

Inclusion Resource Manual

Created by
Easter Seals Metropolitan Chicago



VALUE PEOPLE

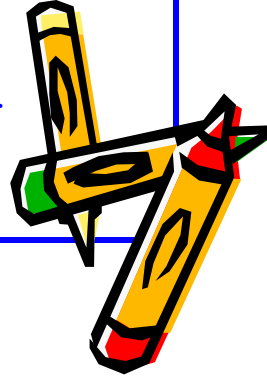
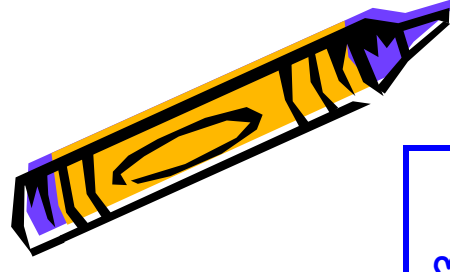
*Illinois Council on
Developmental Disabilities*

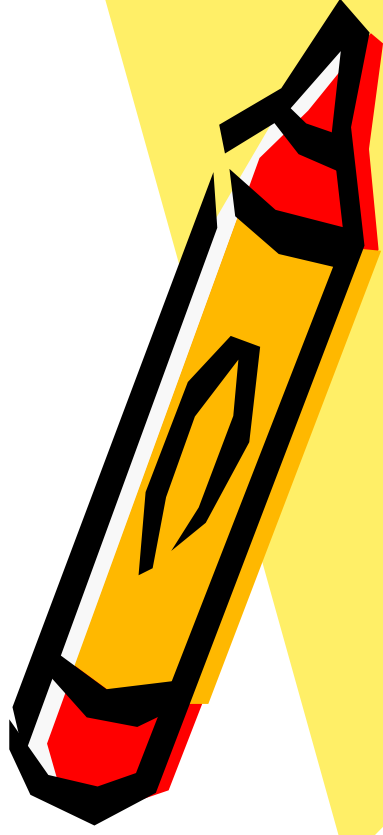
INVEST IN SUCCESS

Inclusion Resource Manual

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Introduction to the Social Inclusion Project

2004 - 2007



The Participants

Easter Seals

Easter Seals Metropolitan Chicago is the local affiliate of National Easter Seals, an organization dedicated to partnering with families to improve the quality of life for individuals with disabilities or other special needs. Easter Seals offers a variety of services throughout Chicago including early childhood programs, Child and Family Connections, respite services, Therapeutic Day Schools, after-school programs for children with disabilities, and employment programs for seniors.



ICDD

The Illinois Council on Developmental Disabilities invests in programs that will improve the services provided to individuals with disabilities and their families. By focusing on advocacy, systematic change, and capacity building, ICDD assists individuals, families, and communities to become more self-sufficient.



The Collaboration

In 2004, Easter Seals Metropolitan Chicago received a three-year grant from the Illinois Council on Developmental Disabilities (ICDD) for the Social Inclusion Project (SIP). SIP provided funds for staff at three Easter Seals sites and four partner sites to receive specialized on-site training and mentoring on including children with developmental disabilities in the early childhood classroom. As a result, these seven centers were able to successfully include over 100 children with developmental disabilities in their programs! Through SIP, Easter Seals has also been able to offer inclusion and special needs trainings to directors, teachers, and paraprofessionals from childcare centers all around Chicago. This manual is designed to share what we have learned and to provide practical tools for you to use in the classroom as you continue on the journey of including children with disabilities.





Inclusion 101

"Everyone benefits from inclusion"



Inclusion

"Advocates for the civil rights of individuals to participate fully in life.

Challenges segregation by creating equal access for all.

Challenges prejudices and commands society, especially educators, to consider creating quality environments for all versus "special" education for some. All education should be special, because the services offered are quality, best practice, and sensitive to the diversity that exists within humanity."



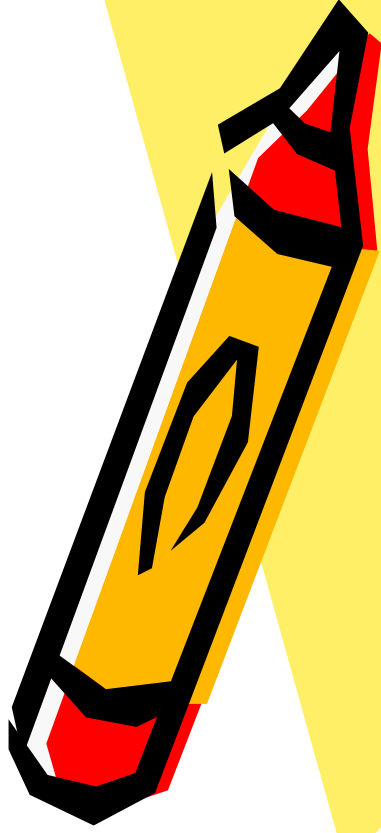
Inclusion in Early Childhood Programs

An inclusive early childhood environment is a place where all children are valued as unique. Program staff individualize curriculum and activities for each child based on the child's interests, strengths, and challenges. Children from diverse backgrounds are all accepted and supported. As a result, children with identified disabilities are included alongside children without disabilities, and all are seen as children first.

What Has Been Discovered...

- Children learn from each other.
- Children with disabilities learn through the routines and activities that are challenging and interesting for other young children.
- The same focus on individualization that enables programs to include children with disabilities helps children without diagnosed disabilities
- Inclusion provides all children with opportunities to socialize, to understand individual differences, and to be accepted.
- Many early childhood programs do not accept children with disabilities.
- Best practices for young children do not change, even if a child has a disability. Modifications may be needed, but the core remains the same!





Communication

One to Five Years

- Developmental Milestones
- How to Enhance Communication
 - When to be Concerned
- What Should I do if I Suspect a Problem?



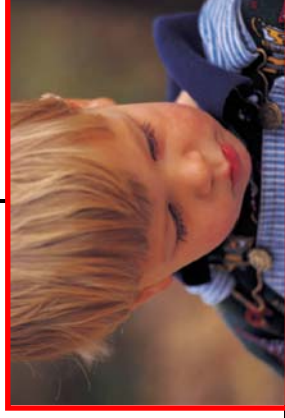
A One Year Old

Typical Development	Atypical Development
Developmental Milestones • Child pays increasing attention to speech • Turns head to sound and to voices, recognizes names of familiar people • Responds to simple verbal requests (gives block or toy upon request) • Responds to "no" • Uses simple gestures and/or vocalizes to indicate wants and needs • Babbles consonants and vowels • Uses different tones and pitches. • Looks at some common objects when named • First true words, often include: mama, dada, uh-oh • Tries to imitate words	When to Be Concerned • Be concerned if there are no communicative attempts. The child should: • Reach up to be picked up • Grab your hand to take you to an activity • Might use a head shake for 'no' • Be concerned if a child is not babbling • He should be making sounds • May use simple words like mama or dada • REMEMBER...Most children use at least 1 word at the age of one • Be concerned if a child is not using his eyes • He should look at you • He should look at an object that others find interesting
How to Enhance Communication • Interact with the child • Respond to a baby's gestures • Respond to a baby's pointing requests • Participate in vocal turn-taking • Play with things that the child is interested in • Play simple games like pat a cake, peek a boo, etc. • Repeat what the child wants and expand the communication • "Milk. You want milk. Here is your milk. Oh, cold milk!" • Wave hello and good-bye	What Should I do if I Suspect a Problem? • If a one-year-old child is not at a developmentally appropriate communication level, then: • Recommend a visit to the family's pediatrician • Check that the child is hearing adequately • Look at the child's overall development. Are any other milestones not being met? Are there any other developmental concerns besides communication? • Refer to Child and Family Connections for an early intervention evaluation.



A Two Year Old

Typical Development	Atypical Development
Developmental Milestones • Points to objects and/or pictures when named • Identifies body parts • Around 18 months of age, children typically produce 10-50 words • Begins to put two words together by the end of two years of age • Follows simple one-step directions • Repeats words overheard in conversation • Uses verbal and nonverbal means of communication • Begins to understand conversational rules • Asks for "more" • Refers to self with pronoun and name (ex. "Me Johnny") • Begins to use some verbs and adjectives	When to Be Concerned • Be concerned if the child is not communicating his wants and needs. • Be concerned if a child is not putting words together or talking • Most children should put two words together • Be concerned if a child is not following simple directions • Be concerned if a child is not answering simple questions • Be concerned if a child's behavior is impacted because of the lack of effective communication.
How to Enhance Communication • Expand on the child's simple communication • Speak slowly and clearly • Keep language simple, especially for new tasks and directions • Add commentary to the child's gestures • Resist the urge to correct by using "say..." • Model the correct words, sounds, and grammar. • If a child says "He threw the ball," you may say "Yes, he THREW the ball."	What Should I do if I Suspect a Problem? • If a two-year-old child is not at a developmentally appropriate communication level then: • Recommend a visit to the family's pediatrician • Check that the child is hearing adequately • Look at the child's overall development. Are any other milestones not being met? Are there any other developmental concerns or just communication? • Refer to Child and Family Connections for an early intervention evaluation.



A Three Year Old

Typical Development	Atypical Development
Developmental Milestones • Follows two to three step directions • Uses 3 to 5 word phrases, including nouns, verbs, adjectives, pronouns (I, you, me, we, they) • Understands most sentences • Can state name, age and sex • Most children have developed the following sounds by the end of age three: /b, p, k, t, g, d, m/, as well as others • Strangers can understand most of the child's words • Understands most preschool children's stories • Understands agent-action (e.g., Tell me what flies, barks) • At 30 months, children use between 200-600 words • At 36 months, children comprehend up to 3600 words	When to Be Concerned • Be concerned if toddlers are not using between 200-300 words • Be concerned if a child is not combining words. • Most children should put 3 words together in short sentences. • Be concerned if the child's words are not understood. • Some developmental sound errors, such as the /r, l, s, th/ may persist. • Be concerned if a child cannot ask and answer simple questions
How to Enhance Communication • Be interactive: • Read books, sing, play games, talk to her, pretend • Talk about what she did and will do • This gives her a framework to discuss her day • Read • Yes, read the same book again and again • This is a great pre-reading skill. She may even be able to tell you the story by looking at the pictures	What Should I do if I Suspect a Problem? • If a three-year-old child is not at a developmentally appropriate communication level then: • Recommend a visit to the family's pediatrician • Check that the child is hearing adequately • Look at the child's overall development. Are any other milestones not being met? Are there other developmental concerns or just communication? • Refer to the local public school for services • Consult a speech pathologist for a screening 

A Four Year Old

Typical Development	Atypical Development
Developmental Milestones • Has mastered some basic rules of grammar, including regular, past tense, and future tense (She is playing, she played, she will play) • Uses between 1500-2000 words • By 48 months, comprehends approximately 5600 words • Child averages 4-6 word utterances • Speaks in complete sentences • Answers most "wh" questions (what, where, who, why, when) • Relates personal experiences and tells stories • Able to maintain a topic of conversation • Begins to tell jokes and riddles • Asks the meaning of words • Continues to master production of a variety of speech sounds	When to Be Concerned • Be concerned if communication does not become more accurate. • Preschoolers will use simple location words • Preschoolers will learn and use colors as descriptions • Preschoolers talk about what they are doing while doing it • Be concerned if a child is not combining words. • Most children should put 4 words together in short sentences. • Be concerned if the child is not understood in short phrases. • A preschooler starts to use longer words • More sounds are mastered and used
How to Enhance Communication • Play! • Play is a job for a child • Teach simple games • Model turn taking • Model appropriate ways to request items from peers • Friends • Help the child learn to share • Model and discuss appropriate behaviors • Talk about play expectations	What Should I do if I Suspect a Problem? • If a four-year-old child is not at a developmentally appropriate communication level then: • Recommend a visit to the family's pediatrician • Check that the child is hearing adequately • Look at the child's overall development. Are there any other milestones not being met? Are there other developmental concerns or just communication? • Refer to the local public school for services • Consult a speech pathologist for a screening.



A Five Year Old

Typical Development	Atypical Development
Developmental Milestones • Uses 5- to 8-word sentences • Comprehends 13,000 to 15,000 words • Uses present, past, and future tenses consistently • Able to answer "wh" questions and retell short stories • Knows spatial relations and prepositions such as "on top, behind, under, far" • Understands "first, last," labels colors and days of the week • Uses pronouns, plurals, and negatives • States name and address • Continues to master the production of more difficult speech sounds, including /s, r, l/ (However, some children do not master these sounds until around age 7. Don't be concerned if at age 5 they cannot produce the /r/ correctly! It's okay!)	When to Be Concerned • Be concerned if communication is not becoming complex. A five year old should be able to: • Talk about his experiences • Retell stories and TV shows • Play with words and make up silly words and stories • Be concerned if a child cannot follow more complex directions • Be concerned if a child is not using more complex sentences • Most children should put 5 words or more together • Be concerned if speech is not 90% intelligible • There may be some remaining development speech sound errors like the /s, th, r, l/
How to Enhance Communication • Listen and ask questions • Ask open ended, 'WH' questions to elicit more language • It is better to ask... "what did you do today" rather than "did you have a good day." The answer to the second example is a short yes or no. The first question will elicit a discussion. • Read • Help the child to draw connections between the book and his world • Ask his opinion	What Should I do if I Suspect a Problem? • If a child is not at a developmentally appropriate communication level then: • Reflect on the child's abilities and pre-academic skills. Are they developmentally appropriate? • Refer to the local public school for services. • Consult with an educator or speech therapist as needed.

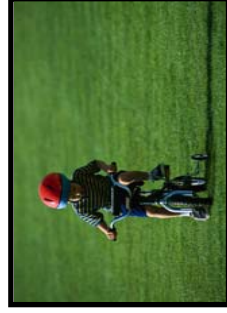
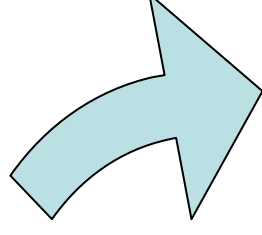




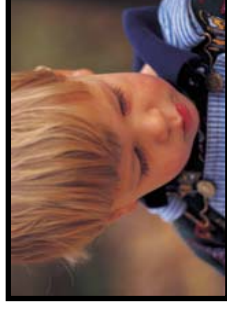
Five Year Old



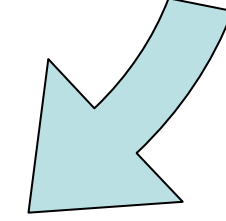
One Year Old



Four Year Old



Two Year Old

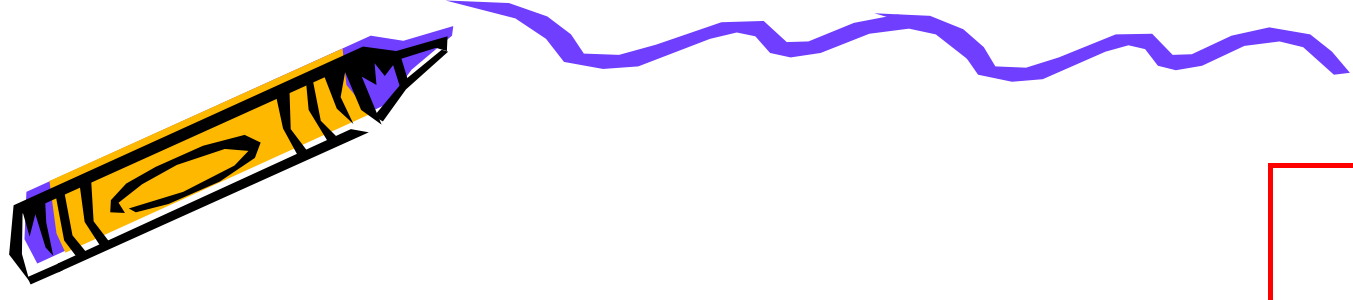


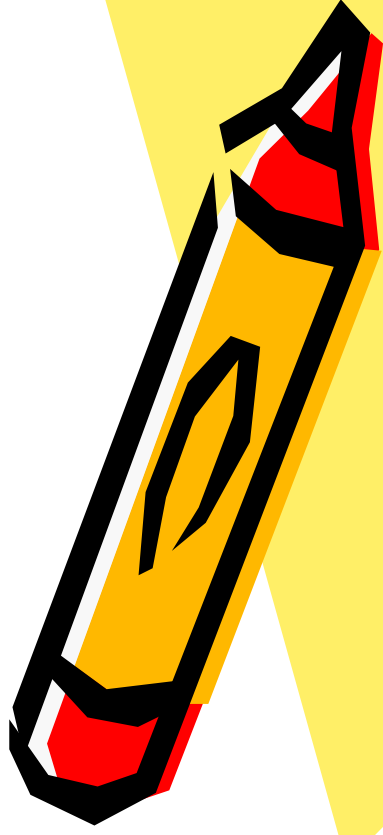
Three Year Old



Resources for Communication

- "Important Milestones" www.cdc.gov/actearly
- Roseberry-McKibbin, C. (2000) Advanced Review of Speech-Language Pathology. p. 139-154.





The Picture Exchange Communication System (PECS)

PECS Development
What is PECS?
When to Use PECS
Beginning PECS
Phases of PECS
Setting Up PECS



PECS Development

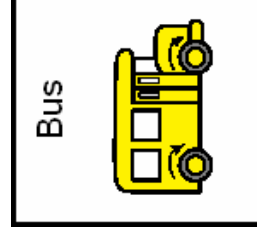
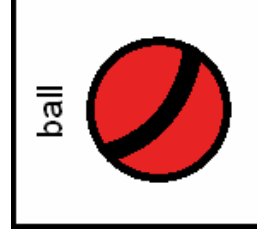
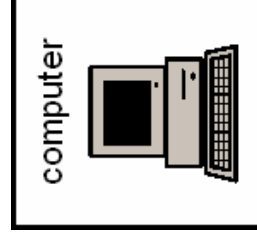
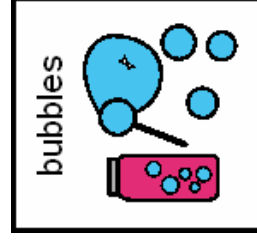
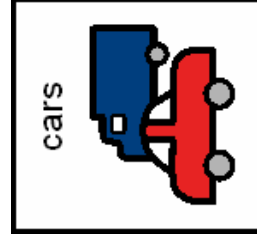
- Developed in 1985 for use with preschool-aged children with Autism and other social communicative disorders
- Now taught to a variety of children and adults with a range of diagnoses

What is the Picture Exchange Communication System?

- Means of communicating where a child uses a picture exchange with a "listener" to make a request or a statement in order to have their wants and needs met
- Used instead of OR in combination with words/sentences
- Encourages initiation of communication, eye contact, and social interaction

Six Stages of PECS

- "HOW" to communicate
- Distance and persistence
- Picture discrimination
- Sentence structure (I want; I need...)
- Responding to "What do you want?"
- Commenting (I hear; I see...)



When to Use PECS

- ALWAYS

- The child must have access to PECS... THIS IS THE CHILD'S VOICE

ALWAYS

- Do not expect carryover if this is only practiced with one person in one setting
- Communication happens throughout the day and throughout different environments

ALWAYS

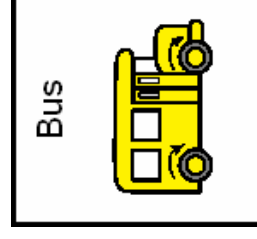
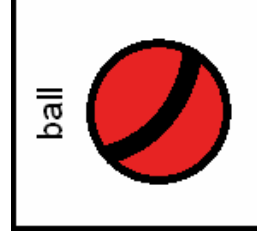
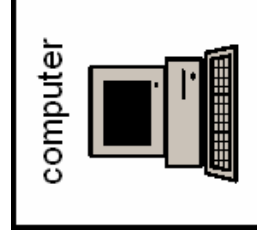
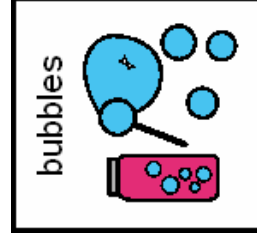
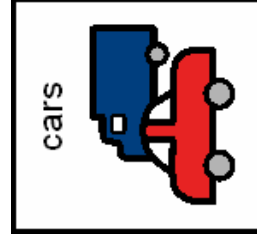
Beginning PECS

- Identify preferred items (food, toys, videos)
- Identify non-preferred items
- These items will be used to teach:
 - How to request preferred items
 - How to discriminate objects/pictures
- Create opportunities to communicate
 - Put preferred items out of reach to encourage the child to make requests



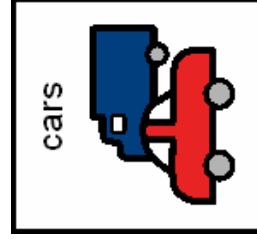
Phases of PECS

Phase 1 "HOW" to Communicate	Phase 2 Distance and Persistence	Phase 3 Picture Discrimination
• Create pictures of highly desired items • These pictures can be actual photos (e.g., digital pictures) or symbols (e.g., Boardmaker) • Choose a highly desired object (food, toy that happens only once, eg., Bubbles) and corresponding picture (use only one picture at this stage) Have two adults assist with the physical exchange...NO verbal prompting. One adult standing behind the child helps the child hand the picture to the communicative partner (other adult holding item) in exchange for the item.	• Use the same highly desired item/picture • Increase the distance between the child and the communicative partner (picture is directly in front of the child) • The child is expected to bring the picture to the partner • Increase the distance between the child and the picture and the communicative partner • Have two adults assist with the physical exchange....NO verbal prompting	• Choose preferred and non-preferred pictures and items • Present two pictures to place in front of the child. • The communicative partner holds up the preferred item • The child should choose the corresponding picture to make a request for the item • Have two adults assist with the physical exchange...NO verbal prompting

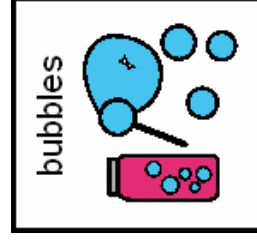


Phases of PECS (continued)

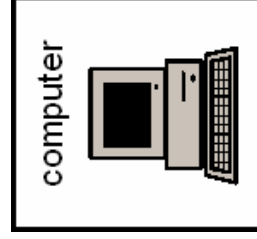
Phase 4 Sentence Structure	Phase 5 Responding to "What do you want?"	Phase 6 Commenting
• Child learns to use an "I want..." sentence strip to make a request. • Begin with the "I want..." sentence on the strip (including the picture of the preferred object) • Once they have mastered using the sentence strip, expect them to sequence the sentence themselves (one picture at a time) • Have two adults assist with the physical exchange when needed...NO verbal prompting	• The student learns to spontaneously request items and answer the question "What do you want?" • Have available the communication book with the "I want" picture, the sentence strip and the pictures of desired items. • Have several reinforcing items available but inaccessible	• Using picture icons and the sentence strip, the child learns to comment on the environment using sentences such as "I hear..." and "I see..." • Create opportunities for the child to comment on interesting things in the environment



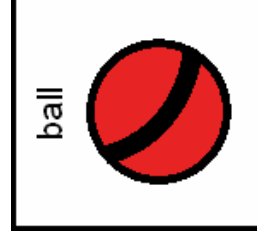
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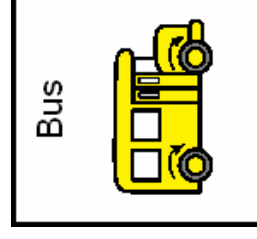
bubbles



computer



ball



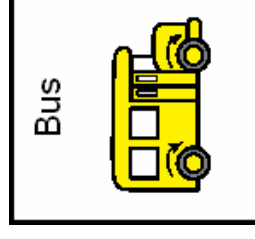
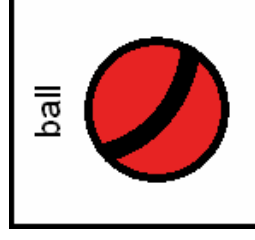
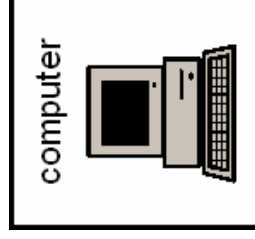
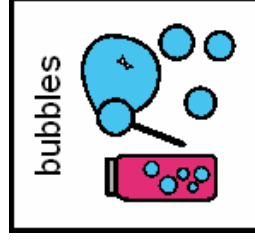
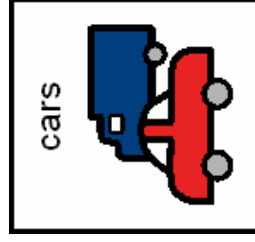
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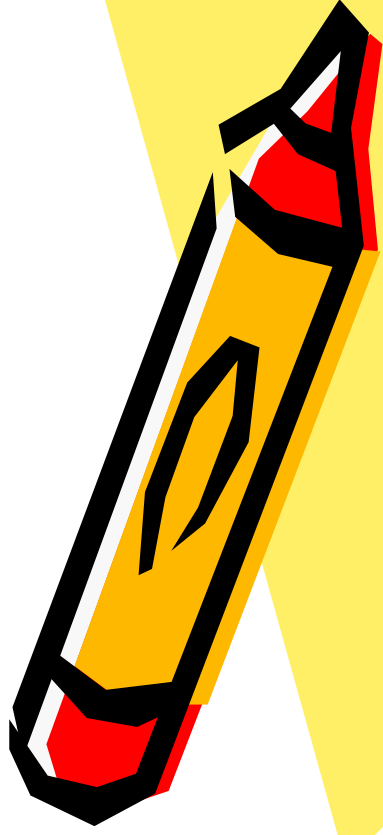
Setting Up PECS

- Use a three-ring binder or folder to store pictures and sentence strips
- Have additional pictures on file (copies of highly desired items)
- Use classroom routine pictures
- Have two adult trainers when teaching the beginning phases
- Get velcro! It's a great way to keep track of your pictures and to attach them to a sentence strip and communication book

PECS References

- Pyramid Educational Consultants, Inc.
 - Andrew S. Bondy, Ph.D.
 - Lori A. Frost, M.S., CCC/SLP
- www.pecs.com
- The Picture Communication Symbols ©1981-2006 by Mayer-Johnson LLC. All Rights Reserved Worldwide. Used with permission. Boardmaker™ is a trademark of Mayer-Johnson LLC





Social Interactions

Overview of Social Skills
Social Stories
Peer Models & Mentoring



Overview of Social Skills

Why are Social Skills Important?

• Social skills are important in establishing and maintaining effective relationships with:

- Peers
- Adults
- Parents

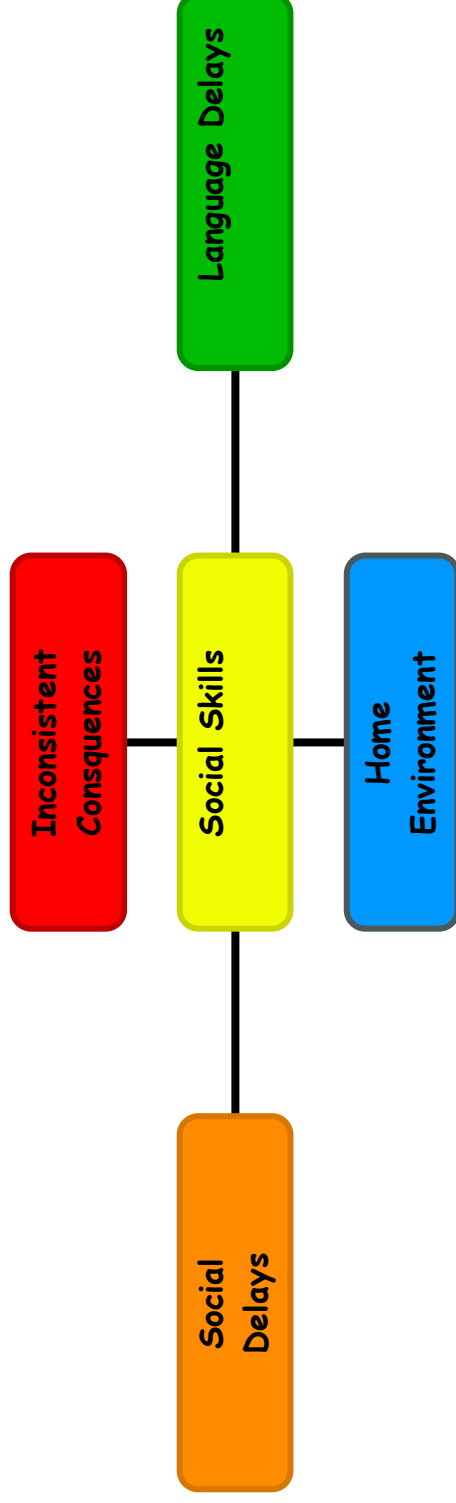


What Areas are Impacted by Difficulty with Social Skills??

- Play
- Sharing
- Participation in pre-academic tasks
- Participation in adult and/or peer directed activities

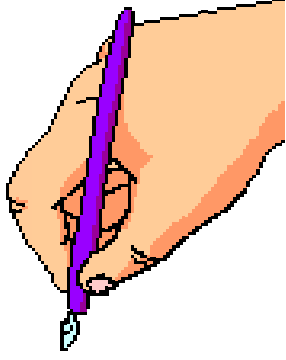


What Negatively Impacts Social Skills?



How do We Teach Social Skills?

Social Stories



Adult Models/Mentoring



Peer Models/Mentoring



Adult Shaped Play:

- Imaginative
- Dramatic



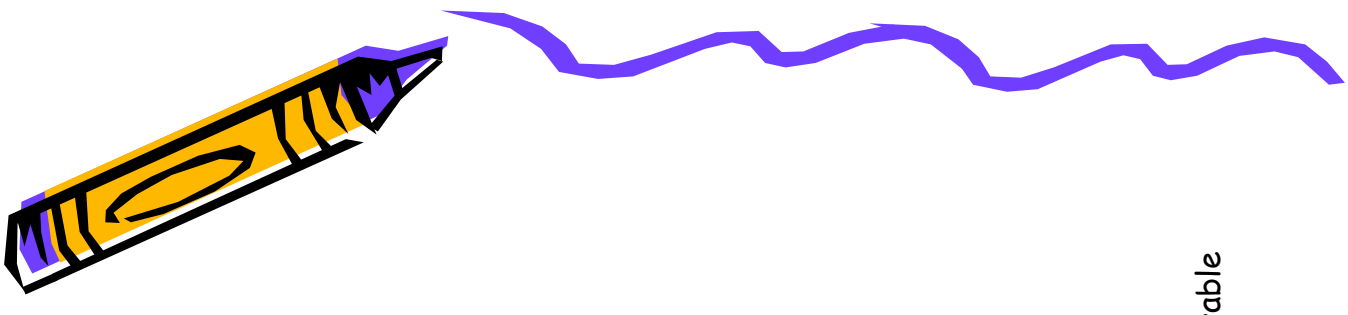
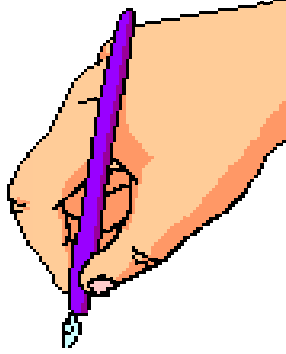
Social Stories



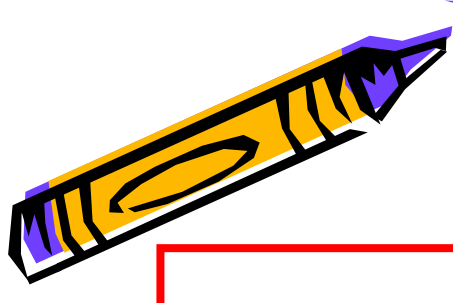
- Teach the appropriate response to certain situations
- Tell how to act, react, and what to expect
- Provide clarification of expectations and positive consequences

How to Write a Social Story

- Write at a child's comprehension level
- Write only one part or step per page
- Always write in the present or future tense
- Always write in the first person
- Use illustrations but keep them simple
- Follow the student's lead in reading the story and make it enjoyable
- Review the story at least once a day
- Read the story prior to difficult situations



How to Write a Social Story



Step 1

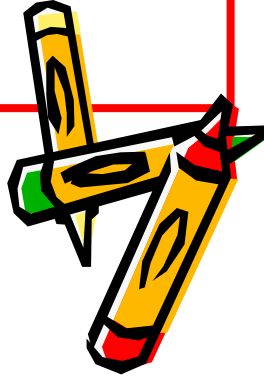
- Target and observe a difficult situation for a student
- Think about why the child responds the way she does to that situation
- Use the student's perspective to determine the story's focus

Step 2

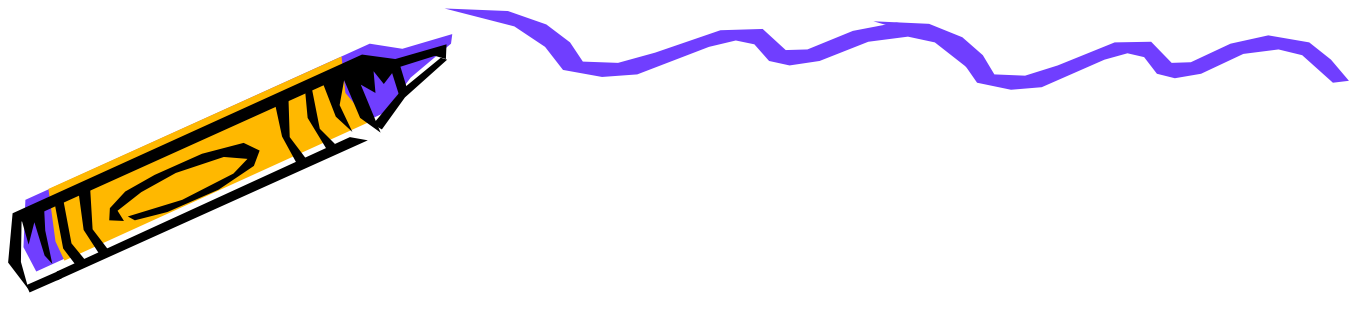
- Write one or several descriptive sentences
 - These sentences objectively (not your opinion) define the:
 - who,
 - what,
 - when,
 - where, and
 - why of the situation.
- E.g., When I am at school, during playtime, I must use nice hands.

Step 3

- Write a one or several perspective sentences
 - These describe the feelings and reactions of other people in the situation.
- E.g., When I keep my hands to myself, my teacher is happy.



How to Write a Social Story (continued)



Step 4

- Write a positive directive sentence describing the OUTCOME
 - Describe a desired response to the situation.
 - Begin the sentence with
 - "I can try to..." or
 - "I will try to work on..."
 - "Usually" or
 - "Sometimes."
 - Avoid beginning sentences with
 - "I will not..."
 - "Always."
- E.g., I can try to keep my hands to myself.

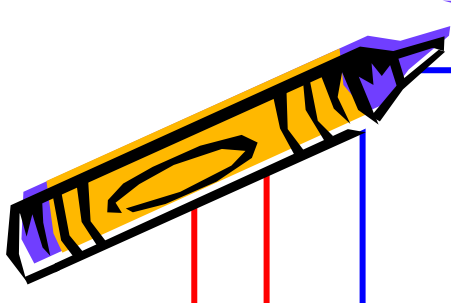
Step 5

- Write a control sentence that describes:
 - A correct response or responses
 - What to do if something is difficult
- E.g., When I get mad I can walk away.

See sample stories in the section "Examples & Sample Templates"



Peer Models & Mentoring

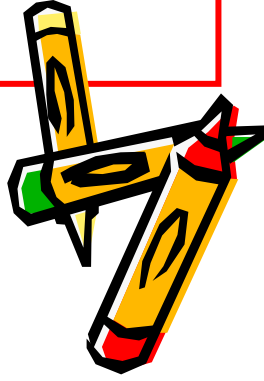


Peer models typically work best with older children (3-5 years old)

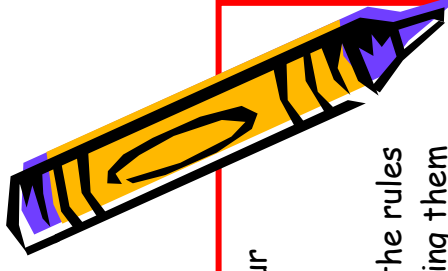
- Catch children in your class being "good"
- State what the "good" child is doing, why you like that behavior, and how you feel
- Be VERY specific about what behaviors you like
 - E.g., I like the way that Maria is sitting. Her hands are in her lap, her mouth is quiet, and she is looking at me. Maria you make me very happy when you are such a good listener!

- For more direct instruction
 - Pair children with typical social skills with children in need of assistance
 - Use a small group setting
 - Set up a situation in which success is ensured
 - E.g., Set up an art activity with two children and only one glue stick. The children must wait and ask for the glue stick. The waiting time is short, so success is likely!

- Assign a peer buddy
 - Place a model student with a peer in need of assistance
 - The model student will demonstrate appropriate behaviors
 - In most cases the model student will provide behavioral cues to the student in need of improved social skills
 - There is now a strong and positive influence as needed
 - E.g., During transitions, the students can be buddies and hold hands.



Peer Models & Mentoring (continued)

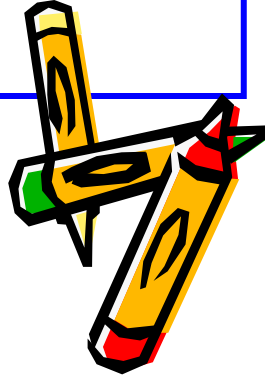


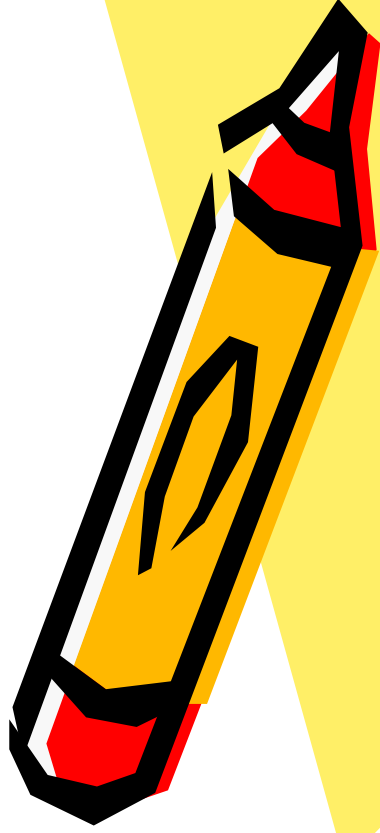
- Seat children in conducive groups
 - Place a child in need of assistance at a table with students needing little direction
 - The other students will model the appropriate behaviors
 - The other students will give cues about proper behaviors and will provide reinforcement
 - Natural consequences from peers will further encourage good behavior
 - E.g., Place three excellently behaved students at the same table as a student in need of improvement. Avoid placing more than one student in need of improvement at each table.

- Develop a list of classroom rules with your class
 - Children will enforce the rules
 - Children are more likely to follow the rules because they had a piece in creating them
 - Allow the students that do not typically behave to develop rules too. They may be easier than you hope but will ensure that student's success.
- E.g.,
 - Rule 1: Always say thank you (From a well-behaved student).
 - Rule 2: No burping (From a student who acts out in class).

Always Remember to:

- Set clear rules and consequences
- Ensure that consequences are immediate
- Encourage parents to work with you
- Be positive
- Set a positive behavioral example through a positive and calm attitude





Sensory Integration

What is Sensory Integration?
"Not Quite Right"
Common Behaviors
Modifications & Activities



What is Sensory Integration?

Our senses give us valuable information that we use to function and to help us relate to others and to our environment. Besides the basic five senses (sight, hearing, touch, taste, and smell), two other important sensory systems are:

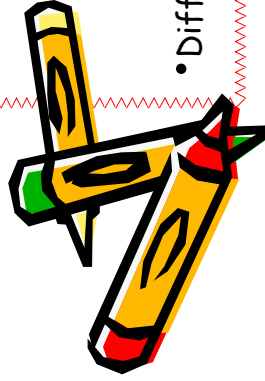
- Balance and movement (vestibular sense)
- Muscle and joint (proprioception)

Even the simplest activity requires an incredible amount of sensory input. Our brains must organize and process information from all our senses at the same time, as well as figure out a response. The central nervous system is constantly active, monitoring both our outside environment and our internal receptors.

Not Quite Right

For some children, processing sensory information is more difficult or problematic. As a result, they may feel “not quite right” and may be more anxious, uncomfortable, or distant than most children. Most atypical behaviors that result from sensory processing challenges can be divided into the following categories:

- Avoids sensory input
- Non-responsive to sensory input
- Seeks sensory input
- Cannot distinguish sensations
- Difficulty stabilizing body
- Difficulty with new multi-step actions



Avoids Sensory Input

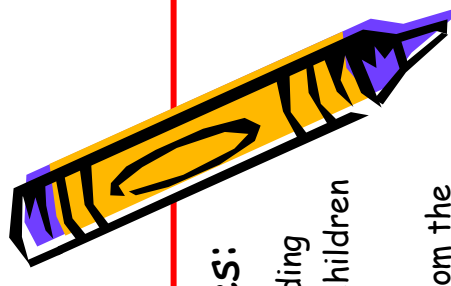
Common Behaviors:

- Reacts emotionally to being touched and tries to avoid contact
- Avoids exploring new toys or materials that other children like
- Avoids messy play and water play
- Does not like rain, wind, or walking on sand or grass
- Is sensitive to removing or wearing clothing, especially tags
- Does not like heat or cold, both outside and indoors
- Reacts excessively to injuries
- Does not like hot or cold food
- Does not like fast movement (e.g., swinging, running, sliding, jumping) or heavy work
- Body is tight and uncoordinated
- Does not like visual stimuli, especially new arrangements (e.g., mobiles, decorations)
- Reacts strongly to loud noises and smells. May cover ears or nose.



Modifications & Activities:

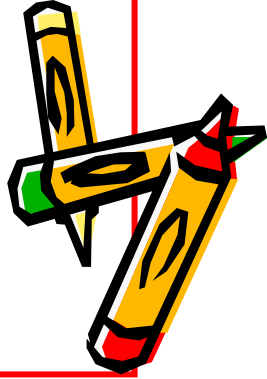
- Limit extra noise by closing doors, adding carpeting/rugs, or separating the children into smaller groups
- Limit the amount of visuals hanging from the ceilings and on the walls
- Prepare children ahead of time for loud noises (e.g., fire drills, assemblies)
- Create a quiet corner in the classroom
- Turn down lights and music or play more mellow tunes
- Plan so that the child does not need to be in the middle of the group (e.g., standing at the front or end of the line, sitting by the teacher during circle time)
- Do not force a child to touch materials that the child does not like. Offer alternatives (e.g., paintbrush, gloves, place putty in a ziplock bag to feel)
- Limit the number of smells in the classroom (e.g., perfume, detergent)
- Respect a child's space and do not force him to receive hugs or to be touched
- Gradually introduce new material, objects, or activities



Non-Responsive to Sensory Input

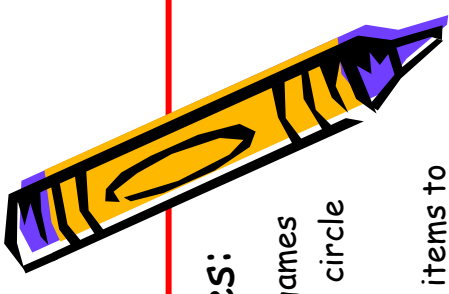
Common Behaviors:

- No reaction to being touched (e.g., taps on the shoulder) or crowded
- No reaction to being messy (e.g., messy hair, hands, face, clothing)
- May not notice pain or sensations that others find unpleasant
- Does not seem motivated to explore toys or materials
- Does not notice the weather or temperature
- Does not react to new foods
- Does not notice hunger or thirst
- Does not notice own need to use the bathroom
- Unmotivated to actively move (e.g., swinging, running, sliding, jumping)
- Does not notice safety risks
- Responds well to deep pressure
- Becomes more alert after active movement



Modifications & Activities:

- Encourage movement activities (e.g., games that require running, moving during circle time)
- Ask child to stack chairs, bring heavy items to another classroom, or other activities to naturally encourage movement
- Provide firm hugs, firm pressure to the body, or wrap in a blanket
- Monitor carefully to ensure safety
- Use social stories to teach proper social interactions or skills
- Encourage exploration
- Provide verbal prompts to complete activities or to clean



Seeks Sensory Input

Common Behaviors:

- Wants to touch everything
- Switches activities frequently
- Seeks messy play
- Loves the rain, wind, or walking on sand or grass
- Moves constantly and loves intense movement (e.g., spinning, sliding)
- Often removes shoes and socks
- Crams food into mouth
- Gets very close to others and touches them
- Likes very extreme temperatures
- Climbs constantly and fearlessly, regularly taking risks
- Craves rough play and tight hugs
- Crashes into people and objects
- Clenches and grinds teeth
- Enjoys heavy work
- Likes visual stimulation (e.g., flickering lights, mobiles)
- Likes loud noises and is loud



Modifications & Activities:

- Limit the amount of extra visuals
- Provide objects to squeeze such as therapy putty or exercise balls
- Allow child to use a massager, vibrating cushion, vibrating toothbrush
- Wrap in blankets, provide firm pressure, weighted vests or backpack
- Allow child to chew on crunchy or chewy foods
- Allow child to have a "fidget" toy during transitions and circle time
- Incorporate movement into all activities. Try animal movements!
- Provide cushions or balls to sit on
- Teach child to ask for breaks
- Have child help with heavy work (e.g., carrying heavy items, pushing wagon, hammering, jumping on a trampoline)
- Incorporate multi-sensory activities (e.g., writing in shaving cream)
- Wheelbarrow walking, imitating animal movements, and swinging
- Have child march between activities



Cannot Distinguish Sensations

Common Behaviors:

- Does not notice the need to use the bathroom
- Is unaware of body
- Has trouble distinguishing sensations (e.g., sound, sight, smell, touch, taste)
- Has trouble distinguishing objects by touch
- Movement appears uncoordinated and jerky
- Has difficulty with hand and eye coordination
- Does not notice visual cues in social interactions, including facial expressions or gestures
- Has poor rhythm and sings out of tune
- Uses inappropriate force with fine motor activities and with large motor activities
- Incorrectly judges distance and has trouble fitting objects together
- Has trouble recognizing the difference between sounds in words



Modifications & Activities:

- Use social stories to teach appropriate social interactions
- Give simple directions and demonstrate
- Hide toys inside of play dough or sand, and have child pull them out blindfolded and guess what type of toys
- Have child walk on different textured materials without socks
- Use a massager
- Have child sit on a stool
- Have child jump on a trampoline to a beat
- Have child toss beanbags into a bucket
- Hide objects in the grass and have the child uncover them



Difficulty Stabilizing Body

Common Behaviors:

- Loose, floppy body
- Loses balance easily
- Has difficulty moving body into different positions
- Has difficulty moving parts of the body simultaneously
- Difficulty with fine motor skills
- Difficulty shifting from one side of the body to another
- Has loose grip on objects
- Lacks strength and endurance
- Has trouble bending up and down
- Does not have a hand preference
- Clumsy with manipulating objects



Modifications & Activities:

- Allow child to use a partially inflated cushion for sitting
- Encourage movement activities
- Allow child to chew safe item during fine motor activities
- Have child blow bubbles, play with whistles, or blow through a straw
- Provide activities that develop fine motor control
- Encourage child to squeeze putty, use a hole punch, or cut play dough.
- Do activities, songs, and games that encourage child to move body from side to side and to reach across the midline
- Provide larger manipulatives for practice (large lacing beads, puzzles, etc.)
- Use weighted forks and non-slip surfaces under plates



Difficulty with Multi-Step Actions

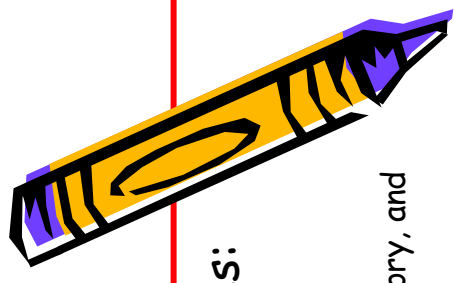
Common Behaviors:

- Has difficulty correctly pronouncing words and speech sounds
- Has difficulty creating new ideas for play
- Has difficulty carrying out multiple step activities in the correct order
- May appear uncoordinated and clumsy
- Has difficulty with putting on and taking off clothing
- Has trouble with gross-motor activities
- Has difficulty with fine motor skills and manipulatives
- Has difficulty with using both eyes together
- Has difficulty focusing eyes on objects and people nearby
- Has difficulty responding physically to visual information (e.g., maneuvering around obstacles)
- Eats with mouth open, drools, and is messy
- Has difficulty blowing bubbles or sucking through a straw



Modifications & Activities:

- Give simple, consistent, step-by-step directions
- Demonstrate and provide visual, auditory, and multi-sensory cues
- Use social stories to explain new routines
- Create a picture schedule of the day's activities
- Organize and label materials
- Give warnings before transitions
- Teach new skills with a consistent approach
- Ask questions to help the child plan activities
- Pair the child with another child to help brainstorm ideas
- Allow extra time to complete activities
- Give larger materials (e.g., large crayons, scissors, puzzles)
- Practice dressing with dressing boards (e.g., snapping, buttons, laces)
- Have child blow bubbles, play with a whistle, and blow through a straw



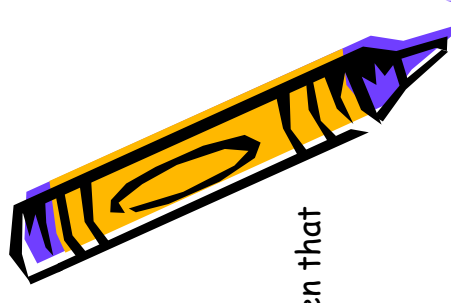


Behavior Management

Building Positive Relationships with Children
Classroom Prevention of Challenging Behavior
Functional Behavior Analysis
Behavior Intervention Plans
Communicating with Parents



Building Positive Relationships



Positive, nurturing relationships between teachers and children are foundational for classroom learning. Young children, especially those living in difficult situations, benefit from the security and warmth provided by caring, consistent teachers. Often the children that are the most challenging to build relationships with are the children that most need positive relationships with adults.

Positive relationships with children:

- Reduce challenging behaviors
- Save time that would be spent with other behavior interventions
- Influence positive behaviors
- Build children's self-esteem



*In order to successfully build positive relationships with children, it is important that teachers learn about children's interests, preferences, culture, background, and needs.

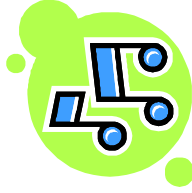
Suggestions for Building Positive Relationships with Children

- Call or send positive notes home
- Praise and encouragement
- Ask children to bring in photos and share about their families or interests
- Display children's work
- Ask parents to volunteer
- Ask children and parents about interests
- Greet children by name and welcome
- Follow a child's lead during play
- Listen to children
- Home visits
- Let children choose activities
- Give high fives, thumbs up, or hugs
- Call or send a letter when children are absent to let them know they are missed

Classroom Prevention of Challenging Behavior

Preventing Challenging Behavior

- Oftentimes, developmentally appropriate and engaging classroom environments will naturally prevent problem behavior.
- Most behavior occurs during down times and/or transition times, especially once classroom staff have lost the interest of the children during an activity. Keep children interested by planning activities during transitions, adding movement and songs, and letting children use “fidget” or transition items.
- Teacher proximity is often the most effective classroom tool in behavior management.



Establish Classroom Rules

- It is necessary to set rules and consequences right away. Post and discuss rules with children. For any behavior management system to work, it is important that all members of a classroom team follow the same rules and consequences.
- Children will determine fairly quickly who does and does not enforce the rules and will adjust their behavior accordingly.

How to Designate Rules and Consequences

- Use no more than 5 classroom rules and keep them simple
- Keep the age and abilities of the children in mind when setting classroom rules.
- Remember that consequences for breaking classroom rules may not be the same for every child. If children enjoy the consequences, they will continue the undesirable behavior. For example, if a child is acting out during circle time because the child does not want to participate, the consequence should not be to remove the child from circle time. This consequence would encourage the behavior because the child would succeed in avoiding the activity the child did not like.

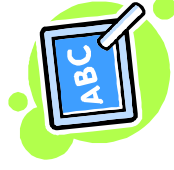
Functional Behavior Assessment

Purpose of Behavior Assessment

- It is easier to modify a behavior when the motivation and/or purpose behind the behavior is understood.
- All behavior has meaning. Behavior, either appropriate or inappropriate, is used by a child as means to get a want met.
- Once it is understood what the want is, it is easier to replace the behavior with one that is more acceptable.

Functional Behavior Analysis

- A **functional behavior analysis** is a detailed description of a behavior, its context, and its consequences. This makes it possible to change what happens before and after the behavior.
- A functional behavior analysis looks at the “ABC’s” of behavior: the antecedents (what happens before), the behavior, and the consequences (what happens afterwards).



- Remember that behavior should be observed across a period of time as well as within several different environments. Only then can the information collected be used to properly identify and distinguish possible causes of the behavior.



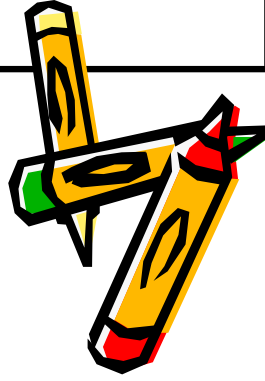
The ABC's of Behavior

Antecedent	Behavior	Consequences
• What happened immediately before the start of the behavior • May include the activity the child was doing	• Detailed description of the actual behavior (what the child did) • It is not descriptive enough to simply say the child had a tantrum. People may interpret this differently. Describe specifically what the tantrum looked like (e.g., Kicked feet, screamed, threw a chair) • Include: • setting (where it happened) • how often it happened (e.g., three times per hour) • length of time • individuals involved	• What happened as a result of the behavior, both natural results and behaviors of others • A consequence may be positive or negative to the child. It also may be natural, rather than deliberate. For example, if the child slams a door, the door comes back and hits child.

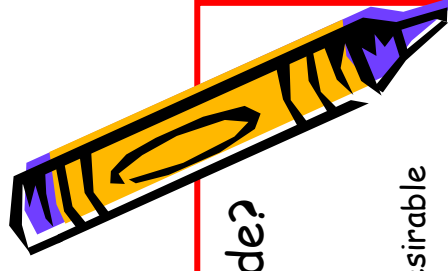
Behavior Motivation

• Behavior often has one of the following purposes:

- To gain attention
- To gain a tangible object (e.g., a toy, food)
- To gain a particular sensory input (e.g., to get warmer if cold)
- To self-regulate an emotion
- To escape or avoid an non-preferred activity or situation
- To make a comment or declaration in response to environment, perception, etc.



Behavior Intervention Plan



What Does the Plan Include?

- Information gathered during a functional analysis of behavior can then be used to form a behavior intervention plan.
- Behavior intervention plans should be developed with a team of individuals:
 - Parent(s) and/or Legal Guardians
 - Site Directors and/or Program Managers
 - Lead Classroom Teacher
 - Special Education Personnel (when possible)
 - Support Staff (Speech/Language Pathologists, Occupational Therapists, Physical Therapists, Developmental Therapists, etc.)
- Full description of the behavior
- Description of the purpose behind the undesirable behavior.
- List and description of prior interventions attempted and their results
- Detailed description of proposed intervention(s) and expected outcomes of the interventions
- Time line for interventions and expected outcomes.
- List of people involved and their responsibilities

Things to Remember

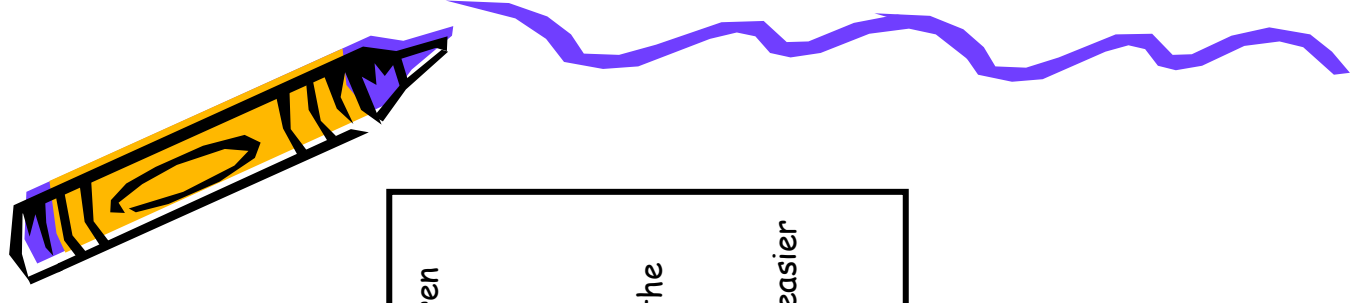
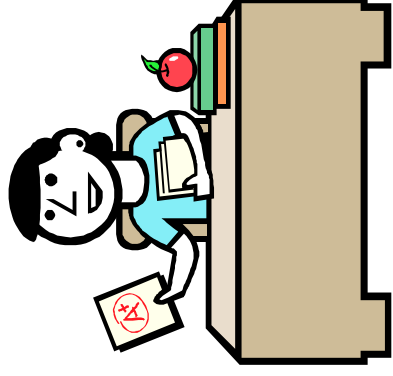
- When a child has more than one undesirable behavior, the team must determine which behaviors are most important to work on first
- It may be best to choose one behavior to address at a time.
- Interventions must be consistent
- Remember that behavior will not change immediately. Interventions take time, and often the undesirable behavior will get worse before it gets better.



Communicating with Parents

Tips for Talking

- Conversations with parents are important ways to report to parents the progress of their children and to develop relationships with them.
- These conversations should be positive, frequent, and ongoing.
- Always try to ask how the parent is doing first and to find out about their day. Then give them the feedback, first focusing on the positive behaviors then the more challenging ones.
- After communicating with parents daily/weekly about the behaviors of their children, it will be easier to talk to them about a behavior plan.

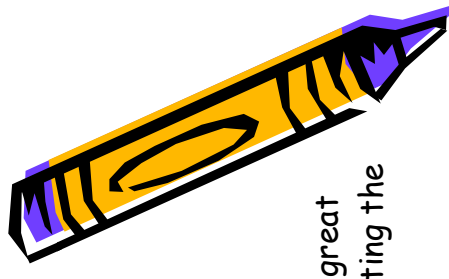


Feedback on a Good Day

Script



Staff: "Ms. Anderson, How are you? I just wanted to tell you about Angela's day! She was a great helper today during lunch time and she sang really well during circle time. She practiced writing the letter 'a' and learned lots of words that start with that letter."



Feedback on a Challenging Day

Script



Staff: "Ms. Rodriguez, How are you? I just wanted to tell you about Enrico's day! He got to be the line leader today and he did a great job! He also did a great job working on the letter 'a.' He learned that apple, angel, and avocado all start with a."

"He had some difficulties during free play. He got mad at another child and hit him for taking his toy. We are going to start working with him on using words when we are mad, instead of actions. We were hoping you could help us by reminding him to use words at home too."

Parents in a Rush

Script

Staff: "Ms. Johnson, do you have a minute? I wanted to talk to you about how Tommy has been doing in his classroom."

Parent: "I can't talk right now. My car is parked on the street, and I don't want to get a ticket."

Staff: "Ok. Is there a time that you are available to meet or a time that I could call you on the phone?"

*Schedule a time that works for both of you, where you can have privacy



Talking about a Behavior Plan

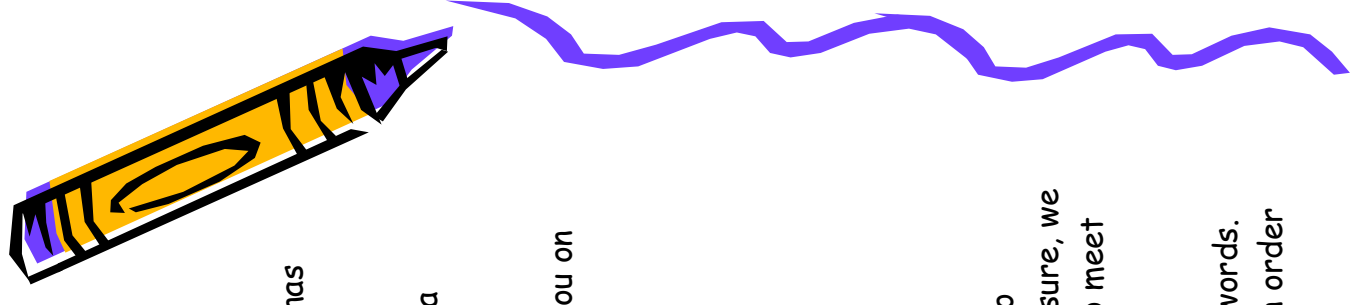
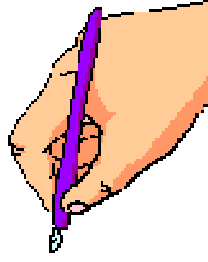
Script

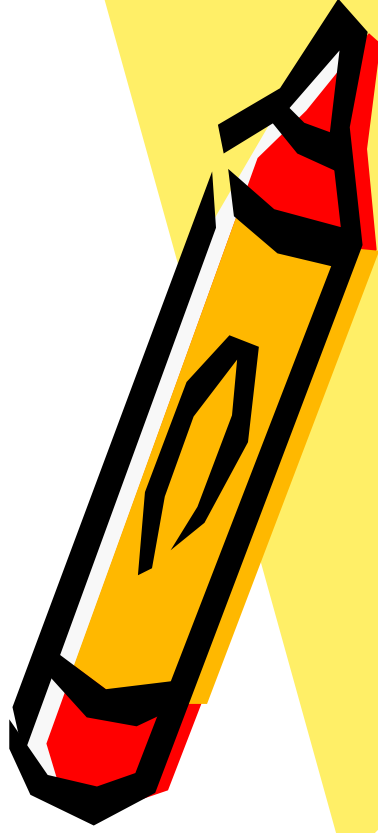
Staff: "Ms. Roberts, as you know, we have been working with Cindi on different ways to transition during naptime. We have some ideas of what might work, but in order to be sure, we would like to develop a strategy on different techniques we could use. We would like to meet with you to hear your ideas and to figure out a plan."

or

Staff: "Mr. Peters, as you know, we have been working with Ryan on using appropriate words. We want to make sure that we are consistent in the way we reinforce his behaviors. In order to do so, we would like to put a clear plan in place."

*Make sure to document all conversations





Classroom Environment & Curriculum Modifications

Accessibility
Structured Teaching
Reinforcers
Visual Supports



Accessibility

Making the Environment Accessible

Although the diversity of children makes it difficult to set up a classroom that is ideal for every child, it is important to make sure that the environment is accessible and child-centered. Environments should encourage children to play, to explore, to be independent, and to interact with peers.

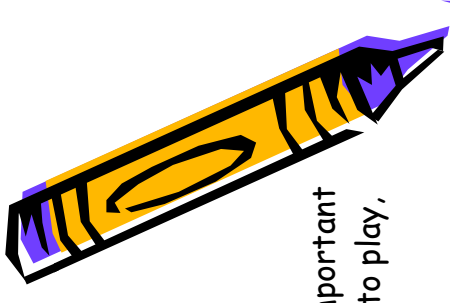
Three key factors to consider when evaluating accessibility are:

- Are toys and equipment individually appropriate for a child's needs?
 - Are they age-appropriate?
 - Are they developmentally appropriate?
 - Do they build upon the child's strengths, skills, and interests?
 - Do they provide opportunities to learn new skills?
- Can children use toys and equipment without adult assistance?
- Are toys and equipment individually appropriate for a child's size?

Accessibility for Individual Children

Each child has unique needs and specific interests. While evaluating the environment for accessibility, ask yourself how the child will see and experience the program. Some questions to consider are:

- Does the child have a place to store belongings that the child can reach?
- Is the child seated with other children for meals? Can they reach the floor and grip utensils to eat?
- In each play center in the classroom, can the child find items that are interesting and individually appropriate for the child's abilities? Can the child reach and use these items without assistance from an adult?
- Does the size of the toilet and the sink fit the size of the child? Are hand-washing items arranged so that the child can reach and use them without assistance?



Structured Teaching

What is Structured Teaching?

Structured teaching is based primarily on three areas:

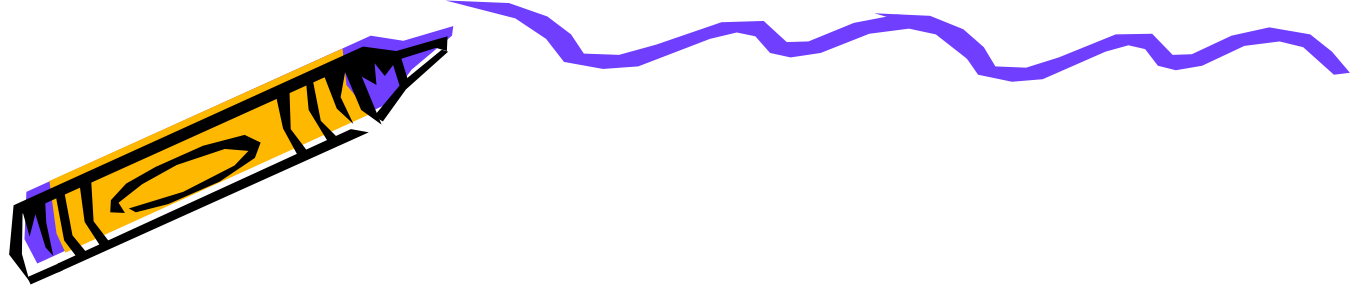
Physical Classroom Arrangement



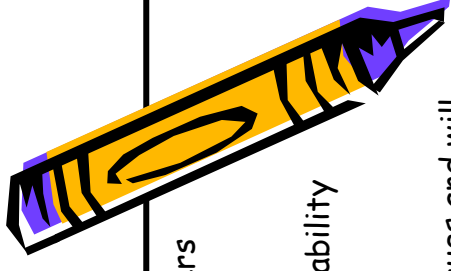
Scheduling



Teaching Methods



Physical Classroom Arrangement



- The arrangement of the program's physical space sends messages to children about how to interact with others and with the environment. An ideal environment encourages children to play appropriately and promotes both independence and socialization.
- Even the arrangement of the classroom furniture can help or hinder a student's independence and his or her ability to identify and follow the rules and expectations of a classroom.
- Students younger in age, both with and without disabilities, often display organizational difficulties.
- Structurally defining the various learning areas within a classroom provides these young learners with visual cues and will assist them participate and learn more.
- These areas and the materials within these areas should be clearly defined and labeled in order to provide the utmost independence level of the children.

Distractibility in Environment

- Teachers of younger aged children always want to use a wide variety of color and display artwork and projects of children throughout the classroom.
- However for a child with a disability, such visual stimuli can be a large distraction to learning.
- Make sure bulletin boards and uses of color are kept in areas where it is not as important to focus.

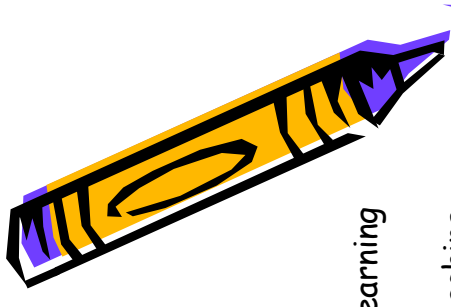
For More Information

- Keep in mind that teacher proximity and monitoring of children in play is often the best prevention for negative behavior.
- Therefore, consider:
 - Can all play areas of the classroom be easily viewed and seen by a teacher?
 - Behavior also occurs as the result of frustration. Are all the materials maintained in areas that are visually and physically accessible to the students?

Things to Consider ...

- Many of these guidelines and principles are consistent with those recommended by the National Association for the Education of Young Children (NAEYC)
- By utilizing these guidelines, classroom staff can assure the utmost learning of *all* of their students

Scheduling



- Schedules are a part of a classroom structure that is beneficial to all students.
- Schedules allow a student to know exactly what to expect and when.
- Schedules keep classroom staff members focused, and allow for clear and established activities and learning opportunities.
- Using clear and consistent schedules allows for a smooth running classroom and gives more time for teaching and learning instead of constant reorganizing and planning during student time.
- As students learn to comprehend and follow schedules, they develop good independent functioning skills and direction-following skills, both of which will be extremely important to be successful in future years of education and learning.

Why do Schedules?

- Pre-determining the schedule of a classroom allows the teacher to balance the activities. The teacher then can make sure the activities throughout the day alternate between ones that require the students to sit and pay attention and ones that allow them to more physical and/or self-directed opportunities.
- Visually represented schedules assist in the behavior management of a classroom. If the student can easily refer to a schedule and know when to expect a non-preferred activity or to know that a preferred activity may follow, knowledge of this can assist in reducing the negative behaviors that may occur as a result.
- Excellent tool in allowing teachers and other classroom staff the opportunity to easily identify when and where the teachers should be in order to properly supervise and assist the children.



Types of Schedules

General Classroom Schedules Individual Student Schedules

General Classroom Schedule

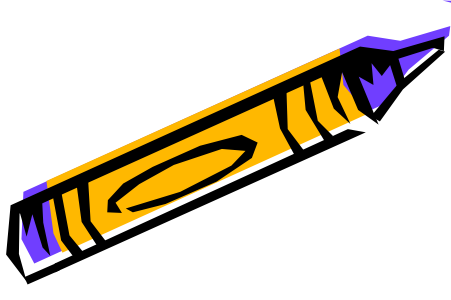
- Outlines the events that will occur for the day and shows the order.
- Should be displayed visually, shown both in pictures and words, in the classroom large enough for the students to easily see and check.
- Reviewed and discussed during a morning group instructional time.
- General schedules do not specify exact activities, but rather type of activity: circle time, dramatic play area, table time, art, etc.

Individual Student Schedule

- Used for a student with a disability that may require more detailed information about expected activities.
- When individual schedules are used, the student often is told to check his/her schedule for each activity as a way to signal the beginning and end of an activity and to provide a smooth transition.



Teaching Methods



- Another way structure is used to help students function successfully is in the setting up of teaching tasks.
- Teaching methods can be defined in the following ways:
 - Giving Directions (Verbal and Non-Verbal)
 - Modeling
 - Prompts and Cues
 - Reinforcement

Giving Directions	Modeling
• Directions can be presented both verbally and non-verbally. • Keep in mind that children with disabilities often have difficulties recognizing and interpreting non-verbal directives. • Directions must be presented in a clear, concise, and easily understood manner.	• Children learn best through modeling. • By modeling the expected outcome of an instructional activity, the teacher allows the student with the autonomy and independence to complete the task at his or her own skill and ability level.

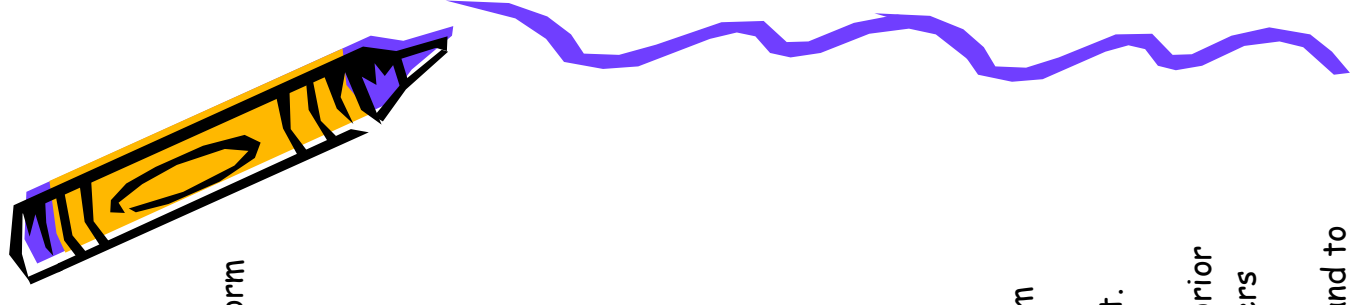
Prompts and Cues
• Often, when introducing a new activity to a child, a teacher must use some form of prompt or cue to assist the child in his/her participation and completion of a task. • Be mindful of the following: • Make sure you have the child's attention prior to giving the prompt and/or cue. • Give prompt and/or cue before the child gets overly frustrated with the task. • Be aware of prompts and/or cues that you may give a child unintentionally; they may become dependent upon them. • When a prompt and/or cue is introduced, it also must be effectively faded out to increase the child's independence.

Reinforcement

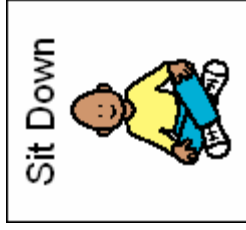
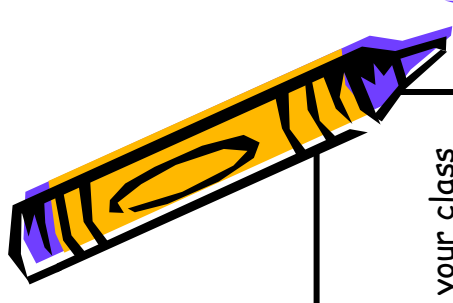
- Most people are motivated by some form of reinforcement. Reinforcement can be given in the form of tangible and non-tangible reinforcers.
- Tangible reinforcers include:
 - A preferred toy
 - Stickers
 - Food and/or candy
 - Preferred activity
 - Token (that can be saved and used toward a later reinforcer)
- Non-tangible reinforcers include:
 - Verbal praise
 - Physical action (high-five, pat on back, etc.)
 - Social (acknowledgement and/or acceptance from peers)

What Kind of Reinforcement Should you Use?

- Reinforcement should include a combination of both forms.
- Some students find praise from an adult or authority figure to be motivating enough to keep them busy working and learning.
- Some students find satisfaction in completing work and do not need other kinds of reinforcement.
- To use reinforcement as an effective teaching tool, a teacher must plan his/her use of it.
 - The type and frequency of reinforcement for individual students should be planned prior to activities. (Some students may need constant and frequent reinforcement while others can handle less frequent reinforcement.)
- The type of reinforcer must be appropriate and natural to the activity the student is doing and to the level of student understanding.



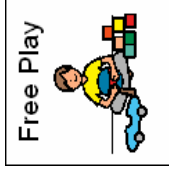
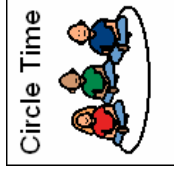
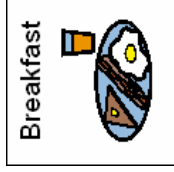
Visual Systems



Why use Picture Schedules?

- Picture schedules are one type of visual support
- For children with and without disabilities, picture schedules are a great way to keep your class on track and to ensure that every child understands what they should be doing and when they are supposed to be doing it!
- Picture schedules help to ensure smooth transitions between activities and provide students with a visual representation of what activity is next
- Pair a picture with a verbal direction to maximize comprehension and follow through

How to Use Picture Schedules

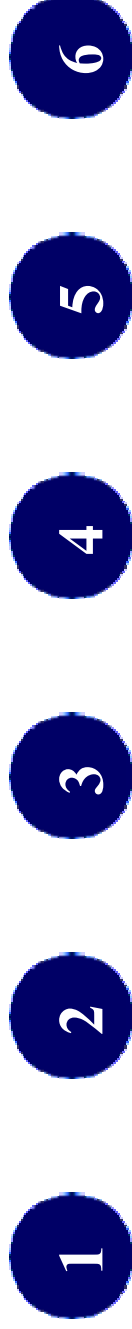


- Schedules are usually created vertically beginning with the day's first activity at the top and then proceeding downward
- Choose simple pictures (digital photos or Boardmaker pictures) that correspond to activities that occur throughout the day in the classroom:
 - Breakfast, lunch, snack
 - Circle time, book time
 - Free play/centers, music, playground
- Pictures are attached to the schedule using Velcro and are typically removed when the activity is completed
- Completed activities are placed in a "finished" or "all done" envelope
- Students can be prompted to "check your schedule" to see what is next

Visual Systems (continued)

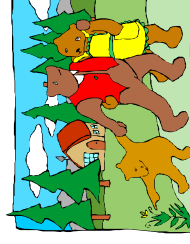
Number Tab Systems

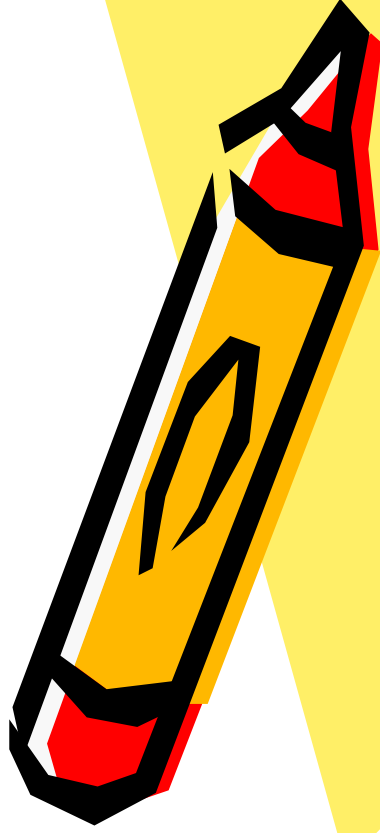
- Number tabs are another visual support system that can be used in the classroom
- Numbers (e.g., #1-6) can be written or printed from a computer and laminated (so they last longer)
- Place Velcro on the numbers and on a horizontal piece of paper or tag board (also laminated)
- If a child needs to complete a task 3 times (e.g., put puzzle pieces in a puzzle), place the numbers 1-3 on the laminated strip
- As each puzzle piece is placed in the puzzle, remove one number from the strip.
- The child can count down until they are finished with the activity



Pictures to Support Literacy Activities

- Pictures from familiar stories (e.g., characters, places, actions, key words) can be created to increase audience participation in the reading of a story
- Pictures can also enhance understanding of the story and provide cues when answering questions about the story





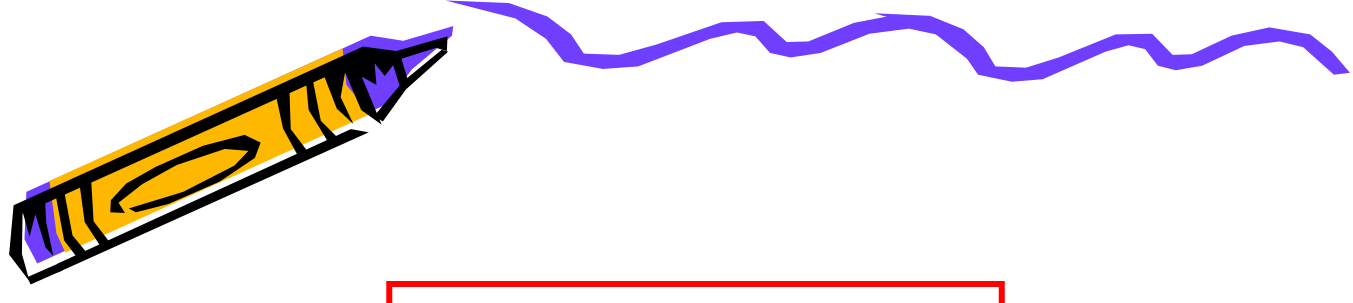
Legal Rights

Laws
The Evaluation Process
Child and Parent Rights



Laws

- Individuals with Disabilities Education Act (IDEA)
- Section 504 of the Rehabilitation Act of 1973
- Title II of the Americans with Disabilities Act (ADA)
- The School Code of Illinois, Article 14



Individuals with Disabilities Education Act (IDEA)

- First written in 1975
- Requires that all states that receive funding under IDEA provide children with a free and appropriate public education (FAPE)
- Purpose - ensures that all children with disabilities have access to special education and related services designed to meet their unique needs.
- Under IDEA, a child with a disability means a child that has been evaluated as having mental retardation, a hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, a health impairment, a specific learning disability, deaf-blindness, or multiple disabilities.

Individualized Education Program (IEP)

- An IEP is developed for children that qualify under IDEA.
The IEP includes:
 - Present level of functioning
 - Annual goals
 - Short-term objectives
 - Related and educational services
 - Extended School Year (if applicable)
 - Modifications for assessment
 - Accommodations
- The IEP team, including the parent(s), will review and revise the IEP at least annually.
- The IEP must be implemented in the Least Restrictive Environment (LRE), which means that the child is placed in the setting that allows them to be educated with same-aged children without disabilities as much as possible.

- Related/ Support Services provided may include:
 - Psychological, social work, and counseling services
 - Special readers, braillists, typists and interpreters
 - Physical therapy, speech therapy, and occupational therapy
 - Consultative services
 - Medical evaluation services/nursing services
 - Transition services
 - Assistive technology
 - Behavioral intervention plan
 - Rehabilitation counseling
- Transportation - the school must provide free transportation to the school if the child's disability or distance from the school requires it.

The ADA & Section 504



- Title II of the Americans with Disabilities Act prohibits discrimination and ensures equal opportunity for people with disabilities.
- Section 504 prohibits discrimination because of a disability in programs funded by the U.S. Department of Education. It also requires schools to provide FAPE to all children.
- A child qualifies for protection under Section 504 if the child has a physical or mental impairment that substantially limits at least one major life activity. Major life activities include walking, seeing, hearing, speaking, breathing, learning, reading, writing, performing math calculations, working, caring for oneself, and performing manual tasks. A child may qualify for Section 504 services even if the child does not qualify for special education services under IDEA, as Section 504 requirements generally are less strict. The goal of these services is to remove barriers to the child's participation in programs and activities rather than to set up special education services.



The Evaluation Process

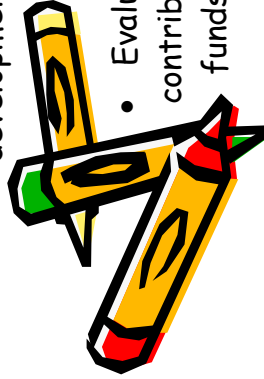
0 - 3 Years

Referring a Child

- Talking to parents
 - Set up an uninterrupted time to talk. Make sure to let parents know that you are all on the same team and want the best for the child.
 - Encourage the parents to speak with their health-care professional and to call the Early Intervention number.
 - Reassure the family that the earlier a delay is identified, the better the chance that services can help the child reach his or her potential.
- If child-care providers or any other professionals suspect a child under three has a disability or possible developmental delay, they must refer the child to Child and Family Connections within two working days. This is required by Part C of the Individuals with Disabilities Education Act.
- Call 1-800-323-4869 for the name and number of the closest Child and Family Connections.

Early Intervention Services

- Illinois has a family-centered service system that evaluates and connects eligible children to ongoing early intervention services. Regional Child and Family Connection agencies are responsible for early intervention services in Illinois.
- Once a child is referred to a CFC, the CFC has 45 days to complete the evaluation and the Individualized Family Service Plan (IFSP). The IFSP lists the services and supports that must be made available to the family.
- A child is eligible for early intervention services if the child is experiencing delays in at least one of these areas: cognitive development; physical development, including vision and hearing; language and speech development; psychosocial development; or self-help skills. A child at risk for a substantial developmental delay may also be eligible.
 - Evaluations, assessments, service plans, and service coordination are free for families. Along with contributions from the family based on a sliding scale, early intervention services are paid for by program funds, the family's health insurance, or government insurance.

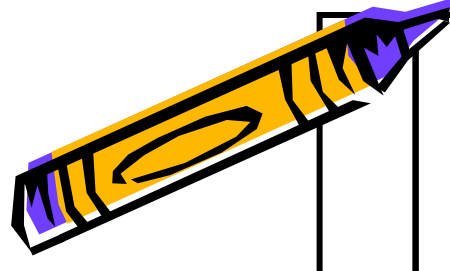


The Evaluation Process

3-5 Years

- If a child scores in the “refer” range of a developmental screening, or if parents or teachers indicate concerns about a child's development, the child can be referred to the Chicago Public School nearest the child's home for an evaluation. Call (773) 553-1000 to determine the home school.
- Call the case manager to schedule an appointment to begin the evaluation process. Some schools do not require appointments.
- Assist the parents in compiling the necessary information to bring to CPS.
 - Child
 - Physical
 - Immunization record
 - Developmental screening
 - Hearing and vision screening (or documentation that the child was unable to be screened)
 - Observations (from early childhood program)
 - Reports from specialists (if applicable)
 - Referral/consent form (from early childhood program)
 - Parent
 - Identification
 - Two items that prove the family's address (lease, bill, etc.).
- At the school, the parent needs to enroll the child as a non-attending student and to speak with the case manager to request an evaluation.
- The school must notify the parent if the school will evaluate the child within 10 days. If the school decides to conduct the evaluation, the parent needs to sign a consent form for the evaluation. Sometimes this consent form is given to the parent the day the child is registered at the school.
- The evaluation must be completed in 60 days after the consent for the evaluation is signed.
- The school and parent will meet to discuss the child's eligibility for services and to form the IEP. The IEP must be implemented within 10 days, unless the 10-day requirement is waived.

Child's and Parent's Rights

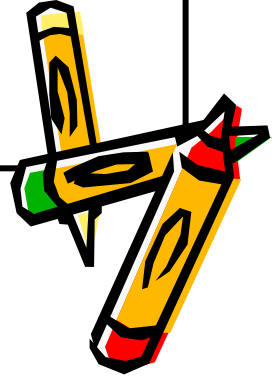
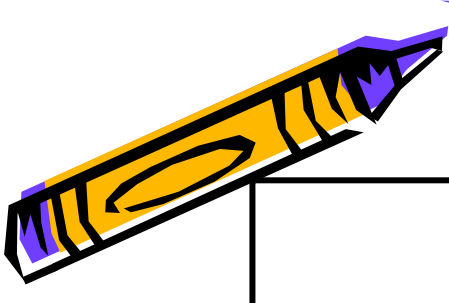


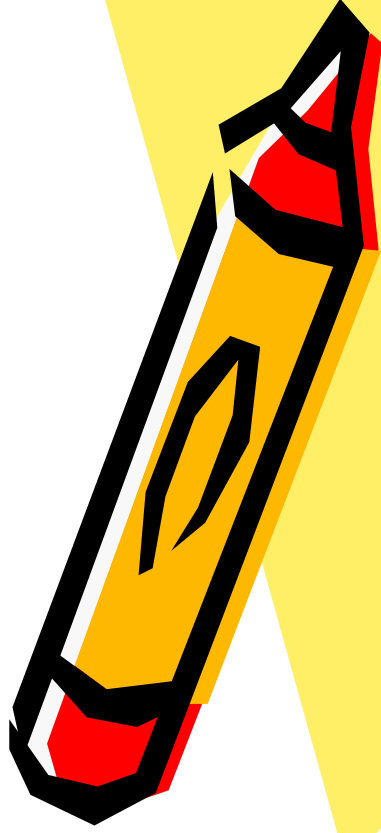
Child's Rights	Parent's Rights
• Free, appropriate public education • Free evaluation to determine if the child needs special education services • Evaluation in the primary language spoken in the home • Free special education services as needed • An alternate, free placement if the child cannot be served in a public school program • To receive services in the Least Restrictive Environment • Free transportation if the child's disability or distance from the school makes it necessary	• To be involved in all decision-making and planning regarding the child. • Access to child's school records within 15 days of a request • Explanation of the contents of the IEP by a qualified professional • To challenge the contents of the records • To ask for correction or deletion of any inaccurate or inappropriate information • To insert an explanation or comments into the record • To designate, in writing, a person who may have access to the child's school records • To obtain copies of the child's school records • To communicate with the school in the primary language of the home • To request mediation or to ask for an impartial due process hearing



Resources

- Illinois State Board of Education
866-262-6663
Website: www.isbe.net/spec-ed/html/parents.htm
- Designs for Change
29 East Madison, Suite 950
Chicago, IL 60602
800-851-8728
312-236-7252 voice / 312-857-1013 TDD
E-mail: markse@designsforchange.org
Website: www.designsforchange.org
- Family Resource Center on Disabilities
20 E. Jackson Blvd., Room 300
Chicago, IL 60604
312-939-3513 voice / 312-939-3519 TTY & TDY
800-952-4199 IL only
E-mail: frcdptiil@ameritech.net
Website: www.frcd.org
- National Information Center for Children and Youth with Disabilities
800-695-0285
Website: www.nichcy.org





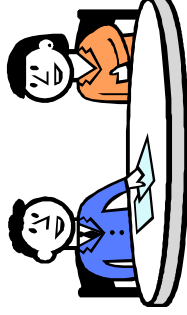
Family Involvement & Planning

"Parents are a child's first, and most important, teachers"



Relationships

Early childhood programs have the unique opportunity to support families in the beginning stages of children's lives, shaping future growth and interactions with schools. Forming positive relationships with the families of children with disabilities may have as lasting of an impact on the children as any educational support.



Involving Families

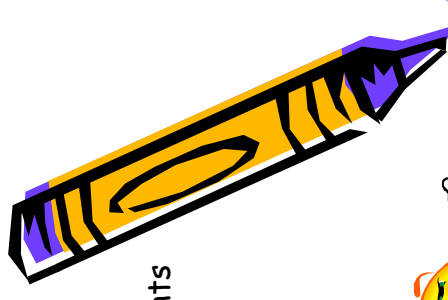
- Include families in planning activities for the child that consider the child's interests, strengths, and goals
- Ask questions!
- Encourage parents to advocate for their children
- Ask parents to provide training for staff or other parents
- Encourage parents to start a support group or to mentor other families of children with disabilities
- Utilize a communication notebook
- Invite families to fun celebrations
- Create a Parent Bulletin Board or newsletter
- Invite families to visit the classroom and to volunteer
- Create a brainstorm list to ask for input from families
- Remember that each family is unique!



The Initial Stages

Although some children may have been diagnosed with a disability at birth, there is a good chance that parents of children with disabilities may be experiencing a range of emotions including:

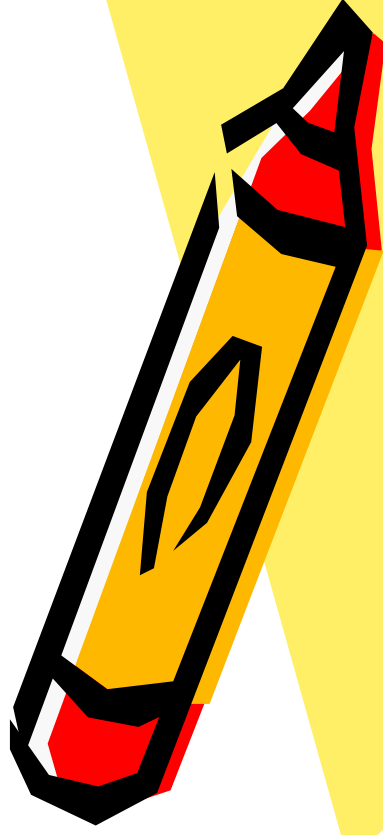
- Grief
- Anger
- Fear
- Love
- Confusion
- Denial
- Acceptance
- Helplessness
- Being Overwhelmed
- Exhaustion



What We Can Do

- Provide reassurance - many parents question their parenting skills and need reassurance that they are doing the best they can
- Listen to the thoughts, fears, and goals of parents
- Acknowledge families' concerns
- Convey acceptance. Be careful to avoid showing shock or disapproval.
- Create an environment where families feel safe to share their concerns and emotions
- Watch families for cues about how much they are ready to hear each time
- Frequent conversations
- Home visits

- Connect families to resources - support groups, respite care, parenting classes, workshops, articles, organizations, professionals, and other parents of children with disabilities
- Telephone calls
- Express your commitment to learning how to meet the individual needs of the child with a disability and connect this to the program's philosophy of individualizing for every child
- Remember and show that you see the child with a disability as a child first. Describe the child's day as you would another child's day



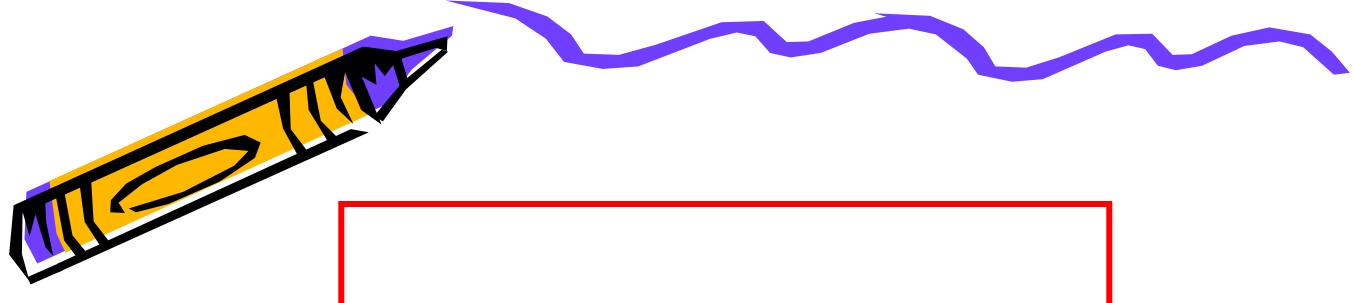
Overview of Common Disabilities

Definitions
Characteristics
Teaching Strategies
Treatment



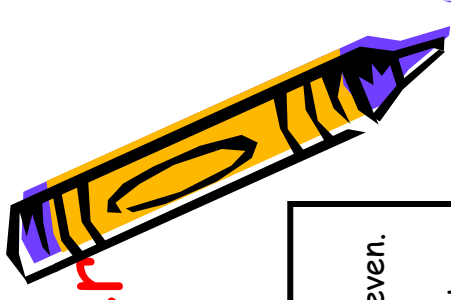
Common Disabilities

- Attention-Deficit/ Hyperactivity Disorder
- Autism
- Cerebral Palsy
- Down Syndrome
- Emotional Disturbance
- Epilepsy
- Hearing Impairment
- Learning Disabilities
- Mental Retardation
- Sensory Processing Disorder
- Speech and Language Impairments



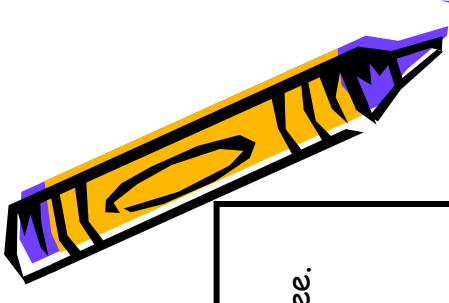
Attention-Deficit/ Hyperactivity Disorder

- Definition: Attention-deficit/hyperactivity disorder is a condition that can make it hard for a person to sit still, control behavior, and pay attention. Symptoms usually appear before age seven.
- Common Characteristics:
 - Inattentive type - does not pay attention to details, cannot stay focused on play or school work, has difficulty following through on instructions, gets distracted easily, and loses items.
 - Hyperactive-impulsive type - fidgets, squirms, always moving, acts before thinking, has trouble waiting turns, talks too much, interrupts others
 - Combined type - symptoms from both the inattentive type and the hyperactive-impulsive type
- Teaching Strategies:
 - Highly structured environment
 - Clear rules and routines
 - Brief instructions
 - Smaller teaching space
 - Give directions verbally and visually
 - Reduce extra stimuli
 - Give more and shorter activities
 - Positive behavior modification program
- Treatment
 - Therapy (psychotherapy, cognitive-behavioral therapy)
 - Social Skills training
 - Modifications to environment and activities
 - Medication



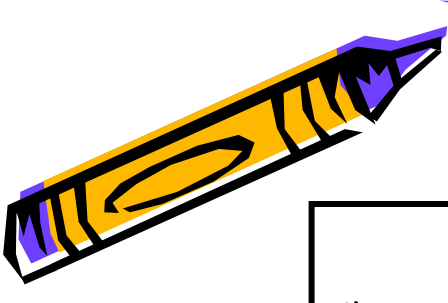
Autism

- Definition: Autism is a neurological, developmental disability that affects a child's ability to communicate, understand language, and relate to others. Autism is usually evident by age three.
- Common Characteristics:
 - Lack of eye contact
 - Difficulty with social interactions
 - Lack of social or emotional reciprocity
 - Delay in verbal communication
 - Echolalia (repeating or echoing words)
 - Repetitive play
 - Difficulty with changes in routine
 - Sensory sensitivities
- Teaching Strategies:
 - Structured Teaching
 - Applied Behavior Analysis
 - Discrete Trial
 - Visual Schedules
 - Picture Exchange Communication System (PECS)
 - Social Stories
 - Work Systems
- Treatment:
 - Special Education Services
 - Speech Therapy
 - Occupational Therapy
 - Special Diet (e.g., Vitamin B6 and magnesium supplements, Gluten-Free and Casein-Free diet)



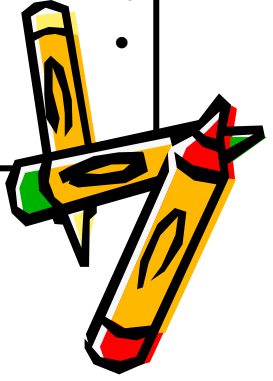
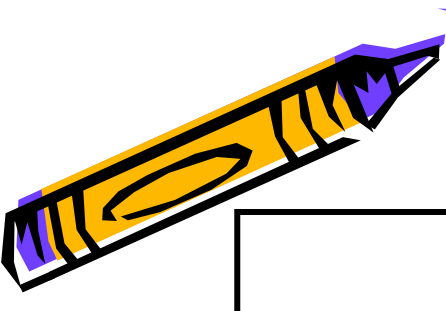
Cerebral Palsy

- Definition: A condition caused by injury to the parts of the brain that control the ability to use muscles and to move the body. Often the injury happens before birth.
- Common Characteristics:
 - Delay reaching motor or movement milestones
 - Stiff movement and tight muscle tone (Spastic CP)
 - Slow, uncontrolled body movements and low muscle tone (Athetoid CP)
 - Both stiffness and uncontrolled body movement (Mixed CP)
 - Speech delay
 - Hearing or vision problems
 - Learning difficulties
 - Mental retardation
- Teaching Strategies:
 - Use a variety of sensory strategies to communicate information
 - Utilize assistive technology (communication board, computer, etc.)
- Treatment:
 - Physical therapy
 - Occupational therapy
 - Speech therapy
 - Special education services
 - Special equipment (braces, splints, therapy equipment)
 - Medical treatments (surgery, Botox injections, medications)



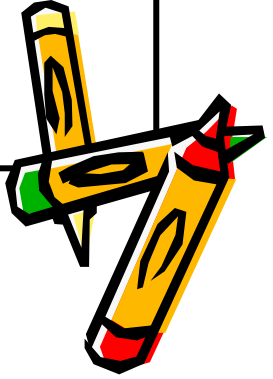
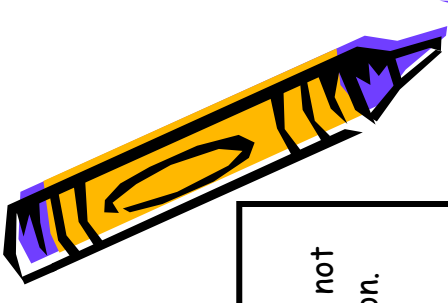
Down Syndrome

- Definition: Down Syndrome is the most common and easily identified chromosomal condition. Children with Down Syndrome are born with 47 chromosomes, instead of the typical 46 chromosomes.
- Common Characteristics:
 - Mental retardation (all)
 - Speech delay
 - Poor muscle tone
 - Slanting eyes with folds of skin at the inner corners
 - Overly flexible
 - Short, broad hands with a single crease across the palm
 - Broad feet with short toes
 - Short neck
 - Obesity
 - Health-related problems (more prone to respiratory problems, visual problems, mild to moderate hearing loss, heart defects, gastrointestinal tract problem, Atlantoaxial Instability)
- Teaching Strategies:
 - Teach tasks step-by-step
 - Visual Supports
- Treatments
 - Special Education services
 - Speech therapy
 - Physical therapy
 - Medical treatment for medical conditions



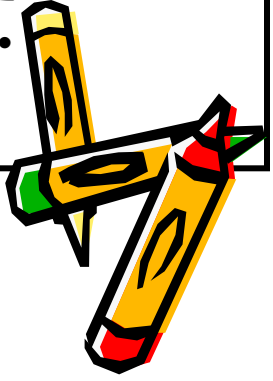
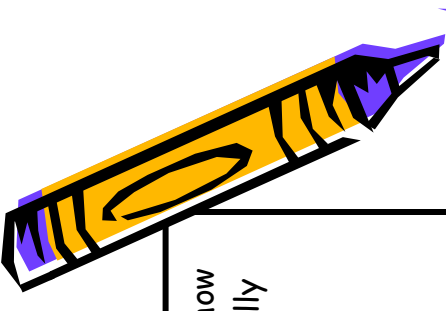
Emotional Disturbance

- Definition: A child is considered to have an emotional disturbance if the symptoms listed below continue over a long period of time and affect the child's educational performance. This does not apply to children that are socially maladjusted, unless specifically determined by the evaluation.
 - An inability to learn that cannot be explained by intellectual, sensory, or health factors
 - An inability to form or keep positive relationships with teachers and other students
 - Inappropriate behaviors or feelings under normal circumstances
 - A general pervasive mood of unhappiness or depression
 - A tendency to develop physical symptoms or fears associated with personal or school problems
- Common Characteristics:
 - Hyperactivity (short attention span, impulsiveness)
 - Aggression toward self and others
 - Withdrawal from social interactions
 - Immaturity
 - Learning difficulties (below grade level)
- Teaching Strategies
 - Clear expectations and natural consequences
 - Positive behavioral support (PBS)
 - Functional Behavior Analysis and Behavior Plan
 - Identify preferred activities and use as rewards
 - Social Stories
 - Treatment
 - Therapy (individual and group)
 - Medication



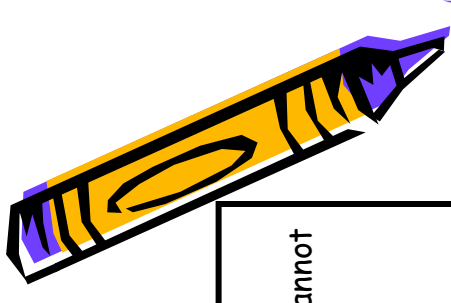
Epilepsy

- Definition: Epilepsy is a physical condition that occurs when there is a sudden, brief change in how the brain works, triggering epileptic seizures. Once the seizure is over, brain functioning usually returns to normal
- Common Characteristics:
 - Partial seizures
 - Simple Partial Seizures
 - Leg shaking
 - Changes in speech
 - Changes in how a person moves or feels
 - Complex Partial Seizures
 - "Blackouts" or periods of confused memory
 - Person may stare, wander, or move repetitively although the person has no awareness of what is happening and cannot respond to others
 - Generalized Seizures
 - Massive muscle jerks (myoclonic seizures)
 - Muscle spasms in babies
 - Sudden falls for no reason
 - Short staring spells (absence seizures or petit mal seizures)
 - Convulsions (generalized tonic clonic seizures or grand mal seizures)
 - Extreme tiredness after "fainting"
- Teaching Strategies:
 - Observe and document seizures and report to parents and nurse
 - Provide epilepsy education programs for staff and students
 - Observe changes in child's physical or intellectual skills.
 - Treatment:
 - Medication
 - Monitoring by a neurologist
 - Special diet



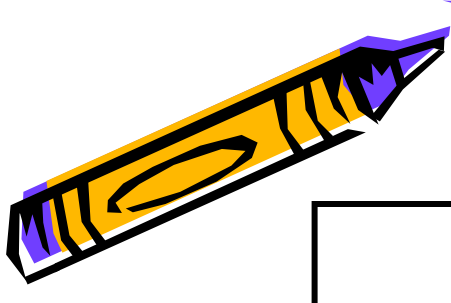
Hearing Impairment & Deafness

- Definition: A hearing impairment, whether permanent or temporary, negatively affects a child's educational performance. Deafness is a hearing impairment that is so severe that the child cannot process information through hearing, even with amplification.
- Common Characteristics:
 - May affect balance
 - Information processing time is longer
 - Speech may be unclear
 - Child may turn one ear toward sounds
- Teaching Strategies:
 - Total Communication—includes spoken language, finger spelling, gestures, facial expressions, and sign language
 - Oral Communication—emphasizes spoken language through speech therapy and focuses on teaching the child to use whatever hearing the child has with amplification
 - Place student where he/she can hear instructions or see the teacher
 - Amplification system
 - Sign Language
 - Notetaker
 - Use captioned videotapes
 - Stand still when giving instructions
- Treatment:
 - Speech therapy
 - Auditory training
 - Auditory trainer—device that focuses sound so that a teacher can speak into a microphone and the sound goes directly to the student
 - Hearing devices—hearing aids and cochlear implants



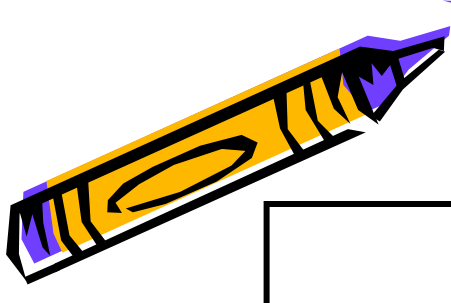
Learning Disabilities

- Definition: A learning disability is a disorder in one or more of the basic processes involved in processing written and spoken language and may impact listening, thinking, speaking, reading, writing, spelling, and doing math calculations. Most individuals with learning disabilities have average or above average intelligence.
- Common Characteristics:
 - Noticeable difference between intelligence and how well a child does in school
 - Trouble learning the alphabet, rhyming words, or connecting letters to sounds
 - Trouble with spelling
 - Messy handwriting or difficulty writing
 - May confuse math symbols and misread numbers
 - Trouble organizing thoughts or thinking of the correct words
 - May not be able to retell a story in order
- Teaching Strategies:
 - Keep instructions simple
 - Break down tasks into smaller steps
 - Give more time to complete task
 - Assistive technology (tape recorders, reading machines, etc.)
 - Consider student's preferred learning style
- Treatment:
 - Special education services



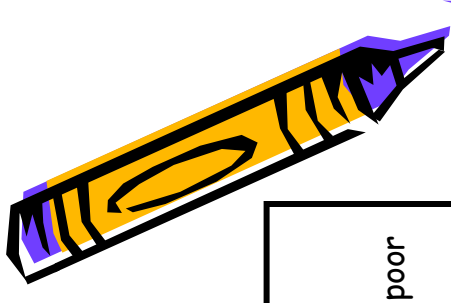
Mental Retardation

- Definition: The diagnosis of mental retardation is based on three criteria:
 - Cognitive level (IQ below 70-75)
 - Significant limitations in 2 or more adaptive skill areas
 - Condition present from childhood (18 years or before)
- Common Characteristics:
 - Sit up, crawl, or walk later than other children
 - Learn to talk later or have trouble speaking
 - Find it hard to remember things
 - Have trouble understanding social rules
 - Have trouble seeing consequences of actions
 - Have trouble solving problems or thinking logically
- Teaching Strategies:
 - Visual Supports
 - Break tasks into smaller steps
 - Teach life skills
 - Provide prompts
 - Additional time to complete tasks
 - Demonstrate directions and make sure they are understood
- Treatment:
 - Special Education services
 - Speech Therapy
 - Physical Therapy
 - Occupational Therapy



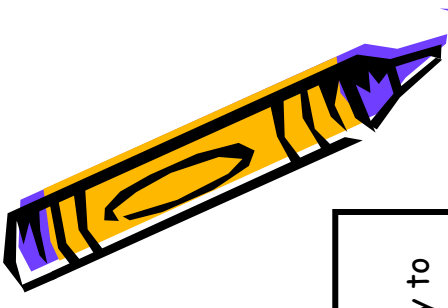
Sensory Processing Disorder

- Definition: In an individual with Sensory Processing Disorder, one or more senses are not being interpreted properly. Children may be over or under reactive to sensory stimulation, have an unusually high or low activity level, have coordination problems, have academic delays, or have poor organization of behavior.
- Common Characteristics:
 - Covering ears when there are loud sounds
 - Avoiding touch or certain textures
 - Crashing into objects, twirling body
 - Constantly moving or always fatigued
 - Poor balance and motor control
 - Difficulty with academics or daily living activities despite normal intelligence
 - Impulsive or easily distracted
- Teaching Strategies:
 - Limit amount of extra material hanging from the ceiling and on the walls
 - Keep a consistent schedule and let student know about future changes
 - Create a quiet corner in the room
 - Allow "fidget" items during circle time and transitions
 - For a child seeking sensory input, provide safe, firm pressure on shoulders or head
- Treatment:
 - Occupational therapy
 - Special Education services



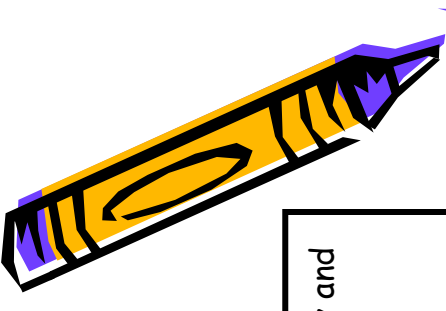
Speech & Language Impairment

- Definition: Children with speech disorders have difficulty producing speech sounds or have problems with voice quality. Children with language disorders have an impairment in the ability to understand correctly, both verbally and nonverbally.
- Common Characteristics:
 - Stuttering
 - Pronouncing words or sounds incorrectly
 - Unusual pitch, volume, or tone quality
 - Does not respond correctly to verbal directions or appear to understand
 - Improper use of words
 - Has limited vocabulary
- Teaching Strategies
 - Visual Supports
 - Give directions step by step
 - Check for understanding
 - Speak slowly
 - Peer mentors and modeling
 - Assistive technology
- Treatment:
 - Speech therapy (individual and group)



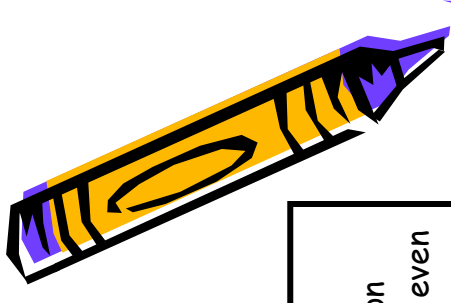
Traumatic Brain Injury

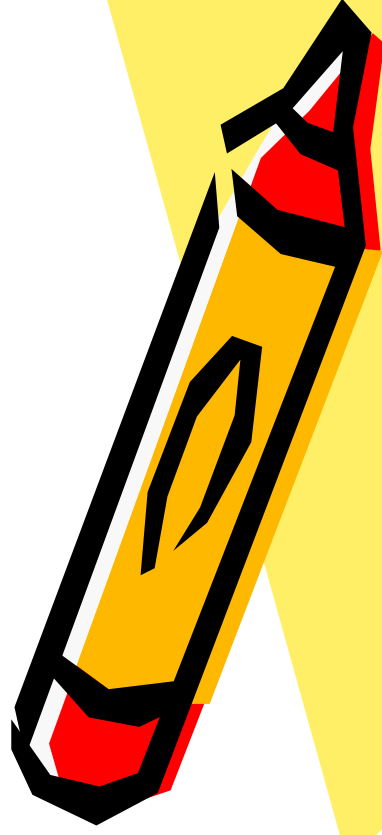
- Definition: An injury to the brain caused by the head being hit by something or shaken violently and that negatively impacts a child's educational performance.
- Common Characteristics:
 - Headaches
 - Dizziness
 - Ringing in the Ears
 - Fatigue
 - Seizures
 - Loss of coordination
 - Trouble with memory
- Teaching Strategies:
 - Give additional time to complete tasks
 - Give directions one step at a time and in writing
 - Demonstrate new tasks and give examples
 - Keep consistent routines
 - Give lots of opportunities to practice new skills
 - Reduce distractions
- Treatment:
 - Special education services
 - Physical therapy
 - Occupational therapy
 - Counseling



Visual Impairment

- Definition: Functional loss of vision
 - Partially sighted – some type of visual problem has resulted in a need for special education
 - Low vision – a person with sight who is unable to see objects at a normal viewing distance even with corrective aids
 - Legally blind – person has less than 20/200 vision in the better eye
 - Blind – student that has no vision
- Common Characteristics:
 - May not explore the environment
 - May not imitate social behavior
 - May not understand nonverbal cues
- Teaching Strategies:
 - Use other sensory strategies for providing information (smell, taste, touch, sound)
 - Place student where he/she can best hear instructions.
 - Keep classroom uncluttered and items easily accessible.
 - Use larger print
 - Use visual contrasts (black on white)
 - Books on tape
 - Assistive technology
 - Braille
- Treatment
 - Medical treatment
 - Vision therapy



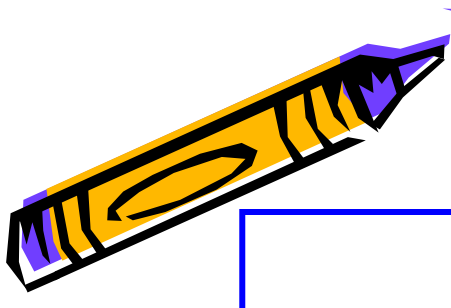


Resource Guide

Developmental Milestones
Glossary of Disability Terms
Community Resources



Developmental Milestones (1 to 2 Years)



12 months

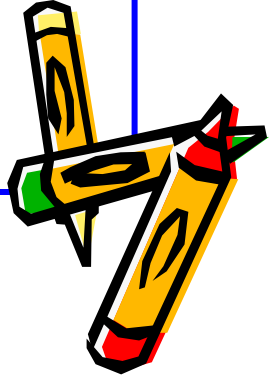
- Pulls up to stand and may step with support
- Picks things up with a thumb and one finger
- Nods head to signal "yes"
- Gives affection
- Says two or three words

18 months

- Walks (maybe runs a bit)
- Climbs up or down one stair
- Marks on paper with crayons
- Uses five to 10 words
- Pulls toys that have wheels
- Understands simple directions

24 months

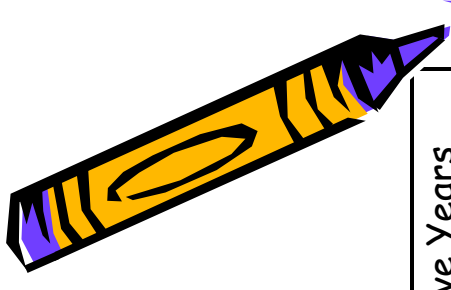
- Hands over toys upon request
- Kicks a large ball
- Turns pages in a book
- Asks for items by name
 - Recognizes a familiar picture and knows it is upside down
 - Uses two or three words together, such as "more juice"



Developmental Milestones (3 to 5 Years)

	By the End of Three Years	By the End of Four Years	By the End of Five Years
Social/Emotional	- Imitates others - Shows affection for familiar people - Can take turns - Understands "mine" and "his/hers" - Expresses a range of emotions - Objects to major changes in routine	- Cooperates with others - Enjoys and is creative with imaginative play - More independent - May not understand the difference between reality and fantasy - Attempts to solve conflicts	- Likes to sing, dance, and act - Wants to please and to be like friends - Follows rules more often - Able to tell the difference between reality and fantasy
Cognitive	- Matches objects to pictures - Plays make-believe with toys - Sorts objects by color and shape	- Names colors - Recalls parts of a story - Understands counting and can count to 5 - Understands "same" and "different"	- Can count 10 objects - Correctly names colors - Knows about items used every day in the home (food, appliances, money) - Better understands time
Language	- Understands others / follows a 2- or 3- part command - Uses 4- or 5- word sentences - Can say name, age, and sex - Recognizes and identifies most common objects - Uses pronouns (I, you, me, we, they) and some plurals (shoes, cars, coats)	- Uses 5- to 6- word sentences - Tells stories - Has mastered basic grammar	- Speaks in sentences longer than 5 words - Uses future tense - Tells long stories

Developmental Milestones (continued)



	By the End of Three Years	By the End of Four Years	By the End of Five Years
Movement	Climbs, walks up and down stairs, kicks, runs, and pedals tricycle easily	- Hops and stands on one foot for five seconds - Throws, catches, and kicks balls	- Stands on one foot for 10 seconds - Hops, somersaults, swings, climbs, and skips
Fine Motor Skills	- Able to draw circles and lines - Able to build a tower with 6 blocks	- Able to draw a square and a person with a few body parts - Uses scissors - Able to copy some letters	- Copies triangles and other shapes - Prints letters - Draws a person with a body - Use fork, spoon, and knife



Glossary of Common Disabilities Terms

•Applied Behavior Analysis (ABA)

ABA is a structured teaching approach that breaks down desired skills into simple steps. Children are taught new skills through repeated trials and positive reinforcement. Data is collected and analyzed to show change over time.

•Assistive Technology

Any item or equipment utilized to maintain, increase, or improve the functional capabilities of individuals with disabilities.

•Behavior Intervention Plan

A written plan developed as part of an IEP to address a serious behavioral problem. It is based on an assessment of the purpose of the behavior and describes the interventions that will be used. It also describes how success will be measured.

•Child and Family Connections (CFC)

CFCs are the entry point for Early Intervention services in the state of Illinois. CFCs accept referrals to Early Intervention, coordinate initial services, and refer families to service providers.

•Developmental Disability (DD)

A severe, chronic disability that is evident before the age of 22 and is attributed to a mental or physical impairment. This disability is expected to necessitate support services, to continue indefinitely, and to limit the individual's functional ability to participate in major life activities.

•Early Intervention Services (EI)

EI services are provided to children under three who meet the state's eligibility criteria. Services are designed in collaboration with each family to support the developmental needs of the child and to increase the capacity of the family to care for the child.

Glossary of Common Disabilities Terms

•Free Appropriate Public Education (FAPE)

Education appropriate to each child's needs is provided to all children ages 3 to 21 at public expense.

•Individualized Education Program (IEP)

An IEP is a written plan developed by a team of multidisciplinary professionals and parents for each child determined to have a disability. The IEP is updated at least annually and contains information about current educational performance, annual goals, and support services needed.

•Individualized Family Service Plan (IFSP)

An IFSP is a written plan developed for a child under 3 who has been determined to have a delay. The IFSP is written by a team of multidisciplinary professionals with the family as the primary participant. It describes the child's developmental levels in all areas, the family's resources, priorities, and concerns. It also contains information about the services that will be received and about the settings where they will be provided. The IFSP must be updated at least every six months.

•Individuals with Disabilities Education Act (IDEA)

This law requires school districts to provide appropriate services to students identified with disabilities in order for the students to achieve educational performance goals.

•Least Restrictive Environment (LRE)

The LRE is the setting that provides a child diagnosed with a disability with the most opportunities to be educated with same-aged peers without disabilities.

•Natural Environment

The natural environment is defined as the home and other community setting where children and families normally participate in activities. As much as possible, Early Intervention services must be provided in natural environments.

Glossary of Common Disabilities Terms

•Occupational Therapy (OT)

OT involves the therapeutic use of purposeful activity or interventions to increase independence, promote health, and prevent disability. By focusing on the student's fine motor, self-help, social, and play skills, OT enables individuals to function better physically, emotionally, academically, and socially in daily activities.

•Physical Therapy

Physical therapy aims at improving an individual's physical abilities through activities that strengthen muscular control, balance, tone, and posture. Common treatments include massage, exercise, and whirlpool baths. Physical therapists help individuals improve the use of bones, muscles, joints, and nerves.

•Picture Exchange Communication System (PECS)

PECS is an alternative communication system that uses picture symbols as a way of increasing functional communication. It is taught in six phases starting with the exchange of a picture symbol for a desired item.

•Respite Care

Respite is short-term care provided to individuals with disabilities and is typically provided in the individual's home. Respite may also be provided in an alternate licensed setting for an extended period of time. Respite care allows caregivers to take a break in order to relieve and prevent stress and fatigue.

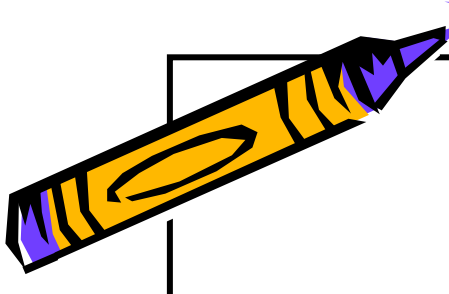
•Sensory Integration Therapy

SI therapy is designed for individuals that do not properly process sensory information. The goal of SI therapy is to improve an individual's ability to tolerate and process sensory input appropriately.

•Speech/Language Therapy

Speech/language therapy is provided by a speech therapist or a speech and language pathologist with the goal of improving an individual's ability to communicate, either verbally or nonverbally.

Community Resources



- Advocate Illinois Masonic Pediatric Developmental Center
3040 N. Wilton, 2nd Floor
Chicago, IL 60657
(773) 296-8441
www.advocatehealth.com/immc/services/centers/ped-devel.html

- Belle Center of Chicago
1754 West Wilson
Chicago, IL 60640
(773) 878-7868
(773) 878-7869
www.bellecenter-chicago.org

- Chicago Association for Retarded Citizens (CARC)
8 South Michigan, Ste. 1700
Chicago, IL 60603
(312) 346-6230
www.chgoarc.com

- Chicago Southside Autism Support Group (CSASG)
www.csasg.org

- Designs for Change
29 East Madison, Ste. 950
Chicago, IL 60602
(312) 236-7252

- Easter Seals Metropolitan Chicago
14 E. Jackson Blvd, Suite 900
Chicago, IL 60604
(312) 939-5115
www.eastersealschicago.org

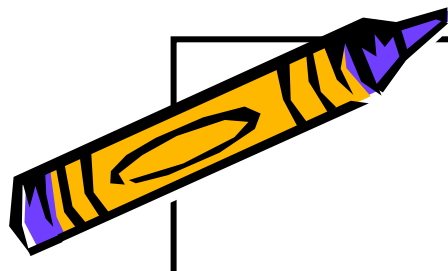
- Family Resource Center on Disabilities
20 E. Jackson Blvd., Room 300
Chicago, IL 60604
(312) 939-3513
www.frcd.org

- Hearing and Vision Connections
(877) 731-8184
www.morgani.k12.il.us/isd/hvc

- Illinois Early Childhood Intervention Clearinghouse
(800) 852-4302
www.eiclearinghouse.org

- Jewish Children's Bureau of Chicago
One South Franklin Street
Chicago, IL 60606
(312) 444-2090
www.jcbchicago.org

Community Resources



•Least Restrictive Environment Clearinghouse
160 North Wacker Drive, 4th Floor

Chicago, IL 60606

(800) 573-3383

www.leastrestricitive.org

•Make-A-Wish Foundation

640 N. LaSalle St., Ste. 280

Chicago, IL 60610

(312) 943-8956

www.wishes.org

•Mayer-Johnson LLC

P.O. Box 1579

Solana Beach, CA 92075

(858) 550-0084

www.mayer-johnson.com

•National Lekotek Center

3204 W. Armitage

Chicago, IL 60147

(773) 276-5164

www.lekotek.org

•STARNET

Chicago Public Schools

Office of Specialized Services

125 S. Clark, Ste. 800

Chicago, IL 60603

(773) 553-3408

•The University of Chicago Developmental Disorders Clinic

Department of Psychiatry

5841 South Maryland Ave, MC3077

Chicago, IL 60637

(773) 834-3864

<http://www.psy-svrl.bsd.uchicago.edu/ddc/home.htm>

•University of Illinois at Chicago

Institute on Disability and Human Development

1640 W. Roosevelt Rd.

Chicago, IL 60608-6904

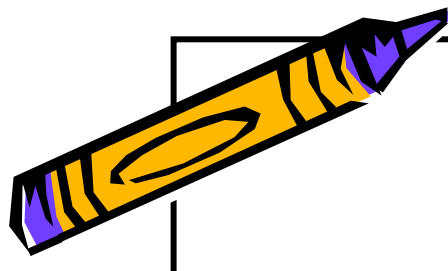
•The Family Clinic: (312) 413-1871

Children & Adolescent Diagnostic: (312) 413-1490

Hispanic Diagnostic Program: (312) 413-1819

Adult Diagnostic Program: (312) 413-1490

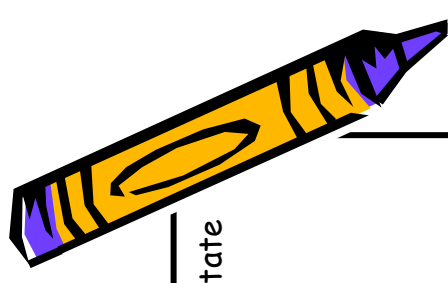
Disability Organizations



Attention Deficit Disorders •CHADD of Chicago (773) 250-3200 www.chaddofchicago.tripod.com •Institute for Family Development PO Box 1145 Orland Park, IL 60462 (708) 361-4878 www.institutefordevelopment.com •National Attention Deficit Disorder Association (ADDA) 1788 2nd St., Ste. 200 Highland Park, IL 60035 (847) 432-2332 (847) 432-5874 www.add.org	Autism •Autism Society of Illinois 2200 S. Main St., Ste. 317 Lombard, IL 60148 (630) 691-1270 (630) 932-5620 www.autismillinois.org
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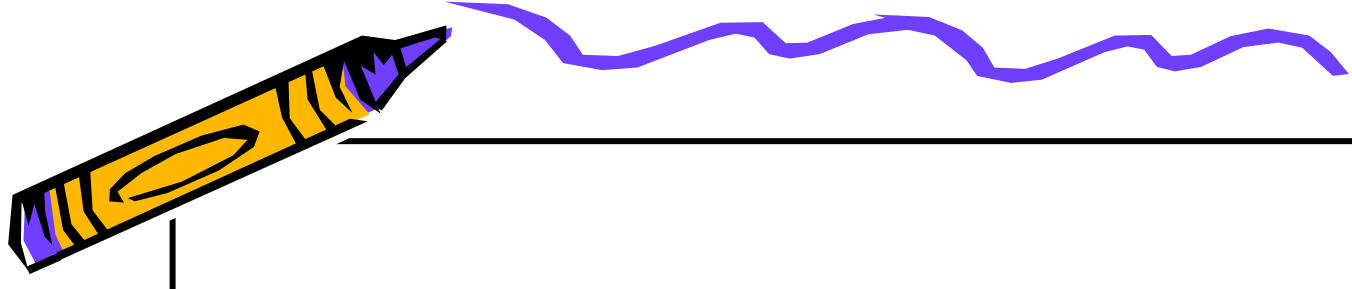
•Metropolitan Chicago Chapter of Autism 1550 W. 88th St., 1st Fl. Chicago, IL 60620 (773) 233-4210 www.chicagoautismsociety.com •S.A.L.T.O. (Spanish-speaking autism support group) (773) 585-3868 autismchicago@yahoo.com	Blind/Visually Impaired •Illinois Parents of the Visually Impaired Lighthouse for the Blind 1850 Roosevelt Rd. Chicago, IL 60608 (312) 666-1331 www.thechicagolighthouse.org •National Family Association for the Deaf/Blind (NFADB) Philip Rock School for the Deaf/Blind Glen Ellyn, IL 60137 www.nsfadb.org (773) 585-3868
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Disability Organizations

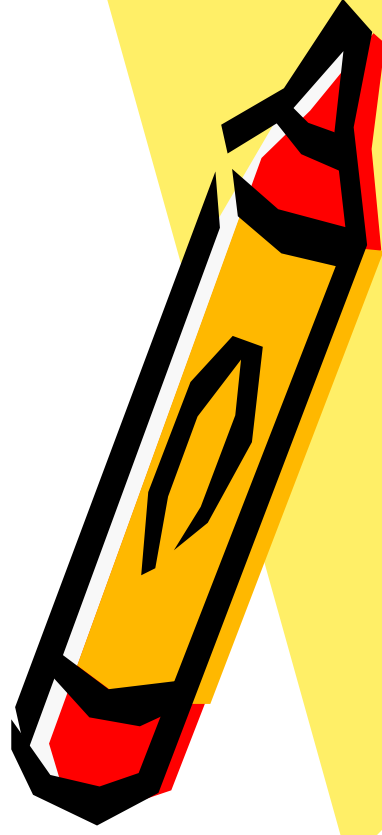


Down Syndrome •GiGi's Playhouse 1069 West Golf Road Hoffman Estates, IL 60169 (847) 885-PLAY www.gigisplayhouse.com •National Association for Down Syndrome PO Box 4542 Oak Brook, IL 60522 (630) 325-9112 (630) 325-8842 www.nads.org - Learning Disabilities •Illinois Dyslexia Association 751 Roosevelt Rd., Ste. 116 Glen Ellyn, IL 60137 (630) 469-6900 (630) 469-6810 www.interdys.org	•Learning Disabilities Association of Illinois State Office 10101 S. Roberts Road #205 Palos Hills, IL 60465-1556 (708) 430-7LDA (708) 430-7592 www.ldanatl.org •National Center for Learning Disabilities www.ncld.org - Mental Health •Family Support Group Community Mental Health 8704 S. Constance Ave. Chicago, IL 60617 (773) 734-4033 Ext. 111 (773) 731-9399 www.thecouncil-online.org - Mental Retardation/ Developmental Delay •CARC 8 S. Michigan Avenue, Ste. 1700 Chicago, IL 60603 (312) 346-6230 (312) 346-2218 www.chgoarc.org
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Disability Organizations



Physical Disabilities/ Health	Cerebral Palsy
•Epilepsy Foundation 17 North State St., Ste. 1300 Chicago, IL 60602-3297 (312) 939-8622 (800) 273-6027 www.epilepsyfoundation.org/local/chicago/ •Illinois Spina Bifida Association 3080 Ogden Avenue #103 Lisle, IL 60532 (630) 637-1050 (630) 637-1066 www.illinoispinabifidaassociation.org •Spinal Cord Injury Association of Illinois 1032 S. LaGrange Road LaGrange, IL 60525 (708) 352-6223 (708) 352-9065 www.sci-illinois.org	•United Cerebral Palsy 160 N. Wacker Dr. Chicago, IL 60606 (312) 368-0380 (312) 368-0018 www.ucpa.org - Grieving •Compassionate Friends PO Box 3696 Oak Brook, IL 60522-3696 (630) 990-0010 (630) 990-0246 www.compassionatefriends.org



Examples & Sample Templates

Social Stories
Visuals
Behavior Observation Forms
Communication Logs



I Use My Words

- At school I use my words to talk to my teachers and friends



I Use My Words

- My teachers like when I use my words.
- When I use my words I can ask the teacher
 - for things that I want,
 - Or for help.



I Use My Words

- When I point to ask for things my teacher may not know what I want.
- This makes my teacher sad because she may not know how to help me or be able to give me what I need.



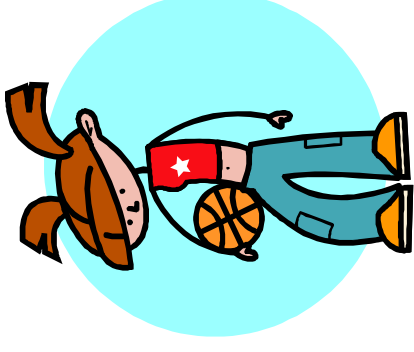
I Use My Words

- My teachers like when I use my words.
- When I use my words my teacher is happy.
- When I use my words I can get what I need.



I Use My Words

- My friends like when I use my words.
- When I use my words I can ask my friends
 - To share a toy,
 - To play a game
 - To have fun with me.



I Use My Words

- When I take things without asking my friends get sad and even cry.



I Use My Words

- My friends like when I use my words.
- My friends are happy when I use my words.
- When I use my words I can play nicely with my friends and have lots of fun!



I Use My Words

- When I use my words I have fun and get what I need.
- I will use my words at school!



I Use My Words

- When I am at school I will use my words.
- When I use my words I make my teachers and friends happy.
- My teachers are proud of me when I use my words.



What to do if Someone Hurts You

- If somebody hits me or hurts me I tell them to STOP!



What to do if Someone Hurts You

- To tell them to stop
I can say:

- NO
- Don't do that
- STOP
- Do not hit me



What to do if Someone Hurts You

- If I tell a child to stop and they do not stop I can tell a teacher



What to do if Someone Hurts You

- When I tell a teacher that a child is hurting me she can help me.
- Then I can play and have fun!



What to do if Someone Hurts You

- If somebody hits me or hurts me I tell them to STOP!
- When I use my words to tell children to be nice, my teacher is happy.



What to do if Someone Hurts You

- I will tell my friends to STOP by saying:

- NO
- Don't do that
- STOP
- Do not hit me



What to do if Someone Hurts You

- Then I can play and have fun!



Circle Time

- During circle time I sit with my friends

sit on floor



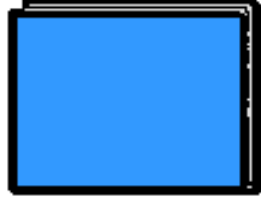
children



musical instruments



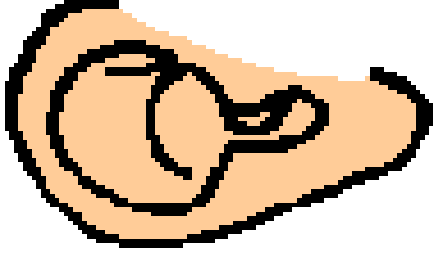
book



Circle Time

- My ears are open to listen to my teacher

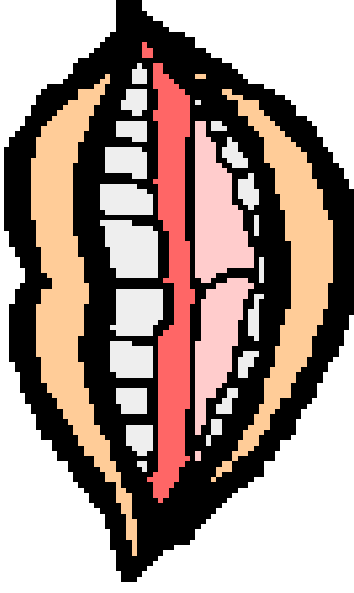
ear



Circle Time

- My mouth is closed
so I do not talk

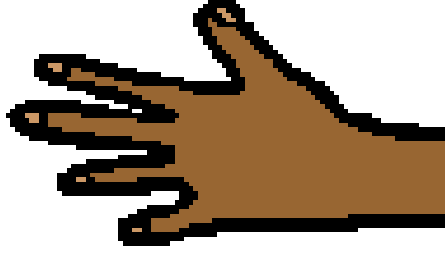
mouth



Circle Time

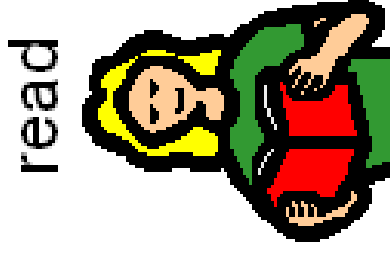
- I place my hands in my lap and I keep them to myself

hand



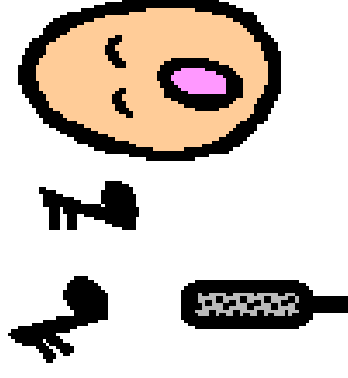
Circle Time

- When I do all of these things, I am able to:
- Sing songs
- Listen to stories
- Answer questions
- Learn fun things



read

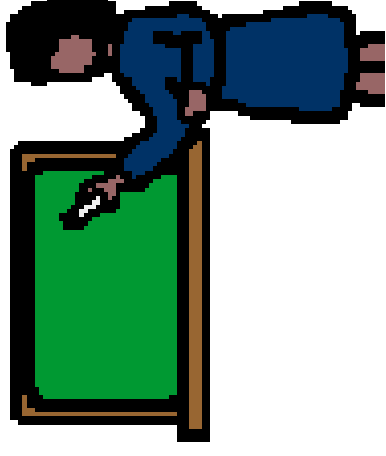
singer



Circle Time

- When I sit nicely
and listen, my
teacher feels:
- HAPPY!!

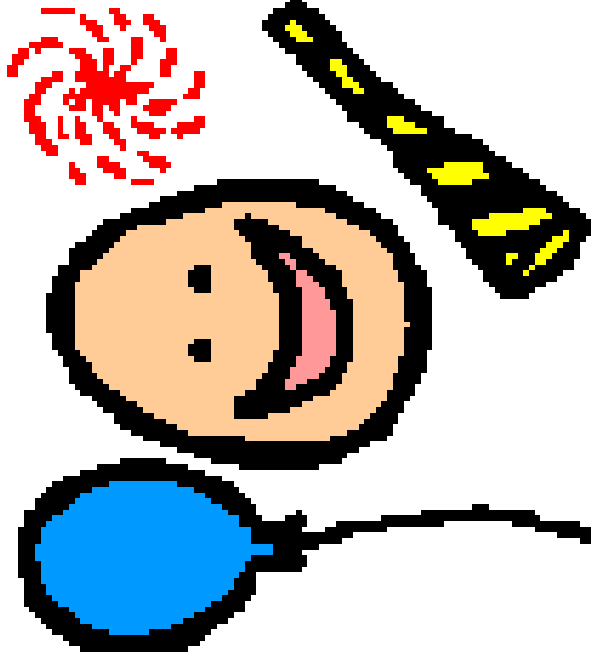
teacher



Circle Time

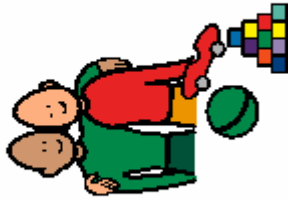
- I like circle time
- Circle time is fun when I sit nicely, listen to my teacher, keep my mouth quiet and my hands to myself

fun

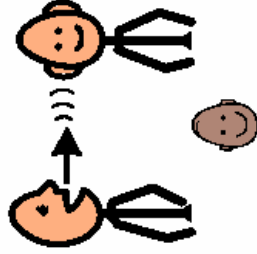


Play Nicely with Friends

play with friends



use nice words



people are happy

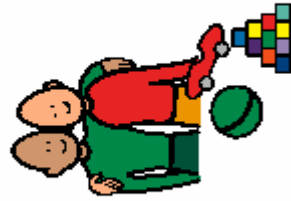


keep playing

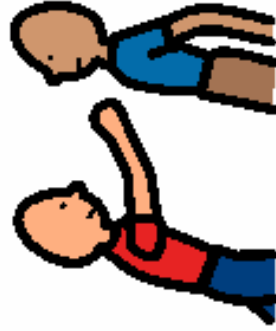


or

play with friends



hurt others



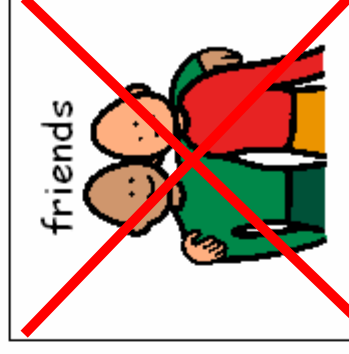
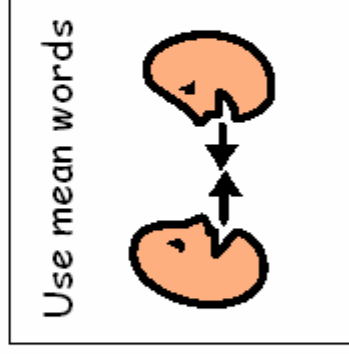
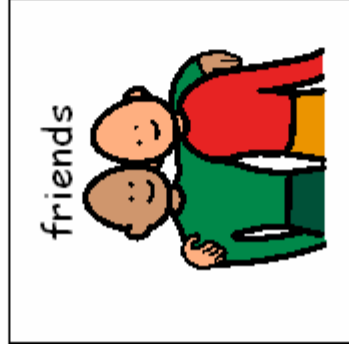
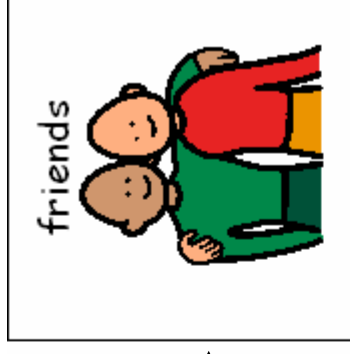
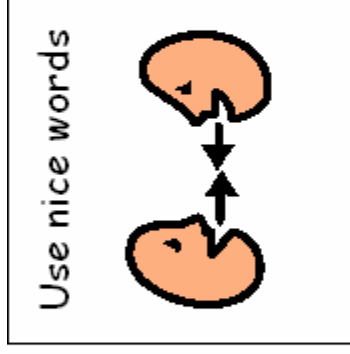
people are sad

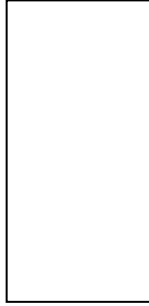


all done playing



Use Nice Words





Family

shake



hug



kiss



Friends

shake



hug



no kissing



People You Don't Know

no touching



no hugging

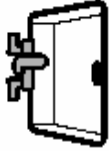


no kissing

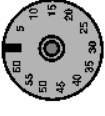


Behavior Checklist

Instructions: Complete all parts by circling Y(Yes - a lot), N(No - none), or S(some) to indicate if the child had challenging behavior during the activity.

Arrival / Departure		Meals		Bathroom	
					
Days	Challenging Behavior?	Days	Challenging Behavior?	Days	Challenging Behavior?
M	Y N S	M	Y N S	M	Y N S
T	Y N S	T	Y N S	T	Y N S
W	Y N S	W	Y N S	W	Y N S
R	Y N S	R	Y N S	R	Y N S
F	Y N S	F	Y N S	F	Y N S

Circle Time		Free Play		Small Group Activity	
					
Days	Challenging Behavior?	Days	Challenging Behavior?	Days	Challenging Behavior?
M	Y N S	M	Y N S	M	Y N S
T	Y N S	T	Y N S	T	Y N S
W	Y N S	W	Y N S	W	Y N S
R	Y N S	R	Y N S	R	Y N S
F	Y N S	F	Y N S	F	Y N S

Naptime		Transitions		Other	
					
Days	Challenging Behavior?	Days	Challenging Behavior?	Days	Challenging Behavior?
M	Y N S	M	Y N S	M	Y N S
T	Y N S	T	Y N S	T	Y N S
W	Y N S	W	Y N S	W	Y N S
R	Y N S	R	Y N S	R	Y N S
F	Y N S	F	Y N S	F	Y N S

Behavior Observation Worksheet

Child's Name: _____ Observer(s): _____ Date: ____ / ____ / ____ Time: _____

Antecedent

(What happened before?)

Describe:

or

Check all that apply:

Teacher/Student Interactions	Activity
Told or asked to do something	Difficult activity
Told "No," "Don't," or "Stop"	Child did not like activity
Attention given to others	Changed or ended activity
Touched by student or teacher	Moved from one activity or place to another
Student/teacher took away object	
Other student had object the child wanted	
Child wanted to play with others	Environment
Other student(s) upset child	Uncomfortable Environment (too cold, hot, loud, etc.)
Student(s) refused to play with child	

* Students or teachers around when behavior occurred:

Behavior

* Describe:

* How often? ____/week

* How long? ____ min

*Intensity: 1 2 3 4 5
(circle) minor severe

Consequences

(What happened after?)

Describe:

or

Check all that apply:

Given attention	Child needed to sit
Given help	Child was told rules
Child was comforted	Child did not have to do what was asked
Child was offered reward for correct behavior	Child did not have to do what was asked until later
Ignored by teachers	Child was moved to another activity
Ignored by students	Removed from activity/area

How did the classroom staff react?

How did the students react?

Date: _____

Activity		Great	Okay	Challenging	What I did & said:
Arrival					
Breakfast					
Circle Time					
Free Play					
Small Group Activity					
Transitions					
Lunch					
Nap					

_____s Day

Way to Go!	Tomorrow, I will work on.....
Followed Directions _____	
 Used Gentle Hands & Feet _____	
 Played nicely with friends _____	
 Cleaned -up _____	

	Monday	Tuesday	Wednesday	Thursday	Friday
Fed By: (Name of Person)					
Breakfast					
Lunch					
Diaper Changes (Time & Initials)					

Comments: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Fed By: (Name of Person)					
Breakfast					
Lunch					
Diaper Changes (Time & Initials)					

Comments: _____

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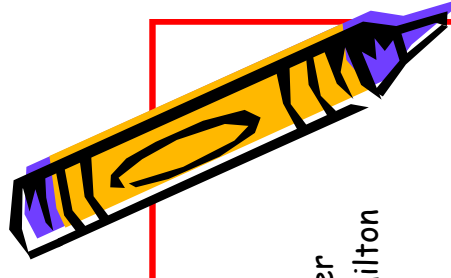
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Thank you for what you do....

You are making a difference

