EFMP

Children with Special Needs
A Navy Parent Handbook

1999

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A Navy Parent Handbook

EFMP

Exceptional Family Member Program
Navy Personnel Command
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Prepared for the Navy by
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Table Of Contents

Chapter 1 Overview of Federal Laws and Educational Programs

Chapter 2 Early Intervention: A Program for Infants and Toddlers

Chapter 3 The Special Education Process

Table Of Contents

Chapter 4 **Transition: Preparing for Your Child's Life after School Years**

Chapter 5 **When Disagreements Arise**

Chapter 6 **Assistance for Navy Families**

Foreword

As a clinician (audiologist) for many years, I learned early in the game that my most important task upon identifying a hearing-impaired child was to prop up and educate the parents until they got over the shock and were savvy enough to advocate for their child. I don't recall having anything as comprehensive and helpful as this Handbook to give to them.

The Handbook replaces a 10-year old, well-thumbed document which served us well but was in dire need of update. The Handbook will help Navy Family Service Centers and other military support organizations and individuals empower military parents as advocates for their children. Every military parent of a special needs child should curl up with this Handbook and read it carefully. It will help take you where you need to go.

We are indebted to author Ms. Winifred Anderson and the staff at PEATC for creating this very readable and informative document, and to the parents and support professionals who contributed. Finally, my particular thanks go to Anne Allen, the ultimate advocate, who kept this project alive and stayed with it to completion.

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Acknowledgements

Children with Special Needs: A Navy Parent Handbook was written by Winifred Anderson, and developed by the Parent Educational Advocacy Training Center (PEATC). The information in this Handbook reflects the work and experience of Ms. Anderson and the staff of the Parent Center over the past 20 years.

Winifred Anderson is a special education professional whose work has been devoted to the development of relationships between families, children, and schools. She is the wife of a former Marine, and the mother of sons who served in the Marine Corps and Navy. She, along with Deidre Hayden and Steve Chitwood, are authors of Negotiating the Special Education Maze: A Guide for Parents and Teachers, now in its third edition, published by Woodbine House. In 1978 she was co-founder of PEATC. Prior to her work at PEATC, she was a founder and educational director of Resurrection Children's Center, an inclusive early childhood school in Alexandria, Virginia. Ms. Anderson now works as a writer and consultant in the fields of special and adult education.

The Parent Educational Advocacy Training Center (PEATC), one of the original seven Parent Training and Information Centers awarded grants from the U.S. Department of Education, has gained national recognition for its training programs which build collaboration between parents and professionals. PEATC assists in translating the legal rights of children with disabilities into genuine opportunities, for full participation in school and community life. PEATC believes that children reach their greatest potential when families and service providers enjoy an equal, respectful partnership. PEATC builds upon parents' expertise to make effective educational choices with and for their children. The Center strives to motivate systems to be responsive to the dignity, dreams, and integrity of individuals with disabilities and their families.

Services provided by PEATC include:

- Training for families and professionals that models partnerships and encourages active learning.
- Information and assistance to families in understanding and negotiating the education and service systems for their children with disabilities.
- Collaboration with and technical assistance to schools, state and local agencies, parent resource centers, and community organizations.
- Product development to reach a wide audience through newsletters, textbooks, and training materials.

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To these people and to others who made contributions, Winifred Anderson and the Parent Educational Advocacy Training Center say, "thank you."

Introduction

A Navy Parent Speaks

> *"What I want someone in the Navy, who would be reading about a family member with special needs, to know is that, yes, we do have to remember we are trying to raise good sailors; but we will do that by raising good people who will function well within this system—and there is a way to make it work. Don't take 'no' for an answer. There is a way to make it work so that it will benefit the Navy, and it will benefit you and your family."*

Your family is unique. You are an important part of the United States Armed Forces, with all of the honor, responsibility, frustrations, and opportunities this important role brings. You, too, have another very special dimension to your family life. You may have a child who has, or is suspected of having, a disability or a medical condition that requires special planning and programming. The combination of being a Navy family and having a child with a disability brings to your family a number of issues that can feel overwhelming. This Handbook is written for you, in the hope that it will give you a road map to follow through difficult times of decision-making for your child and your family.

When you are told your child has a disability or illness, you are flooded with a wide range of reactions. You wonder how you can possibly cope with your emotional reaction while at the same time care for your child and the others in your family. Your second response may be worrying about money. You may ask how you possibly can afford the care that your child might need. Then comes the realization that you will be involved in special medical and educational decisions along with many professional helpers. You wonder how you can possibly learn all you need to know about your child's problems, as well as about the various programs, services, and entitlements available for children with disabilities. Finally, thoughts of moving around because of Navy transfers may seem impossible. <u>You are not alone.</u>

These are some common emotions families experience when they discover their child has a chronic illness or disability. Most parents experience some, if not all of these emotions. They may experience them in varied order, and often they experience them over and over. Perhaps this is something you recognize.

Frequently parents have an initial emotional response that includes shock and denial when they discover their child has a disability or chronic illness. These feelings may be accompanied by physical difficulties like sleeplessness, depression, loss of appetite, headaches, and other symptoms. Anger and a need to answer the question of "why" this has happened in our family often replace these feelings. Some people become angry with themselves, thinking it was something they did that caused the disability. Others are angry with the service providers or the world outside for not being able to help the child become "normal." Others may reach a bargaining stage, perhaps going from doctor to doctor to look for a different diagnosis, or reaching out to less conventional treatments in an effort to find a cure or to fix things.

The time comes in most parents' lives when they adjust to the situation and are able to cope effectively with their child's needs and enjoy the child's accomplishments. Even at this point, however, many people still continue to feel the emotions described above. For some, a feeling of sadness persists, regardless of how capable they are in caring for their child.

The necessity of frequent moves and family life interrupted by deployments can make parenting a child with special needs especially difficult for service families. Just when you begin to feel the proper services are in place for your child, orders can come and you are faced with a new community and with new decisions for your child. Responsive school systems and human service agencies through the Navy and the civilian world are there to carry on and take over. Yet each time it may feel as if you are starting all over again.

It is important for you to realize that you have many characteristics in common with all families, and that these characteristics will help you as you move through the pathways toward health and strength for your child and family.

- <u>Every family is unique</u>. Families are different from each other in many ways: size, ethnic background, number of parents, geographic locations, values, available resources, and the type and severity of the disability or chronic illness. These differences will have an impact on how a family is able to respond to the special needs of their child.

- <u>Families have needs</u>. Not only will a child with a disability or chronic illness have certain unique needs, but other family members have important needs as well. Sometimes these different needs are in conflict with each other. Each individual in the family will benefit if his or her needs are at least recognized as being important, even if they can't be taken care of immediately.

- <u>Families are busy</u>. It goes without saying that in any given day, families have a wide variety of activities to accomplish. Sometimes these activities do not permit much flexibility for other concerns. Families vary according to the time they have and how much immediate assistance is available. Some have found help from relatives, neighbors, support groups, and other resources.

- Families change. As new children are added to the family structure, or as children grow and develop, families change. The needs of a family with very young children will be quite different from those of a family with teenagers. Regardless of the severity of the disability or chronic illness a child in the family has, the child's needs will change over time. Many families are coping by living one day at a time and are not able to look very far into the future to see what will change.

- Families can solve most of their own problems. Families are able to create many of their own solutions to the problems faced in meeting a child's special needs. Many families need only limited help in finding the services they require; then they will be able to get those services on their own. Other families feel they need more assistance, or they may not be sure about what they already have accomplished. They may need little more than encouragement.

Many Navy families have faced these family issues and have come to the realization that indeed, there is help out there. Becoming connected to the many Navy and service-wide programs and services, as well as to those promised to your child by the civilian world, takes some real detective work. But you can do it, and your child and your family will be stronger in the long run. This Handbook is written to give you some of the resources needed to gain the knowledge and strength to travel the roads ahead with your child and family.

There are many facets to your family life and to your life with your child with special needs. You will find that your own uniqueness as a family, your particular family strengths and needs, and the attitude with which you approach your child's disabilities and the people who will work with your child, all are important to your family's well being. As you work with people in the Navy and in the civilian world to obtain the appropriate services and programs for your child, a positive approach that promotes the value of each and every individual will set the stage for sensitive and effective responses to you, your child, and your family.

Chapter 1: Overview of Federal Laws and Educational Programs

Three federal laws provide the legal foundation for the education of children who have disabilities: The Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990. Each of these laws will be described below. Thereafter, you will find them as part of the text of this Handbook to help you make decisions for and about your child. A section is also included on the Department of Defense Dependents Schools (DoDDS), which have the responsibility of providing educational services to your child. If you are stationed overseas or in a place in the states or United States territories, your child may attend a Domestic Dependent Elementary and Secondary School (DDESS), formerly known as a Section 6 school.

The Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act, formerly known as the Education for the Handicapped Act, was originally passed in 1975. When it was amended in 1990, it assumed its new name, the Individuals with Disabilities Education Act. It is commonly known as IDEA, and throughout this Handbook it will be referenced as IDEA. In 1997, the U.S. Congress enacted further amendments, strengthening the role parents play in their children's education.

IDEA guarantees that all children, even those who have severe disabilities, will be given the learning opportunities they need to achieve their potential and to become as self-sufficient and productive as possible. Access to the regular education classrooms and curriculum for children with disabilities is a major emphasis in IDEA.

The law's goal is "to assure that all children with disabilities have available to them...a free and appropriate education which emphasizes special education and related services designed to meet their unique needs."

This federal law states that school districts must:

- Provide a free, appropriate public education for all children with disabilities from three through age 21, completely at public expense. Part C of IDEA extends services to infants and toddlers with disabilities and their families through state programs in early intervention. (Parents may be required to pay for early intervention services for children birth through two years through their insurance or on a sliding fee basis.)
- Ensure that children with disabilities, to the maximum extent possible, are educated with children who do not have disabilities. Children are to be placed in special classes or separate schools only when the severity of their disability warrants such placement.
- Prepare for each child an Individualized Education Program, most often referred to as an IEP. The IEP outlines goals, specific objectives to reach those goals, and timelines for their accomplishments. Parents are members of the team who draw up the IEP.

- Give parents reasonable written notice before they evaluate a child, place a child in special education, change the educational placement, or refuse to take such actions.

- Obtain written consent from parents before the initial evaluation or placement of the child, before any subsequent reevaluations, or before changing the child's eligibility for special education or placement in special education services.

- Conduct an evaluation of the child by a team of qualified professionals from various backgrounds, such as a psychologist, speech pathologist, learning disabilities teacher, etc., including at least one teacher or other specialist knowledgeable in the area of the suspected disability.

- Ensure that evaluation tests do not discriminate on a cultural or racial basis, and accurately reflect the child's abilities and achievement levels. In most cases, tests must be given in the home language of the child. Parents must be given an explanation of the tests to be used and they must be notified of test results.

- Make all records on their child available to the parents for inspection and review, including providing them copies of these records.

- Provide a free, Independent Educational Evaluation (IEE) of the child when (a) the parent disagrees with the results of the school district's evaluation, and (b) the school district agrees to this new evaluation, or (c) if there is disagreement on the need for an independent evaluation, and an impartial hearing officer rules the school's evaluation results are inappropriate, the child is entitled to an IEE at public expense.

- Provide parents with mediation and/or an impartial hearing, called a due process hearing, if they believe any of their rights have been violated. An independent mediator, appointed from a list maintained by the state education agency, conducts mediation. A due process hearing is conducted by an impartial hearing officer, and is scheduled either by the state education agency or by the local school district directly responsible for the education of the child.

Section 504 of the Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act prohibits discrimination against people with disabilities by any agency or organization that receives federal funds. Recipients of federal funds such as states, counties, cities, public and private schools, hospitals, clinics, etc., must make it possible for people with disabilities to participate in their programs. However, Section 504 is not required overseas, and is limited to the United States and its territories.

The regulations governing Section 504 call for a free, appropriate education for all children with disabilities, regardless of the nature or severity of their disability. Positive efforts to create job opportunities are required so that a disability is not a barrier to employment. College and other post-secondary education are to be adapted to the needs of students with disabilities. People with disabilities must receive equal treatment by education, health, welfare, and social service agencies.

An agency can be penalized by loss of federal funding if it discriminates against a person with disabilities. Any person who feels discriminated against can notify the Office of Civil Rights (OCR). Appendix C contains the address of OCR, from whom you can get information about your regional office. You can contact the regional office that serves the state in which the discrimination occurred. Ask the regional office for help in writing the complaint.

Both IDEA and Section 504 reinforce and strengthen each other. They both stress that young people with disabilities must have every possible opportunity to take part in the normal life of school, both in academic and extracurricular activities. In Chapter 3 of this Handbook, you will find detailed information about the special education process as required by IDEA.

Since 1975, each state has passed special education laws and regulations that are consistent with IDEA. State laws provide guidelines that local school districts must follow as they make special education programs and services available to children with disabilities.

The Americans with Disabilities Act (ADA)

The Congress passed the Americans with Disabilities Act (ADA) in 1990. Like Section 504 of the Rehabilitation Act, ADA prohibits discrimination against students with disabilities. The ADA and Section 504 are described as <u>nondiscrimination</u> statutes rather than as an <u>entitlement</u> statute such as IDEA. They provide procedures to ensure that persons with disabilities enjoy the same rights as persons without disabilities. When those rights are thought to be violated, the ADA, like Section 504, provides a procedure for addressing the alleged violations.

ADA and Section 504 are used to benefit both those children with disabilities that require special education, as well as those children who have a disability but are not eligible for special education services. To qualify for protection under ADA and Section 504, your child must show that the disability "substantially limits" a major life activity, such as walking, seeing, hearing, speaking, learning, working, taking care of oneself, breathing, and performing manual tasks. Many children with these impairments are eligible for special education services under IDEA. Some children, however, will not qualify for special education, but if found eligible under Section 504 or ADA, they will qualify for equipment, aids, or other accommodations needed to help them benefit from the school program.

Because of the similarity and overlap of ADA and Section 504, the U.S. Department of Education generally uses Section 504 to interpret the ADA in educational issues. For this reason the ADA is not discussed fully in this Handbook.

Chapter 1

Department of Defense Dependents Schools

The Department of Defense Education Activity (DoDEA) is the organization that oversees school programs for dependents of Department of Defense employees. DoDEA is responsible for the Department of Defense Dependents Schools for dependents stationed in overseas areas, and for the Department of Defense Domestic Dependent Elementary and Secondary Schools on military installations in the United States, its territories, commonwealths, and possessions.

The legislation, which serves as the basis for DoDEA's special education program, is the Individuals with Disabilities Education Act (IDEA). IDEA is implemented through the Department of Defense Dependents Schools (DoDDS) Instruction, DoDI 1342.12, titled "Provision of Early Intervention and Special Education Services to Eligible DoD Dependents in Overseas Areas," dated March 12, 1996. This instruction, as well as brochures about the special education process and a special publication titled, "Partners in Special Education: A Parent Guide," can be obtained from the DoDEA office. In Appendix C of this Handbook are addresses for various civilian and military offices where assistance and resources can be found.

Chapter 2: Early Intervention
A Program for Infants and Toddlers and their Families

All children and babies are on their own pathways for growth and development. No two children are alike. Each one has his or her unique patterns of special strengths and needs. When your child was born, or perhaps during the first months of his or her life, either you, another family member, or your doctor may have noticed that your baby might have some special developmental problems.

In 1986, the U.S. Congress recognized the importance of getting help as early as possible for children with special needs and for their families. Congress passed what is now known as Part C: Early Intervention for Infants and Toddlers with Disabilities and their Families, an amendment to the Individuals with Disabilities Education Act (IDEA). Early intervention services can begin at birth for a child with a specific disability or a chronic health problem that delays his or her development.

A Navy family gains access to early intervention services in one of several ways. The most direct way is through the pediatric clinic in the Military Hospital where you are stationed. Most likely the doctors or other health care providers have pointed you in the right direction to services for your infant or toddler. The Exceptional Family Member Program Coordinator on base can also lead you to the right place to begin the early intervention process. The third way to find out about early intervention services in your community is by asking the Director of Special Education in the local school system. That person can direct you to the appropriate civilian agency if your child needs services. Finally, the Department of Defense Dependents Schools (DoDDS) Instruction, DoDI 1342.12, "Provision of Early Intervention and Special Education Services to Eligible DoD Dependents in Overseas Areas," dated March 12, 1996, will be of assistance if you are stationed overseas.

A Family Service System

In order for early intervention services to be successful, services must go beyond those that meet the developmental needs of the baby to services that include the whole family. Early intervention services can include:

- Help to families to encourage their baby to learn and grow.
- Assistance in getting services and benefits that will help the child and family: such as service coordination, social services, medical assistance, insurance, food stamps, or Supplemental Security Income (SSI).
- Social work, nutrition, nursing, or psychological services for the child or the family.
- Family training, counseling, and home visits.
- Occupational, physical, and speech language therapy for the child.

- Planning and assistance as a child prepares to leave one program and move onto new programs or services.

Other services available may include, but are not limited to: audiology; medical evaluation and diagnosis; early identification, screening, and assessment services; health services necessary to enable the infant or toddler to benefit from the other early intervention services; assistive technology services and devices; vision services; and transportation and related costs that are necessary to enable a child and family to receive services.

Family Centered Early Intervention Services

Families and early intervention professionals recognize the importance of family members as key decision-makers for their infant or toddler. Families and professionals together have learned that certain principles must guide them as important decisions are made. Infants and toddlers with disabilities grow and develop to their fullest potential when these principles are followed:

- A child with disabilities, like all children, is first a member of a family within a community.
- The family is the child's first and best advocate.
- Families decide what services they need.
- A family's perspectives and values are shaped by life experiences, including their ethnic, racial, and cultural background.
- Family support is an integral part of meeting a child's special needs.
- Effective early intervention services make families feel welcomed and are shaped by the families.
- Families and professionals must work together in a climate of mutual respect and trust to be successful.

A Navy Parent Speaks

> *"When I first arrived on this base I hated it. I felt the doctors didn't understand that my baby was more than a number—that this is my daughter and I want the absolute best for her. Through the support group at the Family Service Center, I got the help I needed to be a strong, outspoken person. I am strong-willed and I have learned to become the best advocate for my little girl."*

The Path to Early Intervention

There is a prescribed pathway to early intervention services. Family members and service providers together plan and coordinate the services along each step of the pathway:

STEP 1 Identification and Screening
STEP 2 Temporary Service Coordinator
STEP 3 Evaluation by a Multidisciplinary Team
STEP 4 Eligibility
STEP 5 Individualized Family Service Plan

Below you will find a detailed explanation of the early intervention pathway. Each of the steps will be defined, the requirements described, and the roles you as a parent can choose as you plan with professionals for your child's early intervention services.

STEP 1: Identification and Screening

Many communities conduct periodic screening clinics to help identify children who might need early intervention services. These screenings, often called Child Find, are conducted in military hospitals or in community clinics. Child Find is advertised in newspapers, on bulletin boards, at schools, in hospitals, and through radio and television. Screening methods vary from place to place, but can be done in clinics, in your home, by your observation and report, or through a check-up at the base hospital or with your pediatrician. The purpose of the screening is to identify those children who need further evaluation and diagnosis.

Requirements – Identification and Screening

Child Find is a required program in every state, territory, and in DoDDS. A comprehensive Child Find system must be in place, which includes both referrals to appropriate service providers and a public awareness program. Included in each state's Child Find plan must be timelines and provisions for funding the screening and follow-up.

If your child is found to have potential difficulties, you will be assigned a temporary service coordinator to assist you in getting further testing and help for your child and family.

The Parents' Role – Identification and Screening

If you suspect your baby or toddler has a disability or developmental delay, or might later have such a problem, you or anyone helping your family can ask for a screening. A visit to your military hospital or a call to your local school system will help you find the place to go. Child Find clinics, both at military hospitals and in the civilian community, are available for you if you are worried about your child's development.

If the screening determines that your baby or toddler does not appear to have any developmental problem, for which early intervention service is required, you may be asked to come back at a later time for a follow-up screening, or be referred to other services your child or family might need. If you do not agree with the screening results, you can ask for a follow-up screening, or you can request the assignment of a temporary service coordinator to help you find the diagnostic services you believe your child needs.

STEP 2: Temporary Service Coordinator

Once a baby or toddler has been referred for early intervention either directly by a parent or from a screening clinic, a temporary service coordinator is assigned. The temporary service coordinator is responsible for keeping you informed of all steps taken to evaluate and to find appropriate services for your child.

Requirements – Temporary Service Coordinator

Once an early intervention agency receives a referral, two actions must be taken by the agency within two days. First, a temporary service coordinator must be assigned to the family, and second, arrangements must begin for evaluation and assessment of the child. The temporary service coordinator must pull together the appropriate team to evaluate your child's development, and gather information from you and from the professionals who have worked with you and your child.

The Parents' Role – Temporary Service Coordinator

Your contact person for the evaluation and assessment of your child is the temporary service coordinator. Before the evaluation or testing of your child takes place, you must give written permission to the temporary service coordinator. This person is the one who will answer your questions, help to make convenient appointments for the testing, and make necessary arrangements, such as transportation or a translator, if you need them. Hopefully, you will find that you can rely upon this person to keep you from feeling anxious and for keeping track of the appointments.

STEP 3: Evaluation by a Multidisciplinary Team

Evaluation is the word to describe all of the procedures used to determine your child's unique strengths and weaknesses. The evaluation includes various procedures: observations, tests, interviews, and other means of gaining information about your child. Based upon the screening results, the temporary service coordinator will plan with you the procedures to be used in the evaluation. The evaluation must be multidisciplinary, which means there must be people with various professional backgrounds to evaluate your child.

Requirements – Evaluation

Within forty-five calendar days of the referral, an evaluation must be completed and a service plan put in place if your infant or toddler is found eligible for early intervention. The temporary service coordinator is responsible for ensuring the evaluation is completed on time, and the necessary team convened to make decisions regarding both the evaluation and the services needed by your child and family.

The Parents' Role – Evaluation

Possibly the most important part of the evaluation information is that provided by the parent about the family's concerns, priorities, and resources. Families have found various actions helpful as they prepare for the evaluation process for their infant or toddler. Certainly one of the most important efforts you can make is to establish a good, working relationship with your temporary service coordinator. That person will be in a position to answer your questions, explain unfamiliar concepts, and to guide you as you plan. Listed below are some other suggestions from which you can choose to get ready for the evaluation.

- Talk to other parents and learn about their experiences in early intervention.
- Write down the points you want to make in the various meetings with the temporary service coordinator and others involved.
- Plan the best time for your infant or toddler to be evaluated by considering questions such as: When is my child at his or her best—after nap, in the morning, etc.? Do I need to bring anything, such as food, toys, immunization records, other records? May I stay with my child during the evaluations?
- Find out who will conduct the tests, what are their roles, what types of tests will be done, what do these tests measure, how the tests will be given, is there flexibility if you have specific suggestions and descriptions of your child's skills and behavior at home.
- Ask how soon and in what way the results will be given to you.
- Decide on what family information about your priorities, concerns, and resources you want to share.

By choosing to act on some of these suggestions, you may find that the evaluation goes more smoothly both for you and for your child.

STEP 4: Eligibility

Following completion of the evaluation, you and members of the multidisciplinary team meet and decide whether your child and family are eligible to receive early intervention services. Eligibility for services is based upon certain criteria or standards with which your child's evaluation results are compared.

Requirements – Eligibility

Eligibility is based upon the information you provide and whether the tests given indicate that your child meets any one of the three criteria:

- The child has developmental delays in one or more of the following areas: cognitive development; physical development, which includes vision and hearing; communication development; social or emotional development; self-help or adaptive skills.
- The child has a record of a diagnosed physical or mental condition, which has a high probability of resulting in delay of development.
- The child is regarded as being high risk of having substantial delays in development if early intervention services are not provided. This is an optional criterion, which not all states have adopted.

At the eligibility meeting, the child's evaluation records and the observations the professionals and you, as a parent, have made are compared with the three eligibility criteria to see if your child qualifies for services.

The Parents' Role – Eligibility

At the meeting of the multidisciplinary team in which your child will, or will not, be found eligible for early intervention services, you will want to take an active role. To prepare for the meeting, you can gather your own information about your child's growth and development, and be ready to share the information with the team. Often professionals will have given you the preliminary results of the evaluations. You may be pleasantly surprised about your baby or toddler's progress…or disappointed that your child's progress has been slower than you had hoped.

Asking careful questions of the professionals can help you. Often parents hear only what is wrong with their child. You will want to ask what they found that is right—the positive things—to build a rounded picture. You will want to talk about both the positive developmental steps your child has taken, as well as the areas of development in which he or she needs particular help. When you attend the multidisciplinary team meeting, it is a good idea to have written down your observations, thoughts, questions, and the services you believe your child and family need.

STEP 5: Individualized Family Service Plan

If your baby or toddler is found eligible for early intervention services, you and a team will meet to write a plan for addressing the unique needs of your child and your family. The plan, called an Individualized Family Service Plan (IFSP), is a written document that includes goals and outcomes for the child and family. Also included is a written plan for making the transition to services for your child when he or she is no longer eligible for early intervention.

Requirements – IFSP

The IFSP has certain requirements. The actual format for the IFSP is different from state to state, but everywhere the required parts are the same.

1. <u>Information about your child's current development</u>. Here you will find information from you and the evaluation about your child's health, vision, hearing, language, speech, social, emotional, self-help, and intellectual (cognitive) development.

2. <u>Information about your family's resources, priorities, and concerns.</u> You will be asked about ways in which your family's <u>strengths</u> can contribute to your baby or toddler's development. Examples of "family strengths" might be an extended family nearby to help with childcare, a strong religious belief, or a network of family and friends who give emotional support. You have a choice whether or not to give this information.

3. <u>The outcomes expected, which include your hopes and dreams for your child and family, and how you might make progress toward reaching the outcomes.</u> Examples of outcomes might be, "to increase vocabulary by 15 words within 6 months through speech and language training," or "to hold a spoon and feed herself by June 2, with training from the occupational therapist and family assistance."

4. <u>The early intervention services needed to help your child and your family reach the outcomes discussed and acted upon.</u> This section must also describe where, when, how, and for what length of time each session of the services will be given, as well as payment arrangements, if any, for the services.

5. <u>Statement about the natural environment in which the services will be provided.</u> The natural environment includes home and community settings in which children who do not have disabilities learn, grow, and play. Some babies or toddlers receive early intervention services in day care centers, others at home, while others go to a special center for infant education.

6. <u>If appropriate, other services are included, which might address medical or other special needs of your child but which are not to be provided through early intervention.</u> By including other services, the team can help you plan and secure such services needed by your child and your family members.

7. <u>The dates and duration of the services.</u> This section states when the services will begin and how long they will last.

8. Name of the service coordinator. This person will help you coordinate the various services required by your child and family, in the same way the temporary service coordinator helped you through the evaluation, eligibility, and into the IFSP process. The service coordinator helps you obtain the services identified in the IFSP, arranging for further evaluations and assessments, and facilitating IFSP review meetings.

9. A transition plan for your child. The transition plan includes the steps that will occur to support the transition to whatever services your child will receive after early intervention, including either public or private preschool. The transition plan must be written 90 days before your child's third birthday. This part of the IFSP indicates the procedures you need to follow if your child will receive special education preschool services. You may be asked to sign permission to have your child's record sent from the early intervention program to help the local school system with the referral process.

All elements of the IFSP described above are required, as well as your consent for the services. The IFSP must be reviewed every six months, or more often if necessary. A formal evaluation of the IFSP is done each year as your baby or toddler grows and changes.

The Parents' Role – IFSP

Your child's IFSP meeting will be convened either by the temporary service coordinator or by the person who has been appointed your service coordinator. To prepare for the meeting, you will find that the more you write down about your child's development, his or her ways of responding at home, things you have learned from the medical professionals, the better able you will be to talk about your child. At the end of this chapter in a section called Chapter Additions, you will find *The Family Information Record*, which will help you organize your observations and thoughts about your child and family.

The IFSP is far more than a written plan. It is a process that leads parents and professionals toward mutual understanding of the child's needs and the family's wishes. The written IFSP is a guide leading toward the future. To be sure you have a constructive IFSP meeting, consider the following points:

- The meeting is scheduled at least one week in advance to allow everyone time to prepare.
- It is scheduled at a convenient time for all.
- Families receive copies of all the evaluation reports ahead of the meeting so they can understand and discuss the information.
- Parents and the service coordinator meet before the IFSP meeting to plan ways for the family members to participate actively.

- Enough time is set aside for the meeting so that no one feels rushed and everyone can discuss important outcomes for the child and the family.
- The IFSP outcomes are the result of what the family identifies as important to them.
- Professionals help the family determine aids or therapies to help the child reach the outcomes, and specific ways to accomplish the outcomes identified by the family.

Although IFSPs look different in various localities, a typical one is found at the end of this chapter in the section called Chapter Additions.

Infant and Toddler Services

Early intervention services take many forms. Many families choose to have services for their baby or toddler in their home. Other families request center-based services so that their child can interact with other children and the parents can meet other families experiencing similar problems with their children. Infant and toddler services must be in the child's "natural environment," which means in the home or in places where children who do not have a disability or chronic health problem learn and play. These natural settings may be day care centers, or other places where childcare is provided. If a clinic or other specialized medical or educational facility is considered and the services are given there, a rationale for why a more natural environment is inappropriate must be given in the IFSP.

Costs of Services

Part C of the Individuals with Disabilities Education Act (IDEA) does <u>not</u> require that all services be provided at no cost to families. Several early intervention services, however, must be provided at no cost to the family. These include evaluations or assessments, the development of the IFSP, and service coordination for eligible children and their families.

Some early intervention programs provide services at no charge to families. Such services are provided by public agencies, such as the military hospital. Other early intervention programs charge families on a sliding fee scale. The law says that no family shall be denied needed services because they cannot afford them. If you encounter problems related to costs or availability of services, contact your service coordinator or your Health Benefits Advisor. They are responsible for informing you of various options for finding other services, or for helping you arrange for the payments. Early intervention services might be paid for under your TRICARE option, your private insurance, or by Medicaid. A careful reading of your insurance policies and a discussion with your Health Benefits Advisor will inform you about what is covered, authorization procedures, and the frequency of services allowed. There are limitations under TRICARE on the duration and frequency of services. One thing to remember is that you can say "no" to any service recommended, including one or more that you don't want to pay for.

Provision of Services

The various services your child receives may be provided for an hour once a week, twice a month, or at other intervals. Between times, parents and other family members practice activities such as speech and language games, physical exercises, or eating skills with their child. Each session, whether at home or at a center, offers opportunities for the service provider and the family to talk. In families where there is a single working parent, a parent away on active duty, or in which both parents work, parents find that early intervention services can cut into their workday. In such situations, families find that relatives or their regular child care provider can be the primary person who works with the baby or toddler as the teachers or therapists suggest. Other families arrange for times to go with their child during lunch hours or before or after work to minimize time lost from the job. Parents are the primary decision-makers as these issues are discussed and resolved with the IFSP team.

The Early Intervention Program Questionnaire, located in the Chapter Additions immediately following this chapter, will help you identify some specific issues for military families. This may be especially important to consider if you plan to transfer.

Your active involvement in the services will help you to build a team of support for your child and family. A partnership between the service coordinator, the teachers, therapists, you, and your family will help your child in the long run. Good communication requires careful building of relationships. Everything you do to strengthen these relationships...from telephone calls, thank you notes, to a cup of tea...shows your appreciation for the work they are doing for your child and your family, which in turn helps your infant or toddler to learn and grow.

Chapter Additions

Family Information Record

Individualized Family Service Plan (IFSP)

Early Intervention Program Questionnaire

Family Information Record

Date ________

My Child's Name ____________________

My Name ____________________

Please Call Me ____________________

Child's Birthday ____________________

Photograph of your child or family
Or
For fun, you can sketch a picture

1. Description of our family (parent(s), brothers and sisters, grandparents, special friends, and relations)

____

2. What we enjoy doing as a family is

____

During these times together my child

____

3. My child's favorite activity is

____

Because

____

4. My child's least favorite activity is

____

Because

____

5. What I enjoy most about my child is

____

6. What my child and I enjoy doing the most is

____

7. I am most frustrated when caring for my child when

____

8. My child lets me know when he/she needs something by

____

9. I could do more for my child if I had
(transportation; someone to talk to and listen to me; time to myself; time for the other children; more information about my baby's condition and about ways to help him or her; help with medical and other expenses; housing; Supplemental Security Income (SSI); food stamps; etc.)

____

10. Some changes or progress I've recently noticed in my child

____

11. What I would like to see my child do in the next six months

____

12. How my family, friends, or I can help my child do these things

____

13. Some of my hopes for my child and family are

____

Anderson, Winifred and Cherie Takemoto. *Beginning with Families: A Parents' Guide to Early Intervention.* Fairfax, VA: Parent Educational Advocacy Training Center, 1996. (Also available in Spanish, Korean, Farsi, and Vietnamese.)

Individualized Family Service Plan

Attached is an example of the Individualized Family Service Plan (IFSP) that will be prepared either immediately after your child's evaluation or at a separate IFSP meeting. You may have anyone present at this meeting that you choose—a friend, neighbor, relative, etc. Statements that are underlined are explanations of the kinds of information that will be inserted in that section when the document is prepared.

This plan should be a reflection of your family's needs and should be stated in a way that is easily understood. THIS IS YOUR DOCUMENT. You decide what to include and what not to include. Try to think of it as an introduction to your child. If you were to move to another area tomorrow and begin early intervention services, would this plan tell the new team what they need to know to proceed?

We understand that early intervention may be something very new and "unknown" to you. You are not sure what to expect or what is expected of you. So keep in mind as you begin the process that this plan is very flexible, and can be changed as often as you wish. Your service coordinator and the evaluation team are your consultants in this process—it is our job to help you choose the best course of action for your family.

NAME:
DOB:
AGE:
ADJUSTED AGE:

LEGAL GUARDIAN:
ADDRESS:

PHONE:

DATE OF IFSP MEETING:
SERVICE COORDINATOR(S):

Pertinent History

Medical history to include pregnancy, delivery, and any other history that might be important. Also include present health, any tests or diagnoses, surgery, ear infections, etc., as well as a general statement of overall health.

You decide what information is to be included here—you may leave out anything you do not feel comfortable with. Include information that someone working with your child needs to know (or that might be helpful) in order to work well with him or her.

Child Assessment

Assessment Team Members:

Names: The family is the most important member of the team—you know your child best. Evaluators and other members of the team will then be listed separately.

Assessment Instruments Used:

Parent Report
Clinical Observation
The above are standard but may include other discipline-specific tools: for example the Rosetta Language Scale, and the Alberta Infant Motor Scale.

Special Considerations for Assessment:

This would state if an evaluation took place during normal naptime, or if your child was not feeling his best, etc. Basically it would mean that what was observed during the evaluation might not be a fair indicator of a child's normal behavior or ability.

Child Assessment—Strengths, Concerns, & Developmental Levels:

The evaluator will determine this. Evaluators will look at your child's skills in the following areas:

Gross Motor	How your child uses large muscle groups: examples would be sitting, crawling, standing, walking, running, or jumping.
Fine Motor	How your child uses muscles in the hands and face, and using the eyes and hands together; examples might be stacking small blocks, stringing beads, following objects with the eyes, smiling, etc.
Communication	How your child lets you and others know what he needs using sounds, gestures, words.
Cognition	How your child thinks, plans, plays, and solves problems.
Social-Emotional	How your child interacts with others, expresses his or her feelings.
Self-help	What things your child does for himself: for example, does he push his arm through a sleeve to help with dressing; eating; does he pull a hat off his head; etc.
Seeing & Hearing	Observation of how your child reacts to sounds, and looks for items as they are moved around.
Eligibility Statement	25% delay in skill level in one or more of above areas.
	Atypical development.
	Diagnosis with high risk of developmental delays, for example cerebral palsy, Down syndrome, etc. Some states also include "at risk" as an eligibility category, which means a child has a strong likelihood of showing developmental delays at a later time.

Individualized Family Service Plan

Name ______________________ DOB/Age ________________ Date ____________

DEVELOPMENTAL AREA	DEVELOPMENTAL RANGE	STRENGTHS	CONCERNS
Gross Motor			
Fine Motor			
Receptive Language			
Expressive Language			
Oral-Motor			
Self-Help/Adaptive			
Cognitive			
Social/Emotional			

Early Intervention Services:

The evaluators and family will determine this.

Other Services:

This is generally a listing of other professionals involved with the child: for example, pediatrician, neurologist, etc.

Projected Dates and Duration:

(Child's Name) is eligible for services until any 25% developmental delay or atypical development is no longer present; until Special Education Preschool, if eligible; or until reaching age three.

Pay Arrangements for Services:

A Multi-Disciplinary Evaluation, Service Coordination, Development of the IFSP, and Procedural Safeguards are provided at no charge to the family. Payment for all other early intervention services are the responsibility of the family based on a monthly fee scale. Some jurisdictions require that families be charged a fee for other early intervention services, such as therapy. Insurance and other third-party payers may be billed with family permission.

Services from other public agencies, such as the Health Department (for example, audiological services) and Social Services (for example, day care), may have separate fees based on program sliding fee scales for which the family will be responsible. In no case should inability to pay result in a child not receiving services.

Family Concerns, Priorities and Resources:

Concerns	An example would be: not walking; not talking; mom and dad need an evening out; family would like to find a support group of other parents with children with developmental delays, etc.
Priorities	All of your concerns are important. The IFSP team will explain which concerns take priority. Then they will brainstorm the most effective way to meet your various concerns that works best for your family. For one family, a priority may be for the child to learn how to talk. One family may be most concerned about a baby being able to walk. Another family might decide the most important concern is finding a support group for parents.
Resources	These are not financial resources, although having health insurance is often listed here. The purpose is to get families to begin to think about where their support systems come from: examples are extended family, church, friends, family, medical personnel, etc.

Name: ______________________
Date: ______________________
Page: ______________________

Outcomes Related To Child Development

Outcome # ___ ____
____

This part of the IFSP contains the outcomes that the family designates, thinking in terms of what they would like to have their child doing six months from the time of the IFSP. For example, Johnny will crawl on all fours; Mary will say ten words; Joey will pick up small objects with his thumb and index finger; Janey will play with one toy for at least ten minutes, etc.

Strategies	Person Responsible	Review/ Modify Date
The evaluators will brainstorm with the family about strategies for meeting the outcome(s), and incorporating them into the daily routines/activities of the family as much as possible.	Family (the most important provider of intervention!)	Six months from date of IFSP or as needed
You may have as many outcomes as you need.	Early Intervention Team (teacher, PT, OT, ST, etc., depending on the needs of family and child)	
	Also listed is how often the therapist will see your child (might be once a month, or twice a month, or weekly, etc., depending on needs).	

Other Outcomes Desired by the Family

Outcome # ___ ______________________________________
____

These outcomes are things that are not directly related to a child's development, but pertain to the family as a whole.

Strategies	Person Responsible	Review/ Modify Date
An example might be helping the family learn more about their child's medical diagnosis, or finding respite care for family, etc.	Family Early Intervention Team	Or as needed

Adapted from Fairfax-Falls Church Interagency Coordinating Council, Fairfax, VA: 1998.

Early Intervention Program Questionnaire

Many early intervention programs provide services at no charge to families. Such services are provided by public agencies, such as the public school system, health department, or military hospitals. Other early intervention programs charge families on a sliding fee scale. If you encounter problems related to costs or availability of services, contact your service coordinator. That person is responsible for informing you of various options for finding other services, or helping you arrange for the payments. Early intervention services may be paid for under your TRICARE option, your private insurance, or by Medicaid. *To avoid unexpected expenses, obtain the answers to the following questions before starting services.* Remember you can say "no" to any service recommended, including one or more that you do not want to pay for.

1. **Does a military facility in your area provide early intervention services?** Must you use those services if you are enrolled in TRICARE Prime or live on base? Can you use those services if you do not live on base? If you live off base and receive early intervention services through a military facility, also consider referring your child to the public program. Some public programs offer services for your child and family not provided in military programs. You may want to take advantage of these opportunities.

2. If you are using physicians or service providers, such as therapists through a public early intervention program, **find out if the individuals are authorized TRICARE providers.** To become an authorized provider, the individual must complete an application process that includes providing evidence that they have the credentials to provide the service. Being an authorized TRICARE provider does not mean this person must accept what TRICARE has determined as the reasonable or allowable amount of the payment for the service; it merely means they have the credentials to be a provider. If the individual is not an authorized provider, he or she will not be reimbursed by TRICARE, even if the benefit is a covered benefit.

3. **Does the provider accept what TRICARE will pay for the service provided?** In addition to cost shares and deductibles, you will be responsible for any amounts billed that exceed what TRICARE deems to be reasonable: the TRICARE allowable amount.

4. **Are there any restrictions on the duration or frequency of a service identified as needed through the IFSP process?** Like other health plans, TRICARE has restrictions on how many times a week or for how long a period of time a beneficiary may receive certain services. For example, under basic TRICARE coverage, physical therapy treatment is limited to two sessions per week. Physical therapy treatment should be completed within 60 days, and should not exceed 20 sessions per calendar year. These limits can be exceeded, but they require a medical review. Without the review, claims exceeding these limits will not be paid. Under the TRICARE program is a benefit

> called Case Management or Utilization Management. Patients are referred for this benefit if they have a complex, serious illness or injury. A coordinator is assigned who, along with the family and medical professionals, develops a treatment plan. The details of the treatment plan determine the services to be covered.

Another program, available to active duty dependents that is separate from the TRICARE program, is the Program for Persons with Disabilities (PFPWD). This program is for service members who have a spouse or child with disabilities needing specialized care or training. The program is described in detail in Chapter 6 of this manual.

If a family member has complex medical needs, make an appointment with a Health Benefits Advisor to discuss the needs of the patient and the family, where you can review the family's financial resources to decide which program will work best to provide the needed medical care at the least expense to the family.

Chapter 3:
The Special Education Process

Introduction to Educational Advocacy

When your son or daughter begins attending school, you will have the opportunity to become involved in your child's special education program, to become his or her educational advocate. An educational advocate is a person who speaks knowledgeably on behalf of the educational needs of another person. You may feel that becoming an educational advocate sounds overwhelming. You may also wonder if you can possibly gain the knowledge to take on this role.

Educational advocacy is a job that can be broken down into two parts. First, as a parent acting as an advocate for your child, you need to be the "home information specialist." No one is more of an expert on your child than you are. Second, an educational advocate needs to understand the process of special education, and know effective ways to participate in this process. Both of these roles of advocacy will be outlined in this Handbook.

Home Information Specialist

A home information specialist is another way of saying that because you live every day with your child, you know him or her better than anyone else. Your special knowledge of your child is invaluable to schoolteachers, specialists, and administrators.

For example, you are aware that your young child plays quietly with one or two friends, but gets overexcited playing with a group of children. Your teenager may be very willing to help you cook meals, but can't plan and make an entire dinner. Or, you have taught your older child to pull himself up the stairs although he is unable to stand or walk.

These examples contain information that could help a teacher work with and better understand your child. For instance, if your child's behavior becomes more difficult to control when she is in a large group, she might be given a small quiet area of the classroom for her study area. If your teenager has expressed interest in cooking, you may want the teachers to help you plan for vocational training in food service. Or, if your child is able to use his upper body strength, a physical therapist will want to plan a program that incorporates this skill.

You can probably think of many examples of your child's behavior, skills, likes and dislikes that you have observed at home. Parents have found it helpful to organize this information by using words similar to those used by teachers and specialists. You will find it easier to give information to your child's teacher and others if it is put in categories familiar to educators.

Educators talk about children's development and their strengths and weaknesses by using developmental categories. These categories may include:

- Movement: Ability to use the muscles of the body to control large and small movements such as walking, jumping, writing, holding objects, rolling, chewing, and balancing.
- Communication: Ability to understand and respond to spoken language, gestures, or written symbols, and to express oneself clearly and with meaning.
- Social Relationships: Ability to relate to others—for example to play with other children, or to develop attachments to family members and friends.
- Self-Concept/Independence: Ability to distinguish oneself from others and to care for one's own needs.
- Senses/Perception: Ability to use eyes, ears, and the senses of touch, smell, and taste to learn about one's environment.
- Thinking Skills: Ability to reason and solve problems, to classify, to make associations, understand similarities and differences, and to comprehend cause-and-effect relationships. School skills such as reading, arithmetic, and spelling can be placed in this category.
- Learning Style: Ability to learn in one's own unique way: for example, some learn best by reading, others by hearing lessons on a tape recorder, others by "hands-on" experiences, or by a combination of methods.

You may wonder if these categories are the same that teachers and specialists use. In fact, there are many classification systems for development, but they all are basically the same. *This Handbook is written with you, the parent, in mind, and takes the viewpoint that your language about your child is the best language*. These very generalized categories are suggested so that with very little translation, squeezing, or interpretation, they will allow you to communicate very well with people in the schools.

At the end of this chapter you will find, in a section titled Chapter Additions, a *Developmental Achievement Chart*. The chart is divided into three parts. The first part is a record of what you observe your child currently can do. The second is a record of what your child is now learning. The third part is a record of what you feel your child will be able to do in six months. The sample chart is filled out to give you an idea of what kinds of information can be recorded. A blank chart for you to use for your child follows this chart. You may want to photocopy the blank chart so that you can make a new chart every six months to have a good record of your child's progress. This chart is provided as an easy way to take information about your child to the school meetings in a form that is easily understood and useful to all.

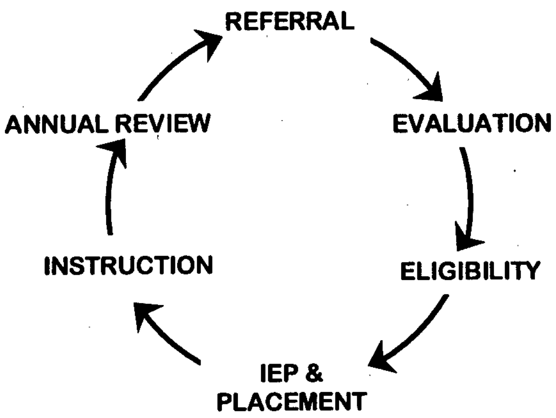
Educational Advocacy in School Meetings

The second role of an educational advocate is to understand and work through the process of special education. In order to become knowledgeable about this special education planning process, it is necessary to take an in-depth look at the special education cycle.

The Special Education Cycle

How, when, and with whom do you share the information you have gathered as the "home information specialist"? What decisions are made about your child's special education program? What rights, as a parent, do you have to participate in these decisions?

These questions can be answered by examining the special education process, or cycle, which is governed by the federal laws that were discussed in Chapter 1. A number of formal activities make up the special education cycle. Each activity follows the one before, as indicated by the arrows in the diagram below. No phase of the cycle can be skipped before going on to the next. A brief description of each activity within the cycle follows.



Special Education Cycle

Referral: When a parent, school person, doctor, or friend notices that a child is not making expected progress at home or in school, that information is given in writing to the school system so that testing can take place to understand the child's development.

Evaluation: An evaluation is a careful look by a team of teachers and specialists to determine a child's abilities, strengths, and weaknesses. Formal tests are given to gain information about the child's development in movement, communication, social relationships, behavior, independence/self-concept, senses/perception, thinking skills, and learning style. This information about the child's educational needs is used to determine whether a special education program is necessary.

Eligibility: In order for a child to receive special education services, the child must first qualify according to guidelines. At the eligibility meeting, a decision is made as to whether or not a child meets the program requirements to receive special education services. Parents and their opinions are included in this important decision-making meeting.

Individualized Education Program (IEP): Every child found eligible for special education must have an Individualized Education Program (IEP). The IEP is a written statement describing the specially designed program, including individualized goals and objectives, developed to meet the unique educational needs of the child. IDEA includes parents as members of the team to develop the IEP. Parent contributions and participation help to develop the best IEP.

Placement: The placement decision identifies the appropriate school program and services needed to meet each child's educational goals. Program and services may include the classroom in which the child is placed, as well as support services such as speech therapy, occupational therapy, transportation, and other services needed by the child to assist in his or her learning. Again, parents are granted the right to participate in the placement deliberations and decisions.

Instruction: After the goals and objectives of the IEP are written, and a child has been placed in his or her school setting, learning activities begin in the classroom and in the support services. Parents and school people continue to work together to make the IEP and placement work for the child.

Annual Review: At least once a year the IEP is reviewed and a new IEP is developed for the next year. In addition, any time there is a major change, or proposed change in a child's school program, parents and school people must gather more information and reassess the appropriate education program for the child, and if necessary, modify the IEP. Either a parent or the school people can request an IEP meeting at any time. Every three years there is a review of the current data, new evaluations if necessary, and an eligibility decision for every child in special education. This is called the *triennial review*.

Every school system in the United States and in Department of Defense Dependents Schools (DoDDS) has a set of regulations governing special education that must include these activities. Some large school systems have very detailed, lengthy regulations, while others have just a few pages, or use the regulations from the state education agency. Many parents find it useful to get a copy of the regulations for the school system where they live, or to which they will be moving. Contact the superintendent of schools, the director of special education, or the special education citizen's advisory committee to ask for a copy of the local regulations. The school system must have a copy available for you to see.

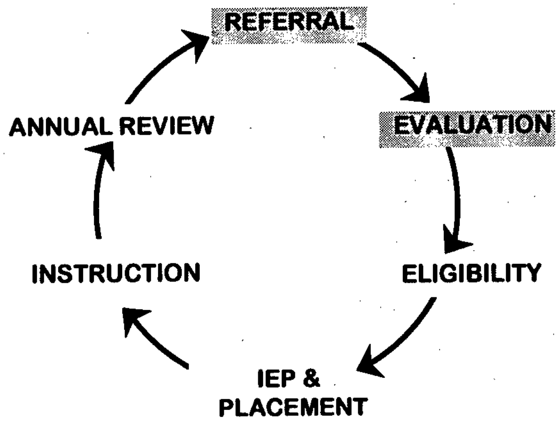
Hopefully, they will give you a copy. Otherwise, the local public library will have a copy for you to use and to copy relevant portions.

In addition, you can write to the Director of Special Education in your state, or the state to which you are being transferred, and request a copy of the state regulations governing special education programs. Appendix B has a list of addresses of all state divisions of special education in the United States and territories. Most states also publish helpful booklets or handbooks for parents of children with disabilities that explain available state services.

If you are to be stationed overseas, be sure to contact DoDDS for a copy of their procedures and regulations. DoDDS has prepared "A Handbook for Parents" which is particularly informative. Appendix C contains the address for this information.

Activities in the Special Education Cycle

In the following sections, you will find a detailed explanation of each of the activities in the special education cycle. First comes further definition of the activity. Second are the requirements placed on the school system by the laws. Third, you will find outlined various roles you as a parent can choose as the educational advocate for your child.



Referral and Evaluation

Often a parent is the first person to be aware that their child might need special education. For example, you may have observed that other two-year-olds speak in complete sentences, yet your child of the same age uses only a few words. Or, your son does not catch a ball or skip, yet other eight-year-olds have mastered these skills. You may have known since the time your child was an infant, she would require special education services. You can refer your child to the school principal or to the Director of Special Education for an evaluation.

Sometimes a preschool teacher, an elementary schoolteacher, a pediatrician, or other professional may suggest that your child needs to be evaluated for special education services. Any of these individuals, including you, can make a referral to the school system for your child to be evaluated. This referral must be made in writing, often on a form provided by the schools.

Once a referral has been made, in many school systems, a screening committee meets to discuss whether or not there is enough evidence to warrant a complete evaluation of the child. Screening committees are usually located in the child's home school. The screening committee may decide that there is not enough evidence to suggest that your child needs special help to succeed in school. Frequently, screening committees recommend classroom supports or accommodations be tried first before proceeding toward a formal evaluation and special education services. Or the committee may determine that your child should have a full evaluation. Parents may be invited to participate in the screening committee meeting, but in some schools, parents may not be notified about the meeting unless a decision has been made that the child needs a full evaluation. If the parent has made the referral, he or she must be included in this meeting.

If you have not been a part of the screening committee's activities, you may first learn that your child is being considered for special education when a letter arrives from the school system requesting permission to evaluate your child. Under federal and state laws, school systems must notify parents of their plan to evaluate a child, and a parent's permission must be granted before the testing begins.

School systems use many different tests and materials to evaluate children. Some states may regulate what tests are to be used. This information can be found in your state special education regulations. Basically, all tests and materials can be grouped into four categories or "assessment components."

- **Cognitive** - assessment of the child's reasoning, remembering, understanding, judgement, ability to learn, and current levels of academic performance

- **Behavioral** - assessment of a child's interests, ability to follow rules, attention to tasks, relationships with children and adults, and behavior in school, at home, and in other settings

- **Physical** - assessment of the child's general health, vision, hearing, communicative status, and motor abilities

- **Developmental** - assessment of the child's growth and skills in a number of areas, including language, social and emotional status, mobility, and organizing one's life

As you think about these assessment components, you will see that there is much overlap among the areas. Because of this, your participation in planning the evaluation with the school people, as well as the information you provide before, during, and after the evaluation is very important.

Requirements – Referral and Evaluation

During the evaluation, all school systems must follow certain procedures when evaluating a child.

First, the administrator for special education must inform you in writing of the school's intent to evaluate your child, of your rights as parents pertaining to special education for your child, and the need for your permission before the evaluation can take place. The school system is obligated to make every effort to communicate this information in a way that you can understand it. For example, you might need a language interpreter if your native language is not English. If you have difficulty reading, the notice should be read and explained by a representative of the school system.

Second, the school system must have established procedures which provide for the following:

- Your written consent before your child is evaluated.
- Your active participation in providing information about your child's growth and development during the evaluation process.
- The assignment of a surrogate parent if you are not available to protect your child's interests or if you refuse to participate. A surrogate is appointed during a formal hearing within the school system.
- Assurance that all evaluation results will be made available to you and will be kept confidential.
- An opportunity for you to obtain an independent evaluation of your child if you believe that the school's evaluation is invalid or biased.
- An opportunity for you to have a meeting during which you can question the evaluation results with which you disagree.
- An opportunity for you to examine your child's official school records.
- Testing that does not discriminate against your child because of cultural or racial bias, or because the tests are inappropriate for a person with your child's disability.

Third, the school system must administer the tests and other evaluation materials in your child's native language and primary means of communication.

Professionals must approve the tests for the specific purposes for which they are being used. The tests must be administered by trained professionals in a manner that conforms to the instructions of the persons who produced the tests and materials.

Finally, the tests and evaluation materials must assess a wide range of educational and developmental needs and capabilities in addition to tests that provide only a measure of general intelligence. These tests must be selected and administered to ensure that they accurately reflect your child's aptitude, achievement level, or whatever other factors they are designed to measure, rather than reflecting only your child's disabilities.

The team or committee that conducts the evaluation should include people from various professional backgrounds. It should include at least one teacher or specialist with expertise in the area of your child's suspected disability: for example, learning disability, visual or hearing problem, mental retardation, or physical disability. All areas related to the disability should be assessed, including, when appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communication skills, behavior, and motor or physical abilities. Your active participation as a parent helps to determine which areas should be tested.

School systems are required to invite parents to an evaluation conference to discuss and explain the findings of the formal evaluation. If you are not invited to such a conference, you can request one because you need to understand how the school sees your child's abilities and problem areas. This will help you work confidently as your child's educational advocate with school officials in the upcoming activities in the special education cycle. Your active participation and sharing of your observations help school officials understand your child more fully.

The Independent Evaluation

Before moving to the next activity in the special education cycle, called Eligibility, both the parents and the school system must agree that the evaluation results are accurate, complete, consistent, and up to date. If you do not agree, there are actions to be taken both by the schools and by the parents. An informal request by the parents to do additional testing, to add materials to the record, or to remove a test that you believe is inaccurate can sometimes remedy the situation.

If this informal request does not resolve your concerns, you can take a more formal approach. You can request an independent evaluation of your child at public expense. The school system pays for the testing done by this independent person. You, as parents, do not have to prove that the school's evaluation is incorrect. In other words, you are entitled to an independent evaluation if you have reason to believe the school's evaluation was inadequate.

School officials, however, do not have to agree to an independent evaluation. If they choose, they may hold a hearing and prove to the hearing officer that their evaluation is appropriate. Unless this is done, the school system cannot deny a request for an independent evaluation.

School Records

At this point, you have collected information about your child from two main sources—your own observations, and the observations made through the formal evaluation process. Although you may have had the testing and evaluation results explained to you, you may be concerned about remembering all that was said. The school system maintains all information about your child within the official school record.

Schools are required by law to have certain records on students. They are required by law to make these records available to you when you request them. You are entitled to receive a complete and free copy of the evaluation results. If you need additional copies, either for miscellaneous items not a part of the current evaluation or for papers you have lost, the school may charge you only for the cost of reproduction. They cannot charge you for the time a school employee spends doing the copying.

The school keeps three kinds of records, sometimes in the same place and sometimes in different places, and you may need information from all three.

First, the school keeps a cumulative file which contains such information as report cards, standardized achievement test scores, attendance records, teacher reports, and a copy of your child's Individualized Education Program (IEP), if he or she is already in special education. You can get a copy of this file by inquiring at the school office, or by asking the principal.

Second, a confidential file may also be kept at your child's school, or it may be in a central administrative office where the office of special education is located. Your school principal will know where you can find this file. The confidential file contains all of the reports written as a result of your child's evaluation; reports of independent evaluators, if available; medical records; summary reports of meetings of the evaluation team and the eligibility committee; and possibly correspondence between you and the school.

Third, some school systems keep a separate file containing reports of all meetings, correspondence between parents and school officials, and other similar documents in a compliance file. You will need to determine if your school system maintains this as a separate file.

To receive copies of any of these files, you can ask your school what procedures to follow. You may make an appointment to go to the school and look at the records. The school is required to have a professional available to you to answer any questions. If you request copies of the records, they are required to provide them. The school may charge you only for the cost of reproducing and mailing the records, not for any personnel costs. Many school systems provide the first copies free. Some school systems make you sign a written request or release-of-information for copies of the records.

There are some records schools are not required to show to parents. Among these are teachers' or counselors' personal notes made for their personal use, records of school security police, if they are kept separately and are used for law enforcement purposes, and personnel records of school employees.

Once you have obtained copies of your child's records, you may find certain material that appears inaccurate, biased, incomplete, or inconsistent. Report it to the school, and follow these guidelines to have the corrections made:

- School officials hear your request and the reasons you wish to change the records. Often the school official will honor this request, make the changes, and there will be no further problem.

- If they refuse to make the changes, you can make a formal request in writing asking for a records hearing. A meeting will be scheduled between you and the school officials, presided over by a hearing officer. The hearing officer will allow you and the school to present your points of view, then make a decision. A records hearing officer is a person within the school system who does not have direct interest in the situation. Most such decisions are impartial, but if you feel the decision reached is not in your favor and the objectionable record is not changed or removed, you can take other actions.

- You may write a statement explaining your objections to certain material, stating why you believe it is inaccurate, false, or inappropriate. The school is required by law to attach your statement to the record and release it to anyone who has access to the record.

As a parent of a child with a disability, you will have a special interest in the contents of your child's record. Because these records are reviewed and considered when important decisions are made for your child, you will want to review the records at least annually. You should also have a duplicate copy of all that is in your child's file to keep at home.

If your son or daughter reaches 18, or the "age of majority," while being served in the school system, he or she may legally assume the rights and responsibilities that come with majority status. The age of majority may differ from state to state. Examples of changes brought about by your child's majority status may include as a parent, you no longer have access to the school records; and parental consent (your permission) would no longer be required for the IEP or a change in placement. Consent would now have to come from your adult child. Procedures for parents retaining educational decision-making for a child who is at age of majority will vary from state to state. They may include power of attorney, or a court finding of incompetence or incapacitation. The school system has a duty to notify both you and your child of this "transfer of rights," and the implications for parents and students. In some cases, the transfer of rights would not occur because the student has been determined "incompetent," or unable to make informed consent according to state law. In other cases, though an individual is not determined "incompetent," he or she may not be expected to assume the responsibility of "informed consent." In this case, you, as the parent or as the guardian, can be appointed as the person who will represent the student in making educational decisions.

Because you are a military family, your family most likely will move from place to place. When you move, be certain to have a copy of all of your child's records that you wish transferred. Be certain these records are up-to-date, and those items that are no longer appropriate removed from the file. When you reach your new location, you can take a copy of your child's entire school record to facilitate your child's smooth entry into the new school setting. At the end of this chapter, you will find the *Military Transfer Checklist* to assist you in making an easier transition.

Navy and other military families have some additional considerations surrounding your change in stations and your child's change in schools. If your spouse is going on a lengthy cruise or assignment away from home, you may want to obtain a current power of attorney. This will enable you to make important decisions on your own. To obtain Navy health care records, you will be required to provide a privacy act statement. A part of this statement will require the social security number of the military member.

Occasionally, a Navy family can be in a delicate position if the Navy member is in a sensitive or high security position. Medical records are sometimes considered classified information, and extra time and effort is required to obtain these records. Therefore, action well in advance of the transfer is needed.

The Parents' Role – Referral and Evaluation

During the evaluation activities, you may feel uncertain how best to help your child. The following suggestions are intended to help you be more confident about your decisions and actions. You need not, and probably will not, do all of them. Choose those actions that seem most useful to you.

Before the Evaluation

After you have been notified in writing that the school system wants to evaluate your child, you must decide whether or not to give permission for your child to be tested. Some things you may choose to do to help you make this decision are:

- Talk to someone—share your feelings about having your child tested.
- Get parent handbooks and pamphlets on evaluation.

- Find out about the tests that will be used and what they measure.
- Make a list of all of your questions.
- Identify the school person responsible for your child's evaluation.
- Ask school officials to talk to you, and to put in writing the reasons for the evaluation.

When you have decided to give permission for the school to evaluate your child, you may want to do several things to prepare yourself and your child for the experience. You may:

- Make a list of the difficult and helpful parts of a previous evaluation.
- Talk with your child about the reasons for the evaluation.
- Visit the place where the evaluation will be given.
- Give your child some choices about the evaluation, such as what to wear.

During the Evaluation

While the evaluation is in progress you can help put your child at ease by doing one or more of the following:

- Review the day's plan with your child, including a celebration when it is over.
- Make sure your child is in good health that day, and has had a good night's sleep.
- If your child is young, let him or her know you will be there, if appropriate.
- Observe the evaluation if you can, and write down your thoughts concerning your child's responses.

After the Evaluation

When the evaluation is completed you may want to:

- Ask your child which activities and people he or she liked and disliked.
- Praise him or her for the successes.
- Have a celebration for your child (and for you!).

- Write down any additional thoughts you might have regarding the evaluation experience.

- Get a copy of the evaluation reports, and read them to see if they accurately describe your child.

- Meet with the school people, either at their invitation or at your request, so they can explain the results of the evaluation to you.

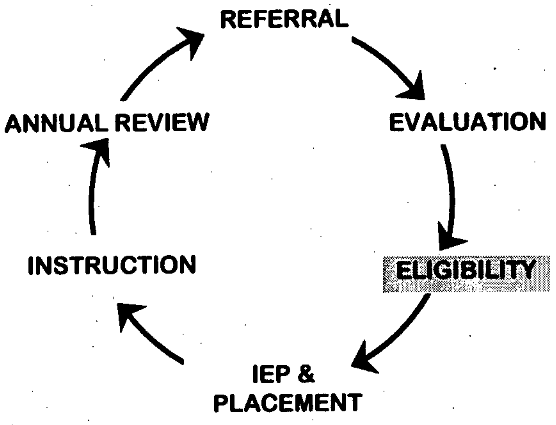
- If you have disagreement over the content of the records, work to solve this first informally, then if necessary, take the more formal action of requesting a record hearing.

Eligibility

Eligibility is the determination of whether or not a child qualifies to receive special education services based on meeting established criteria. A committee makes the eligibility decision. The eligibility committee, called by different names in different school systems, is required to match the results of the evaluation with the definitions for the various disabilities identified in the Individuals with Disabilities Education Act (IDEA). Children eligible for special education services are children:

- who have mental retardation; hearing impairments including deafness; speech, or language impairments; visual impairments including blindness; emotional disturbance; orthopedic impairments; autism; traumatic brain injury; other health impairments; learning disabilities; developmental delay (for children ages three through nine); and

- who because of their disability require special education in order to benefit from their educational program.



Each state and DoDDS have their own categories and definitions of these disabilities. Some, for example, may have a category called multiple-disabilities, severe or profound retardation, or others. All states must, however, follow the regulations for IDEA.

Requirements – Eligibility

The school system has an eligibility committee made up of you, the parent, teachers, specialists, and administrators in special education. The committee comes together to consider the evaluation results, the definitions of disabilities, and to decide upon the need for special education services for a particular child. If all of the formal and informal evaluation information about your child matches the definition of a disability category, your child will be found eligible for special education services. Should you and the other members of the committee feel the results of the testing do not match the definitions, your child will not be eligible for special education.

At the end of the meeting, committee members are required to write and sign a statement giving the results of their deliberations. This document will be placed in your child's record, most likely in the confidential file maintained by the school system.

The Parents' Role – Eligibility

Parent participation is required in the eligibility meeting. So once again you can be your child's educational advocate, bringing your personal knowledge and viewpoints into this important meeting.

The eligibility procedures used by your school system should be described in your local or state regulations. After the school system notifies you of the eligibility committee meeting, let them know your plans to attend. Tell them you wish to speak about your child, his or her development, and needs. In some school systems you will find that the evaluation conference in which the results of the tests are discussed with you, and the eligibility meeting are one and the same meeting. Ask a school representative how these two meetings are handled in your district.

When you attend your child's eligibility meeting, you may want to take the following steps:

- Ask another person—spouse, friend, or professional who has worked with your child—to attend the meeting with you. If you go alone, you may feel overwhelmed by the number of professional school people there.

- Before the meeting starts, pass around a picture or two of your child and family. In this way, the group knows your son or daughter is far more than a pile of test results.

- As the meeting opens, ask the chairperson what the procedures will be, at what point can you present your opinions, and who the other voting members are. Ask to have a copy of the official report of the meeting as soon as it is available.

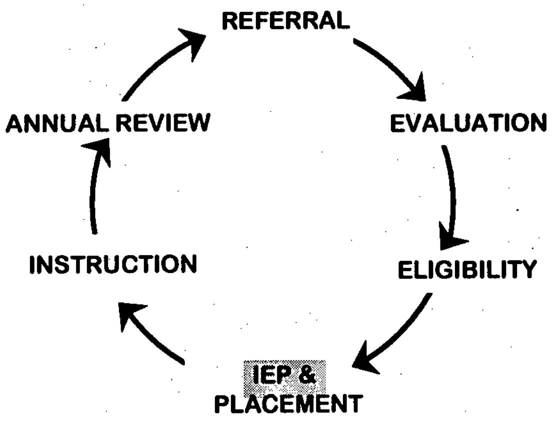
- Be prepared to present your opinions in a statement that you have developed prior to the meeting. Describe your child's learning style and other factors that relate to his or her learning and growing. Your statement can be included in the evaluation record if you want.

Two major points of disagreement can arise between parents and the school systems as a result of the eligibility decision. One problem is when a school finds the child ineligible for special education, while the parents believe the child needs special services. The other problem that occurs is when the school system finds the child eligible for special education under one definition of a disability, and the parents believe their child has a different disability, or has no disability requiring special services.

If either of these situations occurs, you do not have to accept the decision of the eligibility committee. You may request an administrative review within the school system. If this intermediate step does not resolve the situation or is not available, or you are dissatisfied with the results, you can request either mediation, a due process hearing, or both at the same time to avoid undue delay in getting what you believe is appropriate for your child. Administrative review, mediation, and due process hearings are discussed in Chapter 5 of this Handbook.

If you and the school have agreed on the eligibility of your child for special education, the next activity in the special education process is to develop an Individualized Education Program (IEP). According to federal regulations, the IEP must be developed within 30 days of the eligibility decision.

Individualized Education Program (IEP)



An Individualized Education Program (IEP) is a planning document written by an IEP team for a student in special education. The team includes the student, when appropriate, the parent, a special education teacher, a general education teacher, specialists, and a school administrator. The document describes the special education program and services, and the participation of the student in general education for an entire school year.

The IEP has six parts:

1. **A description of the student**. The first section of the IEP includes the name, age, address, and other identifying factors. It also includes descriptions of the child's present levels of development, educational, and behavioral performance.

2. **Goals and benchmarks or short-term objectives**. Goals are long-range plans. Benchmarks or short-term objectives are identifiable steps attained in reaching the goals. A goal in a child's IEP tells:

   a. **Who** will achieve;

   b. **What** skill or behavior;

   c. **How**, in what manner or at what level;

   d. **Where**, in what setting and under what conditions; and

   e. **When**, by what date.

Examples of clearly written goals are:

- Edward will use five self-help words, appropriately using sign language, in his classroom and in speech therapy by June 10.

- Nina will complete all English assignments, in the regular classroom, using cursive writing by May 31.

Benchmarks or objectives are intermediate steps taken toward the long-term goals. Benchmarks describe the expectations of who, what, how, where, and when, as the child works toward the goal.

Examples of clearly written benchmarks for Edward and Nina are:

- Edward will use the sign language symbol for "bathroom" by October 15.

- Nina will write a full paragraph in cursive writing by November 1.

Goals, and benchmarks or objectives are carefully written so that students, teachers, and parents will know when they have been accomplished. IDEA has in the past required that goals be followed by "short-term objectives." Newer requirements in IDEA recognized that many schools and families were caught in too much detail in writing short-term objectives. Such detail is better left to the teacher in the classroom. Now either benchmarks or objectives are allowed to mark the way toward the annual goals.

Another new requirement in IDEA is the inclusion of positive behavioral supports, interventions, and strategies if the child's behavior is inhibiting his or her ability to learn. The IEP team considers the strengths of the child and the concerns of the parents. If a child's behavior interferes with his or her learning or the learning of others, the IEP team must develop ways to address and improve the behavior, including positive behavioral interventions, strategies, and supports. The positive behavioral program, based upon a behavioral assessment, is included as a part of the IEP.

Additionally, new requirements in IDEA specify that the IEP team must consider any technological or assistive devices the child might need to enable him or her to benefit from the educational program. Computers, hearing aids, Braille machines, tape recorders, and many other such aids to learning should be written into the IEP if the child needs it.

3. **Related Services**. The third section of the IEP describes what special services are to be provided, indicates how much time the child will be in the services, and who will provide them. Below are listed some of the related services a child could receive. These might include one or more of the following:

a. Assistive technology: Any item, piece of equipment, or product system that is used to increase, maintain, or improve the functional capabilities of children with disabilities (e.g., augmentative communication boards, computer input devices, special switches, etc.).

b. Audiology: Services provided by an audiologist to screen, assess, and identify children with hearing loss. Based on the results of the testing, audiological services such as language improvement, speech or lip reading, conversation, or appropriate use of hearing aids are provided by the hearing specialist, speech therapist, or teachers.

c. Counseling services: School counselors work to improve the behavioral adjustment, self-control, career awareness, and self-esteem to help a special education student to benefit from the school program.

d. Medical services: Licensed physicians perform diagnostic services and make recommendations for special education services based on conditions related to the child's disability.

e. Occupational Therapy (OT): Activities focused on fine motor skills and perceptual abilities that assist in improving daily life functioning, physical, social, psychological, and/or intellectual development (e.g., rolling a ball, sorting objects, grasping a pencil, eating, etc.).

f. Orientation and mobility services: Assistance not only for visually impaired children, but also for any child who needs to be taught to travel to, from, and around the school.

g. Parent counseling and training: Assists parents of children with disabilities in understanding the special needs and development of their child. Referrals to outside support groups, financial assistance, and to other professionals are a part of this service.

h. Physical therapy (PT): Provided by a licensed physical therapist, this service concentrates on gross motor functioning as it relates to postural control and daily living routines. Sitting, standing, moving, and sensory processing are examples of skills worked on.

i. Psychological services: School psychologists give psychological and educational tests, interpret assessment results, consult with other school staff, and provide psychological counseling for children and parents.

j. Recreation: Provided by a recreation therapist, physical education teacher, or regular teacher, to include the assessment of leisure and play skills, and recreation programs to assist the student to benefit from his or her education.

k. Rehabilitative counseling services: Career development, employment preparation, independence training, vocational rehabilitation, and integration into the workplace and community of a student with disabilities are guided by a counselor from the school system or from vocational rehabilitation programs.

l. School health services: A school nurse or other qualified professional gives medications and provides health related services, such as catheterization or breathing therapy.

m. Social work services: School social workers prepare social or developmental histories, provide group and individual counseling, work with problems in a child's living situation at home, school, or community that affect adjustment in school, and coordinate school and community resources to help a child benefit from the educational program.

n. Speech/language pathology and audiology: Speech and language therapists identify children with speech and language problems, diagnose speech and language disorders, provide therapy for the improvement of communication problems, and counsel children, parents, and teachers regarding speech and language problems.

o. Transportation: Schools are responsible for special education students' travel to and from school, in and around school buildings, and for specialized equipment such as special buses, lifts, ramps, and special equipment for mobility.

The above list does not exclude other supportive services that the IEP team determines your child may need. Specific goals and benchmarks are written for the related services, just as they are written for the ongoing classroom work.

4. **Special Education Placement**. This section of the IEP describes what special education programs and services are to be provided to the student. It also indicates how much of the day the student will spend in the regular education classroom with children who are not in special education. The classroom placement is based upon the goals and benchmarks developed for your son or daughter, and the classroom that can best help him or her to reach these goals. A more detailed discussion will be found in the next section of this Handbook in *Placement - Requirements.*

5. **Time, Location, and Duration of Services**. The fifth part of the IEP describes when the special education services will begin, how long each of the services will likely be needed, where they will be located, and when progress will be assessed in order to make adjustments, and if needed, changes. The IEP is reviewed each year and recommendations for changes are made at this time.

6. **Evaluation of the IEP**. The final section describes how the IEP will be evaluated. Methods to be used to determine whether the child has reached goals and objectives are stated. Evaluation can include such methods as teacher-constructed tests, progress reports, examples of schoolwork, classroom observations, standardized tests, or tape recordings.

Requirements – Individualized Education Program

Each year a new IEP is developed for a student. A meeting is held to review your child's progress and to set new goals and benchmarks. You may request an IEP meeting at any time to review and discuss your child's educational progress and the services he or she is receiving.

At least three people must attend an IEP meeting—the parent, a teacher, and a representative of the school system who is qualified to provide or supervise the special education programs, and who is also knowledgeable about the general education curriculum. This person is usually a supervisor or administrator who has the authority to make a commitment of the school system's resources to your child. Sometimes other specialists or educators attend. When a child with disabilities is to be included in the regular curriculum, at least one regular education teacher is to be included on the IEP team. Many times it is appropriate for your child to attend so that he or she can be a part of the planning and decision making and can understand what to expect.

Because the parent's information and participation is so important, the school system is required to notify you in writing of <u>when</u> the IEP meeting will take place, its <u>purpose</u>, and <u>who</u> will attend. When your child reaches age 14, the schools are required to include him or her in the meeting when plans are being made for the transition from school into life after high school.

The Parents' Role – Individualized Education Program

An IEP meeting is a good time for parents to contribute their special knowledge of their child. In the first section of the written IEP, the description of the student and the present levels of performance, a parent's perspective is very valuable. You live with your son or daughter every day and know your child's strengths, interests, learning style, and where he or she needs special help. Teachers value this information and when you contribute such information at an IEP, the teachers become acquainted with your child.

At the IEP meeting, you should offer your observations of your child's performance and behavior. You can share your ideas for goals and objectives and discuss the programs and services you believe your child will need in order to achieve them. You can also discuss the extent to which you believe your child should participate in the regular education classroom. In addition, a parent's contribution to the writing of goals and objectives allows you to know what the expectations are for your child, and to assist at home in reaching those goals.

You may bring another person to the IEP meeting who knows your child, or has special expertise. If you choose to take another person with you, you should help this person to understand clearly your position and the role you wish him or her to take at the meeting. At the end of the discussion, make certain all of your ideas and concerns have been considered. You and the person who accompanied you to the meeting together may want to discuss whether or not all of your questions and concerns have been discussed, clarified or resolved.

At the end of this chapter, in Chapter Additions, you will find a *Checklist for Effective IEPs* to assist you in evaluating the IEP. If you are satisfied that the IEP meets your child's needs, you then sign the IEP indicating your acceptance of the plan. If you want to take more time for a decision, you may ask to review the IEP for a few days before you sign it. In this case, you should indicate the date by which you will return it.

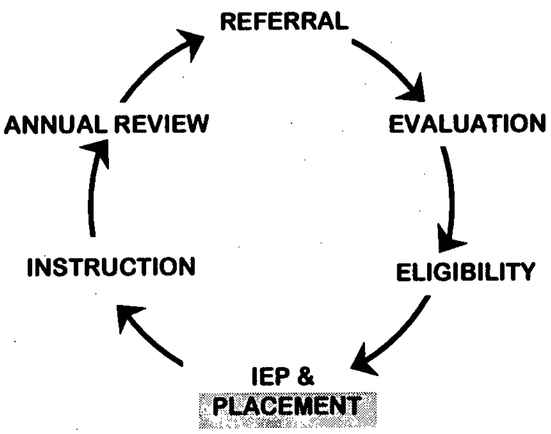
If you find the IEP unacceptable, you should tell the IEP team members which parts are unacceptable. If they refuse to change them, you can ask for additional time to consider the IEP, and then you have three options. You may:

- **<u>Sign the IEP</u>** and the document that gives your permission for placement in the special education program, but indicate in writing the parts of the IEP you find objectionable. In this way, you go on record as believing your child's IEP fails to meet all of his or her needs.

- **Sign the IEP** and the document indicating your child's placement, but state which parts you find objectionable and indicate in writing your plan to appeal those parts. This option enables your child to get the services indicated while your appeal is pending. The procedures for due process appeals and/or mediation are described in Chapter 5: *When Disagreements Arise.*

- **Refuse to sign the IEP** and permission for placement and indicate in writing that you intend to appeal the IEP. Before doing this, be sure to ask what educational services your child will receive while awaiting the resolution of the conflict. In most cases, the child stays in the same placement he or she has been in prior to the development of the new IEP.

Placement



Placement is the setting in which a child with disabilities is educated. Placement includes the school, the classroom, related services, community-based services, and the amount of time a child will spend with peers and others who do not have disabilities.

For many years, children with disabilities were placed in classes based upon their "label," that is, the name of the disability. For example, children with mental retardation were in classes with only other children with retardation. Or, children with physical disabilities were placed in classrooms where everyone had a physical disability. Now, with the Individuals with Disabilities Education Act (IDEA), placement is guided by the IEP—by goals, objectives, and the services required to reach them.

Requirements – Placement

The Individuals with Disabilities Education Act (IDEA) requires a placement decision made by the parents and the school system that is based upon the goals, benchmarks, objectives, and services needed for each individual child. IDEA is based upon strong policy that children with disabilities should remain in the regular classroom whenever possible. The concept of "least restrictive environment" for a child with disabilities is an integral part of IDEA. Least restrictive environment is defined by the extent to which the child will be educated with students who do not have disabilities. Children should be removed from the regular classroom only when the nature and severity of the disability makes it necessary to do so.

School systems are required to provide a continuum of alternative placements and go through a series of steps to arrive at a recommended placement. The continuum of alternative placements moves from the general education classroom, through resource rooms or pullout classes, all the way to self-contained classrooms, private schools, or residential placements. After formulating the goals and objectives, the first question to be asked is, "What are the specific services needed by the student?" After this question has been answered, the second question is, "In what place or places can these services best be provided?"

A discussion then focuses on the question, "Is the general education classroom, with no changes or modifications, the place where the services can be provided?" If "yes," then that is the placement. If "no," then the consideration becomes, "How can the general education classroom be modified with supplementary services or aids to accommodate the student?" At each level of the continuum of placements, the question is asked, "Is this level, with no changes or modifications, the place where services can be provided?" If not, "Can this level be changed or modified with supplementary services or aids to accommodate this student and the services he or she needs?" You only move away from the general education classroom placement by asking these questions until you get a "yes."

Education in the least restrictive environment also includes the requirement that a child be educated in the neighborhood school that he or she would normally attend, unless the IEP specifically requires other arrangements. If the child's unique educational needs, as determined by an evaluation and stated in the IEP, cannot be met in an existing program, an appropriate educational program must be designed. When an appropriate placement is not available in the public school system, private day, or residential school must be provided at public expense.

The Parent's Role – Placement

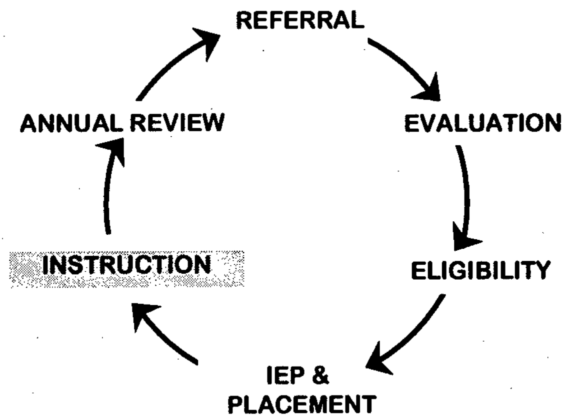
School placement includes the school and type of classroom your son or daughter will attend, as well as the type of teacher (general and special education) assigned, the amount of time to be spent with students who do not have disabilities, and the related services he or she requires in order to benefit from special education. The best way for a parent to determine whether the proposed placement will meet your child's needs is to visit the school and classroom before you give consent for the placement. By talking to teachers and administrators, by observing in the classroom and on the playground, and by eating in the school cafeteria, you can obtain valuable information about the placement.

A Navy Parent Speaks

> *"I had a hard time during the IEP deciding about placement. I kept asking others and myself—Is special education in a classroom with a smaller group of kids and a specially trained teacher what is best for my son? Or, on the other hand, since he is a teenager and so influenced by what his peers think, should he be in the regular class? To be pulled out into a special class is extraordinarily painful for him. But in the long run, he was better off in special education."*

If you are uncertain what to look for when you visit a school, you may want to use the *Observation Guide for School Placement* found at the end of this section. The observation guide lists factors to be considered in gathering information about school programs.

Instruction



Instruction is the actual day-to-day classroom education and the support services written in your child's IEP. Your child spends at least a portion of the day in either a general or special education classroom learning reading, writing, speaking, math, problem solving, and other basic education skills. If your son or daughter has support services, such as speech therapy, physical therapy, adaptive physical education, or other extra service spelled out in the IEP, such services are a part of the special education program. Older students might also have work-study assignments in the community. All of this is the ongoing day-to-day special education instruction for your child, but is not your child's total education program. There may be general education areas of instruction where no special education support is needed.

A Navy Parent Speaks

> *"I was really afraid kids would make fun of my child. Would they understand it's hard to hold her head up or talk? But when I took five minutes to explain cerebral palsy to the kids and they began to get to know her, it was better than I had ever dreamed. After a month, she got invited to her first birthday party."*

Requirements – Instruction

The school system is required to provide classroom instruction and support services as written in the IEP. The instruction is individualized. Individualized education is different from what children who are not in special education receive. For example, many classrooms have all children working on the same skills at the same time. Special education students may be a part of large group instruction. However, the teachers are required to plan individually for special education students. A child with learning disabilities might have as his special instruction, a tape recording of the homework assignment, rather than written work. A child with a physical disability who uses a wheelchair may have special instruction designed to assist her in completing certain physical requirements, such as keyboarding or feeding herself.

In addition to adapting classroom work to the individual needs of your child, the school system is required to provide the support services that he or she needs to benefit from the educational program. They are required to provide the amount of time support services are given each week, who will provide it, and in what setting as written in the IEP.

Schools must also provide parents a report of a child's progress in the IEP at least as often as for children in the general curriculum.

The Parents' Role – Instruction

After your child has been evaluated, found eligible for special education, had an IEP written and placement determined, it is finally time for instruction to begin. At this time, you have traveled a long road in the special education process. You are probably beginning to feel relieved and ready to relax—at least momentarily!

You will want to check up on your child's instruction to be certain that the IEP is being followed as developed. You will need to know if your child is receiving all the related services specified in the IEP.

If your child is in special education for the first time, it is wise to allow the teachers a little time to get the program going smoothly before beginning to check on your child's program. Frequently, teachers spend a week or two at the beginning of the year getting to know their students and scheduling the various activities for each child.

Once your child's instructional program is under way, you can follow progress in several ways:

- Develop good rapport with your child's teacher. This is the best and most essential way to know how your child is doing in the classroom. Some parents and teachers correspond with each other through **notebooks** passed back and forth, by regular phone calls, or by frequent personal conferences. To aid you in establishing a good relationship with your child's teachers, it helps to express your understanding of the difficult job that teachers have and to compliment the teachers for the things they do well.
- In addition to your child's teachers, you may also want to keep in touch regularly with other school staff who works with your child: for example, the school principal, school nurse, counselor, therapist, and others.
- You may visit your child's classroom. Visiting is a good way to see your child in the school setting, interacting with the teacher, and with other students. If you decide to visit, you should always call and make an appointment in advance, telling the teacher when you would like to visit, and how long you plan to stay. You can obtain information about the classroom schedule, asking what times of the day are best for observing what it is you want to see. You should always respect the teacher's routines. When children are present, you should limit your conversation with the teacher or other adults, so that classroom instruction and routines are not interrupted.

A Navy Parent Speaks

"In my particular case with my seven-year-old, I talked to her teacher before she ever entered the classroom. I said, 'From my point of view, I am going to tell you the down and dirty, and be up front and straight with you. You are with her more hours in the day than I am, and you have to tell me how I can best help you. That is a big deal.' So four weeks into the school year, she called me and said she had had a chance to evaluate and watch her, and she thought she had a plan for us. Basically we set her up to succeed. And for the most part, she has succeeded. Believe me, it is sometimes not an easy issue. It is not always easy to be supportive, compassionate and wonderful!"

In addition, learning more about your child's specific problem will help in understanding your child's progress. You can enroll in a class, attend lectures, workshops or conferences, participate in support groups conducted either through your Navy Family Service Center or the Exceptional Family Member Program. Additionally, civilian groups, such as the Learning Disabilities Association or United Cerebral Palsy, have groups for parents. Books, articles, leaflets, and magazines related to your child's learning problems can be obtained from your local public library, your child's teacher, a school counselor, or from the Family Service Center. *Selected Readings*, Appendix D, is a bibliography that can serve as a starting point.

As you watch your child's growth and development, you will want to know why progress is or is not being made. Is your child's rapid progress due to the ability of a wonderful teacher who motivates him or her to achieve? Is lack of progress caused by your child being placed in the wrong classroom, or by a failure to receive the support services specified in the IEP? If you do not see the progress you expect, you may want to consider requesting a change in your child's IEP.

Changing the IEP

Elements of the IEP can be changed at any time, as long as all members of the IEP team agree to the changes. There are many reasons you may want to change the IEP. Your child may have reached certain goals and objectives much sooner than anticipated. Or, on the other hand, your child may need more time because progress is slower than expected. You may feel a different classroom is needed, or want to change the related services he or she is receiving.

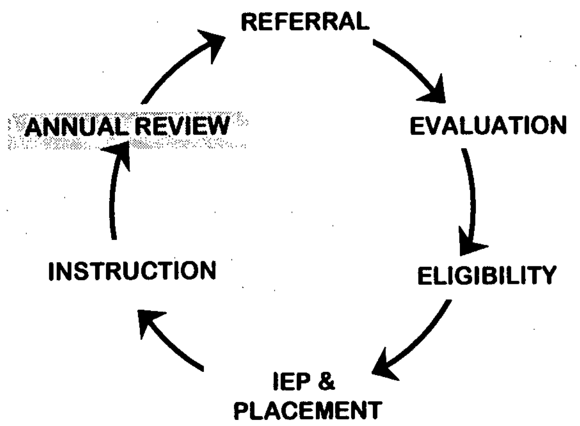
The best place to start, if you want a change, is with your child's teacher or related services provider. You may also want to talk to a specialist who works with your son or daughter. Change can be immediate when problems are resolved at this level.

If this effort does not succeed, you should next talk informally with the principal or another school administrator. Explain your request for a change and provide any information you have that supports this change. It can be helpful to put your concerns in writing so that people can more clearly understand your perspective and what you think is needed.

Should these avenues for change fail, there are more formal procedures for seeking change and resolving conflicts. They are described in Chapter 5: *When Disagreements Arise.*

Schoolteachers and specialists also check on your child's progress. When they believe your child is not making satisfactory progress, they notify you, ask for more information, and suggest a conference. They might request an additional, formal evaluation of your child.

Annual Review



Each year your child's IEP is reviewed in a formal way to look at, talk about, and study his or her progress. The IEP team meets to make decisions about changes in the IEP, review the placement, and to develop a new IEP for the year ahead. This required meeting is called the annual review.

Requirements – Annual Review

The school system is required to review with you and with other members of the IEP team, at least annually, your son or daughter's IEP. They must notify you in writing of the purpose of the meeting, who will attend, and must schedule it at a time and place convenient for you. In addition, if your native language is other than English, they must conduct this meeting in your language, or at the least have an interpreter there for you.

Just as in the initial IEP meeting, a group of people is required for the annual review—not just you and the teacher. At the minimum, the team will be made up of three people—you, the teacher, and a representative of the school system who has the authority to commit the school's resources, such as assigning a speech therapist, arranging for special PE instruction, or assigning your child to a different classroom. If your child spends time in the regular education classroom, a teacher from that classroom must attend the meeting. In addition, specialists such as a school psychologist, speech therapist, occupational therapist, or nurse might be in attendance.

The Parents' Role – Annual Review

In the same way that you prepared for the evaluation, eligibility, and IEP meetings, you will find that the better prepared you are, the better the results of the meeting. As your child's best advocate, you will find that written notes about your child's growth, development, and skills, as well as your opinions about placement and special services for the upcoming year, will help you actively participate in the meeting.

Just as in an IEP or other important meeting, you may choose to bring along another person to the meeting to help you keep track of what is said and what decisions are reached. To help you think through your role in the meeting, refer back to the section called, *The Parents' Role - Individualized Education Program,* beginning on page 46.

The Triennial Review

Every three years, the school is required to conduct a triennial review. This is a more extensive review than the annual review. The student may be given entirely new evaluations and testing to determine progress, and to make a new eligibility decision for continuing special education. The triennial review not only is a careful study of your child's growth and development, but it also assures that he or she will not be stuck in a placement that is inappropriate.

The triennial begins with a thorough review of existing data on your child to determine if any new evaluations are needed. Obviously, if your child was born blind, he or she does not need to be retested to determine if the blindness remains. If there are, however, new areas of suspected disability, or if you as a parent request certain evaluations, the school is required to provide them.

Behavioral Programming and Discipline of Students with Disabilities

In 1997, the U.S. Congress passed new provisions in IDEA concerning the issues of behavior and the discipline of students with disabilities. New requirements give all students in special education, including those with emotional problems, greater access to behavioral assessments and programs with positive behavioral interventions and supports.

School systems must have an evaluation done, and an individualized behavioral program designed for the child whose behavior interferes with his or her learning, or the learning of other students. Schools are required to conduct behavioral assessments for students who show, on a consistent or sustained basis, impulsive behavior, poor judgment, or who endanger the safety of their peers, teachers, or themselves. Following the evaluation, a program for the student is designed collaboratively among the school professionals, the parents, and the student.

Behavioral Programming for Students with Disabilities

The role of parents, as full partners with professionals in the education of their children with disabilities, includes both behavioral programming and discipline. You, as a parent, bring valuable information and experience to the evaluation and decision making process if your son or daughter has behavioral or emotional problems. IDEA ensures that your child will be evaluated with appropriate tests to determine if your child has a disability, and to determine the child's educational needs. If your child's behavior interferes with his or her own learning, or if it interferes with others' learning, the evaluation must determine appropriate behavioral interventions, strategies, and supports to address that behavior. Positive behavioral goals and objectives will then be included in the IEP.

Information provided by you, as a parent, will be considered when evaluating your child. Such information might come from medical reports or diagnoses, treatment plans from a physician, psychologist, or psychiatrist, or from your descriptions of your child at home or in settings other than the school. You can give examples of your child's behavior that are of concern to you. You are the one that lives every day within your family, and you know of your child's frustrations and difficulties, and can share your insights into the reasons for the behavior.

A Navy Parent Speaks

> *"The partnership with the school counselor really helps me a lot. I used to be scared to death every day he went to school. Was he going to skip school? Was he going to lie? Was he going to do something worse? Now when I mention Mrs. Evans to Johnny, he kind of rolls his eyes and says, 'She is just like you, always on me.' I say, 'Well, and we are going to stay on you.' Mrs. Evans and I make a united front, since we know he is 15 and acting a bit brain dead, and not thinking before he acts. We told him we were going to help him until he could make decisions on his own—kind of guide him gently in the right direction. And you know, it has worked out—he is a joy to behold. But it could have gone the other way if I had tried to do it on my own, and tried not to involve the school, because I wanted to keep my business in my house."*

A team made up of parents, the student, and many professionals are responsible for evaluation, placement, program delivery, and for monitoring the progress of the student. If you think your child needs a behavioral management plan, ongoing observation and adjustment will be crucial to the success of the plan. Consistent, positive support and instruction in appropriate behavior can help to prevent more serious behavior that requires discipline.

Many parents are concerned that their children have poor social skills, low self-esteem, and difficulties paying attention in school. Some are worried that what is now considered clowning can lead to more inappropriate behavior. A few even share their fears that their child's impulsivity and poor judgement could lead to bringing weapons to school to protect themselves from bullies, or put them at risk of abusing illegal drugs. IDEA gives parents ways to work with schools to identify behavioral problems, and encourage more positive behavior.

IDEA allows parents to be full partners in the education of their children with disabilities, including behavioral and discipline issues. The entire process is intended to be a collaborative effort of parents working with educators on behalf of children. Parents bring valuable information and expertise to the evaluation and decision-making process.

Evaluation data can support the need for positive behavioral supports. Parents can help by:

- giving specific examples of their child's behavior that concern them;
- identifying their child's areas of frustration and difficulty;
- sharing their insights into the reasons for the behavior; and most importantly,
- emphasizing their child's strengths that can be built upon to help the child compensate for the areas of need.

The valuable information provided by parents, along with evaluation results, and observations of the child, are used in making the determination of eligibility for services, and in writing goals in the child's IEP. "For a student whose behavior impedes his or others' learning, appropriate strategies, including *positive behavioral interventions, strategies, and supports* to address that behavior, need to be included in the child's IEP."

During the IEP stage, parents can help by:

- building upon the information identified during the evaluation stage;
- ensuring that the team includes people who know their child, and who will be able to develop strategies for supporting positive behavior (for students in the regular classroom, there must be an educator on the IEP team);
- working with the IEP team to identify specific positive behavioral interventions, strategies, and supports; and
- ensuring that the IEP specifically states how the plan will be implemented and monitored.

When a behavioral intervention plan is called for, on-going observation and adjustment are crucial to the success of the plan. This is especially important for students whose behavior may make them subject to school discipline. Consistent, positive, behavioral intervention and support for a student can help to prevent discipline-invoking behavior.

Discipline of a Student with Disabilities

Now IDEA requires greater accountability from the schools before they can suspend or expel students with disabilities for more than ten days. Unless a student with disabilities has brought guns or drugs into the school, he or she cannot be suspended or expelled unless certain criteria have been satisfied. When a child breaks the school's Code of Conduct, school personnel may order a change of special education placement to an appropriate interim alternative program, or may order a suspension for not more than ten days. In addition, school personnel may order a change of placement for up to a maximum of 45 days when a child carries a weapon to school or to a school function, if the student knowingly possesses, uses, or sells illegal drugs, or if a student solicits the sale of a controlled substance at school or at a school function.

A more stringent requirement is placed upon the school system before school personnel are allowed to remove a student with disabilities if they feel that the student is apt to harm himself or herself, or harm other students, or teachers. In order to pursue a change of placement based upon a student's likelihood to harm self or others, the school must request a hearing before a hearing officer. The hearing officer must determine that the school can demonstrate that the current placement is likely to result in injury to the child or to others, must consider the appropriateness of the child's current placement, and must consider whether or not the school made reasonable efforts to minimize the risk of harm in the current placement, including the use of supplementary aids and services. In other words, except for cases involving weapons or drugs, the school bears the burden to demonstrate that there is reason to suspend or expel a student. If there is no existing, functional behavioral assessment, it must be conducted and a behavioral intervention plan implemented immediately to address the inappropriate behavior.

A special review must be conducted to determine if there is a relationship between the child's disability, and the behavior subject to disciplinary action. Such a review, conducted by the IEP team, is called a "Manifestation of Determination Review." In deciding whether the behavior is due to the child's disability, the IEP team, including the child's parents, considers all relevant information. Information includes evaluation and diagnostic results, information supplied by the parents, observations of the child, and the child's IEP and placement. In essence, the IEP team is asking itself, "Did we properly plan for this child?"

The IEP team determines:

- In relationship to the behavior subject to disciplinary action, were the child's IEP and placement appropriate, and the special education services, supplementary aids and services, and behavior intervention strategies provided consistent with the child's IEP and placement?
- Did the child's disability impair his or her ability to understand the impact and consequences of the behavior subject to disciplinary action?
- Did the child's disability impair his or her ability to control the behavior subject to disciplinary action?

If the IEP team determines the behavior subject to review is found <u>not</u> to be due to the child's disability, the child will be disciplined in the same manner that would apply to a child without a disability. IDEA provides, however, that a free, appropriate, public education is available to all children with disabilities, including those who have been suspended or expelled from school. This means that the child must continue to receive special education services in an alternative setting. The alternative setting must enable the child to:

- continue to participate in the general education curriculum, although in another setting, and to receive the "service modifications" needed to meet current IEP goals; and
- provide the "service modifications" required to address the child's behavior that resulted in the disciplinary action so that it does not recur.

As with all special education programming, if the parents of the child disagree with the outcome of the Manifestation of Determination decision, or with the decision regarding placement, they have a right to appeal.

Conclusion

You now see the various activities in the Special Education Cycle. As you participate in each step, you will find it helpful to review the material describing the step. At all times, you will find that the more carefully you plan for your participation with the professional partners in the process, the more you will feel that you are your child's first and best advocate representing his or her educational interests.

Chapter Additions

Developmental Achievement Chart

Military Transfer Checklist

Checklist for Effective IEPs

Observation Guide for School Placement

Developmental Achievement Chart - Example 1

Sara	Can Do	Working On	Accomplish within 6 Months
MOVEMENT	Rides a bike, walks a balance beam. Writes in print (not cursive). Throws a ball.	Pedaling faster and pumping up hills on her bike. Smaller and neater printing. Catching a large ball.	To keep up with a group when bike riding. Printing on wide-ruled paper. Catch and throw with more accuracy.
COMMUNICATION	Responds to simple directions. Answers the telephone clearly; can respond appropriately to caller.	Following directions without getting mixed up.	Understand and follow through on more complex directions.
SOCIAL RELATIONSHIPS	Goes to Brownie Troop meetings. Sits with a small group of girls on the bus. Plays with younger neighborhood children.	Learning to make her way into a group of girls without her Mom's help. Establishing close friendship with girl her own age.	Participate in small group activity without adult hovering over. Have a friend come over to play and have dinner regularly.
SELF-CONCEPT/ INDEPENDENCE	Gets dressed in the morning if clothes are laid out and if Mom helps. Walks from bus stop alone; expects Mom to be waiting at home.	Getting dressed and ready for school in the morning without Mom's help. Learning what to do if Mom is late coming home.	Dress completely without help or reminders. Know what to do if Mom is not home.
SENSES/ PERCEPTION	Takes care of matching clothing, coordinating colors. Sings along with songs on radio.	Learning names of shades of colors. Learning words to songs in music class at school.	Name one or two shades of each primary color (e.g., peach, turquoise). Be able to sing two songs from memory.
THINKING SKILLS	Knows name, address and phone number. Counts to 20 by ones. Knows upper case alphabet letters.	Learning to count to 100 by ones. Learning to recognize lower case alphabet letters.	Know how to count accurately to 100 by ones. Recognize at least half of the lower case alphabet letters.
LEARNING STYLE	Very neat and orderly. Needs visual aids to see progress. Works for rewards (prizes, candy, praise from adults). Daydreams and is easily distracted.		

Developmental Achievement Chart - Example 2

Tony	Can Do	Working On	Accomplish within 6 Months
MOVEMENT	Holds spoon in either hand. Climbs stairs while holding someone's hand.	Using his right hand to hold the spoon. Climbing stairs without help.	Use spoon to eat his meal. Climb the four front porch stairs by himself holding the rail.
COMMUNICATION	Understanding signs for hungry, thirsty, thank you. Can say "yes" and "no" in a way that family understands.	Signing "hungry," "thirsty," "thank you," so he can be understood. Saying "yes-no" more clearly.	Will be able to sign "hungry," "thirsty," "thank you" clearly. To say "yes-no" so most people understand him.
SOCIAL RELATIONSHIPS	Watches a group of friends playing a game. Says "no" to classmate who pushes him, then pushes back.	Playing the game with his friends. Ignoring pushy classmate rather than pushing him back.	Be able to play a game with a group of friends. Say "no" to pushy classmate; ask someone for help.
SELF-CONCEPT/ INDEPENDENCE	Can turn bathroom faucets on and off. Hangs up coat on hook by the back door.	Identifying hot and cold. Unzipping coat by himself.	Wash hands with little or no supervision. Take off coat with some help.
SENSES/ PERCEPTION	Looks at person calling his name.	Keeping eye contact when spoken to.	Always look at familiar people when being spoken to.
THINKING SKILLS	Can follow a simple one-step direction with help; for example, "Pick up the spoon. "	Following a simple two-step direction with help.	Follow a one-step direction without help.
LEARNING STYLE	Tony is cautious about trying new things, and learns best by watching an activity before trying it. He is persistent when allowed to try tasks on his own.		

Developmental Achievement Chart

	Can Do	**Working On**	**Accomplish within 6 Months**
MOVEMENT			
COMMUNICATION			
SOCIAL RELATIONSHIPS			
SELF-CONCEPT/ INDEPENDENCE			
SENSES/ PERCEPTION			
THINKING SKILLS			
LEARNING STYLE			

Military Transfer Checklist

When you are transferred, you can ease your child's transition from one special education program to another. The following checklist can help.

A. Review Your Home Records File

You should have the following information:

1. Birth Certificate
2. Immunization records
3. Relevant medical records
4. School records
    a. Academic achievement reports (tests, report cards, transcripts)
    b. Psychological evaluations
    c. Physical therapy, occupational therapy, speech/language evaluations
    d. Current and past IEPs
    e. Behavioral/social evaluations
    f. Vocational evaluations (interests, skills, aptitudes)
5. Samples of your child's work and other accomplishments
6. Communication logs (phone calls made and received from school officials)

Excerpted from: Home Files/Records, STOMP (Specialized Training of Military Parents), 1985.

B. As Soon As You Know The State And Local School System Of The Next Duty Station

1. Write to the Director of Special Education for the state, territory, or DoDDs area to which you are being assigned. (See Appendix B for a list of these Directors.) Ask for a copy of any special education handbooks available for parents, and the state or area regulations that govern special education.

2. Get in touch with the Director of Special Education in the local school system.

    a. Write:

    Director of Special Education
    City or County Board of Education
    City, State, ZIP Code

    b. Or call and ask the information operator for the phone number of the city or county board of education. Call that number and ask for the name, address, and phone number of the local Director of Special Education.

3. Contact the Director of Special Education in the local school system. Give this information:

    a. Your name and the name of your child.

    b. The date you will be arriving at the new duty station.

    c. Your child's current educational placement and the support services he or she is receiving.

    d. Whether you plan to live in base housing or in the community.

    e. Any other information about your child or family circumstances that may be helpful.

    Ask these questions:

    a. What information can be sent to you describing the process for entering special education in the school system, including any parent handbooks?

    b. Who should you contact when you arrive at the new duty station?

    c. Should you bring school and/or medical records or send them ahead?

    d. What is the name of the school your child will attend if you live in base housing? Does it have the special education programs and services that your child needs? What related services are available nearby?

    e. What area of the city or county is close to appropriate educational services if you plan to live in the community?

    f. What are the procedures for visiting schools or observing classrooms if you are able to visit before you move?

    g. What are the names, addresses, and phone numbers of local parent support groups (such as The ARC, The Learning Disabilities Association, United Cerebral Palsy, etc.)?

4. Get in touch with the military family support center serving your community. (Remember Autovon.)

    Navy Family Service Center and Exceptional Family Member Program
    Army Community Service Center
    Air Force Family Support Center and Children Have a Potential (CHAPS)
    Marine Corps Family Service Center
    Coast Guard Community Support Center

    a. Give the same information and ask the same questions in item 3 above.

b. Ask whether the support center has a sponsorship program that will link you to a family with similar needs and concerns about special education.

5. Contact the Parent Training and Information Center for your state. For a directory of parent centers around the nation, write or call:

PACER Center
4826 Chicago Avenue South
Minneapolis, MN 55417
612/827-2966 (voice/TTY)
888/248-0822 (U.S. only)
612/827-3065 (fax)

http://www.taalliance.org

STOMP
c/o Washington PAVE
12208 Pacific Highway SW
Tacoma, WA 98499
206/588-1741 (voice/TTY)
800/298-3543 (voice/TTY)
206/984-7520 (fax)

http://www.washingtonpave.org

C. Before You Leave Your Current Duty Station

1. Talk with your child's present school principal and/or Director of Special Education to:

   a. Request an IEP update meeting with the IEP committee. The next school system is required to provide services on the basis of a current IEP before it completes its own evaluation, IEP, and placement.

   b. Ask to see your child's confidential and cumulative folders of school records. Make changes and update this file. Ask for removal of any records that are no longer appropriate.

   c. Obtain copies of all records. (NEVER GIVE UP YOUR COPIES!)

   d. Sign a permission slip to release all records to the new school system.

   e. Express appreciation for the services given to your child, and give any suggestions you might have that would improve the program.

D. When You Get To Your New Duty Station

1. Make an appointment to meet with the local Director of Special Education or an assistant.
    - a. Take all school records and your child's current IEP.
    - b. Ask the director to get permission from other families who have children in special education so you can call them for parent information and support.
    - c. If time permits, visit the classrooms where your child might be assigned.
2. Visit the appropriate military family support center to obtain information about military and local community services and resources.

For more detailed relocation information, access the Military Assistance Program web site at:

http://dticaw.dtic.mil/mapsite/

Gajda, Margaret & Deidre Hayden. *Children with Special Needs: A Navy Parent Handbook.* Family Support Program, Naval Military Personnel Command, Washington, D.C., PEATC: 1987.

Checklist for Effective IEPs

IEP forms vary from district to district. All IEPs include the underlined headings with some changes in words. You may find transition services, for example, included in the Present Level of Performance, or in some other section of the IEP form. The important thing to remember is that each of the areas below are important parts of the IEP. It doesn't matter where they are written, as long as they are discussed and included in the IEP. New items from the IDEA '97 Amendments are indicated with an asterisk (*).

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1. **IEP Team Members:**

Should include:
Parent(s)
Student (when appropriate)
Special Education Teacher(s)
* General Education Teacher(s)
Related Service Providers (if applicable)
* Administrator (who has the authority to commit resources, *and* is knowledgeable about the general curriculum)

Can also include:
Peers
Family Members
Friends
Specialists
Advocate
Other Professionals

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2. Does **Present Level of Performance** (what student can do now):

Describe student in positive way?
Reflect parent concerns?
* Include: strengths and needs, results of most recent evaluations, and a statement describing how disability affects involvement in general education program?

3. **Transition** issues must be included in the IEP, as appropriate (issues related to becoming an adult):

   - Before age 14, what needs to happen to prepare for future?
   - At age 14, a statement of classes needed to prepare for future?
   - By age 14, specific transition services, related services needs, and other agencies to be included?
   - Before age 18, what rights will transfer to the student?

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4. **Annual Goals and Short-term Objectives/Benchmarks** (what you want the student to be able to do by the end of the school year, and how he or she will get there):

   Are they meaningful and attainable within one school year?
   - Do they allow student to be involved in and progress in the general class program?

   Are they clear on *what* student will do, *how*, *where*, and *when* he or she will do it?
   - Do they include positive behavioral supports, if needed?
   - Is it clear how progress will be measured?
   - Is it clear how parent will be informed of progress?

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5. **Related Services, Supplementary Aids, and Supports** (extra help and/or therapies student needs):

   To help him/her reach annual goals?
   - To progress in the general education program?
   - Participate with other students, disabled and nondisabled?
   - Specifics listed: start/finish dates?
     frequency?
     location, and
     length of time services will be provided?
   - Modifications for participation in standardized tests *or*
   - A statement of why a particular test is not appropriate and what will be used instead?

6. **Placement** (where student spends his or her day—decided **only** after completing the above steps, 1-4):

Is placement decided *after* goals, objectives and supports are agreed upon?
Is placement in the *least restrictive environment*? (see definitions in *Common Words* at the end of this Handbook)
* If student is *not* participating in all general education activities, is there an explanation why not?
Is IEP coordinated with general classroom schedules, activities, and programs?

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7. **Instruction and Adaptations** (how student's IEP will be carried out, and any changes to the regular class routine that he or she needs):

Who does what?
Special education teacher?
General education teacher?
Parents, student?
Specialists?
Aides, others?
When, where, and how often will IEP be carried out?
Seating preference?
Individual or small group instruction as needed?
Extra time to complete assignments?
Assistive technology needs? (see definitions in *Common Words*)
When and how will progress be reviewed?
How will needed changes to the IEP be made?

Parent Educational Advocacy Training Center (PEATC). Adapted from Individualized Education Program Workshop. Fairfax, VA: PEATC 1998.

Observation Guide for School Placement

Name of School
Contact Person
Telephone Number
Age Range
Nature of Handicapping Conditions

Date
School Address
Distance from Home

Physical Environment: Appearance; room arrangement; safety factors; special instruction areas.

Learning Environment: Size of class; number of teachers/aides/volunteers; length of sessions; curriculum used (content or instructional guides); integrated activities (special and regular education students).

Social Environment: Teacher behavior/attitudes; students' behavior with each other and with adults; amount of "play" time; overall "feel" of the class.

Observation Guide for School Placement

Special Services:

Transportation ________________

Assessment ________________________

Therapy Services _____________

Resource/Support Services (library, art, music, etc.) ________________________

Parental Involvement Program:

Chapter 4: Transition
Preparing for Your Child's Life After School Years

No matter the age of your child now, you naturally have questions and concerns about the future. Will your son learn to live away from home? Will he have a job? Will your daughter have further education after she leaves the public school?

As your child grows older, your family will begin steps to create a positive future both for your child and for you. Probably the best way to reduce the anxiety and stress about future uncertainty is through careful planning, beginning early enough in your child's school life to use the school's resources to assist you. As a parent, you have an important role to play to ensure that your child with disabilities—as with all of your children—will have as independent and self-sufficient a life as possible. This chapter will help you understand the concept of transition planning to move your child toward a future of maximum independence.

Once a young adult with disabilities leaves the public school system, there is no guaranteed program to pick up where the Individuals with Disabilities Education Act (IDEA) leaves off. No federal laws guarantee rights to all young adults with disabilities for continuing education, or to the housing, jobs, or support services needed to help them live independently.

School personnel, parents, advocates, and community-minded people have been working hard in recent years to address the problems faced by young people who leave school between the ages of 18 and 21 with nowhere to go. IDEA requires transition planning and services for all students in special education, beginning at age 14. At age 14, plans and services are put in place through the IEP process to help students decide, work toward, and achieve their lifelong goals. According to IDEA, schools help children with disabilities prepare for their next steps after high school by providing "a coordinated set of activities...based upon the individual student's needs, taking into account the student's preferences and interests." In other words, several activities should be included as a part of your son or daughter's transition plan, and your son or daughter should be directly involved in choosing those activities. The activities are planned with certain results, or outcomes, in mind.

Transition Outcomes

What are the possible outcomes for which students with disabilities are prepared? Outcomes include post-secondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living, and community participation. Each of these outcomes is described below.

Post-Secondary Education

Colleges, whether they are two-year junior or community colleges, or four-year colleges or universities, offer opportunity for students with disabilities to continue their education and earn a certificate or degree. Under the Americans with

Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (both briefly described in Chapter 1), post-secondary institutions cannot discriminate against otherwise qualified students with disabilities, in the provision of education programs.

Continuing and Adult Education

Continuing Education courses offer opportunities for personal enrichment in areas such as cooking, gardening, woodworking, as well as courses for enhancing career goals such as business management, computer skills, and personal finances. **Adult Education** courses are designed to provide instruction to any person 16 years of age or older, who is no longer being served by the public education system. The programs may include vocational education courses, preparation courses for taking the General Education Development (GED) high school equivalency exam, and English as a Second Language instruction. Information about continuing and adult education is available at public libraries, recreation departments, community colleges, and the local school district.

Vocational Training

Trade and Technical Schools prepare students for employment in occupations such as secretary, air conditioning technician, beautician, electrician, carpenter, and welder. Course work takes anywhere from two weeks to two years, and usually a high school diploma or equivalency degree is required. Under ADA and Section 504, trade and technical schools must not discriminate against people with disabilities, and must provide reasonable accommodations and modifications to the program for their special needs.

On-the-Job Training is short-term training that enables a person to learn a job and its duties while actually working on the site. Many vocational rehabilitation agencies, disability organizations, and large corporations provide this kind of training and job placement.

Integrated Employment

Competitive Employment includes everyday jobs in the open labor market such as health care worker, data entry clerk, legal assistant, waiter/waitress, service station attendant, retail clerk, and mechanic. These jobs pay wages at the going rate, either on a part-time or full-time basis. Again, ADA and Section 504 prohibit discrimination in the hiring of individuals with disabilities, and require reasonable accommodations be made if the person is qualified for the job.

Supported Employment is paid employment for workers with severe disabilities, which enables them to work with people who do not have disabilities. Your son or daughter might work individually or as a part of a small work crew, always integrated into the mainstream of work life. In supported employment, a job coach provides support by helping the employee improve his job skills, interpersonal relations, or any other job-related needs. Job coaches, usually employed by vocational rehabilitation agencies, school systems, or disability organizations, generally "fade back" or reduce their involvement, as the worker becomes more skilled and adjusted on the job. Salaries for supported jobs are at or above the minimum wage. Examples are grounds keeping, assisting at a veterinarian's office, working in a medical lab to keep equipment ready for the scientists, running a copy room in a large office, or assembling electronic circuit boards.

Adult Day Programs

Adult service programs provide a work environment in a supervised setting. The only integration with workers who are not disabled is with supervisors and other staff. In **Adult Day Programs**, participants usually receive training in daily living skills, social skills, and recreational skills. **Work Activity Centers** offer similar training, but also include training in vocational skills. In **Sheltered Workshops**, workers do contract work, such as preparing bulk mailings, refinishing furniture, or assembling bicycle parts. Each worker is paid on a piece rate basis, according to the number of items he or she completes.

Independent Living

Independent living is supports and services for young adults to learn the skills they need, or get the support they need to live on their own. This usually means managing the many parts of daily life: obtaining food and clothing, learning to manage time and money, and knowing ways to have fun. Depending upon their financial independence and independent living skills, young people with disabilities may continue to live with their parents, or may live with other relatives, roommates, or paid companions. Some may live on their own.

Options for young adults who need significant support in independent living include family care, supervised living arrangements, and facilities that provide intensive care. **Family care** is provided by individuals who are licensed by the state to provide family-like settings for elderly people and for adults with disabilities. **Supervised living arrangements**, such as group homes, are managed by public or private agencies that own or rent homes or apartments. Paid staff supervise the residents and assist them with daily living skills such as budgeting, food preparation, and transportation. Many people with severe disabilities are living under supervision in apartments with roommates of their own choosing. They are supervised and supported by paid staff from human service agencies in the community. **Specialized nursing homes and intermediate care facilities** are licensed facilities operating under strict state regulations, and providing intensive support for people in the areas of personal care, communication, and behavior management.

Community Participation

Community participation takes many forms—volunteering at the local hospital, planting trees in a neighborhood park, attending religious services, serving on the board of a non-profit agency, and walking a neighbor's dog. Young people with disabilities who take part in the community make new friends, possible work contacts, and contribute to the life and well being of the community.

Planning Transition with the Schools

As you consider your child leaving the school system and entering into the world of work and community life, the school system is the place to begin making plans. Transition plans and activities are to be developed in order to ensure that young people with disabilities can be a part of their community and participate to the fullest extent. You, your son or daughter, school professionals, and people from the adult service agencies all have important knowledge and perspectives. If everyone works as a team, your child will be able to develop the skills, find the opportunities, and obtain the support services needed for him or her to participate successfully in work and community life.

A Navy Parent Speaks

> *"We really felt it was important for our family to gather input from teachers, therapists, and medical professionals concerning our child's future. For our benefit, and especially our child's benefit, we wanted to start planning as early as possible for the best success. We couldn't have done it without the assistance of the other members of my child's team."*

Who Attends the Transition Meeting?

IDEA requires that transition planning be a part of the special education process, not a side trip or detour in the map of the special education cycle. Your son or daughter must be included in the transition beginning at age 14. In addition, most of the same people who develop your child's IEP are involved in the meetings to plan for the transition. In fact, in many school systems, the IEP and transition plan are discussed and written at the same time. In addition to parents, the student, and school professionals, people from community adult service agencies, vocational rehabilitation counselors, or staff from an independent living center may attend the meeting. The people chosen to attend from the outside will depend upon the types of transition services your son or daughter may need.

Many school systems appoint at least one transition coordinator who manages transition services for students with disabilities. This person attends the transition meetings and brings special knowledge of the services and opportunities available in the community, as well as experience in working with students as they plan and leave the school system.

If your son or daughter reaches 18, or the "age of majority," while being served in the school system, he or she may legally assume the rights and responsibilities that come with majority status. The age of majority may differ from state to state. Examples of changes brought about by your child's majority status may include as a parent, you no longer have access to the school records; and parental consent (your permission) would no longer be required for the IEP or a change in placement. Consent would now have to come from your adult child. Procedures for parents retaining educational decision-making for a child who is at age of majority will vary from state to state. They may include power of attorney, or a court finding of incompetence or incapacitation. The school system has a duty to notify both you and your child of this "transfer of rights" and the implications for parents and students. In some cases the transfer of rights would not occur, because the student has been determined "incompetent," or unable to make informed consent according to state law. In other cases, though an individual is not determined "incompetent," he or she may not be expected to assume the responsibility of "informed consent." In this case, you, as the parent or as the guardian, can be appointed as the person who will represent the student in making educational decisions.

Evaluation and Transition Planning

As a part of the high school curriculum, all students are offered testing, usually in the ninth grade, which will give them a better understanding of their unique interests and career strengths. Your child's guidance counselor can provide information regarding these tests.

For students enrolled in special education, schools are required to offer some form of transition assessments to help determine interests, preferences, abilities, and potential. These assessments generally consist of three major components: work sampling, standardized tests, and behavioral observation.

Work sampling tests a student's hands-on performance either in a simulated or actual work situation. The more closely the work sample resembles an actual job, the more easily a student and the evaluator can judge whether or not such a job would fit the student's abilities and interests. Examples of work samples include assembling gears for bicycles, or filing papers in alphabetical order.

Standardized tests evaluate areas such as the student's interests, aptitudes, manual dexterity, clerical ability, and mechanical ability. These tests are designed to give some prediction of how a student is likely to perform on jobs calling for certain interests and skills.

Behavioral observation is a systematic way of observing, recording, and interpreting the behavior of a student as he or she works. Most vocational educators agree that skilled observation of a person on the job gives a far better idea of the person's vocational abilities than any standardized tests or work samples. Therefore, in many school systems, vocational assessments include observations of students in a variety of community based work settings over a period of months. From these observations, the vocational evaluator gains a broad picture of the student's interests and abilities. These experiences also provide a real work environment in which students can practice work behavior and learn the expectations of various jobs.

Vocational assessment can be valuable for your child when combined with additional information about his or her interests, hopes, and vision of the future. Parents and professionals, however, should not allow vocational assessments to be the sole factor in determining the suitability of a job or career pathway.

Likewise, employers and adult service providers recognize that vocational assessment and training alone seldom fully prepares a person for a job. If you wait until a young person is "ready" for a job, or until some service provider has prepared him or her to move from a sheltered or segregated job to a job in the community, the day may never come. It is widely acknowledged that young people with disabilities are able to get and to keep jobs for a longer period of time if they are placed in jobs that interest them, are trained on the job, and then are given the supports they need to keep the job.

School career/vocational technical centers offer vocational assessments and other opportunities to explore possible career paths. Additionally, in most states, the local rehabilitation services agency can provide vocational assessments before students leave school. Some have special programs where they work with students who have disabilities, providing them with opportunities to undergo intensive vocational assessments in a setting away from home. Your school transition specialist, rehabilitation services case manager, or special education director can provide you with more information about the availability of these types of programs in your community and state.

Individualized Education Program and Transition

In addition to the process for developing an IEP, as described in Chapter 3, IDEA requires that beginning when a student reaches age 14, the IEP must have statements describing necessary transition programming. In some school systems your child will have a separate Individualized Transition Plan (ITP), while in other places the transition goals, outcomes, and services are incorporated into the regular IEP. Schools are responsible for coordinating transition plans and providing the services the school agrees to in the plan. If an agency, other than the school system, does not provide the services the agency agreed to in the transition plan, the school is required to reconvene the IEP team to identify other ways to meet the transition objectives.

When developing the plans for transition, the team discusses services that your child might need in the areas of instruction, community experiences, acquisition of daily living skills, vocational evaluation, and the development of employment and other post-school adult living objectives. If the team, which includes you and your son or daughter, decides that your child does not need services in any of those areas, a statement must be included as to why and how that decision was made. For example, a student working toward a high school diploma, with the hopes of entering a four-year college, would most likely not have "daily living skills" as part of his or her transition plan.

A Navy Parent Speaks

> *"I know how important planning for my son's work is going to be. The minute he is 14 and I can work with the school on his IEP, I plan to be there with many ideas. I know that he will be able to hold a job, but I also know that we will always be moving around, and he must get ready for a job that can be used any place we live. That is the hard part, because jobs are hard to get most anywhere."*

Placement and Transition

Some students will have transition services incorporated into their current high school classes. For example, students headed for college may have special teaching and accommodations to meet college requirements, beginning at age 14. Others will attend specific programs to prepare for their lives after high school. Examples of programs designed for transition are described below.

Work-Study Programs in the Community train students in work settings which can lead toward employment. The students receive credit toward graduation for the work experience. Work-study programs sometimes involve paid employment, and the students are supervised on the job by their work supervisor, not school employees.

Regular Vocational Education Courses/Programs prepare students for jobs in specific occupational areas like construction, cosmetology, food service, or electronics. Some school districts have separate vocational centers, while others incorporate the vocational programs within their high schools.

Special Education Vocational Programs are designed specifically for students with disabilities and include vocational training, work adjustment, and social skill development. They often include training in such areas as food service, gardening, and janitorial services.

Community-based Instruction, sometimes called Cooperative Vocational Education, allows students to receive supervision and instruction from school staff while they work on the job in the community.

Centers for Independent Living help students develop skills in the areas of self-help, self-advocacy, and independence. A student may attend a Center for Independent Living Program as a part of the school day or in some cases as a temporary live-in program. Skills, such as balancing a checkbook, planning and cooking healthy meals, and doing personal laundry are a part of such training.

Person-Centered Planning

How do you begin to plan for the future? If your child is a teenager and has been enrolled in special education for a number of years, you have had experience in the IEP process. Transition planning, however, is somewhat different. Rather than emphasizing a child's shortcomings and working toward remediation, transition planning focuses on the individual student's future. It requires exploring what is involved in learning a job and living on one's own, taking into consideration your child's interests and preferences for the future.

The Importance of Self-Advocacy

Self-advocacy or self-determination is the ability to take primary responsibility for one's life and to make choices regarding one's actions free from undue interference. Because of creative parents and professionals, creative programs, and laws such as IDEA and ADA, young adults with disabilities have many more choices in life open to them. They no longer move from school into jobs and living situations that segregate them from everyday life. They have learned to expect that they will have opportunities to be workers, students, friends, and community members. Legislation, research, and best educational practices emphasize that a young person's transition to adult life must be based upon his or her unique interests, capacities, career goals, and needs for support. Your child most likely would welcome encouragement from you and from teachers to make decisions about the future, and to express his or her own views about his or her interests and preferences. It is very important that your child be included in transition planning and meetings to develop transition goals and objectives.

You may be thinking that your child may not be able to speak up and give opinions and make good judgments about the future. Certainly, the amount of independent self-advocacy a young person is able to demonstrate depends upon his or her abilities, the degree of disability, and the opportunities to make decisions, as appropriate throughout their young lives, up to this point. While some young people do not speak verbally for themselves, they communicate their preferences in many other ways. All young people need the involvement and support of their family members, friends, teachers, and others as they learn to solve problems, be assertive, and make plans for transition from high school. IDEA recognizes the importance of self-advocacy skills by requiring that decisions about transition be based upon the student's preferences and interests.

Person-Centered Planning Meeting

A Person-Centered Planning Meeting is a way for a student to have more of a leadership role in his or her planning. A group of family, friends, and professionals meets with the young person with disabilities. Some schools can help to plan a Person-Centered Meeting. Your child, with suggestions by you, by teachers, and other people important in his or her life choose the people gathered at this meeting. The group might include Scout leaders, church members, neighbors, friends, an aunt or uncle—always people who are involved in your child's day to day living. Often the young person runs his or her own meeting, expressing hopes and dreams for the future. The group talks about the student's strengths, talents, goals, and needs for support. The results of the planning process provide the basis for the more formalized transition plan required at school. The practical insight and information provided by the young person, parents, family, and friends are vital when planning successful transitions from school, to the workplace, and community life. Results of this can translate into effective ITP goals and objectives.

Transition Planning Chart

In the Chapter Additions following this chapter is a *Transition Planning Chart*. The chart is divided into five parts. Part I is student information. You and your child can write down a summary of the information you and the Person-Centered Planning Team gained about his or her needs, strengths, talents, wishes, and gifts. There is space to write a long-range career goal—perhaps "becoming a car mechanic," "going to college," or "learning to be a child care worker."

Part II is a summary of transition activities to date. In this section you can write activities or experiences your child has had which lend themselves to a transition program. You may base these experiences upon what is written in Part I of the chart, home observation, and information from school and the community. Transition activities in which your son or daughter has already participated can be described in this section.

Part III is for setting priorities, by ranking the areas of transition planning you believe need attention at this time. If you and your child decide that two areas are of equal importance, goals and outcomes may be written in both of these areas.

Goals, objectives, and outcomes for transition can be written in Part IV. The process for writing them is the same as for the IEP. Teachers, transition specialists, vocational educators, and vocational rehabilitation counselors can best formulate appropriate goals and outcomes.

Part V allows you to identify the services needed to meet the goals. In this section, you write the name of the agency or person that will provide the services, the contact person at the agency, the specific services, and the responsible funding party. For example, if your child needs to learn to use public transportation, the local vocational rehabilitation agency may provide and pay for that training.

You can use the *Transition Planning Chart* not only to plan services for and with your child, but also to monitor the services once they are in place. The transition plan should be updated and changed each year, as your child's needs change.

Planning effectively for your child's life after school years requires the exploration of options well in advance of your son or daughter's graduation. The resource section of this Handbook lists public agencies and private organizations that can be of help as you look to the future for your child. Transition planning meetings can be a source of information about eligibility requirements and the availability of programs and services where you are living. Opportunities differ from community to community.

You, as a parent of a young person with a disability, have an important role to play in your child's transition from school to work and community life. Many families have found that just as they help their sons and daughters who do not have disabilities to connect to the work world through their families, friends, and neighbors, so, too, this is the best way for their son or daughter with disabilities. By planning with your child for transition, you can help him or her to gain the skills, confidence, and positive attitudes needed to participate as fully as possible as a citizen in the community.

Chapter Additions

Transition Planning Chart

Transition Planning Chart

Date: ______________

Student's Name: ____

I. Student Information

Interests

Strengths/Capabilities

Career Goal

II. Summary of Transition Activities to Date

III. Transition Priority Areas

Rank areas as High (1) Moderate (2) or Low (3) priority.

a. Employment __________
b. Community Participation __________
c. Independent Living/Self-Advocacy __________
d. College or Vocational Training __________

IV. Transition Goals

a. Employment

b. Community Participation

c. Independent Living/Self-Advocacy

d. College or Vocational Training

V. Services Needed to Meet Goals

(Representatives should be included in Transition Planning meeting.)

Agency	Contact Person Telephone No.	Services	Agency Responsible for Funding

Chapter 5: When Disagreements Arise

In almost every relationship, people disagree. Disagreements can happen in special education between parents and those providing services to their children. It is no different for families who have an infant or toddler in the early intervention program, or for families who have school aged children. But there are formal and informal ways to resolve such disagreements. This chapter outlines the avenues, with the easiest and least time consuming described first, followed by the more formal ways of resolving conflicts, which can be more costly in time, money, and energy.

Working with the School or Agency

Just as in the military, there is a chain of command in schools and infant programs. When a disagreement arises or you feel a change is necessary, the first step in the chain is the teacher or the specialist working with your child. As soon as you identify a problem, the best place to begin is to make an appointment to discuss the problem with the person closest to you and your child. If you write down the situation and your proposed solutions, you may find the problem is clarified, and therefore, easier to share with the teacher. Writing such a description will also begin a documentation of your concerns, which can help with later discussions if they are necessary. Hopefully, the problem can be solved immediately with better understanding between you and the teacher or specialist.

If you are unable to resolve the difficulty in a discussion with the teacher or specialist, the next step up the chain of command is the principal if your child is school aged, or the head of the agency if your child is in the infant and toddler program. The principal or agency head will listen to your side of the disagreement, then work to resolve the conflict with the teacher or specialist. Again, sitting down to write your concerns and what you have done to resolve the situation can help. Often a meeting of all three parties—you, the teacher or specialist, and the principal or agency head—can help to bring about better understanding of the situation and resolve the problem. Another person to call upon, if you have an infant or toddler in early intervention, is your service coordinator. This person can often intervene on your behalf and can help to resolve problems.

In a school situation, if the principal is unable to bring about the change you are seeking, the Director of Special Education or Special Education Coordinator is the next level. In addition, most school systems have available a procedure called Administrative Review. The Director of Special Education will organize the Administrative Review if you choose to have one. This review is conducted by a small group of school administrators, none of whom is directly involved in the dispute. After hearing both sides of the problem, the group tries to help reach an equitable solution for both parties. If the Administrative Review is unsuccessful or unavailable, the next level to see is the School Superintendent. If you cannot get resolution for your problem through these administrative efforts, then you must seek a more formal way of dispute resolution.

A Navy Parent Speaks

> *"I know the teacher wants to do a good job, but her hands are tied. We both know what my child needs, but don't know how to get the school system to agree. The teacher told me to call the Parent Information Training Center (PITC), and that I might have to get an outside professional to help me."*

Formal Ways of Resolving Conflicts

If you have an infant of toddler and you have reached an impasse with the agency providing services, or if your child is older and you cannot resolve your conflict with the school system at the administrative level, your state has set up more formal procedures for resolving conflicts. In addition, court proceedings are an option. In the paragraphs below, the formal ways of resolving conflicts are described.

Letter of Complaint to the State Education Agency

Each state education agency has regulations specifying the way to write a letter of complaint for resolving a conflict with the local school system. Your complaint letter should describe in detail your views on how your rights or the rights of your child have been violated. The state education agency has a certain time frame within which to investigate the complaint, and make a ruling on the way the conflict can be resolved.

Mediation

When the people involved in a disagreement are unable to reach a solution through informal discussions and problem solving, they may decide to try formal mediation. Both in the early intervention programs and in the special education systems of IDEA, mediation is available for resolving conflicts. Many families have found that using mediation is a good way to resolve their problems with the system, without taking a great deal of time or money.

Mediation begins with the present and focuses on the future. A person, not associated with the school district and trained in mediation, is called the mediator. The mediator has each party concentrate on how to resolve the current dispute and move forward. Rather than airing past actions or wrongs, the mediator works to guide the parties to a compromise they were unable to reach on their own. The discussion focuses on the problem rather than on the participants. The mediator does not come up with the solution to the problem. Instead, the mediator will help the parties come up with their own agreement, and writes a formal statement of agreement based upon the mutual decision.

Mediation has no legal rules of evidence or other rules of procedure. Usually there are no attorneys or other people not immediately involved in the dispute participating in the process. The mediation session is scheduled and completed within a short period of time, permitting the parties to concentrate on a resolution rather than spending time, energy, and money building a more legal presentation. Mediation is faster, less expensive, less stressful, and more constructive than a more legalistic due process hearing.

Due Process Hearing

A due process hearing is a more formal way to seek resolution for a conflict either with the early intervention system or with the school system. Due process hearings are conducted by a hearing officer appointed by the State Department of Education, or in the case of an early intervention dispute, appointed by the agency in the state that has oversight for the infant and toddler program. The hearing officer conducts a legal hearing, using rules of evidence and cross-examination. Often both the school system and the family hire lawyers to represent them. Specific timelines, both for the scheduling of the hearing and for the results of the hearing, can be given to you by your Director of Special Education, or by the lead agency for early intervention.

In the Department of Defense Instruction, DoDI 1342.12, "Provision of Early Intervention and Special Education Services to Eligible DoD Dependents in Overseas Areas," dated March 12, 1996, you will find that you have a right to a hearing if you disagree with the identification, evaluation, placement, or educational program of your child (see Appendix C). Should you disagree with the findings of the hearing officer, you may appeal the decision to the Assistant Secretary of Defense.

The experiences of parents and educators demonstrate that problems are usually resolved more quickly and satisfactorily in the less adversarial settings of informal problem solving with teachers and specialists, administrative review, or mediation. If all of the informal approaches have failed to produce the results you believe are right for your child, you need not give up on your efforts for change. The due process hearing offers you another opportunity to gain the educational rights to which you believe your child is entitled. As with other legal activities, there are appeal rights on both sides if one or the other party is not satisfied with the outcome of a due process hearing. These range from state level review of the decision to action in the courts.

A Navy Parent Speaks

"At our due process hearing, the lawyers argued in legal language. They made me feel invisible and vulnerable. The results were what I wanted, but I say avoid due process if at all possible."

Chapter 5

Additional Protections for Your Child

In addition to the procedures described above for resolving disputes with infant programs or with school systems, there are two federal laws that provide important avenues for gaining the rights of your child for an appropriate education. These laws are Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990. Both of these laws have been used to obtain equal access to educational services for children who are eligible for special education, as well as to gain needed services for some children who have not been found eligible for special education.

Section 504 and the ADA are different from the Individuals with Disabilities Education Act (IDEA). IDEA is an entitlement law. It provides for a free, appropriate, public education for children with disabilities. It ensures that each eligible child will have evaluation, IEP, education in the least restrictive environment, and other such rights. Section 504 and the ADA are not entitlement laws. They are non-discrimination laws, saying that schools and agencies must provide procedures to ensure that persons with disabilities enjoy the same rights as persons who do not have disabilities. Section 504 does not apply overseas. However, school personnel are very willing to work to with your child if he or she has special needs not covered by IDEA or DoDI 1342.12. When these rights are thought to be violated, the laws provide procedures for addressing the alleged violations.

Examples of possible violations of Section 504 and the ADA:

- A student whose disability does not require special education, such as a child who uses a wheelchair but has no difficulty in learning what is taught in the regular classroom, might cite Section 504 and ADA if he felt the school was not giving him the same access to all of the educational programs as given to other students. This student was unable to go to the library because it was located on a level that was up four stairs. He, therefore, did not enjoy the same rights as the students who did not have disabilities.

- Another student, who was eligible for special education, felt discrimination when her special physical education class was scheduled at the same time as the math instruction in her classroom. She cited Section 504 to assist her in restructuring her schedule to accommodate both classes.

- Because his eyesight was poor, even with glasses, another student used Section 504 to ensure that he could see the charts and blackboard in each classroom by always having a desk that could be moved close to the class work. In this way he was not discriminated against because of his visual problems.

- A student with Attention Deficit Disorder, who was not found eligible for special education, was able to get accommodations through Section 504. He was able to get up and walk around when he found he needed to, sat closer to the front of the classroom, and took untimed tests.

These situations demonstrate how Section 504 and the ADA may be used to benefit children in school. Because of the similarity and overlap of these two laws, parents and schools, in general, use Section 504 for cases of alleged discrimination. Students who qualify as disabled under Section 504 are provided aids, equipment, and accommodations that will allow them to enjoy the benefits of the school program. Special seating in the classroom, simplified instructions about class assignments, access to computers for written assignments, or the use of a tape recorder for lectures are examples of accommodations provided to students who are disabled, but not necessarily eligible for special education.

If you believe your child has been unfairly discriminated against by an early intervention or school program, you can most likely solve the difficulty on an informal basis by working up the "chain of command" only as far as necessary in the school or program. If, however, you are unable to solve the problem informally, you can file a complaint with the Office of Civil Rights (OCR) in your region, and this office is required to investigate the problem, and in a letter of findings to give instructions about a remedy. To learn about filing such a complaint, contact your regional OCR and ask for the necessary papers. The national office of the OCR is found in Appendix C of this Handbook.

This chapter has outlined ways to resolve disagreements that might arise between you and the early intervention or school programs. The best way to ensure your child's educational rights is to be an active, informed advocate for your child. Information is power. You, therefore, can best handle the problems you encounter by open discussion with the person or persons most closely associated with your child. If, however, you do encounter an impasse, the more formal ways of resolving conflict are available. A due process hearing should be a last resort for correcting mistakes made by school systems and early intervention programs.

Chapter 6: Assistance for Navy Families

Navy families have many support systems built into each facility where they are stationed.

Family Service Center (FSC)

The Navy Family Service Center (FSC) is there to help Navy and civilian employees and their families with the skills and support they need to face the challenges of military life. The FSC provides personal assistance: such as information and referral to a wide variety of services you or your family members might require; ombudsman support; education in life skills and other educational programs; deployment and relocation assistance; and provides eligible families with the Exceptional Family Member Program.

The Exceptional Family Member Program

The Exceptional Family Member Program (EFMP) is a servicewide program in keeping with the philosophy that the military takes care of its own. The Department of the Navy EFMP was established to ensure that your child, or for that matter any exceptional family member, will have his or her special needs considered in the entire detailing process, and that the necessary medical and educational resources will be identified for you upon arrival at a new duty station. The EFMP requires identification and mandatory enrollment of all family members with long-term medical and special education needs. The mandatory enrollment ensures that active duty personnel with exceptional family members will be assigned only to those domestic and overseas areas where their family member's specialized needs can be met.

The EFMP is available for any family member who has a physical, emotional, or other developmental disability; has long-term chronic illness; and/or long-term special education needs. As soon as such special needs are known to the sponsor, as the active service member is called, enrollment is required. To enroll your family member, if you are not already in the EFMP, you can contact the EFMP Coordinator at your duty station, at the local military treatment facility, the Navy Family Service Center where you are stationed, or the EFMP Central Screening Committee at Naval Medical Centers in Portsmouth or San Diego, or U.S. Naval Hospital Yokosuka. Once enrolled, you will remain a part of the Exceptional Family Member Program for as long as is necessary for your family member.

In addition to enrollment in EFMP, the EFMP Coordinator will give you informational materials about the program and the advantages it provides for you and your family. The EFMP improves the quality of life for Navy families by identifying their needs early, helping them to gain access to medical, educational, and other resources, and providing them with a supportive network of helping people. EFMP works to ensure that sailors are not put in a position of choosing between their family and their Navy career. For additional information on EFMP, consult the program description in Chapter Additions immediately following this chapter.

Chapter 6

Medical and Financial Assistance

As you look for the right medical care for your son or daughter, you often feel like you should be a detective. Within the Navy you will face some choices, and, if your child needs help from the civilian medical world, you will be making other decisions. Each time you arrive at a duty station, you are assigned a Health Benefits Advisor. This person will be your best contact as you begin looking for the right medical help.

TRICARE

TRICARE is a program developed by the Department of Defense that provides managed health care throughout the Navy and other branches of the military services. TRICARE benefits are designed for active duty members, and non-active duty beneficiaries, such as family members of active duty personnel, retirees, the family members of retirees, or the survivors of a military person. TRICARE offers family members and other non-active duty beneficiaries a choice of three health plans: TRICARE Prime, TRICARE Extra, and TRICARE Standard. The following summary of the three TRICARE options may help you think about decisions you will be making with the assistance of your Health Benefits Advisor.

TRICARE Prime

TRICARE Prime, similar to a civilian Health Maintenance Organization (HMO), serves as a central source for all health care needs. All active duty personnel must enroll in TRICARE Prime, but each of their family members can be enrolled in any one of the three TRICARE options.

The main provider for TRICARE Prime is the Military Treatment Facility (MTF). TRICARE Prime, the least expensive option for the patient, assigns a Primary Care Manager (PCM) to each beneficiary. Many services are provided at the Military Treatment Facility, under the direct care or the direction of the Primary Care Manager. The PCM provides all routine and acute medical care, and authorizes referrals for care by specialists. In addition to the care given at the medical treatment facility, referrals are made to civilian care providers, who must all be a part of a network of qualified civilian contractors.

A person enrolled in Prime may decide to see a civilian health care provider who is not in the TRICARE network. First, however, the individual must obtain an authorization by the PCM prior to seeing a non-network provider, and be ready to pay an annual deductible. Once the annual deductible of $300 per individual or $600 per family is met, an additional charge of 50 percent of charges allowable for various treatments or services, as well as any additional charges, are the responsibility of the family.

The maximum any active duty family enrolled in TRICARE Prime pays for medical care is $1,000 per year. The maximum annual cost, called the catastrophic cap, is $3,000 for retirees.

Active duty personnel must enroll in TRICARE Prime. Eligible, non-active duty beneficiaries may voluntarily enroll in Prime. There is no enrollment fee for family members of active duty Navy personnel, but retirees pay an annual enrollment fee of $230 per individual, or $460 for an entire family. Enrollment in Prime is limited to families located near a military facility that provides medical care. When health care is not available in a timely manner within the military health care system, beneficiaries will be referred to the civilian network.

Patient fees charged for care provided by a Network site or facility are shown on charts found in Chapter Additions at the end of this chapter.

TRICARE Standard

TRICARE Standard is the new name for what the military health benefits have been in the past. It has previously been known as the Standard CHAMPUS Program, and is the option for those people who want what they have had before and do not want to change. There is no enrollment fee for TRICARE Standard, because there is no enrollment process. Beneficiaries are, however, responsible for deductibles and co-payments. This option provides the greatest choice of health care providers. Beneficiaries may select any TRICARE authorized provider.

Family members of active duty sailors with rank of E-4 and below must meet an annual deductible of $50 per individual or $100 per family. Family members of E-5 and above, and retirees have an annual deductible of $150 for an individual or $300 per family. All active duty family members have a 20 percent co-payment for services after the deductible has been met. Retirees have a 25 percent co-payment. The annual catastrophic cap for active duty family members is $1,000; the annual cap for retirees is $7,500.

A chart showing required fees under Standard is found in Chapter Additions at the end of this chapter.

TRICARE Extra

The third option within the TRICARE system is TRICARE Extra. Extra is similar to a Preferred Provider Network (PPN) found in the civilian world. Beneficiaries have freedom to choose any provider in the TRICARE Extra network on a visit-by-visit basis. The participating providers have agreed to TRICARE allowable fees.

Extra does not require an enrollment or payment of an enrollment fee, but deductibles and co-payments are required. When using providers within the network, a five percent discount from the TRICARE Standard co-payments applies. Therefore, active duty family members pay a 15 percent cost-share; co-payment for retirees is 20 percent.

A chart showing the fee structure under TRICARE Extra is found in Chapter Additions at the end of this chapter.

TRICARE was established by the Department of Defense to offer improved access to high quality, cost effective health care for all service members and their families. TRICARE is designed around multi-state regions, each of which contains at least one military medical center. The commander of the medical center is the Lead Agent and is responsible for coordinating all health care delivery services for the entire region, not only for the Navy, but other branches of the military as well. The chart in Chapter Additions immediately following, shows the lead agent and the states and areas covered by each region, as well as pages from the World Wide Web that provide you with information about local implementation of TRICARE programs.

A Navy Parent Speaks

> *"I found when I was trying to decide on the best TRICARE option for my family, I needed a 'soft' place to talk things over. The Navy Family Service Center made it more comfortable for me to come in and ask questions. Then I was ready to talk business with the Health Benefits Advisor."*

By this time you are wondering how you can find your way among what seem like complicated options, and then make the best decisions for your family. Some of the advantages and disadvantages to each of the TRICARE options are listed below. In addition, the Health Benefits Advisor on base will be your best resource for looking at the options and making informed, careful decisions.

<u>TRICARE Prime</u> may be the choice for beneficiaries who reside near military installations, who prefer receiving care in military facilities, and who choose savings over flexibility.

Advantages	**Disadvantages**
• No cost or minimal cost for care	• Limited provider choice
• Coordination for care through assigned Primary Care Manager	• Specialty care by referral only
• No claims to file or billing for charges exceeding TRICARE allowable	• Only available near military facilities
• No annual deductible	• Need authorization to see civilian provider not in TRICARE network
• Annual catastrophic cap for retirees	• Pay annual deductible and 50% of allowable charges and all non-allowable charges
	• Less continuity of care
	• 12 month enrollment required

TRICARE Standard may be the choice for families preferring the independence of selecting medical providers based on personal choice. This option is similar to current CHAMPUS coverage. Families choosing this option are still eligible for care in military facilities, but there is no guarantee appointments will be available when needed. Families, therefore, should not expect to use military facilities any time they want.

Advantages

- Greatest choice of providers
- Not committed to the 12 month enrollment requirement in Prime
- No enrollment fee
- Available everywhere—not restricted by travel or residing in different locations
- Can use providers under TRICARE Extra to save money

Disadvantages

- Highest out-of-pocket expense due to annual deductibles, co-payments, and expenses exceeding allowable
- No primary care manager
- Catastrophic cap for retirees is $7,500 per year

TRICARE Extra is like the civilian Preferred Provider Network. Beneficiaries have the freedom to choose any provider in the network. These providers are participating providers and have agreed to the TRICARE allowable fees.

Advantages

- More choices of providers than Prime
- Not committed to 12 month enrollment requirement of Prime
- No enrollment fee

Disadvantages

- Less choice of providers than Standard
- Responsible for annual deductibles and co-payments
- Not available everywhere

TRICARE Extra continued

Advantages	**Disadvantages**
Co-payment is 5% less than TRICARE Standard	Catastrophic cap for retirees is $7,500 per year
Daily fee for retirees for inpatient care in a network facility is less than Standard	
Providers accept TRICARE allowable, therefore, no billing for excess charges	
May also use TRICARE Standard	

As you navigate your way through the TRICARE system, you will want to keep in mind that all active duty personnel must enroll in TRICARE Prime. Family members, however, may choose the option they prefer. Different family members may even choose different options, and may choose different options as their needs change. For additional information on TRICARE Regional contacts, as well as World Wide Web sources, refer to Chapter Additions.

A Navy Parent Speaks

> *"Many times as I have tried to find the services my son needed, I ran into people who couldn't help me or didn't have authority to give such services. I have learned over the years to ask the question, 'Who can I talk to who can say "yes" to what I know my child needs?' This doesn't always work, but it very often has guided me to the right place and the right person."*

The Program for Persons With Disabilities

A special military program to help reduce the disabling effects of certain disabilities is available to family members of active duty service personnel. If you are active duty and have a spouse or a child with a disability who requires specialized care or training that is not available through a school or other public program, the Program for Persons With Disabilities (PFPWD) may help by providing financial assistance.

To be eligible for this benefit, you or your spouse must be on active duty and your family member must have a serious physical disability, or moderate or severe mental retardation. A person with a serious physical disability, as defined by the PFPWD:

- is expected to have the disability for at least a year, or to die from the disability; and
- needs help to engage in basic daily living activities that vary depending on the person's age.

Some examples of conditions that may cause serious physical disabilities are visual impairment, hearing impairment, cerebral palsy, muscular dystrophy, epilepsy, multiple sclerosis, diabetes mellitus, or Parkinson's disease.

If your child or family member has mental retardation, he or she is found eligible for the PFPWD if: 1) the person's developmental history and a current assessment of present functioning show mental retardation; and 2) if his or her Intelligence Quotient (IQ) is tested to be between 36 and 51 for moderate retardation, or less than 35 for severe mental retardation.

Types of Benefits Available Under the PFPWD

If you believe your child, or other family member, is eligible for the PFPWD, you may wonder what types of benefits are available and how does one go about getting them? Benefits are subject to program requirements and must have pre-authorization. Your Health Benefits Advisor can help you determine how to get the needed benefits. He or she also can help you become aware of the frequent changes and updates in the PFPWD policy manual.

Here are some of the benefits families have found under the PFPWD:

- **Diagnostic Procedures** - To confirm the severity of a disabling condition or to measure the extent of daily living and other functional loss, tests and assessments are given to the person with disabilities.
- **Transportation** - If your child or family member needs to travel to and from a facility to receive allowable medical or other services or equipment, your transportation costs are reimbursable. A privately owned vehicle will be reimbursed at the going rate for mileage reimbursement for Federal Government employees. If your child goes by means other than your car, you will be reimbursed actual ticket cost.
- **Treatment** - If your child requires special treatments, such as medical, habilitative or rehabilitative methods, special therapies, equipment, prostheses, orthopedic braces, and/or orthopedic appliances, you can get them, if your child qualifies under the program benefits.

- **Adjunct Services** - Some children need special assistive services such as readers for blind people, interpreters or translators for people with hearing impairment, or personal assistants for people with certain physical disabilities. In addition, adaptation or structural modifications of certain equipment, braces, or appliances to make them useable for the person, are allowable under the benefits of the PFPWD. Reasonable repairs and maintenance of equipment that the beneficiary owns and uses are allowed according to the portion of useful life of the piece of equipment.

- **Institutional Care** - If your child's condition is so severe that he or she requires training in a residential institution or protective custody, the program provides this if your child qualifies for the PFPWD.

- **Training** - Training in the use of an assistive technology device, or in the skills needed to reduce the disabling effects of the qualifying condition, is a benefit under the PFPWD. In addition, if training is required for you, as a parent or guardian, or a brother or sister, to help your child as an integral part of the management of care, it is provided.

- **Special Education** - Instruction, other than training described above, specifically designed to accommodate the disabling effects of a qualifying condition, will be a benefit under the PFPWD. Identification of appropriate public facilities is a part of the program.

- **Occupational, Physical, and Speech Therapy** - Medically prescribed treatment for your child concerned with improving or restoring functions, which have been impaired by illness or injury, or where function has been permanently lost or reduced can be a benefit. The purpose of the therapy is to improve the individual's ability to perform tasks required to function independently.

All of the benefits under the PFPWD are subject to applicable program requirements. Your best sources of information are your Health Benefits Advisor and the Coordinator of the Exceptional Family Member Program (EFMP). In addition, through support groups and conversations with other families who have similar situations, you can learn about ways of gaining access to the PFPWD program and benefits.

Authorization for Benefits under the PFPWD

To get benefits for your child under the PFPWD, you must go through an authorization process to get approval before the service can begin. In a very few cases, benefits are approved after the care has begun, but to avoid the possibility of having to pay large sums out of your own pocket, it is important to get approval ahead of time. Your Health Benefits Advisor or your state's TRICARE claims processor can give you the necessary documents to apply for benefits. The documents needed are listed below. If you need help in locating or completing the documents, consult your Health Benefits Advisor.

- "Request for CHAMPUS Benefit Under Program for Persons with Disabilities," CHAMPUS Form 2532 (formerly Form 190A), the front to be filled out by the sponsor; the back filled out by the attending physician

- "Referral for Civilian Medical Care," DD Form 2161, to be filled out by the attending physician

- A medical statement of the patient's condition and copies of recent evaluations

- A Management Plan for the disabling condition

- "Public Official's Statement," CHAMPUS Form 769, to be filled out by the Health Department, School System, or Early Intervention Program

- Prescription for equipment or therapies

Some specific services require additional information. Should your son or daughter need "durable medical equipment" (e.g., a wheelchair or special bed), repairs or replacements of equipment, physical therapy, occupational therapy, speech therapy, nursing services, special school or residential care, there are further documents that must be filed. Again there is a more detailed description of the authorization process in Chapter Additions at the end of this chapter. Every six months a new application must be submitted for reauthorization. Requests for reauthorization should be submitted 30 days before the authorization end date to prevent a delay or interruption in the services. Your Health Benefits Advisor can help you with the application, and give you the proper address to send the completed documentation.

Cost Sharing

If your child or family member is found eligible for PFPWD, your family is required to pay a part of the monthly costs. How much you pay depends upon your pay grade. Your Health Benefit Advisor or your state's TRICARE claims processor can give current rates to you. After you pay your monthly share, TRICARE then pays up to $1,000 per month for authorized care. Expenses for one-time high cost items may be prorated over six months. An example is a wheel chair that costs $5,600 can be prorated so that the cost per month is $900 over a six month period.

If there are two or more persons in your family who qualify for PFPWD, your family is required to pay only the cost share for one. TRICARE covers all allowable costs for the additional family members.

The PFPWD is intended to be used in conjunction with regular TRICARE benefits. Therefore, as stated above, it does not provide all of the financial assistance for eligible beneficiaries. If your son or daughter is eligible for benefits under TRICARE and under the PFPWD, the same service cannot be used under both programs at the same time. For example, if your child receives physical therapy under the PFPWD, he or she cannot use TRICARE to receive additional physical therapy. Your child can, though, use TRICARE for other medical needs, such as an appointment with an orthopedic doctor.

As the TRICARE system matures and is used by military families more and more through the years, some of these seemingly complicated decisions will become easier to make. Again, the counseling provided by your Health Benefits Advisor about both TRICARE and the PFPWD will be a valuable resource as you seek what is best for your son or daughter and your family.

Chapter Additions

Exceptional Family Member Program

TRICARE Prime

TRICARE Standard

TRICARE Extra

TRICARE Regions

TRICARE World Wide Web Sources

Exceptional Family Member Program

Hello! Thank you for your interest in the Exceptional Family Member Program (EFMP). Whether you have a special needs family member, are a special needs family member, or have an interest in supporting families with special medical and/or educational needs, this article will provide you with basic EFMP information, and answer some frequently asked questions. My goals are to enable you to:

- Recognize conditions prompting **MANDATORY** enrollment;
- Be able to complete enrollment procedures;
- Understand EFMP benefits regarding assignments;
- Self-help with regard to accessing community, state, national, and federal resources and support groups; and
- Cast out myths and misconceptions about the program.

Overview

EFMP is a mandatory enrollment program (per OPNAVINST 1754.2A) that was developed to ensure military family members, with special medical and/or educational needs, are able to receive required services wherever the sponsor is assigned.

- Because special needs cannot be met at every duty station world-wide, EFMP staff reviews each set of PCS orders for enrolled sponsors and denies the orders if they would impose hardship. Unaccompanied tours are possible, and may be required in some situations.
- Assignment decisions are made after reviewing each enrolled sponsor's confidential EFMP file, which contains pertinent medical, educational, and personnel information.
- EFMP enrollment has no effect on sea/shore rotation, and is invisible to selection and promotion boards.
- Sponsors must update their EFMP files within three years, or when conditions/needs change significantly.
- An expanded description of EFMP criteria and procedures is available from the EFMP Information and Resource Guide.

Enrollment

Enrollment begins with recognition of enrollable circumstances. Ask yourself if the medical specialty care your family member needs is likely to be available overseas, or in a remote CONUS location. Is your child in special education or, if a preschooler, sufficiently delayed in developmental milestones such that early intervention services may be required? Is there a condition such as Diabetes, Asthma, ADHD, heart disease, or any history of mental health treatment or disorder within the past three years? As a rule of thumb, any healthcare need which will exist for one year or more, and cannot be managed by a family practice physician or general practitioner requires enrollment, since the individual requires specialty care not universally available, and is at risk for early return from overseas assignment. **Clearly there are both quality of life and expense/readiness considerations involved in this mandatory program.**

- EFMP enrollment forms are available from the EFMP Coordinator at any Navy clinic or hospital.
- If you are not near an EFMP coordinator, contact the EFMP headquarters staff for direction on how to obtain forms and where to send them. We can be reached at 1-800-527-8830.

The following is a brief description of EFMP categories:

Category I carries no assignment limitations.

Category II families are pinpointed to each assignment, and can usually go overseas.

Category III is no overseas.

Category IV is restriction to major medical locations in the continental U.S. and Hawaii.

Category V authorizes voluntary homesteading in selected fleet concentration areas.

Category VI is for temporary enrollment; update required within one year.

- Enrollment updates are due within three years, except for Category VI (temporary enrollment), which must be updated within one year. Another exception is that families will not be approved for accompanied overseas assignment if their enrollment file is over two years old. Reason for this is the risk of early return and/or hardship.

- Disenrollment is accomplished by completing the same medical and, if school age, educational summary forms which were used for enrollment. The physician states that there are no chronic healthcare needs, and preferably addresses the resolution of the prior condition.

- Disenrollment due to divorce, death, or the EFM no longer residing with the sponsor is accomplished by faxing to EFMP headquarters (Pers-662F) a copy of the death certificate or divorce decree (showing custody to the spouse if EFM is a child), or a by-direction letter on command letterhead attesting to the circumstances. For example, "BM2 Jones is separated from his wife, and does not anticipate she will be living with him in the foreseeable future. "

- Fax or mail administrative disenrollment requests to the EFMP Program Manager. The Navy Personnel Command in Millington, Tennessee can be reached at (800) 527-8830.

Assignments

EFMP enrollment does not affect your sea/shore rotation, nor does it keep you from deploying with your unit. Only a humanitarian assignment request or separation from the service can accomplish that. What it does is compare known special needs with available services at the gaining location, to determine whether hardship or risk of early transfer/return is likely. The orders do not get sent out unless EFMP has approved them. We also provide information and referral support to help you access services at your new location.

- **EFMP is not a ticket to your billet of choice.** EFMP establishes which billet locations will meet your special needs, and then stands back while you and the detailer negotiate which one it is going to be.

- An exception to this is EFMP Category V, which authorizes voluntary homesteading at a Fleet Concentration Area, which supports multiple tours and a workable sea/shore rotation. The family would then not have to relocate for the member's entire Navy career, although one or more unaccompanied tours may be required.

- A very good fact to remember is that EFMP cannot force your detailer to create a billet for you where there is none.

- Involuntary unaccompanied tours require that the detailer obtain flag officer approval. Unaccompanied tours may well be necessary for career progression, or in such specialties as cryptography and certain medical ratings, which have a high percentage of OCONUS billets.

- Humanitarian assignments (HUMS) are discussed in the Officer and Enlisted Transfer Manuals. No HUMS request citing medical or educational circumstances will be considered without current EFMP enrollment in place.

- Requests for early return from overseas or early transfer in CONUS don't typically require a HUMS, but do need current EFMP enrollment, written Medical Department opinion that care is unavailable, and early return/transfer required, and a command message to BUPERS requesting early return/transfer.

- Prior to your PCS, learn what services are available at your next location. Do not assume that EFMP or the Navy is going to check out the schools, learn whether TRICARE Prime has adequate providers to meet your specific needs, whether your deaf child will find the same sign language in use at his/her new school, etc. **You are your own best advocate at all times.**

Information And Referral Assistance

Information about local resources such as support groups, advocacy services, respite care, and state organizations is available from your local Family Service center or, in some cases, from the EFMP Coordinator at the Medical Treatment Facility (MTF). Here are some Internet sources for information. The list is accurate as of January 1998.

For General Relocation Assistance:

The **Military Assistance Program (MAP)** web site offers DoD-wide information about childcare centers, Family Service Centers, information about "Military Teens on the Move," financial planning, and access to **SITES**. **SITES** (Standard Installation Topics Exchange Service) provides a wealth of information about virtually every DoD location including healthcare, climate, recreation, and many other topics. http://dticaw.dtic.mil/mapsite/

For Special Education Questions:

DoDEA, DoD Education Activity, which includes DoD Dependent Schools (DoDDS) and Defense Domestic Elementary and Secondary Schools (DDESS), has an excellent web site with support organizations identified. http:www.odedodea.edu/special/parentspage13.html

STOMP, Specialized Training of Military Parents (at email pavestomp@aol.com) and **PEATC**, Parent Educational Advocacy Training Center (at email partners@peatc.org) both provide assistance to families with special needs children, including understanding Individual Education Programs, and negotiating with school districts to obtain the best services possible.

NICHCY, the National Information Center for Children and Youth with Disabilities, identifies special education resources in each state and most territories. http://www.nichcy.org

Exceptional Parent magazine has a web site with a wide range of parent support information. http://familyeducation.com

For Health Care Issues:

The **TRICARE** web site provides up-to-date information about policy and benefits afforded by this quickly changing program. The TRICARE Handbook, replacing the previous CHAMPUS Handbook, is available under "What's New? " http://www.tso.osd.mil/

The **Department of Health and Human Services** web site will link you to National Institutes of Health, CancerNet, Aids Information, and a host of similar information groups. http://www.dhhs.gov

The **Social Security Administration** web site answers questions about Supplemental Social Security Income (SSI) and other programs. http://www.ssa.gov

The **BUMED** home page from the Navy Bureau of Medicine and Surgery describes services and special programs at each Navy medical treatment facility. http://support1.med.navy.mil/bumed/med.htm

Other Service Homepages:

The **Army** home page links web-users to a large number of support organizations. http://image.redstone.army.mil/html/acslink/efm.html

The **Coast Guard** web site describes dependent resource assistance information. http://www.gov/dotinfo/uscg/hq/hsc/worklife/drcprog.htm

The **National Military Families Association** provides updates on current legislation and the status of issues such as TRICARE implementation, Impact Aid, and child and adult education. http://www.nmfa.org

The Top 3 Misconceptions About EFMP

1. EFMP enrollment will hurt your chances for promotion.

Reply: EFMP status is not revealed to promotion/selection boards. Conceding that billet selection is reduced for those in a "no accompanied overseas" category (roughly 60 percent of the 16,000 Sailors currently enrolled), we have yet to document a single case where enrollment has ruined someone's career, and we have seen hundreds of success stories. Be flexible and let the BUPERS EFMP staff review your options with you. You may be surprised what we can work out with you and your detailer.

2. I will be restricted to Norfolk or San Diego.

Reply: The two most protective Categories (IV and V) restrict assignment to areas with major medical treatment facilities in CONUS. There are at least 13 metropolitan areas with major naval bases that meet that description. Thousands of EFMP families are in Tidewater and San Diego, because those areas are the two largest Fleet Concentration Areas, they have excellent medical and educational services, and families can frequently serve several consecutive tours there.

3. EFMP enrollees do not have to go to sea.

Reply: **EFMP has no effect on your sea-shore rotation.** If a medical calamity occurs during or prior to sea duty, only a humanitarian assignment or discharge request, submitted to your detailer through your chain of command, can potentially get/keep you off that ship, and then only for 6 to 12 months. EFMP's role is to validate the medical circumstances and help expedite the procedures.

NOW, IF YOU STILL HAVE UNANSWERED QUESTIONS ABOUT THE PROGRAM, FEEL FREE TO CALL THE EFMP HEADQUARTERS OFFICE AT PERS-662F, (800) 527-8830. EMAIL SHOULD GO TO p662f@persnet.navy.mil

IT IS OUR PLEASURE TO SERVE THE SPECIAL NEEDS OF THE WORLD'S FINEST SAILORS AND THEIR FAMILIES.

Exceptional Family Member Program, Navy Personnel Command,
Millington, TN.. 1999

TRICARE Prime

TRICARE PRIME Patient Fees at a Network Prime Site or Facility			
Service	**E-4 and Below Active Duty Family Members**	**E-5 and Above Active Duty Family Members**	**TRICARE Eligible Retirees**
Outpatient Visits	$6	$12	$12
Emergency Room Visit	$10	$30	$30
Mental Health Visit	$6/group visit $10/individual visit	$12/group visit $20/individual visit	$17/group visit $25/individual visit
Ambulatory Surgery (Same-Day-Surgery)	$25	$25	$25
Ambulance Service	$10	$15	$20
Prescription (per 30-day supply)	$5	$5	$9
Durable Medical Equipment (Prosthesis, Supplies)	10%	15%	20%
Hospital Stay	$11/day ($25 minimum)	$11/day ($25 minimum)	$11/day ($25 minimum)
Hospital Stay (Mental Health/Substance Abuse)	$20/day	$20/day	$40/day
Annual Enrollment Fee	$0	$0	$230/individual $460/family
Catastrophic Cap	$1,000/family/year	$1,000/family/year	$3,000/family/ 12-mo enrollment period

TRICARE PRIME Patient Fees at a Military (MTF) Prime Site or Facility			
Service	**E-4 and Below Active Duty Family Members**	**E-5 and Above Active Duty Family Members**	**TRICARE Eligible Retirees**
Outpatient Visits	$0	$0	$0
Emergency Room Visit	$0	$0	$0
Mental Health Visit	$0	$0	$0
Ambulatory Surgery (Same-Day-Surgery)	$0	$0	$0
Ambulance Service	$0	$0	$0
Prescription (per 30-day supply)	$0	$0	$0
Durable Medical Equipment (Prosthesis, Supplies)	$0	$0	$0
Hospital Stay	$9.90/day* ($25 minimum)	$9.90/day* ($25 minimum)	$9.90/day* ($25 minimum)
Hospital Stay (Mental Health/Substance Abuse)	$9.90/day* ($25 minimum)	$9.90/day* ($25 minimum)	$9.90/day* ($25 minimum)
Annual Enrollment Fee	$0	$0	$230/individual $460/family
Catastrophic Cap	$1,000/family/year	$1,000/family/year	$3,000/family/ 12-mo enrollment period

* ***$5.50 for Active Duty personnel and retired officers***
$0 for retired enlisted personnel

TRICARE Standard

TRICARE Standard
Patient Out-of-Pocket Costs for Civilian Care

Category	Annual Enrollment Fee	Annual Deductible	Outpatient Visits	Hospital Stay
E-4 and Below Active Duty Family Members	$0	$50/individual $100/family	20% of allowable charges	$9.90/day ($25 minimum)
E-5 and Above Active Duty Family Members	$0	$150/individual $300/family	20% of allowable charges	$9.90/day ($25 minimum)
TRICARE Eligible Retirees	$0	$150/individual $300/family	25% of allowable charges	$360/day plus 25% of professional fees

Catastrophic Cap (Active Duty Family Members) = $1,000
Catastrophic Cap (TRICARE Eligible Retirees) = $7,500
Note: Active Duty personnel are not eligible to use TRICARE Standard

TRICARE Extra

TRICARE Extra
Patient Out-of-Pocket Costs for Civilian Care

Category	Annual Enrollment Fee	Annual Deductible	Outpatient Visits	Hospital Stay
E-4 and Below Active Duty Family Members	$0	$50/individual $100/family	15% of allowable charges	$9.90/day ($25 minimum)
E-5 and Above Active Duty Family Members	$0	$150/individual $300/family	15% of allowable charges	$9.90/day ($25 minimum)
TRICARE Eligible Retirees	$0	$150/individual $300/family	20% of allowable charges	$250/day plus 20% of professional fees

Catastrophic Cap (Active Duty Family Members) = $1,000
Catastrophic Cap (TRICARE Eligible Retirees) = $7,500
Note: Active Duty personnel are not eligible to use TRICARE Extra

TRICARE Regions

REG	LEAD AGENT	TELEPHONE	STATES/AREAS INCLUDED IN THE REGION
1	National Capital Area Executive Board	(888) 999-5195	Northern Virginia, District of Columbia, Maryland, Delaware, Pennsylvania New Jersey, New England States
2	Naval Medical Center Portsmouth, VA	(800) 931-9501	Southern Virginia, North Carolina
3	Eisenhower Medical Center Fort Gordon, GA	(800) 444-5445	South Carolina, Georgia, Eastern Florida
4	81st Medical Group Keesler AFB, MS	(800) 444-5445	Florida Panhandle, Eastern Louisiana, Alabama, Mississippi, Tennessee
5	645th Medical Group Wright-Patterson AFB,OH	(800) 941-4501	West Virginia, Ohio, Kentucky, Indiana, Illinois, Michigan, Wisconsin
6	Wilford Hall Medical Center Lackland AFB, TX	(800) 406-2832	Western Louisiana, Arkansas, Oklahoma, Central and Eastern Texas
7	Wilham Beaumont Army Medical Center Ft. Bliss, TX	(888)TRIWEST (888) 874-9378	Western Texas, Arizona, New Mexico, Nevada
8	Health Services Operations Colorado Springs, CO	(888)TRIWEST (888) 874-9378	Minnesota, Iowa, Missouri, Kansas, Nebraska, North and South Dakota, Montana, Wyoming, Colorado, Utah, Idaho
9	Naval Medical Group San Diego, CA	(800) 242-6788	Southern California
10	60th Medical Group Travis AFB, CA	(800) 242-6788	Northern California
11	Madigan Army Medical Center Ft. Lewis, WA	(800) 982-0032	Oregon, Washington
12	Tripler Army Medical Center Honolulu, HI	(800) 242-6788	Hawaii
	Europe	(888) 777-8343	
	Pacific	(800) 777-8343	

TRICARE World Wide Web Sources

Several of the TRICARE regions have home pages on the World Wide Web. These sites will provide information that is specific to the local implementation of TRICARE. In addition, the Department of Defense Health Affairs and the TRICARE Support Office (CHAMPUS) home pages are sources of general information about the TRICARE and CHAMPUS programs.

Health Affairs:	www.ha.osd.mil
TRICARE Support Office (OCHAMPUS):	www.tso.osd.mil
Region 1 (Northeast):	www.sierramilitary.com
Region 2 (MidAtlantic):	www.tma.med.navy.mil
Region 3 (Southeast):	www.humana-military.com
Region 4 (GulfSouth):	www.humana-military.com
Region 5 (Heartland):	dodr5www.wpafb.af.mil or www.anthemalliance.com
Region 6 (Southwest):	www.tricaresw.af.mil
Region 7 (Desert States):	www.triwest.com or web01.region8.tricare.osd.mil
Region 8 (North Central):	www.triwest.com or web01.region8.tricare.osd.mil
Region 9 (Southern California):	www.fhfs.com
Region 10 (Golden Gate):	usafsg.satx.disa.mil/~region10
Region 11 (Northwest):	www.tricare.nw.mamc.amedd.army.mil
Region 12 (Hawaii and Alaska):	tricare-pac.tamc.amedd.army.mil
TRICARE Europe:	webserver.europe.tricare.osd.mil
TRICARE Pacific	tricare-pac.tamc.amedd.army.mil
TRICARE Latin America:	under construction

Conclusion

Over the years many Navy families have used the 1987 edition of "Children with Special Needs: A Navy Parent Handbook." Parents have referred to it as the "peach book" because of the color of its cover. This new Handbook has been written to update the "peach book" with changes in the laws and regulations governing special education, and with new programs and opportunities for Navy families. It is written with the hope that you will find help for your very special family navigating through both the Navy world and the civilian world.

Whether your Navy family is one that moves from base to base, or is one that is homesteaded and stays for a long time in a given place, you will find that the more you work to develop a good support system, the better life will be for yourself and your child. The Navy Family Service Center and the Exceptional Family Member Program, in most places, offer classes and groups in which you can often find other families facing some of the same challenges you are working on. In addition, when you work as a partner with the people who are providing services to you and your child, you will add to your support group.

A Navy Parent Speaks

> *"When I got to this base, I found the EFMP Coordinator to be a lighthouse in the storm. In Japan, someone had looked at me and said because my kid had developed seizures, 'Why don't you get a hardship discharge?' At that moment every mean gene in me revolted! I was a single Mom. I come from a Navy family, and I have never known anything else. How dare someone tell me I should get out of the Navy because my child was not healthy. In Japan there was nobody, just nobody to help me. When I came here, I learned you have to give over some of your own self-reliance and let someone help you. My lighthouse person said to me, 'I will help you, and I will be the rock in the storm you can adhere to. If you need anything, just let me know.' It is very hard for young mothers like me, but we have learned to do it, and we have learned to pass it on to others."*

Families have found different ways to become partners with people who are there to help them. Some of the professionals are skilled not only in their areas of expertise, but also in their ability to communicate with you. Others, though competent in their field, may not show the warmth and sensitivity you expect. No matter how the relationship develops, there are some tried and true guidelines that may help you.

The best way to build partnerships with people who will be helping you and your family is practicing good communication. Sometimes a professional is talking to you about your child, and you do not hear a single word that is said. Understanding and remembering information is difficult when you are anxious. If this happens, you can ask to come back another time to discuss things further. You can set up a time when someone else cares for your child, so your attention can be on the conversation. Try to bring another adult with you so that between the two of you, you can remember most of what is said. Your partner may even wish to take notes.

Good communication requires careful building of relationships. There are many ways to strengthen relationships with professional people—most take little time. A "thank you" in person, on the phone, or in a short note shows you care and are very much appreciated by professional people. These ways of showing appreciation mean a lot to people.

Another suggestion is for you to go into meetings with professional people ready to tell a simple story about your child, especially a humorous or uplifting one. If possible, mention in the story some positive or funny link with the professionals. A family picture also can be a good "icebreaker." This approach can help to prepare a positive relationship if later concerns or criticisms must be aired.

The relationships you build will help you in checking on your child's progress and solving problems that arise. The time and effort you take to write a card, have a professional over for a cup of tea, to make a card that tells of your child's success, or writing a positive letter to the person's supervisor or Board, will pay good dividends in the long run.

Making Changes

Why is it that every time you feel life is just getting settled into some kind of routine, things change? Perhaps an infant development specialist working with your child goes on maternity leave, or the speech therapist who works very well with your child is transferred to a different school, or your family must move due to a transfer within the Navy. Transitions are a part of life. But they can seem especially problematic when you have a child with special needs.

How do you prepare for these changes in the lives of your child and family? Below are several suggestions that many Navy families have found helpful to ease these transitions:

- Gather as much information as possible about the proposed change.
- Locate another family that has had experience with the services and programs that are to be a part of the new situation.
- Find out who is in charge of the new program or services (i.e., Speech and Language coordinator, Director of Special Education, Infant and Toddler Program Director), and talk with that person.
- Organize your written notes and your child's records so that you can locate information with ease.

- Visit the new person, program, school system, or other places where you and your child might be involved.
- Talk about your experiences in the old situation, and your expectations for the new.
- Ask for written materials and learn the procedures for entering and participating in the new service or system.
- Carefully evaluate the proposed change or new situation and realize that you are in charge, and can say either "yes" or "no" to the recommendations for your child or your family.
- Correspond through email or speak via telephone to another parent in the area where you are planning to move.
- You may also want to refer to the *Military Transfer Checklist* in Chapter Additions at the end of Chapter 3 for other ideas.

A Navy Parent Speaks

> *"I find it very mind-boggling to move from one area of the country to another where the rules are totally different. That is a major, major hassle. The schools have different services available in different areas—even the disability label can be different. What would be available to my daughter in one place might not be there in the next place. I think all families should be urged to get the "Sites Manual" from the Family Service Center before they move. It is a computerized list so you can get the phone numbers of special education departments, community services numbers, and points of contact. I would urge Navy families to do research before they move or buy a house. This has really helped me over the years."*

When the time comes for the actual change, you will want to think of ways to prepare yourself, your child, and your family for the changes in your family life.

- To help ease the way, visit the new school, program, or services in order for you and your child to be familiar with the people and the environment.
- On the first day, make your child more comfortable with the new situation by going yourself and staying for a short time, sending something familiar with him or her (e.g., a favorite lunch box or special clothing), or being at the school or program at the end of the day. Having a special treat together after school allows you to talk about the day.
- Prepare other family members for changes in their routines brought on by the new situation. Ask them for help and support.

Conclusion

You will find, as time goes on, that changes present many of the same problems and opportunities you have already worked through successfully. The past can certainly help to prepare you for new experiences. What you learned in early intervention can be applied as your child enters a school system; what you have learned in the school systems can be applied as you prepare yourself and your child for transition from school to work and community life. Navy families are the <u>best</u> when it comes to giving support and help to other families.

As in all of the decisions you have been and will be making, the more information you have gathered, the stronger the relationships that you have developed, the smoother the transition to a new program, school system, or duty station will be for you and your family.

Appendix A: Parent Programs, National Information and Advocacy Resources

Parent Training and Information Programs (PTIs)

PTIs are funded by the Office of Special Education Programs in the U.S. Department of Education. There is at least one PTI in every state and in most territories. PTIs help parents to understand their children's specific needs, communicate more effectively with professionals, participate in the educational planning process and obtain information about relevant programs, services and resources. To find out about the parent information and training center in your state, contact the Technical Assistance Alliance for Parent Centers at:

PACER Center
4826 Chicago Avenue South
Minneapolis, MN 55417-1098
612/827-2966 (voice)
612/827-7770 (TTY)
612/827-3065 (fax)
888/248-0822 (U.S. only)
www.taalliance.org

Or contact your state director of special education as listed in Appendix C.

Specialized Training of Military Parents (STOMP)

STOMP provides information, training, and assistance to military families who have children with disabilities. It also provides support to PTIs in their efforts to do outreach to military families within their region or state.

STOMP
c/o Washington PAVE
12208 Pacific Highway SW
Tacoma, WA 98499
253/565-2266 (voice/TTY)
800/298-3543 (voice/TTY)
253/566-8052 (fax)
http://www.washingtonpave.org

Parent to Parent Programs

Parent to Parent programs offer support to parents—from other parents of children with special needs or disabilities. Programs typically include veteran parents who are specially trained to provide support to newly referred parents. Many programs also include support groups and activities for family members. If you are unable to locate a program through local resources in your area, contact:

The Beach Center on Families And Disability
University of Kansas
3111 Haworth Hall
Lawrence, KS 66045
785/864-7600 (voice/TDD)
785/864-7605 (fax)
Betsy@dole.lsi.ukans.edu (email)

National Parent to Parent Support & Information System
PO Box 907
Blue Ridge, GA 30513
800/651-1151 (parents)
706/632-8822
TDD available
706/632-8830 (fax)
http://www.nppsis.org

National Information Center for Children and Youth with Disabilities (NICHCY)

NICHCY is a clearinghouse of information for parents. It has a variety of information for parents, including information about specific disabilities, state fact sheets detailing points of contact in each state and briefing papers summarizing key topics regarding the education of children with disabilities.

NICHCY
PO Box 1492
Washington, D.C. 20013-1492
800/695-0285 (voice/TTY)
202/884-8200 (voice/TTY)
202/884-8441 (fax)
http://www.nichcy.org

ABLEDATA
8455 Colesville Rd, Ste 935
Silver Spring, MD 20910-3319
800/227-0216 (voice/TTY)
301/608-8998 (voice/TTY)
301/608-8912 (TTY)
301/608-8958 (fax)
http://www.abledata.com

Administration on Developmental Disabilities
US Department of Health and Human Services
Washington, DC 20201
202/690-6590 (voice)
202/690-6415 (TTY)
202/690-6904 (fax)
http://www.acf.dhhs.gov/programs/add

Army
The Army's EFM web site has a number of links to special needs support organizations.
http://144.170.217.12/Pages/PSSD/FamilyTravel

BUMED Homepage
Same as Navy Medical Treatment Facilities
http://support1.med.navy.mil/bumed/med.htm

BUPERS Exceptional Family Member Program
BUPERS662F
Building 457
5720 Integrity Drive
Millington, TN 38055-5620
901/874-4391
EFMP web site is yet to be determined.

The Center for Children with Chronic Illness and Disability
University of Minnesota
Box 721 UMHC
420 Delaware St. SE D-118
Minneapolis, MN 55455
612/626-4032 (voice)
612/624-3939 (TTY)
612/626-2134 (fax)
http://www.peds.umn.edu/centers

Children's Defense Fund
25 E. St. NW
Washington, DC 20001
800/233-1200
202/628/8787
202/662-3510 (fax)
http://www.childrensdefense.org

Coast Guard
The Coast Guard EFM web site offers limited information but will help Navy families stationed with the USCG.
http://www.gov/dotinfo/uscg

Computer/Electronic Accomodations Program
TRICARE Management Activity
Office of the Assistant Secretary of Defense (Health Affairs)
5111 Leesburg Pike, Ste 810
Falls Church, VA 22041-3206
703/681-8811 (voice/TTY)
DSN 761-8811 (voice/TTY)
703/681-9075 (fax)
cap@tma.osd.mil (email)
http://www.ha.osd.mil/hpcap2.html

Council for Exceptional Children
1920 Association Dr.
Reston, VA 20191-1589
888/232-7733
703/620-3660
703/264-9494 (fax)
http://www.cec.sped.org

Department of Defense Education Activity (DoDEA)
Allows browsers to learn about specific DoDDS sites and resources, as well as clarifying special education policy.
http:/www.odedodea.edu/special/

Department of Veterans Affairs
Links to information about care at Veterans Hospitals.
http://www.va.gov

Exceptional Parent Family Education Network
An outstanding new network with information about home schooling, parent advocacy, and self-help activities.
http://www.familyeducation.com

Military Assistance Program
Organizes all the information, education, and help the military offers.
http://dticaw.dtic.mil/mapsite/

Mobility International USA
PO Box 10767
Eugene, OR 97440
541/343-1284 (voice/TDD)
541/343-6812 (fax)
http://www.miusa.org

National Association of Protection and Advocacy Systems
900 2nd St. NE, Ste 211
Washington, DC 20002
202/408-9514 (voice)
202/408-9521 (TTY)
202/408-9520 (fax)
HN4537@handsnet.org (email)
http://www.protectionandadvocacy.com

National Center for Education in Maternal & Child Health
2000 15th St N, Ste 701
Arlington, VA 22201-2617
703/524-7802
703/524-9335 (fax)
http://www.ncemch.org

National Center for Youth with Disabilities
University of Minnesota
Box 721
420 Delaware St. SE
Minneapolis, MN 55455
612/626-2825 (voice)
612/624-3939 (TTY)
612/626-2134 (fax)
http://www.peds.umn.edu/centers/ihd

National Clearinghouse on Postsecondary Education for Individuals with Disabilities
HEATH Resource Center
1 Dupont Cir NW, Ste 800
Washington, DC 20036-1193
800/544-3284 (voice/TTY)
202/939-9320 (voice/TTY)
202/833-4760 (fax)
http://www.acenet.edu

National Health Information Center (NHIC)
PO Box 1133
Washington, DC 20013-1133
800/336-4797
301/984-4256 (fax)
http://hhic-nt.health.org

National Maternal & Child Health Clearinghouse
2070 Chain Bridge Rd, Ste 450
Vienna, VA 22182
703/821-8955
703/821-2098 (fax)
nmchc@circsol.com (email)
http://www.circsol.com

National Military Family Association
Provides current information about congressional activity on behalf of EFM and other family issues.
http://www.nmfa.org

National Organization on Disability
910 16th St. NW, Ste 600
Washington, DC 20006
202/293-5960 (voice)
202/293-5968 (TTY)
202/293-7999 (fax)
http://www.nod.org

National Organization for Rare Disorders (NORD)
100 Rt. 37, PO Box 8923
New Fairfield, CT 06812-8923
800/999-6673 (voice)
203/746-6518 (voice)
203/746-6927 (TTY)
203/746-6481 (fax)
http://www.NORD-RDB.com/~orphan

National Parent Network on Disabilities (NPND)
1200 G St. NW, Ste 80
Washington, DC 20005
202/434-8686 (voice/TTY)
202/638-0509 (fax)
http://www.npnd.org

National Rehabilitation Information Center (NARIC)
8455 Colesville Rd, Ste 935
Silver Spring, MD 20910-3319
800/346-2742 (voice)
301/588-9284 (voice/TTY)
301/587-1967 (fax)
http://www.naric.com/naric

Navy Medical Treatment Facilities
Allows browsers to access each Navy hospital and clinic's web site to learn what services are available.
http://support1.med.navy.mil/bumed/med.htm

Office of Special Education & Rehabilitation Services
US Department of Education
330 C St. SW
Switzer Bldg, Rm 3132
Washington, DC 20202-2524
202/205-8241 (voice/TTY)
202/401-2608 (fax)
http://www.ed.gov/offices/osers

SIBSHOPS – Sibling Support Groups
Children's Hospital and Medical Center
PO Box 5371 CL-09
Seattle, WA 98105-0371
206/368-4911
206/368-4816 (fax)
http://www.chmc.org/departmt/sibsupp

Social Security Administration
Information about Supplemental Social Security Income and other programs of interest to Navy families.
http://www.ssa.gov/

TRICARE
This site provides a wide range of information about TRICARE policies. The TRICARE Standard Handbook is available under "What's New!!"
http://www.tso.osd.mil/

Appendix B: State Offices of Special Education, DoDDS Area, and DDESS

State Offices of Special Education

For each state, the following offices are listed:

- Early Intervention Services
- Director of Special Education
- Protection and Advocacy (P&A)
- Client Assistance Program (CAP) for Vocational Rehabilitation

Alabama
Early Intervention - 800/543-3098

Director of Special Education
Alabama Department of Education
Division of Special Education Services
PO Box 302101
Montgomery, AL 36130-2101
334/242-8114

Program Director
Alabama Disabilities Advocacy Program
P.O. Drawer 870395
Tuscaloosa, AL 35487-0395
205/348-4928
800/826-1675

Director
Rehabilitation and Crippled Children Service
2129 E. South Blvd.
P.O. Box 11586
Montgomery, AL 36116
205/281-8780

Alaska
Early Intervention - 800/478-2221

Director of Special Education
Office of Special Services
Alaska Department of Education
Office of Special and Supplemental Services
801 West 10th St., Ste 200
Juneau, AK 99801-1894
907/465-2971

Director
Disability Law Center of Alaska
615 E. 82nd Avenue, Ste 101
Anchorage, AK 99518
907/344-1002
800/478-1234

Director
ASIST
2900 Boniface Parkway, #100
Anchorage AK 99504-3195
907/333-2211

American Samoa
Early Intervention - 800/633-4929

Director of Special Education
Special Education
Department of Education
Pago Pago, American Samoa 96799
684/633-1323

P&A and CAP
Client Assistance Program
P.O. Box 3937
Pago Pago, American Samoa 96799
684/633-2441

Arizona
Early Intervention - 800/232-1676

Director of Special Education
Special Education Section
Department of Education
1535 W. Jefferson
Phoenix, AZ 85007-3280
602/542-3084

P&A and CAP
Arizona Center for Law in the Public Interest
3724 N. 3rd Street, Ste 300
Phoenix, AZ 85012
602/274-6287

Arkansas
Early Intervention - 800/752-2160

Director of Special Education
Special Education Section
Arkansas Department of Education
Education Bldg., Room 105-C
#4 State Capitol Mall
Little Rock, AR 72201-1071
501/682-4221

P&A and CAP
Executive Director
Advocacy Services, Inc.
1100 N. University, Ste 201, Evergreen Place
Little Rock, AR 72207
501/324-9215
800/482-1174

California
Early Intervention - 800/515-2229

Director of Special Education
California Department of Education
515 L Street, Ste 270
Sacramento, CA 95814
916/445-4602

Executive Director
Protection & Advocacy, Inc.
100 Howe Avenue, Ste 185N
Sacramento, CA 95825
916/488-9950
800/952-5746

Client Assistance Program
830 K St. Mall
Sacramento, CA 95814
916/322-5066

Colorado
Early Intervention - 800/288-3444

Director of Special Education
Special Education Services Unit
Colorado Department of Education
201 E. Colfax
Denver, CO 80203
303/866-6695

P&A and CAP
Executive Director
The Legal Center
455 Sherman Street, Ste 130
Denver, CO 80203
303/722-0300

Connecticut
Early Intervention - 800/505-7000

Bureau Chief
Bureau of Special Education and Pupil Personnel Services
Connecticut Department of Education
25 Industrial Park Rd.
Middletown, CT 06457
860/638-4265

Executive Director
Office of Protection & Advocacy for Persons with Disabilities
60 Weston Street
Hartford, CT 06120-1551
203/297-4300
800-842-7303

Delaware
Early Intervention - 302/577-4643

Director of Special Education
Exceptional Children/Special Programs Division
Department of Public Instruction
P.O. Box 1402
Dover, DE 19903-1402
302/739-5471

Administrator
Disabilities Law Program
144 E. Market St.
Georgetown, DE 19947
302/856-0038

Director
Client Assistance Program
United Cerebral Palsy, Inc.
254 Camden-Wyoming Ave.
Camden, DE 19934
302/698-9336

Department of Defense/Dependents Services
Department of Defense
Office of Dependents Education
4040 North Fairfax Drive
Arlington, VA 22203
703/696-4493

Domestic Dependent Elementary and Secondary Schools (DDESS)
Department of Defense
4040 North Fairfax Drive
Arlington, VA 22203-1635
703/696-4354

District of Columbia
Early Intervention - 202/727-8300

Director of Special Education
Goding School
10th and F St. NE
Washington, DC 20002
202/724-4800

Executive Director
Information, Protection, and Advocacy Center for Handicapped Individuals, Inc.
4455 Connecticut Ave., NW, Ste B-100
Washington, DC 20008
202/966-8081

Administrator
Client Assistance Program
D.C. Rehabilitation Services Administration
Commission on Social Services
Department of Human Services
605 G St., NW, Room 1101
Washington, DC 20001
202/727-0977

Florida
Early Intervention - 800/654-4440

Director of Special Education
Bureau of Student Services/Exceptional Education
Florida Education Center
325 Gaines Street, Ste 614
Tallahassee, FL 32399-0400
904/488-1570

P&A and CAP
Executive Director
Advocacy Center for Persons with Disabilities, Inc.
2671 Executive Center, Circle West
Webster Bldg., Ste 100
Tallahassee, FL 32301-5024
904/488-9070
800-342-0823

Georgia
Early Intervention - 800/229-2038

Director of Special Education
Division for Exceptional Children
Georgia Department of Education
1952 Twin Towers East
205 Butler Street
Atlanta, GA 30334-5040
404/656-3963

Executive Director
Georgia Advocacy Office, Inc.
999 Peachtree Street NW, Ste 870
Atlanta, GA 30309
404/885-1234
800/282-4538

Director
Division of Rehabilitation Services
2 Peachtree St., NW, 23rd floor
Atlanta, GA 30303
404/657-3009

Guam
Early Intervention - 671/475-0549

Director of Special Education
Department of Education
P.O. Box DE
Agana, Guam 96910
671/647-4400

Administrator
The Advocacy Office
Micronesia Mall, Office A
West Marine Drive
Dededo, Guam 96912
671/632-7233

Director
Client Assistance Program
Parent Agencies Network
P.O. Box 23474
GMF, Guam 96921
671/649-1948

Hawaii
Early Intervention
808/955-7273 (Oahu only)
800/235-5477

Director of Special Education
Special Needs Branch
Hawaii Department of Education
Special Education Section
3430 Leahi Avenue
Honolulu, HI 96815
808/733-4990

P&A and CAP
Executive Director
Protection & Advocacy Agency of Hawaii
1580 Makaloa St., Ste 1060
Honolulu, HI 96814
808/949-2922

Idaho
Early Intervention - 800/962-2588

Supervisor
Special Education Section
Idaho Department of Education
P.O. Box 83720
Boise, Idaho 83720-0027
208/334-3940

P&A and CAP
Idaho's Coalition of Advocates for the Disabled, Inc.
447 Emerald, Ste B100
Boise, ID 83706
208/336-5353

Illinois
Early Intervention - 800/323-4679

Director of Special Education
Center on Policy, Planning, Resource
Illinois State Board of Education
Mail Code E-216
100 North First Street
Springfield, IL 62777-0001
217/782-6601

Director
Equip for Quality, Inc.
11 E. Adams, Ste 1200
Chicago, IL 60603
312/341-0022

Director
Illinois Client Assistance Program
100 N. First Street, 1st floor W
Springfield, IL 62702
217/782-5374

Indiana
Early Intervention - 800/964-4746

Director of Special Education
Division of Special Education
Indiana Department of Education
229 State House
Indianapolis, IN 46204-2798
317/232-0570

P&A and CAP
Indiana Advocacy Services
850 North Meridian, Ste 2-C
Indianapolis, IN 46204
317/232-1150
800/622-4845

Iowa
Early Intervention - 800/779-2001

Chief
Bureau of Special Education
Iowa Department of Public Instruction
Grimes State Office Building
Des Moines, IA 50319-0146
515/281-3176

Director
Iowa Protection & Advocacy Services, Inc.
3015 Merle Hay Rd., Ste 6
Des Moines, IA 50310
515/278-2502
800/779-2502

Administrator
Client Assistance Program
Lucas State Office Bldg.
Des Moines, IA 50319
515/281-3957

Kansas
Early Intervention - 800/332-6262

Director of Special Education
Student Support Services
Kansas Department of Education
120 S.E. Tenth Street
Topeka, KS 66612-1182
913/296-0946

Executive Director
Kansas Advocacy & Protection Services
2601 Anderson Avenue, Ste 200
Manhattan, KS 66502
913/776-1541
800/432-8276

Client Assistance Program
Biddle Bldg., 2nd Floor
2700 West 6th Street
Topeka, KS 66606
913/296-1491

Kentucky
Early Intervention - 800/442-0087

Director of Special Education
Kentucky Department of Education
Division of Exceptional Children's Services
500 Mero Street, Room 805
Frankfort, KY 40601
502/564-4970

Director
Office for Public Advocacy
Division for Protection and Advocacy
100 Fair Oaks Lane, 3rd Floor
Frankfort, KY 40601
502/564-2967
800/372-2988

Administrator
Client Assistance Program
Capitol Plaza Tower
Frankfort, KY 40601
502/564-8035

Louisiana
Early Intervention - 800/922-3425

Director of Special Education
Louisiana Department of Education
Special Education Services
P.O. Box 94064, 9th Floor
Baton Rouge, LA 70804-9064
504/342-3633

P&A and CAP
Executive Director
Advocate Center for the Elderly & Disabled
210 O'Keefe, Ste 700
New Orleans, LA 70112
504/522-2337
800/662-7705

Maine
Early Intervention - 207/278-3272

Director of Special Education
Division of Special Services
Maine Department of Educational
23 State House Station
Augusta, ME 04333
207/287-5950

Director
Maine Advocacy Services
32 Winthrop Street
P.O. Box 2007
Augusta, ME 04338-2007
207/626-2774
800/452-1948

CARES, Inc.
4-C Winter Street
Augusta, ME 04330
207/622-7055

Maryland
Early Intervention - 800/535-0182

Director of Special Education
Division of Special Education
Maryland State Department of
Education
200 W. Baltimore Street
Baltimore, MD 21201-2595
410/767-0238

Director
Maryland Disability Law Center
2510 St. Paul St.
Baltimore, MD 21218
410/235-4700
800/233-7201

Client Assistance Program
Division of Vocational Rehabilitation
2301 Argonne Drive
Baltimore, MD 21218-1696
410/554-3224

Massachusetts
Early Intervention - 800/462-5015

Administrator
Program Quality Assurance
Massachusetts Department of Education
350 Main Street
Malden, MA 02148-5023
617/388-3300

Executive Director
Disability Law Center of Massachusetts
11 Beacon Street, Ste 925
Boston, MA 02108
617/723-8455

MA Office of Disability
Client Assistance Program
One Ashburton Place, Room 1305
Boston, MA 02108
727-7440
800/322-2020

Michigan
Early Intervention - 800/327-5966

Director of Special Education
Special Education Services
Michigan Department of Education
P.O. Box 30008
Lansing, MI 48909-7508
517/373-9433

Executive Director
Michigan Protection & Advocacy
Service, Inc.
106 W. Allegan, Ste 210
Lansing, MI 48933
517/487-1755

State Director
Client Assistance Program
P.O. Box 30018
Lansing, MI 48909
517/373-8193

Minnesota
Early Intervention - 800/728-5420

Director of Special Education
Department of Children, Families, and Learning
811 Capitol Square Bldg.
550 Cedar Street
St. Paul, MN 55101-2233
612/296-1793

P&A and CAP
Minnesota Disability Law Center
430 First Avenue N, Ste 300
Minneapolis, MN 55401-1780
612/334-5785

Mississippi
Early Intervention - 800/451-3903

Director of Special Education
Office of Education
State Department of Education
P.O. Box 771
Jackson, MS 39205-0771
601/359-3498

Executive Director
Mississippi Protection & Advocacy System for DD, Inc.
5330 Executive Place, Ste A
Jackson, MS 39206
601/981-8207

Client Assistance Program
Easter Seal Society
3226 N. State Street
Jackson, MS 39216
601/362-2585

Missouri
Early Intervention - 800/873-6623

Director of Special Education
Special Education Programs
Department of Elementary and Secondary Education
P.O. Box 480
Jefferson City, MO 65102-0480
314/751-2965

P&A and CAP
Missouri Protection & Advocacy Services
925 S. Country Club Drive, Unit B-1
Jefferson City, MO 65109
314/893-3333

Montana
Early Intervention - 800/222-7585

Director
Office of Public Instruction
Division of Special Education
P.O. Box 202501
State Capitol
Helena, MT 59620-2501
406/444-4429

P&A and CAP
Executive Director
Montana Advocacy Program
316 N. Park, Room 211
P.O. Box 1680
Helena, MT 59623
406/444-3889
800/245-4743

Native American Indian Affairs
Early Intervention - 202/208-6675

Branch of Exceptional Education/BIA
Mail Stop #3530
1951 Constitution Ave., NW
Washington, DC 20245
202/208-6675

Protection and Advocacy
DNA People's Legal Service, Inc.
P.O. Box 306
Window Rock, AZ 86515
602/871-4151

Nebraska
Early Intervention - 800/742-7594

Director of Special Education
Office of Special Education
Nebraska Department of Education
301 Centennial Mall South
Box 94987
Lincoln, NE 68509-4987
402/471-2471

Executive Director
Nebraska Advocacy Services, Inc.
522 Lincoln Center Bldg.
215 Centennial Mall South
Lincoln, NE 68508
402/474-3183

Client Assistance Program
Division of Rehabilitative Services
State Department of Education
301 Centennial Mall, 6th Floor
Lincoln, NE 68509
402/471-3656

Nevada
Early Intervention - 800/522-0066

Director of Special Education
Special Education Branch
Nevada Department of Education
400 W. King Street
Capitol Complex
Carson City, NV 89710-0004
702/687-3140

Director
Office of Protection & Advocacy, Inc.
Financial Plaza
1135 Terminal Way, Ste 105
Reno, NV 89502
702/688-1233
800/922-5715

Client Assistance Program
1755 East Plumb Lane, #128
Reno, NV 89502
702/688-1440
800/633-9879

New Hampshire
Early Intervention - 800/298-4321

Director of Special Education
Special Education Bureau
New Hampshire Department of Education
101 Pleasant Street
Concord, NH 03301-3860
603/271-6693

Executive Director
Disabilities Rights Center, Inc.
P.O. Box 3660
18 Low Avenue
Concord, NH 03302-3660
603/228-0432

Director
Client Assistance Program
Governors Commission for the Hndcp.
57 Regional Drive
Concord, NH 03301-0686
603/271-2773

New Jersey
Early Intervention - 800/792-8858

Director of Special Education
Office of Special Education
New Jersey Department of Education
P.O. Box CN 500
225 W. State St.
Trenton, NJ 08625-0050
609/633-6833

P&A and CAP
NJ Department of Protection and Advocacy
210 S. Broad, 3rd Floor
Trenton, NJ 08608
609/292-9742
800/792-8600

New Mexico
Early Intervention - 800/552-8195

Director of Special Education
State Department of Education
300 Don Gasper Ave.
Santa Fe, NM 87501-2786
505/827-6541

P&A and CAP
Protection & Advocacy System
1720 Louisiana Blvd. NE, Ste 204
Albuquerque, NM 87110
505/256-3100
800/432-4682

New York
Early Intervention - 800/522-4369

Assistant Commissioner
Office for Special Education
New York State Education Department
1 Commerce Plaza, Room 1624
Albany, NY 12234-0001
518/474-5548

P&A and CAP Commissioner
New York Commission on Quality of Care for the Mentally Disabled
99 Washington Ave., Ste 1002
Albany, NY 12210
518/473-7378

North Carolina
Early Intervention - 800/852-0042

Director of Special Education
Division of Exceptional Children's Services
North Carolina Department of Public Instruction
301 N. Wilmington Street
Raleigh, NC 27601-2825
919/715-1565

Director, Governor's Advocacy Council for Persons with Disabilities
2113 Cameron Street, Ste 218
Raleigh, NC 27605-1344
919/733-9250
800/821-6922

Director
Client Assistance Program
Division of Vocational Rehabilitation Services
P.O. Box 26053
Raleigh, NC 27611
919/733-3364

North Dakota
Early Intervention - 800/472-8529

Director of Special Education
Special Education Department of Public Instruction
600 E Blvd.
Bismarck, ND 58505-0440
701/328-2277

Director
Protection & Advocacy
400 E. Broadway, Ste 616
Bismarck, ND 58501-4038
701/328-2972
800/472-2670

Associate Director
Client Assistance Program
400 E. Broadway, Ste 303
Bismarck, ND 58501-4038
701/328-3970

Northern Mariana Islands
Director
Special Education Programs
CNMI Public School System
PO Box 1370
Saipan, MP 96950
670/322-9956

P&A and CAP
Karidat
PO Box 745
Saipan, CM 96950
670/234-6981

Ohio
Early Intervention - 800/374-2806

Director of Special Education
Ohio Department of Education
Division of Special Education
933 High Street
Worthington, OH 43085-4087
614/466-4859

Executive Director
Ohio Legal Rights Service
8 E. Long St., 6th Floor
Columbus, OH 43215
614/466-7264
800/282-9181

Client Assistance Program
Governor's Office of Advocacy for
People with Disabilities
30 E. Broad Street, Ste 1201
Columbus, OH 43215
614/466-9956

Oklahoma
Early Intervention - 800/426-2747

Executive Director
Special Education Section
State Department of Education
2500 N. Lincoln Blvd., Ste 411
Oklahoma City, OK 73105-4599
405/521-4859

Director
Oklahoma Disability Law Center, Inc.
4150 S. 100 East Avenue
210 Cherokee Bldg.,
Tulsa, OK 74146-3661
918/664-5883

Client Assistance Program
Oklahoma Office of Hndcp. Concerns
4300 N. Lincoln Blvd., Ste 200
Oklahoma City, OK 73105
405/521-3756

Oregon
Early Intervention - 800/322-2588

Director of Special Education
Special Education and Student Services
Division
Oregon Department of Education
700 Pringle Pkwy. SE
Salem, OR 97310-0290
503/378-3598

Executive Director
Oregon Advocacy Center
620 S.W. 5th Avenue, 5th Floor
Portland, OR 97204
503/243-2081

Oregon Advocacy Center
1257 Ferry Street SE
Salem, OR 97310
503/378-3142

Palau
Early Intervention - 670/664-3754

Special Education Coordinator
P.O. Box 278
Koror Palau, 96940
680/488-2568

Pennsylvania
Early Intervention - 800/692-7288

Director of Special Education
Bureau of Special Education
Pennsylvania Department of Education
333 Market Street
Harrisburg, PA 17126-0333
717/783-6913

Pennsylvania Protection & Advocacy, Inc.
116 Pine St.
Harrisburg, PA 17101
717/236-8110
800/692-7443

Client Assistance Program (SEPLS)
1617 JFK Blvd., Ste 800
Philadelphia, PA 19103
215/557-7112

Client Assistance Program (Western PA)
211 N. Whitfield Street, Ste 215
Pittsburgh, PA 15206
412/363-7223

Puerto Rico
Early Intervention - 800/981-8492

Assistant Secretary of Special Education
Department of Education
P.O. Box 190759
San Juan, PR 00919-0759
809/759-2000

Director
Planning Research and Special Projects
Ombudsman for the Disabled
Governor's Office
P.O. Box 5163
Hato Rey, PR 00936
809/766-2338

Assistant Secretary for Vocational Rehabilitation
Department of Social Services
P.O. Box 118
Hato Rey, PR 00919
809/725-1792

Rhode Island
Early Intervention - 800/464-3399

Director of Special Education
Roger Williams Bldg., Room 209
22 Hayes Street
Providence, RI 02908-5025
401/277-3505

P&A and CAP
Executive Director
Rhode Island Protection & Advocacy System
151 Broadway, 3rd Floor
Providence, RI 02903
401/831-3150

South Carolina
Early Intervention - 800/922-1107

Director
Office of Programs for Exceptional Children
State Department of Education
Room 808, Rutledge Bldg.
1429 Senate
Columbia, SC 29201
803/739-8806

Executive Director
South Carolina Protection & Advocacy System for the Handicapped, Inc.
3710 Landmark Drive, Ste 208
Columbia, SC 29204
803/782-0639
800/922-5225

Office of the Governor
Division of Ombudsman and Citizen Services
PO Box 11369
Columbia, SC 29211
803/734-0457

South Dakota
Early Intervention - 800/529-5000

Director
Office of Special Education
Department of Education and Cultural Affairs
700 Governors Drive
Pierre, SD 57501-2291
605/773-3678

P&A and CAP
Executive Director
South Dakota Advocacy Services
221 S. Central Ave.
Pierre, SD 57501
605/224-8294
800/742-8108

Tennessee
Early Intervention - 800/852-7157

Assistant Commissioner
Division of Special Education
Tennessee Department of Education
Gateway Plaza, 8th Floor
710 James Robertson Pkwy
Nashville, TN 37243-0380
615/741-2851

P&A and CAP
Director
Tennessee Protection and Advocacy, Inc.
P.O. Box 121257
Nashville, TN 37212
615/298-1080
800/342-1660

Texas
Early Intervention - 512/502-4920

Director of Special Education
Special Education Unit
Texas Education Agency
WB Travis Bldg. Room 5-120
1701 N. Congress Ave.
Austin, TX 78701-2486
512/463-9414

P&A and CAP
Executive Director
Advocacy, Inc.
7800 Shoal Creek Blvd. Ste 171-E
Austin, TX 78757
512/454-4816
800/252-9108

Utah
Early Intervention - 800/333-8824

Director
Special Education Services Unit
Utah State Office of Education
250 E. 500 S.
Salt Lake City, UT 84111-3204
801/538-7587

P&A and CAP
Executive Director
Legal Center for People with Disabilities
455 East 400 South, Ste 201
Salt Lake City, UT 84111
801/363-1347
800/662-9080

Vermont
Early Intervention - 800/727-3687

Director
Division of Special Education
Vermont Department of Education
State Office Bldg.
120 State Street
Montpelier, VT 05602-3403
802/828-3141

Director
Vermont DD Law Project
264 Winoosk Avenue
PO Box 1367
Burlington, VT 05401
802/863-2881

Client Assistance Program
Ladd Hall
103 South Main Street
Waterbury, VT 05676

Virgin Islands
Early Intervention - 809/773-8804

Director of Special Education
Department of Education
State Office of Special Education
P.O. Box 6640
Charlotte Amalie, St. Thomas
Virgin Islands 00801
809/776-5802

P&A and CAP
Director
Virgin Islands Advocacy Agency
7A Whim Street, Ste 2
Frederiksted, VI 00840
809/772-1200

Virginia
Early Intervention - 800/234-1448

Director of Special Education
Virginia Department of Education
P.O. Box 2120
Richmond, VA 23216-2120
804/225-2402

P&A and CAP
Director
Department of Rights of Virginians with Disabilities
James Monroe Bldg.
101 N. 14th St., 17th Floor
Richmond, VA 23219
804/225-2042
800/552-3962

Washington
Early Intervention - 800/322-2588

Director of Special Education
Special Education Section
Superintendent of Public Instruction
Old Capital Bldg.
Olympia, WA 98502-0001
206/753-6733

Washington Protection & Advocacy System
1401 E. Jefferson Street, Ste 506
Seattle, WA 98122
206/324-1521

Client Assistance Program
PO Box 22510
Seattle, WA 98122
206/721-4049

West Virginia
Early Intervention - 800/734-2319

Director
Office of Special Education
West Virginia Department of Education
Bldg. #6, Room B-304
1800 Kanawha Blvd.
Charleston, WV 25305
304/558-2696

Executive Director
West Virginia Advocates, Inc.
Litton Building, 4th Floor
1207 Quarrier St.
Charleston, WV 25301
304/346-0847
800/950-5250

Wisconsin
Early Intervention - 800/642-7837

Assistant Superintendent
Division of Learning Support: Equity and Advocacy
Department of Public Instruction
125 S. Webster
P.O. Box 7841
Madison, WI 53707-7841
608/266-1649

Executive Director
Wisconsin Coalition for Advocacy, Inc.
16 N. Carroll Street, Ste 400
Madison, WI 53703
608/267-0214

Governors Commission for People with Disabilities
1 W. Wilson Street, Room 558
PO Box 7850
Madison, WI 53707-7850
608/267-7422
800/362-1290

Wyoming
Early Intervention - 800/438-5791

Federal Programs Unit
State Department of Education
Hathaway Bldg.
2300 Capitol Avenue
Cheyenne, WY 82002-0050
307/777-7417

Executive Director
Protection & Advocacy System, Inc.
2424 Pioneer Ave., No. 101
Cheyenne, WY 82001
307/638-7668
800/624-7648

DoDDS Areas

Atlantic DoDDS

Director
Block 2, Eastcote
APO New York 09241
01-868 Ext. 2009 or 2321

Germany DoDDS

Director
APO New York 09633
0116121-81-339-3386

Mediterranean DoDDS

Director
APO New York 09283
205-7568 (Comm)
723-7568 (AV)

Panama DoDDS

Director
APO Miami 34002
507/313-86 Ext. 3602 (Comm)
864-240 (AV)

Pacific DoDDS

Director
FPO Seattle 98772
0989381111
Ask for Zukerin Switch 635
Ext. 3003
Okinawa, Japan

Appendix C: Where to Obtain Laws, Regulations, and DoD Instructions

To obtain copies of The Individuals with Disabilities Education Act, formerly known as the Education for the Handicapped Act, P.L. 94-142, Section 504, or the Americans with Disabilities Act, you can write to:

Your congressman: The Honorable ______________
U.S. House of Representatives
Washington, DC 20515

Your senator: The Honorable ______________
U.S. Senate
Washington, DC 20510

To obtain copies of your state's special education regulations, you can write to the state special education department. (See Appendix B for addresses of state special education departments.)

To obtain copies of DoDDs Instruction for Special Education, write to:

Department of Defense Education Activity (DoDEA)

4040 North Fairfax Drive
Arlington, VA 22203
703/696-4492 ext. 1951

To obtain copies of DDESS information on Special Education, write to:

Domestic Dependent Elementary and Secondary Schools (DDESS)

4040 North Fairfax Drive
Arlington, VA 22203-1635
703/696-4354 ext. 1455

To file an ADA/504 complaint, contact:

National Office for Civil Rights

U. S. Department of Education
600 Independence Avenue, SW
Washington, DC 20202
202/205-5413
ocr@ed.gov

Here is a partial listing of DoDDS/DDESS guidance:

- 32 Code Federal Regulation Part 80 (DDESS Final Rule), "Provision of Early Intervention Services to Eligible Infants and Toddlers with Disabilities and their Families, and Special Education and Related Services to Children with Disabilities within the Section 6 School Arrangements," July 25, 1994

- DoD Instruction 1342.12, "Provision of Early Intervention and Special Education Services to Eligible DoD Dependents in Overseas Area, " March 12, 1996
- DoD Instruction 1342.26, "Eligibility Requirements for Minor Dependents to Attend Department of Defense Domestic Dependent Elementary and Secondary Schools (DDESS), " March 4, 1997
- DS Regulation 2500.10, "DoDDS Special Education Dispute Management System, " December 17, 1982
- DS Regulation 2500.11, "DoDDS Complaint Management System, " September 1983
- DS Manual 2500.13R, "Special Education Procedural Guide, " August 1994
- Department of Defense Domestic Dependent Elementary and Secondary Schools (DDESS) Procedural Guide for Special Education, September 11, 1997

Appendix D: Selected Readings

This bibliography contains further reading on special education and a variety of disability issues. Books about specific disabilities have been deliberately omitted. For materials on specific disabilities, contact disability organizations such as The Arc, the Learning Disabilities Association, or the Tourette Syndrome Association. These organizations, listed in Appendix A, should be able to provide bibliographies of current and comprehensive materials.

Many of the books listed here may be available in your local public library. If you would like to order a copy of any book for yourself, you can find publishers' addresses through a publication called *Books in Print*, which is updated annually and is available at any library or bookstore. *Books in Print* has a subject index that you can use to see what is currently available on any topic.

General Interest

Amado, Angela Novak. *Friendships and Community Connections between People with and without Developmental Disabilities.* Baltimore, MD: Brookes Publishing Company, 1993.

This book highlights practical ways to use natural social connections as the foundation for building successful friendships between persons with disabilities and other community members. It was written for persons with disabilities, their families, service providers, and advocates.

Batshaw, Mark L. & Yvonne M. Perret. *Children with Disabilities: A Medical Primer, Third Edition.* Baltimore, MD: Brookes Publishing Company, 1992.

This highly acclaimed reference provides in-depth descriptions of all the major types of disabilities in a style that can be understood by parents and professionals alike. It includes more than 200 detailed illustrations, a helpful glossary, and a thorough resource list.

The Exceptional Parent. Published monthly 12 times a year by Psy-Ed Corporation, 209 Harvard Street, Suite 303, Brookline, MA 02146.

This magazine is an excellent source of up-to-date information for parents of children with disabilities. The annual *Exceptional Parent Resource Guide* features directories of national organizations, associations, products, and services.

Leff, Patricia T. & Elaine Walitzer. *Building the Healing Partnership: Parents, Professionals & Children with Chronic Illnesses and Disabilities.* Cambridge, MA: Brookline Books, 1992.

Through this book parents and professionals will see the "other side" of the health care partnership. They will each experience the bond of hearing others share their fears and hopes, joy and pain.

Miller, Nancy B., Susie Burmester, Diane G. Callahan, Janet Dieterle & Stephanie Niedermeyer. *Nobody's Perfect: Living and Growing with Children Who Have Special Needs.* Baltimore, MD: Brookes Publishing Company, 1994.

This book offers parents a refreshing perspective, a strong sense of support, and specific guidance as they integrate the challenges of raising a child with special needs into every aspect of their lives. The chapters guide parents through the four stages of adaptation with candid, inspiring, and often humorous reflections of four mothers who are raising children with disabilities.

Moore, Cory. *A Reader's Guide for Parents of Children with Mental, Physical, or Emotional Disabilities, Third Edition.* Bethesda, MD: Woodbine House, 1990.

This guide is an indispensable tool for parents, teachers, and librarians—virtually anyone who needs to find the most current, authoritative information in print about children with disabilities. This useful, annotated bibliography lists more than one thousand books and other resources on disabilities.

Parent Educational Advocacy Training Center (PEATC). *Managed Care Maze: What About the Children?* Fairfax, VA: PEATC, 1997.

This video, parent guide,and physician guide package provides basic information about managed care and offers ideas, hope, and strategies for families and health care providers who are concerned about the new challenges that managed care can present. Families learn how to effectively advocate for appropriate care while physicians discover the significance of listening and learning from their patients and their families.

Perske, Robert. *Circles of Friends: People with Disabilities and Their Friends Enrich the Lives of One Another.* Nashville, TN: Abingdon Press, 1988.

Illustrated by Martha Perske, this book describes "true stories of friendships." Based on a belief that all people should be members of the community, *Circles of Friends* alternates between accounts of friendships and points to consider. Friendship settings range from housing cooperatives to schools to neighborhoods.

Powell, Thomas H. & Peggy Ahrenhold Gallagher. *Brothers and Sisters: A Special Part of Exceptional Families, Second Edition.* Baltimore, MD: Brookes Publishing Company, 1993.

This book mingles reliable research with the perceptive wisdom of siblings of children and adults with developmental disabilities to explore the unique affinity experienced among siblings. Siblings speak openly about the joys and challenges they face daily at home, at school, and in the community. It offers perceptive insights and practical strategies for strengthening both parent-child and sibling-sibling relationships.

Rosenfeld, Lynn Robinson. *Your Child and Health Care: A "Dollars & Sense" Guide for Families with Special Needs.* Baltimore, MD: Brookes Publishing Company, 1994.

This guide helps families of children with disabilities or chronic illnesses plan successful financial strategies. It examines a wide range of public and private services, along with a number of effective ways to gain access to, pay for, and evaluate those services. This book will be invaluable to families, social workers, pediatricians, nurses, clergy, and teachers.

Simons, Robin. *After The Tears: Parents Talk about Raising a Child with a Disability.* New York: Harcourt Brace Jovanovich, 1987.

This book tells the stories of parents who have struggled, learned, and grown in the years since their children were born, and who wish to encourage other parents in similar circumstances.

Spiegle, Jan A. & Richard A. Van den Pol. *Making Changes: Family Voices on Living with Disabilities.* Cambridge, MA: Brookline Books, 1993.

What is the impact on the everyday lives of people who become disabled through an accident or disease process? What is the impact on the family when a child with disabilities is born? The editors have collected reports that illuminate the changing conditions of these people's lives and developed a course to help able bodied persons understand and be more supportive of the efforts of persons with disabilities to live in their community.

Turnbull, Ann P., Joan M. Patterson, Shirley K. Behr, Douglas L. Murphy, Janet G. Marquis & Martha J. Blue-Banning. *Cognitive Coping, Families, and Disability.* Baltimore, MD: Brookes Publishing Company, 1993.

Here is one of the first attempts in the field of developmental disabilities to focus on cognitive coping theory as a means of enhancing family well-being. Through a participatory process, family members, service providers, theorists, and researchers reveal their personal and professional experience with disability and cognitive coping.

Early Childhood/Early Intervention

Anderson, Winifred and Cherie Takemoto. *Beginning with Families: A Parents' Guide to Early Intervention.* Fairfax, VA: Parent Educational Advocacy Training Center, 1996. (Also available in Spanish, Korean, Farsi and Vietnamese.)

This book offers some sound advice and insight gathered from parents who have walked down the road to getting early intervention services for their babies and toddlers with special needs. It offers ideas and tools for working in partnership with early intervention professionals, communicating to others about their hopes and dreams for a child, and understanding early intervention services.

Beckman, Paula J. & Gayle Beckman Boyes. *Deciphering the System: A Guide for Families of Young Children with Disabilities.* Cambridge, MA: Brookline Books, 1993.

This book provides basic information about parents' rights under legislation affecting young children with disabilities, between birth and five years of age. Topics include educational assessment, IEP and IFSP meetings, due process, and obtaining support from other parents. It includes a glossary and resource list.

Bricker, Diane & Juliann J. Woods Cripe. *An Activity-Based Approach to Early Intervention.* Baltimore, MD: Brookes Publishing Company, 1992.

Activity-based intervention shows how to use natural and relevant events to teach infants and young children effectively and efficiently. This resource presents a model in early intervention, that not only synthesizes strategies found in behavior analytic and early childhood intervention approaches, but is also consistent with current educational reforms.

Coleman, Jeanine G. *The Early Intervention Dictionary: A Multidisciplinary Guide to Terminology.* Bethesda, MD: Woodbine House, 1993.

This book defines and clarifies terms used by the many different medical, therapeutic, and educational professionals who provide early intervention services to children from birth through age three. It is a valuable training and reference guide for professionals. Parents will find it helps them to understand the intervention process and to be knowledgeable advocates for their children.

Johnson, Lawrence J., et al, ed. *Meeting Early Intervention Challenges: Issues from Birth to Three, Second Edition.* Baltimore, MD: Brookes Publishing Company, 1994.

Prominent leaders in the field of early intervention detail critical, new approaches to service delivery and provide concrete strategies for personnel development and policy application. Complete with reliable research data and fundamental guidelines, this resource will be of vital interest to early interventionists, early childhood educators, service providers, and advocates.

Pueschel, Siegfried M., Patricia S. Scola, Leslie E. Weidenman & James C. Bernier. *The Special Child: A Source Book for Parents of Children with Developmental Disabilities, Second Edition.* Baltimore, MD: Brookes Publishing Company, 1994.

This unique home reference is praised for its easy-to-understand descriptions and explanations plus prognoses and treatments. Sensitively written and highly readable, this source book helps dispel many of the misconceptions about disabilities. Many of the questions about the roles of professionals, diagnostic tests, medical treatments, educational strategies, legal issues, and counseling are answered here.

Rosenkoetter, Sharon E., Ann H. Hains & Susan A. Fowler. *Bridging Early Services for Children with Special Needs and Their Families: A Practical Guide for Transition Planning.* Baltimore, MD: Brookes Publishing Company, 1993.

This practical reference provides strategies that promote successful transitions for infants, toddlers, and young children with special needs. It is a useful resource for administrators, service providers, parents, and students.

Schwartz, Sue & Joan E. Heller Miller. *The Language of Toys: Teaching Communication Skills to Special-Needs Children: A Guide for Parents and Teachers.* Bethesda, MD: Woodbine House, 1988.

This book teaches parents how to improve their children's communication skills at home with fun, easy-to-follow exercises.

Swan, William W. & Janet L. Morgan. *Collaborating for Comprehensive Services for Young Children and Their Families: The Local Interagency Coordinating Council.* Baltimore, MD: Brookes Publishing Company, 1993.

This useful book shows agency and school leaders how to coordinate their efforts to stretch human services dollars while providing quality programs. The building blocks needed to establish a successful local interagency coordinating council are provided, including practical guidelines for staff development and parent involvement.

Special Education and Legal Rights

Anderson, Winifred, Stephen Chitwood, and Deidre Hayden. *Negotiating the Special Education Maze: A Guide for Parents and Teachers.* Bethesda, MD: Woodbine House, 1997.

This book provides a tool for parents and teachers to understand early intervention and special education. Understanding this complex legislation and its application to individual children can be an overwhelming task, especially for families. This book presents an effective, easy-to-understand approach to obtaining services to meet the unique needs of each child with a disability.

Cutler, Barbara Coyne. *You, Your Child and "Special" Education: A Guide to Making the System Work.* Baltimore, MD: Brookes Publishing Company, 1993.

This handbook shows parents of children with disabilities how to obtain appropriate educational services for their child with disabilities. It includes explanations of relevant legislation, directions for filing a complaint, and a resource list.

Goldman, Charles D. *Disability Rights Guide: Practical Solutions to Problems Affecting People with Disabilities, Second Edition.* Lincoln, NE: Media Publishing, 1991.

This book is intended for people with disabilities and those who work with them. Chapters cover a variety of issues confronting people with disabilities, such as attitudinal barriers, employment, accessibility, housing, education, and transportation. The laws governing these areas are explained and discussed in clear language. A glossary of terms and a list of state contacts are included.

Guernsey, Thomas F. & Kathe Klare. *Special Education Law.* Durham, NC: Carolina Academic Press, 1993.

This book is designed to take lawyers, educators, and other professionals through the process of providing special education services to children. It assumes no knowledge on the part of the reader and provides a solid background in special education law. Accompanying footnotes will be helpful to professionals wishing to do more detailed legal research.

Henderson, Anne T., Carl L. Marburger & Theodora Ooms. *Beyond the Bake Sale: An Educator's Guide to Working with Parents.* Columbia, MD: The National Committee for Citizens in Education, 1986.

The authors address ways of developing positive home/school relations. They demonstrate that parents can and do make a big difference in promoting the positive characteristics of effective schools. Parents are challenged to be involved in what happens to their children in school and school staff is challenged to nurture positive relationships with parents.

Martin, Reed. *Extraordinary Children—Ordinary Lives: Stories Behind Special Education Case Law.* Champaign, IL: Research Press, 1991.

Many court cases have shaped and defined key issues associated with special education law. This book tells the stories of the families behind these cases and how the decisions made affected all children with special needs. Among issues examined are: related services, least restrictive environment, extended school year, and attorney fee awards.

Mendelsohn, Steven B. *Tax Options and Strategies for People with Disabilities.* New York, NY: Demos Publications, 1993.

This book provides a straightforward and practical guide to current tax provisions that will assist people with disabilities and their families to take maximum advantage of the current tax law.

Ordover, Eileen L. & Kathleen B. Boundy. *Educational Rights of Children with Disabilities: A Primer for Advocates.* Cambridge, MA: Center for Law and Education, 1991.

This is a basic legal reference designed to assist parents, students, and their advocates in securing their rights to preschool, elementary, and secondary education guaranteed by the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act of 1973. It discusses substantive and procedural rights along with administrative and judicial remedies for their violation.

Parent Educational Advocacy Training Center (PEATC). *Unlocking the Door: A Parents' Guide to Supported Inclusive Education.* Fairfax, VA: PEATC, 1995.

This guide is meant to help parents interested in creating more inclusive education for their children with disabilities. It offers suggestions for how to plan, how to communicate about the benefits and challenges of inclusion, legal information, and what to do if problems occur.

Putnam, JoAnne W. *Cooperative Learning and Strategies for Inclusion: Celebrating Diversity in the Classroom.* Baltimore, MD: Brookes Publishing Company, 1993.

This book provides strategies for tailoring curricula and instructional approaches to improve the academic achievement, social skills, and self-esteem of a diverse population of students, regardless of their individual abilities, backgrounds, and learning styles. It is an excellent resource for all educators, classroom support personnel, administrators, social workers, service providers, and parents.

Stainback, Susan, William Stainback & Marsha Forest, Ed. *Educating All Students in the Mainstream of Regular Education.* Baltimore, MD: Brookes Publishing Company, 1989.

Incorporating the research and viewpoints of both regular and special educators, this textbook provides an effective approach for modifying, expanding, and adjusting regular education to meet the needs of all students. Here are practical strategies, precise guidelines, and implementation procedures for ensuring educational and social success for students within a regular classroom.

Strickland, B. & A. P. Turnbull. *Developing and Implementing Individualized Education Programs.* Columbus, OH: Merrill Publishing Company, 1990.

This book describes legal requirements for developing IEPs and suggests best practices for implementation. It includes sample forms, checklists, and recordkeeping systems.

Turnbull, H. Rutherford, David Bateman & Ann Turnbull. *ADA, IDEA and Families.* Lawrence, KS: Beach Center on Families and Disabilities, 1991.

This publication analyzes the Americans with Disabilities Act, the Individuals with Disabilities Education Act, and their implications for families, especially with respect to transition.

Transition, Employment, Community Life & Future Planning

Bishop, Barb, Martha Blue-Banning, Frances Holt, Janie Irvin & Theresa Martel. *Planning for Life after High School: A Handbook of Information and Resources for Families and Young Adults with Disabilities.* Lawrence, KS: Full Citizenship, Inc., 1992.

This book describes what questions to ask about transition and where to go for the answers.

Condeluci, Al. *Interdependence: The Route to Community.* Orlando, FL: Paul M. Deutsch Press, Inc., 1991.

Interdependence is a call for action to the human services—a prescription for a renewed sense of partnership. It explores the goals of human services, how and why the medical/expert paradigm has not done the job, and then introduces the interdependent paradigm as an alternative approach to human service.

Hagner, David and Dale Dileo. *Working Together: Workplace Culture, Supported Employment, and Persons with Disabilities.* Cambridge, MA: Brookline Books, 1993.

Aimed at employers and program personnel, this book presents a new approach to assisting individuals with disabilities achieve meaningful careers.

Nisbet, Jan. *Natural Supports in School, at Work, and in the Community for People with Severe Disabilities.* Baltimore, MD: Brookes Publishing Company, 1992.

This book acknowledges that assistance for people with severe disabilities must be shaped by the needs of individuals rather than by the requirements of the service system. Chapters on family supports, school inclusion strategies, and supported employment combine fresh insights and practical guidance.

Racino, Julie Ann, Pamela Walker, Susan O'Connor & Steven J. Taylor. *Housing, Support, and Community: Choices and Strategies for Adults with Disabilities.* Baltimore, MD: Brookes Publishing Company, 1993.

This book records new directions and creative strategies that are emerging today to support adults with disabilities in the homes and communities of their choice. In a time of consumer-directed decision making, students, parents, and service providers will find help in these pages to make systems responsive to the needs of all adults.

Rusch, Frank R., Lizanne Destefano, Janis Chadsey-Rusch, L. Allen Phelps & Edna Szymanski. *Transition from School to Adult Life: Models, Linkages and Policy.* Sycamore, IL: Sycamore Publishing Company, 1992.

This book takes a comprehensive look at transition through the eyes of educators and researchers from many professional areas. It includes a wealth of models by which transition can be offered to students in different instructional settings.

Russell, L. Mark, Arnold E. Grant, Suzanne M. Joseph & Richard W. Fee. *Planning for the Future: Providing a Meaningful Life for a Child with a Disability after Your Death.* Evanston, IL: American Publishing Company, 1993.

This authoritative resource on estate planning is full of practical ideas and important information on how a family can protect their loved one's future. It explains how to prepare a life plan, a letter of intent, a will and a special needs trust. It discusses how to maximize government benefits, avoid probate, and reduce estate taxes.

Scheiber, Barbara & Jeanne Talpers. *Unlocking Potential: College and Other Choices for Learning Disabled People: A Step-by-Step Guide.* Bethesda, MD: Adler & Adler, distributed by Woodbine House, 1987.

This book contains a wealth of information for prospective students and their families, high school and college counselors, and everyone concerned about the future of young people with learning disabilities. It is a guidebook to assist students in making choices, finding ways to be accommodated in a college setting, developing good study skills, and finding counseling help.

Turnbull, H. Rutherford, III, Ann P. Turnbull, G. J. Bronicki, Jean Ann Summers & Constance Roeder-Gordon. *Disability and the Family: A Guide to Decisions for Adulthood.* Baltimore, MD: Brookes Publishing Company, 1989.

This practical, easy-to-use guide helps answer families' questions concerning the future needs of their family members with disabilities. It presents a plan that respects individual choices and takes into account the available social, leisure, residential, and vocational options. Clear definitions of legal and financial terms, listings of support groups, a "preference checklist" to help in developing life choices, and helpful appendices are among this guide's most useful features.

Wehman, Paul. *The ADA Mandate for Social Change.* Baltimore, MD: Brookes Publishing Company, 1993.

This book focuses on the changes the Americans with Disabilities Act is generating for persons with disabilities in employment, transportation, independent living and more. It is an important volume for all professionals, especially educators, rehabilitation counselors, and administrators.

Wehman, Paul. *Life Beyond the Classroom: Transition Strategies for Young People with Disabilities.* Baltimore, MD: Brookes Publishing Company, 1992.

This textbook is an essential guide to planning, designing, and implementing successful transition programs for students with disabilities. It is a must for practitioners, special education instructors, community service providers, students, vocational rehabilitation counselors, and disability advocates.

Witt, Melanie Astaire. *Job Strategies for People with Disabilities: Enable Yourself for Today's Job Market.* Princeton, NJ: Peterson's Guides, 1992.

The Americans with Disabilities Act opens the door for employment opportunities never before available to millions of people with disabilities. This book rings with sensitive and practical advice for getting that first job, being promoted, and making career changes. It answers questions about the law, career decision making, and job finding through the stories of real people.

Common Words

This glossary includes special education terms mentioned in the text as well as words parents may find used in the school setting. It also defines the disabilities which qualify a child for special education services, but does not contain any other terms related to specific disabilities.

Accommodation: See **Reasonable Accommodation.**

Achievement Test: A test that measures a student's level of development in academic areas such as math, reading, and spelling.

Activity Center: A day program where staff members assist adults with disabilities with activities emphasizing community skill training (i.e., learning to use public transportation) and vocational skill development.

Adaptive Behavior: The extent to which an individual is able to adjust to and apply new skills to new environments, tasks, objects, and people.

Adaptive Physical Education: A physical education program that has been modified to meet the specific needs of a student with disabilities (e.g., inclusion of activities to develop upper body strength in a student with limited arm movement).

Administrative Review: A review process whereby disagreements between parents and school systems may be resolved by a committee of school system individuals not directly involved with the case. Also called a conciliatory conference.

Adult Day Programs: Programs in which adults with disabilities receive training in daily living skills, social skills, recreational skills, and "pre-vocational" skills.

Advocacy: Speaking or acting on behalf of another individual or group to bring about change.

Advocate: A person who speaks or acts knowledgeably on behalf of another individual or group to bring about change.

Age of Majority (Aged Out or Aging Out): Refers to students with special needs who have reached the maximum age limit mandated in their state for special education and related services.

Annual Goal: Statement describing the anticipated growth of a student's skill and knowledge written into a student's yearly Individualized Education Program (IEP).

Americans with Disabilities Act (ADA): An anti-discrimination law giving individuals with disabilities civil rights protections similar to those rights given to all people on the basis of race, sex, national origin, or religion.

Common Words

Annual Review: A meeting held at least once a year to look at, talk about, and study a student's Individualized Education Program (IEP). The purpose of the review is to make decisions about changes in the IEP, review the placement, and develop a new IEP for the year ahead.

Appropriate: In free, appropriate public education provided by the Individuals with Disabilities Education Act (IDEA), "appropriate" refers to an educational plan that meets the individual needs of a student with disabilities.

Aptitude Test: A test that measures an individual's potential in a specific skill area, such as clerical speed, numerical ability, or abstract thinking.

Assessment: See **Evaluation**.

Assistive Technology: Any item, piece of equipment, or product system that is used to increase, maintain, or improve the functional capabilities of children with disabilities (i.e., augmentative communication boards, computer input devices, special switches).

At-Risk: Term used to describe children who are considered likely to have difficulties because of home life circumstances, medical difficulties at birth, or other factors, and who may need early intervention services to prevent future difficulties.

Audiologist: A professional non-medical specialist who measures hearing levels and evaluates hearing loss.

Auditory Discrimination: The ability to identify and distinguish among different speech sounds (e.g., the difference between the sound of "a" in *say* and in *sad*).

Autism: A developmental disability significantly affecting verbal and nonverbal communication, and social interaction, generally evident before age three.

Behavior Disorders (BD): Disorders characterized by disruptive behavior in school, home, and other settings. They include Attention Deficit Hyperactivity Disorder (ADHD), conduct disorder, difficulty learning, and inability to establish satisfactory relationships with others. Such behavior is considered inappropriate, excessive, chronic, and abnormal.

Behavioral Observation: A systematic way of observing, recording, and interpreting the behavior of a student as he or she works on the job to gain a broad picture of the student's interests and abilities. Part of a vocational assessment.

Benchmark: See **Objective**.

Blind (Blindness): Complete loss of sight. Educationally, individuals who are severely visually impaired, or have no vision and must learn to read by braille, are considered blind. See also **Legally Blind**.

Buckley Amendment: More commonly known name for the Family Educational Rights and Privacy Act of 1974. The law gives parents and students (over age 18) the right to see, correct, and control access to school records.

Career Education: A progression of activities intended to help students acquire the knowledge, skills, and attitudes that make work a meaningful part of life. Career education has four stages: 1) awareness/orientation, 2) exploration, 3) preparation, including vocational education, and 4) job placement/follow-up.

Carl D. Perkins Vocational and Applied Technology Education Act (1990): A Federal law stipulating that students with disabilities be guaranteed the opportunity for participation in vocational programs that receive federal funding that is equal to that afforded to the general student population.

Child Find: A state and local program mandated by the Individuals with Disabilities Education Act (IDEA) to identify individuals with disabilities between the ages of birth and 21, and to direct them to appropriate early intervention or educational programs.

Child Study Team or Screening Committee: A local school-based committee, whose members determine if a student should be evaluated for special education eligibility.

Cognitive: A term that describes the process people use for remembering, reasoning, understanding, and judgement.

Communication Disorder: A general term for any language and/or speech impairment.

Community Participation: Activities by a person with disabilities within the community which contribute to the well-being and improvement of that community, such as volunteering at the hospital, planting trees, serving on the board of a nonprofit agency.

Competitive Employment: Everyday jobs with wages at the going rate in the open labor market. Jobs can be either on a part-time or full-time basis.

Compliance File: School records containing all reports of meetings, correspondence, and other contacts between parents and school officials.

Conciliatory Conference: See **Administrative Review**.

Common Words

Confidential File: A file having restricted access and containing records of a child's evaluation and other materials related to special education (i.e., medical reports, independent evaluations, reports of eligibility meetings, etc.).

Confidentiality: The limiting of access to a child or family's records to personnel having direct involvement with the child.

Congenital: A term referring to a condition present or existing at birth.

Consent: Parental permission, usually given by signing a letter or form, agreeing to let the schools take an action which affects a child's education. Consent is required before a child can be evaluated or receive special education services.

Contract Services: School systems may arrange with private service providers (i.e., private schools, institutions, therapists, etc.) to serve students with disabilities when the school system is unable to provide the needed service.

Cumulative File: A file containing report cards, standardized achievement test scores, teacher reports, and other records of a student's school progress.

Deaf (Deafness): A hearing impairment so severe that an individual cannot process sounds even with amplification such as hearing aids.

Deaf-Blind: The combination of visual and hearing impairments causing such severe communication and other developmental and educational problems, that a child cannot adequately be served in a special education program solely for deaf or blind children.

Developmental: Having to do with the steps or stages in growth and development before the age of 18.

Developmental Delay: Term used to describe slower than normal development of an infant or child in one or more areas.

Developmental Disability (DD): Any severe disability, mental and/or physical, which is present before an individual becomes 18 years old, which substantially limits his activities, is likely to continue indefinitely, and requires life-long care, treatment, or other services. Examples of developmental disabilities include Down syndrome, autism, and cerebral palsy.

Disability: A problem or condition which makes it hard for a student to learn or do things in the same ways as most other students. A disability may be short term or permanent.

Due Process: A system of procedures ensuring an individual will be notified of, and have opportunity to contest, decisions made about him. As it pertains to early intervention (Part C) and special education (Part B) of IDEA, due process refers to the legal right to appeal any decision regarding any portion of the process (i.e., evaluation, eligibility, IEP or IFSP, placement, etc.).

Due Process Hearing: A formal session conducted by an impartial hearing officer to resolve special education disagreements between parents and school systems.

Early Intervention: Providing services and programs to infants and toddlers (under age three) with disabilities in order to minimize or eliminate the disability as they mature.

Education of the Handicapped Act (EHA): See **Individuals with Disabilities Education Act (IDEA).**

Educational Advocate: An individual who speaks or acts knowledgeably for the educational needs of another.

Educational Diagnostician: A professional who is certified to conduct educational assessments and to design instructional programs for students.

Eligibility: The determination of whether or not a child qualifies to receive early intervention or special education services based on meeting established criteria.

Employability Skills: Personal habits and traits such as cleanliness, dependability, and punctuality that are necessary for successful employment; sometimes called "work adjustment skills. "

Emotional Disorders (ED): Disorders characterized by their effect on an individual's emotional state. They may be anxiety, such as separation anxiety, phobias, and post traumatic stress disorder. Other emotional disorders are affective or mood disorders, such as childhood depression, or bi-polar disorder.

Evaluation: The process of collecting information about a student's learning needs through a series of individual tests, observations, and talking to the student, the family, and others. Also, the process of obtaining detailed information about an infant or toddler's developmental levels and needs for services. May also be called ASSESSMENT.

Expressive Language: The ability to communicate through speech, writing, augmentative communication, or gestures.

Extended School Year: Special education provided during summer months to students found to require year-round services to receive an appropriate education.

Family Care: Care provided by individuals who are licensed by the state to provide family-like settings for adults with disabilities.

Free Appropriate Public Education (FAPE): The words used in the federal law, the Individuals with Disabilities Education Act (IDEA), to describe a student's right to a special education program which will meet his or her individual special learning needs, at no cost to the family.

Fine Motor Skills: Body movements which use small muscles (i.e., picking up a small object, writing, or eating).

Functional Vocational Evaluation: See **Vocational Assessment**.

General Education Diploma (GED): A method for obtaining a diploma for adults who did not complete high school. GED tests, which measure achievement in writing skills, social studies, science, literature and mathematics, enable individuals to demonstrate that they have acquired a level of learning comparable to that of traditional high school graduates.

Goal: See **Annual Goal**.

Gross Motor Skills: Body movements which use large muscles; for example: sitting, walking, or climbing.

Habilitation: The process of helping an individual develop specific skills and abilities (i.e., dressing, eating, maneuvering a wheelchair) in order to become as independent and productive as possible.

Handicapped Children's Protection Act: The law providing for the reimbursement of reasonable attorneys' fees to parents who win their cases in administrative proceedings under IDEA.

Hard-of-Hearing: Impaired hearing which can be corrected sufficiently with a hearing aid to enable an individual to hear and process sounds. Also used to describe hearing loss occurring after an individual has developed some spoken language.

Hearing Impaired: This term includes both individuals who are deaf and who are hard-of-hearing. The difference between deafness and hard-of-hearing is defined by the amount of hearing loss.

Homebased Services: Early intervention services provided to a child and family in their own home.

Homebound Instruction: Educational instruction given in a student's home when he is unable to attend school for medical or other reasons.

IEP: See **Individualized Education Program.**

IFSP: See **Individualized Family Service Plan.**

I.Q.: See **Intelligence Quotient.**

Impartial Hearing Officer: Individual presiding over a due process hearing, appointed by the state education agency, and not connected in any way with either party in a dispute.

Inclusion: Ensuring that necessary supports and services are provided so children with disabilities can participate with children who are not disabled in school, community, and recreation activities.

Independent Educational Evaluation (IEE): An evaluation/assessment of a student conducted by a professional not employed by the school system. The person(s) doing the evaluation must be fully trained and qualified to do the kind of testing required.

Independent Living Skills: Basic skills needed by people with disabilities to function on their own, with as little help as possible. Skills include self-help (i.e., bathing, dressing), housekeeping, and community living (i.e., shopping, using public transportation), etc.

Individualized Education Program (IEP): A written plan for each student in special education describing the student's present levels of performance, annual goals including short-term objectives, specific special education and related services, dates for beginning and duration of services, and how the IEP will be evaluated.

Individualized Determination Plan: A written plan for each student who receives services, modifications, and accommodations under Section 504 of the Rehabilitation Act of 1973.

Individualized Family Service Plan (IFSP): A written statement for each infant or toddler receiving early intervention services, that includes goals and outcomes for the child and family, and a transition plan for the child into services for children over age two.

Individualized Transition Plan (ITP): Transition goals, outcomes, and services for a child to prepare for life after high school. Sometimes this is a part of the IEP.

Common Words

Individuals with Disabilities Education Act (IDEA): The authorizing federal legislation which mandates a free, appropriate public education for all children with disabilities. Formerly known as the Education for All Handicapped Children Act (PL 94-142). **Part B** of the act refers to special education services for children age 2 through 21. **Part C** refers to the early intervention program for infants and toddlers with disabilities from birth through age two and their families.

Infant Stimulation: A program designed to provide specific activities that encourage growth in developmental areas such as movement, speech, and language, etc., in infants with developmental delays.

Intelligence Quotient (I.Q.): A measurement of thinking (cognitive) ability for comparison of an individual with others in his or her age group.

Interagency Coordinating Council (ICC): Federal, state, or local group consisting of parents, advocates, and professionals who serve in an advisory capacity to plan and implement early intervention services for infants and toddlers with disabilities and their families.

Intermediate Care Facility: Licensed facilities operating under strict regulations and providing intensive support for people with disabilities in the areas of personal care, communication, and behavior management, etc.

Itinerant Teacher: A teacher who provides services to students in a variety of locations.

Job Coach: A service agency professional who works with an individual with disabilities at the job site, providing support by helping the employee to improve job skills, interpersonal relations, or any other job related needs.

Lead Agency: State agency which has been designated by the governor to administer and implement a statewide comprehensive, coordinated, multidisciplinary, interagency service delivery system for infants and toddlers with disabilities and their families.

Learning Disability: A disorder in one or more of the processes involved in understanding or using language, spoken or written, resulting in difficulty with listening, thinking, speaking, writing, spelling, or doing mathematical calculations. This term does not include children with learning problems related to other disabilities as mental retardation.

Learning Style: An individual's unique way of learning, for example, by playing games, imitating, reading a book, listening to a lecture, handling materials. Most children learn through a combination of processes.

Least Restrictive Environment (LRE): Placement of a student with disabilities in a setting that allows maximum contact with students who do not have disabilities, while appropriately meeting the student's special education needs.

Legally Blind: An individual is considered to be legally blind if his vision is 20/200 or less, which means being able to see at 20 feet what a person with normal vision sees at 200 feet.

Major Life Activity: Such activities as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, learning, and working.

Mainstreaming: The concept that students with disabilities should be educated with non-disabled students to the maximum extent possible.

Mediation: A formal intervention between parents and personnel of early intervention or school systems to achieve reconciliation, settlement, or compromise.

Medicaid: A federal/state program which provides medical services primarily to low-income individuals.

Mental Retardation: A broad term describing delayed intellectual development resulting in delays in other areas such as academic learning, communication, social skills, rate of maturation, and physical coordination.

Minimum Competency: In order to receive a regular high school diploma, many states require students to pass a minimum competency test, demonstrating their academic skills to be at a state-defined level of achievement.

Multidisciplinary Evaluation: The testing of a child by a group of professionals including psychologists, teachers, social workers, speech therapists, nurses, etc.

Multiple Disabilities: Students having a combination of impairments such as mental retardation and blindness, or orthopedic impairments and deafness, which cause such educational problems that they cannot be accommodated in programs for any one impairment. This term does not include deaf-blind children.

Natural Homes: Places that are generally thought of as dwellings for people, such as apartments, houses, townhouses, trailers, etc.

Non-Categorical: Term relating to programs based on instructional needs rather than on categories of disabilities. Many states have only non-categorical programs (i.e., Maryland, Massachusetts, Minnesota, and others).

Common Words

Nondiscriminatory Evaluation: An evaluation in which the materials and procedures used are not racially or culturally biased. In addition, an individual's disability must be accommodated, such as allowing more time, or using a computer, etc.

Objective (Benchmark): An objective is a short-term step taken to reach an annual goal. IEP objectives are the steps between a student's present level of performance and an annual goal.

Occupational Therapy (OT): Activities focusing on fine motor skills and perceptual abilities that assist in improving physical, social, psychological, and/or intellectual development; (i.e., rolling a ball, finger painting, sorting objects, etc).

On-the-Job-Training (OJT): Short term training that enables a person to work on a job site while learning the job duties.

Orthopedic Impairment: A physical disability that is severe enough to affect a child's educational performance. Orthopedic impairments can be congenital, or caused by disease or injury.

Other Health Impaired: Term used to describe conditions that adversely affect a child's educational performance not covered by other disability definitions (i.e., learning disabilities, mental retardation, etc.). This term is frequently used for various medical conditions such as a heart condition, diabetes, cystic fibrosis, leukemia, etc.

P. L. 94-142 and P.L. 99-457: See **Individuals with Disabilities Education Act.**

Part C or Part H: See **Individuals with Disabilities Education Act**.

Physical Therapy (PT): Activities or routines designed to increase gross motor skills.

Placement: The setting in which a child with disabilities is educated. Placement includes the school, the classroom, related services, community-based services, and the amount of time a student will spend with peers and others who do not have disabilities.

Postsecondary Education: Education programs for students who have completed high school, such as community and junior colleges, four-year colleges, and universities.

Psychiatrist: A medical doctor with advanced training who specializes in the diagnosis and treatment of emotional, behavioral, and mental disorders.

Psychological Evaluation: The portion of a child's overall evaluation/assessment for special education that tests his or her general aptitudes and abilities, eye-hand coordination, social skills, emotional development, and thinking skills.

Psychologist: A professional, not a medical doctor, with advanced training in the study of mental processes and human behavior. A school psychologist conducts various evaluations, especially aptitude and ability tests, and may work with students, classroom teachers, parents, and school administrators on behavior assessments and behavior management programs.

Reasonable Accommodation: The modification of programs in ways that permit students with disabilities to participate in educational programs which receive federal funding. The concept also applies to the modification of job requirements and equipment for workers with disabilities.

Receptive Language: The process of receiving and understanding written, gestured, or spoken language.

Reevaluation: See **Triennial Evaluation**.

Referral: A formal notification to the early intervention system or local school, that a child is experiencing difficulties which may require a full evaluation for early intervention or special education. A referral may be made by a family, teacher, or other professional.

Rehabilitation Act Amendments of 1992: Federal legislation which requires state vocational rehabilitation agencies to work cooperatively with local agencies, including schools, to create a unified system to serve people with disabilities.

Rehabilitation Act of 1973 (Section 504): A nondiscrimination statute. Section 504 of the Act stipulates that individuals with disabilities may not be excluded from participating in programs and services receiving federal funds. It also prohibits job discrimination against people with disabilities. It is not required to be applied overseas.

Related Services: Those services a student must receive to benefit from special education; for example, transportation, counseling, speech therapy, crisis intervention, etc.

Residential Services: The placement of a student in a setting that provides educational instruction and 24-hour care.

Resource Room: A setting in a school where a student receives instruction for a part of the school day from a special education teacher.

School-Based Screening Committee: See **Screening Committee**.

Screening: A brief examination of a child designed to pick up potential difficulties and to identify children who need further evaluation and diagnosis.

Screening Committee: A local school-based committee, whose members determine if a student should be fully evaluated for special education eligibility.

Section 504: See **Rehabilitation Act of 1973**.

Self-Advocacy: The abilities required to take primary responsibility for one's life, and to make choices regarding one's actions free from undue interference. Also called **Self-Determination**.

Self-Contained Classroom: A classroom in which a group of students with disabilities receive their entire instructional program with little or no interaction with non-disabled students.

Self-Determination: See **Self-Advocacy**.

Service Coordinator: Someone who acts as a coordinator of a child and family's services, and works in partnership with the family and other service providers.

Sheltered Workshop: A work setting in which persons with disabilities do contract work usually on a piece-rate basis, such as preparing bulk mailings, or refinishing furniture.

Social Worker: A professional who may provide services to the family, including: arranging or attending parent-student conferences; providing family counseling, family education, information and referral; writing a social-developmental history; and/or conducting a behavioral assessment. Social workers sometimes conduct parent education in the school and community.

Sociocultural Report: The portion of a child's overall evaluation/assessment for special education that describes a child's background and behavior at home and at school. It is usually completed by a social worker.

Special Education: Specially designed instruction to meet the unique needs of a child with a disability, as defined in the Individuals with Disabilities Education Act.

Special Education File: See **Confidential File**.

Special Needs: A term to describe a child who has disabilities, chronic illness or is at risk for developing disabilities, and who needs services or treatment to progress.

Specialized Nursing Homes: Licensed facilities operating under strict regulations and providing intensive support for people with disabilities in the areas of personal care, communication, and behavior management, etc.

Specific Learning Disability (SLD): See **Learning Disability.**

Speech Impaired: A communication disorder involving poor or abnormal production of the sounds of language.

Speech-Language Pathologist: A professional who evaluates and develops programs for individuals with speech or language problems.

Speech Therapy: Activities or routines designed to improve and increase communication skills.

Standardized Tests: In a vocational assessment, standardized tests are used to predict how a student is likely to perform in jobs calling for certain interests and skills.

Substantially Limits (a major life activity)**:** Restricted as to the conditions, manner, or duration under which they can be performed in comparison to most people, as defined by the Americans with Disabilities Act.

Supervised Living Arrangements: Homes or apartments for persons with disabilities that are managed by public or private agencies. Paid staff supervise the residents and assist them with budgeting, food preparation, transportation, etc.

Supplemental Security Income (SSI): A federal program administered through the Social Security Administration that provides payments to individuals who are aged and/or disabled.

Supported Employment: Paid employment for workers with disabilities in settings with people who are nondisabled. A job coach provides support by helping the employee to improve job skills, interpersonal relations, or any other job-related needs.

Trade and Technical Schools: Schools which prepare students for employment in recognized occupations such as secretary, air conditioning technician, beautician, electrician, welder, carpenter, etc.

Transition: The process of moving from one situation to another. Frequently used to mean moving from preschool programs into elementary school, or from school to work and the community.

Transition Coordinator: School personnel chosen to manage transition services for students with disabilities.

Common Words

Transition Planning: Careful preparation by the student, parents, educators and other service providers, for the time when the student leaves high school. The plan is written in the Individualized Transition Plan (ITP).

Transition Planning Team: The people who are involved in transition planning for a student, including the student, parents, school personnel (teachers, guidance counselor, vocational coordinator, school administrator), adult service agency representatives (vocational rehabilitation counselor, independence living center staff).

Transition Services: A coordinated set of activities for a student that promotes movement from school to post-school activities, including postsecondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living, or community participation.

Transitional Employment: A relatively short-term program designed to help an individual obtain a job, or to develop the work habits and learn the skills needed for a particular job.

Traumatic Brain Injury: An acquired injury to the brain caused by an external physical force causing a disability which affects a child's educational performance (i.e., cognition, memory, language, motor abilities).

Triennial Review: Every three years, a student in special education must be given a completely new evaluation/assessment to determine the student's progress and to make a new determination of eligibility for continued special education services.

Visual-Motor Integration: The extent to which an individual can coordinate vision with body movement or parts of the body (i.e., being able to copy words from the blackboard).

Visually Impaired: Having a mild to severe vision disorder, which adversely affects a child's educational performance.

Vocational Assessment (Evaluation): A systematic process of evaluating an individual's skills, aptitudes, and interests as they relate to job preparation and choice. Assessments include work sampling, standardized tests, and behavioral observation.

Vocational Education: Formal training designed to prepare individuals to work in a certain job or occupational area, such as construction, cosmetology, food service or electronics. Also called **Vocational Training and Vocational Program**.

Vocational Rehabilitation: A comprehensive system that assists temporarily or permanently disabled individuals in the areas of assessment, counseling, training, physical rehabilitation, and job placement.

Work Activity Centers: Programs for adults with disabilities providing training in vocational skills as well as daily living skills, social skills, and recreational skills.

Work Adjustment Skills: See **Employability Skills**.

Work Sampling Test: The portion of a vocational assessment which tests a student's hands-on performance in certain simulated and actual work environments.

Work-Study Programs: Education programs in which the student receives employment training and earns credit toward graduation through employment.

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