

siskin

●●●● children's institute

education • outreach • health care • research

2009-2010 Evaluation Report



education

outreach

health care

research

Making life better for children of all abilities and their families



Located in Chattanooga, Tennessee, Siskin Children's Institute achieves its mission through education and outreach programs, pediatric healthcare services and ongoing research in the field of disabilities.

Siskin Early Learning Centers provide a quality preschool education to young children with and without disabilities, including children with developmental delays, cerebral palsy and autism spectrum conditions. All children learn and play side-by-side in an environment that celebrates the accomplishments of every child.

Siskin outreach services provide disability information to families, college students and professionals through a dynamic array of programs that weave through the Institute's other areas of focus. Outreach services offer a lending library, family support, and training and consultation services for professionals in fields related to early childhood development.

The Siskin Children's Institute-T.C. Thompson Children's Hospital Center for Developmental Behavioral Pediatrics is a regional developmental and behavioral pediatric center with a board certified developmental behavioral pediatrician. Children are referred to the center for assessment, diagnosis and treatment, including physical, occupational, physical and other therapies as well as psychological assessment and counseling.

The Siskin Center for Child and Family Research keeps the Institute on the cutting edge of best practices related to the functioning of children of all abilities, the care giving by adults and the interventions by professionals. Three Ph.D.-level researchers conduct studies related to topics including child engagement, early intervention, video self-modeling and teaching techniques. The center's efforts are led by two Endowed Chairs of Research, Robin McWilliam and Tom Buggey, and Research Scientist Amy Casey.

Visit us at www.siskin.org.



TABLE OF CONTENTS

A Letter from Institute President and CEO Jerry Jensen	3
Institute Overview	4
Our Impact with Children	6
Our Impact with Families	10
Our Impact with Professionals	14

VISIT OUR WEBSITE FOR MORE INFORMATION

Current Institute Outcomes

www.siskin.org/impact

Siskin Early Learning Centers

www.siskin.org/education

Siskin Outreach Services

www.siskin.org/outreach

The Center for Developmental Behavioral Pediatrics

www.siskin.org/pediatrics

Siskin Center for Child and Family Research

www.siskin.org/research

A Letter from Institute President and CEO Jerry Jensen



Siskin Children's Institute has a 60-year history of making life better for those in need. The historical anecdotes from those who have been helped – and those who have served as helpers – are truly inspirational and give us insight into the impact our founders and the organization have had on thousands in our community.



But a modern organization also must demonstrate its worth through data-driven methods. Our programs and services have grown in size and complexity, and so has our need for reliable information from which to plan, execute and measure our work. Leaders of the Institute recognized this need several years ago and began implementing a process to collect and analyze information. That effort has resulted in meaningful data from which to make strategic decisions, demonstrate how we are achieving our mission, continuously improve our programs, and confirm for our supporters that what we do each day is making a difference in the lives of children and their families.

The following pages provide an overview of our outcomes for the 2009-2010 fiscal year. For this report to be possible, a vast volume of data from dozens of sources must be collected, organized and analyzed. Therefore, more detailed information is available for those who are interested in a specific topic or area.

As our outcomes program matures, you can expect to see our information mature as well. In this report, we note areas in which we are challenged by current limitations, sometimes only allowing us to tell part of the story. As the outcomes program evolves, we will overcome many of these challenges, we will have historical data to compare with current results, and we will have the ability to delve deeper into our program analysis. The mechanics behind our outcomes program will evolve as well, making real-time analysis— and therefore our ability to make timely decisions regarding our priorities and areas of improvement—possible.

Although the science of proving our effectiveness is essential, we must not forget that the faces behind the numbers are what drive our organization. It's the story of a child who can speak because of a dedicated teacher, the family whose hope has been restored about their child's future, and the knowledge an education or healthcare professional learns and shares with countless others that are the true successes we should celebrate. You can read some of these stories on our website at www.siskin.org/familystories.

On behalf of the children and families we serve, thank you for your interest in and support of the Institute.

A handwritten signature in black ink that reads "Jerry Jensen". The signature is written in a cursive, flowing style.

This section highlights accomplishments of the overall organization and explains how these accomplishments help us achieve our mission.

**Educated
334
Children**

Goal: Young children have the skills needed to reach their full potential.

Children who attended one of our early learning centers all year made excellent progress in key indicators of development: independence, social skills and acquisition of knowledge and skills. In 2010-2011, we also will begin measuring their level of engagement. Independence, social relationships and engagement are the cornerstones of the Engagement Classroom Model, which was implemented fully this year.

Key Findings – Creative Curriculum Results*

- 91% of children showed progress in measures of independence
- 85% of children showed progress related to social skills
- 82% of children showed progress related to acquiring knowledge & skills

*100% of children showed progress in at least one Creative Curriculum domain. Children had to have at least 75% of all checklist items complete on BOTH the Fall and the Spring assessments to be included in the results. Therefore, in the first year of implementation, these results include 45% of all children from both locations. Procedures are in place to include 100% of all children that attend the Early Learning Centers in 2010-2011.

**Treated
614
Patients**

Goal: The development of children and adolescents with developmental and behavioral conditions is maximized through high-quality developmental and behavioral health care.

Patients came from 122 communities in six states (Tennessee, Georgia, Alabama, North Carolina, Louisiana and Wyoming) to visit our developmental behavioral pediatrician, our nurse practitioner, our psychologist and our therapists (PT, OT, SLP). The pediatric center is in high demand, with an eight-month wait time to see the pediatrician. In 2010-2011, the center will add an additional pediatrician to decrease this wait time and to diagnose patients as young as possible.



Total patients by state - 2009-2010

**Supported
1,266
Families**

Goal: Families have the knowledge and emotional support to raise their children effectively.

Families were supported through the early learning centers (300 families), the outreach and resource center (349 families) and the developmental behavioral pediatric center (614 families). Families that attended training sessions gained knowledge and understanding they were able to use with their children, and most families told us they were satisfied with individual support they received. In 2010-2011, the early learning centers will increase the quality and quantity of communication between teaching staff and families, and the research center will measure the quality of life for families it serves through the Home- and Community-Based Early Intervention program (HCBEI) and the ESCALATE program (focusing on children with autism and their families).

Key Findings

- 79% of families felt satisfied with the support services they received
- 83% of families increased their knowledge through training sessions
- 89% of those families used the knowledge gained with their children at home

(*Measures of family support continue to evolve as we discover more meaningful ways to measure our impact with families.)

The Institute - Impact Overview

**Served
5,371
Professionals**

Goal: Professionals and decision-makers have evidence-based knowledge to serve young children effectively.

Professionals from around the region, the country and the world interacted with the Institute through workshops, lectures, one-on-one consultations, requests for information and internships. In this way, the Institute acts as a conduit for knowledge and information that is passed on to the children and families served by those professionals.

Key Findings

- 83% of workshop attendees showed an increase in knowledge
- 93% of those attendees said they were able to use their new knowledge in their work with children and families
- 252 pre-professionals interned at the Institute

**8 Research
Studies
Completed or
in Progress**

Goal: The fields of early intervention and early childhood special education are advanced through high-quality applied research.

Eight research studies were completed or were in progress through our research center in 2009-2010. *(For more information about the research studies, please see our website (www.siskin.org) or contact the research center at 648-1792)*

Completed studies

- Receipt of feedback as a predictor of teachers' use of recommended practices
- Effect of chewy tubes
- Effects of weighted vests
- Facilitating social interactions with 3 year-olds with autism using Video Self-Modeling
- Feedback to increase teachers' use of incidental teaching

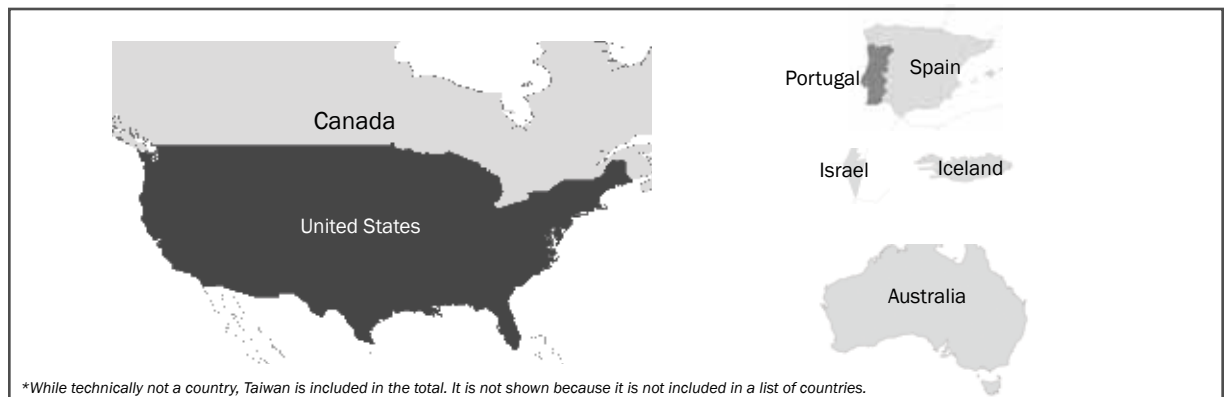
Studies in progress (as of June 30, 2010)

- TEIDS-Plus: Integrating quality assurance and data-based decision-making to IFSP quality, implementation, and child and family outcomes.
- Engagement with the WIEZ (Wheelies Independent Engagement Zone)
- ClaMEISR (Classroom Measure of Engagement, Independence and Social Relationships) Study

**Encounters in
8 countries and
45 U.S. states**

Vision: Siskin Children's Institute will lead the fields of early childhood development and special education to help build an inclusive society for children of all abilities.

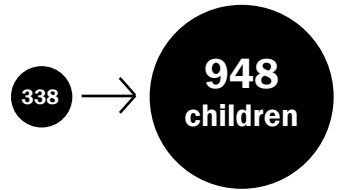
In 2009-2010, the Institute had encounters with people from eight countries* and 45 U.S. states. Encounters are defined as any activity our four centers engaged in with professionals, families or children.



Introduction

Serving children is the heart of our mission to improve the quality of life for all children. We almost tripled the number of children we were able to serve in 2009-2010 with the grand opening of the region's only comprehensive developmental behavioral pediatric center.

Increase in children served from 2008-2009 to 2009-2010



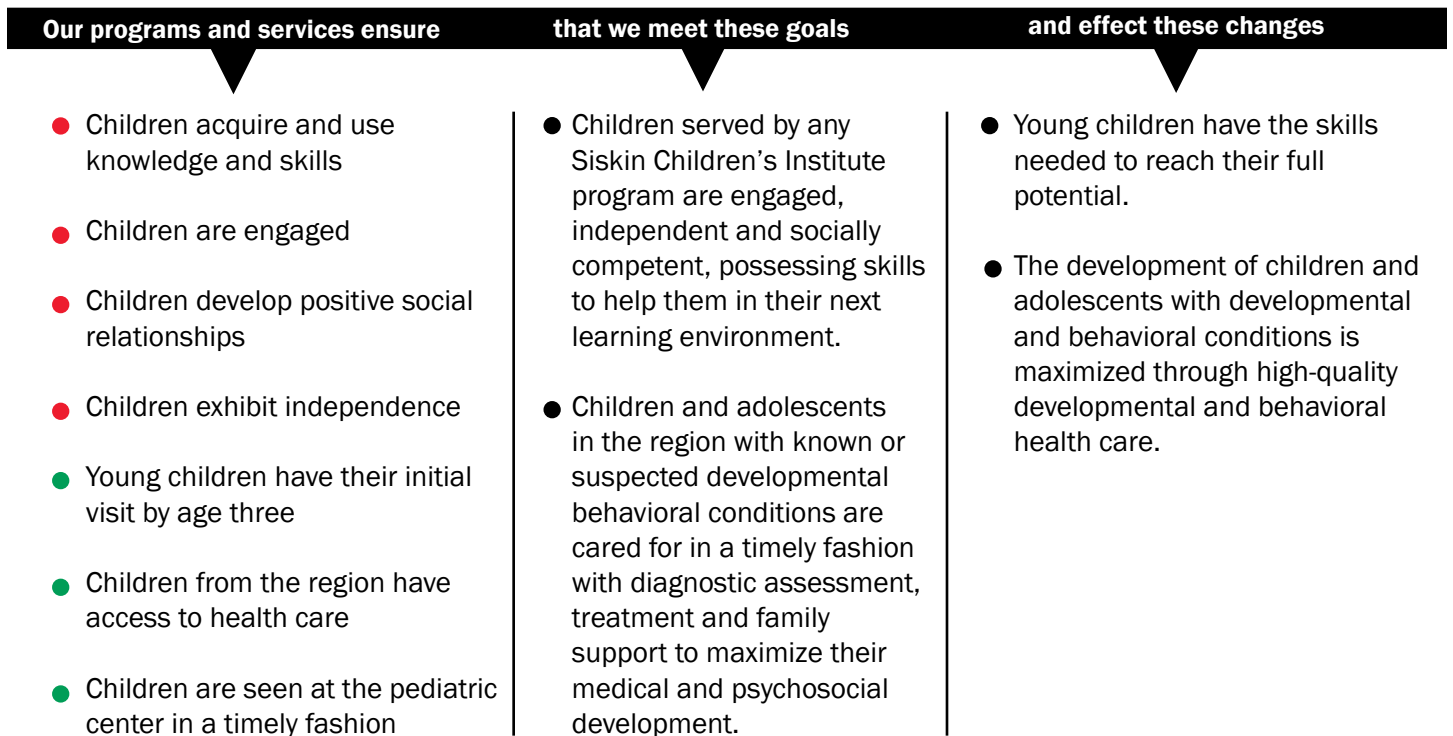
The demand for services through the early learning centers and the pediatric center continues to grow, as evidenced by the number of children on the waiting list for the early learning centers and the wait time for an initial appointment at the pediatric center.

It is our responsibility as an organization to make sure that young children have the skills needed to reach their full potential, and that the development of children and adolescents with developmental and behavioral conditions is maximized through high-quality developmental behavioral health care. To realize this impact, the early learning centers and the pediatric center developed outcomes that directly relate to the ultimate desired impact.

Plans for 2010-2011

The pediatric center is addressing its lengthy wait time by hiring another pediatrician in 2010-2011. The goal is to reduce the wait time for an initial visit to four months.

Steps to Achieving Impact with Children



Our Impact with Children

Building a Strong Foundation

The early learning centers know what it takes to build a strong foundation for early learning success. The centers exemplify best practices in early childhood education, provide extensive professional development and one-on-one coaching for teaching staff, and use research-based methods and practices in the classroom.

Quality Program



3 - Star Rating

Star-Quality recognizes childcare providers who meet a higher standard of quality. Once qualified for this program, a provider can receive one, two or three stars. Each star shows that the provider meets increasingly higher standards.



Families rely on NAEYC Accreditation to ensure the quality of education and care provided in programs for young children. NAEYC Accreditation is the mark of quality that helps families find the best possible early childhood experience.

Teaching Staff Education

Eighty-three percent of teachers and teaching partners have at least a Child Development Associate degree.

Both early learning center locations received the highest rating possible from the state of Tennessee's annual, voluntary childcare rating program.

The downtown location also received accreditation from one of the nation's most respected early childhood education organizations—the National Association for the Education of Young Children.

All teaching staff receive more than 50 hours of professional development per year, plus additional training and coaching on the components of our research-based Engagement Classroom Model. The primary components of the Engagement Classroom Model are incidental teaching, integrated therapy and zone-defense scheduling. Two of these three components (incidental teaching and integrated therapy) were implemented at both locations in 2009-2010.

The first year of model implementation brought many challenges. Teaching staff and classroom therapists learned and began practicing new concepts; classroom coaches learned how to provide feedback to teaching staff and therapists; and administrative staff created and refined information systems to manage the new data.

The feedback system for teaching staff and therapists allows the early learning center to monitor its implementation of the Engagement Classroom Model. Classroom coaches complete checklists that provide regular feedback to teaching staff and therapists about their implementation of the model. This feedback allows staff to learn from their mistakes, fostering continuous improvement.

The early learning centers set a goal for 100% of all teaching staff and therapists to get at least 85% of all implementation checklist items correct throughout the year. In 2009-2010, this goal was not achieved. However, it is important to recognize that progress was made throughout the year as everyone successfully overcame the challenges presented by the first year of implementation.

Model Elements

Incidental Teaching

Incidental teaching embeds learning in play, routines and interest areas rather than isolating the learning of academic skills in stand-alone sessions.

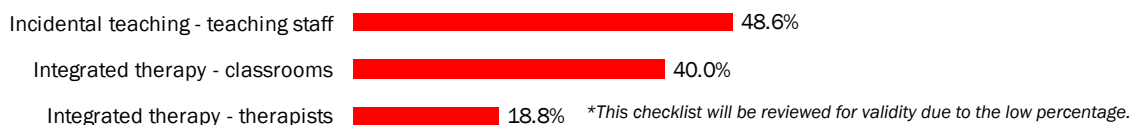
Integrated Therapy

Research has shown that children younger than age five make more developmental progress when therapy services are "integrated" into ongoing classroom routines versus one-on-one "pull-out" sessions with a therapist.

Zone Defense Scheduling

(coming in 2010-2011)
In the preschool classroom, the Zone Defense Schedule (ZDS) is a way of organizing the staff during activities and transitions to new activities as a way of maximizing child engagement.

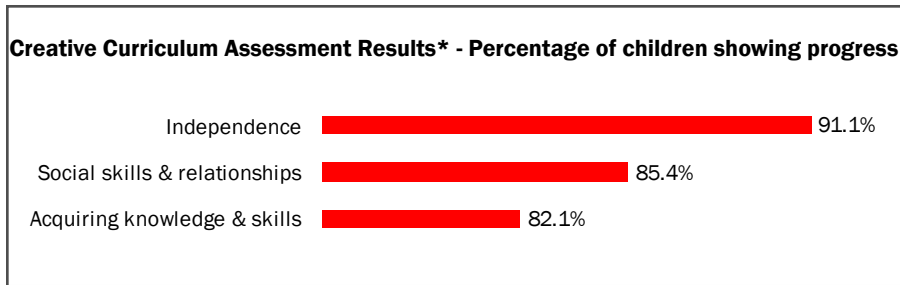
Engagement Classroom Model Implementation - Percentage of staff with at least 85% of checklist items correct in 2009-2010



Education Results

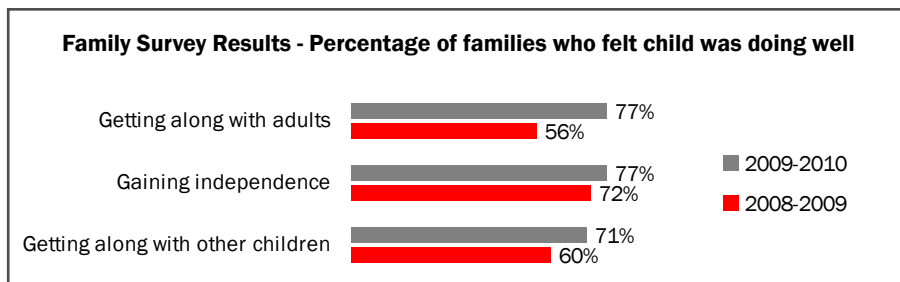
We believe children who acquire knowledge and skills, improve their social skills and achieve an appropriate level of independence in early childhood are better prepared for their next learning environment, are more likely to be successful in school, and are more likely to graduate from high school.

Results show our children made excellent progress in our outcome domains that relate to our educational curriculum. Creative Curriculum assessments are completed in the Fall, Winter and Spring. This is the first year assessments were mandatory.



*100% of children showed progress in at least one Creative Curriculum domain. Children had to have at least 75% of all checklist items complete on BOTH the Fall and the Spring assessments to be included in the results. Therefore, in the first year of implementation, these results include 45% of all children from both locations. Procedures are in place to include 100% of all children that attend the Early Learning Centers in 2010-2011.

A greater percentage of families felt their child was doing well in social relationships and independence in 2009-2010 than they did in 2008-2009, but we did not reach our goal of 80%. Families were asked to rate how well their child was doing in these areas using a five-point scale that ranged from "poor" to "excellent." The results include those responses that were rated as "good" or "excellent."



Creative Curriculum assessment results show a greater percentage of children progressed in independence and social relationships than is reported by families. Why? Children of families who took the survey may not be the same group of children who were included in the Creative Curriculum assessment. Families may not define independence and social relationships in the same way as the curriculum assessment. Or, children may not exhibit the same behaviors at home as they do at school.

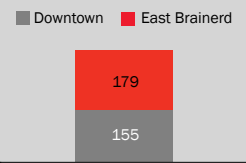
*If you would like to know more about the Creative Curriculum assessment or the family survey, please contact Teletha McJunkin at teletha.mcjunkin@siskin.org OR 423-648-1762.

Coming in 2010-2011 - Additional Measures of Progress

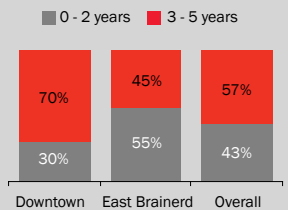
Many new measures will be added for children in 2010-2011. The Early Learning Centers will add measures of engagement, developmental age progress, individual goal progress and an additional measure of progress for children with special needs.

Child Demographics at the Early Learning Centers

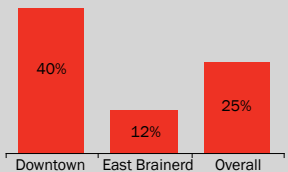
Total Children at Each Location



Age of Children at Each Location



Percentage of Children with a Disability



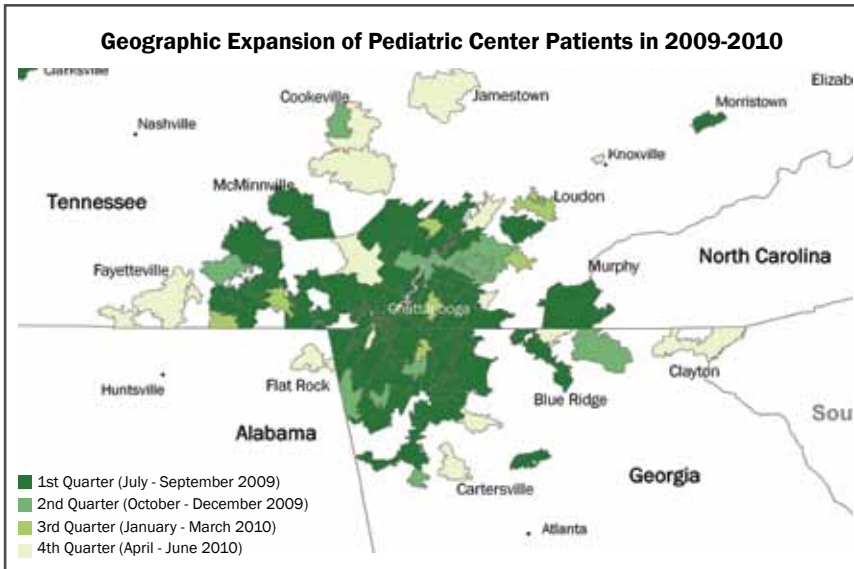
Types of Disabilities*

- Speech/Language - 61.9%
- Autism Spectrum - 27.4%
- Autism Suspected - 21.4%
- Vision Impairment - 20.2%
- Movement Disorder - 20.2%
- Genetic Disorder - 19.0%
- Brain Injury - 14.3%
- Down Syndrome - 13.1%
- Seizure Disorder - 9.5%
- Premature - 9.5%
- Challenging Behaviors - 9.5%

*Many children have more than one disability. Therefore, there is some overlap.

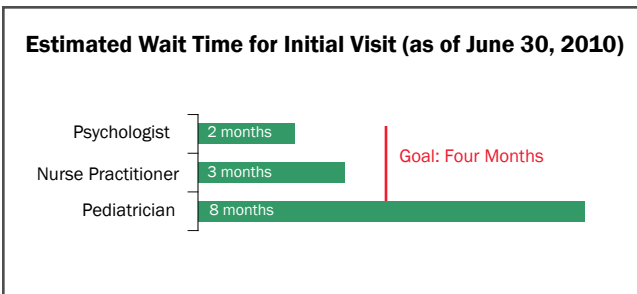
Treating Children and Adolescents

We believe the medical and psychosocial development of children and adolescents with known or suspected developmental behavioral conditions is maximized when they are cared for in a timely fashion with diagnostic assessment, therapeutic treatment and family support.

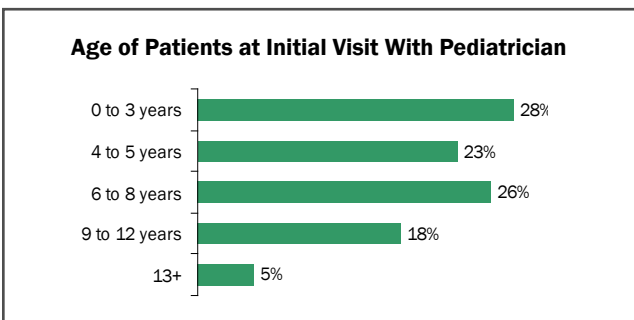


Children with special needs have better health outcomes when they are diagnosed and begin treatment at a young age. Before the pediatric center opened, families from the region had to travel long distances to get the care their children needed – if they could afford it. This often delayed their child’s diagnosis and treatment and could result in less than optimal health outcomes.

The demand for our services was high in the first full year of operation. Our practitioners had the opportunity to treat 614 children, adolescents and their families from 122 communities in six states: Tennessee, Georgia, Alabama, North Carolina, Louisiana and Wyoming. These patients had a total of 3,805 visits. The map to the left shows how the practice expanded its reach into the region throughout the year.



The pediatric center is committed to seeing children in a timely fashion to give them a diagnosis and to begin treatment as soon as possible. This means decreasing the amount of time families have to wait for an appointment. The wait time to see the pediatrician was eight months at the end of 2009-2010. The center is hiring an additional pediatrician in 2010-2011 to bring this wait time down to a goal of four months. The wait times for an initial visit to the nurse practitioner and the psychologist were better than the stated goal at the end of 2009-2010.



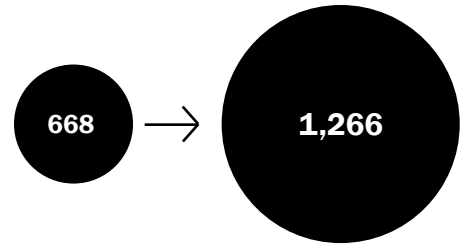
Diagnosis at a young age is as important as seeing children in a timely fashion. Ideally, young children should have their initial visit by age three or as soon as a developmental or behavioral problem is suspected.

Seventy-two percent of all children seen on their initial visit in 2009-2010 were older than three. We expect the percentage of children three and younger to increase as the pediatric center becomes more established and we are able to educate physicians and the public about the benefits of early diagnosis. Many older children from the region are only now being diagnosed, presumably because they have never had access to a developmental behavioral pediatrician.

Introduction

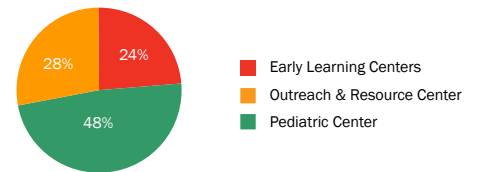
We believe that families who are knowledgeable about their child's development and confident of their ability to parent are better able to raise their children effectively. We had the opportunity to offer knowledge and support to almost twice as many families this year due to the opening of the pediatric center. We offered knowledge or support to 1,266 families through one-on-one consultations; information and resources about their child's development or disability, social support events and training opportunities.

Increase in families served from 2008-2009 to 2009-2010



Families Served-by Center

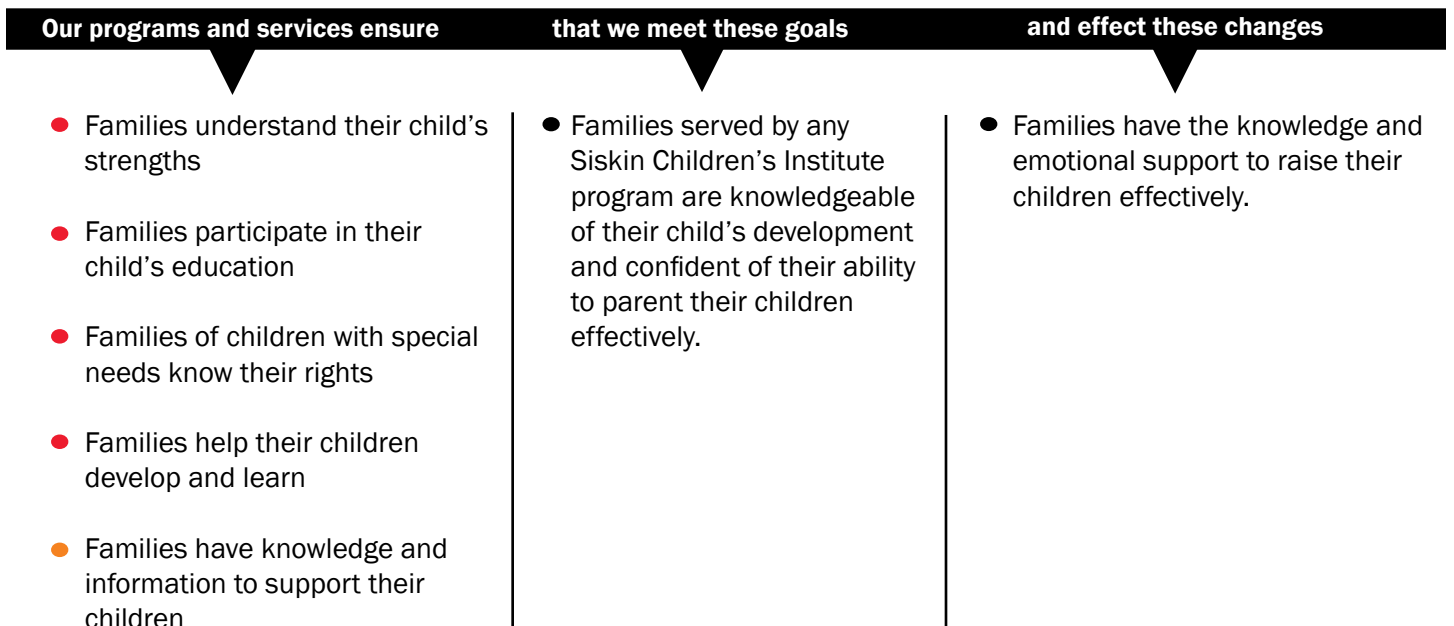
The early learning centers offered support to 303 families in the form of information and resources related to the development of each family's child and by hosting family events throughout the year. The pediatric center supported 614 families by helping them understand their child's disability and by referring them to our outreach and resource center for more information. The outreach and resource center supported 349 families by offering a variety of resources including one-on-one consultations, social support events, comprehensive library resources, and workshops.



Impact

We are responsible for ensuring the families we serve have the knowledge and emotional support to raise their children effectively. To realize this impact, the early learning centers and the outreach and resource center developed outcomes that directly relate to our ultimate desired impact for the families we serve.*

Steps to Achieving Impact with Families



*The pediatric center will define outcomes for families soon. In their first year of operation, they only counted the number of families served. The research center has defined outcomes for families, which will be measured in 2010-2011.

Our Impact with Families

Reaching out to families

We know there is a direct relationship between the quality of life for families and the quality of life for their children. The Institute is committed to offering meaningful, relevant support for the families we serve through all of our centers. Our efforts continuously evolve as we learn more about the needs of the families we serve.

Engaging Families

Challenges to Engaging Families

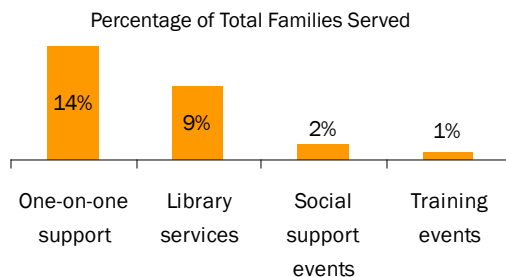
- Family work schedules
- Child care issues
- Lack of interest in our events and workshops
- Not enough time to interact with teaching staff
- Lack of knowledge about what families want and need
- Competition with vast amounts of information available to families on the Internet

Engaging families in a meaningful way is challenging. Our programmatic strategies continue to improve as we learn more about what our families want. In 2008-2009, we identified many of the challenges related to engaging families. We implemented a variety of strategies to address those challenges in 2009-2010, such as creating events and workshops based on family input; changing the school schedule to accommodate family work schedules; offering child care during workshops; scheduling events at different times; and developing plans to offer more information and resources on the Internet.

Greater Participation

Participation levels varied widely based on the type of family involvement opportunity offered. Opportunities that were required (such as family involvement hours) or that were directly related to a family's child (such as family-teacher conferences or pediatric center visits) had high levels of engagement and participation.

Less Participation



Opportunities that were voluntary had much lower participation by families. Families who participated in training events, attended social support events, used library resources or participated in one-on-one consultations represented a small percentage of families served. They also were more likely to have a child with a disability versus a child without a disability.

A **notable exception** is found at the East Brainerd early learning center location, where Siskin Family Association participation (80% of families) is much higher than that of the downtown location (30% of families).

We have just begun to fully understand how we can support families in relevant ways. 2009-2010 results reveal many ways we can continue to improve our strategies.

Things We Need to Know in 2010-2011

- Do families already have a robust, external support system (with the implication they do not need a lot of support from us)?
- What are the needs of families with children who do NOT have disabilities?
- Can we build strategies around our "captive audiences" in the classrooms and pediatric center?
- How can we improve our information systems to capture family support activities and participation?
- How can we better define "family participation" to get more meaningful data?

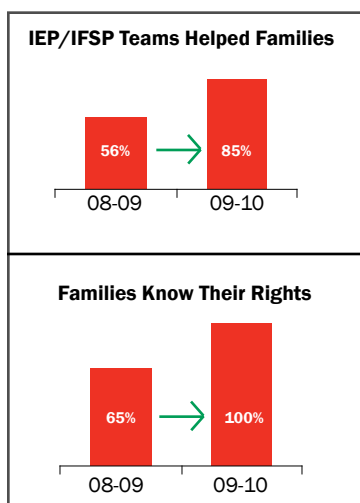


Results for Families

Success in achieving our goals related to families was mixed. We experienced success, but we also identified many areas for improvement. These results provide a realistic assessment of where we are and where we need to go. Measuring our impact with families evolves every year based on the previous year's results. This was the baseline year for many of the results, which gives us information for program planning in 2010-2011.

Strengths

Working with Families of Children with Special Needs



Early learning center staff did an excellent job working with our families who have children with special needs. When a family understands their child's disability, they can express high but realistic expectations for their achievement. Eighty-five percent of these families stated that their IFSP/IEP team helped their family understand their child's disability. Fifty-six percent of families stated this in 2008-2009.



Families of children with special needs must also know their legal rights to effectively advocate for their child. In 2009-2010, 100% of these families said they knew their legal rights. This was an improvement of 35 percentage points from 2008-2009, when 65% of families reported knowing their legal rights.

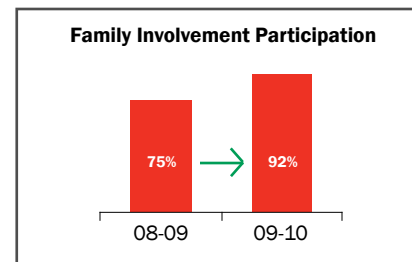
Providing Knowledge and Information to Families

Families who receive knowledge and information from training sessions are better able to support their child. Eighty-three percent of family workshop participants increased their knowledge. This is five percentage points lower than the previous year, but still meets the goal of 80%. Eighty-nine percent of participants said they were able to use that knowledge at home with their children — an excellent indicator of the usefulness of their knowledge gained.



Family Involvement at the Early Learning Centers

Family participation at the Early Learning Centers is one way we get to know families and have an opportunity to work together. Families are required to complete a specified amount of family involvement hours, and this year we improved from 75% to 92% of all families completing their hours.



Our Impact with Families

Opportunities for Improvement

Communication between Teaching Staff and Families

All families say they are satisfied overall with the early learning centers (100% agreed or strongly agreed they were satisfied). However, when asked specific questions related to communication between teaching staff and families, many families felt there was room for improvement.

The most consistent predictors of academic achievement and social adjustment are family involvement and expectations. The more families know about how to help their child develop and learn, the better off that child will be. Two goals of the early learning centers are to *help families learn how to help their child* and to *help families learn ways to improve their child's behavior*.

Sixty percent of families felt like we did a “very good” or “excellent” job helping their family learn how to help their child grow and develop. Fifty-two percent felt like we did a “very good” or “excellent” job helping them learn ways to improve their child's behavior.

We did better this year communicating about their child's strengths and progress, but there is still room for improvement. Seventy-two percent of families said we did a “very good” or “excellent job” communicating about their child's progress. Seventy-one percent said the same thing about communication related to their child's strengths.

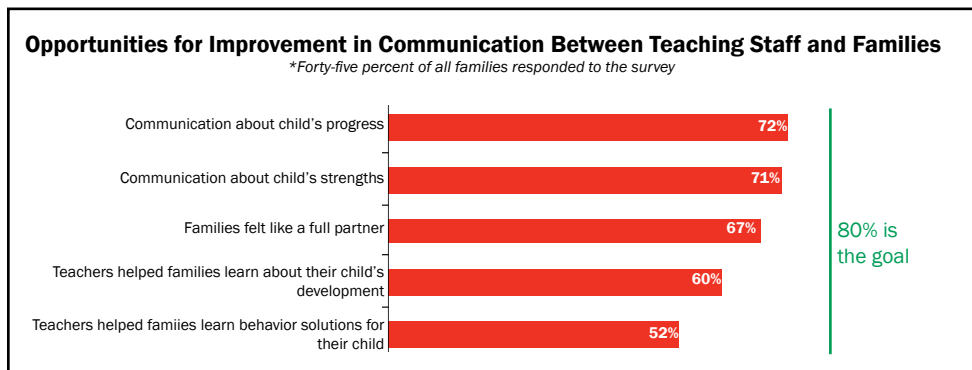
This is the first year we asked a question related to whether the family felt like a “full partner” in their child's education. Sixty-seven percent said they did. In 2010-2011 we will need to clarify the definition “full partner” so families can give a more informed answer.

In what areas can we improve?

- Helping families learn new ways they can help their child develop and learn
- Helping families learn ways to improve their child's behavior
- Communicating (more) to families about their child's progress
- Communicating (more) to families about their child's strengths
- Making sure families feel like a full partner in their child's education

Possible explanations for results

- Family definitions and expectations about communication may be different from those of the teaching staff
- Teaching staff were immersed in the first year of model implementation
- We may not have a solid understanding of what families need or want in these areas



Early Learning Center Response

The early learning centers are making improvements to address these results in 2010-2011. Information related to child development and behavior will be included in monthly newsletters; reports related to each child's engagement in the classroom will be discussed with families; children will be given developmental age assessments to help families understand more about their child's development; each child (with and without a disability) will have an individualized plan; and the researchers from the research center will present information about the classroom model to families at Siskin Family Association meetings.

Introduction

When professionals and decision makers have evidence-based knowledge, they can serve young children and their families more effectively. We are reaching an increasing number of professionals that work with young children and their families in our region, our country and beyond.

Professionals Served - by Center

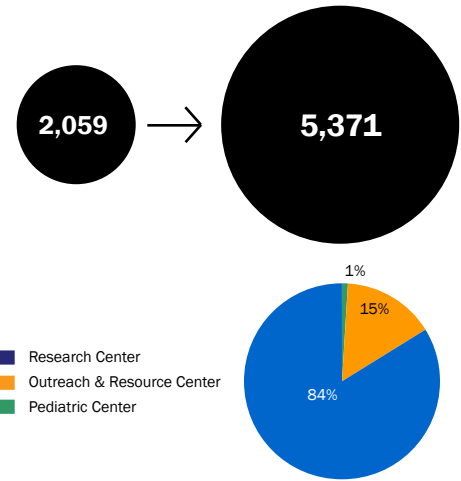
The pediatric center worked with 20 medical students and 10 medical residents in 2009-2010 for a total of 1,360 hours. In 2010-2011, they will expand their training to include nurse practitioner students, therapy students (PT, OT, SLP), nursing students and psychology students. They will also begin tracking the number of participants that attend lectures given by our medical staff. The outreach and resource center reached 593 professionals and 222 students through training sessions, professional support and access to library resources.

The research center impacted the most professionals in a variety of ways, and further influenced them by discovering and refining methods for working with children and families. The demand for their information and knowledge is evidenced by invitations to present their work and requests to integrate their methods into systems such as statewide early intervention programs.

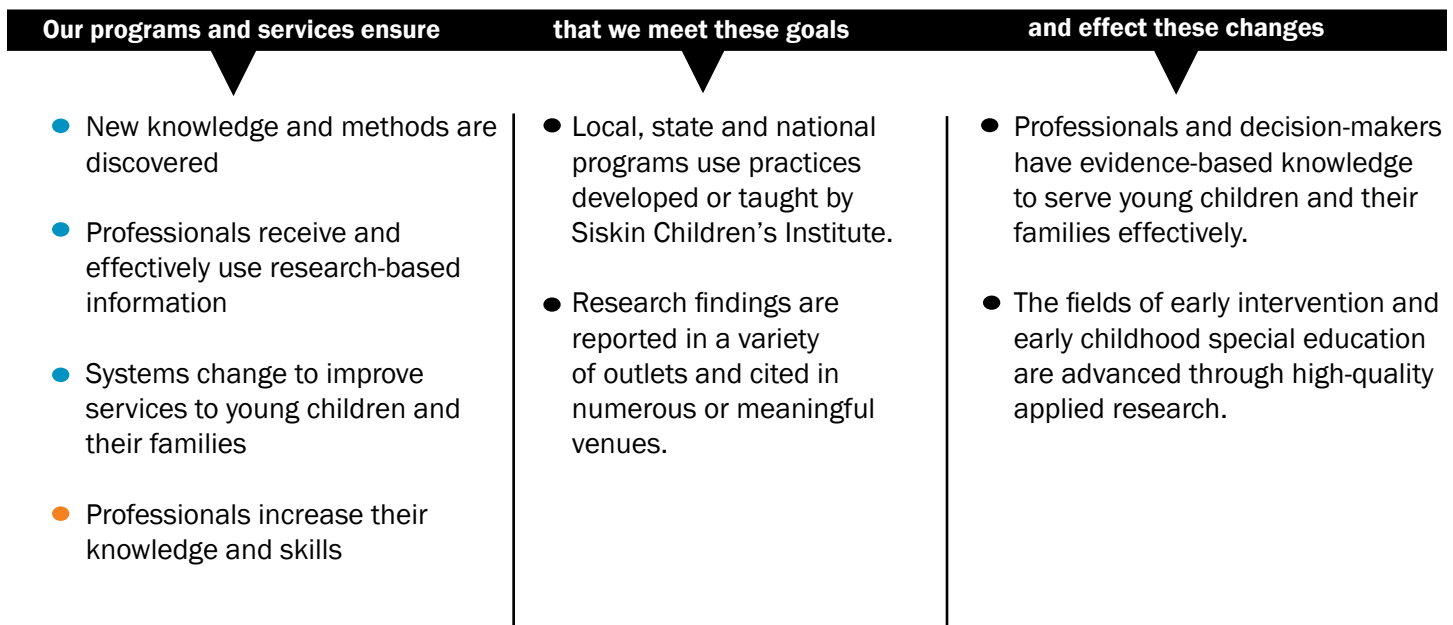
Impact

The Institute is committed to making sure professionals receive the knowledge they need to serve young children and families. To realize this impact, the research center and the outreach and resource center developed outcomes that directly relate to our ultimate, desired impact for the professionals we serve.*

Increase in professionals served from 2008-2009 to 2009-2010



Steps to Achieving Impact with Professionals

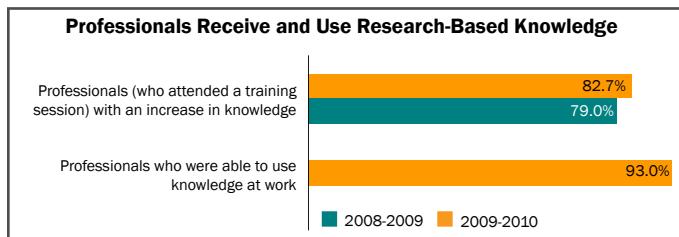


*The pediatric center has developed outcomes for professionals that will start being tracked in 2010-2011. They only tracked the number of professionals this year.

Direct Contact with Professionals

Almost 83% of the professionals who attended a training session showed an increase in knowledge. This exceeds the goal set by the outreach and resource center by 2.7%.

At the end of the year, we surveyed these same professionals and found that 93% of them were using the knowledge from the workshops in their work with children and families - an excellent indicator of the usefulness of the information learned.



Indirect Contact with Professionals

Discovering new methods of working with young children and their families advances the fields of early childhood education and early intervention, and is an indirect way of reaching professionals. As new methods are discovered, evidence-based knowledge can be passed on to professionals and decision makers to help them serve young children and their families more effectively.

We also impact professionals with our methodologies when they are integrated into the work systems of early childhood professionals, such as individual organizations, statewide programs or national programs.

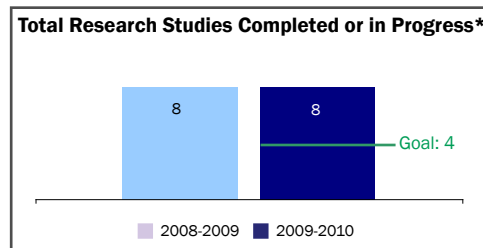
Discovering New Knowledge and Methods

Research Study Topics in 2009-2010*

- Incidental Teaching
- Feedback to Teachers
- Weighted Vests
- Video Self-Modeling
- Zone-Defense Scheduling
- Chewy Tubes
- Engagement, Independence and Social Relationships
- IFSP Quality

**If you would like more information about these studies, feel free to contact us, or check our website at www.siskin.org/research.*

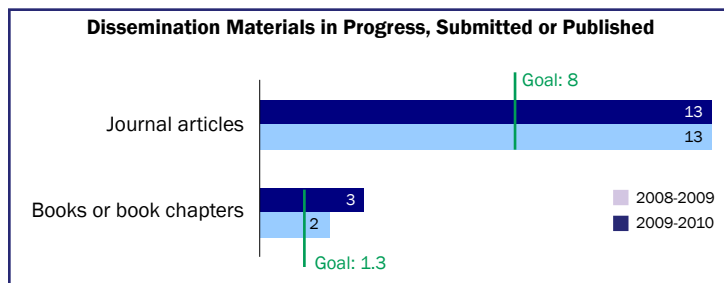
Our researchers discovered new knowledge and methods through eight research studies in 2009-2010. The results from these studies are used internally to help our teaching staff and early interventionists work with our children and families. Externally, the results contribute to the body of knowledge in early childhood education and early intervention, and are incorporated into training sessions with professionals.



**Some research studies are counted in both years*

Disseminating Knowledge and methods

Our research-based knowledge is disseminated to professionals via books, book chapters, journal articles, and DVDs. Our research team produced (or were in the process of producing) three books, one DVD and 13 journal articles in 2009-2010 - exceeding their goals in these productivity categories. Thirty-eight people from eight different countries, from as far away as Iceland and Taiwan, requested research-based materials from the Research Center.



Our Impact with Professionals

Integrating Methods Into Systems

Integration of our methods into a system such as a statewide program is a substantive indicator of the demand for our knowledge. With integration, we influence professionals we may not have reached in other ways.

Our methodologies and practices have been integrated into systems in Portugal, Western Australia, 22 U.S. states and U.S. Department of Defense bases in Europe, Asia and the United States.





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