



Early Childhood Community: Vital Signs Self-Assessment

IDEA State Improvement and Preschool Discretionary Mini-Grant Recipient

The purpose of this report is to assist communities in assessing and expanding their community collaborations and preschool settings for young children with disabilities. (This report will provide data for the IDEA State Improvement Grant, Early Childhood Vital Sign #2 Non-SIG Collaborations and Vital Sign #5 Expanded Access.) Each mini-grant completes this self-assessment initially as a pre-assessment and then annually at the end of each grant year. Other mini-grant progress is reported through the mid-year update, end of the year report, parent surveys, and/or training summaries. **All reports are submitted Online or to the CESA 2 or CESA 4 grant coordinators.**

Return completed form to: CESA #2, ATTN: Sue Donahoe, 448 High Street, Milton, WI 53563
CESA #4, ATTN: Gaye Tylka, 923 East Garland Street, West Salem, WI 54669

Pre-project assessment due October 1, 2009; Post-assessment due June 30, 2010

Date of Report: _____
 Mini-Grant Coordinator: _____ Community/School District: _____

What Currently Exists in Your Community?	Comments, examples, or progress to share
1. We have informal collaboration mechanisms with other agencies including: <input type="checkbox"/> Head Start <input type="checkbox"/> Child care <input type="checkbox"/> Birth to 3 <input type="checkbox"/> Family resource or parent education programs <input type="checkbox"/> Others: please list	
2. We have formal interagency agreements with: <input type="checkbox"/> Head Start <input type="checkbox"/> Birth to 3 <input type="checkbox"/> Others: please list	
3. We have formal methods to collaborate and address early childhood issues: <input type="checkbox"/> Our community has a formal early childhood council or partnership group <input type="checkbox"/> Our community has a broad based council or partnership group that addresses early childhood issues <input type="checkbox"/> Our school has a early and ongoing collaboration, building team, or "pre- referral" team	

<p>4. The district's previous December 1 child count data includes:</p> <p><input type="checkbox"/> Number of children 3-5 reported on child count</p> <p><input type="checkbox"/> # of children served in general education settings (L)</p> <p><input type="checkbox"/> # of children served in special education settings(M)</p> <p><input type="checkbox"/> # of children served in their home (N)</p> <p><input type="checkbox"/> # of children served one to one services out of home (O)</p> <p><input type="checkbox"/> # of children served part-time in general and part time in special education settings (P)</p>	
<p>5. List the numbers of settings available for children 3-5 with disabilities to receive services:</p> <p>Self-Contained:</p> <p><input type="checkbox"/> # Early Childhood Special Education (ECSE) self contained classrooms</p> <p>Co-located options:</p> <p><input type="checkbox"/> # ECSE classes co-located with Head Start</p> <p><input type="checkbox"/> # ECSE classes co-located with child care</p> <p><input type="checkbox"/> # ECSE classes co-located with 4 year-old kindergarten (4k)</p> <p><input type="checkbox"/> # ECSE classes co-located with 4k and Head Start</p> <p><input type="checkbox"/> # ECSE classes co-located with 4k and child care</p> <p><input type="checkbox"/> # ECSE classes co-located with 5 year-old kindergarten (5k)</p> <p><input type="checkbox"/> # ECSE classes co-located with 5k and Head Start</p> <p><input type="checkbox"/> # ECSE classes co-located with 5k and child care</p> <p><input type="checkbox"/> # ECSE classes co-located with Title I Pre-school</p> <p><input type="checkbox"/> Other. Describe _____</p> <p>Itinerant/consultant services:</p> <p><input type="checkbox"/> # Head Start classrooms receiving itinerant/consultation services</p> <p><input type="checkbox"/> # Child care centers receiving itinerant/consultation services</p> <p><input type="checkbox"/> # 4k classrooms receiving itinerant/consultation services</p> <p><input type="checkbox"/> # 5k classrooms receiving itinerant/consultation services</p> <p><input type="checkbox"/> Other. Describe _____</p> <p>Home only:</p> <p><input type="checkbox"/> Check if some children only receive services in their home</p>	
<p>6. We have established transition procedures and practices:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Birth to 3 to ECSE <input type="checkbox"/> Head Start to ECSE <input type="checkbox"/> ECSE to kindergarten <input type="checkbox"/> Head Start to kindergarten <input type="checkbox"/> Kindergarten to elementary school 	
<p>7. We are interested in early learning standards:</p> <ul style="list-style-type: none"> <input type="checkbox"/> We are exploring utilization of the new Wisconsin Model Early Learning Standards <input type="checkbox"/> We have developed our own district early learning standards <input type="checkbox"/> We are working within the existing Wisconsin Model K-12 Academic Standards <input type="checkbox"/> We are working with others in the community to explore early learning standards <input type="checkbox"/> We have no plans yet but will consider it in the future 	

<p>8. We utilized, participated, or collaborated with these other preschool discretionary grants or SIG projects:</p> <p>_____ Website: www.collaboratingpartners.com (CESA 5)</p> <p>_____ Preschool Options Training (CESA 10/SIG VIII)</p> <p>_____ FACETS/WSPEI parent workshops (SIG Project IV)</p> <p>_____ Child Find: Special needs brochure & growth chart (CESA 7)</p> <p>_____ Child Find: Child Development Days (CESA 7)</p> <p>_____ Together Children Grow inclusion display and materials</p> <p>_____ Early Childhood Transitions (SIG Project VI)</p> <p>_____ Data driven decision making: data retreats (CESA 9)</p> <p>_____ Assessment Tools; including vision survey (CESA 1)</p> <p>_____ ASSET: Team Assessment for children with behavioral challenges (CESA 12)</p> <p>_____ PACT speech/language training for parents (CESA 3)</p> <p>_____ WI Assistive Technology Initiative</p> <p>_____ Deaf Mentor Program</p> <p>_____ Sound Beginnings: early identification of hearing loss</p>	
<p>9. We attended professional development events or workshops:</p> <p>_____ # of local or regional events/workshops attended by mini-grant representatives; list on back of page</p> <p>_____ # of state-wide conferences attended by mini-grant representatives; list on back of page</p>	
<p>10. We sponsored professional development events or workshops:</p> <p>_____ # of local events/workshops held</p> <p>_____ # of local events co-sponsored by child care, Head Start, Birth - 3, or other programs</p>	
<p>11. For those professional development events or workshops that you sponsored, the participation included:</p> <p>_____ # total of participants for all events</p> <p>_____ School/CESA administrators</p> <p>_____ School early childhood special education teachers/therapists/staff</p> <p>_____ School early childhood general education (4 year old or 5 year old kindergarten; Title I preschool)</p> <p>_____ Head Start staff</p> <p>_____ Child care staff (community day care, preschool, or family providers)</p> <p>_____ Birth to 3 staff</p> <p>_____ Parents</p> <p>_____ Other</p>	
<p>12. For those professional development workshops, participant satisfaction was:</p> <p>_____ Not satisfied</p> <p>_____ Satisfied</p> <p>_____ Very Satisfied</p> <p>(On a one-to-five rating scale, (1=lowest; 5=highest score), overall score average of 1.0-2.9=not satisfied; 3.0-3.9= satisfied; 4.0-5.0=very satisfied)</p>	

On the back of this page, list the conferences that were attended; underline those you sponsored/co-sponsored:

*Please include any suggestions/comments you have about this form on the back of this page, too.
Thank you for your efforts for young children and their families*