



Colorado Child Identification System

for
Young Children
Birth to Five Years

Revised August 2008

Early Childhood Initiatives
Colorado Department of Education
201 East Colfax Avenue
Denver, Colorado 80203
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Colorado's Core Values

An effective child identification system

- focuses on positive relationships as the foundation for the process
- is responsive to family concerns, priorities and resources
- elicits and honors family participation and choices
- is child centered
- honors diversity
- utilizes a collaborative approach
- incorporates continuous quality improvement
- is a continuous and integrated process, not a single event

Vision

Colorado's children and families have access to the earliest possible identification and intervention services for developmental disabilities through a high quality and easily accessible system of early screening, assessment and referral.

Mission

- **To ensure that young children with developmental disabilities are identified and served as early as possible and to facilitate smooth and effective transitions between programs serving children birth to three and three to five years of age.**
- **To obtain valid and useful information about the child and family that will inform decisions about program eligibility and service planning, as well as day-to-day interactions between primary caregivers and the child.**
- **To provide information on child development as well as on local community resources that may be available to the family.**

A. INTERAGENCY COLLABORATION refers to the process of establishing a community-directed, interagency effort to locate, evaluate, and identify children birth through five years, who may be in need of community services and supports.

Effectiveness Indicator	S= strength E=emerging N=need	Resources Needed, Timelines. Person(s) Responsible	<input checked="" type="checkbox"/>
1. A community interagency coordinating council is established to develop a system for child identification and to oversee continuous quality improvement of the process.			
2. The interagency council, where appropriate, consolidates with other early childhood councils or boards in order to avoid membership duplication and to promote coordinated efforts in the community.			
3. The Local Education Agency (LEA) provides leadership to the council.			
<p>4. Council members include representatives from:</p> <ul style="list-style-type: none"> • Families • Early care and education (teachers and administrators) <ul style="list-style-type: none"> ▪ CPKP ▪ Head Start ▪ Special Education ▪ Child Care Centers ▪ Family Child Care • Organizations serving children with special needs and their families • Business community • Family organizations • Health care which may include <ul style="list-style-type: none"> ▪ Public Health ▪ Mental Health • Human services/social services • Community Centered Boards • Advocacy organizations • Programs serving families experiencing homelessness • Political community • Higher education • Recreational programs • Law enforcement or judicial system • County job services agency <p>Continue to work until each of these members has a voice on the council.</p>			
<p>5. The council develops procedures that promote active engagement and long term involvement of its members. For example:</p> <ul style="list-style-type: none"> • Members have administrative support from their agencies • Members are encouraged to commit for a specified period of time • New members receive orientation and mentorship • The council promotes shared leadership and decision making • Meetings are held at convenient 			

<ul style="list-style-type: none"> times and places • Child care is provided during meetings 			
6. The council has developed shared values, mission and goals.			
7. The roles and responsibilities of council members have been defined.			
8. The council has developed a process to: <ul style="list-style-type: none"> • Develop agreements between agencies • Eliminate duplication of services and supports • Efficiently use resources • Promote a community approach to coordination of services and supports 			
9. A plan for conflict resolution and problem solving has been developed.			
10. The council assures the implementation of a child identification system that is: <ul style="list-style-type: none"> • Comprehensive and coordinated • Responsive to children, families and the community • An ongoing proactive process • Available 12 months a year • Follows legal mandates 			
11. The council develops written procedures describing the child identification process that: <ul style="list-style-type: none"> • Are available in majority languages represented in the community • Assist with providing consistent information to families • Are family friendly • Include the development of common interagency forms • Include a coordinated system of resources and services 			
12. Strategies for the use of a coordinated information management system: <ul style="list-style-type: none"> • Have been developed • Are in operation 			
13. The information management system: <ul style="list-style-type: none"> • Is accessible to the total community • Assists with anticipating and planning for immediate community and future community needs • Provides quantitative and qualitative information • Assists with monitoring and tracking needs 			
14. An evaluation model has been designed to determine the effectiveness of the: <ul style="list-style-type: none"> • Interagency group • Total child identification process 			
15. The evaluation model has a means for: <ul style="list-style-type: none"> • Verifying that the child identification process is culturally non-biased • Comparing collected data with local 			

<p>demographic information</p> <ul style="list-style-type: none">• Assuring all appropriate referrals are being made• Identifying gaps in services and supports• Identifying duplication of services and supports			
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B. **PUBLIC AWARENESS** refers to the strategies used to plan and distribute information to the public for the purpose of creating local community awareness of the child identification process.

Effectiveness Indicators	S= strength E=emerging N=need	Resources Needed, Timelines, Person(s) Responsible	<input checked="" type="checkbox"/>
1. Public awareness activities are ongoing and sustained throughout year.			
2. Public awareness efforts: <ul style="list-style-type: none"> • Provide information about developmental milestones • State the purposes of the child identification process • Provide information about how to access the child identification process • Indicate that the identification process is at no cost to family 			
3. Public awareness efforts are coordinated with other identification efforts in the community, such as: <ul style="list-style-type: none"> • Public health • Community Centered Boards • Head Start • Early & Periodic Screening, Diagnosis and Treatment (EPSDT) • Local physicians and clinics • Public and private child care centers • The local early childhood council 			
4. A variety of strategies are used to reach families, providers, and the community at large. <ul style="list-style-type: none"> • The child find coordinator participates in local efforts with community partners • Messages tailored to address culturally diverse populations • Announcements and information are delivered through various media (TV, websites, newspapers, brochures, and other written materials) 			

<p>5. Public awareness efforts are used to inform the community about:</p> <ul style="list-style-type: none"> • All domains of child development • The referral process (including who to call) • Screenings • Family involvement • The value of early identification • Options for services and supports 			
<p>6. Public awareness information is readily accessible for families and the general public. This includes:</p> <ul style="list-style-type: none"> • Having materials in places which families frequent (religious institutions, child care, and preschool settings, health clinics, doctors' offices, etc.) • Choosing media compatible with community cultures 			
<p>7. There is a coordinated marketing effort with other entities serving children and families in order to minimize duplication and present a clear, consistent message about how to access the system.</p> <ul style="list-style-type: none"> • A common process of how families gain access to the system • A common procedure used once a family is referred • Common brochures, posters, flyers, etc. 			
<p>8. A yearly written marketing plan has been developed. The marketing plan includes:</p> <ul style="list-style-type: none"> • Outlines of the messages utilized • Method, frequency, and locations of information distribution • Quantity of materials to be produced and distributed • Coordination of an interagency focus • Strategies that are family friendly • Types of information distributed • Strategies that are flexible, creative, and diverse • Strategies to reach culturally diverse populations 			

<ul style="list-style-type: none"> • Plans for personal contacts with community agencies by child find coordinator 			
<p>9. An evaluation procedure has been developed to determine the effectiveness of the marketing plan which will feed into the overall evaluation of the child identification process. At a minimum, the procedure evaluates:</p> <ul style="list-style-type: none"> • Community use of the child identification process • Success or needed changes in marketing strategies, supported by data collected 			

C. Referral means the process of establishing methods for referring to and from screening, evaluation, and program assessment, AND informing the community at large of these procedures.

Effectiveness Indicator	S= strength E=emerging N=need	Resources Needed Timelines Person(s) Responsible	<input checked="" type="checkbox"/>
<p>1. A referral process that is accessible to all members of the community in order to facilitate early and timely identification has been developed. The referral process includes:</p> <ul style="list-style-type: none"> • Communication in written form in more than one language if needed to accommodate the community • Telephone messages reflect the languages of the community • Systems are in place to meet mandated timelines • Year round access • Access to a live person • Coordination among all referral sources 			
<p>2. The community is aware of and has access to written local referral procedures concerning the child identification process. The written referral procedures include:</p> <ul style="list-style-type: none"> • A description of ways to access the system • An outline of established procedures once a child is referred (e.g. a flow chart or other diagram) • A procedure for sharing of information and records while protecting privacy and confidentiality 			
<p>3. The local child identification process actively cultivates referrals from a variety of sources. This includes:</p> <ul style="list-style-type: none"> • Traditional referral sources <ul style="list-style-type: none"> ○ Families ○ Public health ○ Community Centered Boards ○ Head Start ○ Dept. of Social Services ○ Medical professionals ○ Child care facilities ○ Preschools ○ Other _____ • Non-traditional referral sources <ul style="list-style-type: none"> ○ Homeless shelters ○ Ethnic groups ○ Clergy 			

<ul style="list-style-type: none"> ○ Service organizations ○ Other _____ • Systematic personal contacts with community members who have frequent contact with targeted population 			
<p>4. The community referral procedure:</p> <ul style="list-style-type: none"> • Allows families to enter anywhere along the referral continuum • Reviews information and records provided by other sources to reduce duplication of service (previous screening, medical or educational diagnosis) 			
<p>5. Families are informed and understand their rights, responsibilities, and options before the process begins. This includes:</p> <ul style="list-style-type: none"> • Providing a clearly written and/or verbal explanation to the family in their native language or other mode of communication • An explanation of parent consent for evaluation • Providing families with an opportunity to examine records • Providing prior written notice concerning evaluation, placement of their child, and established timelines 			
<p>6. Upon agency receipt of referral information, family contact and scheduling for the next appropriate step takes place within two working days.</p> <ul style="list-style-type: none"> • Timeline for birth to 3 year olds is 45 calendar days for entire process; from date of initial referral to initial IFSP meeting • Timeline for 3-5 year olds is 60 calendar days; from date parental consent to evaluate was received to completion of the evaluation and up to 90 days to initial IEP development meeting 			
<p>7. A system for rechecks and on going monitoring for children who are referred but do not qualify and who are at risk has been developed.</p>			
<p>8. A circular (feedback and follow-up between agencies) and systematic procedure has been developed for</p>			

providing feedback to referral sources pertaining to the status of the family referred.			
<p>9. Staff or volunteers involved in the child identification system are familiar with :</p> <ul style="list-style-type: none"> • Local resource directories • Community services and supports • Specialized services and supports 			
10. For children ages birth to three years, the community has developed procedures to ensure that a service coordinator is assigned at the time of referral.			
<p>11. Coordination of services and supports for all families is facilitated by providing:</p> <ul style="list-style-type: none"> • Information and linkage to community resources • Information and linkage to parent to parent supports • Information about rights and entitlements of families • Opportunities to participate fully in decision making and in information gathering 			
12. Coordination of services and supports in the community is coordinated across agencies. For example: between the local community centered board, school districts, and public health offices.			
13. An information and data collection process has been developed to reflect the effectiveness of the community referral procedures which will feed into the overall evaluation of the child identification process.			
<p>14. Data collection includes:</p> <ul style="list-style-type: none"> • Number of referrals • Referral sources • Ethnicity • Age of child at time for referral • Reason for referral • Referral outcome • Documentation of follow-up activities • Other _____ 			

D. Screening refers to both a “general” screening , which is a rapid process for looking at a child’s growth and development for a variety of needs, and an “individualized screening”, which is conducted when someone has a concern about a child’s development in order to determine if further evaluation is needed.

Effectiveness Indicators	S= Strength E=Emerging N=Need	Resources Needed, Timelines Person(s) Responsible	<input checked="" type="checkbox"/>
<p>1. <i>General</i> screening in the community is an ongoing, proactive service for families that:</p> <ul style="list-style-type: none"> • Is year round • Allows for periodic follow-up screening • Is cost-effective • Involves interagency coordination 			
<p>2. <i>General</i> screening in the community incorporates various implementation strategies. These may include but not limited to:</p> <ul style="list-style-type: none"> • Screening information from multiple agencies (Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Head Start, Well Child Clinics, etc.) • Parent questionnaires or parent interviews • Developmental, social, and health records • Interagency screenings • Developmental screening as a part of a child's regular visit to a primary care physician • Preschool/child care screenings • Other _____ 			
<p>3. <i>Individualized</i> screening is conducted:</p> <ul style="list-style-type: none"> • To determine if a child is in need of further evaluation • When someone has a concern about one or more areas of development • When the results of a <i>general</i> screening warrant further evaluation 			
<p>4. Areas screened include:</p> <ul style="list-style-type: none"> • Cognition • Social/emotional • Communication • Self-help skills • Motor • Hearing • Vision • Brief birth/health/developmental history 			
<p>5. The screening process:</p> <ul style="list-style-type: none"> • Encourages and facilitates parent involvement 			

<ul style="list-style-type: none"> • Includes parent interview or information obtained from the parent • Is concise yet meaningful • Is comfortable for the child and family 			
<p>6. The screening process is sensitive to family needs by:</p> <ul style="list-style-type: none"> • Having screenings easily accessible to families (time, date, locations) • Making every attempt to make the process culturally non-biased • Encouraging parent to choose the extent of their participation • Providing immediate feedback to parents regarding screening results 			
<p>7. Individuals participating in the community screening process:</p> <ul style="list-style-type: none"> • Respect the family's background • Ensure minimum intrusiveness for the child and family when requesting information • View the parent as an important and active member of the screening team • Are proficient in the administration of the instruments used • Are comfortable interacting with the birth-to-three and/or three-to-five year old population • Have the ability to establish rapport with the child and parent while adapting the setting as needed • Have a working knowledge of the total screening process 			
<p>8. A screening process:</p> <ul style="list-style-type: none"> • Ensures minimum intrusiveness for the child and family when requesting information • Assures professionals: <ul style="list-style-type: none"> • Respect the family's background • View the parent as an important and active member of the screening team 			

<ul style="list-style-type: none"> • Discuss how the screening will take place including what roles the parent/professional team members will play • Are proficient in the administration of the instruments used • Are knowledgeable about early childhood development • Are licensed/certified in their area(s) of expertise 			
<p>9. Screening instruments used:</p> <ul style="list-style-type: none"> • Are objective, reliable, and valid • Are culturally non-biased • Include all areas of development • Are engaging and brief • Are developmentally appropriate • Are being used for the purpose intended (screening instruments are not used to determine eligibility) 			
<p>10. The screening procedure allows for:</p> <ul style="list-style-type: none"> • Screening results to be shared with the family at the time the screening is completed • Scheduling an evaluation when appropriate 			
<p>11. At the conclusion of the screening process, families are provided with information to assist them in selecting community services and support options best suited to their child and family needs. This includes:</p> <ul style="list-style-type: none"> • Supporting families as decision-makers • Providing information to families about the strengths and needs of their child • Providing information to families regarding community supports for children who have not been recommended for further evaluation (i.e., public health programs, preschools, Head Start, etc.) • Providing information, materials, and training to families regarding general child development and parenting skill • Providing parents with options of times, dates, and location for 			

<p>children who need further evaluation</p> <ul style="list-style-type: none"> • Providing information about periodic screening procedures 			
<p>12. The screening process includes obtaining parent feedback regarding such things as timeliness, accessibility, climate, personnel, etc.</p>			
<p>13. An information and data collection process has been developed to reflect the effectiveness of the screening process which will feed into the overall evaluation of the child identification process.</p>			

E. Evaluation Process refers to the process used, by a team of people, including the family, to: 1) determine the child's current level of functioning, strengths, and needs, 2) identify the family's resources, priorities, and concerns, 3) establish the child's eligibility for services, and 4) identify an array of community service and support options, for the child and family that will enhance the development of the child.

Effectiveness Indicators	S= strength E=emerging N=need	Resources Needed Timelines Person(s) Responsible	<input checked="" type="checkbox"/>
<p>1. The evaluation process recommended components include:</p> <ul style="list-style-type: none"> • Gathering background information from multiple sources • Developing a parent-professional partnership • Utilizing a parent-professional team to determine the child's total functioning • Utilizing a parent-professional team to discuss, analyze, and synthesize all information gathered during the evaluation process to summarize the child's functional skills, strengths, interests, and needs • Utilizing a parent-professional team to develop an individualized plan which: <ul style="list-style-type: none"> ○ Includes a range of options to enhance the child's development ○ Encourages access to community services and supports available to all children ○ Promotes the family's priorities, concerns, and goals 			
<p>2. The evaluation process is sensitive to family needs by:</p> <ul style="list-style-type: none"> • Having evaluations easily accessible for families (times, dates, locations) • Making every attempt to make the process culturally non-biased • Encouraging parents to choose the extent of their participation 			
<p>3. The evaluation team has examined the use of the recommended:</p> <ul style="list-style-type: none"> • Play-based arena style process • Routines-based interviewing process 			
<p>4. The evaluation team has chosen an approach in which:</p> <ul style="list-style-type: none"> • Parents are viewed as active, participating team members (to the extent the family has chosen) • Professionals from various disciplines and parents work collaboratively during the 			

<p>evaluation process</p> <ul style="list-style-type: none"> • Professionals promote a holistic view of the child in order to assure a comprehensive evaluation process 			
<p>5. The composition of the team is determined by the needs of the child and family and by the type of decisions to be made</p>			
<p>6. Keeping in mind the needs of the child, the team is composed of:</p> <ul style="list-style-type: none"> • Parent(s) as active participant(s) • Professionals from those disciplines that represent the child's area(s) of concern (a minimum of two professionals are required) 			
<p>7. The evaluation team has incorporated the recommended use of multiple evaluation strategies during the evaluation process, which include:</p> <ul style="list-style-type: none"> • Parent observations of the child • Parent and/or teacher interview • Instruments that have been standardized for the age of the child • At least one other evaluation process (i.e., language sample, criterion-referenced checklist, behavior sampling, etc.) 			
<p>8. The evaluation process:</p> <ul style="list-style-type: none"> • Ensures that the initial evaluation is sufficiently comprehensive to appropriately identify all of the child's early intervention or special education and related services • Identifies the child's, strengths, interests, and family resources, priorities and concerns • Is conducted in such a way that is comfortable for the child and family • Uses information from systematic observations of skills and behaviors in the child's natural setting • Uses parent or teacher interviews 			
<p>9. The professional team members on the evaluation team:</p> <ul style="list-style-type: none"> • Ensure minimum intrusiveness for the child and family when requesting information • Respect the family's background • Have the ability to establish rapport with the child and family • View the family member as a participating team member • Have training and experience with 			

<p>the birth-to-three and/or three-to-five year old population</p> <ul style="list-style-type: none"> • Are efficient and knowledgeable in the use of the instruments and procedures chosen • Can establish a comfortable setting to administer instruments selected • Are CDE licensed in their areas of expertise • Can use professional judgment to allow appropriate time for the evaluation procedure to be administered 			
<p>10. The procedures, methods and instruments used in the evaluation process are objective, reliable, valid, and culturally non-biased. The procedures, methods, and instruments chosen:</p> <ul style="list-style-type: none"> • Yield both quantitative and qualitative information • Are appropriate for the age of the child being assessed • Are used for the purpose intended • Are collaboratively planned and conducted with parents and other primary caregivers • Are individualized to the child • Are authentic and allow teams to observe the child in natural and typical settings • Are sensitive enough to observe all levels of functioning • Obtain objective data from standardized measurements • Separate cultural and linguistic differences from judgments about developmental delay • Document attempts to address the cultural needs of the child and family 			
<p>11. The evaluation process is accomplished in a timely manner.</p> <ul style="list-style-type: none"> • Scheduling evaluations as quickly as possible after a referral is made • Allowing time at the conclusion of the evaluation process: <ul style="list-style-type: none"> ○ For the family and professionals to interact and exchange general impressions of the child, based on the evaluation ○ For families to reflect upon the evaluation process ○ To plan next steps • Providing written evaluation 			

<p>results for the family, which are easily understood and free of jargon, within a reasonable period of time.</p>				
<p>12. At the conclusion of the evaluation process, written documentation is developed with ALL families, regardless of their child's eligibility determination, to:</p> <ul style="list-style-type: none"> • Outline each child's level of functioning, priorities, and concerns • Provide appropriate information which assists families in selecting community service and support options best suited to the child's and family's needs. 				
<p>13. The evaluation process ensures:</p> <ul style="list-style-type: none"> • The parent(s) is the decision maker • Predetermination of the child's placement does not occur 				
<p>14. For all eligible children birth-to-three or three-to-five years old, for whom an Individualized Family Service Plan (IFSP) or Individualized Educational Program (IEP) is developed, a team member is identified who facilitates linkages between the family and agency representatives to ensure transition and implementation into recommended services and supports.</p>				
<p>15. The evaluation process includes obtaining parent feedback regarding such things as timeliness, accessibility, climate, process, personnel, etc.</p>				
<p>16. Information and data collection reflects the effectiveness of the evaluation process which will feed into the overall evaluation of the child identification process.</p>				

F. **PROGRAM EVALUATION** refers to the process of evaluating the effectiveness of the child identification process at the local level.

Effectiveness Indicator	S= strength E=emerging N=need	Resources Needed Timelines Person(s) Responsible	<input checked="" type="checkbox"/>
<p>1. An evaluation model for determining the effectiveness of the entire child identification process has been developed. The model includes:</p> <ul style="list-style-type: none"> • Identification of meaningful data to be collected • Collection and analysis of the data • Development of strategies to modify and adapt components as evaluation outcomes indicate 			
<p>2. The program evaluation model is designed to:</p> <ul style="list-style-type: none"> • Compare collected data with local demographic information • Document interagency collaboration • Determine success of the marketing plan • Determine the level of community accessibility • Verify that screening, evaluation and transitions occur in a timely manner • Determine the positive impact of screening and evaluation procedures • Confirm that service and support options are offered to families throughout the process • Verify that the community approach of coordinating services and supports for families is working • Determine family and community satisfaction with all aspects of the child identification process • Determine cost effectiveness of the process • Verify the option and support of active family participation throughout the process 			

ADMINISTRATION CHILD IDENTIFICATION PROCESS

The following are recommended functions and qualifications of the Child Find Coordinator, as related to the "coordination" of a community, interagency child identification process for children ages birth through five who may need early intervention or special education and related services.

It is required under ECEA that each Local Education Agency (LEA) have a Child Find Coordinator who has time allotted to fulfill all functions and responsibilities outlined below. As the interagency concept develops in each community, this may evolve into a shared community or multi-district position(s). The functions of this position shall be maintained throughout the year.

RECOMMENDED FUNCTIONS OF THE CHILD FIND COORDINATOR

Program Planning and Development

- * **Initiate and/or sustain an interagency child identification process**
 - **cultivate liaisons with community entities through ongoing contacts**
- * **Develop a marketing plan for public awareness**
- * **Develop community referral procedures**
- * **Coordinate with community screening processes**
- * **Develop an evaluation process that complies with IDEA/ECEA**
- * **Facilitate the design of a community approach for coordination of services and supports that links families with community resources**
- * **Cultivate the development of community options for services and supports that best meet the needs of the individual family and child**
- * **Construct a plan for ongoing staff development**
- * **Develop strategies for active participation of families throughout the process**

Program Coordination and Implementation

- * **Ensure the coordination and implementation of a community child identification process which includes:**
 - **interagency collaboration**
 - **public awareness**
 - **referral processes**
 - **screening processes**
 - **coordination of services and supports**
 - **evaluation processes**
- * **Ensure the formulation and implementation of a process to inform families of service and support options**
- * **Coordinate staff and resources needed for implementation**

Program Evaluation

- * **Ensure the development and implementation of a process for evaluating the effectiveness of the entire child identification process including:**
 - **determination of meaningful data to be collected**
 - **collection and analysis of data**
 - **identification of strategies to make changes as evaluation outcomes indicate**

RECOMMENDED QUALIFICATIONS OF THE CHILD FIND COORDINATOR

- * College degree or equivalent certification/license in early childhood education or a related field
- * Has knowledge of typical child development and conditions associated with developmental delays
- * Has experience with children birth to three and/or three to five years of age
- * Has competence related to family systems and cultures
- * Demonstrates leadership skills
- * Demonstrates verbal and written communication skills

The following participants contributed to the Colorado Child Identification Process Birth-Five Years Effectiveness Indicators(1992) and Colorado Child Identification Process Birth – Five Years Screening and Evaluation Process Guidelines(1994), which were used to develop this edition of Colorado Child Identification System for Young Children Birth to Five Years (2006).

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