

University of Connecticut's Leadership Education in Neurodevelopmental and Related Disabilities

TRAINEE HANDBOOK
2024 – 2025



This handbook was developed for the
**2024-2025 Connecticut Leadership Education
in Neurodevelopmental and Related Disabilities (CT LEND) Trainees**

This handbook will assist trainees in becoming familiar with the policies, procedures, requirements, and expectations of the CT LEND program. CT LEND is a 5-year, federally funded, interdisciplinary leadership training program at UConn Health (formerly known as the University of Connecticut Health Center).

The goal of LEND is to prepare trainees from a wide variety of professional disciplines to assume leadership roles in the delivery of services to children with autism spectrum disorder (ASD) and other neurodevelopmental disabilities in clinical practice, research, and public policy.

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About LEND

The CT LEND Program is housed at the University of Connecticut Center for Excellence in Developmental Disabilities (UConn UCEDD) which was established in 1985 and originally located on the University's campus in Storrs, Connecticut. In 2001, the UConn UCEDD moved to its current location in Farmington, Connecticut at UConn Health. The UConn UCEDD has become a leader in developing and supporting quality services and systems for individuals with, or at risk for, developmental disabilities and their families. Over the past 25 years, the UConn UCEDD has played a key role in major disability initiatives. Through service, research, and training, the UConn UCEDD has assisted in the advancement of early intervention, health care, community-based services, inclusive and meaningful education, childcare, transition from school to work, employment, recreation and quality assurance, housing, assistive technology, transportation, and family support.

LEND Programs

Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs provide long-term, graduate-level, interdisciplinary training as well as interdisciplinary services and care. They are funded under the Autism Collaboration, Accountability, Research, Education, and Support (Autism CARES) Act (2014) and are administered by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB). The purpose of the LEND program is to improve the health of infants, children, and adolescents with disabilities. This is accomplished by preparing trainees from diverse professional disciplines to assume leadership roles in their respective fields.

There are [60 LEND programs](#), with one located in each state, as well as the District of Columbia, the United States Virgin Islands, Puerto Rico, and six Pacific Basin jurisdictions, either as an awardee or in partnership with a LEND program. Collectively they form a national network that shares information and resources to maximize their impact. They work together to address national issues of importance to children with special health care needs and their families, exchange best practices, and develop shared products.

While each LEND program is unique, with its own focus and expertise, they all provide interdisciplinary training, have faculty and trainees in a wide range of disciplines, and include parents or family members as paid program participants. The following objectives are consistent across all LEND programs:

- Advance the knowledge and skills of all child health professionals to improve health care delivery systems for children with developmental disabilities.
- Provide high-quality interdisciplinary education that emphasizes the integration of services from state and local agencies and organizations, private providers, and communities.
- Provide health professionals with skills that foster community-based partnerships.
- Promote innovative practices to enhance cultural competency, family-centered care, and interdisciplinary partnerships.

The Association of University Centers on Disabilities (AUCD)

LENDs and UCEDDs are part of the Association of University Centers on Disabilities (AUCD). AUCD is a membership organization that supports and promotes a national network of university-based interdisciplinary programs. Network members consist of:

68	University Centers for Excellence in Developmental Disabilities (UCEDDs), funded by the Administration on Intellectual Developmental Disabilities (AIDD)
60	Leadership Education in Neurodevelopmental Disabilities (LEND) Programs funded by the Autism CARES Act
16	Intellectual Developmental Disability Research Centers (IDDRCs), most of which are funded by the National Institute for Child Health and Development (NICHD)

These programs serve and are located in every U.S. state and territory and are all part of universities or medical centers. They serve as a bridge between the university and the community, bringing together the resources of both to achieve meaningful change. As a trainee at an AUCD-member program (such as LEND), individuals are also members of AUCD. AUCD trainees—referred to as Emerging Leaders—form a network and can learn from each other by discussing and sharing their common interests and unique experiences. We encourage trainees to check out the [AUCD Emerging Leaders Community](#) and [sign up for the AUCD Emerging Leaders newsletter](#).

National Information Reporting System

The National Information and Reporting System (NIRS) is the national, web-based data reporting and retrieval system for the AUCD network. NIRS enables us, as network members, to manage our own Center’s productivity, provide the public with access to the projects and products of our Center, and to comply with federal reporting requirements. The data gathered in NIRS also enables AUCD to develop composite snapshots of the UCEDD and LEND programs throughout the country. If you have any questions about NIRS, please contact LEND Director Mary Beth Bruder (bruder@uchc.edu).

A Brief History of LEND

1912 The Children’s Bureau was created as the first federal agency to focus explicitly on improving the lives of children and families.

1935 Title V of the Social Security Act was enacted, including services for maternal and child health, “crippled children,” child welfare, and vocational rehabilitation.

1950s LEND grew from the efforts of the Children’s Bureau to identify children with disabilities as a Title V program priority.

1970 The Developmental Disabilities Assistance and Bill of Rights Act was passed, and LEND was created to provide interdisciplinary training to professionals in a variety of disciplines at all levels.

2006 LENDs were funded under the Combating Autism Act and were administered by the Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB).

2014 The Combating Autism Act was reauthorized as the Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act.

Who is a LEND Trainee?

A LEND Trainee is any individual who is enrolled in one of the nation's LEND programs. A trainee might be a graduate or doctoral student in a discipline such as audiology or social work, a fellow in pediatrics or psychology, or a community member or a family member learning about leadership. All trainees have a common desire to continue learning about helping and working with individuals with developmental disabilities and their families.

Trainees are individuals who receive preservice interdisciplinary training to become leaders in their field. There are approximately 4,000 trainees accepted into a LEND program nationwide in any given academic year. Through interactions with other trainees in the LEND cohort from a variety of different backgrounds, trainees will gain a broader understanding of each discipline's unique contributions in their work to improve the quality of life for people with disabilities. Additionally, the LEND program provides training in the most current evidence-based practices regarding service delivery, systems change, and advocacy.

Graduate and postgraduate students from a range of disciplines can participate in the LEND program, including Audiology, Dentistry, Developmental-Behavioral Pediatrics, Genetic Counseling, Nursing, Occupational Therapy, Pharmacy, Physical Therapy, Public Health, School Counseling, School Psychology, Social Work, Special Education, and Speech, Language and Hearing Sciences. An important part of being a LEND Trainee is the service obligation after graduating. LEND Trainees are expected to use the training they have received to work with Maternal and Child Health (MCH) populations (such as individuals with disabilities and their families) and to assume a leadership role in their work.

Your Role

As a CT LEND trainee, your experience will include a combination of required activities and self-directed activities. The CT LEND Program includes Connecticut-specific competencies and requirements based upon the competencies and requirements of the national LEND program and the Maternal and Child Health Bureau.

You will complete all CT LEND competencies and requirements through the LEND course of study, though you may propose a substitution, accommodation, or adaptation of any competency or requirement to the CT LEND Director Mary Beth Bruder (bruder@uchc.edu). You will also have opportunities to extend your learning outside of the LEND requirements through research projects, practicum experiences, and other self-directed learning opportunities (e.g. taking online courses, participating in LEND-related professional conferences and webinars).

Your first tasks as a CT LEND Trainee will be to review this handbook, to familiarize yourself with some of the aspects of being a LEND Trainee, and to complete self-assessments of various LEND and Maternal and Child Health (MCH) Leadership Competencies. The results of the assessments will be used to develop an “Individualized Learning Plan” (ILP) with your LEND Discipline Coordinator and CT LEND Staff. The ILP is a helpful tool that will keep you on track to complete the LEND requirements and competencies.

Types of Trainees

There are several activities required for the successful completion of the CT LEND program. However, these requirements vary depending on the type of trainee you are. There are three types of trainees: Long-Term Trainees (LTTs), Medium-Term Trainees (MTTs), and Short-Term Trainees (STTs).

Long-Term Trainees (LTTs)

Long-Term Trainees are defined as those who will complete more than 300 hours of training per semester. At the CT LEND most LTTs are funded as Graduate Assistants (GAs). As such, LTTs are expected to work a minimum of 20 hours per week throughout the academic year, including breaks (e.g., Thanksgiving, winter recess, spring break). In total, LTTs will complete at least 600 hours of training across the academic year (at least 300 hours per semester; 15 weeks x 20 hours = 300 hours). LTTs must complete all activities in the ILP (or approved substitutions) to successfully complete CT LEND Program.

Medium-Term Trainees (MTTs)

Medium-Term Trainees are defined as those who will complete 40-299 hours of training in one academic year. MTTs will complete a modified ILP to identify the activities they will complete to fulfill the CT LEND MTT hours requirements. MTTs must attend weekly seminars and record their attendance each week. All other activities are optional and should be described in the modified ILP.

Short-Term Trainees (STTs)

Short-Term Trainees are defined as those who will complete up to 39 hours of training in one academic year. STTs may decide which activities they would like to participate in based on individualized need and interest.

Additional Trainee Classifications

Pediatric Audiology Trainees

Pediatric Audiology Trainees are recruited by the UConn Audiology program. Each year, the Audiology program recruits 2 Long-Term Trainees and an additional 5 community members or Audiology students who wish to participate as Medium- or Short-Term Audiology Trainees. Pediatric Audiology Trainees will be required to: attend a weekly pediatric audiology seminar, attend and present on one Pediatric Audiology Grand Rounds case, conduct an individual research project, attend clinical practica for 4 hours per week as part of the LEND curriculum, and participate in an Enhanced Practicum in Audiology site for 25 hours per week (see Appendix A for a more detailed description of the requirements specific to Pediatric Audiology Trainees).

Family/Self-Advocate Trainees

Family/Self-Advocate Trainees provide expertise and valuable experience about raising a child with disabilities as well as what it is like to live with a disability. Family/Self-Advocate Trainees participate in weekly seminars and are matched with other trainees to share their expertise. Family/Self-Advocate Trainees are considered Medium-Term Trainees and will complete 40-299 hours of training in one academic year. They will complete a modified Individualized Learning Plan to identify activities they will complete to fulfill the CT LEND MTT requirements.

Community Trainees

Community Trainees (i.e., professionals, other community members) will also be included in CT LEND program as LTT, MTT, or STT. As a Community Trainee, your expectations align with those of the trainee group (Long-, Medium-, or Short-Term) you are assigned.

CT LEND Requirements

The following table includes a detailed description of each CT LEND activity and related trainee expectations. Whether each activity is required depends on the type of trainee you are, your discipline, and any accommodations or substitutions you propose. Long-Term Trainees must complete all requirements to successfully complete the CT LEND Program. Asterisks (*) indicate activities that are required for Medium-Term Trainees. All activities are optional for Short-Term Trainees. **Templates are indicated with bold font and will be available on HuskyCT** (UConn's online learning management system). For support with CT LEND requirements, or to propose substitutions, please contact CT LEND Director Mary Beth Bruder (bruder@uchc.edu).

UConn NetIDs

Many of the activities have mandatory reflections, which must be submitted via HuskyCT. A UConn NetID is required to access HuskyCT. If you need a UConn NetID, please contact a CT LEND faculty or staff member.

Submission Review Process

All reflections will be reviewed by the CT LEND Staff, who will provide suggestions and feedback to support development of your leadership and critical thinking skills. You are expected to review this feedback and incorporate it into your future work. In some cases, CT LEND Staff may ask that you “revise and resubmit” a reflection to meet CT LEND requirements.

Progress Reports

In the middle and end of each semester, trainees will receive progress reports on their completion of the CT LEND requirements. These reports are meant to help trainees stay on track and develop plans for completing required tasks. Reports will contain information on all requirements relevant to the trainee's position and missing hours. CT LEND faculty/staff, or your Discipline Coordinator can also schedule time to meet individually to monitor progress and provide additional feedback. They are also available for assistance, as needed.

CT LEND Requirements, Resources, and Trainee Expectations

Requirement	Description and Resources	Trainees will be expected to:
*Weekly Seminars	<p>Seminars are held every Friday from 8:30am – 4:30pm in person at the UConn UCEDD. The topics covered in seminars will be built upon by other CT LEND activities.</p> <p>The <i>CT LEND Seminar Objectives Overview (Appendix B)</i> outlines the overarching objectives for the LEND weekly seminars.</p>	<ul style="list-style-type: none"> Attend and participate in weekly seminars.
*Knowledge Assessments	<p>At the beginning of each semester, trainees complete a Pre-Knowledge Assessment to measure baseline understanding of the topics that will be discussed throughout that semester. At the end of each semester, trainees complete a Post-Knowledge Assessment to measure their understanding of the topics covered that semester. These assessments are not counted as grades for the CT LEND course. Instead, they are designed to help evaluate the effectiveness of the LEND curriculum and trainees’ understandings of critical content.</p>	<ul style="list-style-type: none"> Complete pre-knowledge assessments at the beginning of the Fall and Spring semesters. Complete post-knowledge assessments at the end of the Fall and Spring semesters.
*MCH Leadership Competency Self-Assessments	<p>Trainees complete the MCH Leadership Competency Self-Assessment (i.e., self-report) to evaluate their knowledge and skills related to each of the MCH Leadership Competencies. Trainees complete this self-assessment at three timepoints (beginning, middle, and end of the LEND Program).</p>	<ul style="list-style-type: none"> Complete the MCH Leadership Competency Self-Assessment three times: (1) at the beginning of the Fall semester; (2) between the Fall and Spring semesters; (3) at the end of the Spring semester.
*Consumer Satisfaction Surveys	<p>Trainees complete a Consumer Satisfaction Survey at the end of each weekly seminar to provide feedback on the seminar objectives, presenters, and overall satisfaction.</p>	<ul style="list-style-type: none"> Complete Consumer Satisfaction Surveys after each weekly seminar.
Individualized Learning Plan (ILP)	<p>Trainees will work collaboratively with CT LEND Staff and LEND Discipline Coordinators (as relevant) to develop an Individualized Learning Plan (ILP). The ILP is a helpful tool designed to keep trainees on track with the LEND requirements and competencies. As trainees participate in LEND activities and complete requirements, they document their activities and the</p>	<ul style="list-style-type: none"> Use the Individualized Learning Plan (ILP) Template to complete and maintain an Individualized Learning Plan (ILP). At the end of the academic year, submit the completed ILP to HuskyCT.

	competencies those activities address in their ILP. CT LEND Staff review drafted ILPs with trainees at the end of September. The ILP should be updated on a regular basis throughout the year.	
Portfolio	At the end of the academic year, trainees submit a portfolio documenting completion of the requirements listed above. The portfolio should include the completed ILP, hours for the year, the Family Centered Practice Module grade sheet and competencies, Medical Home Module activities, Public Health module activities and reflections, advocacy/policy activities, and all reflections (practicum, screening, assessment, intervention, family match, advocacy, and events/ webinars). Please contact CT LEND faculty/staff if you would like to see examples of portfolios.	<ul style="list-style-type: none"> • Submit the completed Portfolio to HuskyCT at the end of the academic year.
Weekly Time Logs	<p>Trainees document the time spent on LEND activities each week (by day; Saturday to Friday). This documentation serves as evidence of trainees’ accomplishments during the LEND program.</p> <p>For each activity logged, trainees must specify how the activity aligns with one or more LEND and/or MCH Leadership Competencies. For example, time spent on the group research project might be logged as MCH Leadership Competency 1.4 (Describe SDOH, understand health equity, and offer strategies to address health disparities within MCH populations) and LEND Competency 1.6 (Research design and analysis). In the Weekly Time Log, trainees should simply list the competency numbers as provided in the Individualized Learning Plan Template (rather than writing out the entire competency; e.g., MCH 1.4, LEND 1.6).</p> <p>The <i>Weekly Time Log Sample (Appendix C)</i> should be used as an example of proper documentation.</p>	<ul style="list-style-type: none"> • Use the Weekly Time Log Template to complete the Weekly Time Log each week. Submit the completed log to HuskyCT at the end of each week (by 11:59 pm on Fridays).
Weekly Readings	Weekly readings are assigned before each seminar to enhance your understanding of the presented topics. Trainees participate in Reading Groups during weekly seminars to discuss the readings.	<ul style="list-style-type: none"> • Read weekly assigned readings. • Use the appropriate Reading Reflection Template(s) (Fall or Spring) to complete

	<p>Reading Groups are typically held between 8:30am and 9:00am during weekly seminars.</p> <p>During the fall semester, trainees write one reflection for each reading and discuss each reading as a group. During the spring semester, trainees write one synthesized reflection of all readings and participate in a synthesized group discussion.</p>	<p>Reading Reflections. Submit reflections to HuskyCT by Thursday at 11:59 pm before each seminar.</p> <ul style="list-style-type: none"> • Participate in reading groups during weekly seminars.
Research Projects	<p>There are two opportunities to conduct research: a group research project in the fall semester and an individual research project in the spring semester.</p> <ol style="list-style-type: none"> 1. <u>Group Research Project (Fall)</u>: Trainees are assigned to work in interdisciplinary groups to complete a short-term research project focused on an area of interest that supports the LEND objectives. 2. <u>Individual Research Project (Spring)</u>: With the support of their LEND Discipline Coordinators and LEND staff, trainees complete an individual research project <p>The <i>Group Research Project Guide (Appendix D)</i> and <i>Individual Research Project Guide (Appendix E)</i> contain additional information about the requirements and deadlines.</p>	<ul style="list-style-type: none"> • Complete a group research project during the fall semester, including three final products: abstract, presentation, and paper. • Complete an individual research project during the spring semester, including three final products: abstract, presentation, and paper.
Practicum	<p>Trainees participate in two practicum experiences, one during each semester.</p> <ol style="list-style-type: none"> 1. <u>Fall Practicum</u>: Trainees observe between 10-20 hours of interdisciplinary teaming, assessments, and interventions for infants, children, and youth with complex neurodevelopmental and other related disabilities (including ASD) in a variety of settings. Virtual and/or in-person visits will be offered based upon the practicum site. 2. <u>Spring Practicum</u>: Trainees complete an individualized practicum for up to 20 hours at a single location, decided collaboratively with CT LEND faculty/staff based on 	<ul style="list-style-type: none"> • Attend practicum site visits. • Use the appropriate Practicum Reflection Template (Fall or Spring) to complete Practicum Reflections for each practicum site visit. Submit reflections to HuskyCT within one week of each site visit.

	<p>trainees’ interests. The focus is to participate in assessment and intervention addressing the needs of people with neurodevelopmental disabilities, including ASD.</p>	
Screening	<p>Trainees screen five young children for developmental and other delays (including ASD). The purpose is to familiarize trainees with screening instruments.</p> <p>The <i>Screening Guide (Appendix F)</i> contains additional information about available screening instruments and specific requirements.</p>	<ul style="list-style-type: none"> • Use the Screening Report Template to complete a Screening Report after each screening. Submit reports to HuskyCT within one week of each screening.
Assessment Observation	<p>Trainees observe three assessments with an infant/child/youth who is suspected of having ASD. For example, assessments might include the Autism Diagnostic Observation Schedule (ADOS) or the Childhood Autism Rating Scale (CARS).</p>	<ul style="list-style-type: none"> • Use the Assessment Observation Reflection Template to complete an Assessment Observation Reflection after each assessment observation. Submit reflections to HuskyCT within one week of each observation.
Intervention	<p>Trainees provide an intervention for one child with ASD. This is typically completed through the Spring Practicum experience.</p>	<ul style="list-style-type: none"> • Use the Intervention Reflection Template to complete an Intervention Reflection after the intervention is complete. Submit the reflection to HuskyCT within one week of the end of the intervention.
Family Match	<p>Trainees are matched with one family per semester, one with a child with ASD and one with a child with a neurodevelopmental disability.</p> <p>The Family Match Guide (Appendix G) contains additional information about requirements and expectations for Family Match visits.</p>	<ul style="list-style-type: none"> • Email the CT LEND Family Faculty Laurie Cantwell (ctpolicymaking@gmail.com) within 24 hours of each visit to let her know it occurred. • Use the Family Match Reflection Template to complete a Family Match Reflection after each visit with the family. Submit the reflection to HuskyCT within one week of the visit.

Emerging Topics	<p>The Emerging Topics activity provides trainees with an opportunity to work collaboratively to develop an oral presentation and written product. Topics will be supplied to trainees and will reflect MCH Leadership competencies not covered during the seminar.</p>	<ul style="list-style-type: none"> • In groups, prepare a PowerPoint presentation to be presented during a CT LEND seminar. Submit the PowerPoint slides to HuskyCT. • In groups, write a short, descriptive paper about the topic, including relevant references. Submit the paper to HuskyCT.
Advocacy	<p>Trainees participate in one advocacy project that culminates with a visit with Connecticut legislators. Trainees participate in groups to identify a systemic need for those with disabilities. The group prepares a presentation for a legislator that outlines the problem and presents a research-based, realistic solution.</p> <p>The <i>Legislative Advocacy Guide (Appendix H)</i> contains guidance to help trainees prepare for the Legislative Advocacy Day.</p>	<ul style="list-style-type: none"> • In groups, prepare the Legislative Advocacy presentation. • Use the Event Reflection Template to complete an Event Reflection after the Legislative Advocacy Day. Submit the reflection to HuskyCT within one week of the Legislative Advocacy Day.
Online Modules	<p>Trainees complete three online modules to supplement training.</p> <ol style="list-style-type: none"> 1. <u>Medical Home</u>: This module (2-3 hours) includes online content, readings, reading reflections, and activities. 2. <u>Family-Centered Practice</u>: This module (20-30 hours) includes outside readings and completion of performance-based activities and competencies. 3. <u>Disability in Public Health</u>: This module (20-30 hours) includes readings, external materials, and activities that demonstrate application of knowledge. <i>LTTs may take one of the Certificate of Interdisciplinary Disability Studies in Public Health courses as a substitute, with permission.</i> <p>The <i>Online Module Guide (Appendix I)</i> contains additional information about online module objectives and deadlines.</p>	<ul style="list-style-type: none"> • Complete Medical Home module online via HuskyCT • Complete Family-Centered Practice module online via HuskyCT • Complete Disability in Public Health module online via HuskyCT

Additional Activities and Reflections

The following reflections are required after attendance at webinars, site observations, and events. A description of each reflection form is outlined below. These reflections should be submitted to HuskyCT as needed (i.e., when completed throughout the year). If trainees have any questions about which reflection template to complete for an activity, please email the Teaching Assistants.

Webinar Reflections

Throughout the year, trainees may attend webinars that are of interest and align with MCH and LEND competencies. If a trainee identifies an event topic of interest but is not sure if it aligns with competencies, please email CT LEND Director Mary Beth Bruder (bruder@uchc.edu). After the webinar, the trainee will use the **Webinar Reflection Template** to complete a *Webinar Reflection* and submit it to HuskyCT within one week of the webinar.

Event Reflection

Throughout the year, trainees may attend workshops or special events that are of interest and align with MCH and LEND competencies. If a trainee identifies an event topic of interest but is not sure if it aligns with competencies, please email CT LEND Director Mary Beth Bruder (bruder@uchc.edu). After the event, the trainee will use the **Event Reflection Template** to complete an *Event Reflection* and submit it to HuskyCT within one week of the event.

CT LEND Program Expectations

Students with Disabilities

Any student who has a disability that may prevent them from completing CT LEND requirements should contact CT LEND Director Mary Beth Bruder (bruder@uchc.edu) as soon as possible to discuss accommodations necessary to ensure your full participation and to facilitate your educational opportunity.

Attendance

If you are unable to attend a seminar, please discuss this ahead of time with CT LEND Director Mary Beth Bruder (bruder@uchc.edu). Trainees are responsible for calling or emailing CT LEND Director Mary Beth Bruder (bruder@uchc.edu) as soon as possible if they need to miss a CT LEND event for illness or a family emergency.

Expectations Regarding Confidentiality

Because of the nature of the activities you will participate in as a LEND Trainee, such as observations and family visits, all of your work must be kept confidential. This includes no identifiable information, such as names or the town of your families, in your submitted work. Names must be changed, or initials must be used. If you alter names that must be clearly stated. Names of schools may be included because that is public information.

Expectation Regarding Work Completion and Time Management

Trainees are expected to meet their weekly hours obligation and assignment obligations. All reflections are due within one week of the activity/observation. However, we understand that life happens, and some weeks it will not be possible to do so. For weeks where completing LEND requirements is not manageable, uncompleted hours are required to be made up in future weeks. It is the trainee's responsibility to contact CT LEND faculty/staff to inform them of any work that will not be completed on time and propose a timeline for completing the missing hours and work. Given a trainee's understanding of LEND obligations and additional academic/work responsibility, it is the trainee's responsibility to develop a plan to balance meeting both. As a trainee, effective time management will be necessary; however, this is a skill that takes time to develop. LEND is a rigorous program that is being completed in addition to a trainee's already rigorous graduate degree program, and it will take a conscious effort and a great deal of practice to balance the work of both. Planning, prioritizing, incorporating self-care, setting work schedules, and sticking to work schedules are all important aspects of effective time management. Remember that the CT LEND faculty and staff are here to support trainees. If at any point a trainee becomes overwhelmed or feels that they will need to submit a LEND assignment late, this must be communicated as soon as possible so assistance can be provided.

Expectations Regarding Written Work

All written work must follow APA style (see *Resources* section). This includes reading reflections and both research projects. Submitted work must be proofread for spelling and grammar errors and adhere to the confidentiality expectations described in this handbook. The work you submit must show that you spent time and effort reflecting on the assignment, incorporating the

principles of LEND, and linking back to your current and/or future practice. These reflections and assignments are essential to your growth as a trainee and any work that does not meet the program expectations will be required to be revised.

Guidelines Prohibiting the use of Artificial Intelligence and ChatGPT

All students are expected to act in accordance with the Guidelines for Academic Integrity at the University of Connecticut. If you have questions about the academic integrity or intellectual property, you should consult UConn's guidelines for academic integrity. Posting course material on student tutoring and course sharing websites (e.g. Chegg, Course Hero) may be a violation of copyright and intellectual property and a violation of academic integrity. Many of you may also be aware of the recent release of ChatGPT3, a Large Language artificial intelligence (AI) model that has the capacity to quickly produce text on a range of topics. ChatGPT3 aggregates the ideas and insights of many researchers without giving them credit. Submitting ChatGPT-generated text as your own work would be an act of plagiarism insofar as it would involve passing off the work of others as your own. For these reasons, you are not allowed to use this ChatGPT or any other similar tools to produce essays or other academic work for this class, unless otherwise explicitly permitted to do so. The university has AI detection software that distinguishes between AI generated content and human generated content.

Practicum Expectations

In addition to the program expectations outlined in the previous section, there are additional expectations specific to each practicum site throughout the year. It is important to note that all CT LEND expectations (such as upholding the core values about people with disabilities, using a strengths-based viewpoint, being family-centered, and effective time management) apply to all practicum experiences as well.

Professional Conduct

Trainees should dress business casual; when in doubt, err on the conservative, formal side. This is especially true for any event that parents or caregivers may attend (such as meetings or conferences). Uphold the standards of confidentiality at all times by using initials in email when discussing a particular person with disabilities. In addition, initials or a pseudonym **MUST** be used in all practicum reflections. Never talk about an individual in the presence of others who are not involved with the individual's plan. Maintain strictly professional relationships with supervisors, clients, patients, and students at all times. Trainees should remember they represent the LEND program, UConn, and their specific discipline's professional conduct standards at all times when at practicum sites. Bring any concerns to the attention of the CT LEND program supervisors as they happen and/or before engaging in the activity in question.

Punctuality

If a trainee will be late or absent for any practicum experience, email CT LEND Practicum Coordinator Tina Rhodes (tirhodes@uchc.edu) and the site supervisor as soon as possible.

Adherence to Practicum Placement Policies

As a guest at the practicum placement site, it is the trainee's responsibility to adhere to the policies and procedures at the site. This is especially true for sign in/out policies, parking, computer, and cell phone/phone use. Trainees may ask to view a copy of the employee handbook to become aware of these policies, if available. Additionally, if the practicum site has policies about paperwork required before starting (such as a list of vaccinations, documentation of a flu shot, immunization waivers, etc.), trainees must ensure that all required paperwork is completed and submitted. Please note that the University of Connecticut permits immunization waivers for religious or medical reasons. Please contact Employee Health by phone (860.679.2893) or email occmedehs@uchc.edu if you have any questions.

Practicum Guidelines

Before Practicum Starts

At least a week before your first practicum visit, send an email to the supervisor to introduce yourself and thank them for allowing you to participate. This email is a good way to iron out any first-day logistics as well; for example, where and when to arrive. It is a good idea to send a confirmation email the day before a visit confirming the schedule for the next day. Finally, determine how program cancellations/closures (like those due to bad weather) are communicated at the site. Establish the best way to receive this information ahead of time. The first two visits can be spent by: shadowing the practicum supervisor; observing; taking notes on the routines, transitions, and daily activities of the practicum supervisor/students; and getting to know the children, youth, and staff at the site. Trainees may also want to have a meeting with the supervisor at practicum to discuss responsibilities and expectations, share the list of CT LEND requirements, and share the ILP.

During Practicum

Throughout practicum, trainees should tackle every task with positivity and enthusiasm, keep notes on the activities they are involved in during visits, and follow through on commitments. Trainees should revisit their ILP throughout practicum to track progress. The main priorities of the trainee are to demonstrate LEND competencies, apply new learning, and observe/use evidence-based practices. As such, the practicum supervisor is expected to assign tasks that allow trainees to demonstrate leadership skills and knowledge commensurate with the LEND program philosophy.

Examples of tasks that would be appropriate to assign a LEND Trainee include:

- Observing team meetings (including IFSP/IEP meetings)
- Participating in tasks that facilitate completion of LEND program assignments (such as the research project or competencies)
- Contributing to a community resource or program through research, ideas, or data collection
- Conducting an intervention (with permission/input from the family and supervision from the practicum supervisor)
- Reading a student or client's background file (with permission) and discussing with the practicum supervisor
- Identifying and visiting potential community resources
- Developing a "mock" plan for feedback
- Observing assessment administration (with permission from the family and/or individual)
- Sharing updated information with colleagues involved in a child or youth's plan
- Providing suggestions for contending with resources, schools, law, etc.
- Planning activities or writing reports (however, these reports would be for practice only and should not be used as a basis for team decision-making in the child or youth's program)

- Completing an activity that would enhance a child or youth’s individual program (such as developing a brochure or information pamphlet to be disseminated to families or updating a resource guide for agency and staff to use)
- Learning how to develop an individualized family service plan or healthcare plan based on the results of a strengths-based assessment
- Anticipating potential problems with intervention or program plans and brainstorm ways to address them
- Recording data

Tasks that should not be assigned include:

- Clerical tasks, such as passing out papers or making copies
- Any task inappropriate for the trainees to complete without supervision, such as a supervisor asking a trainee to complete an unfamiliar assessment
- Employee related tasks, such as filling a worker vacancy, helping supervise students during lunch, substituting for a one-on-one for a student (remember, trainees are NOT paid employees).

Unstructured Time

Trainees are expected to take full advantage of learning experiences at practicum. While waiting for a practicum supervisor to provide instructions, trainees should take initiative and request another way to engage. Observing other classes/programs located within the site, shadowing colleagues in a different discipline, reviewing background records (if permission is granted from the family), obtaining schedules, and taking observation notes are all examples of activities that can be done during idle times to use time efficiently.

End of Practicum

It is important to plan the end of the practicum experience. Before the last day, ensure all hours have been completed for practicum and schedule any make up days that were missed during the semester. On the last day, trainees may want to schedule a final meeting with the practicum supervisor to evaluate progress and close out the experience. A personal thank-you note for the supervisor and any colleagues or staff the trainee worked closely with is strongly recommended.

Family Match

The CT LEND Family Faculty, Laurie Cantwell, will match each LTT with a family and/or youth advocate. The requirements of the Family Match include a minimum of three visits with the assigned family per semester: home, school/educational, community. Visits may be in person or virtual, depending on family preference. Trainees will record each of their experiences with assigned families in a reflection.

The purpose of conversations with the Family Match is to get to know the family. Trainees may find it appropriate to discuss the following: scheduling/rescheduling visits, requesting permission for visits/confirming visits, and debriefing about a seminar topic. If a family asks trainees for ideas about what to observe during visits, trainees might suggest shadowing the family on a community outing (such as a soccer game or chorus concert), conducting a home visit, shadowing the child/youth at school, interviewing the family or individual with a disability at a location that is convenient for them, attending family support group meetings, or observing a PPT meeting. The family member will report back to the Family Faculty on your application and use of Family Centered Practice during these conversations and visits. Please see the *Family Match Visit Guide (Appendix G)* for more information about family match visits, including optional questions to ask during a home visit with a family.

Expectations Regarding Professional Conduct during Family Match Visits

- It is the trainee's responsibility to initiate and maintain communication with family matches. As soon as a match has been made, trainees should reach out and offer to exchange contact information. If you are having trouble connecting with the family, please contact CT LEND Family Faculty Laurie Cantwell (ctpolicymaking@gmail.com) as soon as possible so she can facilitate the connection or look into alternatives.
- Check-in with the Family Match on a bi-weekly basis, via telephone, face-to-face, virtual visits, or email. All communication should be professional, nonjudgmental, polite, and supportive of the family's needs.
- Trainees should dress business casual for the first visit, and for additional visits dress to meet the needs of the visit while maintaining a neat standard.
- Remember: the requirements of the program are purposely flexible to allow for the convenience of the family and advocate first and foremost. Families' lives are busy, and sometimes it can be difficult for their child to adjust to a change in routine. As such, trainees are expected to "keep their word," show up on time for visits, reschedule only when absolutely necessary (and with plenty of notice), be flexible if the family needs to reschedule, and be sure to thank the family.
- All identifiable information must be kept confidential in the write-up of the visit. Even if the Family Match is okay with their information being shared, trainees are bound by HIPAA and confidentiality regulations. This includes using initials or pseudonyms for names, and pseudonyms for the setting or town that was visited. Please see the section above for further information about confidentiality-related expectations.

CT LEND Faculty and Staff

An important part of CT LEND is the team that supports the program. This team collaborates frequently to ensure that planning and implementation of the LEND program meets the LEND objectives. The CT LEND faculty and staff are available to support trainees and address any questions, comments, or concerns.



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bruder@uchc.edu

CT LEND Director



Chris Blake

chris-r-blake@hotmail.com

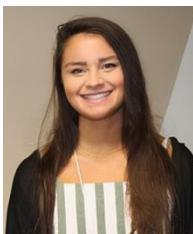
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Resources

ADA National Network

<http://adata.org/>

APA Style Formatting

https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/index.html

Association of University Centers on Disabilities (AUCD)

<http://www.aucd.org>

AUCD Emerging Leaders Community

<https://www.aucd.org/emergingleaders>

Center for Parent Information & Resources

<http://www.parentcenterhub.org/>

Connecticut State Department of Education, Bureau of Special Education

<https://portal.ct.gov/sde/special-education/bureau-of-special-education>

Connecticut Birth to Three Program

<http://www.birth23.org>

Federal Website with Disability-Related Resources

<https://www.dol.gov/agencies/odep/topics>

Maternal and Child Health Bureau

<http://www.mchb.hrsa.gov/>

Maternal and Child Health Knowledge Base & Library Collection, Georgetown University

<http://www.ncemch.org/knowledge-base.php>

Maternal and Child Health Workforce Development

<https://mchb.hrsa.gov/programs-impact/focus-areas/mch-workforce-development>

National Center on Disability and Journalism (Disability Language)

<http://ncdj.org/wp-content/uploads/2012/08/NCDJStyleGuide2015.pdf>

National Council on Disability

<http://www.ncd.gov/>

Office of Special Education Programs (OSEP)

<https://www2.ed.gov/about/offices/list/osers/osep/index.html>

Person-First vs. Identity-First Language

<https://www.nih.gov/about-nih/what-we-do/science-health-public-trust/perspectives/writing-respectfully-person-first-identity-first-language>

United States Department of Health and Human Services

<http://www.hhs.gov/>

University of Connecticut Center for Excellence in Developmental Disabilities (UCEDD)

<http://uconnucedd.org/>

University of Connecticut Center for Students with Disabilities

<https://csd.uconn.edu/>

University of Connecticut LEND Program

<http://ctlend.uconnucedd.org/>

Appendix A

Pediatric Audiology Trainee Requirements

The UConn LEND program is one of 12 LEND programs that receives supplemental funds to expand and augment their pediatric audiology training efforts. Requirements of these trainees include:

- **Pediatric Audiology Seminar:** This is a weekly, three-hour seminar in Pediatric Audiology focusing on hearing loss for individuals with complex needs such as individuals with ASD and other developmental disabilities, MCH competencies and program competencies. This seminar may be taken for credit through the SLHS program or as an independent study with a LEND faculty member. The interactive seminars are provided in conjunction with required readings, assignments, participation in national AUCD activities (e.g., journal club, conferences), observations of screening, diagnosis and treatment of infants, children, adolescents and adults with developmental disabilities, and other practical experiences.
- **Pediatric Grand Rounds:** Each LTT will be required to participate in Audiology Grand Rounds. Grand Rounds serve as an opportunity to review challenging audiology cases. Audiology Grand Rounds are offered monthly through the Doctor of Audiology program in the Department of SLHS. Each LTT will be expected to present one grand rounds case that will spotlight a challenging pediatric case with an emphasis on interdisciplinary care. LEND competencies should be identified for the presented grand rounds case.
- **Individual Research Projects:** Each LTT will be required to implement a research project with infants, children and youth with hearing loss with a focus on those individuals and their families with complex needs, including ASD or other developmental disabilities. Dr. Cienkowski will provide guidance for these projects.
- **Clinical Practica:** Each LTT will be required to participate in a clinical practicum site for 4 hours a week during the academic year as part of the LEND curriculum.
- **Enhanced Practicum in Audiology (25 hours a week):** LTTs will participate in enhanced practicum at a site that provides services for infants, children, youth, and/or adults with hearing loss. The primary practicum site is Capitol Region Education Council (CREC) Soundbridge; however, practicum site opportunities for LTTs have been expanded to include innovative hospital and community-based models that serve underserved populations of children/youth in Hartford and New Haven. In addition, the Audiology doctoral students who participate in this enhanced training will participate across the state in other agencies that provide services to this population. All provide opportunities to screen, assess, and intervene with a range of infants/children/youth with hearing loss and other developmental disabilities, including ASD.

Appendix B

CT LEND Seminar Objectives Overview

By participating in weekly seminars, trainees will demonstrate knowledge of the following:

1. Systems of care serving people with neurodevelopmental and related disabilities and the strengths and limitations of these systems. This includes the Administration on Developmental Disabilities (ADD), early intervention and special education and understanding the Maternal and Child Health Bureau's mission and the role of the LEND program in advancing MCHB's mission.
2. Skills necessary for leadership, including those needed to work with and advocate for persons with Neurodevelopmental Disabilities (ND) and their families effectively.
3. Benefits and challenges of interdisciplinary teams. This includes understanding the perspective of each discipline involved in providing services and supports to persons with ND and their families.
4. Family-centered and culturally competent philosophy and practices for persons with neurodevelopmental and related disabilities.
5. Medical home across the lifespan.
6. Genetics and genetic syndromes and the implications for life functioning.
7. Screening, diagnosis, and interventions for particular neurodevelopmental and related disabilities with an emphasis on ASD, including but not limited to: Fragile X, Cerebral Palsy, Down Syndrome, ADHD, Intellectual Disabilities, Traumatic Brain Injury, and Epilepsy.
8. Supports and strategies to enhance quality of life. This includes assistive technology, positive behavior supports, and inclusive communities.
9. Comprehensive systems of care across the lifespan. This includes early intervention, schools, transition to adulthood and geriatrics.
10. Principles of adult learning theory.
11. Principles of evidence-based research and the challenges associated with their application in real world settings.

Appendix C

Weekly Time Log Sample

Weekly Hours Log Name: Jane Doe Week of 10/22/2023			
DATE	HOURS	ACTIVITY	PROGRAM COMPETENCY
10/22	8 Hours	LEND Seminar	MCH: 1.3 LEND: 1.5
10/23	2 Hours	Practicum Hours @ UHMS	MCH: 2.1 LEND: 3.6
10/24	1 Hour	Worked on Group Research Project	MCH: 1.4 LEND: 1.6
10/25	.5 Hours	Spoke to Family Match on phone to schedule home visit	MCH: 8.3 LEND: 1.2
10/26	2.5 Hours	Webinar: Teaching Parents to Facilitate Social-Emotional Communication Skills for Children with Disabilities; reflection uploaded to Blackboard	MCH: 9.8 LEND: 2.9
10/27	6 Hours	Weekly Readings & Reactions	MCH: 1.8 LEND: 1.6
Total Hours	20		

Appendix D

Group Research Project Guide

Summary

As an introduction to the research process and conducting interdisciplinary research, you will complete a short-term research project in a small group. We will work with you to choose a research project relevant to the MCH Emerging Topic Areas (e.g., medical transition, newborn screening, etc.). You will participate in a small group assigned by the CT LEND Leadership Team. It will be based on your reported competence, confidence, and experience conducting research and will involve working with other disciplines. As a team, you will write a paper on your topic and provide a brief presentation of your project.

The goal of this project is to have you systematically collect data/information (i.e., conduct research) as a group. You will conduct a comprehensive literature review that summarizes the research on a given topic.

Requirements

Task	Description
Abstract	Your group will prepare an abstract of your research project of no more than 250 words. Final versions of the abstracts will be posted on the CT LEND website.
Paper	As a group, you will write an 8- to 10-page (double-spaced) paper that summarizes your group research project. It will include an introduction, a description of your project methods, a summary of the results, and discussion of your project's implications. This paper should be prepared in APA (7 th edition) format.
Presentation	As a group, you will create and deliver a PowerPoint presentation of your group research projects that covers the background, rationale, and methods for completing the project. The presentation should be 15 minutes, including time for questions.

Submission Instructions

Rough drafts of all products should be submitted via email to the CT LEND Director Mary Beth Bruder (bruder@uchc.edu) for review and feedback.

Final drafts of all products should be submitted to HuskyCT.

Appendix E

Individual Research Project Guide

Summary

All LTTs are responsible for completing an independent research project. The goal of this project is to have you systematically collect data (i.e. conduct research) that results in products that will be disseminated to variety of audiences and in a variety of settings. Some of your projects will lead to publications in peer-reviewed journals and/or presentations at scholarly conferences including the annual AUCD conference.

All projects must:

1. **Be interdisciplinary.** At the minimum, they must inform members of your discipline about how your discipline can intersect more effectively with other disciplines.
2. **Be focused on one of the MCH Emerging Topic Areas.** These include (a) family engagement; (b) medical home; (c) early detection/newborn screening; (d) medical transition; (e) ASD; or (f) another MCH Emerging Topic Area approved by CT LEND Director Mary Beth Bruder (bruder@uchc.edu).
3. **Involve systematic data collection.** Data must be collected systematically to contribute to the evidence base in your and/or other content areas.
 - a. Your project **DOES NOT HAVE** to include quantitative analysis (i.e., statistics are not required). It can be qualitative or descriptive in nature. In some cases, it could also involve a comprehensive review of literature.
 - b. Your project **does not have to be novel.** You can replicate previous research.
4. **Be aimed at systems change.** Your project must lead to specific practice/policy implications.
5. **Lead to the creation of products that stand alone.** A person who is naïve to the nature of LENDs and your discipline must be able to accurately interpret what you did, why you did it, and what the implications are.

Requirements

Task	Description
Topic and Research Question	You will propose a topic and aligned research question for your individual research project. Consider the requirements listed above, your interests, and feasibility when selecting a research question. Please see the <i>Standards and Criteria for Conducting Research and Evaluation</i> (Bruder, 2004) on HuskyCT for additional guidance in developing research questions and choosing appropriate designs.
Research Proposal	You will write a brief (1-2 page; double-spaced) research proposal that contains the following components: <ol style="list-style-type: none">1. Project Title2. Background (for this research proposal, this section can be a brief literature review with a few pivotal, recent key references)

	<ol style="list-style-type: none"> a. Purpose b. Research Question 3. Methods: describe how you will complete this project (e.g., literature review, data collection) 4. Timeline: provide a detailed projected timeline of your process and deadlines 5. References
IRB Protocol (if required)	If your individual research project involves human subjects, you will work with CT LEND Faculty to write and submit an IRB protocol. Data collection cannot begin until the IRB protocol is approved by the UConn Health IRB.
Abstract	You will prepare an abstract of your individual research project of no more than 250 words. This should include a brief introduction, purpose statement, methods, results, and conclusion. Final versions of the abstracts will be posted on the LEND website.
Paper	You will write an 8- to 10-page (double-spaced) paper that summarizes your research project. This paper should be written as if it were to be submitted to a journal for publication, and should include the following headings: Introduction, Methods, Results, Discussion. This paper should be prepared in APA format.
Presentation	You will create and deliver a PowerPoint presentation of your research project that covers the background, rationale, methods, results, and discussion of the project. The presentation should be 8-10 minutes, including time for questions.

Note. You must receive permission from your mentor and the CT LEND Director before proceeding onto the next step. Additional rounds of edits may be required before proceeding to the next step.

Additional (Optional) Products

Additional products (such as peer-reviewed manuscripts and/or conference presentation proposals) may be created at the discretion of the Trainee and the mentor. These products do not need to be created by the end of the semester. However, they should reference the LEND grant in their acknowledgments.

Authorship for any scholarly works/presentations resulting from these research projects will be assigned based on the criteria noted in the Publication Manual of the American Psychological Association. Practically speaking, authorship will be a result of contribution to the conceptualization and/or development of a specific product (manuscript or presentation). The authorship order will be determined a priori and according to level of contribution to the specific product. With rare exceptions, the LEND Trainee will always be the first author on all publications and presentations. *As a rule of thumb, it is better to offer authorship to all of those individuals who helped contribute to your research project.* Many individuals will simply ask to be included in the acknowledgments section.

Submission Instructions

Rough drafts of all products should be submitted via email to the CT LEND Director Mary Beth Bruder (bruder@uchc.edu) for review and feedback.

Final drafts of all products should be submitted to HuskyCT.

Acknowledgments

These guidelines were developed/adapted from previous versions created by Dr. Cristina Mogro-Wilson. Additional sources that informed their creation are:

1. <http://www.chop.edu/pages/research-course-and-training-program>
2. <http://depts.washington.edu/lend/trainees/project.html>

Appendix F

Screening Guide

Screening Instruments

In the Weekly Seminars, we will discuss several screening instruments, including:

- The Social Responsiveness Scale-Second Edition
- The Ages and Stages Questionnaires
- Modified Checklist for ASD in Toddlers-Revised with Follow-Up (M-CHAT-R/F).
Note: If you use this instrument, you must ask at least three of the follow-up interview questions regardless of the child's performance on the rating scale.

You can use any of the above instruments or any of [these tools](#) identified by the American Academy of Pediatrics.

Requirements

You will screen five different children, at least one of whom must be under age 3 currently. The remaining children can be older currently, but you will have to ask their parents to report on their behaviors from this developmental period. The children do not need to be diagnosed with a developmental disability.

Appendix G

Family Match Guide

Summary

The purpose of the Family Match visits should be to talk to and get to know the family. The following questions were created to help you start the conversation, and answers to them should provide you with enough information to reflect and write about your visits. However, if you would like to use these as examples to come up with your own questions to ask you are welcome to do so, but please include any questions asked in your reflection.

Questions

1. Tell me about your child. This could include background information, important information, strengths, etc.
2. What are their strengths?
3. Can you describe what a typical day looks like for your family?
4. What does your child like to do for fun?
5. What do you like to do as a family for fun?
6. What have been some of your biggest challenges as a family? How do you overcome those?
7. Who have been the most supportive for your child and family? How have they supported you? Why is this support important to your family?
8. What types of accommodations does your child use at home or in the community? How did you go about getting those?
9. What other supports does your child need at home or in the community?

Reflection

After each visit, you will use the **Family Match Reflection Template** to prepare a written reflection describing the details of the visit. The reflection could include concepts such as:

- The family's views (beliefs, values, etc.) about the child's learning and their own role in helping their child learn
- The family's views about intervention services they receive
- The kinds of supports and resources the family needs or desires

Appendix H

Legislative Advocacy Guide

Planning

Meet with your group to plan your meeting. Gather background information, research or data, and identify your “ask” (what do you want the legislator to do?).

Meeting Structure

Everyone must have a role in the group meeting. Meetings are 15 minutes.

1. **One person opens the meeting.** Begin by thanking the legislator for meeting with you. Give a brief description of the LEND. State in one sentence what you are discussing today. Segue to introductions.
2. **Each person introduces themselves.** Share what town you are from and your personal or professional experience, including if you have personal/professional experience with the issue being discussed. These should be BRIEF.
3. **One person describes the purpose of the meeting.** We are here to discuss... This person sets the overview of the discussion and presents basic facts and data. This person makes your ASK. What do you want the legislator to do: enact a bill, study the issue, change appropriations, etc.? If you have a handout to leave, DO NOT HAND IT OUT NOW.
4. **One person, preferably someone who has had personal or professional experience with the issue being discussed, illustrates with a story.** If you don't have this, illustrate with a story about this that you may have heard.
5. **One person closes with a thank you.** Restate your ask, make yourselves available to answer any other questions on this issue. If you have a handout, hand it to the legislator as you close the meeting.

Tips for a Successful Meeting

- Do not read scripts. Make eye contact and talk to your legislator. It is okay to have index cards with bulleted notes.
- Do not punt! If you are asked a question and you don't know the answer, say so, and then promise to get them the information. Send them the information as a follow-up.
- Try not to talk about programs; talk about people. If you must, talk about initiatives. Programs don't vote; constituents vote.
- Lastly, be sure to send thank you notes to all those who attend our session.

Appendix I

Online Module Guide

Medical Home Basics

Summary

The Medical Home for Children and Youth with Special Health Care Needs Training Academy (MHTA) Curriculum is based on the training program “Every Child Deserves a Medical Home” produced in 2000 in a collaboration including the American Academy of Pediatrics, Family Voices, Maternal and Child Health Bureau (MCHB), the National Association of Children’s Hospitals and Related Institutions, and the Shriner’s Hospitals for Children. The Connecticut Department of Public Health developed and funded the module, and the UConn UCEDD administers it.

Objectives

By the end of this module, trainees will be able to:

1. Provide professionals, paraprofessionals, and families/caregivers who care for children and youth with special health care needs (CYSHCN) with information and materials to assist them in providing care for this population.
2. Provide pediatric and family primary care practices with information and strategies for becoming medical homes in the community.
3. Provide information on the concept of the medical home to persons including families/caregivers who have children and youth with special health care needs and organizations that work with CYSHCN.
4. Understand the essential components of care coordination in the medical home concept and how it supports the provision of comprehensive collaborative care.
5. Promote family-professional partnerships to provide care, advocacy, and support in a manner that is coordinated and explicit about roles and expectations and ensures clear and consistent communication of information.
6. Provide information and training to health care providers, community providers, community-based organizations, and family members and youth with special health care needs about transition as a necessary and important aspect of life to educate and motivate these key stakeholders to become active participants in the transition process.

Submission Instructions and Deadline

All work should be submitted online via the *LEND Medical Home Basics* module in HuskyCT.

Appendix I

Online Module Guide

Family Centered Practice

Summary

The purpose of this module is to illustrate the centrality of the family in the life of infants, children, and youth with disabilities, and subsequently, intervention. This module relies on outside readings, online discussions, and completion of performance-based activities and competencies which are embedded into the module.

Objectives

By the end of this module, trainees will be able to:

1. Identify family system components and internal/external influences on family functioning.
2. Discuss the core principles of family centered practice.
3. Demonstrate the use of effective communication skills with families, including active listening, questioning techniques, reflection of feelings, and reflections of content.
4. Demonstrate understanding and respect of culture, diversity, and individuality of families.
5. Communicate effectively with families to identify their resources, priorities, and concerns.
6. Communicate effectively with families to identify their formal and informal social support networks.
7. Identify and review current family assessment protocols.
8. Identify and review measures of quality of life.
9. Demonstrate understanding of effective family outcomes to be delineated on the IFSP/IEP/transition plan.
10. Collaborate with families to identify home and community activity settings and learning opportunities for the development of IFSP/IEP/transition outcomes.
11. Identify components of a responsive service delivery system based on the IFSP/IEP/transition plan.
12. Identify key components of effective service coordination.
13. Demonstrate family capacity building practices to be used in intervention.
14. Demonstrate data collection and data decision rules to be used in interventions with families.
15. Identify guidelines for implementing research with families.

Submission Instructions and Deadline

All work should be submitted online via the *LEND Family Centered Practice* module in HuskyCT.

Appendix I

Online Module Guide

Disability in Public Health

Summary

Disability in Public Health draws from the four public health graduate courses which comprise the UCEDD's Certificate of Interdisciplinary Disability Studies in Public Health to provide LEND trainees with foundational knowledge and practical application to include persons with disabilities in all public health activities as framed by the 10 Essential Public Health Services. Each embedded sub-module addresses one of the *Including People with Disabilities: Public Health Workforce Competencies* and associated objectives.

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



Objectives

By the end of this module, trainees will be able to:

1. Discuss disability models across the lifespan.
2. Discuss methods used to assess health issues for people with disabilities.
3. Identify how public health programs impact health outcomes for people with disabilities.
4. Implement and evaluate strategies to include people with disabilities in public health programs that promote health, prevent disease, and manage chronic and other health conditions.

Submission Instructions and Deadline

All work should be submitted online via the *CT LEND Public Health* module in HuskyCT.

Appendix J1

Individualized Learning Plan



CT LEND Individualized Learning Plan

Name:

Discipline:

Graduate Program:

Approved by LEND Staff

Date

Discipline Coordinator

Date

Trainee

Date

CT LEND Trainee Requirements

MCH Leadership Competencies

CT LEND Competencies

Online Modules

Research

Clinical

Advocacy

MCH LEADERSHIP COMPETENCIES

You will be required to (a) describe the specific activity (or activities) in which you participated to demonstrate each competency (e.g., classwork, practicum, competency assignment, webinar, meeting) and (b) indicate how you have documented the completion of each competency (e.g., submitted reflection, signed attendance, presentations). If you are demonstrating a competency solely through seminar participation, please list specific seminar(s) in which the competency was addressed.

MCH Leadership Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
1. MCH Knowledge Base/Context			
1.1 Describe MCH populations and provide examples of MCH programs including Title V programs.			
1.2 Describe the utility of a systems approach in understanding how interactions between individuals, groups, organizations, and communities in health outcomes.			
1.3 Use data to identify issues related to the health status of a particular MCH population group and use these to develop or evaluate policy.			
1.4 Describe SDOH, understand health equity, and offer strategies to address health disparities within MCH populations.			
1.5 Critically evaluate programs and policies for translation of evidence to practice.			

MCH Leadership Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
1.6 Understand the value of partnering with people with lived experience and family and community-led organizations to improve programs, policies, and practices.			
1.7 Demonstrate the use of a systems approach to examine the interactions among individuals, groups, organizations and communities.			
1.8 Assess the effectiveness of an existing program for specific MCH population groups.			
1.9 Ensure that health equity and cultural responsiveness are at the forefront of program planning and service delivery.			
2. Self-Reflection			
2.1 Recognize how one's personal values, beliefs, communication, culture and experiences influence one's leadership practice.			
2.2 Use self-reflection techniques to strengthen communication across program development and implementation, service delivery, clinical care, community collaboration, teaching, research and scholarship.			
2.3 Seek and use feedback from peers and mentors to improve leadership practice.			

MCH Leadership Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
2.4 Apply understanding of one's own leadership style and sources of personal resilience to assemble and promote cohesive, well-functioning teams with diverse perspectives and complementary styles.			
3. Ethics			
3.1 Work to understand the individual's and community's cultural values to ensure the delivery of culturally responsive and ethical policies, programs, and practices.			
3.2 Identify and address ethical issues within the specific practice settings, such as patient care, public health programming, and research.			
3.3 Identify the ethical implications of health inequities and implicit bias affecting MCH populations.			
3.4 Act as catalysts to discuss and address ethical dilemmas and issues that affect MCH population groups.			
4. Critical Thinking			
4.1 Evaluate various perspectives, sources of information, strengths and limitations of various approaches, and possible unintended consequences of addressing			

MCH Leadership Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
a clinical, organizational, community-based, or research challenge.			
4.2 Use population data, community input and lived experience to determine the needs of a population for the purposes of designing programs, formulating policy, and conducting research or training.			
4.3 Demonstrate the ability to use an equity lens to critically analyze research, programs, and policies.			
4.4 Present and discuss a rationale for policies and programs that is grounded in evidence and addresses the information needs of diverse audiences.			
4.5 Use implementation science to analyze and translate evidence into policies and programs.			
4.6 Identify and propose promising practices and policies that can be used in situations where action is needed but where the evidence base is not yet established.			
4.7 Develop and apply evidence-informed practice guidelines and policies in their field.			
5. Communication			
5.1 Share thoughts, ideas, and feelings effectively with individuals and groups from diverse backgrounds.			

MCH Leadership Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
5.2 Communicate clearly and effectively using plain language and other accessibility principles to express information about issues that affect MCH population groups.			
5.3 Cultivate active listening skills and attentiveness to nonverbal communication cues.			
5.4 Tailor information for the intended audiences(s), purpose, and context by using appropriate communication messaging, tools like interpretations services, and health literacy principles, and using different modalities for dissemination. Audiences can include consumers, policymakers, clinicians, and the public.			
5.5 Employ foundational communication skills in challenging situations, such as receiving or presenting information during an emergency, relaying difficult news, or explaining opportunities and risks for health promotion and disease prevention.			
5.6 Summarize complex information appropriately for a variety of audiences and contexts.			
6. Negotiation & Conflict Resolution			
6.1 Understand their own implicit biases, points of view, and styles of managing			

MCH Leadership Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
conflict and negotiation and possess emotional self-awareness and self-regulation.			
6.2 Understand other's points of view, how various styles can influence negotiation and conflict resolution, and how to adapt to other's styles to navigate differences.			
6.3 Apply strategies and techniques of effective negotiation and evaluate the impact of communication and negotiation style on outcomes.			
6.4 Demonstrate the ability to manage conflict in a constructive manner.			
6.5 Navigate and address the ways identity, culture, power, socioeconomic status, and inequities shape conflict and the ability to come to a resolution.			
6.6 Use consensus building to achieve mutual understanding of challenges and opportunities, establish common goals, and agree on approaches for solving problems.			
7. Diversity, Equity, Inclusion, and Accessibility			
7.1 Conduct personal and/or organizational self-assessments regarding DEIA.			
7.2 Assess and elevate the strengths of individuals and communities based on sensitivity and respect for their diverse backgrounds and lived experiences and respond appropriately.			

MCH Leadership Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
7.3 Incorporate an understanding and appreciation of differences in experiences and perspectives into professional behaviors and attitudes while maintaining an awareness of the potential for implicit bias.			
7.4 Modify clinical and public health systems to meet the specific needs of a group, family, community, or population.			
7.5 Employ strategies to ensure equitable public health and health service delivery systems.			
7.6 Integrate DEIA into programs, research, scholarship, communications, and policies.			
7.7 Use data-driven tools and data disaggregation to guide efforts toward health equity and use plain language to present data.			
8. Honoring Lived Experience			
8.1 Solicit and implement input from people with lived experience in the design and delivery of clinical or public health services, program planning, materials development, program activities, and evaluation. Also, compensate participants as appropriate for such services.			

MCH Leadership Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
8.2 Provide training, mentoring, and other opportunities to people with lived experience, and community members, to lead advisory committees or task forces. Further, seek the training and guidance from these groups to inform program and care development.			
8.3 Demonstrate shared decision-making among individuals, families, and professionals using a strengths-based approach to strengthen practices, programs, or policies that affect MCH populations.			
8.4 Assess and tailor recommendations to social, educational, and cultural issues affecting people with lived experience.			
8.5 Celebrate individual and family diversity and provide an open and accepting environment.			
8.6 Recognize that organizational and system-level policies and practices may impact people with lived experience as well as acknowledge the role that people with lived experience can play in influencing policy and practice.			
8.7 Collaborate with organizations that are led by people with lived experience to build and deepen involvement across all MCH programs.			

MCH Leadership Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
8.8 Use feedback from people with lived experience, and community members, obtained through focus groups, surveys, community advisory boards, and other mechanisms as part of the project's continuous quality improvement efforts. Monitor and assess the program overall for effectiveness of partnerships between professionals and people with lived experience.			
8.9 Ensure that perspectives from people with lived experience are actively informing the development, implementation, and critical evaluation of MCH research clinical practice, programs, and policies.			
8.10 Assist health care professionals, organizations, and health plans to develop, implement, and evaluate models of family-professional partnerships and direct partnerships with self-advocates.			
8.11 Incorporate content about partnerships between people with lived experience and professionals into health professions and continuing education curricula and assess the effect of this training on professional skills, programs, and policies.			

MCH Leadership Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
9. Teaching, Coaching & Mentoring			
9.1 Practice humility and cultivate rapport so that teaching, mentoring, and coaching relationships can be productive.			
9.2 Clearly set and continuously reinforce boundaries and define expectations in a mentoring or coaching relationship.			
9.3 Use instructional technology tools that facilitate broad participation based on DEIA principles.			
9.4 Give and receive constructive feedback about behaviors and performance.			
9.5 Cultivate active listening skills.			
9.6 Incorporate inclusive evidence-informed education and be responsive to individuals' needs for accommodations.			
9.7 Consistently engage individuals using active learning methods.			
9.8 Effectively facilitate learning in groups with individuals of varying baseline knowledge, skills, and experiences.			
9.9 Expand beyond task- or project-focused coaching to career- and professional advancement-focused coaching and mentoring.			
9.10 Contribute to diversity in leadership by facilitating equitable, culturally appropriate, and accessible opportunities for teaching, coaching, and mentoring.			

MCH Leadership Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
10. Interdisciplinary/Interprofessional Team Building			
10.1 Accurately describe roles, responsibilities, and scope of practice of all members of the ID/IP team.			
10.2 Actively seek out and use input from people with diverse perspectives in decision making processes.			
10.3 Identify and assemble team members with knowledge and skills appropriate to a given task.			
10.4 Facilitate group processes for team-based decisions, including articulating a shared vision, building trust and respect, and fostering collaboration and cooperation.			
10.5 Identify and redirect forces that negatively influence team dynamics.			
10.6 Use a shared vision of mutually beneficial outcomes to promote team synergy.			
10.7 Share leadership based on appropriate use of team member strengths in carrying out activities and managing challenges.			
10.8 Adopt tools, techniques, and methods from a range of disciplinary knowledge and practice bases to address challenges and meet needs.			

MCH Leadership Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
10.9 Use knowledge of competencies and roles for disciplines other than one's own to improve teaching, research, advocacy, and systems of care.			
11. Systems Approach			
11.1 Ensure the mission, vision, and goals of an organization relate to the broader system in which it belongs to advance DEIA to facilitate shared understanding, responsibility, and action.			
11.2 Practice budgeting, effective resource use, continuous quality improvement, coordination of tasks, and problem solving.			
11.3 Develop projects that reflect a broader systems approach and lead meetings/teams effectively.			
11.4 Identify external partners and the extent of their engagement in the collaborative process.			
11.5 Interpret situations using a systems perspective (i.e., identify both the whole system and the dynamic interplay among its parts).			
11.6 Assess the environment, with community, family, and individual input, to determine goals and objectives for a new or continuing program, list factors that facilitate or impede implementation of evidence-based/informed strategies,			

MCH Leadership Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
develop priorities, and establish a timeline for implementation.			
11.7 Manage a project effectively and efficiently, including planning, implementing, delegating, sharing responsibility, staffing, and evaluating.			
11.8 Use implementation science to promote use of evidence-informed practices.			
11.9 Develop proficiency in program administration, policy development, and health care financing			
11.10 Acknowledge the impact of historical oppression that has led to disparities in MCH populations to maintain and grow strong external partnerships based on openness, inclusion, and trust.			
11.11 Build effective and sustainable coalitions to achieve equitable population outcomes.			
11.12 Use community collaboration models (e.g., collective impact) and leverage existing community improvement efforts to define a meaningful role for MCH.			
12. Policy			
12.1 Frame problems based on key data that affect MCH populations, including epidemiological, economic, and other community and state/jurisdictional trends.			

MCH Leadership Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
12.2 Use available sources of evidence when assessing the effectiveness of existing policies or proposing policy change.			
12.3 Distinguish the roles and relationships of groups (executive, legislative, and judicial branches, as well as interest groups and community coalitions) involved in the public policy development and implementation process.			
12.4 Apply appropriate evaluation standards and criteria to the analysis of alternative policies.			
12.5 Analyze the potential impact of policies using an equity lens on MCH population groups.			
12.6 Formulate strategies to balance the interests of diverse partners in ways that are consistent with MCH priorities.			
12.7 Effectively present evidence and information as a cohesively crafted MCH story to a legislative body, key decision makers, foundations, or the general public.			

CT LEND COMPETENCIES

You will be required to (a) describe the specific activity (or activities) in which you participated to demonstrate each competency (e.g., classwork, practicum, competency assignment, webinar, meeting) and (b) indicate how you have documented the completion of each competency (e.g., submitted reflection, signed attendance, presentations). If you are demonstrating a competency solely through seminar participation, please list specific seminar(s) in which the competency was addressed.

CT LEND Competencies	What <u>specific activities</u> will you do to demonstrate this?	Documentation of Completion	Date Completed
1. MCH Foundations			
1.1 Life course perspective			
1.2 Family centered practice			
1.3 Cultural competence			
1.4 Medical home/health promotion			
1.5 Social determinants of health			
1.6 Research design and analysis			
2. Neurodevelopment/Disability Risk			
2.1 Brain development			

CT LEND Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
2.2 Neural tube defects			
2.3 Genetics and genetic syndromes			
2.4 Prematurity			
2.5 Nutrition and metabolic errors			
2.6 ASDs			
2.7 Intellectual disability			
2.8 Cerebral palsy and other motor/physical conditions			
2.9 Multiple disabilities			
2.10 Medically complex needs			
2.11 Mental health/ADHD			
2.12 Acquired brain injury			

CT LEND Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
3. Interdisciplinary Practices			
3.1 Discipline roles and competences			
3.2 Team process			
3.3 Screening and surveillance			
3.4 Assessment and diagnosis			
3.5 Evidence based practices			
3.6 Intervention planning and team service delivery			
3.7 Data based decision making			
3.8 Evaluation			
4. Developmental Disability Systems			
4.1 Developmental Disabilities Network			
4.2 NICU			

CT LEND Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
4.3 Early intervention			
4.4 Special education			
4.5 Community living and resources			
4.6 Transition to adult medical, work, community, and living			
4.7 Geriatric care			
4.8 Mental health			
5. Individual Person-Centered Supports			
5.1 Self-advocacy			
5.2 Service/care coordination			
5.3 Positive behavior supports			
5.4 Assistive technology			
5.5 Person centered planning			

CT LEND Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
5.6 Self determination			
5.7 Supported decision making			
6. Leadership			
6.1 Strategic planning			
6.2 Adult learning			
6.3 Leadership characteristics			
6.4 Scaling up EB practices with fidelity			
6.5 Model systems development			
6.6 Systems change			
6.7 Policy development and evaluation			
6.8 Principles of advocacy			
6.9 Legislative process			

CT LEND Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
6.10 Leading with and through others			
6.11 Responsibilities to others through mentorship			
7. Emerging Issues for MCH Leaders			
7.1 Life course planning			
7.2 Health disparities			
7.3 Service integration			
7.4 Inclusive community living			
7.5 ASD: systems of care over the lifespan			
7.6 Interdisciplinary research			
7.7 Early career development			
7.8 NAS – opioid exposure			
7.9 Obesity			

CT LEND Competencies	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
7.10 Zika virus			
7.11 Lead contamination			

ONLINE MODULES

You will complete three online modules and document your completion of these activities (e.g., submitted reflections, activities, readings).

Online Modules	Documentation of Completion	Date Module Completed
1. Medical Home		
2. Family Centered Practice		
3. Disability in Public Health		

RESEARCH

1. Complete a group research project (Fall).

Group Research Project	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
1. Research Preparation and Question			
2. Research Design			
3. Data Collection and Analysis			
4. Research Discussion and Dissemination			

2. Complete an individual research project (Spring).

Individual Research Project	What <u>specific</u> activities will you do to demonstrate this?	Documentation of Completion	Date Completed
1. Research Preparation and Question			
2. Research Design			
3. Data Collection and Analysis			
4. Research Discussion and Dissemination			

CLINICAL

- 1. Fall Practicum: Observe interdisciplinary practice (assessments and intervention models across the age span) for 10-20 hours during Fall semester with infants, children and youth with the complex neurodevelopmental and other related disabilities including ASD.

Fall Practicum Site/Activity	Date and Time	Date Reflection Submitted

2. Spring Practicum: Participate in interdisciplinary practice models (across the age span) for up to 20 hours during Spring semester with infants, children and youth with complex neurodevelopmental and other related disabilities including ASD.

Spring Practicum Site/Activity	Date and Time	Date Reflection Submitted

3. Screen five (5) young children for ASD.

Screening	Setting	Date and Time	Date of Reflection

4. Participate in three (3) assessments with an infant/child/youth who is suspected of having ASD.

Assessment	Setting	Date and Time	Date of Reflection

5. Design and implement an interdisciplinary intervention with one child with ASD.

Intervention	Setting	Date and Time	Reflection

6. Family Match Visits: follow a family with an infant/child/youth with ASD. Each semester, conduct one initial visit, one home visit, one school/educational visit, and one community visit.

Family Match Visits (Fall)	Setting	Date and Time	Reflection
Initial Meeting			
Home Visit One			
School/Educational Visit			
Community Visit			

Family Match Visits (Spring)	Setting	Date and Time	Reflection
Initial Meeting			
Home Visit			
School/Educational Visit			
Community Visit			

ADVOCACY

1. Participate in one advocacy project that will culminate with a visit with legislators.

Project Title	Description	Date Completed	Date of Reflection

Appendix J2

Weekly Time Log Template

Name: _____

Week of: _____

Date	Hours	Activity	Program Competency
Total Hours:			

Appendix J3

Reading Reflection (Fall) Template

Trainee Name:

Date:

Discipline:

Article/Chapter Title:

For each reading, please respond to the following questions. Please limit your responses to one page.

What do you like about the reading?
What do you dislike about the reading?
How will you apply what you learned from this reading to your current/future career?
What is one thing you will do differently as a result of this reading?

Appendix J4

Reading Reflection (Spring) Template

Trainee Name:

Date:

Discipline:

Readings:

Write a reflection addressing the following questions and prompts.

Synthesize the main points of each reading into one reflection addressing all readings.

--

Identify similarities and differences between readings.

--

Write about how you will use this information to inform/improve your practice. How can you put your learning into practice?

--

What would you like to learn more about as a result of these readings?

--

Appendix J5

Practicum Reflection (Fall) Template

Trainee Name:
Observation Date:
Observation Location:
Observation Hours:
Reflection Date:

For each observation, please respond to the following questions.

Describe the setting where you conducted your observation.
Describe your impressions of the teaming or interdisciplinary approach that is taken in caring for/working with persons at the site. What type of team is it (multi-, inter-, transdisciplinary)? What rationale can you provide to support your opinion?
How did your practicum observation align with the following LEND core values: family centered practice, cultural competence, interdisciplinary team process, medical home, inclusive practice, evidence-based practice and people-first language? Why/why not?
Reflect on whether children with neurodevelopmental disabilities have access to non-disabled peers in this setting. If this was not an “inclusive” environment, HOW could what you observed be accomplished in an inclusive setting? Explain why or why not.

Which MCH Leadership and LEND program competencies were specifically addressed in your observation? (List all that apply)

--

What did you learn from this experience and how will it impact your work in the future?

--

Appendix J6

Practicum Reflection (Spring) Template

Trainee Name:
Observation Week:
Observation Location:
Observation Hours:
Reflection Date:

After each week of practicum, please respond to the following questions using specific examples of what you saw/did. Include references to LEND content, including readings, speakers, and other LEND activities (e.g., family match) that show how you are connecting what you are learning in LEND to what you experience in practicum.

Describe the meeting/activity/lesson/intervention you observed or participated in (if more than one, please describe all).
How many professionals were involved in each activity/lesson/intervention and what were their disciplines?
Was the activity/lesson/therapy planned by a group of professions (who and how many) or by the teacher/interventionist/therapist? You may need to ask the professional who is leading the activity/lesson either prior to or after the activity/lesson.
What domains did the activity/lesson/therapy address (e.g. reading and math; language and motor, etc.)?

Was there data being taken on student performance during the activity/lesson/therapy? Describe.

How did this week's experience confirm something you believed about interdisciplinary practices?

How did this week's experience change something you believed about interdisciplinary practices?

How did this week's experience confirm something you believed about culturally sensitive or culturally competent practices?

How did this week's experience change something you believed about culturally sensitive or culturally competent practices?

If the activity/lesson was done with the student's family present, do you think the lead teacher/interventionist/therapist used family centered practice? Describe.

Reflect on whether children with neurodevelopmental disabilities have access to non-disabled peers in this setting. If this was not an "inclusive" environment, how could what you observed be accomplished in an inclusive setting? Explain why or why not.

If you were leading the activity/lesson you observed or participated in this week, is there anything you would do differently and why?

--

How did your work this week help you improve your competence, in what area, and why?

--

Appendix J7

Screening Report Template

Trainee Name:
Screening Date:
Report Date:

Brief Developmental History

Provide a brief (1 paragraph) description of the child's developmental history, if possible.

Screening Instrument

Describe the screening instrument you used with the child.

Results of Screening

Present the results of the screening, including the score(s) and whether the child met the cutoff.

Recommendations

Provide recommendations based on the results (e.g., refer for a full diagnostic evaluation).

Appendix J8

Assessment Observation Reflection Template

Trainee Name:
Assessment Date:
Assessment Site:
Reflection Date:

After observing an ASD assessment, please respond to the following questions.

What assessment did you observe?
What are the psychometric properties (i.e., validity, reliability) of the assessment?
What is the purpose of this assessment?
What procedures were used to plan, prepare, collect, and/or summarize the assessment information?

Provide an example of appropriate use of the assessment results in program planning/monitoring for this child or youth. Why would this be an appropriate example?

Were there any limitations you observed during the assessment observation?

Was there anything you would have done differently if you were the service provider administering this assessment?

Appendix J9

Intervention Reflection Template

Trainee Name:

Intervention Date:

Intervention Provided:

Reflection Date:

Did the recipient of the intervention have ASD? Yes No

After implementing an intervention, answer the following questions.

What intervention was used? Why was this intervention chosen?
What is the evidence base that demonstrates effectiveness of this intervention?
How many children received the intervention, and what was the age range?
What data did you use as a baseline for this intervention? How did data inform this intervention?

What dosage of intervention was provided (i.e., what amount of intervention was provided)? Why was this dosage chosen?

What was the intended outcome for providing this intervention (i.e., what did you want the child to learn)? How did you plan for generalization of this outcome across different settings and routines (e.g., home, community)? What behavior is being addressed?

How did you plan for position needs, environmental modifications, or other support strategies?

How was family engagement planned for and implemented throughout the intervention? How could family participation be improved?

What challenges did you experience while providing this intervention? What might you do different in the future?

How does this intervention experience inform your practice?

Appendix J10

Family Match Reflection Template

Trainee Name:

Visit Date:

Activity:

Reflection Date:

Expectations Regarding Confidentiality

Family information must be kept confidential. Do not include any identifiable information, such as names or the town of your families in your submitted work (change names or use initials). If you use pseudonyms (i.e., different names), that must be clearly stated.

Respond to the following questions based on the activity you attended/observed.

Describe the activity you observed. How did you decide the activity?

--

What family strengths did you observe?

--

Describe formal/informal supports.

--

Describe the challenges you observed or articulated by the family and if shared, what the family did/is doing to overcome them.

--

What did you observe about opportunities for meaningful participation of all family members?

--

How did this visit influence your views on inclusion, disability, or families?

--

Based on this observation what would a “good life” look like for this child/youth/young adult?

--

How does this life differ from any other child/youth/young adult?

--

Appendix J11

Event Reflection Template

Trainee Name:
Event Title:
Event Presenter:
Event Date:
Reflection Date:

Briefly respond to the following questions based on the event.

Why were you interested in this event?
Which MCH Leadership and LEND program competencies were specifically addressed in the event you participated in? Explain how the information provided in the event related to each of the competencies.
Explain how the information provided in the event relates to your current role as a LEND Trainee.
Explain how you will use the information provided in the event in your future career.

Appendix J12

Webinar Reflection Template

Trainee Name:

Webinar Title:

Webinar Presenter:

Webinar Date:

Reflection Date:

Briefly respond to the following questions based on the webinar.

Why were you interested in this webinar?
Which MCH Leadership and LEND program competencies were specifically addressed in the webinar you participated in? Explain how the information provided in the webinar related to each of the competencies.
Explain how the information provided in the webinar related to your current role as a LEND Trainee.
Explain how you will use the information provided in the webinar in your future career.