

## Chapter 1 : What is the Demographic Transition Model? - Population Education

*Reality Check: The transition period explained Why is a transition period needed after the UK leaves the European Union in March ? Reality Check's Chris Morris tackles the terminology.*

Teams were afraid of losing their best players to free agency, which was not a concern previously. The NFL granted each team two transition tags, each of which they could only use once and never again. The system has been since changed to allow each team to use a transition tag each year it is available to them. Disadvantages[ edit ] The transition tag is rarely used by NFL franchises. There are two reasons for this. The other is that players often react badly to receiving the tag, because it limits their ability to negotiate with other teams and therefore hinders their chances of receiving the largest possible contract. Players sometimes counter the tag by holding out or refusing to play for the club, creating distractions and headaches for the club. Since he played the same position as Hampton, the Giants had planned to ease him into the offense with Hampton on the back end of his career. The 49ers later decided to not include the clause, as they felt the NFL would never approve the terms. Their assumption would be proven incorrect following the season, with the historic offer sheet Steve Hutchinson signed with the Minnesota Vikings. However, the Vikings added a poison pill: The Seahawks filed a grievance with the NFL league office, claiming that the poison pill was illegal under the collective bargaining agreement in that the Seahawks would have to pay significantly more than the Vikings despite matching with exactly the same contract. An arbitrator ruled in favor of the Vikings, and the Seahawks were essentially unable to match and received no compensation. In an act of apparent revenge, the Seattle Seahawks included their own "poison pills" when signing restricted free agent wide receiver Nate Burleson. The first poison pill stipulated that the entire contract would be guaranteed if Burleson played five or more games in the state of Minnesota during any year of the contract. This of course would be impossible as a member of the Seahawks, but an inevitability as a member of the Vikings, who played their home games in the Hubert H. Humphrey Metrodome in Minnesota. In this agreement, poison pill clauses were eliminated from offer sheets issued to players under the transition tag. The specific language in the CBA states: Worlds signed his transition tag, while Mack accepted an offer sheet from Jacksonville. Cleveland later matched to the offer sheet, thus keeping Mack as a Brown.

Chapter 2 : Transition | Definition of Transition by Merriam-Webster

*Transition in a nutshell. The essence of it is simply that there will be a period between withdrawal from the EU in March and the start of a new relationship between the UK and EU, pencilled.*

Check new design of our homepage! OpinionFront Staff Last Updated: Mar 8, U. Post-war Baby Boom This refers to the period between and , when there were 76 million births in the United States. Very high fertility rates of more than 3 children per woman reached a peak in the s, when the rate was 3. Demography studies the quantitative changes in human population, like births, deaths, income, age structure, which inform about the changing structures of human populations and societies. The answer to this question is a certain yes. And that relation is the focus of demographic transition based on the studies, done in , by the American demographer Warren Thompson. What is the Demographic Transition Model? It is a representation of the phases of transition from high birth and death rates to low birth and death rates experienced by a country. The stages are determined based on the following crucial measures of demography: Total number of live births per one thousand people in a year. Total number of deaths per one thousand people in a year. The extent to which a population is replacing itself. It is the ratio of infant girls to the women of childbearing age. There are four stages of demographic transition. The transition from one stage to another is different for different regions or countries of the world. The transition is not like a timeline. Stationary Birth rate and death rate, both are high This refers to human society before the industrial era before the Industrial Revolution of the s , when humans survived as hunters and gatherers. The availability of food supply determined the number of living population; a drought or famine would result in many deaths of young and old. Since both births and deaths almost equaled each other, there was hardly any growth in the population in this pre-industrial society. There was no medical aid like the inventions and discoveries of science we have now, this, coupled with natural calamities, took a huge toll on human life. Also, there were no measures of controlling birth rates, as no contraception was available. In fact, the high death rates led people to have more children as not all would grow into adults , who could support them in their old age. This was the condition in almost all parts of the world till the end of the s. Early Expansion Death rate drops drastically, but birth rate is high This stage corresponds to the largest growth of population or population explosion. It marks the beginning of the process of development of a country, seen through increased lifespan of people. The drop in death rates due to improved public health, lesser infant mortality, availability of food, results in population increase. Europe witnessed this demographic stage during the 19th century, around the period of Industrial revolution. On the other hand, the developing countries present a different scenario. They witnessed the second stage in the 20th century medical advancement in the late 20th century. Also, the overall scientific and technological progress and access to it resulted in a faster drop in the death rates of the developing nations. This is the population growth percentage derived from the difference of the death rate and birth rate. This is, thus, the natural increase in the population of a country. Some developing countries in Sub-Saharan Africa are in this stage. Late Expansion Birth rate starts to decline and death rate is low Many reasons like family planning, urbanization, change in economic sectors with better remuneration or wages , change in the role and status of women after being literate in society, medicines assuring longevity of life result in decreased fertility rates, as parents do not fear early deaths of their sons, use of contraceptives even though limited , change in traditional values or thinking patterns. Decline of birth rates began in the late 19th century in some developed countries of Europe. Developing and developed countries: Low Growth Birth rate and death rate both are low Low birth rates are attributed to the modern lifestyle, individualistic living, easy access to and increased use of contraceptives, nucleated families, realizing the increasing costs and efforts in upbringing of children, etc. Fertility rates begin to show a sharp decline, as women form a significant part of the workforce and are less interested in child rearing. This stage represents a large and stable population. However, there is hardly any growth in population. Stage V The original demographic transition theory proposes only four stages of transition. So, the fifth stage is an addition. It represents a declining trend in population. The death rate falls below the birth rate, leading to population decline or population aging. It is a situation where the population is not stable, like in the

fourth stage. The lowering fertility rates reaching below replacement levels in highly developed countries show indications of an aging population. Germany, Japan and Italy are seen as examples of this stage. Fertility rates are not showing any significant increase here. However, in a few countries like the U. So, this stage and its corresponding social indicators are still debated upon. This model has some limitations also. Not all countries pass through all the four stages in a similar manner. Many developed countries like U. Some African countries have stagnated at the second stage, for lack of industrial development. Such situations are not explained by this model.

### Chapter 3 : Explanation of Demographic Transition Model and Its Stages

*It is a representation of the phases of transition from high birth and death rates to low birth and death rates experienced by a country. It is a model that explains the transformation of a country's population dynamics in progressive stages, corresponding to the economic development of the country.*

OK, so one of them might go on for hoursâ€¦ you got me there. The first stage is actually broken down into three phases- latent, active and transition stage. **First Stage of Labor** This stage of labor begins with the onset of labor and ends when your cervix is completely dilated. The first stage of labor is broken into three separate stages of labor, and sometimes also a resting phase at the end. Your cervix will begin to thin, soften, and dilate from cm. You may lose your mucus plug and have heavy discharge during early labor. You might also begin leaking amniotic fluid. You may also notice your baby settling down and not moving as much. Contractions at this stage of labor can last anywhere from 10 to 40 seconds, with minutes in between. They may hurt, but you can usually still walk and talk during early labor contractions. Latent labor can last anywhere from a few hours to several days. By this time, your cervix will be fully effaced, and will open from cm. Your baby will move all the way down into your pelvis, ready to be born. Your contractions will be much stronger during active labor. You may start to make more noise during your contractions. Active labor contractions gradually get longer and closer together. They last a minute or more and can be anywhere from min apart. Active labor can be just a couple hours long, or it may be up to 16 hours or more. Usually, active labor is longer for first time moms. Transition is the end of active labor. It is the stage of labor that your cervix dilates from cm. Your contractions are the strongest during transition. Usually contractions come every 2 minutes at this point and last about 90 seconds. You may get really agitated and shaky. You will probably also feel a strong pressure down below, like you need to poop. Trust me, you CAN get through it! It can last just a few minutes up to an hour. **Rest Phase** Some women experience a rest phase between transition and the second stage of labor. Labor may seem to stop altogether for a bit after the intense contractions of transition. Catch your breath, get a drink, or go to the bathroom. Some women have an hour rest phase. They go from transition to immediately feeling the urge to push. **Second Stage of Labor** Now you get to actually meet your baby. Oh, wait, you have to get the baby out first. Long awaited, and much feared: You are now completely dilated and baby is ready to leave your womb. You will probably feel a lot of pressure and possibly the urge to push. By this time, pushing with the pressure will probably be a relief. Ahhhâ€¦ During the second stage of labor, contractions are about 90 seconds long and min apart. This stage can last about an hour or two in first time moms, many times less. For subsequent births, the pushing stage usually lasts less than an hour. You still need to release the placenta. Hopefully this gives you a pretty good idea of what to expect of the three stages of labor. Keep in mind, though, that every labor, and every woman is different.

**Chapter 4 : How are differences in properties among the transition elements explained? | Yahoo Answers**

*The Lyman transitions correspond to an electron falling back on the floor state ( $n=1$ ) of the hydrogen atom. even while this is a  $n=2 \rightarrow n=1$  transition (Lyman alpha) the capability difference is such that the radiation is interior the ultraviolet area of the spectrum.*

IPv4 vs IPv6, What does this mean? IP addresses enable each device to interact with each other over the Global Internet. From desktops, to laptops, to PS3s, to cell phones, to airplanes, to IP enabled washers and dryers, most things will be connected online - this means we need a lot more addresses than are available today. At the inception of the Internet, IP version 4 IPv4 was and is currently the most widespread protocol used to communicate. This means that there will be a progressive transition picking up pace from this point forward from IPv4 to IPv6 commencing with devices that support both protocols also known as dual stacking. Thankfully, the transition to IPv6 has been underway for a while now. In the end, this means that everyone online and everyone who wants to be online will be undergoing the upgrade to IPv6 starting with getting a new IPv6 address. IPv4 had a bit string of numbers that often looked like the following: As this address pool has been depleted, all new requests for addresses will only be able to get a v6 address. IPv6 addresses are quite a bit more complex - they are bit addresses: Ironically, the longer address will actually help to improve end-user experience online as the Internet architecture will see improvements with respect to traffic congestion, application specificity[3], security and much more. We have established that every Internet-enabled device must have a unique IP address. Now what does this mean for the various constituencies accessing the Internet? For most end-users at home,[4] this transition will happen automatically and will be mostly unnoticeable. They will get their current and updated addresses from their ISP; businesses will have their IT departments configure their own networks so that their customers the business will automatically get their addresses, etc. Therefore, those most concerned about this transformation are those that actually manage portions of the Internet: As we see from the above chart, most end-users and small businesses will really only be responsible for ensuring that they have purchased IPv6 enabled devices, including computers, wireless access points, smart phones, printers and game consoles. Most devices purchased after are in fact IPv6 enabled. There are approximately 66, registered Autonomous Systems AS [5]. Layout an IPv6 network architecture starting with an Address Schema which entails sub-netting c. Commence upgrade These are certainly not trivial steps in transitioning to v6, however again, these are exclusive to service providers, those directly involved in managing networks. It does not preclude end users or SMB however, from being aware of this change and ensuring their own devices are compatible. Furthermore, while not intended to cry wolf nor claim the Internet will die, for those who are involved in the upgrade of your own Network this has catalyzed you to commence the transition. Now the next logical question - when do you really need to do this? When do we really need to start? So how does this translate into when you have to get yourself, your business or your organization ready? Given the lack of backwards compatibility, this will require some education, hardware and software upgrades and re-thinking about how to layout a network. In an IPv6 world, you have nearly unlimited resources and can plan your network IP Address plan very differently. Enterprises will have to assess their own network needs but is not of immediate urgency. The general steps, and where automation can play a significant role are as follows: In subsequent articles we will be diving into Software Tools to help Service providers in this transition, what some of the emerging best practices will be in the areas of IPv6 Automation, IPv6 Security, and IPv6 as it relates to Asset Tracking. For example, ensure your Linksys Wireless router can support both protocols.

**Chapter 5 : Demographic transition - Wikipedia**

*Noun. We want to have a smooth transition when the new owners take control of the company. the sometimes difficult transition from childhood to adulthood The country made a peaceful transition from dictatorship to democracy.*

For example, they exhibit variable oxidation states, form coloured complexes with different anions and neutral molecules and show paramagnetic behaviour. Transition metals and their compounds also possess catalytic properties. Some of the important properties of transition metals are discussed below: This is due to the greater effective nuclear charge and the large number of valence electrons. Due to the presence of strong metallic bonds, the transition metals are hard, possess high densities and high energies of Atomisation. Atomisation energies of the first transition series are represented graphically in Fig. It may be observed that atomisation energies exhibit the maxima at about the middle of the series. It indicates that interatomic interactions become stronger with increase in half filled d-orbitals. Most of the transition elements have densities higher than  $5 \text{ g cm}^{-3}$ , the highest being that of iridium Scandium has the least density among transition metals. This is due to strong metallic bond and the presence of half-filled d-orbitals in them. Due to these half-filled orbitals, some covalent bonds also exist between atoms of transition elements. Because of stronger interatomic bonding, transition elements have high melting and boiling points. In moving along the period from left to right, the melting points of these metals first increase to maximum and then decrease regularly towards the end of the period. In any row the melting points of these metals rise to a maximum at. In a particular transition series, ionization energy increases gradually as we move from left to right However, the relative difference of ionization energy values of any two consecutive d-block elements of particular period is much smaller than those of s- and p-block elements. The increase in ionization energy is primarily due to increase in nuclear charge. Consequently, the increase in ionization energy along the period of d-block elements is very small. Ionization energies of first transition series. Significance of  $1m1hafn$  Energy Values The magnitudes of ionization energies give some indication of the energy required to raise the metal to a particular oxidation state. From the knowledge of values of ionization energies of the metals it is possible to rationalize the relative stabilities of various oxidation states. Ionization Energies of Nickel and Platinum Since sum of the first two ionization energies is less for nickel, therefore, Ni II compounds are thermodynamically more stable than Pt II compounds. On the other hand, Pt IV compounds are more stable than Ni IV compounds because sum of first four ionization energies is less for platinum. The corresponding nickel compound does not exist In addition to ionization energy, the other factors that determine the stability of a particular state are the atomisation energy of the metal and the lattice energy or the solvation energy. Among the elements of the particular transition series. For example, the atomic radii of first transition series decrease from Sc to Cr. The decrease in size in the beginning is attributed to the increase in nuclear charge. However, the increased nuclear charge is partly cancelled by the increased screening effect of electrons in the d-orbitals of penultimate shell. When the increased nuclear charge and increased screening effect balance each other, the atomic radii become almost constant Increase in atomic radii towards the end may be attributed to the electron-electron repulsions. In fact, the pairing of electrons in d-orbitals occurs after  $d^5$  configuration. The repulsive interactions between the paired electrons in d-orbitals become very dominant towards the end of the period and cause the expansion of electron cloud and thus, resulting in increased atomic size. The ionic radii also follow the similar trend. The oxidation states of first row transition elements are listed in Table The less common and unstable oxidation states are given in the parentheses. The stability of a particular oxidation state depends upon the nature of the element with which the transition metal forms the compound. The highest oxidation states are found in compounds of fluorine and oxygen. This is due to the high electronegativity values and small size of fluorine and oxygen. The variable oxidation states of transition elements are due to the participation of ns and  $n-1$  d-electrons in bonding. The lower oxidation state is generally, exhibited when ns-electrons participate in bonding and higher oxidation states are shown when ns as well as  $n-1$  d-electrons take part in bonding. It may be noted the oxidation states of transition elements differ from each other by unity whereas oxidation states of non-transition elements generally differ by two. Some noteworthy features of oxidation states of the transition

elements are: In each group, the highest oxidation state increases with increase in atomic number, reaches a maximum in the middle and then starts decreasing. For example, for the first transition series the maximum oxidation state is shown by manganese. Less common and unstable oxidation states are given in parentheses. The elements which exhibit the maximum number of oxidation states occur either in or near the middle of the series. The elements in the beginning of the series exhibit fewer oxidation states because they have small number of electrons which they can lose or contribute for sharing. The elements at the end of the series exhibit fewer oxidation states because they have too many d-electrons and hence have fewer vacant d-orbitals which can be involved in bonding. This oxidation state arises due to the loss of 4s-electrons. In higher oxidation states, the bonds formed are essentially covalent. For example, in tetraoxochromate VI ion  $\text{CrO}_4^{2-}$ . Some transition metals also show oxidation state of zero in their compounds. Their tendency to form complexes is attributed to the following reasons: Small size and high charge density of the ions of transition metals. Presence of vacant orbitals of appropriate energy which can accept lone pairs of electrons donated by other groups ligands. Some examples of coordination complexes are: The colour of these complexes is due to absorption of some radiation from visible light, which is used in promoting an electron from one of the d-orbitals to another. This can be explained as under: The d-orbitals in the transition elements do not have same energy in their complexes. Under the influence of the ligands attached, the d-orbitals split into two sets of orbitals having slightly different energies. In the transition elements, which have partly filled d-orbitals, the transition of electron can take place from one of the lower d-orbitals to some higher d-orbital within the same subshell. The energy required for this transition falls in the visible region. So when white light falls on these complexes they absorb a particular colour from the radiation for the promotion of electron and the remaining colours are emitted. The colour of the complex is due to this emitted radiation. For example, copper II salts are bluish green due to absorption of red light. The energy difference between the two sets of d-orbitals in the central atom of the complex depends on the nature of ligands and the structure of the complex ion. As a result different complexes of the same metal ion, with different ligands, may have different colours. The colours of some transition metal ions in aqueous solutions are given in Table. Such substances are weakly attracted by magnetic field. On the other hand, the substances whose constituent particles do not contain any unpaired electrons are repelled by magnetic field and are called diamagnetic. The transition metal ions generally contain one or more unpaired electrons in them and hence their complexes are generally paramagnetic. The paramagnetic character increases with increase in number of unpaired electrons. For example, finely divided iron acts as catalyst in the manufacture of ammonia by Haber Process. The catalytic activity of transition metals is attributed to the following reasons: Because of their variable oxidation states transition metals sometimes form unstable intermediate compounds and provide a new path with lower activation energy for the reaction. For example,  $\text{V}_2\text{O}_5$  catalyses the oxidation of  $\text{SO}_2$  to  $\text{SO}_3$ . The catalytic action of  $\text{V}_2\text{O}_5$  can be understood as follows: In some cases transition metals provide a suitable surface of the reaction to take place. The reactants are adsorbed on the surface of the catalyst where reaction occurs. Adsorption results in increased concentration of reactants at the surface and also weakens the bonds between atoms in the reactant molecules. Catalytic Properties of Transition Elements and their Compounds Some first row metals and their compounds used as catalysts are given below:

**Chapter 6 : CSS Transitions**

*Note: Citations are based on reference standards. However, formatting rules can vary widely between applications and fields of interest or study. The specific requirements or preferences of your reviewing publisher, classroom teacher, institution or organization should be applied.*

A sense of loss. People have to accept that something is ending before they can begin to accept the new idea. The Neutral Zone In this stage, people affected by the change are often confused, uncertain, and impatient. Think of this phase as the bridge between the old and the new; in some ways, people will still be attached to the old, while they are also trying to adapt to the new. Here, people might experience: Resentment towards the change initiative. Low morale and low productivity. Anxiety about their role, status or identity. Skepticism about the change initiative. Despite these, this stage can also be one of great creativity, innovation, and renewal. This is a great time to encourage people to try new ways of thinking or working. Guiding People Through Stage Two Your guidance is incredibly important as people go through this neutral period. This can be an uncomfortable time, because it can seem unproductive, and it can seem that little progress is being made. Because people might feel a bit lost, provide them with a solid sense of direction. Finding This Article Useful? Also, do what you can to boost morale and continue to remind people of how they can contribute to the success of the change. If required, you may also want to help people manage their workloads, either by deprioritizing some types of work, or by bringing in extra resources. The New Beginning The last transition stage is a time of acceptance and energy. People have begun to embrace the change initiative. At this stage, people are likely to experience: Renewed commitment to the group or their role. Both models are useful in helping you guide people through change, and they fit together well.

**Chapter 7 : Markov Chains explained visually**

*Another way to view it is that the transition metals include the d-block elements, plus many people consider the f-block elements to be a special subset of transition metals.*

What is the Demographic Transition Model? All 6th graders worldwide are eligible. Videos are being accepted now and the deadline for students to submit is February 28, This is post 1 of 6 in a series about the Demographic Transition Model – a fundamental concept in population education, which is covered in Social Studies courses, most notably AP Human Geography. Beginning in the late s, something remarkable happened: With new technologies in agriculture and production, and advancements in health and sanitation, a greater number of people lived through their adolescent years, increasing the average life expectancy and creating a new trajectory for population growth. This sudden change created a shift in understanding the correlation between birth and death rates, which up to that point had both been relatively equal, regardless of location. Over the past years, population demographics have continued to evolve as a result of the relationship between the birth and death rates within a country. The observation and documentation of this global phenomenon has produced a model, the Demographic Transition Model, which helps explain and make sense of changes in population demographics. Each stage is characterized by a specific relationship between birth rate number of annual births per one thousand people and death rate number of annual deaths per one thousand people. Within the model, a country will progress over time from one stage to the next as certain social and economic forces act upon the birth and death rates. Every country can be placed within the DTM, but not every stage of the model has a country that meets its specific definition. For example, there are currently no countries in Stage 1, nor are there any countries in Stage 5, but the potential is there for movement in the future. What are the stages of the Demographic Transition Model? In Stage 1, which applied to most of the world before the Industrial Revolution, both birth rates and death rates are high. As a result, population size remains fairly constant but can have major swings with events such as wars or pandemics. In Stage 2, the introduction of modern medicine lowers death rates, especially among children, while birth rates remain high; the result is rapid population growth. Many of the least developed countries today are in Stage 2. Population growth continues, but at a lower rate. Most developing countries are in Stage 3. In Stage 4, birth and death rates are both low, stabilizing the population. These countries tend to have stronger economies, higher levels of education, better healthcare, a higher proportion of working women, and a fertility rate hovering around two children per woman. Most developed countries are in Stage 4. A possible Stage 5 would include countries in which fertility rates have fallen significantly below replacement level 2 children and the elderly population is greater than the youthful population. Limitations of the Demographic Transition Model Like any model, there will be outliers and exceptions to the rule and the Demographic Transition Model is no different. Additionally, there are things the DTM cannot reveal: But even so, the relationship between birth rate and death rate is an important concept when discussing population and any patterns, such as those provided by the DTM, that aid in understanding are helpful. Demographic Transition Model Case Studies Over a series of five posts we will explain each stage of the Demographic Transition Model in depth and provide a case study for stages when there is a country that currently fits its parameters.

**Chapter 8 : The Individualized Education Program Process in Special Education**

*Limitations of the Demographic Transition Model. Like any model, there will be outliers and exceptions to the rule and the Demographic Transition Model is no different.*

Note the vertical axis is logarithmic and represents millions of people. The original Demographic Transition model has just four stages, but additional stages have been proposed. Both more-fertile and less-fertile futures have been claimed as a Stage Five. Some countries have sub-replacement fertility that is, below 2. Replacement fertility is typically 2. Many European and East Asian countries now have higher death rates than birth rates. Population aging and population decline may eventually occur, assuming that the fertility rate does not change and sustained mass immigration does not occur. The HDI is a composite of life expectancy, income, and level of education. Development promotes fertility decline at HDI levels below 0. From the point of view of evolutionary biology, wealthier people having fewer children is unexpected, as natural selection would be expected to favor individuals who are willing and able to convert plentiful resources into plentiful fertile descendants. This may be the result of a departure from the environment of evolutionary adaptedness. There will be a negative population growth rate which will affect the country. This will take a generation or two before the population grows back up. The decline in death rate and birth rate that occurs during the demographic transition may transform the age structure. When the death rate declines during the second stage of the transition, the result is primarily an increase in the child population. The reason being that when the death rate is high stage one, the infant mortality rate is very high, often above deaths per children born. When the death rate falls or improves, this may include lower infant mortality rate and increased child survival. Over time, as individuals with increased survival rates age, there may also be an increase in the number of older children, teenagers, and young adults. This implies that there is an increase in the fertile population proportion which, with constant fertility rates, may lead to an increase in the number of children born. This will further increase the growth of the child population. The second stage of the demographic transition, therefore, implies a rise in child dependency and creates a youth bulge in the population structure. This stage of the transition is often referred to as the golden age, and is typically when populations see the greatest advancements in living standards and economic development. An increase of the aged dependency ratio often indicates that a population has reached below replacement levels of fertility, and as result does not have enough people in the working ages to support the economy, and the growing dependent population. A major factor was the sharp decline in the death rate due to infectious diseases, which has fallen from about 11 per 1, to less than 1 per 1, By contrast, the death rate from other causes was 12 per 1, in and has not declined markedly. The agricultural revolution and the development of transport, initiated by the construction of canals, led to greater availability of food and coal, and enabled the Industrial Revolution to improve the standard of living. Scientific discoveries and medical breakthroughs did not, in general, contribute importantly to the early major decline in infectious disease mortality. Ireland[ edit ] In the s and early s, the Irish demographic status converged to the European norm. Mortality rose above the European Community average, and in Irish fertility fell to replacement level. The recent changes have mirrored inward changes in Irish society, with respect to family planning, women in the work force, the sharply declining power of the Catholic Church, and the emigration factor. The uniqueness of the French case arises from its specific demographic history, its historic cultural values, and its internal regional dynamics. More than two-thirds of that growth can be ascribed to a natural increase resulting from high fertility and birthrates. In contrast, France is one of the developed nations whose migratory balance is rather weak, which is an original feature at the European level. Several interrelated reasons account for such singularities, in particular the impact of pro-family policies accompanied by greater unmarried households and out-of-wedlock births. These general demographic trends parallel equally important changes in regional demographics. Since the same significant tendencies have occurred throughout mainland France: Shifts in population between regions account for most of the differences in growth. The varying demographic evolution regions can be analyzed though the filter of several parameters, including residential facilities, economic growth, and urban dynamism, which yield several distinct regional profiles. The

distribution of the French population therefore seems increasingly defined not only by interregional mobility but also by the residential preferences of individual households. These challenges, linked to configurations of population and the dynamics of distribution, inevitably raise the issue of town and country planning. The most recent census figures show that an outpouring of the urban population means that fewer rural areas are continuing to register a negative migratory flow – two-thirds of rural communities have shown some since The spatial demographic expansion of large cities amplifies the process of peri-urbanization yet is also accompanied by movement of selective residential flow, social selection, and sociospatial segregation based on income. Taiwan and South Korea "tiger" economies , Thailand, Malaysia, and Indonesia "second wave" countries , and China and Vietnam "market-Leninist" economies. Demographic change can be seen as a byproduct of social and economic development together with, in some cases, strong governmental pressures. The transition sequence entailed the establishment of an effective, typically authoritarian, system of local administration, providing a framework for promotion and service delivery in health, education, and family planning. Subsequent economic liberalization offered new opportunities for upward mobility – and risks of backsliding –, accompanied by the erosion of social capital and the breakdown or privatization of service programs. The present demographic transition stage of India along with its higher population base will yield a rich demographic dividend in future decades. Income growth and public investment in health caused mortality to fall, which suppressed fertility and promoted education. Industrialization, skill premium, and closing gender wage gap further induced parents to opt for child quality. Expanding demand for education was accommodated by an active public school building program. The interwar agricultural depression aggravated traditional income inequality, raising fertility and impeding the spread of mass schooling. Landlordism collapsed in the wake of de-colonization, and the consequent reduction in inequality accelerated human and physical capital accumulation, hence leading to growth in South Korea. Both supporters and critics of the theory hold to an intrinsic opposition between human and "natural" factors, such as climate, famine, and disease, influencing demography. They also suppose a sharp chronological divide between the precolonial and colonial eras, arguing that whereas "natural" demographic influences were of greater importance in the former period, human factors predominated thereafter. Campbell argues that in 19th-century Madagascar the human factor, in the form of the Merina state , was the predominant demographic influence. However, the impact of the state was felt through natural forces, and it varied over time. In the late 18th and early 19th centuries Merina state policies stimulated agricultural production, which helped to create a larger and healthier population and laid the foundation for Merina military and economic expansion within Madagascar. From , the cost of such expansionism led the state to increase its exploitation of forced labor at the expense of agricultural production and thus transformed it into a negative demographic force. Infertility and infant mortality, which were probably more significant influences on overall population levels than the adult mortality rate, increased from due to disease, malnutrition, and stress, all of which stemmed from state forced labor policies. Available estimates indicate little if any population growth for Madagascar between and The demographic "crisis" in Africa, ascribed by critics of the demographic transition theory to the colonial era, stemmed in Madagascar from the policies of the imperial Merina regime, which in this sense formed a link to the French regime of the colonial era. Campbell thus questions the underlying assumptions governing the debate about historical demography in Africa and suggests that the demographic impact of political forces be reevaluated in terms of their changing interaction with "natural" demographic influences. Demographics of Russia Russian male and female life expectancy since [33] [34] Russia entered stage two of the transition in the 18th century, simultaneously with the rest of Europe, though the effect of transition remained limited to a modest decline in death rates and steady population growth. The population of Russia nearly quadrupled during the 19th century, from 30 million to million, and continued to grow until the First World War and the turmoil that followed. In the s and s, Russia underwent a unique demographic transition; observers call it a "demographic catastrophe": This shift resulted from technological progress. A sixfold increase in real wages made children more expensive in terms of forgone opportunities to work and increases in agricultural productivity reduced rural demand for labor, a substantial portion of which traditionally had been performed by children in farm families. The changing demographics of the U. Beginning around , there was a sharp

fertility decline; at this time, an average woman usually produced seven births per lifetime, but by this number had dropped to nearly four. A mortality decline was not observed in the U. However, this late decline occurred from a very low initial level. During the 17th and 18th centuries, crude death rates in much of colonial North America ranged from 15 to 25 deaths per residents per year [38] [39] levels of up to 40 per being typical during stages one and two. Life expectancy at birth was on the order of 40 and, in some places, reached 50, and a resident of 18th century Philadelphia who reached age 20 could have expected, on average, additional 40 years of life. This phenomenon is explained by the pattern of colonization of the United States. Sparsely populated interior of the country allowed ample room to accommodate all the "excess" people, counteracting mechanisms spread of communicable diseases due to overcrowding, low real wages and insufficient calories per capita due to the limited amount of available agricultural land which led to high mortality in the Old World. With low mortality but stage 1 birth rates, the United States necessarily experienced exponential population growth from less than 4 million people in , to 23 million in , to 76 million in . The only area where this pattern did not hold was the American South. High prevalence of deadly endemic diseases such as malaria kept mortality as high as 45-50 per residents per year in 18th century North Carolina. In New Orleans , mortality remained so high mainly due to yellow fever that the city was characterized as the "death capital of the United States" at the level of 50 per population or higher well into the second half of the 19th century. Specifically, birth rates stand at 14 per per year and death rates at 8 per per year. It must be remembered that the DTM is only a model and cannot necessarily predict the future. It does however give an indication of what the future birth and death rates may be for an underdeveloped country, together with the total population size. Most particularly, of course, the DTM makes no comment on change in population due to migration. It is not applicable for high levels of development, as it has been shown that after a HDI of 0. Some trends in waterborne bacterial infant mortality are also disturbing in countries like Malawi , Sudan and Nigeria ; for example, progress in the DTM clearly arrested and reversed between and . In recent decades more work has been done on developing the social mechanisms behind it. Nevertheless, demographers maintain that there is no historical evidence for society-wide fertility rates rising significantly after high mortality events. Notably, some historic populations have taken many years to replace lives after events such as the Black Death. Some have claimed that DTM does not explain the early fertility declines in much of Asia in the second half of the 20th century or the delays in fertility decline in parts of the Middle East. Nevertheless, the demographer John C Caldwell has suggested that the reason for the rapid decline in fertility in some developing countries compared to Western Europe, the United States, Canada, Australia and New Zealand is mainly due to government programs and a massive investment in education both by governments and parents. Combined with the sexual revolution and the increased role of women in society and the workforce the resulting changes have profoundly affected the demographics of industrialized countries resulting in a sub-replacement fertility level. Motivations have changed from traditional and economic ones to those of self-realization.

**Chapter 9 : IPv6 and the transition from IPv4 explained**

*Transition is the inner psychological process that people go through as they internalize and come to terms with the new situation that the change brings about. The starting point for dealing with transition is not the outcome but the endings that people have in leaving the old situation behind.*

As a parent, it is very simple. A group of qualified personnel will decide whether to evaluate or not and create a plan for the evaluation. The district has 60 days from the date of your giving permission to evaluate to complete the evaluation. Some states have administrative code that defines the length of time the team has to decide how and whether to evaluate, but not all do so. Any and all decisions regarding evaluation require the school district to inform and invite the parent to be a participant. Teachers can also refer students for evaluation, but this should happen after attempts have been made to remedy problems without special education services. At this meeting, the general education teacher should bring work samples and other data such as reading and math scores, behavioral charts and writing samples. The evaluation team can then decide whether to refer the child for an evaluation, or suggest that the child continue without special education services. If the team suspects that a child has a learning or behavioral impairment, it will work together to determine what tests and data will be gathered. Following the testing and gathering of existing data, the evaluation team will meet again to discuss the results. Any time the decisions are made regarding evaluation, the parent is invited to participate. Each of the 13 categories of disability included in IDEA has unique qualification requirements. However, the most common disability roughly half of those evaluated are in the category of specific learning disability SLD. Under the SLD category, if the discrepancy between achievement and ability measured by the discrepancy between IQ and academic test results is large enough, the child will qualify for services. A note about the discrepancy method and SLD: As a part of the reauthorization of IDEA, school districts were asked not to rely solely upon the discrepancy method for identifying SLD, because it makes it very difficult to identify any child who is younger than the third grade age level. Nonetheless, a large number of school districts still rely upon the so-called discrepancy model for SLD, when in reality they can acquire enough pre-existing data with RTI to document eligibility. The other 12 categories have varying requirements, but none are similar at all to those required for SLD. Parents should be careful to observe when SLD standards are being applied to other categories, such as Other Health Impairments, when there is no legal provision to do so. Also, keep in mind that there are some diagnoses that teachers and school psychologists are not qualified to make. Attention deficit hyperactive disorder ADHD , autism, and most physical and developmental delays require medical diagnoses. After all, not all children with a disability require special education services. This program will be laid out in a very specific, very long document called the individualized education program IEP that will be reviewed annually in the IEP meeting. Annual is defined as no more than days; meetings held after this date are considered non-compliant. An initial IEP the first one must be in place within 30 days of the evaluation meeting determining eligibility. While all five member roles are required, it is possible for one member to serve more than one role. For example, a special education teacher is typically trained to interpret test data, so he or she can play the role of that position as well as the special education teacher. Each person on the team has a unique role. The special education teacher knows what forms of specially designed instruction can be easily done in that school; the general education teacher is an expert in the general education curriculum of the grade in which the student is current placed; the district representative ensures that the IEP is legally compliant and all the stipulations of the IEP can be put in place; the interpreter of test data helps the team to understand the testing information. Finally, the parent, is not mandated to attend, has the unique role of understanding the child from birth and outside of a school setting. Everything but the kitchen sink! This means that if a district does not provide services that are promised in the IEP, it is non-compliant with the IEP and the law. Inside the IEP, you should expect to find all of the following: This is a snapshot of who the child is and how he is doing right now. This should include eligibility information, contact information for the parents and a summary of current work. In short, it should be specific. In essence, the present levels of academic achievement and functional performance PLAAFP should state the

students strengths and weaknesses, classroom performance, and provide measurable baseline data from which goals are created. Goals are written to provide measures of progress. Goals can be academic, behavioral, social or transition-based, and should always be written for recognized areas of need. For example, if a student is far behind peers in math, he or she should have a math goal. Accommodations and modifications are changes to the classroom environment that may be necessary to assist the student. Teachers and parents are often unclear about the difference between an accommodation and a modification. The general rule is this: For example, allowing a child to type his notes rather than hand write them is an accommodation. An adult typing them for him is a modification. Recent legislation requires that students who will turn 16 within the life of the IEP must have a transition goal and plan. Signature Page and Meeting Notes: In addition, the parent must consent to the accommodations, modifications and placement offer of FAPE from the district for the initial IEP to be implemented. This meeting is called the triennial review Tri and is usually combined with the AR. Many new teachers are under the impression that the entire IEP should be written during these meetings. While some of the writing does happen there, the team should come to the meeting with a first draft of goals, present levels, suggested accommodations and modifications and an offer of FAPE. If every member came to the table with nothing prepared, the IEP meeting would last for hours and hours. How Parents and Teachers can Work Together. Remember that the IEP is a working document and can be modified and changed as needed throughout the school year. It is important to keep the line of communication open between team members and to continuously work together to best meet the needs of each student. Read more about the IEP process on the U. Department of Education website.