FALL 06, VOL. 8 NO. 1

## Movement and Young Children

Reprinted with modifications from *Active Start: A Statement of Physical Activity Guidelines for Children Birth to Five Years* (2002), with permission from the National Association for Sport and Physical Education (NASPE), 1900 Association Drive, Reston, VA 20191, USA



*This article is translated into Spanish on page 2. Ver la versión española de este artículo en la página 2, y todos los artículos a [www.birth23.org](http://www.birth23.org)*

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State Department of Education  
and the  
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in collaboration with the



University of  
Connecticut

COOPERATIVE EXTENSION SYSTEM  
College of Agriculture and Natural Resources

“Adopting a physically active lifestyle early in life increases the likelihood that infants and young children will learn to move skillfully,” says Dr. Jane Clark, Professor and Chair of the Department of Kinesiology at the University of Maryland. “And, promoting and fostering the enjoyment of movement and motor skill confidence and competence at an early age will help to ensure a child's healthy development and later participation in physical activity.”

The National Association for Sport and Physical Education (NASPE) issued their first ever physical activity guidelines for infants, toddlers and preschoolers in 2001. The organization was keenly aware that a child's movement, motor experiences and opportunities would enhance or potentially delay a child's motor development. Daily developmentally appropriate motor and movement experiences had the potential to shape the lives of children so that they could ultimately become physically active and healthy adults.

The NASPE identified five guidelines for each age group - infants and toddlers/preschoolers. The guidelines are intended to encourage different kinds of physical activity by focusing attention on the child's environment and on the individuals in a child's life who are responsible for facilitating a child's physical activity.

### Guidelines for Infants

A portion of an infant's day should be spent with a parent or caregiver who provides intentional, systematic and on-going opportunities for planned play. These experiences should incorporate a variety of baby games such as peek-a-boo and pat-a-cake. Planned play opportunities should also include time for the child to be held, rocked and carried into new environments.

**Guideline 1:** Infants should interact with their parents or caregiver in daily physical activities that are focused on promoting the child's exploration of their environment.

**Guideline 2:** Infants should be placed in safe settings that facilitate physical activity and do not restrict movement for prolonged periods of time.

**Guideline 3:** Physical activity for infants should focus on and promote the development of movement and motor skills.

**Guideline 4:** Infants should be in care environments that meet or exceed the recommended safety standards (such as licensing standards for home day care, child care, nursery school, etc.) for performing large muscle activities.

**Guideline 5:** Individuals responsible for the well-being of infants should be aware of the importance of physical activity and

*(Continued on page 2)*

should facilitate children's movement and motor skills.

### Guidelines for Toddlers and Preschoolers

For toddlers, basic movement skills such as running, jumping, throwing and kicking do not just appear because a child grows older but emerge from an interaction between the skills and abilities children possess and the experiences they are provided. Children's experiences with movement and their development of motor skills and abilities are clearly influenced by their environment. For instance, a child who does not have access to stairs may be delayed in the development of stair climbing skills, or a child who is discouraged from bouncing and chasing balls may not develop the eye-hand coordination seen in some of his peers.

Guideline 1: Toddlers should accumulate at least 30 minutes daily of structured physical activity; preschoolers at least 60 minutes.

Guideline 2: Toddlers and preschoolers should engage in at least 60 minutes and up to several hours per day of daily, unstructured physical activity and should not be

sedentary for more than 60 minutes at a time except when sleeping.

Guideline 3: Toddlers and preschoolers should develop movement skills that are the building blocks for more complex motor tasks.

Guideline 4: Toddlers and preschoolers should have indoor and outdoor areas that meet or exceed recommended safety standards in care environments (such as licensing standards for home day care, child care, nursery school, etc.) for performing large muscle activities.

Guideline 5: Individuals responsible for the well-being of toddlers and preschoolers should be aware of the importance of physical activity and should serve as facilitators to help children acquire and refine their motor and movement skills.

During the preschool years, children should be encouraged to practice movement skills in a variety of activities and settings. Instruction and positive reinforcement is critical during this time in order to ensure that

children develop most of these skills before entering school. According to the NASPE Executive Director Judy Young, Ph.D., "Because children are not small adults, these activity recommendations are based upon the developmental characteristics of children. Children will develop skills through involvement in physical activity. Parent involvement plays a significant role in children developing motor competence and enjoying physical activity. Only through devoting time to motor and movement skills will physical activity become a regular part of a child's healthy lifestyle."

The NASPE guidelines are applicable to all children, including children with disabilities. Some children receiving early intervention or special education may have specific motor challenges that are related to their disability. Opportunities across all environments, facilitated and planned opportunities, and the involvement of parents and professionals will enhance every child's motor and movement skills and abilities.

\* Cover Photo Courtesy of Brie Tripp



## Los movimientos y los niños tiernos

*Reproducido con modificaciones de Comienzo Activo: Exposición de principios de actividad física para niños desde el nacimiento hasta los cinco años (2002), con permiso de la Asociación Nacional para Deportes y Educación Física (NASPE),  
1900 Association Drive, Reston, VA 20191, USA*

"La adopción, bien temprano en la vida, de un estilo de vida físicamente activo aumenta la posibilidad de que

infantes y niños menores aprendan a moverse con destreza", dice la Dra. Jane Clark, profesora y presidente del departamento de quinesiología de la Universidad de Maryland. "Además la temprana promoción y estímulo del disfrute del movimiento y confianza en aptitudes motoras y de movimientos y la correspondiente competencia favorecen el desarrollo saludable del niño y su ulterior participación en actividades físicas".

La Asociación Nacional para Deportes y Educación Física (NASPE) emitió por primera vez en

el año 2001 una serie de normas de actividad física para infantes, párvulos y preescolares. La organización estuvo muy consciente de que las experiencias y oportunidades motoras del niño estimularían o potencialmente retardarían su desarrollo motor. Las experiencias diarias motoras y de movimientos, apropiadas para el desarrollo, tienen el potencial de dar forma a la vida de los niños para que luego sean adultos físicamente activos y saludables.

La NASPE identifica cinco

principios para cada grupo por edad - infantes, y párvulos y preescolares. Los principios pretenden promover diferentes clases de actividad física centrando la atención en el ambiente del niño y en los individuos en la vida del niño responsables de facilitar la actividad física.

#### **Principios para infantes.**

El infante debe pasar una parte del día con un padre o cuidador que le proporcione oportunidades intencionales, sistemáticas y sostenidas de juegos planificados. Estas experiencias deben incorporar una variedad de juegos como peek-a-boo y pat-a-cake. Las oportunidades de juego planificadas deben incluir tiempo para cargar al niño, mecerlo y llevarlo a entornos nuevos.

**Principio 1:** Los infantes deben tener interacción con sus padres o cuidadores en las actividades físicas cotidianas dirigidas a promover la exploración del entorno por el niño.

**Principio 2:** Los infantes deben mantenerse en lugares seguros que faciliten la actividad física y que no restrinjan los movimientos en periodos largos de tiempo.

**Principio 3:** La actividad física para los infantes debe enfocarse en el desarrollo de aptitudes de movimiento y motoras, promoviéndolas.

**Principio 4:** Los infantes deben tenerse en ambientes de guardería que llenen o sobrepasen las normas de seguridad recomendadas para realizar actividades utilizando sus músculos mayores (como normas para licencia para cuidar otros niños en la casa, en guardería etc.)

**Principio 5:** Los individuos responsables del bienestar de los infantes deben estar conscientes de la importancia de la actividad física y deben facilitar el movimiento y

aptitudes motoras de los niños.

#### **Principios para párvulos y preescolares.**

Para los niños desde que empiezan a caminar las aptitudes básicas de movimientos como correr, saltar, tirar y patear no sólo aparecen porque el niño crece sino que emergen de una interacción entre las aptitudes y habilidades que poseen los niños y las experiencias que se les proporciona. Las experiencias de los niños con el movimiento y su desarrollo de actividades motoras son claramente influenciadas por su entorno. Por ejemplo, un niño que no tiene acceso a una escalera puede retrasarse en el desarrollo de la aptitud para subir escalones, o un niño al que no se le deja tirar pelotas puede no desarrollar la coordinación de los ojos con las manos que son normales en algunos de sus compañeros.

**Principio 1:** Los párvulos deben acumular por lo menos 30 minutos diarios de actividad física organizada; los preescolares por lo menos 60 minutos.

**Principio 2:** Los párvulos y preescolares deben dedicar por lo menos 60 minutos y hasta varias horas diarias a actividades físicas no organizadas y no deben permanecer sedentarios por más de 60 minutos a la vez excepto cuando duermen.

**Principio 3:** Los párvulos y preescolares deben desarrollar aptitudes de movimiento que son las piezas de construcción para tareas motoras más complejas.

**Principio 4:** Los párvulos y preescolares deben disponer de áreas de interiores y exteriores que llenen o sobrepasen las normas de seguridad recomendadas para realizar actividades con sus músculos mayores (como normas para licencia para cuidar otros niños en la casa, en

guardería etc.)

**Principio 5:** Los individuos responsables del bienestar de párvulos y preescolares deben estar conscientes de la importancia de la actividad física y deben ser facilitadores para ayudar a los niños a adquirir y refinar sus aptitudes motoras y de movimiento.

Debe animarse a los niños durante los años preescolares a que utilicen sus aptitudes de movimiento en variedad de actividades y lugares. La instrucción y refuerzo positivo son críticos durante este tiempo para asegurar que los niños desarrollen la mayor parte de estas aptitudes antes de entrar al colegio.

Según la Directora Ejecutiva de la NASPE Judy Young, Ph.D. "Como los niños no son adultos pequeños, estas recomendaciones de actividades se basan en las características del desarrollo de los niños. Los niños desarrollarán aptitudes ejecutando actividades físicas. La participación de los padres juega un papel significativo en que los niños desarrollen la competencia motora y disfruten la actividad física. Sólo dedicando tiempo a las aptitudes motoras y de movimiento mediante actividad física se logra que la actividad física sea una parte regular del estilo de vida de un niño saludable.

Los principios de la NASPE son aplicables a todos los niños inclusive aquellos con incapacidades. Algunos niños que reciben intervención temprana o educación especial pueden tener problemas motores específicos no relacionados con su incapacidad. Las oportunidades en todos los ambientes, las oportunidades facilitadas y planificadas, y la participación de los padres y profesionales incrementarán las aptitudes y habilidades motoras del niño.



## On a Boundless Playground, He Doesn't Think of Himself as Different

Submitted by the National Center for Boundless Playgrounds

Marcus' eyes widened with excitement as he approached the ramp to the highest play deck. A big smile crept across his face as he zoomed down the slide. For nine-year-old Marcus, being able to play with his siblings and friends on a Boundless Playground is a dream come true.

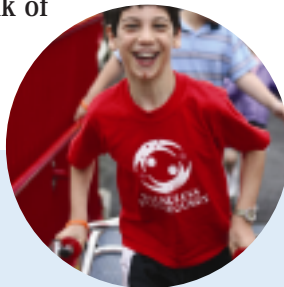
Marcus was born with cerebral palsy and uses a walker for outdoor recreation. "A conventional playground is not an option for Marcus," said Carrie Berman, Marcus' mom. "There's uneven surfacing, equipment he can't access with his walker, obstacles he could trip on and sometimes it's just difficult getting from the parking lot to the playground." Marcus is one of thousands of children throughout Connecticut who have some type of disability that makes it hard or impossible to play on traditional playgrounds. At the National Center for Boundless Playgrounds, we believe that playgrounds should be places where children of all abilities can experience the shared joy of playing together.

That's why we put a lot of thought and planning into how play environments are configured. Simple but profound differences in Boundless Playgrounds include: elevated sand tables and activity panels where children of all abilities can play together; ramps that take children with physical disabilities up to the highest play decks; swings and bouncers with high back support; and playground

structures configured so that all children can play at their highest level of ability and everyone can be in the middle of the fun.

Imagine a society where everyone everywhere is welcomed and empowered to contribute because children of all abilities grow up playing and learning together on barrier-free playgrounds, celebrating similarities and differences and developing essential life skills. That is Boundless Playgrounds' vision: a future where no child is left on the sidelines watching others play.

For Carrie Berman, the best thing about Marcus being able to play on a Boundless Playground is that "he doesn't think of himself as different."



**Interested in bringing a barrier-free playground to your community?**

To find out how to get started, visit [www.boundlessplaygrounds.org](http://www.boundlessplaygrounds.org)

The National Center for Boundless Playgrounds is a 501 (c)(3) non-profit organization dedicated to helping communities create extraordinary playgrounds where all children, with and without disabilities, can develop essential skills for life as they learn together through play. More than one hundred Boundless Playgrounds projects are now open in 21 states and Canada, including 24 in Connecticut. Boundless Playgrounds, based in Bloomfield, was founded in 1997 by a passionate team of parents and professionals. The organization's goal is to provide a place to play for every child, of every ability, everywhere.



## BIRTH through 5 news

Information for Families and Professionals

is published periodically by the University of Connecticut Cooperative Extension System in collaboration with the Connecticut Birth to Three System, the Connecticut State Department of Education and the Newsletter Advisory Board. We welcome readers' comments and contributions related to the special needs of infants, toddlers, preschoolers and their families. Please mail correspondence to the editor at 67 Stony Hill Road, Bethel, CT 06801.

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## Movement Brings Joy

An interview with Cris Freer, a proud mother of four  
As told by Melissa Royce



Two and half year old Chloe loves walking across the floor in her gait trainer while being cheered on by her two sisters and her brother. It

is hard for Chloe's mother Cris to believe that it was only a few years ago that doctors diagnosed Chloe with cerebral palsy and told her that Chloe would most likely be unable to walk.

"It wasn't until Chloe was a year and a half that she could roll over, bear weight and lift her head, but now, at two and a half years old, she can sit up in a high chair and walk across the kitchen floor with the help of a gait trainer," said Cris. The aid she receives from her Birth to Three providers has been a tremendous help in developing Chloe's mobility. "I can definitely appreciate the training that her Birth to Three physical therapist gave her. Things that they've been doing since she was only three months old have gotten her here today. They were really thinking down the line," said Chloe's mom. Cris also uses many other strategies to improve Chloe's mobility and to

keep her muscles relaxed. Chloe stretches her muscles everyday, takes medications and receives Botox injections which prevent muscle contractions.

"Chloe has a strong sense of self when walking in the gait trainer, crawling across the floor or playing while in her stander. She understands that she is doing something and that someone else isn't doing it for her. This has really increased her level of joy and happiness."

Cris recommends the book *Cerebral Palsy: A Complete Guide for Caregiving* (2nd ed.) by Freeman Miller and Dr. Steven Bachrach to parents of children with CP. "There's so much out there now for kids with CP that wasn't around ten or twenty years ago....I learn more every day."



## Training Calendar

Please note that some events advertised may be full and space availability may be limited or unavailable.

### Relationship-Focused Intervention Techniques for Children with Autism

Gerry Mahoney, presenter  
September 26, 2006  
Contact Carol Hotz at 860-632-1485, ext. 232

### A Model for Providing Consultation in Early Childhood Programs

Virginia Buysse and Pat Wesley, presenters  
November 8 and 9, 2006  
Contact Jennifer Sharpe at 860-632-1485, ext. 268

### Infant Toddler Early Literacy

Joanne Knapp-Philo, presenter  
November 17, 2006 and  
March 9, 2007  
Contact Jennifer Sharpe at 860-632-1485, ext. 268

### Bilingual Language Learners

Lillian Duran, presenter  
December 1, 2006  
Contact Jennifer Sharpe at 860-632-1485, ext. 268

### Individualizing Inclusion by Embedding Interventions

Robin McWilliam, presenter  
December 13, 2006 and February 13, 2007  
Contact Jennifer Sharpe at 860-632-1485, ext. 268

### Together We Will

April 26, 2007  
Contact Jennifer Sharpe at

860-632-1485, ext. 268



\* Photo Courtesy of Brie Tripp

## Preschool Special Education Update

By Maria Synodi, Coordinator,  
Preschool Special Education

School beginnings reflect things new ... for a child: a new teacher, a new classroom, new friends, maybe a new therapist ... and for school personnel: along with meeting new children and their families, come a whole host of new and more stringent requirements and accountability for what is taking place in special education.

The reauthorization of the Individuals with Disabilities Education Act (IDEA) in 2004 required that States submit a State Performance Plan (SPP) addressing the improvement of 20 indicators related to the provision of special education. Three of those 20 indicators are specific to preschool special education. The preschool special education indicators in the SPP require that all school districts:

- Ensure that all children - 100% of children - who transition from the Connecticut Birth to Three System to special education have an Individualized Educational Program (IEP) that is being implemented by the child's third birthday (excluding summer unless the child qualifies for extended school year services);
- Provide special education and related services to children with disabilities, ages three through five, in environments with typically developing peers; and
- Document that children are demonstrating progress because of the special education and related services that they receive.

The requirements to provide a free appropriate public education (FAPE) no later than age three for

children who come from the Connecticut Birth to Three System and to provide special education with typically developing peers are not new requirements. The transition requirement to provide a FAPE by age three is a compliance indicator. IDEA requires, and the State expects, that all children - 100% - who exit the Connecticut Birth to Three System and who are



eligible for special education will have an IEP that is being implemented by the child's third birthday. Because transition is a compliance indicator, no less than 100% is acceptable. The indicator regarding the provision of special education with typically developing peers is a progress indicator. That means that the State and each school district must show progress over time that they are providing more opportunities for children with disabilities, ages three through five, to be educated with typically developing peers. The State's goal is that no later than 2012, eighty percent (80%) of all children with disabilities, ages three through five, will be educated with typically developing peers.

The last preschool special education indicator in the SPP is a new requirement. That indicator requires that all school districts collect data on each child with an

IEP in order to demonstrate that all children who receive special education are making developmental and functional progress. Implementation of this new requirement began in May 2006. The State is requiring that school districts utilize the BRIGANCE® Diagnostic Inventory of Early Development-II™ to collect this information at two points in time - first, when preschool special education and related services begin for a preschool child and then again when they end. This is required for all children with an IEP between ages three through five. No exceptions. This is a federal requirement that obligates the State and local school districts to collect and provide this information.

On an annual basis the State will submit information and data that demonstrate the status of each indicator and that (a) the State is in compliance with the requirements of IDEA and/or (b) the State is making progress towards certain indicators in which progress is expected. The submission of information will be through an Annual Performance Report to the U.S. Department of Education, Office of Special Education Programs, that identifies the State's performance on each of the twenty indicators including the three preschool special education indicators.

For folks who are interested, the SPP is on the State Department of Education's web site at: <http://www.state.ct.us/sde/deps/special/index.htm#Plan>. It is anticipated that updates on the State's progress on the early childhood indicators will be provided in the spring 2007.



## Birth to Three System Update

By Linda Goodman, Director,  
Birth to Three System



We are happy to be celebrating the 10th Anniversary of the current Birth to Three System (July 1, 1996). At age ten, I'm happy to report, we're doing quite well. The legislature granted a rate increase to the Birth to Three programs; we have issued a Request for Proposals to attract one or two new programs

this fall; and expanding eligibility for Birth to Three was included in the Governor's Early Childhood Cabinet's list of the top ten things that they'd like to accomplish. After all these years, we decided it was time for a little reorganization. Some staff had moved on to other jobs and we decided that instead of having a Birth to Three manager and staff in each of the three regions of the state, we should centralize the operations. We've closed all of the regional Birth to Three offices and moved three staff to offices at Infoline in Rocky Hill to create the Birth to Three Service and Support Office. They have a toll-free number (866-888-4188) and are the main point of contact for families and providers. Having that office in the same building as Infoline will enable us to transfer calls to and from the referral intake office (800-505-7000). Our hope is that this will make it easier for both families and providers to have their questions answered or to voice concerns.

In Hartford, we have created a Birth to Three fiscal unit of three staff that will handle all contracting, payments, and financial reporting which should streamline that process. We have also created a Policy and Practice unit of two staff who will be responsible for all procedures, service guidelines, training, and technical assistance. We will continue to have one staff person in charge of Child Find and Public Awareness and we will be adding two more positions to our Quality Assurance unit which will help with quality assurance and will also provide staff support to our State Interagency Coordinating Council.



## Need Help with your Health Insurance?

The CT Family to Family Health Information Project is a new resource for families who are raising children with physical disabilities, chronic illnesses, or behavioral health challenges. The F2F Network provides direct assistance from trained health information specialists on matters related to health insurance. The HI Specialists are regionally based and they are also raising a child with special health needs. HI Specialists can assist on all forms of health insurance both public and private and benefits from Social Security, Title V as well as links to Birth to Three and family supports.

Assistance provided to a family could include applying for HUSKY or other Medicaid programs, reading a commercial policy, filing an appeal when coverage is denied, applying for Title V or Social Security benefits, and accessing the regional medical home. The F2F network can also provide resources to local support groups, health care providers, and community groups. F2F is currently piloting a Health Information Toolkit which should be available in the early fall. The toolkit will contain information on health care systems and family supports used by families, providers and community members. Families who have health insurance questions should contact the F2F Coordinator Susan Zimmerman to be matched with a HI Specialist or

to get technical assistance on the phone. To contact the coordinator, call toll free 866-630-6055 or email [szimmerman@favor-ct.org](mailto:szimmerman@favor-ct.org)



**CT Family-to-Family**  
Health Information Network

*Helping Families Who  
Have Children With  
Special Health Care  
Needs Access Funding  
and Health Care*

**866-630-6055**  
[szimmerman@favor-ct.org](mailto:szimmerman@favor-ct.org)

## Resources

### NAPSE - National Association for Sport & Physical Education

This website includes several 20-page downloadable booklets. These booklets describe physical education practices that are in the best interest of children at various ages including preschool. They include guidelines for curriculum design, learning experience, fitness activities, and much more. Look for them at [www.aahperd.org/NASPE/template.cfm?template=peappropriatepractice/index.html](http://www.aahperd.org/NASPE/template.cfm?template=peappropriatepractice/index.html).

### Teachersource.PreK-2.Physically Active for Life/PBS

At this PBS website there is great information about the importance of

physical activity in early childhood, how physical activity has changed in the past generation, and what to look for in your child's preschool program. It includes links to other websites on this topic. It can be found at [www.pbs.org/teachersource/prek2/issues/issuearchive.shtm](http://www.pbs.org/teachersource/prek2/issues/issuearchive.shtm).

### Preschool PE Research Articles and Other Resources

The PE Central site has comprehensive information about physical activity, its importance for good physical and mental health, and how to increase physical activity levels in children. Lots of suggestions to increase physical activity in the classroom and interdisciplinary lesson plans are included. The site includes many links to other articles on related subjects. Find it at

[www.pecentral.org/preschool/preschoolresources.html](http://www.pecentral.org/preschool/preschoolresources.html).

### Physical Movement for Young Children

The National Association for Sport and Physical Education (NASPE) has available a new publication, *Appropriate Practices in Movement Programs for Young Children*. It is written for those caring for children ages three to five, and includes guidelines for curriculum design, learning experience, fitness activities, fitness testing, assessment, participation levels, forming groups, and more. This new publication can be purchased - there is an address for ordering on this website - or it may be downloaded by following the links at [www.healthychild.net/articles/bp44move.html](http://www.healthychild.net/articles/bp44move.html).



## ICC UPDATE

### Make Your Voice Heard!

The State ICC holds meetings throughout the year and works to advise the Birth to Three System on how early intervention is provided in Connecticut. The ICC wants you to get involved and make your voice

heard! Recently they asked families to send thank you notes to legislators who supported Birth to Three during the legislative session. They expect that the coming legislative session will also offer a chance to influence who is eligible for Birth to Three and the funding that supports these services. The State ICC needs your input to shape its position, and then will make its recommendations known to legislators.

In order to represent you effectively, the ICC needs to hear from you. Meetings are open to the public with a special Public Comment session held for your input. Meetings are scheduled for October 16 and December 11, 2006 in Rocky Hill. Please go to [www.birth23.org/StateICC](http://www.birth23.org/StateICC) for directions and details, or call Eileen at 860-418-6134. Make your voice heard!

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