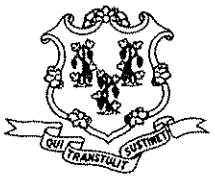
State of Connecticut
GENERAL ASSEMBLY



PH Testimony Date: 2/29/08
Bill # RHB-5592
Speaker: ELIZABETH C. BROWN

COMMISSION ON CHILDREN

Education Committee
Public Hearing
February 29, 2008

Testimony Submitted by Elizabeth C. Brown

Senator Gaffey, Representative Fleischman and members of the Committee, I am here today to testify in support of several bills that seek to enhance educational opportunities for students and also to adjust certain existing school readiness and early reading success grant opportunities.

H.B. No. 5590, An Act Concerning Special Education and Instructional Methods Concerning Autism and Other Developmental Disabilities.

The Commission supports greater attention to teaching special populations, including children with Autism and other developmental delays. Teacher training is key to a quality education for all students, especially students with learning disabilities.
The Commission recommends that you consider including children who are lead poisoned as a category for inclusion in "other disabilities" in order to address the serious development delays of lead poisoned children that often go undetected until serious educational delays surface. Lead poisoning in children causes serious brain damage, and disproportionately impacts children who are poor, minority and living in run down housing. Unfortunately, Connecticut's Birth to Three system requires a high threshold of 45 micro deciliters of lead to qualify for automatic eligibility for the program. Research informs us that at this high level a child's brain is seriously damaged and difficult to undo the harm. Specific inclusion of OHI due to lead poisoning would raise awareness of the impact of lead poisoning and help embed in the education system expertise to serve this population.

H.B. 5592, An Act Concerning Early Childhood Education

Connecticut leads in providing opportunities for quality school readiness opportunities for low income children. The bill before you recognizes that often there is a shortage of qualified teachers in the field. The Commission supports the intent of this bill and believes it will provide a vehicle to keep teachers who are on the path to full compliance with staffing credentials without diminishing quality standards.

H.B. 5593, An Act Concerning Early Reading Success Grants

18-20 Trinity Street * Hartford, Connecticut 06106 Phone: (860) 240-0290 Fax: (860) 240-0248 website www.cga.state.ct.us/coc/

The bill seeks to strengthen the accountability of the Early Reading Success Grants dedicated to assisting the Priority School Districts. Connecticut test scores related to reading have not substantially improved over the course of the grant initiative, that began in 1998. Last year, the budget did not include funding for the Early Reading Success Grant in the "09 fiscal year. School districts have relied on the grant for several purposes including all day kindergarten, smaller class size, after school programs, and reading specialist. The Commission recommends restoring the full grant, but also put in place additional requirements that would improve the teaching of reading. The Goal 2 Report of the Early Childhood Cabinet has outlined substantive measures to improve reading achievement that can guide the rethinking and implementation of research based programs and teacher training.

Fine by Nine, All Children are Healthy, Safe and Successful by Age Nine

Report of the State Department of Education to the Early Childhood Cabinet, 2007.

Excerpt on Reading Achievement

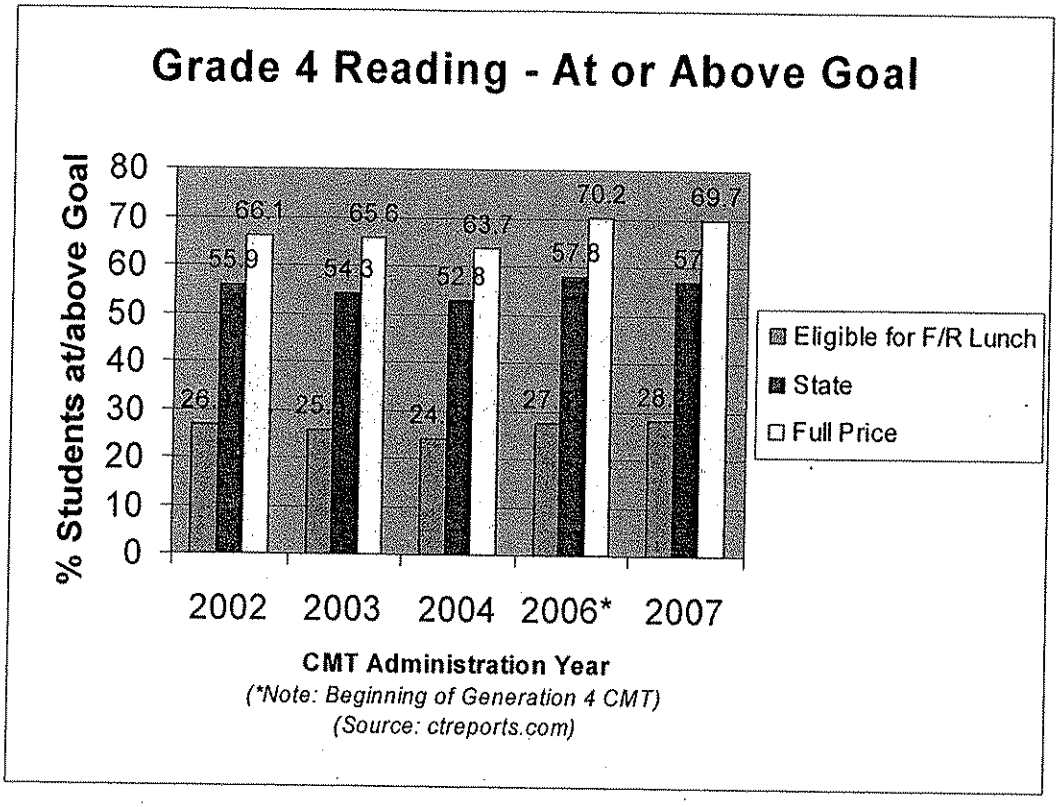
1. Reading Achievement

Research indicates that if children do not become proficient readers by age eight, there is a greater likelihood that they will be struggling readers throughout the rest of their school careers and into adulthood (Lyon, 1996). The National Institute for Literacy reports that 43 percent of individuals with the lowest literacy skills live in poverty, and approximately 70 percent of prisoners function at the bottom two out of five literacy levels (National Adult Literacy Survey).

Numerous national and state level analyses of reading achievement indicate that there is a high cost for reading failure. Connecticut's alarming achievement gap means that this failure is most acute in communities with high proportions of poor and minority children. But reading failure affects all Connecticut communities because it translates into citizens who cannot fully participate in society or the workplace. With renewed urgency, Connecticut must first acknowledge that current strategies and practices employed to increase reading scores have not produced acceptable results, and then move forward using the best educational research to devise an innovative, comprehensive, and coordinated plan that calls for critical actions by *all* stakeholders in shouldering the responsibility for high-quality literacy instruction.

The legislature has given the State Department of Education broad new power to ensure accountability and to intervene in school districts in need of improvement. Each district and school should be accountable for reading achievement and should immediately implement and enforce the new statewide education accountability plan. Critically, we need to ensure that all teachers have the content knowledge and pedagogical skills needed to be effective teachers of reading and that faculty members at Connecticut's institutes of higher education employ proven, research-based methods of instruction.

How We Are Doing



What Else We Would Like to Measure
Percent of teachers whose students make significant gains in reading.

Key Policy Recommendation
Implement a comprehensive test of content knowledge and pedagogy in the science of reading for all new elementary school teachers as a condition of certification.

What Else It Will Take to Do Better
Implement and enforce the statewide education accountability plan, which includes quality reviews of schools and the use of corrective action plans for those schools in need to improvement, to ensure that all schools are teaching all students to read.

2. Health and Safety

According to Maslow's hierarchy of needs, health and safety are the most critical elements to human beings. If these basic needs are not met, then higher order skills can not be accomplished. As the American Cancer Society points out in its *National Action Plan for Comprehensive School Health* (1992), "Children who face violence, hunger, substance abuse, unintended pregnancy, and despair cannot possibly focus on academic excellence. There is no curriculum brilliant enough to compensate for a hungry stomach or a distracted mind."

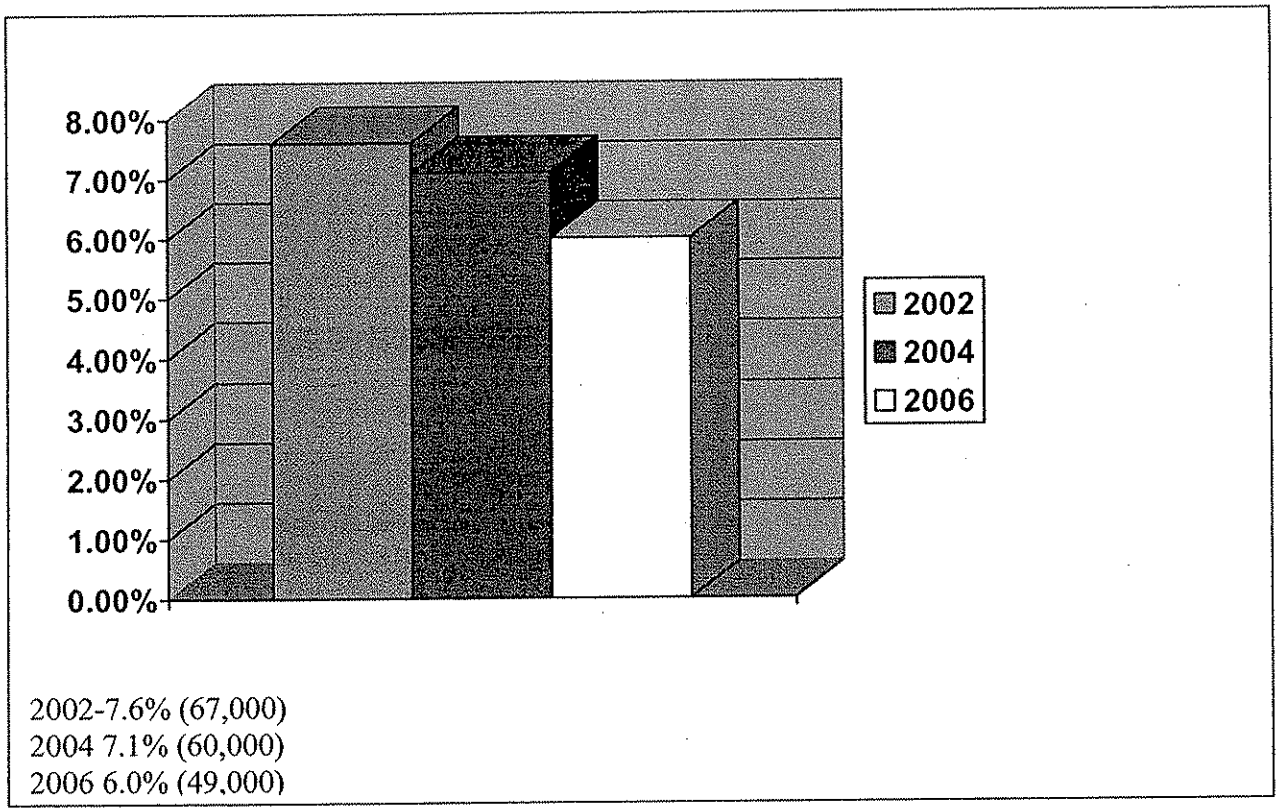
Unfortunately, many of the communities in Connecticut where children are not making adequate educational gains are the same communities where health disparities such as

low birth weights, infant mortality, asthma and other chronic conditions are prevalent. According to the report, *How are Student Health Risks and Resilience Related to Academic Progress of Schools? (WestEd 2004):* "Policies and practices focusing exclusively on increasing test scores while ignoring the comprehensive health needs of students are almost certain to leave many children, and many schools, behind." Therefore, in our state's effort to close the growing achievement gap, bold new policies and strategies that center on the school's critical role in identifying and addressing the health and safety needs of all students must be incorporated into the plan.

How We Are Doing

The best single indicator of the health of young children is the percent of children who have a medical home, that is, who receive the majority of their care from a single provider. We do not yet have the ability to report this indicator, and it is the highest priority for the Health and Safety Data Development Agenda. The best proxy indicator that we can currently report is the percent of children uninsured.

Percent of uninsured children under age 18



What We Would Like to Measure

Percent of children with a medical home, that is, who receive the majority of their care from a single provider.

Key Policy Recommendation

Implement comprehensive health care services within schools that include school-based health and dental centers to serve children who are at-risk; and ensure adequate numbers of school health and mental health providers (e.g., school nurses, social workers, psychologists, and counselors) based on national recommendations for staffing ratios.

What Else It Will Take to Do Better

Require all school districts to address the physical, social, and emotional needs of students by implementing the Coordinated School Health approach and incorporating the policy recommendations and requirements identified in the State Department of Education's *Guidelines for a Coordinated Approach to School Health and Action guide for School nutrition and Physical Activities Policies.*