PLUS: UNITED STATES MILITARY SECTION

EXCEPTIONAL PARENT
MAGAZINE
AUGUST 2023
$14.95

INSIDE • INSPIRING BOOKS:

CREATING SUCCESS *with* CLASSROOM EXPECTATIONS:

PLUS:

DYSLEXIA SCREENING: WHAT PARENTS, TEACHERS *and* PRINCIPALS NEED TO KNOW

ALSO:

BULLYING: HOW YOU CAN TAKE ACTION

EP'S ANNUAL ISSUE:

BACK TO SCHOOL

Elijah Williams

CONTENTS

AUGUST 2023 VOLUME 53 ISSUE 8

ANNUAL BACK TO SCHOOL ISSUE

ON OUR COVER

Elijah Williams poses for a first day of school photo; His mother Renee writes about what it takes to integrate him into a new school in our Annual Back to School Issue. *Story on page 14.*

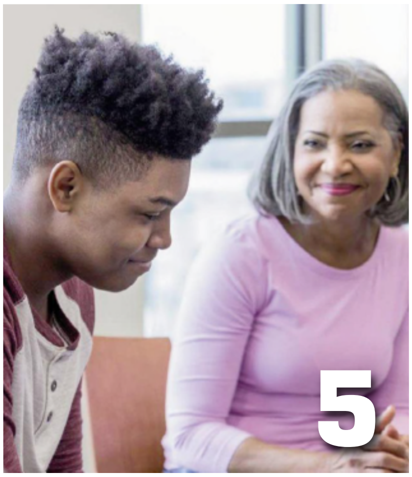
EP PRESENTS BACK-TO-SCHOOL TIPS

FEATURES

CONTENTS

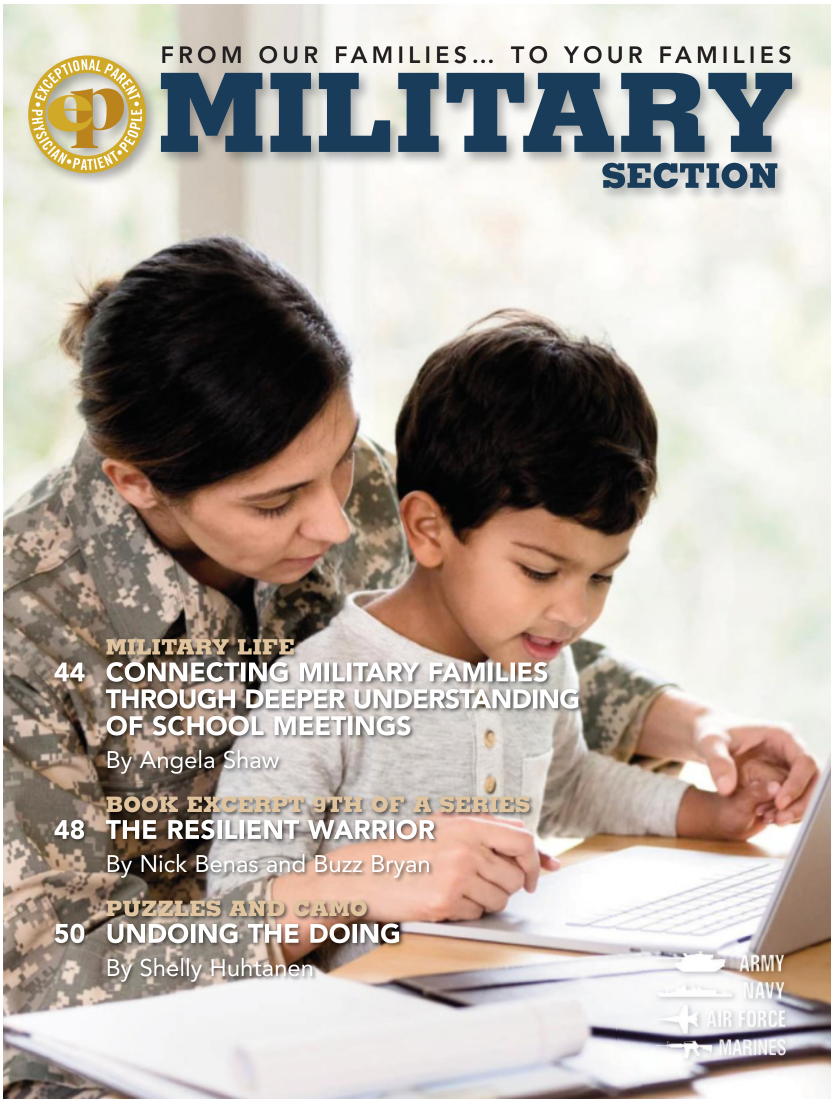
AUGUST 2023 V 53 ISSUE 8

DEPARTMENTS


5


8

MILITARY SECTION


FROM OUR FAMILIES… TO YOUR FAMILIES
MILITARY
SECTION

MILITARY LIFE
44 CONNECTING MILITARY FAMILIES THROUGH DEEPER UNDERSTANDING OF SCHOOL MEETINGS
By Angela Shaw

BOOK EXCERPT 9TH OF A SERIES
48 THE RESILIENT WARRIOR
By Nick Benas and Buzz Bryan

PUZZLES AND CAMO
50 UNDOING THE DOING
By Shelly Huhtanen

GET SOCIAL WITH EP MAGAZINE

Stay current with Exceptional Parent Magazine. New issue updates, exclusive article excerpts, and inspiring and helpful content for the special needs community.

FOLLOW US TODAY ▪ SHARE OUR POSTS ▪ RETWEET

FOLLOW EP ON TWITTER

[NEW TWITTER ADDRESS]

twitter.com/epmzi

FACEBOOK

facebook.com/
exceptionalpar-

INSTAGRAM

instagram.com/ep
mzine

EXCEPTIONAL PARENT
ep
PHYSICIAN • PATIENT • PEOPLE

SUBSCRIBE FOR FREE
AT EPMAGAZINE.COM

Summer Steps Aside

Many are challenged by the changes in routine, environment and people that a new school year brings.

Summer is flying by and it's almost time to pack those backpacks again. While there's still time to enjoy the warm weather and the relaxed schedule of the summer break, many parents and caretakers are anticipating the first day of the school year. As Larry Landauer says in his article "Back-to-School Tips for Parents," "Some children love the idea of going back to school after summer break, but many are challenged by the changes in routine, environment and people that a new school year brings. This can be especially true for those with special needs."

EP's Annual Back to School Issue presents a wealth of information from educators, therapists, physicians and parents who have years of experience helping students avoid or minimize summer learning loss and many are working to create more inclusive classrooms. Our cover story, "Elijah's Mom Shares Back to School Prep for Children With ASD" by Renee C. Williams, M.S. Ed. explains what it takes to transition her son on the spectrum, to a new grade in a new school. Georgie Normand, M.A. explores the topic of dyslexia screening and presents what parents, teachers and school principals need to know. Special Education teacher Jenn Adams offers advice on how to foster positive behavior in the classroom with structured expectations, and offers several childrens' books that have helped her students through the years. In her article discussing bullying, Lorene Reagan, RN, MS suggests how we can take action to identify, address and prevent this destructive behavior.

> "Our Back to School Issue presents a wealth of information from experts who have years of experience helping students avoid or minimize summer learning loss."

In this month's Features section. you'll find a guide to the Center for Parent Information and Resources, a project of the SPAN Parent Advocacy Network, as well as an insightful piece about expanding inclusive dental care for individuals with special needs by Dr. Kyle Bogan, DDS.

We aim to include in our audience everyone interested in the information we provide – we invite everyone to join us. Like us on Facebook at **facebook.com/exceptionalparentmag**, follow us on Twitter at **twitter.com/epmzine** and Instagram at **instagram.com/epmzine**. Share our posts and Tweets. It's easy to subscribe and receive "EP for Free" – just visit **www.epmagazine.com** and click EP for Free – Sign Up!

Faye Simon

Editor In Chief

THE EDITOR IN CHIEF'S DESK

Faye Simon is a certified pre-K–8 teacher with a wide range of educational experience. She has worked in deaf/blind and infant stimulation programs, taught K–2 in public schools, and was a Head Teacher and Parent Coordinator for Head Start. She is Founder and President of the volunteer-run IES Brain Research Foundation. As EP's Editor In Chief, Faye sources and edits articles, creates partnerships with businesses and not-for-profit organizations, and develops relationships with EP's writers, corporate partners, readers and staff.

Information and Support for the Special Needs Community

VOLUME 53 ISSUE 8
ESTABLISHED 1971

Publisher
Len Harac
lharac@epmagazine.com

Editior In Chief
Faye Simon
fsimon@epmagazine.com

Art Direction & Design
Leverett Cooper
lev@foxprintdesign.com

Subscriber Services
1360 Clifton Avenue, Ste. 327, Clifton, NJ 07012
www.epmagazine.com

Customer Service/New Orders
Faye Simon fsimon@epmagazine.com
(973) 726-6218

Publishing & Editorial Office
1360 Clifton Avenue, Ste. 327
Clifton, NJ 07012

EXCEPTIONAL PARENT MEDIA

Exceptional Parent (ISSN 0046-9157) is published monthly 12 times per year including the special January EP Guide - Navigating Special Needs Resources by Exceptional Parent Magazine, 1360 Clifton Avenue, Ste. 327, Clifton, NJ 07012 Internet address: www.epmagazine.com. All rights reserved. Copyright ©2023 by Exceptional Parent Magazine,. Exceptional Parent™ is a registered trademark of Exceptional Parent Magazine. Postmaster: Please send address changes to: Exceptional Parent,1360 Clifton Avenue, Ste. 327, Clifton, NJ 07012. Any applicable periodical postage paid at Clifton, NJ and additional mailing offices (USPS 557-810). Basic annual subscription for EP Digital is free. Limited edition print subscription $199.00. Subscriber Service: Direct all inquiries & address changes to: Exceptional Parent, 1360 Clifton Avenue, Ste. 327, Clifton, NJ 07012 08758. Customer Service/New Orders: E-mail: fsimon@epmagazine.com or call (973) 726-6218. Back issues incur a charge of $17 each with shipping, (January issue $20 when requested) and depend upon availability. Call (973) 726-6218. Agreement #1420542

WHAT'S HAPPENING

UNIVERSAL PARKS NOW REQUIRING DOCUMENTATION FOR DISABILITY ACCOMMODATIONS

Guests with special needs that prevent them from waiting in a conventional attraction queue can take advantage of a new accessibility pass at Universal Orlando Resort and Universal Studios Hollywood.

Starting in August, guests requesting attraction queue accommodations must obtain an Individual Accessibility Card (IAC) from the International Board of Credentialing and Continuing Education Standards (IBCCES) by registering online 48 hours before they visit Universal's Florida and California theme parks.

UNIVERSAL ACCESS?: There are new requirements for individuals with disabilities who wish to be able to get a return time for rides when visiting Universal resort properties.

Universal did not respond to multiple requests for comment about the changes, but indicated on its website that "we are updating our accommodations request policy to help streamline our process and provide the best possible service to our guests whose disability prevents them from waiting in a conventional attraction queue environment."

Currently, guests who are not able to stand in line for long periods of time are required to go to guest services on each day of their Universal trip. They then receive a card they can take to attraction entrances, where they get a return time comparable to the attraction's current wait time.

During the IAC registration, guests must upload documentation, including contact information and a statement from a medical provider, government entity, or educational support professional related to their requested accommodations. Once all requirements for an IAC are met, a Universal Team Member will contact the cardholder to discuss their request for an attraction queue accommodation.

Only IBCCES can issue the IAC, not Universal Orlando Resort or Universal Studios Hollywood. The IAC does not guarantee entry to an attraction, and any special accommodations or benefits provided are at the sole discretion of that attraction.

The IAC card is good for one year following the registration date and can be updated/renewed as often as needed.

For more information about the new pass for disabilities and special needs, click **www.universalorlando.com/web/en/us/plan-your-visit/accessibility-information** for Universal Orlando, and **www.universalstudioshollywood.com/web/en/us/accessibility-information** for Universal Studios Hollywood.

PHOTO COURTESY UNIVERSAL STUDIOS

IMPORTANT NEW CHANGES TO IMPROVE ACCESS TO BEHAVIORAL HEALTH IN MEDICARE

HELP IS ON THE WAY: Following Congressional action, CMS is proposing procedures to allow Marriage and Family Therapists and Mental Health Counselors to enroll as Medicare providers.

BY MEENA SESHAMANI, MD, PHD
AND DOUGLAS JACOBS, MD, MPH

As we emerge from the COVID-19 public health emergency, it is abundantly clear that our nation must improve access to effective mental health and substance use disorder (collectively called "behavioral health") treatment and care.

For older Americans and individuals with disabilities enrolled in Medicare, many individuals have felt the effects of worsening depression and anxiety or have struggled with the use of substances like opioids or alcohol. And, as doctors, we have seen first-hand how behavioral health treatment can improve the health and well-being of our patients.

This is why the Centers for Medicare & Medicaid Services (CMS) is pleased to announce new proposed policies that, if finalized, will create some of the most significant changes to promote access to behavioral health in the history of the Medicare program. These new policies are proposed as part of the Physician Fee Schedule and Hospital Outpatient Prospective Payment System rules.

EXPANDING THE BEHAVIORAL HEALTH WORKFORCE

We need the help of every behavioral health practitioner to meet the behavioral health needs of every person with Medicare. Marriage and Family Therapists and Mental Health Counselors provide essential services, such as psychotherapy and group therapy – but to date, they could not enroll as Medicare providers. Following Congressional action, CMS is proposing procedures to allow Marriage and Family Therapists and Mental Health Counselors (including Addiction Counselors who meet all the requirements to be a Mental Health Counselor) to enroll as Medicare providers, which means that the more than approximately 400,000 Marriage and Family Therapists and Mental Health Counselors would now be able to independently treat people with Medicare and be paid directly.

CMS is also proposing to pay for community health integration and principal illness navigation services that can be provided by community health workers and peer support specialists when unmet social needs, such as food, housing, or transportation problems interfere with health care. These workers can significantly help individuals with behavioral health conditions. For example, incorporating a peer support specialist who has lived experience and knowledge of substance use disorders into a person's substance use disorder treatment can inspire hope that recovery and effective treatment is possible and can help motivate a person to reach treatment goals. In fact, people receiving care from these workers are less likely to be hospitalized for substance use disorder. These types of workers can also help a person navigate unmet social needs that can negatively impact a person's mental and physical health if not addressed.

COVERING GAPS IN ACCESS TO BEHAVIORAL HEALTH

CMS' proposals would also close the gap in the types of behavioral health services covered by Medicare. Medicare has historically covered and will continue to cover services such as psychiatric hospitalization for people with acute psychiatric needs, partial hospitalization (a service that allows a patient to get inpatient hospital-level treatment during the day), and outpatient therapy. But sometimes patients need a more intense service than outpatient therapy, but less than the level of hospital-level care a hospitalization would provide – for example, a patient with debilitating depression, which causes them to struggle with daily tasks, but at the same time does not require hospitalization. For the first time, thanks to Congressional action, CMS is proposing to pay for this intermediate level of care, called "Intensive Outpatient Program" (IOP), which can be performed by hospital outpatient departments, community mental health clinics, Federally Qualified Health Centers, or Rural Health Clinics. CMS is also proposing to provide payments for intensive outpatient services provided by opioid treatment programs. This new benefit category would significantly expand access to behavioral health services.

CMS is also proposing changes to promote access to behavioral health for underserved communities. We are proposing to change the required level of supervision for behavioral health services furnished "incident to" a physician or NPP's services at RHCs and FQHCs to allow general supervision, rather than direct supervision. We believe this could expand access to counseling and cognitive behavioral therapy, particularly in rural or underserved communities where care can be hard to find. Additionally, we propose to continue to allow opioid treatment providers to provide certain services via telephone or audio-only technology, which could improve access to care, particularly in rural and other underserved areas challenged by stable broadband options.

PAYING MORE ACCURATELY FOR BEHAVIORAL HEALTH SERVICES

Finally, CMS is proposing changes to more accurately value and pay for behavioral health services. When a person has significant psychological distress, crisis services may be necessary. Crisis services outside of clinical settings – where behavioral health practitioners meet patients in crisis where they are – can be especially important and effective. Through the implementation of legislation, CMS is proposing to increase the value of psychotherapy for crisis services to pay 150% of the usual Physician Fee Schedule rate when this crisis care is provided outside of health care settings, which better reflects the costs that behavioral health practitioners incur to provide these services. CMS is also proposing to increase the payment rate for substance use disorder treatment in order to better reflect the costs of the counseling services and to increase payment for psychotherapy services.

Finally, significant amounts of the nation's behavioral health care services are provided by primary care providers. Still, CMS has not always accounted for the complexity of primary and other longitudinal care with Medicare payments. CMS is now proposing to provide additional, appropriate payments for providers delivering primary and longitudinal care, which could help ensure patients get appropriate treatment and referrals for behavioral health care.

CONCLUSION

Individually, each of the proposed changes we have described here would help to make an essential contribution towards strengthening behavioral health care for people with Medicare, and taken as a whole, we are optimistic that we can make a profound and sustained difference in the behavioral health treatment of millions of Americans. •

ABOUT THE AUTHORS:

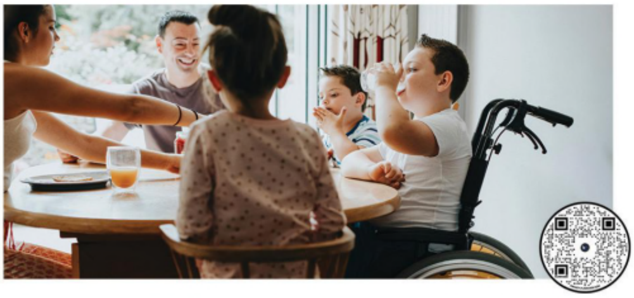
Dr. Meena Seshamani is the Director of the Center for Medicare at Centers for Medicare & Medicaid Services, where she is responsible for operations and policy for the health care coverage of 63 million Americans in the Medicare program. She led the Office of Health Reform at HHS over both of President Obama's two terms in office, driving regulations implementing the Affordable Care Act, and supporting legislative action around insurance coverage, Medicare, and Medicaid reform. She has strong relationships across health care stakeholder groups, from consumer representatives to insurance executives.

Dr. Douglas Jacobs is the Chief Transformation Officer in the Center for Medicare at the Center for Medicare and Medicaid Services (CMS). In this role, he helps to lead center-wide efforts to move the health care system towards value-based care, advance health equity, and promote delivery system transformation. Medicare is the nation's largest payer, responsible for more than 1 in 5 health care dollars spent in the US and responsible for covering more than 63 million Americans. Prior to this role, he was the Chief Medical Officer and first Chief Innovation Officer for the Pennsylvania Department of Human Services (DHS), where he helped oversee the state's Medicaid program. Dr. Jacobs is a board-certified Internal Medicine Physician and has continued seeing patients throughout the pandemic.

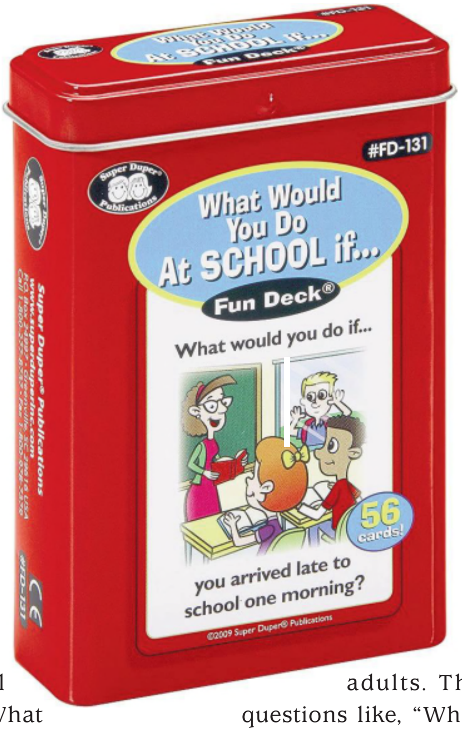
ABOUT THE CENTERS FOR MEDICARE AND MEDICAID SERVICES

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

The Centers for Medicare and Medicaid Services (CMS) provides health coverage to more than 100 million people through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. The CMS seeks to strengthen and modernize the Nation's health care system, to provide access to high quality care and improved health at lower costs.



WHAT'S NEW BACK TO CLASS



WHAT WOULD YOU DO AT SCHOOL IF... FUN DECK

Help your students make good choices in and around school with Super Duper's What Would You Do At School if... Fun Deck. Students learn how to solve problems, understand cause/effect relationships, and practice good social skills. Select the cards you want students to see, and have them work on solving problems and practicing good social skills as they discuss situations in and around school. The question cards emphasize typical situations that children encounter at school, as well as peer relationships, safety precautions, following the rules, and interactions with adults. The prompts include questions like, "What would you do if… you forgot your homework?" and, "What would you do if… your classmate teased you about the new shirt you wore?" Super Duper Publications produces creative, colorful educational and therapy materials that you and your children will love. 56 total cards with game ideas. Cards measure 2½" x 3½" and are stored in a sturdy storage tin.

SENSORY DIRECT
www.sensorydirect.com

EGG OHS HANDWRITING GRIPS

Help your student get a grip on the new school year/ These Egg Oh Handwriting grips were developed by a therapist and handwriting expert. Eenables kids to hold their pencils more steadily and write with greater precision. Easy to hold and comfortable. Use with #2 pencils. Diameter of hole is 6mm, +/-1mm.

SCHOOL SPECIALTY
www.schoolspecialty.com

BOUNCY BANDS

Encourage active sitting and relieve excess energy, stress, and anxiety with these stretchy bands. Easily attach them to chair legs; the molded, heavy-duty plastic support pipes keep each band positioned at the perfect height. Great for kids with ADD/ADHDA. Students will stay on task longer, get more work done, and feel happier when they're able to bounce their legs up and down while remaining seated. The 13 inch long, heavy-duty bands stretch up to 18 inches between chair legs to help children, teens and adults fidget without distracting others. The 4 inch high super strong plastic support pipes are the perfect height and keep the bands from sliding down to the floor. Chairs can be lifted, moved and stacked when in use. Installs easily in just a few seconds. Latex and phthalate free.

AUTISM PRODUCTS
www.autism-products.com

TALKING FLASH CARDS

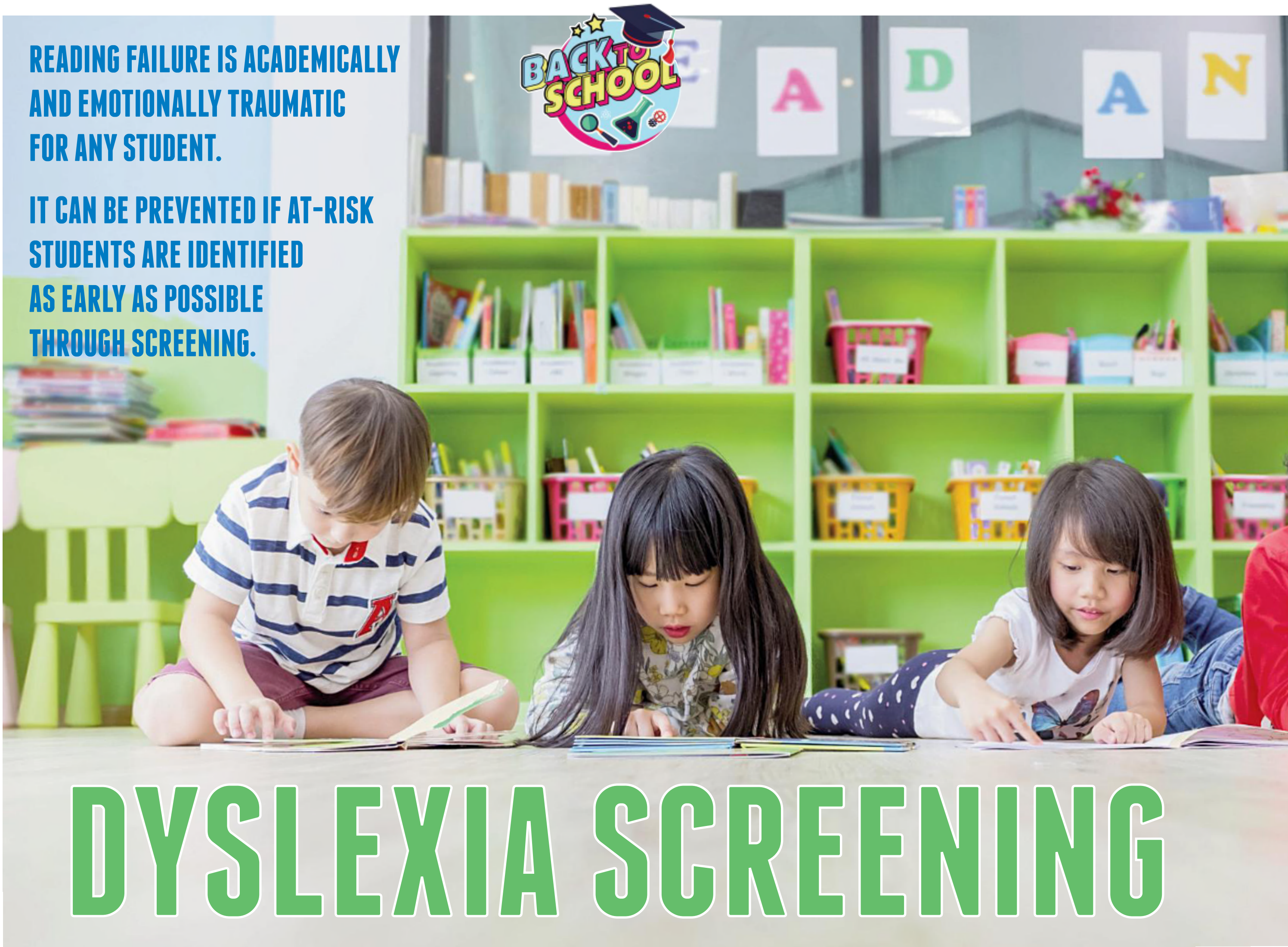
Help your child's speech develop by getting them a fun Toddler Speaking Toy. It is a great and fun way to get your child to practice listening and saying this essential 224 words. Best of all, this is another sneaky way to limit screen time. The discreet size makes this a great portable device to take on car rides, plane rides or for any event.

PURTLY
www.purtly.com

NILS SIMPLIFIED SAFETY BED

Protect your children with a simplified safety bed from Kayser Betten US. Kayser Betten's product designers focus on protecting children who need boundaries and a low-sensory environment. NILS Simplified Safety Bed is created using an innovative design to include: A wooden frame to provide stability, a robust mesh that is held away from the frame, and no padding due to the mesh and frame design. The bed's mattress (included) sits above the floor to provide a gentle threshold and stability. The NILS Simplified Safety Bed features two openings for zipper doors, and is available with or without a top for added security. Kayser Betten US also carries a lightweight 47.25" X 10" X 8" foldable mattress and portable bag for your convenience.

KAYSER BETTEN US
www.kayserbettenus.com



READING FAILURE IS ACADEMICALLY AND EMOTIONALLY TRAUMATIC FOR ANY STUDENT.

IT CAN BE PREVENTED IF AT-RISK STUDENTS ARE IDENTIFIED AS EARLY AS POSSIBLE THROUGH SCREENING.

DYSLEXIA SCREENING

WHAT PARENTS, TEACHERS, AND SCHOOL PRINCIPALS NEED TO KNOW

BY GEORGIE NORMAND, M.A.

When Chloe was in kindergarten, she was not able to keep up with her classmates in learning the letter names and their sounds. About halfway through first grade, she finally knew the letter names and most of their sounds, but she had trouble blending them together to form words. Her teacher thought she would eventually catch up and tried to spend a little extra time with Chloe each day, to review basic skills.

AN OUNCE OF PREVENTION: When dyslexia is identified early through screening in PreK or kindergarten, a dyslexia-specific intervention can be started immediately, to prevent reading failure.

In second grade she continued to fall further behind in reading, even after she was placed in a small group intervention for struggling readers. When her parents asked for testing, it was already late spring, and the evaluation was delayed until the following year.

UNUSUAL READING BEHAVIORS

During the summer after second grade, while waiting for Chloe to be tested at the beginning of the upcoming school year, her parents encouraged her to read more, thinking that she might just need more exposure to books. But as they listened to her read, they noticed some very unusual reading behaviors.

She was still struggling to sound out words like *work* and *take* – words that are immediately recognized by most students her age. If those same words happened to be repeated in the next sentence, she would not recognize them and would try to sound them out again. Surprisingly, she was often able to read what her parents considered to be more difficult words like *dinosaur* and *elephant*.

Her reading was either painfully slow, or fast and scrambled. She added or deleted letters in words, words in sentences, and guessed at many words that they thought she should know. She often switched articles like *the* and *a* and had trouble reading the most common prepositions such as *of, for, in,* and *into*. She tended to drop or change suffixes. She might read *park* for *parked* or *parking*.

She ignored punctuation cues like commas and periods, and often connected and ended sentences in the strangest places – without even noticing that the rearrangement changed the meaning or didn't make much sense. She also shifted letters in words, as well as words in sentences. Even though Chloe was intelligent and had excellent listening comprehension, these quirky reading behaviors interfered with her reading comprehension.

It was a puzzling picture, because these weren't the same mistakes made by her older siblings, even when they were first learning to read. This was different. It showed up in the simplest sentences. She often changed plural form words to their singular form (and vice versa) and would even change the tense of the verb or replace it altogether. For example, if she was asked to read the following sentence:

The cat went up the tree.

Chloe might read it as

Some cats went into the trees.

or

A cat will go to the trees.

She also made some interesting substitutions, known as "semantic substitutions." She might read the word *rug* as *carpet* or the word *yell* as *shout*. Even though these substitutions did not impact the meaning of the sentence, they were puzzling to her parents. They realized that her reading problems were not only related to phonics, but involved a much broader challenge that impacted how she read words, sentences, and even paragraphs.

As expected, when she entered third grade, Chloe was finally tested to find out why she was still having problems learning to read. The testing revealed that Chloe was dyslexic. According to the International Dyslexia Association, "Dyslexia refers to a cluster of symptoms, which result in people having difficulties with specific language skills, particularly reading. Students with dyslexia usually experience difficulties with other language skills, such as: spelling, writing, and pronouncing words."

WHY EARLY SCREENING IS SO IMPORTANT

Dyslexia is the most common learning disability, affecting up to 20% of children. When it is identified early through screening in PreK or kindergarten, a dyslexia-specific intervention can be started immediately, to prevent reading failure. When this doesn't happen, an achievement gap in reading is present as early as the first grade. Once behind, catching up requires a major effort for both the student and their teacher or tutor.

The reading achievement gap is not the only consequence of delayed screening and intervention. The entire academic life of the child suffers. Both daytime schoolwork and homework are much harder, and the child may develop anxiety, depression, and anger. Many dyslexic children develop lifelong self-esteem issues, making early identification and intervention absolutely critical.

They are frequently retained in kindergarten or first grade, where they unfortunately receive the same reading instruction that failed them the previous year. Grade retention is not the solution, nor is it an effective substitute for the intensive intervention they need. Retained students often feel ashamed and embarrassed, believing that they are not as smart as their peers.

According to the International Dyslexia Association, all students, and especially students with dyslexia, can benefit from an approach to reading instruction called *structured literacy*. This framework is based on the *science of reading* – a large body of reading research conducted over the past several decades. Structured literacy involves explicit and systematic reading instruction, where a student begins by learning the individual sounds of letters, and then they progress to using this knowledge to *decode* words as they read.

Once students have mastered these foundational skills, they are gradually introduced to more complex instruction. In addition, students with dyslexia require an intensive intervention that includes ongoing cumulative review, close progress monitoring, and a heavy focus on fluency training, to overcome the challenges of dyslexia.

TIME IS OF THE ESSENCE: An official diagnosis is not necessary before beginning a dyslexia-specific intervention. In fact, waiting for further testing and diagnosis before starting an intervention is unwise.

HOW SCREENERS WORK

Screeners do not provide an official diagnosis of dyslexia. Their purpose is to quickly and accurately identify risk factors and deficits known to be associated with dyslexia. Dyslexia screening is being mandated from kindergarten through second grade, in most states. But a well-designed screener can identify a student at risk of reading failure, even before formal reading instruction has begun – in the first few weeks of PreK. This has important implications in terms of preventing the first grade reading gap.

Screening in early PreK does not need to be complicated. For example, any PreK child who was diagnosed with early language delay is at risk for dyslexia. A PreK child with a family history of reading problems is also at risk - especially if one or both parents (or siblings) have dyslexia or undiagnosed reading problems. Along with an informal parent survey to screen for these two risk factors, there is another test that can identify a risk for dyslexia, before reading instruction begins. An abbreviated version of a test known as RAN (Rapid Automatized Naming) measures how fast a child can name a matrix of objects, such as a chair, key, car, or other familiar objects.

RAN tests are important for identifying dyslexia risk because the tasks included in RAN tests recruit the same brain network used for reading. In fact, these tasks actually represent a microcosm of the reading process. RAN tests measure the overall efficiency of the child's reading network and can predict future reading problems – especially whether a child will have difficulty learning to read fluently. This means that by identifying the two major risk factors (early language delay and family history of reading problems) and conducting a brief RAN assessment, a preventative intervention could begin as early as the first few weeks of PreK.

Throughout the PreK through second grade window, screeners can also identify weaknesses in a child's awareness of, and ability to recognize the units of sound in spoken language, such as the individual syllables in a spoken word. This ability to recognize and manipulate units of sound is called *phonological awareness*. A weakness in phonological awareness is common in dyslexia. The ability to recognize and manipulate *individual* sounds is called *phonemic awareness*. A child with strong phonemic awareness can successfully substitute the b sound in bat and change it to the c sound and tell you that the new word is cat. This is a difficult task for many students with dyslexia.

A deficit in verbal working memory is common in dyslexia, and it is a domain often included in dyslexia assessment. When a child is first learning to read, they try to sound out the letters in a word, in sequence, in order to blend them. Poor verbal working memory interferes with their ability to remember and sequence the sounds they have just spoken, making it almost impossible to blend those sounds into a word. Poor verbal working memory also shows up when a child is trying to spell a spoken word or when asked to write a word or sentence when dictated.

The number and types of domains assessed in a dyslexia screener change as a child progresses from PreK to second grade. Most screeners for kindergarten and first grade assess letter name and letter sound knowledge, and look for difficulties in word reading and spelling. Poor performance in these areas are key indicators of future reading problems. By mid-year of first grade, screeners may examine how fluently students can read a brief passage, and how well they understood what was read. It is in passage reading that a screener can identify any of those unusual reading behaviors noticed by Chloe's parents, when she was reading.

Screeners are not perfect and sometimes students with dyslexia are missed. Risk identification errors may be minimized by capturing more information about the student. Unfortunately, many screeners do not screen for the two most predictive risk factors - early language delay and family history of reading problems.

Dyslexia screeners should provide more than a simple yes or no answer to the dyslexia question. Since dyslexia is not a one-size-fits-all reading disability, the screening results should provide a detailed deficit profile with instructional recommendations for that student's unique challenges. Studies have found that screeners that do not include instructional recommendations based on the student's deficit profile, do not lead to student improvement.

If the screening identifies risk factors and deficits for dyslexia, an official diagnosis is not necessary before beginning a dyslexia-specific intervention. In fact, waiting for further testing and diagnosis before starting an intervention is unwise. Like Chloe, a child can lose valuable time in this wait-to-fail process. Starting an intervention, as early as possible, is important because remediating reading failure is more difficult than preventing it. Although early screening and intervention is the ideal, since this is the best way to prevent reading failure, older struggling readers can also be screened for dyslexia. It is never too late for them to become better readers.

WHEN IS FURTHER TESTING NEEDED?

Every school should have a dyslexia screening program in place that begins in PreK or kindergarten. Intervention should be initiated immediately for those identified to be at risk.

More in-depth comprehensive testing by the school psychologist is normally not necessary unless the dyslexic student, after being identified in screening, fails to respond to a dyslexia-specific intervention. There may be other conditions interfering with the success of the intervention. For example, many students with dyslexia are also diagnosed with ADD or ADHD. Responding to reading instruction requires focus, and a diagnosis of either ADD or ADHD may explain why a student is not making adequate progress. This condition would need to be addressed to ensure that the intervention is successful.

Other learning disabilities can co-occur with dyslexia that may require additional interventions. A problem in grasping math concepts (dyscalculia) often co-occurs in dyslexia. This learning disability is usually evident without further testing, as the student will have already had difficulty in the PreK, kindergarten, and first grade classroom math activities. Even without dyscalculia, word problems in math will be harder for dyslexic students until their reading improves.

A handwriting problem called dysgraphia often co-occurs with dyslexia. It may impact all written expression, making it hard for the child to write his/her own name, copy sentences from the board, or generate an original sentence or paragraph. Dysgraphia is usually apparent as early as PreK and kindergarten because the handwriting itself may be difficult to read even after formal handwriting instruction. Although it may not require additional testing, dysgraphia should be addressed as part of the dyslexia intervention or as a separate intervention.

Early dyslexia screening for all children is essential. The recently released results from the Nation's Report Card found that only 33% of fourth graders are reading at or above *proficient* level. Reading failure is traumatic for any student, both academically and emotionally. It can be prevented if at-risk students are identified as early as possible through screening. A dyslexia-specific intervention should always be initiated immediately.

To find out what dyslexia looks like at each grade level, see the September 2022 issue of Exceptional Parent Magazine in Archives, What Dyslexia Looks Like by Grade Level, **www.epmagazine.com/archive** *or visit* **https://www.earlyliteracysolutions.com**•

ABOUT THE AUTHOR:

Georgie Normand, M.A. holds a Master's degree in Reading Education and has spent many years working with students with dyslexia. She is the founder of Early Literacy Solutions and the author of the Orton-Gillingham based Fluency Builders Dyslexia Program (**www.earlyliteracysolutions.com**). Designed for parents, tutors, and teachers, the Fluency Builders program utilizes the latest neuroscience in dyslexia. These new studies found that dyslexia is not a one-size-fits-all learning disability. Georgie has also developed the Certified Dyslexia Practitioner Program, a professional learning program that trains teachers and tutors to identify and succeed with multiple dyslexia profiles. Contact her at **georgienormand@earlyliteracysolutions.com**

References

Al Dahhan, N.Z., Kirby, J.R., & Munoz, D.P. (2016). Understanding reading and reading difficulties through naming speed tasks: Bridging the gaps among neuroscience, cognition, and education.AERA Open, 2(4), 1-15.

Alves, L.M., Reis, C., Pinheiro, A., Capellini, S., Lalain, M., Ghio, A. (2017). Prosodic aspects of reading in children with dyslexia. HAL Archives-Ouvertes. HAL Id: hal-01619599.

Bigozzi, L., Tarchi, C., Vagnoli, L., Valente, E., & Pinto, G. (2017). Reading fluency as a predictor of school outcomes across grades 4-9. Frontiers in Psychology, 8(200).

Ferrer, E., Shaywitz, B.A., Holahan, J.M., Marchione, K.E., Michaels, R., & Shaywitz, S. E. (2015). Achievement gap in reading is present as early as first grade and persists through adolescence. Journal of Pediatrics, 167(5), 1121-1125e2.

Friedman, N., & Coltheart, M. (2018). Types of developmental dyslexia. In A. Bar-On & D. Ravid (Eds.) Handbook of Communication Disorders: Theoretical, Empirical, and Applied Linguistic Perspectives. Berlin, Boston: De Gruyter Mouton.

Gaab, N. (2017). It's a myth that young children cannot be screened for dyslexia. Baltimore, MD: International Dyslexia Association. Retrieved from https://dyslexiaida.org/its-a-myth-thatyoung-children-cannot-be-screened-for-dyslexia/

Gaab, N., Petscher, Y. (2022). Screening for early literacy milestones and reading disabilities: The why, when, whom, how, and where. Perspectives on Language and Literacy, Winter, 11-18.

Hanley, J.R. (2017). Is there just one dyslexic reader? Evidence for the existence of distinct dyslexic subgroups. Current Developmental Disorders Reports, 4, 101-107.

Heubeck, E. (2023). Most states screen all kids for dyslexia. Why not California? www.edweek.org/teaching-learning/most-states-screen-all-kids-for-dyslexia-why-not-california/2023/03

Horowitz-Kraus, T., Vannest, J.J., Kadis, D., Cicchino, N., Wang, Y.Y., & Holland, S. K. (2014). Reading acceleration training changes brain circuitry in children with reading difficulties. Brain and Behavior, 4(6), 886-902.

Horowitz-Kraus, T., & Holland, S.K. (2015). Greater functional connectivity between reading and error detection regions following training with the reading acceleration program in children with reading difficulties. Annals of Dyslexia, 65(1), 1-23

Horowitz-Kraus, T., Buck, C., Gutla, R., & Brown, R. (2017). Comparison of the Orton-Gillingham and a web-based program in children with reading disabilities. Journal of Childhood & Developmental Disorders, 3(3):12.

International Dyslexia Association. Structured literacy: Effective instruction for students with dyslexia and related reading difficulties. Retrieved from https://dyslexiaida.org/structured-literacy-effective-instruction-for-students-with-dyslexia-and-related-reading-difficulties/

International Dyslexia Association. Dyslexia basics. Retrieved from https://dyslexiaida.org/dyslexia-basics/

International Dyslexia Association. Social and emotional problems related to dyslexia. https://dyslexiaida.org/social-emotional/

Jones, C. (2023). Mandatory dyslexia screening clears major hurdle in Newsom budget. https://edsource.org/2023/mandatory-dyslexia-screening-clears-major-hurdle-in-newsom-budget/690580

Jones, K., Castles, A., & Kohnen, S. (2011). Subtypes of developmental reading disorders: Recent developments and directions for treatment. Acquiring Knowledge in Speech, Language and Hearing (ACQ), 13(2).

Peters, L., Bulthé, J., Daniels, N., Op de Beeck, H., De Smedt, B. (2018). Dyscalculia and dyslexia: Different behavioral, yet similar brain activity profiles during arithmetic. NeuroImage: Clinical, 18, 663-674.

Raschle, N.M., Becker, B.L.C., Smith, S., Fehlbaum, L.V., Wang, Y., & Gaab, N. (2017). Investigating the influences of language delay and/or familial risk for dyslexia on brain structure in 5-year-olds. Cerebral Cortex, 27(1).

Ring, J., & Black, J.L. (2018). The multiple deficit model of dyslexia: What does it mean for identification? Annals of Dyslexia. https://doi.org/10.1007/s11881-018-0157-y The Nation's Report Card. (2022). Retrieved from https://www.nationsreportcard.gov/highlights/reading/2022/

Vanderheyden, A.M., & Burns, M.K. (2017). Four dyslexia screening myths that cause more harm than good in preventing reading failure and what you can do instead. National Association of School Psychologists, Communique, 45

Wilson, A.J., Andrewes, S.G., Struthers, H., & Waldie, K.E. (2015). Dyscalculia and dyslexia in adults: Cognitive bases of comorbidity. Learning and Individual Differences, 3, 118-132.

ELIJAH'S MOM SHARES BACK TO SCHOOL PREP FOR CHILDREN WITH ASD

BY RENEE C. WILLIAMS, M.S. ED.

In July, I started to prepare for my son to go back to school. There are things to consider when any child is going back to school, for a child with a diagnosis of autism, the preparation looks a little different. Autism Spectrum Disorder (ASD) is characterized by deficits mainly in the areas of social interaction, verbal and nonverbal communication, and repetitive behaviors according to the American Psychiatric Association's Diagnostic and Statistical Manual for Mental Disorders (DSM-5).

PHOTOS PROVIDED BY RENEE C. WILLIAMS,

Because my son will be starting a new school in the fall, there is an added layer of concern that not only he be prepared to start a new school in the Fall, but in addition, the new school staff understands my son's strengths and use them to help him transition into his new environment. Preparing my son to go back to school is as much about getting him ready, as it is about getting the school ready for him.

Currently, my son is learning to communicate using a high tech alternative and augmentative communication (AAC) device, also known as a speech generated device (SGD). These devices can be as high tech as a voice output computer or as low tech as a letter board. My son has some expressive verbal communication, so it is sometimes more difficult for him to produce his words. Part of my preparing my son to go back to school is making sure his voice will be heard in whatever modality he chooses to use, in the upcoming school year. To help prepare him for school, I have been taking AAC training courses throughout the summer, that teach me what it means to be his reliable communication partner. To ensure he transitions well back to school in the Fall, the implementation of the AAC device with a reliable communication partner at school will be imperative. According to the National Joint Committee for the Communications Needs of Persons with Severe Disabilities (NJC), all people with a disability have a right to interact socially, maintain social closeness, and build relationships. Schools supporting children with communication deficits must understand and be intentional about ensuring a child access intervention and supports, that improve a child's communication.

SUMMER STRATEGIES: The author with sons Elijah *(left)* and Josiah (right); "Throughout the summer, I facilitate Elijah's playtime with his older brother who is 11. I encourage them to play together outside at the park, do puzzles/games, and various sensory activities, such as blowing and popping bubbles. I also encourage their social interaction during mealtime."

Another way that I am preparing my son to go back to school is through the use of visual aids. I use a visual schedule on an app, and at home on the wall, that helps him know what will be happening throughout his day. This helps him prepare for school because he will understand that throughout the day there are expectations of him to do work at times, and then at other times he can play and enjoy leisure activities. Keeping this up throughout the summer can be difficult because the days may not be predictable, with holidays and vacations. However, keeping some consistency of a visual aid to prepare him for what activities will be upcoming or happening throughout the day, is the best way to keep him learning throughout the summer, in a way that will resemble school in the fall. It is best to keep my son's schedule as routine as possible, for him be regulated and enjoy the daily activities. This sense of structure is even more important with non-preferred tasks, because it gives him a sense that these non-preferred tasks, such as combing his hair, have a beginning and an end time. This helps greatly with preparing him to go back to school, as these daily tasks will continue when school starts in September.

A major part of a typical development at the elementary school age is learning from their peers. It is important that my son has opportunities throughout the summer to socialize with peer models. Throughout the summer, I facilitate playtime with my son's older brother who is 11. I encourage them to play together outside at the park, do puzzles/games, and various sensory activities, such as blowing and popping bubbles. I also encourage their social interaction during mealtime. This engagement with a peer is critical for his success in the new school year, helping build his confidence and motivation to interact with his peers. With a child diagnosed with ASD and communication deficits, it can be difficult for the child to know how to begin to play with their peers. In addition to being able to facilitate this intentional interaction with his brother, I am also grateful that my son goes to an extended school year (ESY), for a month during the summer, where he gets to continue to attend school with his peers. This program is great because it helps prevent a regression of learned skills and allows him to spend more time with classmates and peers.

Finding what my son enjoys doing has helped us as a family find activities that the whole family can enjoy. I am learning to do things differently and see the world differently and see it from my son's perspective. It has opened my family and me to see the world in a new way. Our journey focuses on the strengths our son has and his likes, to help him learn and engage with us and the world around him. My hope is that by doing this we help prepare him to go back to school, knowing he is loved and appreciated for who he is. I hope this message encourages anyone who has a child with ASD or who knows someone with ASD, to pay attention to their child's behaviors and abilities. Even if your child is considered nonverbal, behaviors are your child's communication. Use these behaviors to empower you to help your child find a meaningful connection. Everyone wants to feel seen and heard. Our journey is to make sure we provide that for our children at home, school, and in our community.•

NEW VIEW: Finding what my son enjoys doing has helped me see the world differently and see it from my son's perspective.

GETTING TO KNOW YOU : AIDING LEARNING AND EMOTIONAL REGULATION

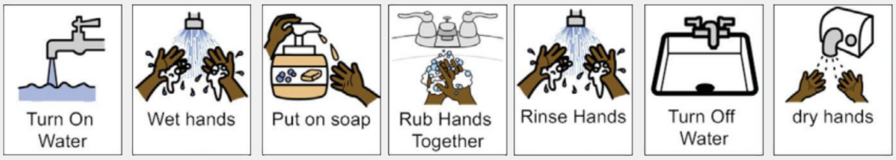
In order to help the school staff to get to know my son, I put together a profile of my child that will help the school engage with him in a way that is optimal for his learning and emotional regulation. Some of the helpful information I include in my son's profile is:

- The stimuli that make him feel overwhelmed in an environment.
- The ways to help his body feel calm or regulated, so he can attend and learn.
- Things he does, to self-regulate his emotions or when he is feeling anxious.
- Strategies that help him with transitions between activities.
- Preferred leisure activities

- Picture cards for classroom and on the device that help him advocate for himself with statements such as "I need a break."
- His strengths such as: ability to read at a 3rd grade level and recognize over 150 sight words.
- His likes and dislikes related to activities and foods.
- Things that help him understand communication better – visual cues, processing time, AAC device.
- His level of expressive and receptive communication.

- Things to do to help him feel better when he may become sad or frustrated.
- Things that make him smile, such as tickles.
- A task analysis (visual schedule) to help him plan for certain activities, such as washing his hands or going to the bathroom.
- Example of a task analysis (visual plan):

WASH HANDS



References

American Psychiatric Association. (2022). Neurodevelopmental disorders. In Diagnostic and statistical manual of mental disorders (5th ed., text rev.).

Beukelman D, Light J. (2020). Augmentative & Alternative Communication: Supporting Children and Adults with Complex Communication Needs (5th ed.)

Hume, K., Steinbrenner, J.R., Odom, S.L., Morin, K.L., Nowell, S.W., Tomaszewski, B., Szendrey, S., McIntyre, N.S., Yücesoy-Özkan S, Savage, M.N. Evidence-Based Practices for Children, Youth, and Young Adults with Autism: Third Generation Review. J Autism Dev Disord. (2021); 51(11):4013-4032. doi: 10.1007/s10803-020-04844-2. Epub 2021 Jan 15. Erratum in: J Autism Dev Disord. 2023 Jan;53(1):514. PMID: 33449225; PMCID: PMC8510990.

National Joint Committee for the Communication Needs of Persons With Severe Disabilities. Guidelines for meeting the communication needs of persons with severe disabilities. American Speech and Hearing Association. 1992; 34:1–8.

ABOUT THE AUTHOR:

Renee C. Williams, M.S. Ed. is a N.J. based Client Relations Manager at a Chemical Process Parts Manufacturer. She recently graduated from Monmouth University with a Master of Science in Education with a concentration in Autism and Applied Behavioral Analysis. She serves as a Community Autism Research Ambassador for Family Voices. She is also the inventor of a patented shoe accessory. Her primary interests are being the best advocate for her boys and being a researcher who helps empower educators to work in the best interest of children of all abilities.

Build wealth through Real Estate

Let us show you in three easy steps how you can change your life.

Unlike other investments, Real Estate is also a ‘lifestyle asset”.That means setting yourself up for the future by generating wealth now, while creating family memories along the way.

visit oxygenmortgage.net or scan here

OXYGEN
Mortgage

Oxygen Mortgage LLC NMLS#2247462 Illinois Residential Mortgage Licensee. AL,AZ,CO,IL,GA,FL,SC,NC,TN

An Equal Housing Lender

From helping choose the location, getting a mortgage and finding the best real estate agent, to managing the short term rental once you own it, let **Oxygen Mortgage** show you how you can build wealth from real estate, right now.

Call or text now to explore the possibilities

+1-720-308-0055

Abilities EXPO

Serving the Community
Since 1979

Access Your World

Find out how at Abilities Expo.

Knock these off your bucket list:

- Test drive the latest product & tech
- Consult experts from the disability community
- Push your limits with adaptive activities
- Network with your Expo family
- Get the answers you need

Phoenix
Sept. 8-10, 2023

Ft. Lauderdale
October 13-15, 2023

Dallas
Dec. 1-3, 2023

Los Angeles
March 15-17, 2024

New York Metro
May 3-5, 2024

Chicago
June 21-23, 2024

Houston
August 2-4, 2024

FREE
ADMISSION

Abilities.com

Get registered and join us!

@AbilitiesExpo @AbilitiesExpo @abilities_expo

A new school year provides so much potential for new growth opportunities – use the school year to help students develop into compassionate teammates.

FOSTERING INCLUSIVITY BEGINS BY CELEBRATING ALL ABILITIES

BY DR. JOANNE HILL POWELL, PHD, BCBA-D

Twelve years of schooling can go by quickly, and with the brief time that students are in the classroom, it's the perfect time to teach them about inclusivity and creating a welcoming classroom environment for their peers – no matter what their ability level. As parents, teachers, and friends, it is important to: understand that every learner is different, help each learner meet their educational goals, and ensure that their environment encourages mutual support. Ability-inclusive classrooms benefit all students.

Everyone is unique and has different learning styles, physical abilities, and personal histories that play a role in how we conduct ourselves in a classroom setting. There are also a variety of concrete intellectual and developmental disorders (IDDs) that exist. Each IDD is different and presents differently in each individual. In this article, I will discuss autism in particular, given the prevalence of diagnoses across the country, but the approach to celebrating different learning abilities is applicable to all classrooms and all disabilities.

IMAGE COURTESY STORYSET

UNDERSTANDING AUTISM

Rates of autism continue to rise across the country. Autism is a spectrum disorder – when you've met one person with autism, it is important to realize that you've met one *specific* individual with autism. Autism presents itself differently with each student, and reminding yourself and your child's teacher of this at the beginning of the school year, can help appropriately set expectations for your child's progress. As parents and teachers, it's essential to check any biases at the classroom door and be open to understanding an individual beyond their diagnosis.

CREATING AN INCLUSIVE CLASSROOM

Every learner is different, no matter their diagnosis, and celebrating the abilities can help prevent stereotype-based misconceptions and the potential for bullying.

Inclusion in the classroom means ensuring that all students receive adequate support to meet their learning goals and individualized education plans (IEPs). An IEP is a program developed to ensure that a child with an identified disability receives specialized instruction and support services to help them achieve academic and behavioral milestones. These plans are incredible resources for students and can level the playing field in the classroom, but they require collaboration between parents, school administrators, and teachers.

Supporting neurodiverse students requires us to consider resources for both educational teams and families. It is important in an inclusive classroom to build awareness and foster equity.

When teachers feel supported and students of all abilities are set up for academic success, the foundation is created to build a warm classroom environment that rejects bullying, and celebrates diversity.

As parents and educators, we have the ability to use the common challenge of transitioning back to school after summer, to encourage acceptance and celebration of each child in the classroom. It must include no teasing or mocking, but showing empathy and understanding.

WE BELONG : SUPPORTING ALL STUDENTS IN AN INCLUSIVE CLASSROOM

Here are three ways that parents and educational support staff can create a welcoming environment for all students:

1. DISCUSS HOW IT'S HARD FOR BOTH TEACHERS AND STUDENTS TO GO BACK TO SCHOOL AFTER THE SUMMER.

Not only must we adjust to getting to know new faces, but we also have new schedules, routines, and academic coursework. Exercise patience with your child(ren), their teaching team and parents. If appropriate, encourage your child/student to be compassionate towards their peers. There are many adjustments in the return to school that will not happen overnight!

2. EXPLORE SUPPLEMENTAL TOOLS AVAILABLE TO BENEFIT DIFFERENT TYPES OF LEARNERS AND CREATE AN OPEN DIALOGUE IN THE CLASSROOM ABOUT THE TOOLS USED TO SUPPORT INDIVIDUAL LEARNING STYLES.

Students can use a variety of tools to help them engage in the classroom. It might be digital assistive technology, fidget toys, or accommodations for physical disabilities. Discussing the tools used to adapt to each learning styles, helps to break down barriers and start a conversation about differences.

Explaining why people use various support tools helps students to have more empathy and understanding, and possibly find other resources that might help them succeed in the classroom.

3. START THE YEAR OFF ON THE RIGHT FOOT BY TAKING A CLEAR ANTI-BULLYING STANCE.

When it comes to individuals with autism or other IDD, there is an opportunity to create a classroom culture that educates students about people's differences and places emphasis on ability versus disability. Teachers and parents can eliminate the potential for bullying when we build space to discuss different intellectual and developmental disabilities, and have those conversations candidly and openly. If a student that has a disability would like to speak for themselves, this is a terrific way to provide an opportunity for students to educate one another.

It takes a village to educate our children. Teachers, administrators, parents, and peers all play a role in creating a classroom environment where difference and diversity can be talked about openly. A new school year provides so much potential for new growth opportunities – use the school year to help students develop into compassionate teammates.

ABOUT THE AUTHOR:

Dr. Joanne Hill Powell is the Director of Special Education Strategy & Business Development for CR LiftEd. Before joining CentralReach, Dr. Powell co-founded LiftEd, which was then acquired by CentralReach in 2022, and served as its Chief Data Scientist and Director of School Partnerships. At LiftEd, she worked alongside former special and general education teachers, Board Certified Behavior Analysts (BCBAs), engineers, and UX designers to develop an innovative, cloud-based software solution that helps therapists, educators and paraprofessionals to improve educational outcomes for students with learning disabilities. During her seven years at LiftEd, she grew the business exponentially and was instrumental in the merger between the two companies. Dr. Powell is a teacher and a leader in the field of special education. As a Board-Certified Behavior Analyst, Dr. Powell brings real-world experience and insight to working with people with learning dis[1]abilities. Dr. Powell holds a doctorate in special education & applied behavior analysis from Columbia University and received her undergraduate degree in interdisciplinary studies and early childhood and special education from the University of North Texas.


ENDLESS
POSSIBILITIES

CREATING SUCCESS WITH CLASSROOM EXPECTATIONS:

5 INSPIRING CHILDREN'S BOOKS FOR STUDENTS WITH DISABILITIES

BY JENN ADAMS

As special education professionals, we recognize the significance of teaching expectations and fostering positive behavior in the classroom. However, the importance of these lessons extends beyond the school walls.

Parents also play a crucial role in reinforcing appropriate behaviors at home. During the back-to-school time: many schedules, structures, and routines are taught and implemented. Listed below are five exceptional children's books that not only teach about classroom expectations, but also serve as valuable resources for parents and teachers of children with disabilities. These stories offer powerful narratives and engaging illustrations that instill essential values, social skills, and behavior expectations. These captivating books bridge the gap between classrooms and homes!

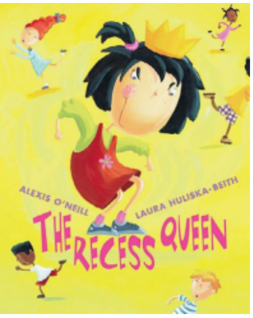
THE IMPORTANCE OF TEACHING EXPECTATIONS IN THE CLASSROOM:

Establishing clear expectations in the classroom is essential for creating a positive and productive learning environment for all students. Teaching expectations helps students understand boundaries, develop self-regulation skills, and cultivate positive relationships with peers and teachers. By explicitly teaching and reinforcing behavioral expectations, we provide students with a sense of structure and consistency, which enhances their overall academic and social-emotional development.

THE IMPORTANCE OF REINFORCING EXPECTATIONS AT HOME:

The lessons learned in the classroom can be further reinforced at home, creating a harmonious connection between school and the child's everyday life. When parents collaborate with teachers to reinforce expectations and behavior, children experience a seamless transition between school and home environments. Consistency in expectations helps children generalize and internalize appropriate behaviors, promoting their overall growth and success.

Here are a few captivating children's books that promote classroom expectations, while also serving as valuable resources for parents.



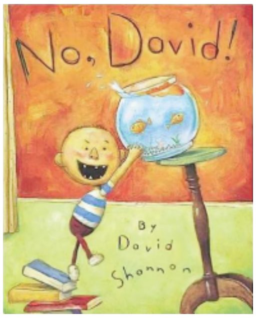
1

THE RECESS QUEEN

by Alexis O'Neill

Synopsis: *The Recess Queen* follows the story of Mean Jean, the Recess Queen, who learns the value of kindness, respect, and inclusion when a new student arrives. This beautifully illustrated book encourages discussions about friendship, cooperation, and resolving conflicts peacefully.

Why It's Helpful: By reading and discussing *The Recess Queen*, both teachers and parents can engage children in conversations about the importance of respect, empathy, and cooperation. These lessons can be reinforced both at school and at home, promoting positive social interactions in various settings.



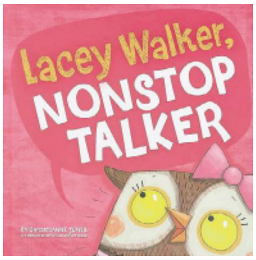
2

NO, DAVID!

by David Shannon

Synopsis: Based on the author's childhood experiences, *No, David!* tells the story of a mischievous little boy named David, who often tests the boundaries of acceptable behavior. This book showcases the love and guidance of a parent who helps David learn right from wrong.

Why It's Helpful: *No, David!* serves as a valuable tool for teachers and parents alike. It allows them to address impulse control, consequences, and responsible decision-making. By reading this book together, parents and teachers can reinforce consistent behavioral expectations and help children understand the importance of self-regulation.



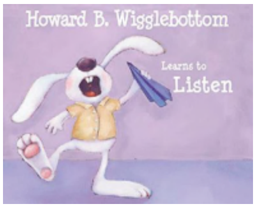
3

LACEY WALKER, NONSTOP TALKER

by Christianne C. Jones

Synopsis: *Lacey Walker, Nonstop Talker* is the tale of a talkative girl who learns the importance of active listening, turn-taking, and effective communication. Lacey's journey helps children understand the value of balanced conversation and respectful communication.

Why It's Helpful: This book offers a platform for teachers and parents to discuss effective communication strategies, active listening, and conversation etiquette. Reinforcing these skills at home and in the classroom enables children to navigate social interactions with greater ease and success.



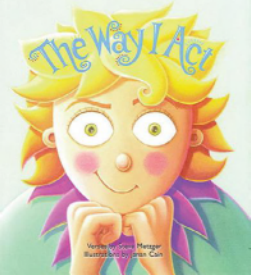
4

HOWARD B. WIGGLEBOTTOM LEARNS TO LISTEN

by Howard Binkow

Synopsis: Howard, a curious rabbit, faces challenges in paying attention and listening. Through entertaining adventures, Howard discovers the benefits of attentive listening, following directions, and focusing on tasks.

Why It's Helpful: Teaching attentive listening skills is crucial for children with disabilities. *Howard B. Wigglebottom Learns to Listen* provides engaging stories that highlight the importance of active listening and respectful behavior. Parents and teachers can collaborate in supporting children's listening skills and ensuring a consistent approach that enhances their learning experiences.



5

THE WAY I ACT

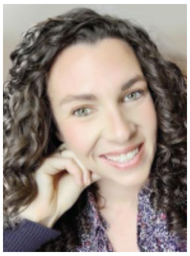
by Steve Metzger

Synopsis: *The Way I Act* celebrates diverse personalities and behaviors in a positive light. This book explores different character traits, emotions, and values, such as: responsibility, honesty, and kindness, while fostering a sense of acceptance and empathy.

Why It's Helpful: This book empowers parents and teachers to promote self-reflection, self-acceptance, and empathy in children with disabilities. By emphasizing positive values and reinforcing appropriate behaviors, parents and teachers can create an inclusive environment that supports children's social-emotional growth, both inside and outside the classroom.

Teaching expectations is essential for creating a positive and structured learning environment in both the classroom and the home. By extending these lessons into the home, parents can reinforce the values and behaviors taught at school. Collaborating with parents enables a consistent approach, allowing children to generalize and internalize appropriate behaviors across various settings. Through the captivating children's books mentioned above, teachers and parents can work together to instill essential values and social skills, while helping the child have success with behavior expectations. Let's foster a supportive partnership between classrooms and homes, ensuring the success and well-being of our exceptional learners for this back-to-school season.

ABOUT THE AUTHOR:



Jenn Adams is a special education and elementary teacher living and work in Pennsylvania. She has taught in multiple classrooms, grade levels and settings including regular education, special education, and alternative education. She has taught grades Pre-K, 1st, and 5th-12.Currently, Jenn works for a public cyber charter school teaching students in grades 5th through 8th in an autistic support virtual classroom. Jenn obtained her Bachelor's degree in elementary and early childhood education in 2007 from Millersville University. She also obtained her Master's degree in 2014 in special education from Saint Joseph's University. Jenn also added the credentials of becoming a registered behavior technician (RBt) working closely with students with autism and intellectual disabilities working with principles of Applied Behavior Analysis. Lastly, Jenn is currently pursuing her principal's certificate from California University of PA. In her 14 years in education she truly has found that building relationships is what needs to come first and loves learning new ways to reach her students. During her time not spent in the classroom Jenn conducts parent training with colleagues in the special education field and provides information through her blog, website, and social media channels all called Teach Love Autism. Jenn also works hard every day to find a work and life balance and believes that is the key to happiness in doing what you love.

WHY AN INCLUSIVE CLASSROOM IS AN EXCEPTIONAL CLASSROOM

BY VIRGINIA A. JACKO

I often say that a blind person can do anything that a sighted person can, so long as they have the proper accommodation. This first and foremost applies to early childhood learning.

Enrolling your visually impaired child in an inclusive learning environment can yield: higher academic achievement, increased self-esteem, and more social interactions within the classroom. Not to mention, it fosters a better understanding of diverse abilities.

Parents of visually impaired children who are looking for a learning environment that promotes inclusivity while advancing academic excellence, should consider inclusive learning environments. Below are three reasons why.

EMPATHY IS THE SECRET INGREDIENT

The classroom often shapes a child's relationship with the world outside of their families. When children of diverse abilities learn alongside each other, they increase their understanding and empathy through socializing, playing, and learning.

DIVERSITY AND INCLUSION PREPARE EVERYONE FOR THE 'REAL WORLD'

The truth is that communities across the world have people with diverse backgrounds, perspectives, and abilities. As early as preschool, children are taught that all of us are different in our own unique ways. However, in non-inclusive classrooms, they may not fully grasp those differences, if not exposed to them firsthand. What's more, our sighted students gain an understanding of the importance of digital inclusion and accessibility, by seeing their visually impaired peers using accommodations like CCTVs (closed

PHOTOS PROVIDED BY VIRGINIA A. JACKO

BETTER TOGETHER: *(Above)* Two visually impaired students and one sighted student from Miami Lighthouse Academy Pre-K learn about crabs and turtles using toys and an educational book; *(Opposite page)* Inclusive learning session at Miami Lighthouse Academy using tactile objects – in this case, apples.

caption) for print magnification, and playing altogether while hunting for beeping easter eggs. Inclusive classrooms can teach students in practical ways that differences are natural.

EXPECTATIONS ARE HIGH – FOR EVERYONE

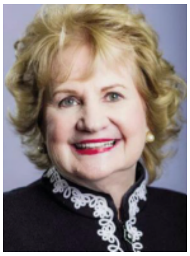
In inclusive learning environments, students of all backgrounds and abilities can feel equally valued, which makes learning easier. With full immersion, they learn critical thinking and problem-solving skills.

AN EXAMPLE OF AN INCLUSIVE ENVIRONMENT

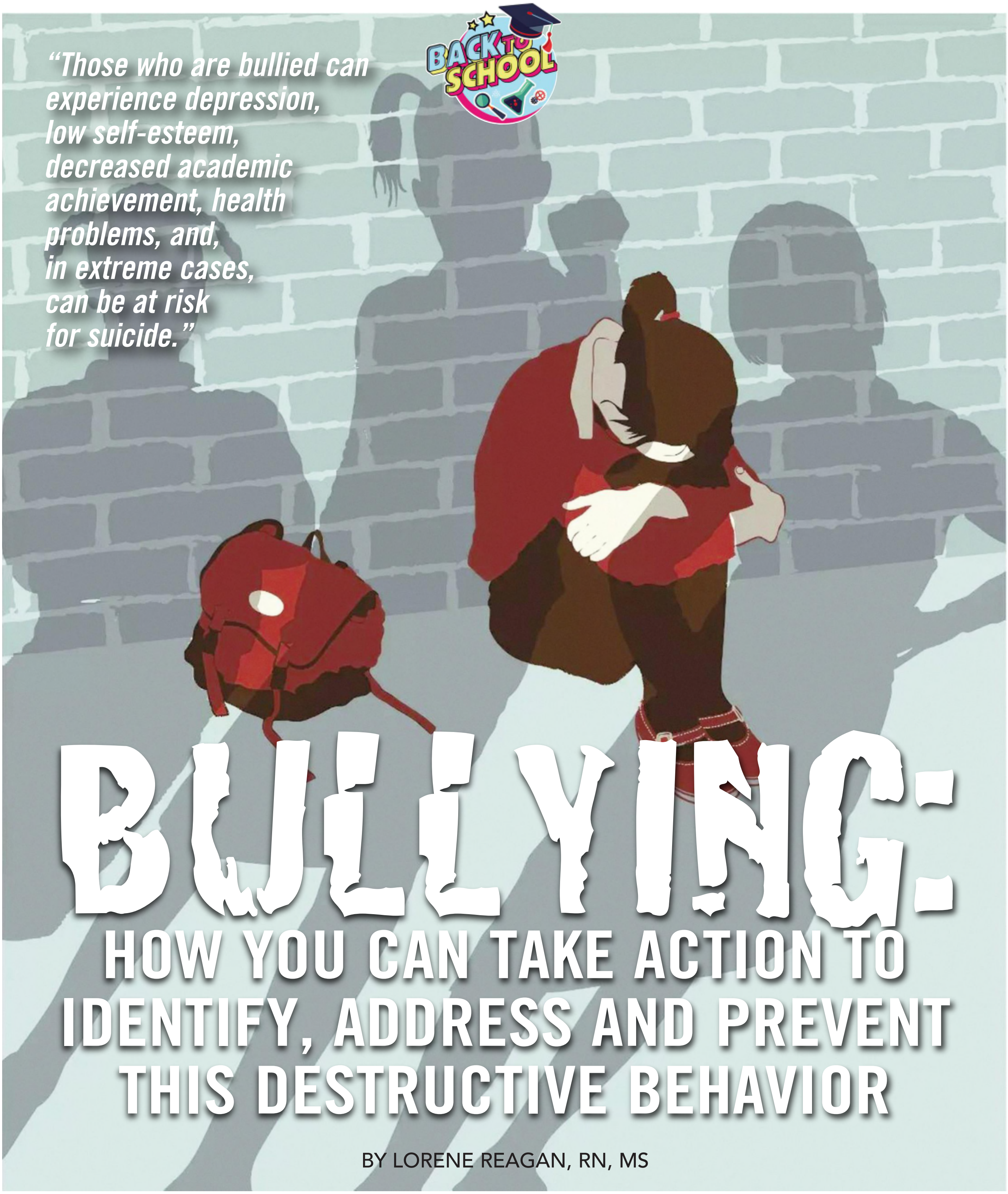
Seven years ago, we opened the Miami Lighthouse Academy, an inclusive learning environment for early learners ages one through four, with and without vision impairments, to ensure that children thrive together and form lasting connections and friendships. At the Miami Lighthouse Academy, blind and sighted children become fast friends – and that's how it should be. Sighted children of that age don't think to say, "that's my blind friend," they simply call them their friend.

Utilizing the world-renowned HighScope Curriculum for all classroom learners in a learning environment of students with and without a vision disability, was a first. Each classroom teacher was supported by a teacher of the visually impaired. This enabled students with a vision disability to be supported in a print/braille-rich learning environment, so they could use the same curriculum as sighted peers. We were confident that this approach would benefit every student – blind and sighted alike – and we were right. In fact, a study from the University of Miami indicates that our classes are above national averages in the areas of emotional support, classroom organization, and instructional support for both our toddlers and Pre-K programs. When our visually impaired students graduate from our second grade, they more easily adapt to mainstream public schools. •

ABOUT THE AUTHOR:



Virginia A. Jacko is the Founding President and CEO of the Miami Lighthouse for the Blind, where she provides equitable access to education, blindness prevention programs, and vision rehabilitation training to nearly 25,000 people annually, from blind babies to low vision seniors and their families.



> *“Those who are bullied can experience depression, low self-esteem, decreased academic achievement, health problems, and, in extreme cases, can be at risk for suicide.”*

BULLYING:

HOW YOU CAN TAKE ACTION TO IDENTIFY, ADDRESS AND PREVENT THIS DESTRUCTIVE BEHAVIOR

BY LORENE REAGAN, RN, MS

As we prepare to return to school, it is critical to ensure all children, including those with disabilities, are in an environment where they can learn, grow, and socialize without fear. This article describes bullying, its consequences, the increased risk children and adults with disabilities face, and prevention strategies.

WHAT IS BULLYING?

Bullying behavior is characterized by unwanted, aggressive behavior that involves a real or perceived power imbalance, and is repeated or has the potential to be repeated over time. There are many different types of bullying, ranging from teasing and harassment to actual physical violence. It can occur in person, in writing, or through cyberbullying involving online or cell phone communications.

The magnitude of bullying behavior varies from: annoying and emotionally hurtful verbal abuse, distressing social bullying designed to damage a person's reputation, publicly embarrassing, or isolating, to bullying involving physical assault. It's not uncommon for bullying to begin with verbal taunting and harassment, and then, if not addressed, escalate into physical abuse and assault. People with intellectual and developmental disabilities are susceptible to, and at even greater risk than others with disabilities of being bullied.

WHAT ARE THE CONSEQUENCES OF BULLYING?

We all know bullying hurts people in many ways. But did you know:

- *Bullying has serious negative consequences. Those who are bullied can experience depression, low self-esteem, decreased academic achievement, health problems, and, in extreme cases, can be at risk for suicide.*[1]
- *People with disabilities can be bullied by family members, paid and unpaid caregivers, and other supporters. They may be reluctant to report it, because of their dependence upon the caregiver and fear of retribution.*

The adverse outcomes of bullying are not limited to those who are bullied. According to the US Department of Health and Human Services,[2] children who are allowed to bully others are more likely to:

- *Abuse alcohol and other substances as adolescents and adults*
- *Drop out of school, vandalize property, and engage in fighting*
- *Engage in sexual activity earlier*
- *Have criminal convictions and as adults, be abusive toward others, including their romantic partners, spouses, and children*

Those who witness bullying are more likely to:

- *Miss or skip school*
- *Have increased mental health challenges, including depression and anxiety*
- *Have increased use of tobacco, alcohol, and other drugs*

Bullying directed at a person because of their disability may fall under the category of "disability harassment" and rise to the level of a civil rights violation under Section 504 of the Rehabilitation Act of 1973 or Title II or III of the Americans with Disabilities Act.[3] Those who harass people because of their disability, as well as people and organizations who have a duty to prevent disability harassment, can run afoul of these laws, if they fail to address and prevent bullying and harassment appropriately.

WHAT CAN WE DO TO PREVENT BULLYING?

We know that the roots of bullying behavior begin in childhood. According to the American Psychological Association,[4] steps can be taken to address and prevent bullying.

For example:

- *Create an environment that makes it clear that bullying will not be tolerated, and set positive expectations for both children and adults.*
- *Ensure parents, educators, and others in the person's life are knowledgeable and observant about when and where bullying tends to happen. Bullying generally occurs in areas where supervision is limited or absent, such as: in bathrooms, playrooms, parks, and on school buses. Cyberbullying via cell phones and computers occurs when access to these devices is not monitored.*
- *Be alert to the safety of those most vulnerable to being bullied. Help the person develop a network of allies to reduce feelings of isolation, and reduce opportunities for the person to be targeted for bullying.*
- *If bullying is reported or observed, intervene immediately to stop it, record the incident, and inform those responsible for addressing it.*
- *Adults, including parents, educators, and others, are encouraged to be involved in school or community-based safety teams and antibullying task forces, and engage and educate children and adults with (and without) disabilities about the skills for identifying, responding to, and preventing bullying.*

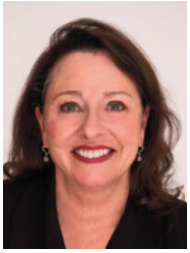
> ***"Taking steps to recognize, address and prevent bullying is critical to all all children and adults' emotional and physical well-being, especially those with intellectual and developmental disabilities."***

Bullying has long-ranging consequences for those being bullied, the person exhibiting the bullying behavior, and those who are witnesses to this serious form of mistreatment. Taking steps to recognize, address and prevent bullying is critical to all children and adults' emotional and physical well-being. This is especially important for people with intellectual and developmental disabilities, who are at the highest risk for this type of abuse. •

References

1. Centers for Disease Control and Prevention. People with Disabilities and Chronic Diseases: Information about Bullying. 2020. https://www.cdc.gov/ncbddd/disabilityandsafety/bullying.html
2. U.S. Department of Health and Human Services. Bullying and Youth with Disabilities and Special Health Needs. 2020. https://www.stopbullying.gov/bullying/special-needs
3. US Department of Justice Civil Rights Division. Guide to Disability Rights Laws. 2020. https://www.ada.gov/resources/disability-rights-guide/
4. American Psychological Association. Bullying. 2022. https://www.apa.org/topics/bullying/prevent

ABOUT THE AUTHOR:



Lorene Reagan, RN, MS, has over 35 years of experience in the field of intellectual and developmental disabilities (IDD). Ms. Reagan is the former Bureau Chief for IDD services in New Hampshire, was Manager of Care Management for a Medicaid managed care organization, and a Principal in a consulting firm focusing on state Medicaid policy and operations. She is currently the Director of Public Relations at IntellectAbility, which provides tools and training to agencies, governmental entities, and supporters of people with intellectual and developmental disabilities to foster early recognition and mitigation of health risks and promote health equity for people with IDD.

BanTec SANITIZING
EXPOSURE RESPONSE™

BANTEC SANITIZING IS YOUR ALLY IN THE FIGHT AGAINST COVID-19

With efficient and affordable solutions for cleaning and safely sanitizing residential, school and business settings, Bantec Sanitizing can help you prepare for living, learning and working in a safe and healthy environment.

COMMERCIAL AND RESIDENTIAL CLEANING PRODUCTS & SERVICES

HOME

SCHOOL

OFFICE

EXCLUSIVE OFFER

BANTEC DISINFECTING KIT

Easy for anyone to use in multiple environments to protect themselves by disinfecting touch surfaces they encounter throughout the day. Perfect for use between cleanings. Featuring Enviro-Pro ® products which meet the EPA's criteria for use against the novel coronavirus. Each kit contains:

Clean Smart

- 3 gallons CleanSmart Enviro-Pro
- 1 1 oz. dispensing pump
- 1 1/8 oz. dispensing pump
- 2 each 32-oz. Enviro-Pro labeled spray bottles
- 2 each spray bottles triggers
- 1 box of disposable gloves
- 1 pack of 12 machine washable microfiber cloths
- 2 each disposable, non-medical face masks
- 1 pack disposable dusting sheets
- Directions, tips and more.

www.bantec.store/products/bantec-disinfecting-kit

INDUSTRY INNOVATOR

BANTEC AUTONOMOUS SOLUTIONS

Bantec Sanitizing has expanded its variety of products and services to help facility managers, safety professionals, and maintenance personnel to include autonomous health monitoring, sanitizing and teaching self-driving humanoid robots. Systems such as the Cruzr Health Monitor, below, can improve workplace safety and present helpful information.

Autonomous Mobile Solution

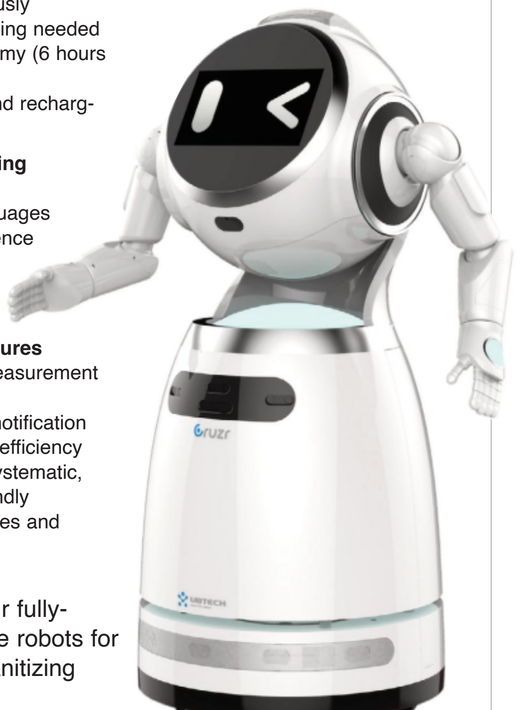
- Navigates autonomously
- No manual repositioning needed
- Up to 8 hours autonomy (6 hours to recharge)
- Automatic docking and recharging

Interactive and Engaging Humanoid Robot

- Speaks multiple languages
- Detects human presence
- Deploys information (text, pictures, videos and more)

Heath Monitoring Features

- Body temperature measurement and notification
- Mask detection and notification
- Increases workplace efficiency
- Engaging, reliable, systematic, tireless and user-friendly
- Reduces infection rates and associated costs



Learn more about our fully-programmable mobile robots for health monitoring, sanitizing and education:

https://bantec.store/products/cruzr-health-monitor

BanTec SANITIZING EXPOSURE RESPONSE

A DIVISION OF BANTEC

www.bantec.store

BACK-TO-SCHOOL TIPS FOR PARENTS

BY LARRY LANDAUER

Some children love the idea of going back to school after summer break, but many are challenged by the changes in routine, environment and people that a new school year brings. This can be especially true for those with special needs who often experience disrupted sleep, which can hamper their ability to learn.

A BACK-TO-SCHOOL PRIMER : PAVING THE WAY FOR A SMOOTH START TO THE SCHOOL YEAR

The following tips can help parents ease their child's transition to the more structured days that accompany the regular school year.

CREATING A HEALTHY SLEEP ROUTINE

- **Set a regular sleep schedule.** If your child has been staying up later and sleeping in later during summer vacation, it's wise to gradually move towards the new schedule. Go to bed and get up in the morning at the same time, even on the weekends, changing bedtimes and wake-up times by 15 minutes every few days, to allow for a gradual adjustment.
- **Prepare for sleep with a "quiet time" routine.** This might include turning down the lights, which signals winding down. Also, try relaxing activities, like reading a book together, giving a bath or gentle massage, or listening to music. Each child is different, but favorite blankets, pillows and stuffed toys can help create a calming place for sleep. If sounds are relaxing for your child, play soft music, nature sounds, or white noise.
- **Keep eating times consistent.** Going to bed with a full stomach can lead to a restless night's sleep. It's also wise to avoid caffeine and sugar. Remember that many sodas, as well as snacks with chocolate, are also high in those stimulants.
- **Practice your morning at-home routine for getting up earlier, having breakfast and getting dressed.** This is especially important if you're integrating school into your own pre-work routine, since your stress can escalate your child's anxiety.
- **Avoid screen time before bed.** The blue light emitted by TVs, phone and computer screens stimulates the brain at a time when it is important to relax.
- **Get regular exercise in the morning or early afternoon.** Exercise helps to reduce stress and promote relaxation, but vigorous exercise immediately before bed may keep your child awake. Balanced routines are especially important for children with special needs, so make sure your child is getting the right amount of sensory and/or physical activity throughout the day.

EASING THE RETURN TO SCHOOL

- **Visit the campus before the first day of school, if it's accessible.** With an entire summer away from school, it can be helpful to simply walk around the grounds and get familiar with the layout. If you can't visit the classroom, locate the playground, eating areas, restrooms, and any other places your child may encounter.
- **Take pictures of new people and places.** Once school has started, help ease anxieties about unfamiliar people and surroundings by taking pictures of the school, classroom, teacher and staff. It can be helpful to make a photo book or digital slide show to walk your child through the key people and places she or he encounters during a typical school day.

PARTNERING WITH YOUR SCHOOL TEAM

- **Become an expert on your child's IEP.** No one knows your child better than you do, so carefully examine your child's Individualized Education Program and ensure that plans developed in the spring are still on-target with your child's current needs. If you think the plan may need adjusting, don't hesitate to request an IEP meeting.
- **Be involved throughout the year.** Find out when Back-to-School Night will occur at your child's school, and put the date on your calendar. This is an important time to meet the teacher, learn about the daily classroom routine and classroom expectations. There may be time to chat about how your child is adjusting to the classroom. Also, when completing school enrollment forms, look for an invitation to join the Community Advisory Committee (CAC) or other committees that involve parents. Involvement in a CAC allows you to meet school administrators outside of an IEP meeting, and can deepen your knowledge about special education services in your school district.
- **Know when to request an IEP meeting.** Any time you have concerns or questions, you can always schedule a meeting with the teacher to discuss your child's progress. However, it's critical to understand that only items that appear in the IEP – such as goals and services – are required to be provided. So, if you want to change goals, services or placement, you should formally request an IEP meeting, even mid-school year.

ABOUT THE AUTHOR:

Larry Landauer is Executive Director for Regional Center of Orange County, the private, nonprofit organization contracted by the State of California to coordinate lifelong services and supports for nearly 25,000 Orange County residents with developmental disabilities and their families. The Regional Center is the first stop for those seeking to obtain local services and supports to help them live safely and with dignity in the community. Developmental disabilities include intellectual disabilities, autism, epilepsy and cerebral palsy. Learn more at **www.rcocdd.com**

EP FOR FREE!

RECEIVE A FREE SUBSCRIPTION TO THE DIGITAL VERSION OF EXCEPTIONAL PARENT MAGAZINE

Simply visit us at
www.epmagazine.com
and click
"EP FOR FREE"
you will receive an email each month
when the magazine is published
as well as a free newsletter.

Both will come from
news@EPmagazine.com

Print subscriptions: $199 a year;
Available at www.epmagazine.com
Questions: epmagazinevp@gmail.com


Empowering the
Special Needs
Community
since 1971

Subscribe Today at www.epmagazine.com


EP's ALL-NEW RESOURCE GUIDE FOR 2023

EXCEPTIONAL PARENT MAGAZINE • $15.95

Early Intervention:
STANDARDS FOR EARLY CARE

Plus:
ESTATE AND CARE PLANNING

GROSS MOTOR MILESTONES

2023
EP GUIDE
NAVIGATING SPECIAL NEEDS RESOURCES

AI Solutions:
WHAT STUDENTS WITH DISABILITIES NEED TO SUCCEED IN COLLEGE

Special Olympics:
NAVIGATING YOUR CHILD'S INTELLECTUAL DISABILITY DIAGNOSIS

THIS ISSUE COURTESY OF
BLANKROME

AN AMAZING ADVERTISING OPPORTUNITY

With a dedicated readership and a rapidly expanding audience, more and more advertisers are taking advantage of the unique opportunities that **Exceptional Parent** can offer. Whether it's a full or half page ad in our print and digital magazine editions, or a dynamic banner ad on our **www.epmagazine.com** website, there has never been a better value enabling your products or services to capture a large and motivated readerhip. Discounts and special offers are available for cross-platform insertions.

We are now offering many additional opportunities for lasting partnerships that can affordably and effectively communicate your brand's message.

For more advertising opportunities, email us at
fsimon@epmagazine.com

EP MAGAZINE: THE JOURNAL FOR SPECIAL NEEDS FAMILIES AND PROFESSIONALS

6 TIPS TO HELP PARENTS GET READY FOR BACK TO SCHOOL

BY STEPHANIE DELUSSEY

Back to school is right around the corner, and for many families with special needs it means more than grabbing school supplies and sending your child off to school on the first day. There are a lot of things to prep and plan for, and it can be overwhelming. To help, here are seven things any family can do to get ready to go back to school:

1. GET ALL OF YOUR CHILD'S IEP PAPERWORK ORGANIZED.

This might seem like the most boring item on this list, but it's one of the most important things you can do as a parent. Make sure you have a copy of your child's most recent IEP, their latest progress report from the end of last year, and any additional information you've been keeping in your parent IEP binder.

If your child is going to a new school this year, your IEP to do list is going to be a bit more elaborate – but not unmanageable! It might include requesting your child's educational records from the previous school and sending them to the new school, researching your new state or district's regulations and policies, sending all documentation to your child's new school for registration (which also helps the new special education department), and reaching out to your child's new teacher.

2. THINK ABOUT WHAT YOU WANT YOUR CHILD TO LEARN THIS SCHOOL YEAR.

A new school year is a fresh start, and your child may have made many gains over the summer – or maybe even had a little regression. Regardless, it's important to think about what skills you want your child to learn over the next couple of months. What skills does your child want to learn this school year? Take some time, during the last few weeks of summer to think about this, and then reach out to your child's teacher to schedule a meeting if necessary.

TIP: Even if you had your child's IEP meeting at the end of the last school year, you can still request an IEP meeting at any point in this school year. If you look back at your child's current IEP and your goals or vision has changed since the last meeting, it's time to ask for an IEP meeting to make the updates, or at least meet with the team to let them know.

WARM WELCOME : Meeting your child's new teacher will help get ready for school and ease anxieties they may be feeling (and maybe your anxieties too!)

3. REACH OUT TO YOUR CHILD'S TEACHER.

Although it appears a few times in this article, it deserves its own item on this list, because it is so important. Even if your child's teacher is not new to your child this school year, it's always wise to reach out at the beginning of the year. Introduce yourself – or reintroduce yourself - and let the teacher know you're excited to work together this school year. You can also share the best way to reach you and more information about your child (especially, if it's a new-to-you-this-year teacher).

This might also be a good time to share any new information with your child's teacher. New at home services, new favorite foods, what the child did over the summer, things you may have noticed, and any data the team might need to help your child succeed this school year. What's important here is: you share what you feel comfortable sharing, and that you feel supported by your child's teacher and IEP team.

4. BUY SCHOOL SUPPLIES YOUR CHILD NEEDS.

A lot of schools will provide you with a list of supplies needed per each grade level - but you know your child best. Even if you're unsure of what to buy, reach out to your child's teacher and see what supplies the teacher recommends. You may not need a 4" binder or 6 notebooks and 8 glue sticks. It's always wise to check in before you buy… and don't wait until the last minute to purchase school supplies. The good stuff always goes the quickest!

TIP: if you're dreading school supply shopping, you can make an educational trip out of it for your child. Have a picture menu ready, or grab a flier and circle what is needed. Then have your child help you locate those items at the store. This is a great life skill to practice. You can take it one step further by practicing paying for the supplies, as well. Here are a few questions you can potentially use to practice money skills:

- *Do you have enough money?*
- *How much is this?*
- *Is there a cheaper option?*
- *We need to stay on budget, is this on sale anywhere else?*

> "EVEN IF YOUR CHILD'S TEACHER IS NOT NEW TO YOUR CHILD THIS SCHOOL YEAR, IT'S ALWAYS WISE TO REACH OUT AT THE BEGINNING OF THE YEAR. INTRODUCE YOURSELF AND LET THE TEACHER KNOW YOU'RE EXCITED TO WORK TOGETHER THIS SCHOOL YEAR."

5. START YOUR CHILD BACK ON A ROUTINE EARLY.

Depending on you and your child's current summer routine, it may be beneficial to start setting that alarm. If your child usually gets up at 7:30 am for school, but is waking up at 9 am over the summer, set your child's alarm for 8:30 to start. Then every two days or so move it back 10 minutes until you reach your child's school alarm time.

You'll also want to get your child back into some sort of school routine as well, and this might look different for each family. Routines might include getting ready in the morning, laying out clothes the night before, packing a lunch and snacks, packing up your backpack, etc.

6. TOUR THE SCHOOL AND MEET THE TEACHER.

The closer the first day of school gets, means it might be time to tour your new school and meet the teacher. Contact your child's administrator or the child's teacher to set this up. This will help get your child ready for school and ease anxieties they may be feeling (and maybe your anxieties too!).

What's important to remember at back-to-school time, is your child is excited to go back to school to see friends and to learn. It is important that, to the best of your ability, you insure that your child (and you!) feel supported in this transition to a new grade level, and/or new school.•

ABOUT THE AUTHOR:

Stephanie is a dual-certified special education teacher, Master IEP Coach®, children's book author, and teacher mentor. She has a passion for creating engaging, adapted resources for teachers and students with disabilities, and is self-proclaimed #datanerd. She understands that not everyone will love IEPs as much as she does, but it is her hope that with the appropriate training and resources, teachers will not only advocate harder for student services and supports, but also bridge the gap between teachers and families to foster a true IEP Team. She also provides professional development for teachers. You can connect with her at **www.mrsdscorner.com** and **www.theintentionaliep.com**. Stephanie is also a huge mental health advocate, sharing her experiences and struggles to let others know that you can survive the dark seasons and thrive in life and teaching with a mental illness.

TIPS FOR A SUCCESSFUL SCHOOL YEAR

BY RICHARD SELZNICK, PH.D.

It's already August and you can't believe the summer has gone by as quickly as it has. Are you wondering whether you've done enough of the traditional summer activities before the summer is over? Are you experiencing the pit in your stomach, knowing the new school year is starting again? Are you wondering what this new year will be like, if last year wasn't so great?

It's already August and you can't believe the summer has gone by as quickly as it has. Are you wondering whether you've done enough of the traditional summer activities before the summer is over? Are you experiencing the pit in your stomach, knowing the new

LEAD AND THEY WILL FOLLOW : STARTING OFF THE SCHOOL YEAR RIGHT

DON'T WAIT AROUND

In the early grades especially, but even for middle school, it's all about the foundational skills. If your child is on the struggling side of the road, chances are there are "Swiss cheese holes" in the foundational skills of reading, writing and mathematics.

You know your child better than anyone. If you think your child needs help, then seek it out. 99% of the time parents are on the money with their concerns. Don't wait around for the school to tell you that your child is showing weakness. If you can, seek tutoring.

KNOW WHAT YOU ARE TARGETING

If you are seeking tutoring, make sure you know very specifically what the goals are and what the emphasis will be. A good tutor will be establishing goals based on the diagnostic information available, and you should be able to get very clear, specific targeted goals. For example, a good goal for a beginning reader (or struggling reader) who is in an early stage of development might be for the child to "master short vowel sounds in consonant-vowel-consonant words, within a six month period."

504 PLANS: WHAT THEY CAN AND CAN'T DO

Many kids have 504 Plans. 504 Plans are usually generated for kids who have been diagnosed with ADHD. (There are other reasons a 504 is developed, but for now let's leave it at that.) My impression is that people think a 504 will do much more than it really does. The 504 Plan is meant to level the playing field a bit, for kids identified as having a disability, such as ADHD. A few reasonable accommodations, such as not penalizing a child for spelling, having directions repeated and offering time extension are examples of ones that may be helpful. The 504 accommodations provide some level of support, but are not offering the direct remediation or interventions that so often is needed.

SET THE TONE

Ask yourself how you want it to go at home relative to homework. You set the tone. "Lead and they will follow" should be the guiding principle. Reflect on being the captain of the ship, and decide how you want it to go. For example, if you value the need for electronic-free time zones (that is no phones and iPads) in your house, then set this as a parameter. You may get a lot of pushback initially, but that's okay. If you stay firm with how you want things to go, they will settle in.

LEAD AND THEY WILL FOLLOW : STARTING OFF THE SCHOOL YEAR RIGHT cont.

STAY CALM

I know, it's a lot easier said than done when your child (or children) is pushing your buttons. Practice a follow-your-breath meditation, take brisk walks around the neighborhood. Do something to try and help you walk it back some, when you feel your temperature rising.

Reminding yourself to "not take the bait" can work wonders, as children love baiting the hook to try and get the things they want (such as avoiding school work and playing more on screens). Children love baiting parents.

RESPONDING TO THE WHINING

Excessive whining often accompanies homework or any independent tasks that are given to the child.

The refrain goes something like this (while the child is rolling around on the floor), "I hate school. It's so boring and it's not fun," followed by a mild, moderate or severe tantrum.

Seemingly, the only thing that can calm it down is access to some type of screen, such as an iPad, Xbox or cell phone. It's a version of giving the baby it's bottle to calm the baby down.

While you are deep breathing and repeating your mantra, have a ready answer that you can repeat often when the child starts complaining about school and homework. Try shrugging your shoulders and acknowledging the child's feelings: with the child – "I hear you. You feel like homework is boring." That's it. What else can you say?

FINDING THE GOLDILOCKS PRINCIPLE

For those of you who remember Goldilocks and the Three Bears (if not, Google it), Goldilocks taste-tested the bear's soup to see if it was too hot, too cold, or just right.

Parental homework involvement should follow the "Goldilock's principle." If you're in too deep, then you're likely doing 90% of the child's work (while they check their phones and Apple watches). If you go to the other extreme or, are too cold (especially if your child has a learning problem), they probably need a bit more support than you are offering. Find that middle point where you are not in too hot or too cold. Just right is what you should look for.

As a guideline, I like to tell parents to be 10% involved with the child's academic work. Much more than that is probably too hot.

REMEMBER, SCREENS ARE AN EARNED PRIVILEGE

Unless the child somehow is paying for the internet, his cell phone and iPad, then access to these are all privileges.

Keep asking yourself (on a daily basis), has your child earned the privilege of access to these. Too many children view their accessibility as a right – "I breathe, therefore I get my phone and iPad."

Bring a better dose of reality to their brains. That is, "You give and you get." It's that simple.

Don't overcomplicate things. Lay out the rules as to how homework and other academic tasks will go. You are in charge of overseeing it.

If there is good faith effort, then a nice green check can go on the calendar (get an old school or other calendar and put it on the wall, not an App or other such thing on your phone).

Convey to your child that if the green check goes on the calendar, then the evening is free play. If there is no green check on the calendar, then you have not earned screens and it's going to be a very boring night. No punishments. No yelling. Just clarity.

There it is - The Selznickian Tips for a great school year.

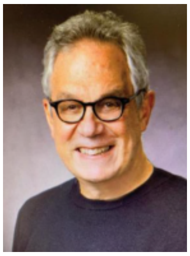
NOTE: DIFFERENCES BETWEEN IEP AND 504 PLANS

An IEP (Individual Education Plan) is provided once it has been determined that a student is eligible to be classified in special education. There are 13 possible categories based on Federal Law under IDEA (Individuals with Disability Education Act). Each state interprets the Federal code differently. Once classified in special education, an individual can receive direct services, as well as accommodations.

A 504 is part of ADA (Americans With Disability Act) and is typically generated once an outside medical practitioner has found the child to have a disabling condition. By far, the largest number of students receiving a 504 are diagnosed with ADHD. It is important to understand that a 504 does not provide direct services, but offers only accommodations (e.g., extended time).

There is a "lower bar" standard to obtain a 504, as the special education team is not required to perform an evaluation to determine eligibility. Often a letter from the child's physician is sufficient in generating a 504. This would not be the case with an IEP. •

ABOUT THE AUTHOR:



Dr. Richard Selznick is a psychologist and the director of the Cooper Learning Center, Department of Pediatrics, Cooper University Health Care. The author of *The Shut-Down Learner: Helping Your Academically Discouraged Child,* as well as *What to Do about Dyslexia: 25 Essential Points for Parents,* and three other related books, he can be contacted through email: **selznick-r@cooperhealth.edu**. To learn more about his books, blogs and podcasts, go to **www.shutdownlearner.com** and **www.cooperlearningcenter.org**

BRAIN RESEARCH
IES
FOUNDATION
Since 2004

VOLUNTEERS ARE NEEDED. IF INTERESTED, EMAIL IESBRAINRESEARCH@GMAIL.COM

THE IRENE AND ERIC SIMON BRAIN RESEARCH FOUNDATION

www.iesBrainResearch.org

(973) 726-6218 • iesBrainResearch@gmail.com

BREAKING THE BARRIERS TO DENTAL CARE FOR INDIVIDUALS WITH SPECIAL NEEDS

BY DR. KYLE BOGAN, DDS

Oral health is a very important aspect of general health for everyone, but especially for vulnerable groups, such as individuals with special healthcare needs (SHCNs). However, individuals with special needs often face unique challenges when seeking dental treatment, due to physical, developmental, or cognitive conditions, and require specialized care and accommodations to ensure their dental needs are met effectively and with compassion.

In recent years, the dental industry has made significant strides in implementing practices that prioritize inclusivity, and cater to the specific requirements of individuals with special needs. These practices will make a measurable impact on more than a quarter of our population in the U.S.

According to the U.S. Census Bureau, approximately 61 million people are recorded as having some sort of disability, and 18 percent of children in the United States have a developmental disability including: autism spectrum disorders, intellectual disabilities, and attention-deficit/hyperactivity disorder (ADHD), among others.

Due to more limited care options, individuals with special health care needs may not get the level or frequency of care they need. As a result, the oral health of individuals with SHCNs deteriorates faster than the general population, as they grow older. They are at higher risk of gingivitis and periodontal disease due to excessive buildup of calculus, more susceptible to Hypoplasia (incomplete or underdevelopment), dental crowding, and abnormalities in tooth development.

The impact of poor dental health goes way beyond the health of an individual's teeth and mouth. These issues can lead to reduced nutritional intake, impaired social interaction, and elevated anxiety of coming to the dental office.

BREAKTHROUGHS : MORE INCLUSIVE ORAL HEALTH

Primary barriers to quality of care for individuals with SHCNs span several different categories and include:

FINANCIAL BARRIERS:

- Private Insurance may not cover dental care or may not fully cover the cost of modified treatments that are required for those with SHCNs, like sedation.
- Government insurance like Medicaid/Medicare does not have nearly enough providers to accommodate the need, which results in long wait times to get an appointment.

Private and public reimbursement systems need to ensure that dental care is covered for patients with special needs, to remove this financial barrier to care.

LIMITATIONS OF THE INDIVIDUAL

- language barriers
- sensory impairments such as vision or hearing problems
- psychosocial issues
- dental anxiety
- low oral health literacy (ability to obtain, process, and understand basic dental; health information and services needed)

These are issues dentists across the country are working to address. There are a number of opportunities to take advantage of continued education and best practices on how to address these challenges and break through barriers, to ensure all patients have access to the best oral care.

Important: To ensure individuals with SHCNs receive the care and attention they need to optimize their oral health, parents or caregivers should do their research and ask questions of the dental provider, to make sure expectations can be met. The most important aspect of choosing a dental provider for individuals with SHCNs is to find a provider providing truly personalized care.

It's also extremely helpful to establish a dental home for the child, as early as 12 months of age. The earlier the provider can get a child acclimated to the office and into a routine, and set expectations, the better. Ensure that your chosen provider has detailed medical, dental, and social patient histories. If a child has an issue with gagging for instance – their dentist needs to know that ahead of time and take that into consideration for their treatment care plan. The dentist should be aware of a patient's history of cardiac disorders, seizures, GERD and the patient's history of sedation.

Behavior can also complicate oral health care. Most commonly, anxiety and fear of dental care can cause issues with compliance. Caregivers should expect a customized approach to helping with fear and anxiety. Desensitizing appointments to allow patients to become familiar with the office, staff, and equipment prior to official care dates, help establish a non-threatening environment and safe level of comfort. Decreasing the length of appointments to accomplish more in shorter time periods can also help reduce the level of anxiety.

Ideally, the dental office is set up to accommodate mobility needs. This is a major concern for individuals with SHCNs who rely on a wheelchair or walker to move around. Assistance with wheelchair transfer and the ability of the office to use their equipment to assist those that are unable to transfer from the wheelchair, should be key considerations.

Caregivers should also expect the availability of translation services to ease communication barriers when needed. For those individuals who wear hearing aids, the provider needs to be aware and ready to inform the patient when volume adjustments need to be made, as the sounds may cause auditory discomfort.

Our goal as providers is to create an environment conducive for all individuals to receive quality care. That means careful consideration of personal preferences, thorough explanation of each step to both patients and caregivers, the use of technology to assist with communication, comfort and care, and providing preventative and therapeutic services with a multidisciplinary approach and attention to detail.•

ABOUT THE AUTHOR:

Kyle Bogan is the practice leader of a remarkable dental team in Central Ohio, a fellow in the International College of Dentists (FICD) and a fellow in the Academy of General Dentistry (FAGD). Dr. Bogan earned his Bachelor of Science degree in Chemistry from The Ohio State University, where he was involved in dental research involving the release of fluoride from "smart" polymeric hydrogels. He completed his Doctor of Dental Surgery Degree at the Ohio State University College of Dentistry, graduating Magna Cum Laude and being inducted into Omicron Kappa Upsilon - the National Dental Honor Society. He is a member of the American Dental Association, the Ohio Dental Association, the Columbus Dental Society, The American Academy of Dental Sleep Medicine, The American Academy of Facial Esthetics, the International Dental Implant Association, and the Academy of General Dentistry.

THE CENTER FOR PARENT INFORMATION AND RESOURCES

INFORMATION FOR PARENT CENTERS AND THE FAMILIES THEY SERVE

BY LAUREN AGORATUS, M.A.

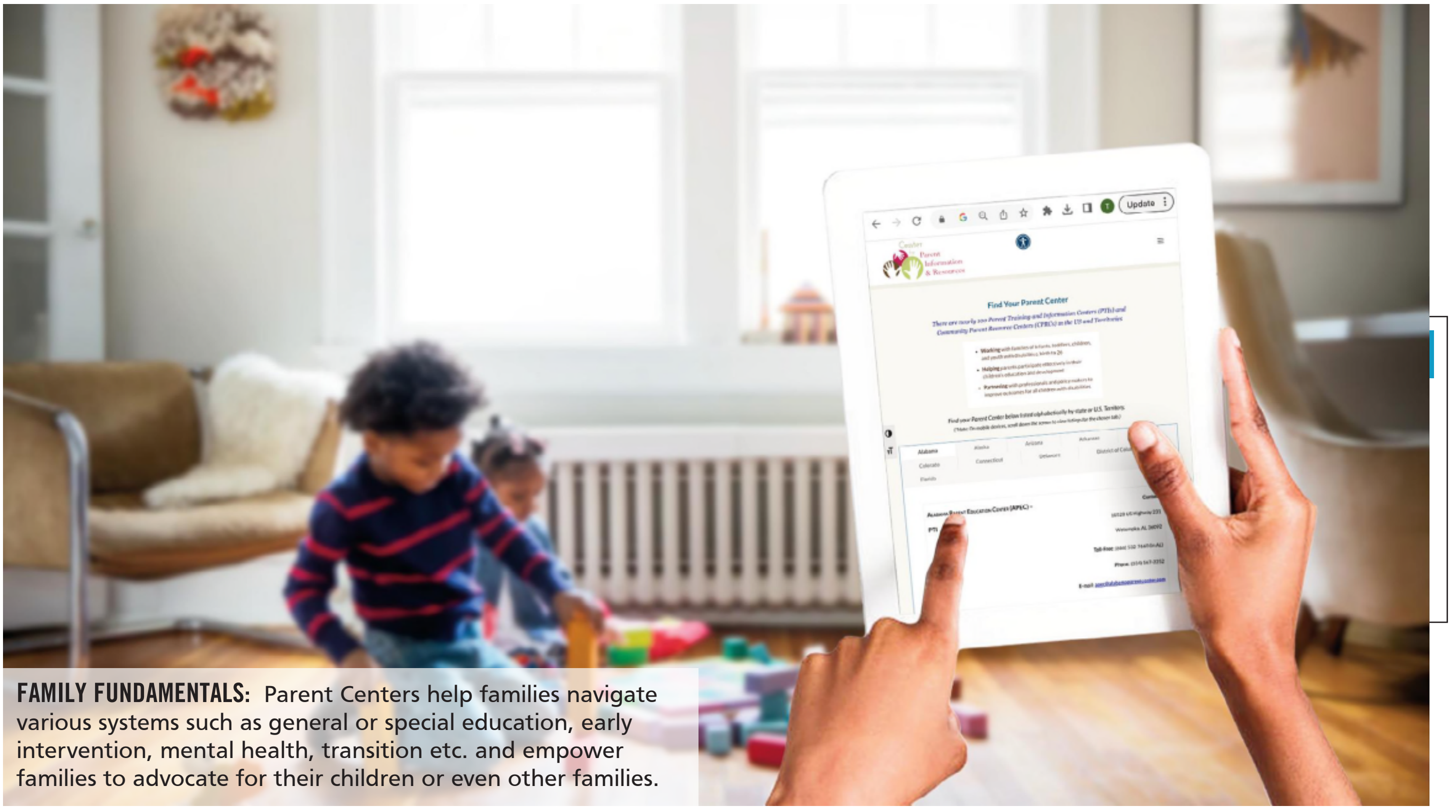
The Center for Parent Information & Resources (CPIR) covers extensive topics for families and professionals working with them, including Parent Centers.

WHAT IS CPIR?

Also known as the Parent Center Hub, CPIR has family friendly information that can be used by parents or Parent Centers to give to families. CPIR is a project of the SPAN Parent Advocacy Network. The hub helps coordinate parent training information nationally. Parent Centers can share their information on the Hub and in the newsletter. For Parent Center staff, there is an e-Learning hub as well as Centers Connect for Parent Centers to network on various topics such as transition, discipline, early childhood etc. The Hub is where families can also find the Parent Center(s) in their state. Parent Centers work with families of children both with and without disabilities.

WHAT YOU'LL FIND

One of the most used links is "Find Your Parent Center" (*see Resources*). Parent Centers help families navigate various systems such as general or special education, early intervention, mental health, transition etc. and empower families to advocate for their child(ren) or even other families. Next, the website has an extensive search feature on the top right corner of the homepage. Be sure to check out the "Buzz from the Hub" newsletter and archived past issues as well (subscribe from the homepage), the most recent covering diversity and mental health issues. Another popular topic is Transition Starters (**www.parentcenterhub.org/transition-starters**). This section has information on transition to adult life, including healthcare and independent living. Finally, there is a link to the national RAISE (Resources for Access, Independence, Self-Determination & Employment) which works with RSA (Rehabilitation Services Administration) Parent Centers to create resources for youth and their families around transition. RAISE is also a project of the SPAN Parent Advocacy Network. For more information on RAISE, see RAISE-ing Expectations and Outcomes for Youth with Disabilities.



FAMILY FUNDAMENTALS: Parent Centers help families navigate various systems such as general or special education, early intervention, mental health, transition etc. and empower families to advocate for their children or even other families.

HOT OFF THE PRESS

Two of the newest products on the CPIR site are a Korean glossary on special education terminology as well as a Spanish glossary (*see* **www.parentcenterhub.org/glossaries**). The latest version includes terminology on transition to adult life. Parent Centers are free to add their other resources as well. The resources on CPIR are constantly being updated so check it out!

CPIR FOR FAMILIES & PROFESSIONALS : RESOURCES

CENTER FOR PARENT INFORMATION AND RESOURCES

www.parentcenterhub.org

Find Your Parent Center
www.parentcenterhub.org/find-your-center

Resource Library (English/Spanish)
www.parentcenterhub.org/cpir-resource-library

Spanish
Description of what is available on CPIR in Spanish
www.parentcenterhub.org/recursos-en-espanol

English guide to Spanish resources
www.parentcenterhub.org/spanish-to-english

Newsletter and archives
www.parentcenterhub.org/buzz-from-the-hub

Webinars and archives
www.parentcenterhub.org/webinars

Recently, a U.S. Department of Education, Office of Special Education and Rehabilitative Services blog "Informal Removals Matter," highlighted some of the discipline resources from CPIR at **https://sites.ed.gov/osers/2023/02/discipline-discussions-informal-removals-matter**. The entire Discipline and Behavior Series can be found at **https://sites.ed.gov/osers/category/discipline**.

SOCIAL MEDIA

Where most nonprofits may have a post a day, CPIR averages three daily. CPIR published over 1,100 in 2022. The Parent Center Hub has over 1,900,000 users. The Facebook page has over 27,000 followers and Twitter has over 6,700. We will have a video explaining CPIR in July. Like us on Facebook at **www.facebook.com/parentcenterhub/** and follow CPIR on Twitter at **twitter.com/parentcenterhub** •

ABOUT THE AUTHOR:

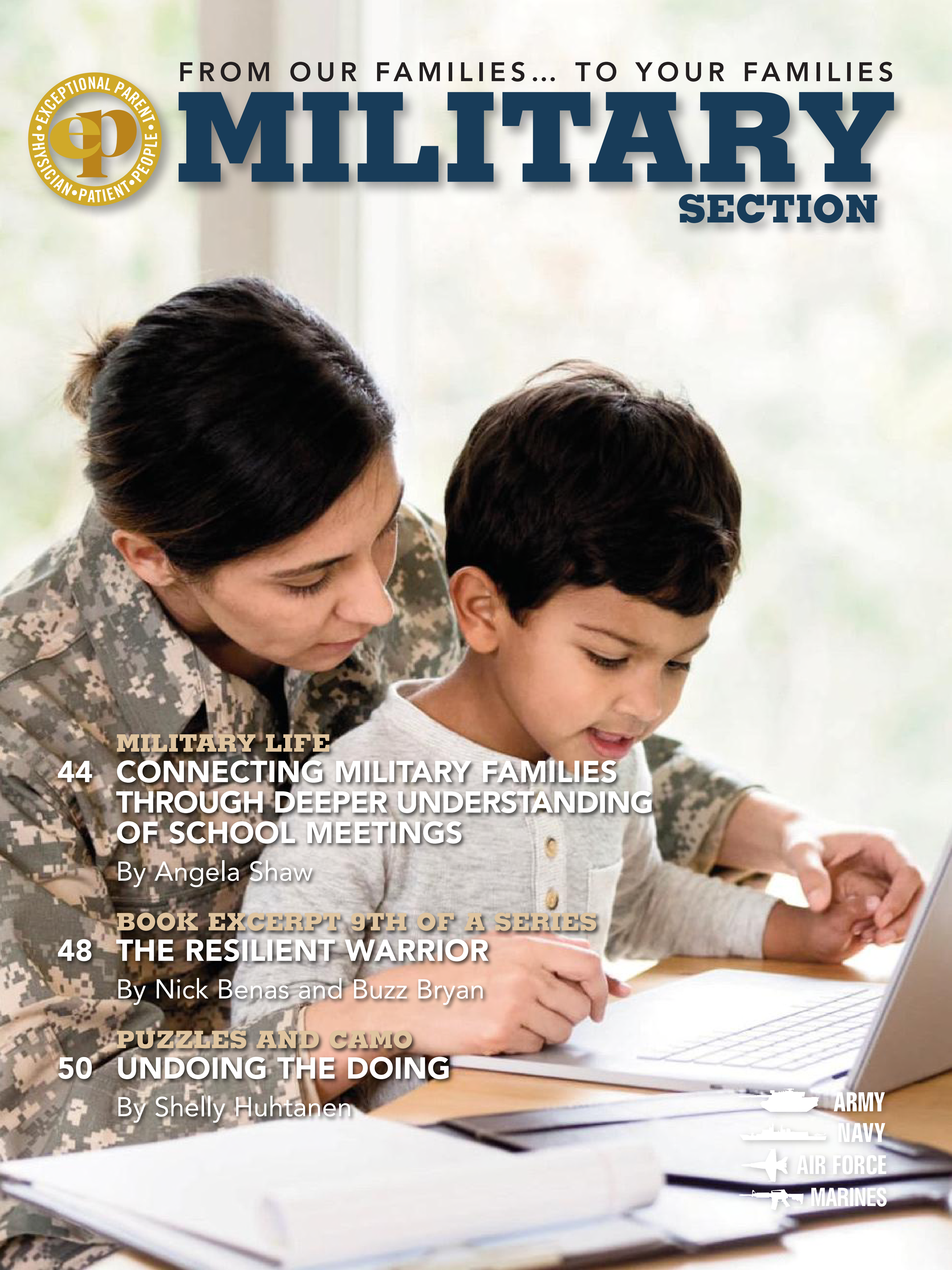
Lauren Agoratus, M.A. is the NJ Coordinator for Family Voices, NJ Regional Coordinator for the Family-to-Family Health Information Center, and Product Development Coordinator for RAISE (Resources for Advocacy, Independence, Self-Determination, and Employment). She also serves as NJ representative for the Caregiver Community Action Network as a volunteer. Nationally, Lauren has served on the Center for Dignity in Healthcare for People with Disabilities transplant committee (antidiscrimination), Center for Health Care Strategies Medicaid Workgroup on Family Engagement, Family Advisor for Children & Youth with Special Health Care Needs National Research Network, National Quality Forum-Pediatric Measures Steering Committee, and Population Health for Children with Medical Complexity Project-UCLA. She has written blogs and articles nationally, including publications in 2 academic journals (**https://pubmed.ncbi.nlm.nih.gov/?term=agoratus+l**). Lauren was named a Hero Advocate by Exceptional Parent Magazine (**www.epmagazine.com Archives June 2022**).

FACING FACTS: After you allow yourself time to mourn your losses caused by your medical issues, you need to create your medical and social network to help you improve the quality of your life.

FROM OUR FAMILIES… TO YOUR FAMILIES

MILITARY

SECTION



ARMY
NAVY
AIR FORCE
MARINES

MILITARY LIFE

CONNECTING MILITARY FAMILIES THROUGH DEEPER UNDERSTANDING OF SCHOOL MEETINGS

A FACE TO A NAME: "Parent/teacher conferences happen a couple times a year. Parents usually receive their invitation to the one-on-one conference a few weeks ahead of time.

Are you a military-connected family looking for a way to link home, school and community? Whether you are at a brand-new duty station or have been around the neighborhood for a bit more time, you are in good company. On average, military families are on-the-move a lot more than civilian families.

With a move, called a Permanent Change of Station (PCS), families who are military connected, often find themselves settling into a new community about every 2 to 4 years. School meetings are a great way to inspire and nurture connection, partnership and a sense of belonging. Sometimes the intent is not clear, especially when the meeting names sound like they mean the same thing. As you gear up for another exciting and inspirational school year, consider how school meetings support you and your family.

GENERAL SCHOOL MEETINGS

Back-to-school events, parent/teacher conferences and Parent Teacher Association (PTA) meetings have become staples in the lives of many families. Read on and discover the aim of these meetings.

Back-to-School Events: If you are looking for a fun way to engage and connect, these gatherings are an awesome way to jumpstart the new year. Information sharing is the purpose. To add to the experience, families often get to enjoy fun-filled PTA happenings and the opportunity to soak in some local culture. Depending upon local custom, these annual get-togethers happen a few days before schools open their doors or within the first couple of days of school beginning. Teachers welcome families and share important information. Parents and students meet the teacher and learn about grade level expectations. Mingling with other families, hearing about upcoming events and glimpsing learning goals for the year, are awesome benefits, too.

TIP NO. 1

Military families should optimize the occasion through upbeat family chats, discovering similarities and differences about the new school-year, and comparing them to past experiences. This lays the groundwork for kids in finding familiarity and cementing new information.

Parent/Teacher Conferences: Featuring student progress and positive outcomes, these meetings happen a couple times a year. Parents usually receive their invitation to the one-on-one conference a few weeks ahead of time. Going home with a small package of work samples to display on the fridge is a joyful part of the journey. Teachers checking in and reviewing things like some listed below, helps parents stay engaged and in-the-know.

- ✓ *Grade reports.*
- ✓ *Strengths and challenges.*
- ✓ *Social/behavioral traits like peer interaction, behavior, work habits or learning styles.*
- ✓ *Tests or special projects.*
- ✓ *Updates of parent/teacher communication aps, email addresses or links to classroom or school websites.*
- ✓ *Enrichment activities to support learning at home.*

TIP NO. 2

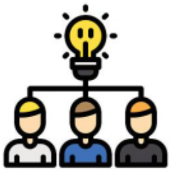
Because of frequency of moves, parents and teachers do not always have a solid understanding of one another's community and background. Conference time is a great chance for parents to bring teachers up-to-speed on insights about their child. Briefly highlighting special interests, talents or challenges may lead to co-creation of strategies to nurture student strengths; like leadership, communication and play.

Parent Teacher Association (PTA) Meetings: PTA meetings are a great way to learn, share and celebrate. They offer a welcoming atmosphere leading to opportunities which have the power to enhance student learning and increase home, school and community connection. Holding promise for parent involvement and fresh insights, they provide a ton of possibilities for well-being of students, teachers, parents and the community. PTA meetings happen about once a month. Meetings might take place as an addition to a school occasion, or may be a separate event. Check out the bounty of information that PTA meetings provide.

- ✓ *Actions from previous meeting.*
- ✓ *Current issues.*
- ✓ *Things needing immediate action.*
- ✓ *Treasurer's report.*
- ✓ *Funding requests like educational materials, playground equipment, school trips, renovation or special projects, staff training and so on.*
- ✓ *Feedback from recent PTA events.*
- ✓ *Discussions and planning of upcoming PTA events.*

TIP NO. 3

For the military family PCSing to a new duty station, PTA meetings can be an exciting way to spark new friendships and connection to the community. They offer a wonderful venue for learning about your child's school, and discovering how to use your past experiences and strengths to help the school tackle some of its needs.



SPECIALIZED SCHOOL MEETINGS

Some school meetings are less widely-known. A couple of the big ones include Student Study Team or Student Success Team (SST) meetings and Individualized Education Program (IEP) meetings. Check out the following sum-ups to discover their focus.

The SST Meeting: Often, one of the first steps a teacher or a parent takes when a student is demonstrating challenges is the SST, which falls within the general education sphere. Teachers, specialists and family come together in a solution-focused way to share insights, expertise and build upon student strengths. It is essential that the team follow-up and monitor interventions to support the goal of student growth and success. Possible discussion points:

- ✓ *Parent input.*
- ✓ *Classroom teacher input.*
- ✓ *School records.*
- ✓ *Response to Intervention (RtI) data, including work samples, assessments, notations and data charts.*
- ✓ *Classroom work samples.*
- ✓ *Expectations from work samples.*
- ✓ *Data and observations related to academic interventions.*

ON THE NOSE: Understanding the basics of various school meetings gives parents the ability to improve partnership and increase learning for their child.

✓ *Report cards, including past and present grade reports.*
✓ *Teacher observations.*
✓ *Classroom and state assessments.*
✓ *Recommendations, data and observations from previous SST meetings.*
✓ *Data or observations relative to behavior supports and interventions.*
✓ *Attendance records, including notes from Student Attendance Review Team (SART) meetings.*
✓ *English as a Second Language (ESL) assessments, recommendations and interventions.*

Although not necessarily a portal to special education testing, the SST does meet critical special education pre-referral requirements. Our nation's special education law, The Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004), contains the Child Find subsection (Part B Sec. 300.111), which protects rights of ALL children and youth with special needs:

✓ *Protecting every child from birth to age 21. This includes protections for infants and toddlers through governmental early intervention programs. Additionally, children and youth in public school, homeschool or private school fall under the mandated protections through public-school identification or outreach.*
✓ *Having in place a process for identifying and evaluating children who may need special education and related services.*
✓ *Responsibility to seriously consider special education evaluation requests of teachers or parents.*

TIP NO. 4

Military families move a lot! It is important that SST notes are on-hand for the next school. After the meeting, request copies of all paperwork. This will help any new team with understanding and decision making. If special education or other services are a recommendation and a move is coming up, parents can easily share information with the new teacher so they can keep things moving forward.

The IEP Meeting: This joint effort involving the customization and design of the IEP falls within the domain of special education. Assessment data, strengths, concerns and present levels are part of 300.321 (a)] provides regulations about who is to be part of the meeting including:

✓ *Parent or guardian.*
✓ *At least one of the student's general education teachers (if the student is or **may be**, participating in the general education environment).*
✓ *At least one of the student's special educators.*
✓ *District representative, often the principal, who has the understanding and authority to approve services and resources.*
✓ *An individual who can interpret the instructional implications of evaluation results, who may be a member of the team described above.*
✓ *Optional individuals possessing knowledge or expertise regarding the child, determined by parent or school team.*
✓ *Whenever appropriate, the child with a disability.*

An array of IEP meetings is part of special education law. Any team member can make the request to schedule an IEP meeting, including parents. Parents are experts of their child, with insights that go beyond test results and classroom performance. Parents know their child's history and aspirations. They know what motivates them and what causes them to shut down. The team gets a fuller picture from parents, of the student's strengths, challenges and skills, to aid in developing and refining a plan tailored to the unique profile of the student. Therefore, whenever changes to the IEP are in the works, parents receive notification known as Prior

Written Notice (PWN). Time, location and purpose of the meeting are part of the communication. This ensures parents have the chance to prepare for and more fully participate in the discussion.

IDEA 2004 is a great place to read guidelines about these meetings. Here's a quick look to gain some insight into some of the IEP meetings you may be a part of.

- ✓ ***Initial/Eligibility:*** *Think of this one as a meeting of discovery and next steps. Blending data, input and federal guidelines, the team determines if the student meets the qualifications for having an educational disability. If the student is found to have a qualifying condition, a draft will be available providing a proposal of services. The draft is a living document. Rounding out the plan, as discussion moves forward, gives team members a chance to review strengths/concerns, appropriate goals/objectives, accommodations/modifications and the recommended least restrictive environment (LRE), where the student will receive free appropriate public education (FAPE). Recommendations cover services and the percentage of time that the student should receive services, as well. The team must have parental signature of consent before special education services can start.*
- ✓ ***Triennial Review:*** *These occur every three years from the date of the previous initial or triennial review. With a focus on re-evaluation, the team determines if the student continues to meet qualifications, and if they will continue receiving services through an updated IEP.*
- ✓ ***Annual Review:*** *This yearly meeting happens on or before the calendar date of the prior initial or annual meeting. With a focus on reviewing the student's overall progress, the team discussion centers on bringing up-to-date: annual goals, accommodations and services based upon updated present levels of performance (PLOP).*

  Periodic Review/Amendment: Sometimes making a change to the IEP before the student's annual review is necessary. Here are a few reasons these meetings may happen:
  - Speak to or seek clarification
  - Adjust a clerical error
  - Propose an adjustment to service hours or placement
  - Discuss and determine whether an evaluation in a different area is appropriate
- ✓ ***30-Day Review:*** *Typically held after a move to another school district in or out of the state, or if appropriate, when services have changed.*
- ✓ ***Manifestation Determination:*** *When a student with an IEP is demonstrating a pattern of behaviors violating a code of student conduct, and the team is considering a change of placement, they come together to determine two points:*
  - Whether the cause of the behavior is due to the child's disability.
  - If the behavior is a direct result of the school's failure to implement the IEP.

The school will hold the meeting within ten school days of any decision to change placement. Members include: parents and relevant members of the student's IEP Team. Together, they review the IEP, teacher observations and information from parents. If the team determines that the behaviors directly relate to the student's disability, and the result of the school's failure to implement the IEP, the school takes immediate steps to remedy the deficiencies.

- ✓ ***Placement Meeting:*** *In the case that a team is discussing a placement outside of a student's home school, they hold a special placement meeting. Team members who are not at the student's current school, often attend placement meetings.*
- ✓ ***Transition:*** *The purpose of a transition meeting is to help students with an IEP prepare for life beyond high school. IDEA 2004 requires that IEP transition plans begin by the time they turn 16. Transition process covers vocational goals, daily life skills, planning for college or vocational education, etc. Goals are specific to the student's interests and strengths.*
- ✓ ***Exit:*** *Formally exiting from special education is the aim of this meeting. Students exit for many reasons or circumstances. Parents or the school team can call for the meeting. Reviewing data and presenting the details about reasons for exiting, are topics of the discussion.*

In addition to sharing and listening, parents should ask clarifying questions to increase understanding. Focusing upon solutions, hearing all voices, and maintaining understanding through the process of reviewing the student's strengths, challenges and progress, guides the IEP team in ensuring educational benefit occurs.

TIP NO. 5

For highly mobile military families, keeping a binder of all IEPs, assessments, multi-disciplinary reports (MDR) and communications is vital. To lessen confusion, archive previous documents in a separate section of the binder or in a digital folder. The archive may help the team understand what the child needs to temporarily rely on, until the child settles in.

Understanding the basics of various school meetings gives parents the ability to improve partnership and increase learning for their child. •

ABOUT THE AUTHOR:

Angela Shaw is a retired special educator with dual Master's degrees in special education and school counseling. She synthesizes her diverse education and experience to provide information in support and encouragement of families as they navigate the special needs of their children. Shaw's son-in-law is active-duty military. She and her husband spend much of their free time adventuring to various PCS locations and enjoying every single possible minute with their son-in-law, daughter, and awesome grandson.

U.S. MILITARY ★ BOOK EXCERPT 9TH OF A SERIES

THE RESILIENT WARRIOR OPIOID STORY

BY DAVID KENDRICK

Book Editor's Note: Featuring self-help, mental health, and mind and body tactics from a variety of sources – veterans, former and active U.S. Marines, Navy, Army Rangers, Green Berets, family members and caretakers – ***The Resilient Warrior*** *is collaborative collection providing needed wisdom for complete well-being for all of us. The first step to thriving is surviving, and the first step to surviving is knowing how to get what you need, when you need it. The following excerpt of this essential self-help guide to living a healthy, resilient, fulfilled and better life is the ninth in a series that EP Magazine has featured over the last several months.*

Understand and know that quitting an addiction is an option. In 2007, I was shot in both legs by a sniper. My left leg was shattered and my femoral artery was severed, leading to an exceedingly long stay in the hospital – three months total. Over the course of my stay in the hospital, I had two blood transfusions and 14 surgeries, during which time, I was hooked up to a morphine drip to reduce my pain. Every hour or so I would have a new dose of morphine flowing throughout my body.

After three months, I left the hospital. After being out for a week, I noticed something. I was fiending for the morphine I'd been hooked up to for the previous three months. Doctors prescribed me Vicodin to deal with the pain, and it did help, but the morphine from the hospital is what I really wanted.

I tried to go back to the hospital to get more surgery. I told doctors I was still having pain and I needed another procedure. But that did not work. Instead, I was prescribed a strong opioid to deal with the pain I was having. That did the trick for me. Along with alcohol, I'd found a great way to get the buzz that I was looking for from the opioids. The unit that I was assigned to at that time was called the Warrior Transition Unit.

The unit was new on Ft. Carson, as a place for injured soldiers to get back to a regular unit, or heal from their injuries and return to civilian life. In this unit, I met a group of guys who were also injured and were also prescribed opioids for their pain.

What I found there was a secret black market of sorts, where everyone traded their opioids. If you had something that someone wanted, they would trade you what they have for what you had. Eventually, I started hanging with a group of guys that drank heavily and abused opioids, just like I did. That is when I noticed something. If you hang with people who have the same addiction you have, no one will ever tell you that you have a problem.

One day, one of my good friends was going out to a bar with a separate group of friends. He asked me to come meet him at the bar after I was done hanging out downtown. At around 2 am, I met him and his friends, and I was surprised at what I saw. His face was bruised and bloodied. I thought he'd gotten beat up. But, one of his friends told me that he fell face first, off the curb onto the ground.

When we got him back to his apartment, I stayed with him for a while, but when you see one of your friends inebriated all the time, you get to thinking that they're always going to be okay. This happened on a Saturday night. On Monday at 3 pm, I got the call that my friend was dead.

Since I was not an immediate family member, no one told me the cause of death. It could have been several factors: alcohol poisoning, a mixture of pills and alcohol, or the fall causing bleeding on the brain. All I knew for sure was that I felt like crap. My friend was dead from a death that could have been prevented, if one of us in his group of friends had realized that we all had a problem.

Matters only got worse from there. My unit flew me to his hometown for his funeral, and while I was there, I met his mother. She looked me in my eyes and said, "You were the last one with my son. Tell me what happened to him." Talk about a reality check. I felt like garbage. It was at that moment that I knew I was done abusing opioids. Seeing the ripple of emotional pain caused by opioid abuse, shocked me into sobriety. I quit right then and there, cold turkey.


BEFORE THE FALL: "I had an exceedingly long stay in the hospital – three months total. I had two blood transfusions and 14 surgeries, during which time, I was hooked up to a morphine drip to reduce my pain."

Today, my business Lion Speaking Agency has a mission to help individuals suffering from mental illness. The demographic includes individuals who abuse opioids to cope with their mental, as well as physical pain. We are in a crisis, and it is imperative that individuals know what resources are available to them within their respective communities. •

ABOUT THE AUTHORS:

David Kendrick is a Purple Heart veteran and mental health advocate from Rochester, NY. While serving as a Cavalry Scout in the Army, he was shot by a sniper in 2007. After 14 surgeries and battles with opioid and alcohol addiction, he became an advocate for people living with disabilities and those battling mental illness. He is the owner of Lion Speaking Agency, a professional speaking company that focuses on mental health. David travels around the country advocating for mental health in both the veteran and civilian communities. He also serves as a member of the SourceAmerica speakers bureau where he advocates for people living with disabilities to find employment. He wrote a book, *Cavalry*, about his military experience and its impact on his friends and family. He holds a Master's Degree in Project Management from the Keller Graduate School and is certified in Mental Health First Aid, a certification he uses to help individuals experiencing mental health emergencies.

Nick Benas grew up in Guilford, Connecticut. The author of *Mental Health Emergencies, Warrior Wisdom, Tactical Mobility,* and co-author of *The Warrior's Book of Virtues,* Benas is a former United States Marine Sergeant and Iraqi Combat Veteran with a background in Martial Arts (2nd Dan Black Belt in Tae Kwon-Do and Green Belt Instructor in Marine Corps Martial Arts Program). Nick attended Southern Connecticut State University for his undergraduate degree in Sociology and his M.S. in Public Policy. He has been featured for his business success and entrepreneurship by more than 50 major media outlets, including *Entrepreneur Magazine, Men's Health,* ABC, FOX, ESPN, and CNBC.

Richard "Buzz" Bryan is currently the Outreach Coordinator for the West Palm Beach VA medical center. The co-author of *The Warrior's Book of Virtues,* Buzz previously served as the OEF/OIF Transition Patient Advocate (TPA) for the Veterans Integrated Service Network (VISN4) based in Pittsburgh, PA for ten years, working specifically with Iraq and Afghanistan veterans. Buzz was a member of the Navy/Marine Corps team and retired from the United States Navy in July 2011 after 22 years of honorable service as a Fleet Marine Force Senior Chief Hospital Corpsman.

PHOTO COURTESY DAVID KENDRICK

PUZZLES & CAMO SHELLY HUHTANEN

Undoing the Doing

I was led to believe that if I questioned the BCBA, then I was not fully invested in my son's potential. Now I'm wiser. We may be undoing some doing, but there is no time for regret.

Brush your teeth. Run upstairs and take a shower. Make yourself a bowl of cereal for breakfast, because I don't want you leaving the house without eating something. Take your medicine. Clean your room. These are all realistic requests for a typical teenager. Now that my typical son, Hayden, is home from college, I probably say at least one of these requests daily. I'm not saying I don't hear any snide comments after my request, but I'm sure he complies at least 75% of the time. I can't do this with Broden. At 17 years old, Broden is still prompt dependent, and even though we have worked tirelessly to teach him life skills, such as dressing himself, I find that he will still wait until I walk into his room to see if he's completing the task. I don't even have to saying anything. I'll walk in and look at him, while he's sitting in his chair in the corner, with this navy-blue terry cloth robe wrapped around him. He'll yell, "Get dressed!" I'll yell back, "That's right! You know what to do!" Then I run back into my bathroom to continue getting ready.

With his prompt dependency, it is difficult for him to do tasks involved with everyday living. I meet with Broden's BCBA, Amanda, every month. Every month when she asks me what my goals are as a parent, I tell her that I want Broden to be able to shower himself. He's seventeen years old and he should be able to bathe himself. There are obvious reasons as to why this needs to happen. He's a teenager and he needs to understand that there are standards and requirements for self-care. How can we work towards me leaving him for two or three days with a caretaker if he can't bathe himself? Who bathes him if I'm no longer around or too ill to provide that support? Another reason is one that I feel guilty saying, but I'll say it anyway. I'm tired of bathing him. There is some shame when I say that I'm tired of it. He's my son and he didn't ask to have severe autism. He needs help showering, so I should do it until I can't anymore. But there is a voice in my head that asks, "Wouldn't it be great if I could tell Broden to take a shower while I take mine in my bathroom, so we could get ready and get out the door faster in the morning?"

SWAMPED WITH PROMPTS: "Broden started ABA therapy when he was twenty-six months old. ABA has evolved over the years. There used to be so much focus on compliance and trying to shape children on the spectrum, to be like typical children."

Every morning, I jump in the shower, and then throw on a sports bra and an old pair of running shorts. Broden is waiting for me in his bed. I point to his morning schedule and ask, “What do we do now? What does your schedule say?” He’ll look over at his schedule and say, “Shower.” Every morning, I’ll grab his terry cloth robe and bring it in his bathroom. I’ll start the water and he’ll jump in the shower. He screams when he stands under the water while the shower head is attached to the wall, so I detach it once he’s in the shower. After having him wash his hair and body with prompting, I rinse him off while holding the shower head in my hand. The shower head also must be on a certain setting, because he looks like he is in pain if I use another setting on the shower head.

Once the water is turned off. I give him the towel and tell him to dry off. This is a task we’ve been working on more recently. If I tell him to dry off his body, he will use one hand and rub the towel on his stomach, and then stop and stare at me. I place both of his hands on the towel and dry his body hand over hand. Once he’s dried off, I’ll hand him his robe. He has learned how to tie his belt to his robe around his waist. Thankfully, he will do that himself. After I brush his teeth, he’ll put on his deodorant. There will be times that I need to look at his deodorant to prompt him to complete the task. It’s a gamble as to whether he’ll put his deodorant on spontaneously, or not. When he walks in his room, he grabs his clothes out of the clothes bucket that is labeled with the correct day of the week, and that is where he sits. He sets a timer for five minutes, so he has some time to himself before getting dressed. Sometimes he gets dressed and sometimes he’ll wait for me to run in the room to check his status.

Amanda came to the house a week or so ago to check on his progress. As we were standing in the hallway and watching Broden slowly get dressed, I bluntly asked, “Why is he so prompt dependent? Is it my fault? I did this to him, didn’t I?” We’ve grown close over time, and she knows me, “The easy response to you, is to tell you to wait him out, but c’mon Shelly, you have a life. You’ve got to get out the door, because Broden must be to clinic at 8:30am, and you teach college.” In so many words, she said that we were in this position due to several things that are out of our control. Broden started ABA therapy when he was twenty-six months old. ABA (Applied Behavior Analysis) has evolved over the years. There used to be so much focus on compliance and trying to shape children on the spectrum, to be like typical children. Broden is so compliant, he will not walk down the hall by himself to get a game and walk back to the room where he works on skills, while his RBT (Registered Behavior Technician) waits for him. He has to be reassured that he is allowed to walk down the hall himself. Due to years of the previously mentioned therapy, I now have a seventeen-year-old who feels he doesn’t have the freedom to go get a game in another room, even when he’s told he may go. He even second guesses the person who is allowing him to do it. We’re now trying to teach him that he can have those freedoms. Amanda said, “I’m trying to teach Broden that we trust him to make decisions, and we want him to tell us what he wants. At the same time, I’m training his RBTs to trust Broden and honor what he wants.” As I stood there listening to her outside Broden’s room I finally said, “So what you’re telling me is that I did what I did for Broden based on the information that I had at the time. Now that we know more about the field of ABA, we’re working to undo the doing.” She smiled and nodded her head.

> “Sometimes, we hit it out of the park, and sometimes we go back to the drawing board. Do I have guilt or remorse for starting Broden with ABA as early as I did? No, because there are so many benefits to the therapy, when it is conducted in a way that is humane.”

With the evolution of ABA, a majority of BCBAs have the greatest intentions, but it’s a journey. We learn as we go. Sometimes, we hit it out of the park, and sometimes we go back to the drawing board to see if we can do better. Do I have guilt or remorse for starting Broden with ABA as early as I did? No, because there are so many benefits to the therapy, when the therapy is conducted in a way that is humane. In my opinion, a BCBA should always listen to the parent, and should tell the parent that if they are not comfortable with the direction in which the program is going, they should speak up and the BCBA should listen and alter the plan. Looking back, there were times when I didn’t speak up when I should have, but I was led to believe that if I questioned the BCBA, then I was weak and not fully invested in my son’s potential. Now I’m wiser. We may be undoing some doing, but there is no time for regret or guilt for the path we took, because in the end, we have always done the best we could with the information and resources we had. •

PUZZLES & CAMO

Shelly Huhtanen is an Army wife stationed at Fort Jackson, SC. She enjoys sharing her experiences of her day-to-day life caring for her son with autism. Shelly authored ***Giving a Voice to the Silent Many*** that encompasses many stories of raising a child with autism in the military. She also teaches Public Communication at the University of South Carolina and has contributed to *EP Magazine* for over 10 years.

ADAPTIVE/SPECIAL NEEDS BEDS

KAYSERBETTEN-US

P: 800-574-7880
E: ruthann@kayserbettenus.com
W: www.kayserbettenus.com

Tall Rail and Home Care beds with unique designs to meet safety and medical needs.

CLEANING/SANITIZING SOLUTIONS

BANTEC SANITIZING

www.bantec.store

Easy to use disinfecting products and safe, environmentally friendly hygiene strategies that are efficient and cost effective.

FINANCIAL PLANNING/ ESTATE PLANNING/ INSURANCE

MASS MUTUAL SPECIALCARE

www.massmutual.com/specialcare

Financial planning products and services by a company that cares.

THE AMERICAN COLLEGE OF FINANCIAL SERVICES

www.theamericancollege.edu

A private college focused on professional training for financial practitioners

NON-PROFIT

IRENE AND ERIC SIMON BRAIN RESEARCH FOUNDATION

www.iesbrainresearch.org

Helping to further research and find answers to addiction, pain and other brain diseases and disorders.

COMING NEXT MONTH IN EP:

ELDERLY CARE & SENIOR ISSUES

TO LEARN MORE ABOUT ADVERTISING OPPORTUNITIES

CALL 973-726-6218

OR EMAIL EPMAGAZINEVP@GMAIL.COM

ADVERTISE IN EP MAGAZINE

Exceptional Parent Magazine,
a print and digital publication
for over 50 years,
provides information on disabilities
and special health care needs and is
available for free (EP for Free)
at **www.epmagazine.com**

EP provides informative articles, resources and inspirational stories for children and adults with disabilities and special healthcare needs. The information covers all ages from infancy to elderly. *EP Magazine* also includes a military section dedicated to the unique challenges of military families caring for loved ones with disabilities, including returning veterans.

EP Magazine has a varied and constantly growing readership of individuals, families, caregivers, education and medical professionals. Our partnership with various organizations and universities greatly increases our exposure nationwide.

We offer digital and print advertising opportunities for companies whose PR plan includes corporate warmth and/or companies with products & services they would like to advertise to our readers. Custom advertising packages can be created to meet your needs.
Contact Faye at
epmagazinevp@gmail.com

talk
they hear you®

SHE WANTS TO HANG OUT WITH FRIENDS OUTSIDE OF SCHOOL.

Help her plan to resist peer pressure.

Fifty-three percent of people ages 12 to 17 got prescription pain relievers from a friend or relative. Talk to your children about having an “exit plan” if they are offered prescription pain relievers that don’t belong to them. Having a plan to avoid drug misuse can help children make better choices. For tips on how—and when—to begin the conversation, visit:

www.underagedrinking.samhsa.gov

SAMHSA
Substance Abuse and Mental Health Services Administration