



OSPA TODAY

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OSPA Membership Update

Kendra Kim, Membership Chair

Happy Fall, Members and Friends! This last year has been an exciting one for the Oklahoma School Psychological Association! As a profession, we are continuing to grow, and the school psychologist's role is ever-expanding.

Throughout this process of change, OSPA has been here to guide and support you by offering conferences over topics that are relevant to your daily practice. Not only that, but the time spent at those conferences is applicable towards your required continuing professional development hours.

Please join us on November 18, 2011 for our conference this fall! To get the reduced rate, don't forget to renew your membership *before* the Fall Conference. Just visit the OSPA website at www.ospaweb.org. The 2011-12 rates are as follows:

<i>Conference Rates</i>	<i>Membership for OSPA</i>
Non-Member: \$150	Regular: \$60
Member: \$90	Student: \$30
Student: \$60	



Break Away... Take Away!

November 18 — Fall Conference Schedule
Francis Tuttle Technology Center, Reno Campus

Registration & Breakfast*:	7:30-8:00
Opening General Session:	8:00-8:30
Break Away #1:	8:30-10:30
Break Away #2:	10:30-11:30
Lunch/Food Bank Speaker**	11:30-12:30
Break Away #2, Cont'd.:	12:30-1:30
Break Away #3:	1:30-3:30
Closing General Session***:	3:30-4:00

**Continental Breakfast catered by Panera Bread*
***Pasta lunch catered by Zio's Italian Kitchen*
****Afternoon refreshment catered by Panera Bread*

SPAN Update—Summaries of Sessions Attended at the NASP 2011 Annual Convention in San Francisco

Kathy Quick, SPAN Coordinator

“A Comprehensive Approach to Early Childhood Assessment and Intervention” by Kelly-Vance, L., Ryalls, B.O., & Dempsey, J. University of Nebraska at Omaha

One of the most interesting sessions at the 2011 NASP convention described a comprehensive approach to early childhood assessment and intervention presented by three individuals representing the University of Nebraska at Omaha. The presenters described a method of structured observation of play to obtain information about:

- levels of play (exploratory play, simple pretend play, complex pretend play),
- level of facilitation needed,
- social behaviors (initiation, following, partnerships, cooperation)
- language & communication skills
- gross and fine motor skills,
- problem-solving skills and planning, discrimination/classification skills, quantification skills, drawing skills, and sequencing abilities
- the child's personal interests

For the purpose of coding, the presenters recommended multiple observations (30+ minutes duration) be made of a child at play. Those observations (or lack thereof) should then be validated through follow-up interview with the teacher. As a result of this play-based assessment, determinations can be made regarding competencies/strengths (age-appropriate skills), reported skills (teacher reports age-appropriate skills but skills not observed), emerging skills (rarely observed or only with facilitation), and areas of need (skills not observed or reported). Specific interventions can then be utilized to teach new skills or increase the use of emerging skills. Additional information is available on their website: www.unomaha.edu/schoolpsych/playresources.php

“The Impact of Medical Conditions on Learning and Behavior” Elaine Fletcher-Janzen, Ed.D., NCSPE

This workshop described the impact of pediatric chronic illness (e.g., diabetes, epilepsy, asthma), discussed the role of the school psychologist in assessment and intervention associated with medical conditions in the public schools, and presented best practices to maximize quality of life and academic success for students with chronic illness.

After discussing the co-morbidity of chronic illness and low socioeconomic status as well as the implications for educational programming, the presenter identified the neurological effects of chronic illness. The school psychologist plays a significant role in determining the appropriate support services to be provided to a child who is experiencing chronic illness.

Specifically, the school psychologist can (1) obtain baseline and progress-monitoring data (regarding general cognitive functioning, academic and adaptive skills, behavioral/psychological functioning); (2) contribute to documentation of medical history, current treatments, and successful response strategies; (3) assist with the development of tools for use by the teacher to document the child's classroom functioning; (4) contribute to the development of appropriate accommodation and response plans; (5) provide follow-up monitoring of the child's emotional adjustment to living with a chronic disorder; and (6) help the family connect with community resources.

Although the focus of the presentation was on the support needed by children and families with chronic illnesses, the strategies would be appropriate for use with children who experience low-incidence disorders.

Questions or Comments or Feedback? Please contact Karen Farmer: farmwifek20@yahoo.com