

Exceptional News

The newsletter of the Montgomery County Public Schools
Parent Resource Center

Fall 2008

Virginia Board of Education Approves Special Education Regulations

The Virginia Special Education Regulations, as published earlier in the month, were adopted as final regulations at the September 25th, 2008 meeting of the Virginia Board of Education. The Board made one revision - to expand the definition of Developmental Delay up to the age of six. The next step in the regulatory process is for the final regulations to be published in the State Register, probably on October 27. There may be an additional 30-day public comment period. (For additional information and to see the details of the regulations, visit Wrightslaw's website at <http://www.wrightslaw.com/virginia/regs.index.htm>).

Some of the recommendations of the Virginia Department of Education that were approved include retaining of the 2002 parental consent requirements for the termination of special education and related services, as well as for interim and final IEP's for transfer students. Also retained is the 2002 provision for the responsibility of the administration of special education hearing officers by the Supreme Court of Virginia. Changes were made in the language regarding eligibility criteria for the disability categories, particularly autism. Also, the terms "mental retardation" and "emotional disturbance" will be replaced by "intellectual disability" and "emotional disability." The regulations also emphasize that IEP teams may determine short-term objectives or benchmarks for children with disabilities other than children in the alternate assessment program. And, clarification was made regarding when IEP progress reports are to be provided to parents (at the same intervals as provided to non-disabled peers).

The Department of Education received over 38,000 comments from the public during the period of public input, which were considered in making the above changes to the proposed regulations.



JLARC Public Input Sessions on the Delivery of Autism Services in Virginia

The **Joint Legislative Audit and Review Commission (JLARC)** of the **Virginia General Assembly** has been directed to assess the current availability and delivery of autism services in Virginia and recommend ways to improve the delivery of these services. As part of its research, JLARC staff will be conducting four regional public sessions to receive input from individuals with autism, parents, caregivers, advocates, and other stakeholders concerning the delivery of autism services in Virginia.

A **schedule of the public input sessions** can be found on the JLARC website at http://jlarc.state.va.us/Autism_Input.htm, along with suggested topics for discussion and session procedures. Individuals submitting input are encouraged to frame their comments around personal experiences or the experiences of those they represent; however, the discussion of any other autism service issues is welcomed as well.

Individuals unable to attend one of the public input sessions can also submit **written comments** to:

Attention: Ellen Miller
Autism Study
Joint Legislative Audit and Review Commission
Suite 1100, General Assembly Building, Capitol Square
Richmond, Virginia 23219
Fax: 804-371-0101
JLARCautismStudy@leg.state.va.us

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Come visit us and browse our extensive library of books, videos and more. Sign up for our email lists—we'll send you interesting and useful information!

How to Help Children with Learning Differences Reach their Full Potential

How do we as parents help our children reach their full potential? Always focus on your child's strengths and be sure to start with the basics, which can frequently be overlooked.

Start with good nutrition

What we eat determines how effectively our brain operates. Poor diet alone can lead to distractibility, impulsivity, and restlessness and look like learning difficulties or ADHD when it is not. Consider adding the following to your child's diet:

- ♦Omega 3 Fatty Acids in the form of Fish Oil in the diet.
- ♦Vitamin C, ideally through food, which is better than supplements. Vitamin C helps modulate the synapse action of dopamine, a key neurotransmitter needed for treating ADHD.
- ♦Always eat breakfast, ideally with protein.
- ♦Eat less carbohydrates; these create a heavy glycemic load, which drives the release of insulin. Match carbohydrate intake with protein.

Be sure your child is exercising

- ♦This is particularly true if your child is hyperactive.
- ♦Children should not miss recess to make up work. They need to be physical.
- ♦Include exercise as a daily routine.

Make sure your child is getting enough sleep

- ♦Most people with ADHD do not get enough sleep.
- ♦People with ADHD prefer to stay up too late and sometimes have trouble quieting the mind.
- ♦Various sleep disorders such as delayed sleep latency or sleep apnea may be associated with ADHD. You should consider a sleep study if your child does not feel refreshed in the morning.

Learn about meditation and mindfulness

- ♦Teach your child how to quiet the mind.
- ♦Consider doing yoga as a family.
- ♦Teach strategies to reduce the attention given to mental distractions.

Teach your child social cues

Children with learning difficulties also often have difficulty reading social cues.

When children have great trouble noticing and interpreting cues, they may strike others as socially clumsy, may stand too close, interrupt with seemingly rude observations, or may appear uninterested in their peers. Their peers may reject them, and their parents may become frustrated or despairing at such behavior.

Help your child with homework

Make sure homework is given to your child by his or her teacher in a form that both of you can understand and remember. What helps your child understand and remember information?

Find out if your child's school has a homework Web site, where you and your child can get useful information about current homework assignments.

Find out if the school has after-school homework help or a "homework bunch."

Consider a homework log that goes between teachers and parents. Make sure that all of you have the same information about what's due and how your child is doing.

You and your child should agree upon a scheduled time for doing homework. Consider whether the child needs a break after getting home, and what is an appropriate amount of time for the completion of homework. Is your child too busy? Make sure that after school activities aren't intruding on your child's ability to complete and learn from his or her academic work.

Agree upon a place in the home that is specifically for homework. Make sure this place is free of distractions and conducive to concentration.

Break homework into "bite sized chunks." Complete a small chunk, and then earn a small reward (a short break, another installment of snack, another ten minutes of evening TV time, etc.).

Help your child with time management

Some parents may have unrealistic expectations for their child. It may be useful to brainstorm a list of expectations, the "trim" the list to only what is absolutely essential. Does the room always have to be picked up? Are music lessons really necessary? Is an "A" grade more important than getting enough sleep?

Develop useful routines

Explore how many of your priorities for your child can be transformed into specific routines, featuring a list of concrete goals and behaviors. Try to be as explicit as possible and keep your priorities list as short and focused as possible. Examples include:

- ♦Getting up, getting dressed, eating breakfast, getting out the door for the bus.
- ♦Coming home, avoiding distractions, doing homework
- ♦Preparing for dinner, sitting down, eating, being excused from the table
- ♦Preparing for bed, going to bed, turning out the light

Planning ahead, allowing time

Many children with learning differences need a great deal of "hands on" help staying on task, no matter how specific their routine is. In order to be available to your child and help him or her to get things done, you may need to significantly revise your own plans and schedule. Here are some examples of plans for getting up and getting ready for the school day:

- ♦Parent(s) and child post a list of essential "prep steps" that have to be accomplished before leaving for school: brush teeth, get dressed, brush hair, eat breakfast, etc. These can be as specific as necessary.
- ♦Parent works with the child the night before to make sure all homework is completed and in the backpack, which should be kept near the door.
- ♦Parent helps child set out complete set of clothing for the next morning.
- ♦Parent gets child up, and stays in the room as the child begins "prep steps."
- ♦Parent stays with the child or checks in with the child as often as necessary (every five minutes?) to make sure child is progressing.

(Source: Theresa Lavoie, PhD., Exceptional Parent magazine, July 2008)

The Gift of Flight



I've never been a big fan of watching the news. While I think it's important to stay current on what is happening in our world, I can't help but notice

that 90 percent of what we watch on television or read in the newspapers is negative and depressing, constantly projecting the down side of the human spirit. We hear about school shootings, wars, a chronic failing economy, our environment in peril, the rising cost of gasoline and healthcare, and parents and religious leaders who abuse children. I tend to be a person who chooses to see the glass of life as half full, but if I'm being constantly exposed to such sadness, it makes it difficult to keep an optimistic attitude. I know that miracles happen every day, but why don't we hear about them more?

If you share the same feelings as I do, let me see what I can do to restore your faith in the goodwill of human nature. Enter Ann McGee, a 60-year-old, former teacher of children with disabilities. Her mission of miracles began in Nevada in 1983 while volunteering to arrange air transport of blood to hospitals. One evening she received a phone call from the father of a seven-year-old boy battling cancer. The boy had an appointment in California with a specialist, but the family couldn't afford the airfare. Imagine coping with the dilemma of having medical care arranged for your critically ill child but not being able to afford the transportation to get to it. "Can you help me?" the boy's father asked. And so it began—a mission of miracles.

Ann McGee believes a healthy life is the natural birthright of every child. She has dedicated the latter part of her life working to improve the access children challenged with debilitating conditions such as cancer, spina bifida, heart and lung diseases, cerebral palsy, and muscular dystrophy have to healthcare and to receiving the proper, urgent attention they need to give them a chance at life. By allowing children to have the best medical attention available, they are given the greatest chance for the best possible outcome.

Miracle Flights for Kids, founded in 1985, is a program that is dedicated to helping extremely sick children get the highly specialized care they need by breaking through the financial barriers put on them and their families. With the extraordinary cost of healthcare today, illnesses can often lead to serious financial hardship within a family. Very few private insurance plans and absolutely no government programs provide for air transportation to the specialized facilities very ill children need to visit. Miracle Flights flies children across the United States so that they have access to care that may be far from home.

As the nation's leading nonprofit medical flight organization, Miracle Flights for Kids' mission is to eliminate the restrictions

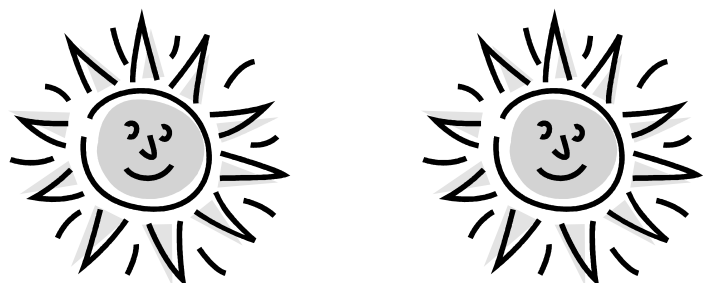
to healthcare access and improve the quality of life for America's children. They have developed the necessary relationships with pilots, airlines, and sponsors that provide the means to fly children to and from treatments as many times as needed. Miracle Flights' wish is to assure families with limited financial resources that their sick child is not without options and to encourage parents to seek out doctors and hospitals who specialize in their child's disease regardless of where those specialists might be located. Miracle Flights also strongly urges parents to get a second opinion regarding their child's condition because it is a crucial part of determining the best medical treatment choices available. Miracle Flights For Kids pledges that "this is their reason for continuing to grow," and to date they have coordinated more than 51,000 flights!

When speaking with Randy Schow, Miracle Flights Development Officer, I asked him if he could tell me about a few Miracle Flights passengers who particularly touched and inspired him. He said all of the children were special, and he couldn't choose one from another. One story he shared with me, however, stuck out in my mind. A little boy of four years named Joshua was challenged with cerebral palsy. He wasn't eating, was unable to speak, and was deteriorating rapidly. The doctor who his mother took him to told her to put a "do not resuscitate" (DNR) order in Joshua's diaper bag. Naturally, Joshua's mother was appalled and refused to accept this doctor's prognosis as her child's fate. Upon making some contacts and inquiries for another option, Joshua's mom found a specialist on the West Coast who felt he had a good chance in helping her little boy. Miracle Flights then stepped in with a magic carpet to transport Joshua and his mom to this optimistic doctor. Today, some 10 years later, that seriously ill little boy who couldn't eat is a thriving teenager. Besides the obvious inspiration and "audacity of hope" that Joshua's mother's determination communicates to us, it also shows the enormous importance of a second opinion.

Miracle Flights for Kids operates through private and corporate donations only. Ann McGee and her staff search on the Internet for super cheap seats and solicit donated seats through airlines. (Visit their website at www.miracleflights.org.)

We live in a beautiful world full of generous souls who are accomplishing remarkable things. Miracle Flights for Kids helps thousands of children every year get the specialized medical attention they need and deserve to allow them the best quality of life possible. This organization was started over 25 years ago, and with continued volunteerism and support, Miracle Flight for Kids will keep on flying their missions of miracles.

(Source: Amy E. Alexander, Exceptional Parent Magazine, June 2008)



How to Help a Child with Asperger's Through School

If your child has Asperger's syndrome (AS), what can you as a parent do to help him (or her) negotiate the demanding environment of school? Clare Lawrence, a teacher whose son was diagnosed five years ago, has these tips:

1) Explain your child to the school

This doesn't mean cataloguing a great list of his autistic traits, but it does mean giving the teachers who work with him something to go on. A child with AS is unlikely to have the same motivation as his neuro-typical peers. For him a Star Sticker may be just a bit of sticky paper, and his teachers need to know what does motivate him. You are ideally placed to fill them in on this. You also know what is likely to worry or frighten your child, and what your child's strengths are. Share these with the school so that they can use them to keep up his image with his peers, and with himself.

2) Explain the school to your child

To do this you're going to have to get involved. Schools have changed since we went to them! If you are to even begin to explain this strange environment to your child with AS, you will need to be up-to-date with it yourself. Find out if pupils are expected to put a hand up to ask to go to the loo (bathroom) or to use a certain door to go out into the playground? You'll need also to get to know the cast of characters who will be so important (at least to you!) over the next few years. The only way to do that is to be there – going on school trips, helping with the Christmas fair, setting up on Sports Day. There is no short-cut with this. If you're to be the bridge between school and home for your child, you need a foot on each shore.

3) Learn the routine – and watch out for changes

You are going to be the one who provides the day-to-day organisational help that keeps your child with AS on track. You'll need to know when he needs his PE kit, to look in his bag for his reading book, to check that he remembers to go to a different classroom on Wednesday afternoons. Just as important, you need to stay alert to changes in this routine and to give him plenty of warning. Perhaps his class teacher is out on a course on Thursday or his class going on a trip out next week. If you are aware of these, then you can prepare him, and be alert for signs of stress. It is better for him to melt-down at home because of the uncertainty of the trip than in the school car park. You can then, if necessary, keep him at home.

4) Provide specifics that already work

You have lived with your child since he was born and, although you may not have had a diagnosis for as long as that, you do know what makes him 'tick'. It may be something as simple as giving him one clear instruction at a time ("Please bring your shoes here" works while "We're going in a minute. Are you ready? Where are your shoes? Haven't you put them on yet? I can't believe I'm still waiting..." doesn't!). Or it may be something like saying his name and getting his attention before speaking, or giving him a five-minute-warning before a change

of activity. Simple ways of making life work for your child with AS need to be passed on. You (and he) are the experts, so make sure that expertise is shared.

There are all sorts of practical, accessible ways to help a child with AS's time at school make more sense. There are many ways to support his learning, guide him along the social path through school and help him through the maze of sensory, social and communicative challenges with which he will be faced. They are ways in which the various members of the team – school, child and parents – work together and each learns to understand and to each accept the idiosyncrasy of the others.

(Source: Clare Lawrence, *The Times Online School Gate* blog, September 2008)



What is a Circle of Friends?

A network of support people formed around the person with a disability.

How to hold a Group Action Planning Meeting (GAP) with your Circle of Friends

(for more information on a GAP please visit www.FullLifeAhead.org and refer to the handout section)

1. Invite people to a gathering centered around food—in a home if possible.
2. Include family, friends, teachers, people in the community who care about your student and/or your family.
3. Find a facilitator (one who will encourage the group to participate)
4. Have something big to write on—a flip chart works great.
5. Use colored markers and simple drawings as well as words.
6. Brainstorm. Toss out ideas about possibilities for the future. Ideas, thoughts, word descriptions...1 or 2 word phrases work best!

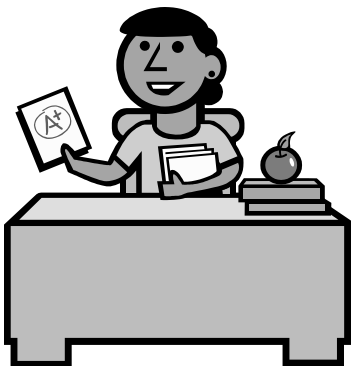
(Source: *Full Life Ahead, A Workbook and Guide to Adult Life for Students & Families of Students with disabilities*, Judy Barclay & Jan Cobb, Office of Special Education Programs, 2006)

Becoming an Autism Educator

For the first time in my six-year teaching career, I am not completely freaked out by going back to school. In my first year of teaching, I freaked out not only in September, but pretty much every day (and well into every night) of the school year. At the time, I taught teenagers with learning disabilities in the South Bronx, including many emotionally disturbed students. I somehow managed to stick it out, and the next year, I met a Bronx teenager who would change my life and set me on my current career path.

Jeremy has Asperger's syndrome, a high-functioning form of autism. As guilty as I feel admitting this as a teacher, there's no denying that Jeremy was my favorite student. He may always be. While other teachers seemed exasperated by Jeremy's autistic quirks, I got along with him easily. We hung out during lunch. He fixed the classroom computers and shared his unique life insights. He also easily passed a New York State Science Regents exam on his first try. Sadly, Jeremy didn't exactly receive a stellar public education in the Bronx. I often wondered how much further he could have gone had he received stronger educational support from an early age. Jeremy taught me that working with students with autism was what I wanted to do with my life. I began training to learn behavioral techniques for supporting children with autism in the classroom. Simply by circumstance, not choice, I began working with younger kids. I miss teenagers like Jeremy, but, as it turns out, teaching the little ones is my forte. This is mostly because I'm a 34-year-old with a four-year-old sense of humor. In the ideal scenario, a few months into the school year, if I do my job well, an outsider will walk into the pre-school classroom and have little idea which teacher is the special needs teacher and which kid is the special needs student. My first few months with a student can be challenging, but with the right approach, the next six months of the school year are relatively smooth. Being a special education itinerant teacher requires a balancing act of supporting, but not stifling, my students. I often interact with the other kids in the classroom, and they tend to see me as one of their teachers, too. Most of them don't really know (or care) that I'm officially there for one student. At the pre-school age, there is little stigma in receiving special needs services. The kids have not yet developed that sort of prejudice. If there is any stigma, it comes from the adults. Preschool started this week. I had a wonderful summer of teaching part-time and hanging out with kids on city playgrounds. There are moments when I can't believe I get paid to do this (tempered, of course, by moments when I don't get paid nearly enough to do this.)

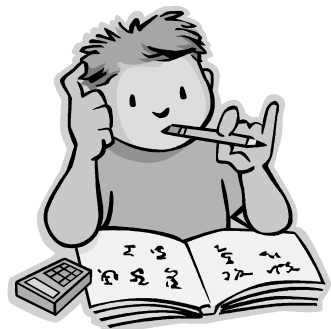
I also experienced several language breakthroughs with a student, one of which came in the form of a clear request: "I want Sesame Street numbers!" So we watched Count von Count, who I quickly realized, like Jeremy, has a clear case of Asperger's Syndrome. *Numbers, numbers, numbers! Mwahaha!* I then realized I was diagnosing a Sesame Street character with special needs and that I needed a break from kids before September.



It sometimes astonishes me that I found my perfect career. I never meant to be a teacher. I meant to be a serious journalist. But when my grad school classmates went off to write for esteemed media outlets, I went off to teach special needs kids. It made no sense. It was the best decision I ever made.

(Source: Christine Gralow, *The New York Times*, Sept. 11, 2008)

The Biggest Misconception about ADHD



Contrary to popular opinion, attention deficit hyperactivity disorder (ADHD) is not just about hyperactive people who have short attention spans. If that were the case, all we would have to do is tap ADHD kids on their shoulders every 10 minutes to bring them back to attention—and wait for them to thank us for the reminder. It does a disservice to the child with ADHD to merely consider the classic triad of inattention, impulsivity, and hyperactivity. When we focus solely on these typically defined symptoms, we barely scratch the surface of the whole range of difficult problems experienced by ADHD children and their families. This spectrum includes:

- ♦ **A wide range of “executive dysfunction.”** Our frontal and prefrontal lobes are the home of our executive functions. These functions allow us to put on our brakes so we can stop long enough to consider where we came from, where we want to go, and how to flexibly control ourselves in order to actually get there. Executive functions include the skills of foresight, hindsight, juggling multiple facts and emotions at once (“working memory”), shifting from one agenda to another, time management, organization, and putting brakes on our impulsive and overly strong reactions. They are what separate the “well-intentioned” people from the successful ones who can actually execute their plan.

- ♦ **A wide range of co-occurring conditions.** Some 50-80 percent of those with ADHD meet formal criteria for at least one other neuro-psychiatric diagnosis such as learning disability, anxiety, obsessive compulsive disorder, conduct disorders, or sensory integration disorder. Almost all kids with ADHD have dysgraphia (poor handwriting) and organizational problems.

- ♦ **Family problems.** A child with ADHD has a 40 percent chance that one of his/her parents also has ADHD, which creates obvious challenges in the home environment as each individual is coping with the challenges of their own ADHD and that of a family member.

We need to recognize that ADHD is shorthand for this entire biologically based spectrum of difficulties. Otherwise, parents will think that they have a child with ADHD who just also happens to be difficult and/or appears mean-spirited. ADHD is not just about short attention spans.

(Source: Martin Kutscher, *Exceptional Parent Magazine*, September 2008.)



Some interesting websites to visit:

<http://www.blueberryshoes.com/psa/arc/> This public service announcement video promotes respect for persons with intellectual disabilities.

<http://www.jkp.com/mindreading/demo/index.php>
This website allows you to try out the mindreading software developed to help folks who have trouble "reading" the emotions of others.

<http://www.familyvillage.wisc.edu/>
Family Village: a global community of disability-related resources.

If you would like to be included in an email list-serv from the Parent Resource Center, give us your email address using this form OR by emailing us at bgreenberg@mcps.org and telling us you are interested.

We have one list-serv for those interested in autism spectrum disorder (includes Asperger Syndrome) and will have another list for those interested in general issues related to special education.

YES! Please include me in the:

- Autism Spectrum list-serv
- Special Ed list-serv
- Another topic (YOU TELL US!!.....)

Your email address (PLEASE PRINT!):

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