New Hampshire

RAP Sheet

The Latest in Disability Research, Advocacy, Policy, and Practice

Spring Issue 2010

OFF TO A GREAT START

Welcome to the Spring Issue of the Rap Sheet. With improved hospital screening for newborns and developmental screening a feature of well-child doctor visits, children with developmental disabilities and delays are being identified and treated earlier than ever. Working in partnership with families, Early Supports and Services ensure that children have the opportunities and help they need to reach their full potential.

Susan Covert, Editor

ADVOCACY THROUGH TEAMWORK

By Bill Smith

Raising a child is full of triumphs large and small. First steps, first words, and other accomplishments can be thrilling. For parents of children with disabilities, these small victories can be momentous, in part because of all the effort it takes to achieve them.

Parents of children with disabilities rely on a wide variety of people – family, caregivers, educators, and special education professionals – for the resources and support that make many of these triumphs possible. Success often depends on a family's ability to serve as their child's advocate.

Kristin Philips

Jack Smith and his father Bill enjoy a day at Salisbury Beach.

There are a variety of approaches to advocacy. Sometimes parents need to be team-builders, while at others we need to stand up aggressively for our kids. At times we may even need to acquiesce to something that we don't fully agree with because the situation demands it. Different circumstances call for different approaches.

We were faced with this reality in 2006 when our son Jack turned three and entered the public school system in Concord, New Hampshire. Jack has L-1 Cam disorder, a genetic condition that causes developmental delays.

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A collaborative effort by the

Disabilities Rights Center, Institute on Disability, and NH Council on Developmental Disabilities

(Cover story continued)

From the beginning, my wife and I were concerned about the lack of inclusiveness in the School District's preschool program. Utilizing an approach called reverse mainstreaming, the District operates an in-house preschool with classes dominated by children with disabilities; open spaces are filled with typical kids. The District's goal is to have a 50/50 ratio of children with disabilities and those without, but in reality that goal is rarely realized. The year that Jack was scheduled to start preschool, 80% of his class was comprised of children with disabilities.

This wasn't acceptable to us. My wife and I are strong advocates of inclusion in general and we knew that Jack would make much more progress in an inclusive classroom.

When we expressed our concerns to Jack's special education team, we immediately sensed a strong push-back. The team wanted Jack to attend the District's pre-school and were very open about their feelings. There were several reasons that the team pushed hard for Jack to be in this class. For one, Jack is a very personable and likeable boy, and the teachers in the classroom really wanted to work with him. While it was nice to know that they liked our son, that wasn't a good enough reason for us to agree to enroll him in this program.

In addition, the alternative to the District pre-school was sending Jack to an inclusive private school. The school was expensive and the District would have to bear the cost of his tuition. In a time of budget cuts, this was reason enough for the education team to fight for Jack to attend the District's in-house program.

This was our first encounter with the special education system and we weren't sure what the rules were for advocating for Jack. No one gave us a handbook telling us what works and what doesn't. We had to make it up as we went along. My wife and I decided that while we wouldn't allow ourselves to be dictated to, we also wouldn't treat the special education professionals as adversaries. Instead, we made a commitment to work hard to create a team

Kristin Philips

Jack Smith rounding the base at a T-ball game.

FINDING EARLY SUPPORT AND SERVICES FOR INFANTS

By Jennifer Doris, M.ED, Early Childhood Manager, Lakes Region Community Services, Family Resource Center for Central

As a parent, you know your child better than anyone else. Parents often sense that something is different about their child's development long before others notice that anything is wrong. In spite of "knowing" that there is a problem, it may take parents several months before they seek help. If you are worried about your child's development, you should make an appointment with a pediatrician to talk about your concerns. Your physician may be able to diagnose the problem immediately, and refer your child to an Early Supports and Services program in your area. However, some developmental concerns are not as easily identified and parents may be told by their doctor to take a "wait and see" approach. If you feel that your child is not progressing in a "typical" manner and do not want to wait to see if things get better, you can contact your local Early Supports and Services program for information and assistance.

The Bureau of Developmental Services within the Department of Health and Human Services delivers Early Supports and Services through contractual agreements with designated service agencies located in communities throughout New Hampshire. The program is designed for children birth through age two who have a diagnosed, established condition that has a high probability of resulting in delay, are experiencing developmental delays, or are at risk where we partnered with Jack's caregivers and educators and where everyone on the team was an equal member. We would rely on the special educators' expertise and resources, and we would give them the benefit of our expertise and insights about Jack.

From the beginning we were clear about how we wanted the team to function. We told team members that we felt it was vital that all decisions be based solely on what was most appropriate for Jack. We also told them that we were confident that together we would find the right solution. As we met with the team, as well as with the educators from the District's preschool program, we only discussed Jack's needs, not the School District's policies or the wishes of the teachers. Throughout the planning process, we constantly made it clear that we valued the team's commitment to Jack and that we trusted their judgment.

Over time, as we discussed the various options for Jack, we were able to develop a truly team-oriented approach for making decisions. The educators trusted that we would continue to work constructively with them and we trusted them to focus on Jack's needs.

Ultimately, the time came for us to tell Jack's special education coordinator where we wanted our son to go to preschool. It was a stressful experience; we knew that the special education team still wanted him to attend the District's preschool, but we also believed that Jack would do better in a more inclusive program. We knew that Jack models others, and we felt that he would do much better in an inclusive setting. In sharing our decision, we realized it was important to clearly convey our reasoning to the team, rather than merely insisting that we get our way. If we were going to be an effective team, we had to treat the special educators with the same degree of respect that we expected from them. While Jack's coordinator was disappointed, she accepted our logic and made the arrangements for Jack's private placement.

It has been nearly four years since Jack started school and the emphasis on teamwork has carried over into his education and therapy. Our family and Jack's educators and therapists are in constant communication. We regularly discuss ideas about Jack's care, how he has progressed, where we want him to go, and how we can all help him get there. In the time since we first began meeting, Jack has made enormous progress physically, verbally, and intellectually.

We realize that we have been lucky. Not all families are able to develop such cooperative relationships with those who provide their child's services. However for us, the team-oriented approach has worked wonders for Jack – and for our family. Today, Jack is a fully included and successful first grader. We are excited about what the future holds for him as a student in the Concord schools – and beyond.

AND YOUNG CHILDREN

New Hampshire

for substantial developmental delays if supports and services are not provided. Anyone, including parents, can refer a child to ESS. A directory of New Hampshire's ESS programs can be found on the Department's website at **http://www.dhhs.nh.gov/DHHS/BDS/LIBRARY/Program+Report-Plan/directory.htm**

The Early Supports and Services Program (ESS) can help you and your family to determine whether or not your child's development falls within an accepted range for his/her age. An Intake Coordinator from ESS will meet with you in your home to discuss your concerns and if appropriate, arrange for a developmental assessment. The assessment will evaluate a number of different areas of your child's development including: gross motor skills (use of large muscles), fine motor skills (use of fingers and hands use), social skills, cognitive development (play skills), and speech and language acquisition. Typically, the developmental evaluation is conducted by two specialists who have expertise in different areas of child development – such as early childhood education, speech and language, and physical or occupational therapy.

In order to qualify for Early Supports and Services, your child must have at least a 33% delay in an area of development or be diagnosed with a specific eligible condition, such as a

(Continued on page 5)

BEST PRACTICES FOR SHARING A DIAGNOSIS WITH A FAMILY

Julie Smith, Kara Fisher, and Tamara Le (the authors are graduates of the Institute on Disability's New Hampshire Leadership Series)

Receiving a diagnosis of a child's disability can be an incredibly emotional and stressful time for families. As parents of children who have disabilities we would recommend that professionals adopt the following best practices when talking with parents about their child's diagnosis.

1. Clearly state the diagnosis and pause to allow time for parents to process this information. Remember how life changing this diagnosis may be for a family.
2. In plain language give a clear description of the diagnosis and provide specific information about what characteristics their child has that led to the diagnosis.
3. Be Clear. Be Positive. Be Hopeful. Identify the child's strengths and recommend appropriate therapies and approaches that build on these strengths.
4. Ask parents what aspect of the diagnosis they would like to discuss first. If they are unsure, suggest options such as reviewing the assessments, learning more about the prognosis, or determining next steps.
5. Pause frequently during the discussion to give the family the opportunity to ask questions and process information. Provide a note taker to assist the family.
6. Support the parents to take immediate action by recommending and prioritizing concise Next Steps. For example:
    - Refer to Early Supports and Services or to the Local School District and Area Agency. Provide contact information and explain the process for applying for services and/or determining eligibility for special education.
    - Refer to therapists and specialists who will best fit the needs of the child and the family (taking into consideration the family's insurance, where the family lives, and their preferred approach for supports.)
    - Recommend a few well-regarded resources that parents can go to for additional information about the diagnosis.
    - Offer information about organizations that provide quality family support.
7. Give parents information about the approaches and therapies that are most likely to match the needs of their child, both at home and at school.
8. Be realistic with parents about the long journey that lies ahead. Explain that families cannot be expected to do it all alone and a supportive, collaborative team will be needed to help their child realize his or her full potential.
9. Emphasize the importance of maintaining high expectations for their child. Let families know that as their child progresses through therapy and individualized programs, the long-term picture will become clearer. Having a diagnosis is not intended to limit opportunities, but rather is an important first step in getting the supports and services that will enable their child to participate fully in all aspects of life.
10. Make a follow up phone call to ask how the family is doing. Allow time to answer parents' questions and clarify information. Ask the family if they need any support in taking the first steps discussed at the diagnostic visit.
11. Schedule a follow up visit to assess how the family is doing, review the progress of the first steps taken, and address any concerns. At this appointment provide more specific information about resources and approaches.

CONNECTING FAMILIES

Terry Ohlson-Martin & Martha-Jean Madison, Co-Directors, NH Family Voices

How many times this week have you texted, twittered, emailed, or communicated on FaceBook? Ten or even five years ago these avenues for "talking" with one another didn't exist. In an age of ever evolving technology, our ways of making connections are dramatically changing. New Hampshire Family Voices is trying to learn more about how families who have children with special health care needs are communicating with one another and getting the information that they need.

If your child has been newly diagnosed, do you want to talk to other families who have a child with same diagnosis? As the parent of a child with special health care needs have you asked another parent for advice or assistance? How do you find out about what resources are available in your community? What types of connections are most important to you? New Hampshire Family Voices asks these and other questions in its online Family Survey. (The survey was designed by New Hampshire Family Voices in collaboration with other family organizations including: New Hampshire Parent to Parent, New Hampshire Federation of Families for Children's Mental Health, Easter Seals Autism Network, New Hampshire Partners in Health, Parent Information Center, NAMI New Hampshire, and Northern New England Down Syndrome Congress.)

We are asking for your help. We invite you to visit the New Hampshire Family Voices web site at **www.nhfv.org** and complete the Family Survey (scroll down to the gold star). In order to talk directly with families, we also are hosting a series of forums throughout the state. If you are interested in having a family forum in your region please call New Hampshire Family Voices toll free at **1.800.852.3345 x4525**. We will be using the information we get from the survey responses and the forums to adjust and improve the ways we assist families.

(Continued from page 3)

hearing loss, cerebral palsy, or Down syndrome. ESS offers a wide variety of services and resources for children who qualify for their program. These include family support, education, and counseling; vision and hearing services; health and nursing services; nutrition counseling and assessment; occupational and physical therapies; speech and language therapy; special equipment; and transportation services.

Early Supports and Services are specifically tailored to meet the unique needs of each individual; the ESS provider works with the family to set clear and specific goals for their child. Through modeling and hands on instruction, ESS helps a family learn what they can do to help support their child's development. The program provides services within a child's home or where the child spends time. ESS helps children and families to be fully included within their community. For example, if a child is working on improving his motor skills, the ESS provider might accompany the family to the neighborhood playground. For a child who is working on language skills, the ESS provider might arrange a visit to the local library.

ESS focuses on helping young children grow and develop, supporting families, and building relationships that ensure that all children are included in their community. When children are given the opportunity and support that they need to succeed, we all benefit.

For more information about early childhood development, visit the national website Learn the Signs. Act Early at **http://www.cdc.gov/ncbddd/actearly/index.html**

EARLY INTERVENTION: WE'VE COME A LONG WAY, BABY

Karen Welford, Director, Family Resource Center of Central New Hampshire, Lakes Region Community Services

In 1986, President Reagan signed into legislation P.L. 99-457, which later became the Individuals with Disabilities Education Act, providing states the discretion to plan and implement a service system for children, birth to three, who have developmental disabilities or delays. In New Hampshire, this system was established as the Family-Centered Early Supports and Services Program. The up-coming 25th anniversary of the federal legislation provides an opportunity to reflect on the changes in early intervention.

With an emphasis on using research to improve practice and the development of national outcomes for children and families, the provision of early intervention has changed dramatically since its early years.

In the early 1990's, a family whose child was eligible for early intervention would be offered a menu of services, such as physical therapy, occupational therapy, special instruction, or speech and language therapy. Typically, early intervention was provided during a regularly scheduled home visit. Early intervention was primarily considered to be those services delivered by professionals to address the developmental needs of the child.

In her recently released book, *The Early Intervention Guidebook for Families and Professionals*, Bonnie Keilty describes the current practice of early intervention as a family-professional partnership that supports the family to meet their parenting goal of helping their children learn and develop. Today the objective of early intervention is to understand what the family envisions for their child as part of their family and their community and to help the family achieve that vision. This is very different from the definition of early intervention as a professional working with a child on discrete developmental skills.

Two major concepts provide the basis for the current practice of early intervention. First, a child learns best within the context of natural environments and routines and second, the most effective strategies are based on individualized child and family outcomes.

Young children learn best by participating in the everyday routines of their family and their community. Learning is not confined to the classroom, nor is development limited to an hour home visit with special toys. Infants and toddlers learn competencies and skills through their everyday lives, including playing, eating, getting dressed, and being out in their community. The child's natural environment is more than a place; it is the full context of a family's and community's culture and life. Today's early intervention professionals are the coaches, consultants, and mentors who promote the child's learning and development within this environment. Early intervention staff collaborate with the family to discover how the child learns best and to

SERVICES FOR INFANTS WITH VISION AND/OR HEARING LOSS

Janet Halley, Director MICE Program

Having a child diagnosed with a sensory impairment can be a very frightening and confusing time for families. Most parents have never met anyone with a significant vision or hearing loss and worry – Will my child be safe? Will she go to a regular school? How will my child learn? Will he be able to communicate? Will she have friends? Where can I find the services my child needs?

For more than 30 years, the MICE (Multi-sensory Intervention through Consultation and Education) Program has provided services to children birth to three years of age who have sensory impairments. Funded through a grant from the Health and Human Services/Bureau of Developmental Services and administered by the Parent Information Center, the program provides consultation and technical assistance to local Early Supports and Services Programs, daycare centers, and health care providers. The program works directly with young children and their families to promote the use of existing vision or hearing and to develop compensatory skills. MICE staff help parents better understand sensory impairment, its effects on learning and

support the development of learning strategies that can be used throughout the child's day.

In addition to promoting natural learning opportunities within routine activities, the federal legislation requires early intervention to demonstrate integrated and functional child and family outcomes. The Early Childhood Outcomes Center, funded by the U.S. Department of Education, has identified three general outcomes for all children who participate in early intervention. Infants and toddlers will demonstrate improved: (1) positive socio-emotional skills (including social relationships), (2) acquisition and use of knowledge and skills (including early language/communication), and (3) use of appropriate behaviors to meet needs. These functional outcomes serve as the framework to create individualized objectives for each child and have replaced the framework of developmental domains that previously were used to set goals for children receiving early intervention.

Research has shown that positive family functioning – families who feel good about how they are meeting their family goals – correlates with positive child learning and development. Under federal legislation, state early intervention systems are required to report on whether early intervention services have helped families: (1) know their rights; (2) effectively communicate their children's needs; and (3) help their children develop and learn. Utilizing both formal and informal means, early intervention works to connect and support families in addressing the family's priorities.

Today early intervention is based on research and evidenced-based practices. Early intervention has evolved from an interdisciplinary team providing developmental treatment to a family-centered practice that focuses on the capacity of the family and the community. In collaboration with the family and the community, early intervention promotes and supports natural learning opportunities within everyday routines that help the child to attain individualized functional outcomes.

Reflecting on early intervention's last twenty-five years, "We've come a long way, Baby!"

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development, and the best ways to work with their child. Services are provided at the child's home or daycare setting; the frequency of services varies depending on the child's needs and the severity of the vision or hearing loss. Each year the MICE Program provides services to approximately 250 young children and their families.

HEARING LOSS – Early identification of hearing loss in young children is difficult; in the past significant hearing loss often was not detected until a child was two years or older. In recognition of the dramatic impact hearing loss has on a child's ability to communicate and learn, the US Congress in 2000 passed the Early Hearing Detection and Intervention (EHDI) Act to establish newborn hearing screening programs in every state. With support from this federal initiative, the New Hampshire Department of Health and Human Services/Bureau of Maternal and Child Health has worked with birthing hospitals to ensure that all newborns are screened for hearing loss prior to hospital discharge. Through the EARS (Education, Advocacy,

(Continued on page 9)

IT HELPS TO HAVE A MAP

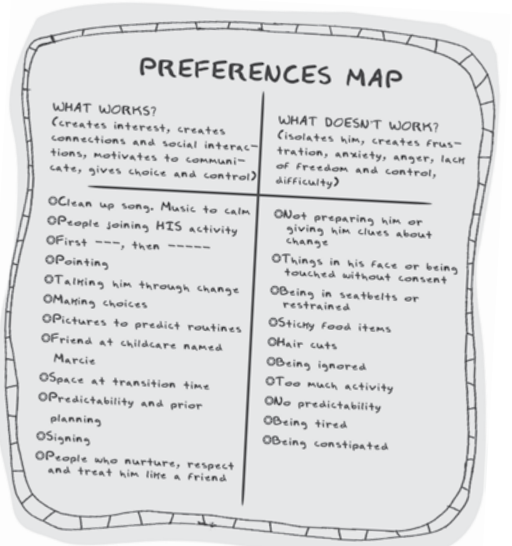
Ann Dillon, M.Ed., OTR/L, Coordinator of Family Centered Training & Services, Institute on Disability

When you are trying to find your way it helps to have a map. For individuals with disabilities and their families, a simple map can be especially useful for planning, reviewing, or synthesizing information. Facilitators at planning meetings or families considering options for their child can use maps to organize and present information. In a team or family meeting, a map is a valuable tool for visually guiding the planning process. In person-centered planning maps are used over time to plan for the life of an individual.

The following are examples of how maps can be used to consider options and help families and teams make the best decisions.

The Preferences Map

✦ A Preferences Map can be used to organize information about what works or doesn't work for a child in different situations – home, school, a doctors' office, or a childcare setting.



PREFERENCES MAP

WHAT WORKS? (creates interest, creates connections and social interactions, motivates to communicate, gives choice and control)	WHAT DOESN'T WORK? (isolates him, creates frustration, anxiety, anger, lack of freedom and control, difficulty)
○Clean up song. Music to calm ○People joining HIS activity ○First ---, then ----- ○Pointing ○Talking him through change ○Making choices ○Pictures to predict routines ○Friend at childcare named Marcie ○Space at transition time ○Predictability and prior planning ○Signing ○People who nurture, respect and treat him like a friend	○Not preparing him or giving him clues about change ○Things in his face or being touched without consent ○Being in seatbelts or restrained ○Sticky food items ○Hair cuts ○Being ignored ○Too much activity ○No predictability ○Being tired ○Being constipated

VISION MAP

(One year from now at age 3)

Communication
- Has conversations with peers
- Tells family about day at school
- Calls mom, dad and friends by name
- Understands "stop, no"
- Asks for story, food items by name
- States "all done" calmly

School
- Plays with peers
- Knows routines
- Makes choices
- Brings toy to friend
- Participates in singing and finger play

Social
- Plays with friends well
- Knows how to invite friends to join him
- Teaches other children
- Is gentle and kind to others

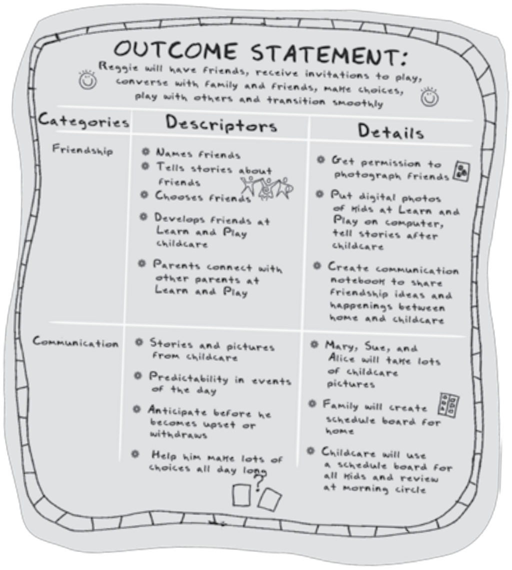
Home
- Potty trained
- Brings dishes to sink
- Eats dinner at table with family
- Blows candles out on cake
- Travels well

Interests
- Gets invited to friend's party
- Has preferences for self-expression
- Enjoys swimming lessons
- Enjoys story hour and participates

The Vision Map

✦ A Vision Map provides the opportunity for teams and families dream about possibilities and chart a positive future for the child.

Imagine an Individualized Family Support Plan or Individualized Educational Plan that is based on a positive vision for the child's future. This map can be the backbone of the official plan, taking into account the child's interests and passions as the team works to set goals and plan action steps. A great question to begin a Vision Map would be to ask the parents – *"If you could have 3 wishes for your child in the next year, what would they be?"*



OUTCOME STATEMENT:

Reggie will have friends, receive invitations to play, converse with family and friends, make choices, play with others and transition smoothly

Categories	Descriptors	Details
Friendship	● Names friends ● Tells stories about friends ● Chooses friends ● Develops friends at Learn and Play childcare ● Parents connect with other parents at Learn and Play	● Get permission to photograph friends ● Put digital photos of kids at Learn and Play on computer, tell stories after childcare ● Create communication notebook to share friendship ideas and happenings between home and childcare
Communication	● Stories and pictures from childcare ● Predictability in events of the day ● Anticipate before he becomes upset or withdraws ● Help him make lots of choices all day long	● Mary, Sue, and Alice will take lots of childcare pictures ● Family will create schedule board for home ● Childcare will use a schedule board for all kids and review at morning circle

The Outcomes Map

✦ An Outcomes Map is a simple tool that helps teams and families make plans to move from vision to reality. The Outcome Map organizes tasks and keeps the team on track.

Maps can help planning teams and families to reflect on what does and does not work for the person, to visualize a positive future for the individual, and to take concrete steps to move forward. The use of maps supports the planning process and fosters strong partnerships as people work together to ensure that the individual has a high quality and meaningful life.

USING MAPS FOR SYSTEMS PLANNING

While this article has looked at how maps can be used to plan for people, you can also use maps to do planning for systems – they are simple tools that can be easily used by board committees, educational groups, and human services agencies. The maps lend themselves to finding out what is working and not working in your group (preferences), what the vision is for your group, and what outcomes you want to achieve. Groups and organizations also can use other maps, such as an historical timeline, to help in their work. Using maps in everyday systems-centered planning is also a great way to become more skilled in using them in person-centered planning.

(Continued from page 7)

Resources, and Support for Families with Infants and Children Who Have a Suspected or Confirmed Hearing Loss) grant, the MICE Program works with families whose children have been identified through the screening process and who have been referred for more extensive testing. An EARS Family Advocate provides information and answers parents' questions about the diagnostic testing and, if needed, can provide assistance with scheduling appointments, arranging for interpreters, or obtaining transportation.

Families of infants and toddlers who are identified with hearing loss are referred to their local Early Supports and Services Program and the MICE Program. MICE Program staff members help families to understand their child's hearing loss and support them through the process of deciding on communication options. The program also works with families and audiologists regarding appropriate amplification devices (such as hearing aids). While MICE does not provide funding for hearing aids, staff can work with families to access needed financial support for this purchase.

In order to develop age appropriate communication skills, children with hearing loss need early language exposure at the same rate as their hearing peers. It is very important to provide rich language opportunities to young children with hearing loss regardless of their mode of communication, whether spoken or signed. The MICE Program staff have expertise in a variety of communication approaches and provide support to infants and their families based on the communication option that the family wishes for their child.

VISUAL IMPAIRMENTS – Significant visual impairments usually are identified very early. Much of what a young child learns – imitation, play, social recognition, and understanding of the world – are learned through the visual system. For children who are blind or significantly visually impaired, early learning experiences are essential to promote learning, motor skills, mobility, and communication.

The MICE Program helps families to understand their child's visual loss and teaches them techniques to help their child to learn. Total blindness in children is extremely rare; most children can be taught to use the vision they have more effectively. The

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MICE Program can assess how a child is using vision and provide techniques for using vision more efficiently and, when appropriate, work on the beginning hand skills for Braille. Services are determined by the needs of the child and the degree of visual impairment. While most children are seen on a consultative basis with Early Supports and Services staff, some may receive direct services from the MICE program.

The mission of the MICE Program is to provide quality services to support the educational and developmental needs of infants and toddlers with vision or hearing loss. The program can provide families or service providers with written information, technical assistance, or just someone to talk to about a child's vision or hearing loss. The program has an extensive library of books, videos, as well as toys and equipment, which can be loaned to families or providers. For more information please contact us at 228-1028 or visit our website at **http://www.miceprogram.org/**

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Helping Your Child with Feeding Concerns

Terry Ohlson-Martin, BS, New Hampshire Family Voices

Nutrition is the process where we give our bodies the nutrients it needs. This sounds simple, but when you have a child who has food allergies or eating challenges; all simplicity is gone. One of the most basic parent-child interactions now requires a third party. Food allergists, dieticians, pediatricians, occupational therapists, and other specialists all have something to say about your family's mealtime.

If you have a child with an eating concern it is vital to have professionals on your team who you trust and with whom you are comfortable. As a parent, it is important to communicate openly and honestly with all of your child's providers, making sure that each one is aware of what the others are doing or saying regarding your child's nutritional needs. Don't be intimidated; you know your child better than anyone else. Your gut is often the most accurate diagnostic tool available to your child. When you have a strong feeling about something, find someone who will listen.

If you are concerned about a treatment recommendation or are uncomfortable with a provider don't hesitate to ask for a second opinion. In my experience, our provider welcomed my request for a second opinion, as it gave him the opportunity to hear how another professional evaluated our situation. While I was nervous about asking for this, I was impressed by my provider's reaction. The experience helped to build a new layer of respect in our relationship.

There will be times when you realize that the person you are trying to work with is just not someone with whom you are comfortable. Do everyone a favor and find a new provider. If you are not able to have a positive relationship with the provider it may impact your ability to follow through on suggestions and/or fully commit to specific treatments. When we are asking our children to do something, we should have confidence in the request. If you're having on-going difficulty, don't waste the provider's or your family's time. Ask other families or trusted professionals for suggestions about who might be a more suitable match and get on with caring for your child.

Don't be shy about asking for instructions in writing or requesting permission to tape record a visit with a professional. Being stressed by what we are hearing or trying to care for our child while someone is giving important instructions inhibits our ability to truly hear what is being said. Being able to go back and review a conversation provides an opportunity to listen when we are more relaxed and attentive. It's also a great way to share information with other family members or providers.

As personal as nutrition is, finances are even more so. Professionals may

De-mystifying a Functional Behavioral Assessment

Ann Dillon, M.Ed., OTR/L, Coordinator of Family Centered Training & Services, Institute on Disability

This exchange occurred between the parent of a preschooler and a Seacoast Child Development Clinic faculty member.

Hi Ann,

When we last met, we discussed the possibility of having a Functional Behavioral Analysis for my daughter Jill. Jill has within the past two weeks, exhibited deep sensory-seeking behavior and language breakthroughs. Her receptive language skills are also increasing. Makes me think she has even more to say than she can. Friday she came downstairs in the morning, groggy and still a little sleepy-headed and said, "Momma, I need coffee." I nearly died... :-)

Today she didn't want to go to circle time and she struck her 1:1 in the face. Hard. The aide (her favorite) needed ice. In the last three days I have seen her and her sister hitting one another as well. Not permitted in our home.

Is this the sort of thing a Functional Behavioral Analysis can help us understand? I would like to be able to help the teachers and help Jill understand the ramifications of her behavior. The school has been reluctant to use an Augmentative Communication Device given her rapid improvement in language.

Is there an FBA you can recommend for pre-K range? Thank you for any ideas/ recommendations you can offer.

Kindest regards, NH Mother

Hi NH Mother,

I love the Coffee story!

Let's chat about what an FBA is. It is a tool to find out WHY a behavior is happening and to understand the reason for the behavior. You do this by collecting data over time for every incident so you can make a hypothesis as to why the behavior is happening. And, then you develop a plan of support that includes:

- Strategies to help PREVENT the behavior (like providing sensory supports or changing something in the environment that triggers the behavior),
- A plan for TEACHING the child another skill to replace the undesired behavior, and
- An ADULT RESPONSE plan for supporting the behavior change in a positive way.

When I consult with families on a home visit, I might do one or two quick FBA's with the parent. From my visit the week before, parents would have collected data on the behaviors in question and we would create a plan based on that data. During the week they try strategies from the support plan, and on my next home visit we modify the plan depending on results. You have to constantly be "taking data" so you can evaluate what happened and why. Sometimes your support strategies work right off the bat, sometimes not. Here is a link for the FBA form – **http://www.seacoastclinic.unh.edu/pdf/FBA_ShortForm.pdf.**

For Jill, if she didn't want to go to circle time you would try to understand why not. What was the function of that behavior? Did

(Continued on page 14)

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be uncomfortable asking if your family needs financial help. If you are worried about how you will pay for something that your child needs, whether it is a medical procedure or even buying special foods – speak up. There often are available options and/or programs that can help.

Get recommendations from your providers and do the research. This includes learning all that you can from trusted sources – pediatrician, therapists, and other parents. Drawing on the experiences of families who have been through similar experiences will help you avoid some of the errors we've already made. Most families are usually more than happy to tell you what we've learned and to offer support.

Most importantly listen to yourself and your child. You are the experts on this journey. No one else has experienced exactly what you are going through and no one else knows this child better. While your child may not be able to "talk" parents have a unique ability to "hear" their child. Trust that communication – it's priceless.

This article originally appeared in the EEIN Newsletter in March 2009 and is reprinted with permission. For more information on EEIN go to **www.eeinnh.org**

SUPPORTING CHILDREN WITH SPECIAL NEEDS IN

Ellen C. Wheatley, Ph.D., Administrator, Child Development Bureau, Division for Children, Youth and Families

All children deserve high quality child care experiences that are suited to their individual needs. While child care programs want to provide this level of care to every child they serve, they may need to acquire additional expertise to meet the needs of some children in their care. Parents and early childhood professionals can help child care providers become comfortable with and gain competence in caring for a child with special needs by providing information, resources, and support.

When parents first learn that their child has a special need, they typically gather all the information they can find. They consult with medical and educational experts, visit Internet websites, and search the library to learn about their child's condition and the best ways to support their child. Similar to families, child care programs also need to go through a learning process about how to care for a child with special needs. Parents can be of tremendous assistance to child care providers by sharing what they've learned. When they first enroll their child in a child care program, parents should provide the program with the references and websites that they have found to be most helpful. Parents also should be clear that they are happy to answer any questions the child care provider may have about their child. Parents should continue to be a resource, sharing additional information when it is appropriate and keeping the lines of communication open with their child's program. Sharing resources and being open to questions will increase the program's ability to understand and respond appropriately to their child's needs.

When child care programs have access to resources, they can increase their general knowledge about a diagnosis and learn more about the specific and individual needs of the child in their care. The State's Family Resource Connection (http://www.nh.gov/nhsl/frc) is an excellent source for articles, books, videos, DVDs and activities concerning children with special needs. National and state organizations devoted to a specific disability or health care condition also offer extensive resources.

In addition to informational resources, other supports are available to child care programs. Children with special needs often receive services from a variety of professionals including speech and language specialists, occupational and physical therapists, and behavioral experts. Many of these

BEVERLY BRAHMSTEDT
1952-2010
DRC'S BELOVED RECEPTIONIST

Beverly Brahmstedt, Disabilities Rights Center receptionist from 2004-2009, passed away in January 2010. Because of Bev's sensitivity, commitment, compassion and professional and cordial manner, she made each client or other individual who called or visited DRC feel welcomed and special. The hub of DRC activity, Bev kept everyone informed of events and activities and always with a good sense of humor. Through these and other activities and responsibilities Bev performed, DRC and the clients it serves are better off.

professionals are happy to speak personally with child care providers. They can answer questions, make recommendations, and provide feedback to improve the program's ability to meet the child's needs.

PTAN, the Preschool Technical Assistance Network (**http://ptan.seresc.net**) is another resource that offers consultation to child care programs. PTAN is a statewide program provided through a contract from the Child Development Bureau (CDB) at the State's Division for Children, Youth and Families. PTAN consultants work with child care programs to help teachers learn how to adjust the physical environment, program schedule, and/or teaching style to meet a child's needs. Child care providers may receive additional funds to provide services, for some children with disabilities who, based on family income, are eligible for the CDB scholarship program. Funding for ongoing supports, such as a one-to-one aide, is extremely rare. The good news is that most children with special needs rarely need this level of support.

Child care programs want to provide the best possible care for every child they serve. Given adequate information, resources and support these programs are able to provide high quality care for children with special needs. When parents, professionals, and childcare providers work together child care can be a positive experience for all children.

The Family Resource Connection can be reached toll free at: 1-800-298-4321 *or online at* **http://www.nh.gov/nhsl/frc**

The Preschool Technical Assistance Program can be reached at: 1-888-584-8200 *or online at* **http://ptan.seresc.net**

Family Voice, Family Choice – 17th Annual DCYF Conference

The NH Division for Children, Youth & Families (DCYF) conference is held annually to recognize and celebrate the excellent work of public and private child welfare professionals and community members who work in partnership to better the lives of children, youth, and families. The conference provides a forum to share best practices in child welfare in order to enhance service quality.

DATE:	May 14, 2010	**LOCATION:**	Center of NH Radisson, Manchester, NH
TIME:	8:30am - 4:30pm	**KEYNOTE PRESENTER:**	Loretta LaRoche

REGISTRATION FEE:

Professional – $100

Foster parent, Adoptive parent, Court Appointed Special Advocate (CASA) volunteer, or UNH student – $50

Division for Children, Youth and Families (DCYF) staff, Division for Juvenile Justice Services (DJJS) staff, IV-E intern, or Collaborative Birth Parent – No charge

The Preschool Technical Assistance Network (PTAN): Promoting

Joan M. Izen, PTAN Project Director, SERESC (Southeastern Regional Education Service Center)

Providing quality programs for young children with special needs can be challenging. There are frequent changes in Federal and State mandates, new protocols and research advancements to consider, and a variety of programs and services to coordinate. The Preschool Technical Assistance Network (PTAN), New Hampshire's statewide professional development system, has been helping teachers and administrators navigate these challenges for the past 18 years. For those outside the early childhood education/special education community who are unfamiliar with PTAN, here is a quick orientation to the project.

What is PTAN?

PTAN (pronounced "Pea-Tan") is a statewide network that provides an array of professional development activities to promote quality, developmentally appropriate, and culturally competent early childhood programs for young children with special needs and their families.

PTAN is a grant-funded project conceived and designed by Project Director Joan Izen in collaboration with the New Hampshire Department of Education/Bureau of Special Education Consultant, Ruth Littlefield.

What are PTAN's goals?

As a grant-funded project, PTAN goals are determined by the priorities of its funders. However, all project activities are grounded in five guiding principles:

- Children with special needs are children first.
- Parents know their children best. Quality programs prioritize partnerships with parents.

(Continued from page 11)

someone take her toy right before? Was a favorite activity going to end so she was protesting? I can't guess, but if you are in detective mode, you or whoever is with her might be able to figure it out. Rather than punish a child for their behavior, Positive Behavioral Supports seek to understand why and with a FBA we can create a plan of support.

I suggest that your team work on looking at the reason behind the behavior and see if they can use that info to provide prevention/teaching/ response strategies. For example, if she hit because she didn't know circle was coming up and was in a great activity she didn't want to leave, then the next time you would let her know a change was coming and give her supports (visuals to count down from her favorite activity). Then give her a choice – Do you want to crawl like a spider (for someone who likes insects!) or hop like a frog to circle? The choice gives her something else to think about that is fun, and makes the transition from a preferred activity easier!

I suggest you work with your team to help uncover this a bit more. It is hard when something like this happens, but perhaps it's a signal that Jill needs a bit of a boost right now with more supports and new strategies.

As far as limiting the use of her alternative communication device – she still may need some visuals and other communication supports at difficult times to explain something when she is in a stressful situation.

You do great work for her!

Warmly, Ann, IOD consultant

Hi Ann,

Just fabulous! Thank you very much. You helped me understand how to apply the FBA, how to strategize – AND made me feel better as a Mom. I forwarded your response and form to Jill's team at school.

I also found a template from the Parent Information Center on how to craft a letter formally requesting an FBA at school. I modified it a bit for our needs and sent it to the Sped Director, head teacher, her pediatrician and her developmental pediatrician. Stay tuned.

Thank you again – NH Mother

UPDATE: Just wanted to let you know her Pre-School is implementing your Functional Behavior Assessment Jumpstart form for Jill (yea!) They were very gracious and appreciated your perspective. Furthermore, the district has positively responded to my formal request for an FBA.

- Quality programs offer children developmentally appropriate activities and experiences in safe and caring environments.
- Quality programs are respectful of and responsive to the unique qualities of children and their families.
- Collaboration results in better and more cost effective programs for children and families.

How is PTAN funded?

PTAN's primary funding comes from competitive grants through the New Hampshire Department of Education (NHDOE)/Bureau of Special Education and the New Hampshire Department of Health and Human Services (NHDHHS)/Child Development Bureau. Additional IDEA (Individuals with Disabilities Education Act) and ARRA (American Recovery and Reinvestment Act) funds are contributed by individual school districts.

PTAN funders share infrastructure costs allowing each to focus maximum funds on their goals for improving outcomes for children and families.

What are the funding priorities of the NHDOE Bureau of Special Education?

PTAN supports the Bureau's attainment of key "indicators" outlined in the State Performance Plan for 2005-2010. These indicators include:

- Parent involvement – as a means of improving services and results for children with disabilities
- Least Restrictive Environment – preschool children with Individual Education Plans (IEPs) receive special education and related services in settings with typically developing peers
- Preschool Outcome Measurement System – preschool children with IEPs demonstrate improved outcomes
- Early Transitions – children referred by Early Supports and Services prior to age 3 and found eligible for Preschool Education have an IEP developed and implemented by their third birthday

Project activities that address these priorities include trainings and meetings at the state, regional, and local levels; electronic dissemination of information; and opportunities that promote collaboration with partners in the early childhood education/special education community (i.e. Early Supports and Services, Head Start, and child care centers).

What are the funding priorities of the NHDHHS/ Child Development Bureau?

PTAN services and supports for New Hampshire child care providers are consistent with the Bureau's priority that maintaining children with special needs in their child care setting benefits children, parents, providers and the community. With the provision of adequate supports, children are spared the trauma associated with expulsion, parents are secure in their child's placement and able to focus on their workplace responsibilities, and providers feel more confident and competent, decreasing the likelihood of provider turnover.

The PTAN Child Care Inclusion Program offers statewide services that include:

- Free and equitable access to consultation and training for New Hampshire child care programs;
- Short- and long-term, onsite technical assistance to support a program's efforts to maintain children with challenging behaviors and other special needs;
- On-going program improvement consultation and training to increase capacity of child care programs for parents of children with special needs;
- Regional, community, and program-specific trainings that provide the knowledge and skills necessary to successful child care inclusion.

What are the funding priorities of local school districts?

PTAN organizes and facilitates regional groups of preschool special education coordinators and special education administrators. A needs assessment process conducted at the beginning of each year determines the priority topics that will serve as the framework for the group's work. Among the topics addressed this year are: programming for young children on the autism spectrum, using RTI (Response to Intervention) in preschool programming, stress and time management in preschool special education, and writing measureable IEP goals.

Do you have additional questions? Much more information about PTAN is available on the project website **http://ptan.seresc.net/** or contact Joan Izen at 603-206-6800, **jizen@seresc.net.**

MAKING THE TRANSITION FROM FAMILY CENTERED EARLY TO PRESCHOOL SPECIAL EDUCATION

Michelle Lewis, M.Ed., Project Director, The Parent Information Center

By their very nature, transitions are times of change and uncertainty. Eligible children and their families may receive Family Centered Early Supports and Services (ESS) until the child turns three years of age. Sometimes children become ineligible for ESS because they have made enough progress that services are no longer needed or some families may decide to leave ESS for their own reasons. For children and families receiving ESS, the transition to preschool special education and/or other community programs marks a time of change.

Any change can be stressful. Parents who have been through this transition will tell you that while you can never be totally prepared for emotions that may surface, it helps to know the steps in the transition process and to understand how you can participate. Your ESS Service Coordinator will work with you to help you learn more about your role in the process. This process can be easier when families and providers from ESS, preschools, and other childhood services work together as a team. An open and collaborative approach helps to ensure a smooth and effective transition for children and their families.

By the time your child is 24 months of age, your Service Coordinator will discuss the early childhood transition process with your family. At this time, a Transition Plan will be created as part of your child's Individualized Family Support Plan (IFSP). The Transition Plan lays out a timeline for the steps that will happen over the next year. The Service Coordinator will discuss the various options that may be available for your child and family after your child turns three. These might include preschool special education, early Head Start, private and community preschool programs, and/or other specialized services or supports. ESS can help you to evaluate all your options and decide what will best meet your child and family's needs. The transition should include time to research community supports, make site visits to preschools or other programs, and complete all necessary paperwork.

If you are considering making a referral to preschool special education, your ESS Service Coordinator will schedule a time for you to meet with your local school district to learn more about the programs and to discuss the special education process. This meeting is called a Transition Conference.

The IFSP Team (as the parent you are a member of this team) determines if and when a referral to special education is made. A parent can make a decision to refer at anytime. Within 15 calendar days of your child's referral to special education, the Individualized Education Program (IEP) Team will meet with you to discuss the referral. As with the IFSP Team, as a parent you are a member of the IEP Team. You also have the right to invite your ESS Service Coordinator to all IEP meetings during the transition process. The purpose of this meeting is to discuss all available information about the child, and to see if more information or testing is needed to determine your child's eligibility for special education. If the team decides more testing is needed to determine eligibility and educational needs, your written permission is required for those evaluations.

SUPPORTS AND SERVICES

Once you give your written permission, the school district has 45 calendar days to conduct an evaluation and hold an IEP Team meeting to determine whether or not your child is eligible for special education. You and the school may agree, in writing, to one 15 calendar day extension of this timeline.

If your child is found eligible for special education, the IEP Team will meet within 30 days to develop the IEP. For a child referred from ESS, the parent and the school district representative must sign the IEP by the child's third birthday.

Here are some recommendations that can help to make the transition process "smoother" for your family and child.

- Think about what you want for your child's future. Sharing information and insights about your child will help to ensure that ESS, preschool special education, and/or community agencies make the best decisions about programs and services.
- Organize your child's records.
- Ask questions. If you need additional information, have concerns, or are unclear about something, don't be afraid to speak up. Most professionals prefer that parents ask questions. Asking questions also helps to minimize the chances of miscommunication or misunderstandings.
- Learn about the transition and special education process. Becoming more educated about the process and what you can expect will help to ease your anxiety about the transition.
- Know your rights. Remember that you have 14 days at every step of the special education process to make a decision. Attend a PIC workshop to learn how you can be an effective IEP Team member.

If you have questions about the special education process or what to do if you disagree with an IEP team decision, contact the Parent Information Center on Special Education. PIC on Special Education can assist you through the transition process and offers family friendly information and tools to help all of those who are involved in the process understand their roles and responsibilities. If you have questions or would like additional information, visit our website at **www.nhspecialed.org** or call 1-800-947-7005 or email **info@nhspecialed.org**.

Protect Your Right to Services

– VOTE! –

This is a difficult time for people who depend on social services. Money is tight. It seems as though every week there's a new bill, rule, or budget designed to cut essential services to those most vulnerable.

There's something you can do: get involved in the political process. When it comes to empowerment, voting is where the rubber hits the road. "We the People" are the ones who choose the politicians that make the decisions that affect our lives. Those politicians represent us!

Are you registered to vote? It's not too early to go down to town hall and register. Important federal elections are coming up in the fall. If you have a disability that prevents you from registering in person, you can do it by mail. You can also register at the polls on the day of the election.

The Disabilities Rights Center is working to protect your right to vote privately and independently. We are available to provide information and training on voting rights. Call us at 1-800-834-1721 with your questions or to set up a training for your group.

In the words of Justin Dart, legendary disability rights activist, "Vote as if your life depended on it – because it does!"

The NH Registry for Autism Spectrum Disorders

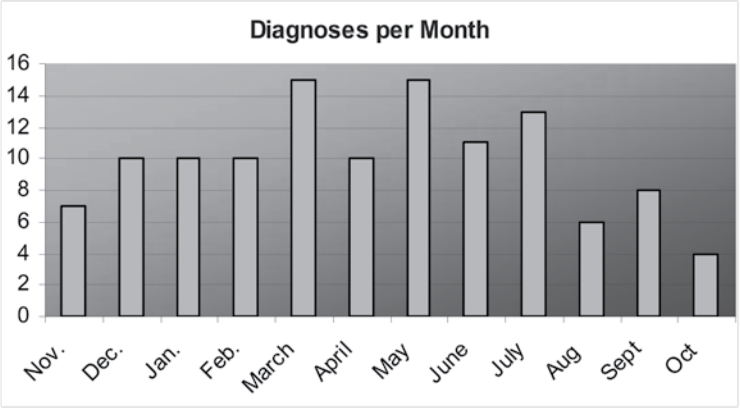
Making Early Identification Count

Beginning November 1, 2008 a physician, licensed clinical psychologist, or other healthcare professional that diagnoses a NH resident with ASD must report that diagnosis to the NH Registry for ASD using an online reporting form. The NH Registry was carefully designed to track only the information necessary to answer these three questions.

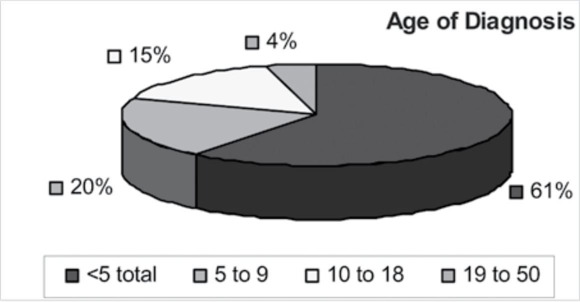
November 1, 2008 - October 31, 2009
Data provided by the Bureau of Developmental Services

1 How Many Individuals are Identified on the Registry Each Year?

71 Registrants	Date of Diagnosis	# Diagnosed
2008	Nov.	7
	Dec.	10
2009	Jan.	10
	Feb.	10
	March	15
	April	10
	May	15
	June	11
	July	13
	Aug	6
	Sept	8
	Oct	4
Total		119



2 At What Age is the Diagnosis Typically Made?

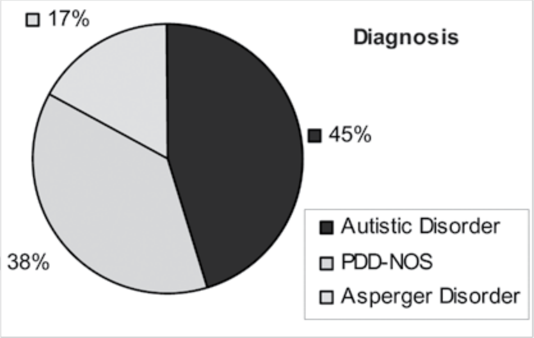


Age at diagnosis		Percentage
<2	3	
2	33	
3	22	
4	14	
<5 total	72	61%
5 to 9	24	20%
10 to 18	18	15%
19 to 50	5	4%
Total	119	

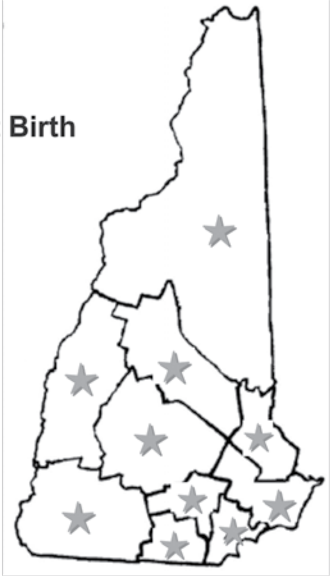
3 Do Patterns Emerge?

Considering factors such as geographic region or the type of healthcare professional making the diagnosis, do any patterns emerge that tell us more about how NH families access early developmental screening and evaluation?

Diagnosis		
Autistic Disorder	54	45%
PDD-NOS	45	38%
Asperger Disorder	20	17%
Total	119	



Region at Birth



Region at Birth		Total	%
1	Northern NH	4	3%
2	Claremont	3	3%
3	Laconia	6	5%
4	Concord	14	12%
5	Keene	11	9%
6	Nashua	18	15%
7	Manchester	13	11%
8	Portsmouth	18	15%
9	Dover	13	11%
10	Salem	6	5%
	Out of state	10	8%
	Unknown	3	3%
Grand Total		119	100%

★ Why is the NH Registry for ASD Important?

New Hampshire is the second state in the nation to establish a legislatively mandated , statewide registry for all new diagnosis of autism spectrum disorder. A unique public health initiative, the NH Registry will not only tell us how many children are diagnosed with ASD each year, but how early in life this neurological condition is typically identified in our state. Early screening and intervention are crucial to ameliorating the symptoms of ASD. As we learn more about diagnostic patterns in NH, the Registry will help guide public health policy toward better outcomes for individuals affected by ASD and their families.

The NH Registry for Autism Spectrum Disorders
NHDHHS, Bureau of Developmental Services
105 Pleasant St., Concord, NH 03301
(800) 852-3345 Ext. 5034 (NH only) or (603) 271-5034
www.dhhs.state.nh.us/dhhs/bds

♥ Prepared by
NH Family Voices

12TH ANNUAL

INSTITUTE ON DISABILITY / UCED
A University Center for Excellence on Disability

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A NEW VIEW OF STUDENTS WITH ASD: IMPLICATIONS FOR INCLUSIVE EDUCATION

AUGUST 9 - 12, 2010 | CROWNE PLAZA, NASHUA, NH

All new location and format featuring themed breakout strands, exhibitors, and keynotes.

Questions? Call 603.228.2084 or send inquiries to contact.iod@unh.edu
To Pre-register: iod.unh.edu/asi.html

NAVIGATING ABOVE and BEYOND

DIRECT SUPPORT PROFESSIONALS CONFERENCE

OCTOBER 22 - 23, 2010

Grand Summit Hotel & Conference Center
Bartlett, New Hampshire

for details go to: http://www.nhddc.org/support.html

Resources

Early Education and Intervention Network of New Hampshire

26 South Main PMB #290
Concord, NH 03301
Phone: (603) 228-2040
http://www.eeinnh.org/

M.I.C.E. (Multi-sensory Intervention through Consultation and Education)

a statewide program providing educational and developmental services to sensory impaired infants, ages birth to three years.

P.O. Box 2274
Concord, NH 03302
1(603) 228-1028
V/TTY (603) 228-5755
http://www.miceprogram.org/

NH Connections

A project funded by the NH Department of Education Bureau of Special Education that offers education, training, and support to schools/school districts, parents and family members to enhance strategies to effectively engage in partnerships

www.nhconnections.org

NH Family Voices

A "Family To Family Health and Education Center" with a specific focus on helping families to become informed, experienced, self-sufficient advocates for their children and themselves. There is no charge for the services we provide.

129 Pleasant St.
Concord, NH 03301
1-800-852-3345 X 4525 or (603) 271-4525
nhfv@yahoo.com
http://www.nhfv.org/

NH Bureau of Developmental Services

Family Centered Early Supports and Services

105 Pleasant Street
Concord, NH 03301
(603) 271-5122
http://www.dhhs.nh.gov/DHHS/BDS/family-early-support.htm

NH Partners in Health

A program to help families of children with chronic health conditions to advocate, access resources, navigate systems and build capacity to manage their child's chronic health condition.

For the program nearest you call 1.800.656.3333 or visit their website **http://www.nhpih.dartmouth.edu/**

Parent Information Center

P.O. Box 2405
Concord, NH 03302
(603) 224-7005; V/TDD (800) 947-7005 (N.H. only)
http://www.picnh.org/
Supporting Successful Early Childhood Transition
http://www.picnh.org/ssect/FAQs.html

Preschool Technical Assistance Network (PTAN)

A Project of SERESC
Project Director, Joan Izen
29 Commerce Drive
Bedford, NH 03110
(603) 206-6800
email: jizen@seresc.net.
http://www.seresc.net/ed_ptan.php

National

Technical Assistance Center for Social and Emotional Intervention for Young Children (TACSEI)

University of South Florida
(813) 974-9803
email mcureton@fmhi.usf.edu
http://www.challengingbehavior.org/index.htm

National Early Childhood Technical Assistance Center

UNC – Chapel Hill, NC

NECTAC is the national early childhood technical assistance center that supports programs for young children with special needs and their families under the Individuals with Disabilities Education Act (IDEA).

http://www.nectac.org

Zero to Three

A national nonprofit organization that informs, trains and supports professionals, policymakers and parents in their efforts to improve the lives of infants and toddlers.

http://www.zerotothree.org

The Center for Social Emotional Foundations for Early Learning

http://www.vanderbilt.edu/csefel/
Mary Louise Hemmeter
Vanderbilt University Department of Special Education
Box 328 GPC, Vanderbilt University, Nashville, TN 37203
Phone: (615) 322-8150 Fax: (615) 343-1570 Email: **ml.hemmeter@vanderbilt.edu**

Institute on Disability / UCED
A University Center for Excellence on Disability

IOD TRAINING

Student Personalization: Personal Plans for Progress and Student-Led Conferences

This workshop will help school teams of administrators, teachers, and students utilize and implement processes, including Personal Plans for Progress and Student-Led Conferences, to encourage students to be goal-driven.

Date:	May 5, 2010
Time:	9am - 3pm
Location:	Holiday Inn, Concord, NH
Registration Fee:	$165
Presenter:	Joe DiMartino

The Paraeducator's Toolbox: Strategies to Support Achievement for Middle School & High School Students with Learning and Behavioral Challenges

This workshop will provide effective approaches that promote successful academic outcomes, social competency, and management of behavioral challenges. This workshop will address the complex social, emotional, and learning needs of middle school and high school students.

Date:	May 6, 2010
Time:	9am - 3pm
Location:	Holiday Inn, Concord NH
Registration Fee:	$95
Presenter:	Cathy Apfel, M.Ed.

4 EASY WAYS TO REGISTER!

1 online
WWW.IOD.UNH.EDU

2 call to register or to request a registration form
603.228.2084

3 mail a completed registration form
Institute on Disability
56 Old Suncook Road, Suite 2
Concord, NH 03301

4 fax a completed registration form
603.228.3270

Powerful Tools for Caregivers: Class Leader Training

This 2½-day training will give participants the knowledge, skills and tools to teach the course, Powerful Tools for Caregivers (PTC). This course, developed by Legacy Caregiver Services in Portland, OR, is a 6-week educational program to provide family caregivers with tools to increase their self-care and confidence. PTC is a nationally recognized train-the-trainer model program.

Dates:	May 12-14, 2010
Time:	WR: 8am - 5pm; F: 8am - 1pm
Location:	Holiday Inn, Concord, NH
Registration Fee:	$750, or $700 for teams of 2 or more
Presenter:	Miriam Callahan

2010 RESEARCH TO PRACTICE SERIES

The Pathway from High School to a Career: Promising Strategies, Supports and Partnerships in Secondary Transition

The 2010 Research to Practice Series focuses on several unique strategies for developing effective, outcome-based educational experiences that promote the successful transition of students with disabilities and students at risk to their chosen post-secondary experiences. Presented in collaboration with NH RESPONDS.

Remaining Session:

May 13, 2010	High School is Transition: A Framework for Reform that Allows Schools to Educate All Students
Time:	9am - 3pm
Registration Fee:	$75
Presenter:	JoAnne Malloy, MSW
Location:	Holiday Inn, Concord, NH

Methods, Models & Tools

An intensive five-day course designed to help develop the competencies needed to facilitate consumer and family-directed life planning

Dates:	May 27, 28 and June 3, 4, & 7, 2010
Time:	9am - 4pm
Location:	New Hampshire Hall and The Browne Center, Durham, NH
Registration Fee:	$650
Presenter:	Patty Cotton, M.Ed., and Pam McPhee, MSW

& EVENTS

Getting a Handle on Hoarding

This workshop will describe clinical disorders and cognitive traits associated with hoarding and provide methods and tools for intervening in hoarding issues.

Date:	June 8, 2010
Time:	9am - 12pm
Location:	Highlander Inn, Manchester, NH
Registration Fee:	$45
Presenter:	Elizabeth Burden, LICSW, MPH

12th ANNUAL AUTISM SUMMER INSTITUTE

A New View of Students with ASD: Implications for Inclusive Education

Since 1999, the goal of the Autism Summer Institute (ASI) has been to provide strengths-based perspectives about students with Autism Spectrum Disorders (ASD) for families and professionals that improve the quality of education in inclusive settings. Participants gain new knowledge and skills necessary to evaluate and select evidence-based supports and strategies that will enhance the full participation of students with ASD in their schools and communities. This year's ASI offers a unique combination of keynote presentations, 36 theme-based breakout sessions, and Action Planning Groups.

Dates:	August 9-12, 2010
Time:	MTW - 8am - 3:4pm, R - 8am - 12pm
Location:	Crowne Plaza Hotel, Nashua, NH
Registration Fees:	
Full Conference:	Professionals: $499
Professional - Early Bird:	$449 (must register and pay/or provide PO by May 1, 2010)
Groups:	$450 each (for groups of three or more – subject to verification)
Parents, Full-Time Students, Self-Advocates:	$350
Students attending for credit:	$299
Single Day and Keynote only:	
Single Day(s):	$150 each (available Mon-Wed)
Keynote(s) Only:	$50 each
Keynote Presenters:	Ari Ne'eman, Cheryl M. Jorgensen, Ph.D., Jeff Strully, Judy Endow, MSW, Larry Bissonnette, and Tracey Thresher

AVAILABLE THROUGH the IOD BOOKSTORE

Little Ones Have Big Dream Too – $6

Ann Donoghue Dillon, MEd, OTL (2006) 27 Pages

http://www.iodbookstore.org/products/Little-Ones-Have-Big-Dreams%2C-Too.html

First Five Years at Your Fingertips: Developmental Wheel – Free

http://www.iodbookstore.org/products/First-Five-Years-at-Your-Fingertips%252d-Developmental-Wheel.html

The Out of Sync Child Has Fun: Activities for Kids with Sensory Processing Disorder – $16

Carol Stock Kranowitz, M.A. (2003) 352 pages

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Spring Issue 2010

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