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Post-CCT



Jan Coe – CCT '07

Jan Coe – Reflective Practitioner’s Portfolio

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Introduction

This Reflective Practitioner’s Portfolio is a record of my journey through the Critical & Creative Thinking Graduate Program at the University of Massachusetts Boston. I began my studies in the summer of 2003 and completed my Master of Arts degree in June of 2007. The e-Portfolio contains exhibits from courses I took and experiences I gained while in the program. Selecting these items has not been easy! To accurately convey my progress as a reflective practitioner and critical thinker would require the contents of my mind, heart -- and hard drives! To navigate chronologically through the e-Portfolio, click on **the CCT Courses** and **Other Experience** links on the menu to the left.

The Rs of the CCT experience

(personal, professional, and intellectual development through the CCT Program)

journeying inquirer

focusing in ————— *opening out*

Reading

Review

Reasoning w/ respect to evidence & alternatives

Relationship w/ oneself (moving towards autonomy)

Reflection & metacognition

wRiting

Photo Gallery

CCT RPP home

Telethon Institute for Child Health Research – Subiaco, Western Australia





Looking at Language



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Overview

Twins and singletons with Specific Language Impairment

A child's ability to communicate is one of the most important developmental accomplishments and builds the foundation for success at school and beyond. Language difficulties can limit a child's educational achievement and their social, civic, and economic participation.

The LOOKING at Language study aims to understand why some children have difficulty developing language and later in learning to read. Most children with normal hearing, normal intelligence and no other developmental problems develop language with remarkable ease, however an estimated 7% of children do not - and we need to know why.

***NEWSFLASH* Prestigious Award for LOOKING at Language**

The Zubrick, Taylor, Rice & Slegers paper - "Late language emergence at 24 months: an epidemiological study of prevalence, predictors, and covariates" - won the 2007 American Speech-Language-Hearing Association Editor's Award for the Journal of Speech, Language, and Hearing Research - Language.



above: LOOKING at Language researchers Professor Mabel Rice, Associate Professor Kate Taylor and Professor Steve Zubrick.

Childhood Cancer Epidemiology



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AUS-CBT

Childhood brain tumours are the second most common childhood cancer after leukaemia, and are the leading cause of cancer death in children. In Australia, approximately 120 new cases of childhood brain tumours (CBTs) are diagnosed each year. Unfortunately, the risk factors for CBTs are largely unknown, despite several decades of research.

The Australian Study of Childhood Brain Tumours (AUS-CBT) is a 5 year, national case-control study that commenced in 2006. It aims to investigate genetic, dietary and environmental causes of childhood brain tumours by comparing families of children with a brain tumour and families of children who do not have a brain tumour. AUS-CBT is the sister study to the Australian Study of Causes of Acute Lymphoblastic Leukaemia in Children (AUS-ALL).

The Australian Study of Childhood Brain Tumours involves families of children (aged 0-14) diagnosed with a brain tumour since 2005 (our 'Cases'), as well as families with children the same age, who have not been diagnosed with a brain tumour (our 'Controls'). Recruitment for the study commenced in 2006, and by the end of 2010 we hope to have recruited 350 case families and 700 control families.

Families participating in AUS-CBT are asked to complete self-administered exposure and dietary questionnaires which are mailed out their home. It also involves a telephone interview with each parent, covering occupational and other exposures. DNA samples are also provided by all case families and some control families.



NEWS & EVENTS



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Australian Early Development Index

Building better communities for children

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Adapting the AEDI for Indigenous Children

The Australian Early Development Index (AEDI) is a nation-wide program that looks at the development of young children in communities across Australia. It is a tool that helps communities and governments pinpoint services, resources and supports young children and their families need to give children the best start in life. However it is recognised that in order for the AEDI to provide the most accurate and useful information, there is a need for some questions to be adapted to take into account cultural differences, particularly relating to Indigenous children.

The AEDI was adapted from the original Early Development Index that was developed in Canada. Its reliability in the Australian context was tested in a series of pilot projects, starting in 2002. A new project to further adapt the AEDI to ensure its relevance and sensitivity to the needs of Indigenous children was initiated by the Centre for Developmental Health and the [Kulunga Indigenous Research Network](#) at Perth's [Telethon Institute for Child Health Research](#) in 2007, on behalf of the national AEDI partnership between the [Centre for Community Child Health](#) and [Telethon Institute for Child Health Research](#).

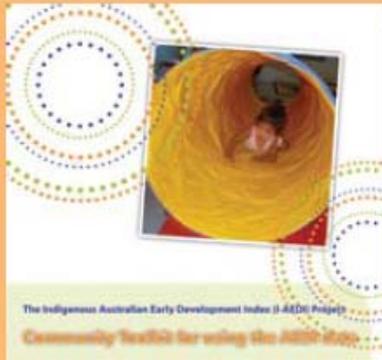
The AEDI Indigenous Adaptation Study has been overseen by a National Indigenous AEDI Reference Group. Indigenous peak bodies and grass roots community organisations, parents, unions and government and non-government stakeholders were involved in its development and continue to contribute to the study's progression. Shell Australia provided foundation support for the AEDI and, with the Australian Government, is supporting the Indigenous Adaptation Study. The main modifications to emerge from the adaptation project include:

- The recommended use of Indigenous school personnel (e.g. Aboriginal Teaching Assistants/ Aboriginal & Islander Education Officers) to work with teachers in completing the AEDI checklists for Indigenous children.
- Modifications to the on-line teacher guide to provide additional information so that particular cultural considerations can be



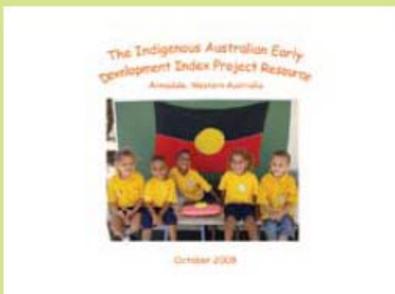
Community Toolkit

Following requests for information about using the AEDI data, we have developed and are currently trialing a 'Community Toolkit' which gives communities further information about child development at age 5. The Toolkit suggests steps to take to review and strengthen the services available in the community, or to determine gaps in existing services and develop context specific programs aimed to improve child developmental outcomes.

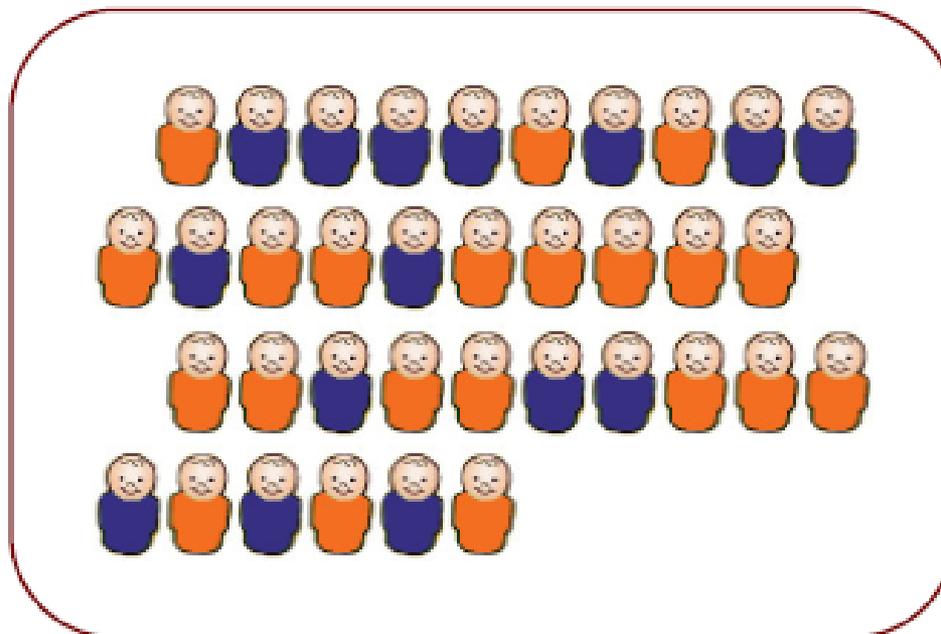


Flipchart

Using the posters of domains of development in the AEDI, we have developed a flipchart for trialing which gives an idea of what is expected developmentally of a child at age 5. The flipchart provides a visual representation of the types of skills and activities we look for in children in each domain.



58% 
or 21 out of 36 children in Eastern Carnarvon
are performing well in ONE or more domains!



Icon charts created to help explain the stats





Photo by Figgles1 <http://www.flickr.com/photos/42708559@N00/2499185050/#/photos/figgles1/2499185050/>

The Library – East Perth Campus, Central Institute of Technology

