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ABSTRACT

Intended for use in Florida training programs for caregivers of infants and toddlers with disabilities, this guide presents an overview of the Model of Interdisciplinary Training for Children with Handicaps (MITCH); offers a user's guide to the series; and provides specific information for presenting Module 3, which focuses on meeting the special needs of children who seem different. After the introduction to the MITCH program as a whole, the user's guide provides information on the instructor's role, the 3-hour training session, the use of videotapes and audiotapes, and follow-up activities. For this module, goals and objectives focus on providing participants with an understanding of conditions that put a child at risk, early intervention, special needs terminology, methods of observation, the concept of screening, referral procedures for further testing, and mainstreaming. For each hour of training, a script, suggested activities, and relevant handouts are provided. Attached are lists of recommended resources and references, reproducible forms and handouts, and forms for the 6-week follow up. Also attached is a booklet providing an overview of normal child development from birth to 36 months in the areas of personal and social skills, language and understanding skills, small muscle skills, and large muscle skills. (DB)

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MITCH Module 3

Model of Interdisciplinary Training for Children with Handicaps

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A Series for Caregivers of Infants and Toddlers

The Child Who Seems Different: Meeting Special Needs



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**Florida Department of Education
 Division of Public Schools
 Bureau of Education for Exceptional Students
 1990**

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MITCH Module 3

**Model of Interdisciplinary Training
for Children with Handicaps**

A Series for Caregivers of Infants and Toddlers

***The Child Who Seems
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Florida Department of Education
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MITCH Module 3

**Model of Interdisciplinary Training
for Children with Handicaps**

A Series for Caregivers of Infants and Toddlers

***The Child Who Seems
Different: Meeting Special
Needs***

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Introduction

Information in the Introduction should be reviewed by each instructor or user of this material. The Users Guide to Series begins on page 5. Information relating to this module begins on page 11.

PROJECT MITCH OVERVIEW

The purpose of the Project MITCH (Model of Interdisciplinary Training for Children with Handicaps) training series is to assist local school districts in Florida in providing interdisciplinary training and resources to parents, non-degreed daycare workers, and healthcare providers who work with special needs infants and toddlers ages 0-5, with emphasis on ages 0-2.

This series was funded by a grant to the Florida Diagnostic and Learning Resources System/South (FDLRS/South), on behalf of the FDLRS Network, from the Florida Department of Education, Bureau of Education for Exceptional Students (BEES).

In 1987, the Florida Legislature designated \$100,000.00 of the total appropriation for the FDLRS Network to "expand services to infants and preschool children." The application submitted by Dade County on behalf of the FDLRS/South Associate Center serving Dade and Monroe Counties was selected for funding and was initiated on May 25, 1988. FDLRS/South collaborated with FDLRS/Mailman at the University of Miami and FDLRS/Gateway, serving Hamilton, Columbia, Lafayette, Madison and Suwannee Counties, to complete the work under the grant. Outcomes of the project include:

- assessment of the status of training and resources for the designated population
- design of a collaborative implementation and training model to include development of competencies, replicable training modules which enhance or expand the HRS eight-hour special needs child care module, an adapted training plan for daycare providers, recommendations for curricula to be used in daycare and preschool programs, and recommendations for provision of consultation to parents
- validation of the training modules in Dade, Monroem and counties served by FDLRS/Gateway
- provision of training for potential instructors and other interested personnel in the 18 FDLRS Associate Center service regions.

Topics for the eleven training modules, as well as information which provided the basis for the competencies, policy framework, and other products of Project MITCH, were obtained from a literature search, interviews, and letters of inquiry and needs assessments sent to over 600 persons throughout the State of Florida. The modules were written by several authors from various disciplines, including early childhood education, exceptional student education, nursing, occupational and physical therapy, speech and language, nutrition and social work. Each module was read by several critical readers and was piloted in both north and south Florida at least three times before final rewriting took place.

The training series emphasizes developmentally appropriate practice and normal development as the means for working with youngsters who have special needs. The eleven three-hour modules that currently make up the series have relevance for caregivers of normally developing children as well as caregivers who may be working with children who are handicapped, experiencing delays, or who may be at-risk. Although several of the modules specifically address normal and abnormal development from birth to 36 months of age, the material is also meaningful to caregivers of preschoolers who are chronologically older but who are functioning developmentally within the birth to three year range.

MITCH MODULES

Eleven MITCH training modules have been developed.

- (1) *Intellectual Development: What You Can Do to Help*
- (2) *Speech and Language Development: What You Can Do to Help*
- (3) *The Child Who Seems Different: Meeting Special Needs*
- (4) *Family Functioning: The Impact of a Child with Special Needs*
- (5) *Listening and Sensory Integration: What to Do Before Speech and Language Develop*
- (6) *The Caregiving Environment: Planning an Effective Program*
- (7) *Behavior Management: Preventing and Dealing with Problem Behavior*
- (8) *Health Care: Infection Control, Medication Administration, and Seizure Management*
- (9) *Motor Development: What You Need to Know*
- (10) *Nutrition and Feeding Practices: What You Need to Know*
- (11) *Working Together: Communication Skills for Parents, Caregivers, and Other Professionals.*

Each of the three-hour modules can be used independently. Although the modules are numbered sequentially, they may be presented in any order since no module provides prerequisite material for another. Each module contains a script for the instructor, activities, references, resource list, and reproducible handouts/overheads. In some cases, a videotape and/or an audiotape and other materials are available to supplement the written material.

MITCH BOOKLETS

Three booklets have also been produced through MITCH. These may be used with modules as indicated or may be used independently. The booklets are listed below:

- *A Simple Introduction to Physical and Health Impairments*, to be used with Module 3
- *Welcome to the World: An Overview of Your Growing Child*, to be used with Modules 1, 2, 3, 6, and 7
- *Curricula for Use with High Risk and Handicapped Infants and Toddlers*, for use as a supplement to the modules.

User's Guide to Series

INSTRUCTOR

Instructor Qualifications

Unless otherwise stated, the MITCH modules are designed to be presented by qualified and credentialed instructors in fields such as early childhood special education, early childhood education, special education, child development, psychology and nursing.

Role of Instructor

Although the modules do contain scripts, the instructor is encouraged to add to them with his own style, personality, anecdotes, information, handouts, references and resources. It is expected that the instructor will exercise judgement in tailoring the material to the needs, interests, and level of the participants. The best presentations will be those that are specifically designed for the participants by the instructor who best knows their needs.

The instructor may change the lecture/discussion and activity ratio depending upon the group's needs. If all modules are being scheduled for presentation within a relatively short period of time for the same group of participants, the instructor may choose among the activities in order to offer variety since several modules share similar types of activities. The instructor will need to plan adequate time in order to become familiar with the material and tailor it to the needs of each specific audience.

A successful presentation of the material is heavily reliant upon an enthusiastic style on the part of the instructor. Suggestions for achieving this include:

- allow for introductions of participants
- accept and acknowledge interaction from all
- paraphrase questions and responses from the participants loudly enough for all to hear
- create a comfortable atmosphere
- summarize the content of each session before closing.

The audience may include a broad range of persons, including those who knowingly work with very young children with special needs, to others who may have children under their care who have special needs that are not yet recognized. The instructor should assist all caregivers in becoming more comfortable with:

- recognizing indicators that a child may be at-risk or may have special needs
- working with that child
- getting additional support and assistance regarding such a child.

It will be important to emphasize that all children are more like one another than they are different. Keeping children in the most natural or normal environment is a major goal for caregivers.

Instructor Preparation and Follow-Through

Prior to presenting any of the eleven three-hour modules, we recommend that each instructor:

- become entirely familiar with the content and format of presentation
- preview any videotape and/or audiotape
- set date for training
- arrange for a comfortable room in which to present the training
- advertise training in a timely fashion (see reproducible flier in Appendix A)
- arrange for the use of an audiocassette player, VHS videocassette recorder, overhead projector and screen, as needed
- photocopy all handouts and the List of Participants
- prepare overhead transparencies and/or other materials
- collect any additional materials not provided in this packet (see materials list).

After presenting any of the eleven three-hour modules, the instructor should:

- photocopy the reminder letter for each participant regarding the return of the Six-Week Follow-Up Activity
- mail the reminder letters three to four weeks after presenting the training module
- collect, or have participants mail, the completed Six-Week Follow-Up Activity
- review completed Six-Week Follow-Up Activity for each participant
- photocopy Certificate of Completion
- complete Certificate of Completion
- deliver or mail Certificates of Completion to each participant who successfully completed the Six-Week Follow-Up Activity

- maintain a complete record of persons who have successfully completed the module, using the List of Participants.

Reproducible copies of the Instructor's Time Table, Advertising Flier, List of Participants, Mailer, and Certificate of Completion are in Appendix A.

THE SESSION

Time

This module, if presented as written, is three hours in length. It may be presented in a single three-hour session, with a 15-minute break after one-and-three-quarter hours, or in three one-hour sessions.

Each module contains a five minute time allotment for opening each hour session, and a five minute time allotment for closing each hour session. If a module is being presented in one three-hour session, the instructor should eliminate the closing time allotment from hour one and the opening time allotment for both hours two and three in order to gain 15 minutes to use for the break. The 15-minute break should occur between presentation of the second and third hours of the module.

It is important to start and end each session on time. Estimates of presentation time are written in the left hand margins for specific segments or activities within each hour. However, the instructor may choose to expand on one or more of these segments or activities while shortening others.

Remember that a limited amount of information that is thoroughly presented will be more meaningful for participants than a larger quantity of information that has been inadequately understood by the participants.

Handouts/Overheads

Each training module comes complete with specially designed handouts. Since the modules complement one another, some handouts and booklets are recommended for use with more than one module. Reproducible originals of these materials are included in each of the appropriate modules. The Curricula booklet is available separately. The instructor should monitor and make decisions regarding reproduction and distribution of all handouts. The instructor also should supplement them with others that are appropriate.

When deciding which of the original handouts to reproduce as overhead transparencies, the instructor should choose only those with print large enough to be seen and easily read when projected on a screen. Many of the originals are not suited for use as overhead transparencies.

It is suggested, in a time saving effort, that all handouts be compiled into a single packet and distributed at the beginning of the first hour if the entire three-hour module is being presented, or at the beginning of each one-hour session if the module is being presented in one-hour segments. Only the handouts that will be discussed during the presentation should be reproduced and handed out. Some of the handouts present main points but are designed so that participants can use them for note taking. This should be called to the attention of the participants when appropriate.

MITCH printed materials may be reproduced and used in a manner that best meets the needs of the participants. Reproducible originals of handouts, overheads, and booklets (excluding the Curricula booklet) are in Appendix B of each module.

Videotapes

Videotapes have been chosen to supplement the material of several of the modules (Modules 1, 2, 3, 4, 6, 7, 8, and 9). All of the tapes will provide valuable information for the instructor, even if the videotape is not used during presentation of the three-hour module. Therefore, it is important for the instructor to view the tape that is associated with a specific module prior to presenting the module.

The videotapes have not been included in the designated time allotments suggested in each of the module manuals. The instructor may wish to substitute all or a part of a videotape for material written in the module, extend the three-hour time period, show the videotape at another session, or leave the videotape with the participants to watch as follow-up. See the Specific Information section of each module regarding the videotape for that module. Videotapes may not be copied without written consent of the producer. Information for obtaining videotapes is also provided in the Specific Information section.

Audiotapes

Audiotapes are recommended for the presentation of Modules 5 and 7. See the Specific Information section of each of those modules regarding the audiotapes. The audiotape presentations have been built into the designated time allotments suggested in each of the module manuals.

MITCH Theme Music

Included on the reverse side of the two audiotapes, one each for Module 5 and Module 7, is a three-minute segment of the MITCH theme music. The instructor may wish to play this as participants enter the session, as a signal to return from the break, or in any other suitable manner.

Attendance

At the opening session of each three-hour module, participants should sign the List of Participants form (see Appendix A). The instructor should use this form to verify attendance for all three hours of training and completion of the Six-Week Follow-Up Activity.

Six-Week Follow-Up Activity

Three to four weeks after presenting the training module, the instructor, or another person representing the training agency, should contact all participants to remind them to submit their final Six-Week Follow-Up Activity (see Appendix C). This may be done by phone or by mail using the prepared mailer (see Appendix A).

The instructor, or some other qualified person designated by the instructor, should evaluate the quality and content of the performance of the Six-Week Follow-Up Activity by each participant. This may be done by a visit to each participant's place of work or by having each participant mail the completed follow-up activity form to the instructor. The instructor will prepare and give a Certificate of Completion to every participant whose performance meets the instructor's criteria.

Certificate of Completion

Only those participants who attend all three hours of training and who successfully complete the Six-Week Follow-Up Activity are eligible to receive a Certificate of Completion (see Appendix A).

Record of Completion

The instructor should keep the completed List of Participants forms on file in the training agency. Information should be retrievable by the participant's name.

Specific Information for Presenting Module 3

GOALS AND OBJECTIVES

Goal for Hour 1: Participants will gain knowledge of the concept of special needs.

Objective - Participants will gain an understanding of:

- special needs
- conditions that put a child at risk
- early intervention
- special needs terminology.

Goal for Hour 2: Participants will gain knowledge of the identification of special needs.

Objective - Participants will gain an understanding of:

- typical behaviors as possible indicators of special needs
- methods of observation
- the concept of screening
- when to refer a child for further testing.

Goal for Hour 3: Participants will gain knowledge about planning for special needs.

Objective - Participants will gain an understanding of:

- mainstreaming
- appropriate referral procedure
- appropriate referral resources.

OTHER RECOMMENDED INSTRUCTORS

There are no recommendations for additional instructors for this module.

CONTACT LIST

Persons to contact if the instructor has questions regarding this module include:

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EQUIPMENT, MATERIALS, AND SUPPLIES

Equipment

This module can be enhanced with the equipment listed below:

- VHS videocassette recorder and monitor - if videotape is to be used
- overhead projector
- projection screen or alternative
- audiocassette recorder.

Supplies

The instructor should also have the following supplies available:

- chalk
- crayons or markers
- overhead (transparency) pens
- chart paper
- extension cord
- 3 prong/2 prong adapter plug
- masking tape
- transparent tape
- thumb tacks
- extra batteries
- extra pencils for participants.

Materials Contained in This Manual

The following materials are contained in this manual:

- reproducible forms (Appendix A)
- reproducible handouts/overheads and booklets (Appendix B)
- reproducible Six-Week Follow-Up Activity forms (Appendix C).

Videotape

The videotape, Meeting Special Needs, was selected to complement this module. Use of this videotape is optional for this module. The videotape is approximately 25 minutes in length and addresses early identification of special needs; options for education; mainstreaming; and various home, school, and center programs.

The film is one in a series of 10 videos designed for parents and childcare providers produced by the North Carolina Center for Public Television and the Frank Porter Graham Child Development Center. The film was written by Thelma Harms and Debby Cryer.

A copy of this videotape may be borrowed from the Clearinghouse/Information Center, Bureau of Education for Exceptional Students, Florida Department of Education, 622 Florida Education Center, Tallahassee, FL 32399-0400; phone (904) 488-1879, Suncom 278-1879, or from any local FDLRS Associate Center. A copy may be purchased from ~~DC/FATS MEDIA, Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill, CB-8040, 300 NCNB Plaza, Chapel Hill, NC 27599-8040; phone (919) 962-7358.~~

Delmar Publishers, Inc., 2 Computer Drive West, Box 15015, Albany, NY 12212-5015; telephone 1 (800) 347-7707

Materials Not Contained in This Manual

In order to present this specific three-hour module, the following materials, which are not included in the packet, need to be obtained by the instructor:

- The Florida Parent Information Series, available through the Clearinghouse/Information Center (see Videotape section above for address); or other publication dealing with exceptional student terminology, especially a publication that may be particularly common to the agency or school district from which the participants come - optional (Hour 1).
- Denver Developmental Screening Test Kit (see Resource List), or other screening materials - optional (Hour 2).
- variety of books which provide information on normal and/or atypical child development - optional (Hour 2).

Module 3
THE CHILD WHO SEEMS DIFFERENT:
Meeting Special Needs

Hour 1

Goal: PARTICIPANTS WILL GAIN KNOWLEDGE OF THE
CONCEPT OF SPECIAL NEEDS.

Objectives - *Participants will gain an understanding of:*

- special needs
- conditions that put a child at risk
- early intervention
- special needs terminology.

5 minutes

GREETING, SIGN IN, AND DISTRIBUTION OF HANDOUTS

SESSION BEGINS

5 minutes

ACTIVITY: Being "Special"

The following two tasks are designed to raise the sensitivity level of participants regarding being "special" or "exceptional."

Say: I would like you to try something. Please listen carefully to me as I read the following passage. It has a very important message.

Instructor reads the following. As instructor reads, instructor should drop the level of the voice so that it is audible only to those very near the instructor. (Note that several words have been eliminated from the text.)

Say: In Florida, boys and girls who have special learning needs are called exceptional students. The special help they --- given at school is --- exceptional student education. This --- often written as --- . Sometimes it is called special ---. There are many other --- that may be used to --- an exceptional child. He may --- said to have a ---, a disability, --- an impairment.

Ask: Now, what did you learn from what I read?

Instructor leads discussion and points out:

- a hearing impaired child might have trouble learning just as the participants did when the instructor's voice became low
- a child who has difficulty with understanding what is heard (auditory processing) or has difficulty paying attention may miss "hearing" or understanding words just as participants missed every fifth word in this paragraph since the words were eliminated.

Say: Let's try something else. Please take out a pencil or pen and a piece of paper. I would like everyone to cross one leg over the other. Now, begin to rotate your foot in a circle, counterclockwise. Keep it going and, at the same time write your full name. Do not stop moving your foot until you have written your first and last name.

Instructor allows time for participants to comply. Then leads discussion to include:

- The process of writing, or the ability to write, was very difficult because of the competing movement of the foot. Children with cerebral palsy or attention problems may experience similar difficulties due to motor problems and/or distractability, respectively.
- The product (written name) is poorly done because of competing factors. Children who experience difficulty in the process of doing something produce inferior products, such as poor writing. A poor self concept may result.

20 minutes

LECTURE/DISCUSSION: Description of Special Needs

Say: Yes, you can see that children and adults who may experience things differently than most of us do, may have what we call "special needs." During this three-hour module we will talk about children who have special needs. First, we will describe what we mean when we talk about "special needs" and "early intervention." We will discuss conditions that put a child at risk and that can cause a child to have special needs. We will try to make clear what certain words mean.

In the second hour, we will talk about how to identify children who have special needs and in our final hour, we will discuss how to work with those infants and toddlers in childcare settings. We will also discuss where to get help in working with these children, or where to refer infants and toddlers if they need an in-depth evaluation.

Let's begin now by talking about "special needs." The terms that have been most popular in talking about services for children who have special needs are "special education" and "exceptional student education." We have referred to the children as special, or as exceptional. You may be familiar with these terms.

More recently, we have been trying to get away from these terms because they tend to isolate

children. People began to think that "special children" should be kept separate from other children because they are different, or because they need much more than what other children need from parents, caregivers, and teachers. We have come to know that all children are special. We know that all children must be treated as individuals.

Think of your own children, or, if you don't have children of your own, think of your brothers and sisters, or your nieces and nephews. Think about how you treat them. You love them and give them what they need. You don't "play favorites" - but - you probably do treat each one of them in a special way once in a while. For example, you may be able to ask one child to get the child's shoes and put them on and you know it will be done. You also know that if you ask another, perhaps a younger child to do the same chore, the child may need to have you tie the shoe. You accept this and tie the shoe without analyzing the situation. You do, in fact, meet the special need of a younger child spontaneously.

Let's think of another example. When you prepare food for your brother or sister who comes for a visit, you may make a special chocolate cake for your brother, because it is a favorite of his. However, when your sister comes you may serve fruit for dessert because you know she is a diabetic. Again, without thinking of this as "special", you meet the needs that people have.

You make these changes in how you treat people without thinking about it, or without calling your brother, sister, or child "special" or "exceptional." But, we do want to identify children who have "special needs" so that we can provide the environment necessary for them to make the best progress possible.

Special Needs

Say: Concern for the special needs of children began in the early 1800s, when the first attempts were made to educate and protect children who were then described as "idiotic" and "insane." European physicians and educators like Itard, Pinel, Sequin, and Montessori pioneered in systematic efforts to treat and educate children who were handicapped. These persons focused on the differences between children. Their revolutionary ideas included:

- individualized instruction or, instruction designed specifically for one individual child
- carefully sequenced series of educational tasks
- stimulation and the awakening of the child's senses
- careful arrangement of the child's environment, such as reducing the amount of furniture or number of objects in a room to avoid overstimulation or dangerous situations, or keeping all furniture in the room in the same place in order to allow a blind child to learn where obstacles are and how to move around them
- immediate reward for correct performance or behavior
- tutoring in functional everyday living skills such as eating and dressing
- the belief that every child should be educated to the greatest extent possible as early as possible.

Through the years, we have come to adopt the ideas of these early pioneers into our educational programs for children who have special needs.

Let's review then what we mean when we use the term "special needs."

Special needs means that a child requires individualized instruction or attention. That is, the child's characteristics and/or behavior, along with prescribed academic content, provide the basis for teaching techniques.

Special needs means a child may require a carefully sequenced series of educational tasks. These series will begin with tasks the child can perform and will gradually lead to more and more complex learning.

Special needs means a child may require the stimulation and awakening of the child's senses. Many infants may need stimulation such as feeling, smelling, and tasting in addition to, or in place of, hearing or seeing in order to be aware of and respond to educational tasks.

Special needs means a child may require thoughtful arrangement of the environment. Organizing space, providing specific materials and activities, and arranging a regular schedule will structure the child's experience. These arrangements will lead more naturally to learning.

Special needs means a child may require an immediate reward for correct performance. A quick reward provides reinforcement for desirable behavior.

Special needs means a child may need tutoring or one-on-one instruction in functional or everyday living skills. The goal is to make the child as self-sufficient and productive as possible in everyday life.

What is basic, or intrinsic, to the term special needs is that we, as caregivers and educators, believe that every child should be educated to the greatest extent possible.

So, who are these children we know have special needs. They include those we identify as:

- mentally handicapped
- hearing impaired
- physically impaired
- speech and language impaired
- visually impaired
- autistic
- deaf-blind
- emotionally handicapped
- severely emotionally disturbed
- specific learning disabled.

These categories, or names, are those that are used by the Florida Department of Education. Head Start, the Department of Health and Rehabilitative Services (HRS) in Florida, and other departments and agencies within and outside of Florida may use different terms to describe and classify children. What is important, is to find out from the person using the term what they mean by the term. The behavior, characteristics, and needs of the child, not the label, must be the concern of caregivers.

Children identified by these terms may require special education in school and many may also require related services. Related services are services the child needs in order to meet with success in school. These services may include but are not limited to:

- speech therapy
- occupational therapy
- physical therapy
- counseling
- audiological and/or medical management

**Handout/
Overhead
3-1-1**

- transportation.

Another way to think about the special needs of children is illustrated on our handout. Although these terms may not be officially adopted by any agency, they are useful because they are descriptive in nature.

Instructor leads discussion to clarify concepts on **Handout/Overhead 3-1-1**.

Developmental Disabilities which include those traditionally known as:

- mental retardation
- autism
- cerebral palsy
- multiple handicaps.

Sensory Disabilities which include those traditionally known as:

- hearing impairments
- visual impairments.

Physical Disabilities which include those traditionally known as:

- orthopedic impairments
- health impairments.

Language Disabilities which include those traditionally known as:

- speech impairments
- language disabilities.

Behavioral Disabilities

Learning Disabilities.

(adapted from Child Care Continuum of Care)

Say: You can see that these terms are somewhat more descriptive than those we first mentioned. There is much controversy about what terms or labels to use and, even, whether to use labels at all. That is not our concern. What is our concern is recognizing that there are many different terms that are used by different agencies to describe

the same condition in a child. Remember, when you hear these terms, try to find out, exactly, what they mean. Most importantly, look at the child and try to think about the child's behavior. Try to think about how the child is like or unlike others the same age. Also, try to think about any needs the child may have that most other children might not have for whatever reason. Those needs are special needs.

We have talked about special needs and children who have special needs. Now let's talk about special or exceptional student education.

Special education means adapting the delivery of educational services for children who cannot cope with the traditional task demands of the regular classroom. It also means adapting the delivery of educational services for children who are termed gifted.

Special education refers to specially designed instruction which meets the unique needs of specific children. There are many kinds of special education services and a wide range of ways children receive those services. Often the way children receive services depends on the extent to which the child differs from the average child.

Special education is defined in a Federal Law titled Public Law 94-142 (Education of All Handicapped Children Act). It says there that special education instruction is specially designed, at no cost to parents or guardians, to meet the unique needs of a handicapped child. It includes special classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.

This federal law also states that all children are entitled to a free and appropriate education in the least restrictive environment.

**Handout/
Overhead
3-1-2**

Let's think about what that means.

Instructor refers to **Handout/Overhead 3-1-2** and explains the terminology and concepts:

- Free Appropriate Public Education - The words used in the federal law, P.L. 94-142, to describe an exceptional student's right to a special education which will meet the child's individual special learning needs, at no cost to the child's parents.
- Least Restrictive Environment (L.R.E.) - Part of the federal law and state law that deals with determining a handicapped child's placement. This includes that, to the maximum extent appropriate, handicapped children are educated with children who are not handicapped, and that the removal of a child from the regular school environment occurs only when the handicap is such that the child cannot be satisfactorily educated in regular classes with the use of aids and services. In choosing a child's placement in the least restrictive environment, possible harmful effects on the child and the quality of services the child needs are considered.

Say: This law, P.L. 94-142, addressed the least restrictive environment for school age children. However, in 1987 P.L. 99-457 amended the earlier law and extends these services downward to children three to five years of age. Part H of the new law (P.L. 99-457) addresses services to children from birth to age 36 months and requires that states serve children who are identified as handicapped or children who are identified as being at risk. Florida, as well as other states, are in the process of planning for the delivery of these services.

**Handout/
Overhead
3-1-3**

Instructor may wish to discuss **Handout/Overhead 3-1-3** here.

Instructor should update above information as it changes.

Range of Problems

Say: The range of problems children have can be thought of as follows. These are not official categories, but they may help us understand the range of problems that can occur.

- Severe to profound - A severe to profound problem is the most obvious. For example a severely involved child is one who may be blind, deaf, very seriously deformed, or physically or medically handicapped. The disability may be the result of a genetic problem or a prenatal or postnatal accident. Severely involved children are often easily identified as having handicaps at or soon after birth, except for deaf children. Deafness and hearing impairments are often not detected until children are several months, and sometimes not until they are two or three years of age.
- Moderate - A moderate problem may or may not be as obvious as a severe problem. The handicap may not be as debilitating as a severe problem. For example, a child with a moderate hearing loss in one or both ears can benefit from hearing aids and may have considerable usable hearing while a child with a severe loss, or a child who is deaf, will have little or no usable hearing.
- Mild - A mild problem is often the most difficult to detect because it is not as obvious as a moderate or severe problem. Many, children who have mild impairments are not identified until they are in school. Then, difficulty with learning or keeping up with other children their age begins to appear. Children with mild learning disabilities, mild forms of mental retardation, mild physical, emotional, or language difficulties fall into this category.
- At Risk - We now have what could almost be considered a fourth category. That is the category of children who are at risk for learning and for development problems.

**Handout/
Overhead
3-1-4**

Instructor refers to Handout/Overhead 3-1-4.

Say: The Florida Prevention, Early Assistance, and Early Childhood Act reported in Florida House Bill 1818, passed during the 1989 Legislative session, defines a "High-Risk" or "At-Risk" Child as a preschool child with one or more of the following characteristics:

- is a victim, or is the brother or sister of a victim, in an indicated child abuse or neglect report
- has been in an intensive care unit after birth

- has a mother younger than 18 who was not under the care of a physician when she was pregnant, and the mother and child currently receive necessary support services
- has a significant developmental delay in cognition (intelligence), language, or physical development
- has survived a serious illness known to be associated with developmental delay, such as some forms of meningitis
- has survived an accident resulting in developmental delay
- has a parent or guardian who is developmentally disabled, severely emotionally disturbed, drug or alcohol dependent, or in jail and who requires aid in meeting the child's developmental needs
- has no parent or guardian
- is drug exposed
- has a family whose income is at the poverty level or an income that impairs the development of the child
- is handicapped
- is a dependent in residential care under custody of the state.

Ask: What is different about some of these risk factors when they are compared to the handicapping conditions that we have already talked about?

Instructor leads discussion and points out that these are:

- factors that affect the environment in which the child is developing
- often result from factors that affect others, i.e., parents, siblings, directly, and the child secondarily
- are associated with a higher than average rate of disabilities in children (e.g., 4 and 6 above).

Say: The list in Handout 3-1-5 has some additional factors that can place a child at "high risk."

Instructor refers to **Handout/Overhead 3-1-5**.

Before Birth (prenatal):

- drug abuse by mother
- alcohol consumption by mother
- poor nutrition of mother
- smoking by mother
- stress of mother
- genetic problems
- age of mother
- lack of prenatal medical care
- inadequate socio-economic conditions.

During Birth:

- birth complications
- length of pregnancy
- position of baby during delivery
- size/weight of baby
- medical care
- poor health of mother
- method of delivery.

After Birth (postnatal):

- accidents (drowning, auto accidents, etc.)
- abuse
- lack of education
- lack of stimulation
- poor health habits
- lack of proper nutrition
- lack of love/care.

Note : MITCH Module #1 - Normal Intellectual Development: Birth to 36 Months, covers the following section on risk factors also in only a slightly different manner. The instructor may wish to review that module. If presenting both modules to the same group, the instructor may decide to either present the material the second time as a review to reinforce learning or to substitute other material.

10 minutes

ACTIVITY: Risk Factors

Instructor divides participants into three groups. Ask each group to choose a recorder and a reporter.

Say: We have listed many risk factors and we all probably know why most of these things are considered a risk. However, we may not know why others are. Let's take a few minutes to clarify that. I'd like this group

Instructor identifies one group

to talk about why, or how the risk factors we have listed as occurring before birth affect a baby. I'd like the second group

Instructor identifies second group

to do the same thing for risk factors that may occur during birth and I would like the third group

Instructor identifies third group

to do the same thing for factors that occur after birth.

After about five minutes, we will call everyone back into the large group and your reporters will tell us why or how these factors affect babies.

Instructor allows groups to brainstorm for five minutes, then calls group together for discussion. Include the following.

Before Birth:

- **Drugs** - These change body chemistry and "dope" or drug infants. This insults the infant's nervous system and can cause permanent damage. There is also a lack of oxygen caused by a restricted flow of blood.

Cocaine causes a massive interruption of the blood supply that may result in gangrene, malformation, or stroke in the fetus.

- Alcohol and smoking - These are noxious agents that slow the overall growth of the fetus.
- Genetics - Syndromes such as Down Syndrome, Tourette Syndrome, and some other physical disabilities such as Sickle Cell Anemia and Tay Sacks are a result of a genetic abnormality or are passed through the genes. Symptoms may include mental retardation, physical weakness, disability, or malformation. In some cases, genetically caused syndromes result in death.
- Age - Very young teenage mothers and women over 40 tend to bear a larger percentage of handicapped infants. Exactly why is unknown but it is felt that very young mothers do not have bodies that are mature enough while older women have bodies that are too mature to bear the strain of childbirth.
- Prenatal care - Medical personnel can detect potential problems in mothers and can often correct for them (e.g., high blood pressure resulting in low oxygen to fetus; low iron or lack of vitamins resulting in low birth weight babies who may also be vitamin deficient).
- Socioeconomic conditions - Inadequate conditions may cause mother to have poor nutrition, or lack of proper rest, and little or no medical and/or prenatal care. This may result in low birth weight children who may be vitamin deficient and weak.
- Poor nutrition of mother - This results in insufficient nutrition of fetus leading to small, fragile infants.

During Birth:

- Birth complications - Improper use of forceps or anesthesia or other problems (see below) may injure the child by causing brain damage.
- Length of pregnancy - Premature infants may not be fully developed enough to live outside of the womb. Too long a pregnancy results in a baby too large to be delivered without surgery or one who may become too cramped in the womb.
- Position of baby - The umbilical cord may wrap around the child's neck and may result in lack of oxygen causing brain damage. A breech birth may result in difficult delivery putting stress on the infant and may result in broken bones, lack of oxygen, or other damage.

- Size/weight of baby - See above, Length of pregnancy.
- Medical care - Infection, improper care, or lack of emergency expertise could result in permanent damage or death of mother or child if problems occur.
- Poor health of mother - The mother's health during the pregnancy will affect her during the delivery of the baby. If the mother used drugs, was poorly nourished, and/or had poor prenatal care, the delivery may be more difficult for her and the infant because she will lack sufficient strength.
- Method of delivery - See above, Birth complications.

After Birth:

- Accidents, abuse - Loss of oxygen, trauma may result in brain damage, broken bones, internal injuries, or possible death.
- Education and stimulation - Lack of stimulation may result in loss of opportunity for learning and loss of ability to learn.
- Poor health habits - Continued poor health of mother may result in her not taking proper care of the infant's needs. Infection and sickness may result.
- Love/care - Lack of proper care and nurturing may result in children who have difficulty learning and relating; they may develop emotional and/or social problems.
- Nutrition - Lack of proper diet may result in developmental delays. MITCH module 10, Nutrition and Feeding Practices: What You Need to Know explores the effects of nutrition on development.

10 minutes

LECTURE/DISCUSSION: Prevention and Early Intervention:

Ask: How can we prevent some of these conditions or factors from happening?

Instructor leads discussion to include provision of:

- family life education and support services prior to pregnancy
- adequate maternity and newborn services to all persons
- health services for preschool children
- education and related services for handicapped and at risk preschool children

- support services for at risk and handicapped children and their families
- requirements for safety, such as fences around pools, speed limits, car seats, etc.
- genetic counseling for families at risk
- pre-natal care
- education and information about the importance of medical care
- information on the effects of smoking, drinking, alcohol, and drugs on the fetus
- medical advances to detect birth defects prior to birth

Say: You are all getting quite good at knowing about risk factors and how to prevent them. Now I have another question for you.

Ask: What is early intervention?

Instructor hears responses and leads discussion to include the following, explaining concepts or terms as necessary:

- Intervention involves the identification of children who are handicapped or at risk.
- Intervention means determining specific deficit areas in children and designing activities, equipment, therapy, and programs that will overcome or compensate for the deficits.
- Intervention involves looking at the whole child, and focusing on developmentally appropriate practices that emphasize all areas of a child's development.
- Early means that we intervene as soon as possible.
- Early intervention efforts are often associated with reduced incidences of referrals for special education and mental health services at later ages.

Ask: Why is it important that we do the intervention early? Why don't we wait until a child is ready to start school at age five?

Instructor listens to responses and leads discussion to include:

- Research supports the premise that the earlier the intervention the better the chance that the child will have to develop to the fullest potential.
- Early intervention can prevent or minimize the factors that put a child at risk.
- Early intervention provides a basis for reducing the effects of the handicapping condition, helps prevent further possible negative impact of the handicap, and provides information concerning appropriate management of the handicapping condition for all caregivers, including parents.

Ask: What are the benefits of early intervention?

Instructor leads discussion to include:

- Children can receive services to remediate their current deficits at an early age.
- Research has long shown that the earlier the intervention the better chance these children will have to increase their potential (e.g., Head Start).
- Less cost (financial, emotional, physical) to parent, child, and society. This includes our desire to have all children be contributing and productive members of adult society rather than dependent members.

5 minutes

LECTURE/DISCUSSION: Special Needs Terminology

Say: Special or exceptional student education is a term we use to describe the profession that provides education to children who have special needs. Parents, nurses, doctors, audiologists, occupational and physical therapists, speech therapists, and other professionals also provide services to children who have special needs.

Sometimes these professions are called "disciplines." You may have heard the terms "transdisciplinary," "multidisciplinary," or "interdisciplinary." These terms are used a lot. They mean that people of different professions come together to work with children who have

special needs. These people work as a cooperative team - each one having an important contribution to make.

Not every team member works with every child, but may be involved at one point to evaluate a child.

As in the case with any profession, discipline, or field there are certain words that will be important to know. Today we have talked about special needs, early intervention, risk factors, and trans- inter- and multidisciplinary team work. As we continue with this module there are more terms you will learn.

Instructor may use remaining time to review terms in the Florida Parent Information Series or any other list of terms that may be commonly used within the agency or school district from which the participants come.

-Or-

Instructor may disseminate and discuss the MITCH book entitled: *A Simple Introduction to Physical Health Impairments*. A reproducible copy of this booklet accompanies this module.

5 minutes

END OF HOUR 1: Closing

Module 3
THE CHILD WHO SEEMS DIFFERENT:
Meeting Special Needs

Hour 2

Goal: PARTICIPANTS WILL GAIN KNOWLEDGE OF THE IDENTIFICATION OF SPECIAL NEEDS.

Objectives - *Participants will gain an understanding of:*

- atypical behaviors as possible indicators of special needs
- methods of observation
- the concept of screening
- when to refer a child for further testing.

5 minutes
(Omit if 3-hour presentation)

GREETINGS, SIGN IN, AND DISTRIBUTION OF HANDOUTS

SESSION BEGINS

Say: We expect that after taking part in this second hour of our three-hour module:

- You will be able to identify children within your center that may be having developmental difficulty.
- You will be familiar with typical and atypical behaviors.
- You will be familiar with ways to observe children and with screening techniques.
- You will know when an additional evaluation may be necessary.

15 minutes

ACTIVITY: Children You Know

Say: Think of a child you see on a regular basis who appears to be somewhat different from other children of the same age.

Instructor has following written on chalkboard or flipchart for reference:

- Write on a piece of paper the behaviors or conditions that are different.
- How often do these behaviors occur or what is the extent of the condition?
- When do these behaviors occur or what activities does the condition affect?
- If there's more than one behavior or condition, rank order them from the one with the greatest effect to the one with the least effect.
- How do you react to these behaviors or conditions?

Instructor will lead discussion based on answers to questions. Discussion should help participants clarify what does and what does not constitute atypical behavior. Stress behaviors caregivers can look for.

Some behaviors or conditions will be obvious, usually those that are medical or genetic in nature:

- physical impairments
- visual impairments
- multiple handicaps
- obvious syndrome characteristics
- self stimulatory behaviors, e.g., hand flapping, light gazing.

Some behaviors or conditions will be less obvious:

- hearing impairments
- relatively minor delays in cognition, language, motor ability, or social/emotional skills
- over or under activity, rocking and/or assuming the fetal position, lack of eye contact, lack of attention, and staring into space.

Say: Yes, look at how much you know about children. The primary caregiver is often the first person to identify a child that has a problem. The caregiver may be unable to clinically label the problem, but will know that a problem exists. The caregiver can be instrumental in screening or referring the child who requires a more in-depth evaluation. A caregiver can gather important information about a problem during contact with the child which will help professionals make a prediction about the child's success or failure in school.

15 minutes

LECTURE/DISCUSSION: Developmental Skills

Say: Five or six developmental areas are usually looked at in young children when they are evaluated by a doctor or psychologist. These are the same areas of development that concern parents, other caregivers, and teachers. Let's talk about these areas for a few minutes.

**Handout/
Overhead
3-2-1**

Instructor discusses **Handout/Overhead 3-2-1**. Review content and ask for questions. Instructor may wish to give examples, or have participants give examples, of delayed development in each of the areas. Point out to the participants that when they see children exhibiting delays in these areas, the children may need special attention.

10 minutes

LECTURE/DISCUSSION: Observation

Say: Observation, or the act of paying attention and noticing, is an important way to learn about children. It has been used, by many people, in many different ways. Careful observation of children allows one to:

- see what is typical or "normal"
- know what their own child or other children are capable of doing
- build theories about how children grow and develop
- plan appropriate activities for children.

Keeping a written record is a necessary aspect of good observing. While it is important to accurately observe children, it is equally important to be able to keep clear, well-written records of these observations. This is especially important when working with children with special needs or when trying to determine if a child may need to be referred for an evaluation.

Instructor discusses **Handout/Overhead 3-2-2**, carefully clarify all terminology as necessary.

**Handout/
Overhead
3-2-2**

10 minutes

LECTURE/DISCUSSION: Screening

Say: In addition to observation, there are more formal screening techniques that can be used in order to identify a problem. These include:

- developmental screening tests
- speech and language screenings
- checklists
- hearing and vision screenings.

A screening is a quick test, which generally takes between 10 and 30 minutes. It helps determine if a child might have special needs. Some screening tests can be administered by teachers and only require a minimum of training. Many other types of screenings are conducted by nurses, psychologists, audiologists, speech/language pathologists, and ophthalmologists. Screening tests can be administered to an individual or to a group.

With infants and very young children, a screening test that caregivers may be involved with looks at the child's developmental levels.

One screening test which is commonly used with infants, toddlers, and preschool children is the Denver Developmental Screening Test (DDST). This test consists of a kit of inexpensive materials, a score sheet, and a reference manual. The administration requires that a child perform various tasks appropriate for most children of that age. The examiner, or teacher, may also ask the parent to report whether or not the child is able to do the task. If the parent says that the child can do the task or the child actually performs the task for the examiner, the child is given credit for having the skill.

However, if the child does not perform the selected tasks that children of the same age normally are able to do, the examiner is alerted to the fact that the child may have a problem and may need further evaluation. It is important to remember that this screening test reports that the child can do the task. It is not a measure of the child's intellectual ability, nor a predictor of future ability. It only tells what tasks the child is able to do at the time of the screening.

Let's look at the score sheet for a developmental screening test.

Instructor passes out score sheet of a developmental screening test, such as the Denver Developmental Screening Test (see Resource List or

contact the local FDLRS Center if assistance is needed.) Show test kit if available. Also point out that parents may complete checklists at home and return them to the daycare center. Centers can arrange to keep track of the progress of all of their students by using checklists or screening instruments. They may wish to contact the preschool screening specialist at their local school district or FDLRS Center to assist them in setting up a screening program.

Instructor may wish to bring in additional samples of screening tests and review them at length, or the instructor may wish to show the protocols very perfunctorily and then move on, depending upon the nature of the audience.

Say: When screening a child the child's cultural, social, and environmental background must be taken into consideration.

For example: if a child has questionable speech and language skills, it is important to assess the child's hearing. Frequently, young children have recurring ear infections which may affect hearing and language development. Another example is the child that comes from a home situation where language experiences are limited. This child's language development may be adversely affected.

Instructor discusses **Handout/Overhead 3-2-3** (*Welcome to the World*) which describes normal developmental milestones. Instructor explains that the booklet may be used as an informal checklist of developmental stages. Caregivers can use checklists to compare the development of children about whom they are concerned. When a child displays a persistent delay from what can usually be expected in one or more areas of development, the child may have a special need. Suggest that milestone checklists other than the handout may also be used. These are available in books on child development found in the library or bookstores, or contact the local FDLRS Center or other agencies. Instructor should bring in some samples and show them at this time.

Ask: After a child has been screened and/or closely observed, how might you know if a problem exists?

Instructor leads discussion to include:

**Handout/
Overhead
3-2-3**

- If a child needs a screening and no one at the caregiving setting can do this, call Child Find to arrange for a screening, if this is appropriate for your region.
- If a child fails a screening then a referral should be made. Call Child Find.
- A child can fail a screening but still not have a delay or special need. This is called a false positive. In such a case, the child was identified positive (as having a delay) but, falsely so, in that the child actually proves not to have a delay upon further, more comprehensive evaluation. Screening tests are usually designed to err in the direction of identifying more children as being possibly delayed, rather than not identifying, or missing, children who may actually have a delay.
- Emphasize that professionals make the diagnosis.

What is Child Find?

Say: One more topic needs to be discussed before we end this hour. We have mentioned, but not talked about, Child Find. Some of you may not be familiar with what Child Find is or does.

Instructor refers to Handout/Overhead 3-2-4 and discusses it thoroughly. If instructor is unfamiliar with the specific services the Child Find specialist provides, call and find out prior to presenting this module. Have phone number and name of Child Find specialist available to give to participants.

Say: Child Find is a system that tries to locate exceptional children, ages 0-21 who may need special services. Some of the handicapping or special conditions may be in the areas of: speech, hearing, behavior, language, vision, physical impairments, retardation, and learning, or, they could be in a combination of these areas.

Once a child is referred to Child Find, screening by various professionals such as psychologists, speech pathologists, and audiologists may be done. Some Child Find systems have a preschool screening component where a team of individuals are sent throughout the county to screen potentially exceptional students. You may want to contact them

**Handout/
Overhead
3-2-4**

about setting up a screening program in your childcare setting.

Summary

Say: During this hour we have discussed many issues.

Ask: Are there any questions?


Who can tell me one important thing we talked about, or name one thing they learned?

Instructor leads discussion to summarize contents of module:

- identification of atypical behaviors
- methods of observation
- screening techniques
- when to refer

5 minutes

END OF HOUR 2: Closing



Module 3
**THE CHILD WHO SEEMS DIFFERENT:
Meeting Special Needs**

Hour 3

Goal: PARTICIPANTS WILL GAIN KNOWLEDGE ABOUT
PLANNING FOR SPECIAL NEEDS.

Objectives - *Participants will gain an understanding of:*

- mainstreaming
- appropriate referral procedure
- appropriate referral resources.

5 minutes
(omit if 3-hour presentation)

GREETING, SIGN IN, AND DISTRIBUTION OF HANDOUTS

SESSION BEGINS

Say: We expect that after taking part in this last hour of our three-hour module:

- You will identify mainstreaming procedures.
- You will be able to identify appropriate referral procedures.
- You will be able to identify referral sources within your community.

10 minutes

LECTURE/DISCUSSION: What is Mainstreaming?

Say: Think of the same child you described and discussed during the second hour of this module. This time the focus will be different.

Instructor has the following written on chalkboard or flipchart for reference. Instructor reads each statement and asks participants to jot down answers:

- In what way is that child like the other children in the center?
- How does that child react to other children socially?
- Does the child seek to play with a particular group/child?
- Is the child a loner?
- How do other children react to this child?
- List some positive reactions.
- List some negative reactions.

Instructor then has some participants read their responses. Instructor leads discussion based on answers to the questions. Discussion should focus on the concept that although a child may have special needs, the child is more like other children than different from them.

Say: Remember that although a child may be exceptional, the child is first a child. Yes, while the child is in your care you can make a difference. By becoming aware of the positive and negative

effects that you and children within your care have on each other, you can capitalize on the positive and try to change the negative.

You may be asking yourself, "Why should children with special needs be included or integrated with normally developing youngsters." Let's talk about the reasons for this practice

- First, children with special needs are more like other children than they are different. All of us are somewhat different from others. Youngsters with special needs are children first and children with special needs second.
- Second, there are social and ethical reasons for integrating these youngsters. It is important to avoid any negative views people may form about children with special needs. Negative views can come about as a result of not understanding or not knowing these children. These can be reinforced by isolating these children. In turn, this only adds further to a lack of knowledge and understanding.
- Third, federal and state laws mandate, or require that children be served in the least restrictive environment, or L.R.E. We have already talked about this in Hour 2.
- Finally, educational and psychological advantages to the child with the special needs favor the mainstreaming approach.

Say: We have learned through research that the early years of life are of the utmost importance for growth and learning. It is during this time that a child's intellectual, language, and social/emotional development are most influenced. If a child's special needs are identified and met during these years, the child has a much better chance of becoming an independent adult. Children with handicapping conditions who are given the

opportunity to play and interact in the mainstream environment learn more about themselves and about others. It is actually common to find children with special needs in programs with normally developing infants and toddlers. It has become commonly accepted that very young children with special needs learn and develop better in a mainstream environment.

(Above adapted from Cook, Tessier, and Armbruster, 1987.)

15 minutes

LECTURE/DISCUSSION: Providing for Successful Mainstreaming

Say: Let's spend a few minutes talking about mainstreaming. Mainstreaming is the educational practice of placing children with handicapping conditions or special problems in a setting with children who do not have handicaps. In preschool and daycare settings, we can do this also. However, researchers tend to agree that simply placing children with special needs in the same setting as non-special needs children is not enough (Cooke, Ruskus, Apolloni, & Peck, 1981). It is necessary to arrange the environment and to structure interaction between normally developing youngsters and youngsters with special needs (Vaughn, 1985).

Caregivers must also arrange the environment so that children with special needs interact meaningfully with materials and equipment since these youngsters may not learn well spontaneously. Sometimes caregivers have to teach children how to play: how to play with toys; and how to play with other children. This is what makes the caregiver's role so important. We must help these children reach out and experience their world. We must move in to assist a child in reaching for an object or being able to experience an activity, such as tasting a new food, splashing in a pool, chasing bubbles, and moving to music.

Mainstreaming helps children with handicaps to become self-reliant. It encourages them to strive for achievement and take risks which helps to develop a healthy and positive self-concept. This is not as difficult as it may sound. It means, for the most part, that caregivers must be active. We must be natural. We must engage the child in activities. We must listen to and watch the child to determine what to do next. We must encourage these children in their reaching out and in their struggle for mastery.

The child will also let us know how to respond. Caring, sensitive, knowledgeable adults will respond appropriately.

IMPACT Child Care Project (3856 Evans Avenue, Suite 3, Ft. Myers, FL 33901) has developed an eight-hour training module called Mainstreaming Works! It deals with caring for children with special needs in childcare centers. It was developed to provide eight hours of training to HRS employees. Perhaps some of you have taken this training.

The ten other MITCH training modules, each three hours in length, also provide training designed to help caregivers gain skills in working with infants and toddlers with special needs.

**Handout/
Overhead
3-3-1**

Instructor refers to **Handout/Overhead 3-3-1**.

Say: We have been talking about the benefits mainstreaming has for the child with special needs. How about normally developing children? How does mainstreaming affect them? Does anyone know what research has told us about them?

Instructor leads discussion to cover the following points

Normally developing children:

- serve as models and peer teachers which enhances their feelings of self-worth

- see beyond physical and mental differences and help each other at an early age
- tend to become more understanding and sensitive as they grow older.

Say: Sometimes parents are afraid that their normally developing children will try to act like handicapped children by copying their behavior, or that they will regress in some other way. This does not happen. In fact, these children tend to make better than average progress (Bricker, Bruder, & Bailey, 1982; Odom, DeKlyen, & Jenkins, 1984).

In conclusion, let's summarize the benefits of mainstreaming.

- Handicapped and non-handicapped children, as well as parents and teachers, learn to accept and to be comfortable with individual differences. In other words, we all become more tolerant of individual differences.
- We learn to recognize that children with special needs just as children without special needs have strengths and weaknesses. All children are special -- handicapped children have special needs, but they are children first.
- Meeting a child's special needs is of utmost importance during the early years of life.
- Research has shown that children with special needs learn and develop better in an environment that lets them learn with children who are not handicapped.

Ask: Are there any questions?

15 minutes

LECTURE/DISCUSSION: Caregivers Role

Say: Let's talk about the caregiver's role in mainstreaming. What are important concepts or ideas that the caregivers must adopt?

Instructor leads discussion to include the following. Try to have participants speak in the first person (e.g., "I can..."):

- The importance of seeing children with special needs as children first, with the same needs as all children for love, acceptance, sense of belonging and accomplishment, and opportunity for exploration.
- Once the caregiver has accepted that "children are children first" then the caregiver can move on to making a real difference during the time that a child is with the caregiver.
- All children, those with and those without special needs, develop at different rates. All have degrees of strengths and weaknesses. Many are from different racial and ethnic backgrounds and have different values and cultural practices. The caregiver must meet the needs of all children and adjust to their interaction and method of relating.
- Caregivers must adapt their program goals and plans for each and every child, based on the needs and level of development of each and every child. Parents are an integral part of a young child's program. Caregivers must seek parents' help and try to incorporate them into this plan. This may not always be successful or easy to do, however, remember that parents are the primary caregivers.
- Become knowledgeable regarding normal development of infants and toddlers. Learn about activities that can be incorporated into the program that will benefit and be appropriate for all children.
- Become knowledgeable of special services and information that are available for children with special needs. (Note: This will be discussed later in more detail in this hour.)
- Share what works.

Say: Now, I have a few questions for you. First, how would you answer a set of parents who are unhappy about placing their child in your caregiving setting where you have accepted one or more children with special needs?

Instructor leads discussion to include:

- Explain to these parents that your center has a non-discriminatory acceptance policy.

- Have pamphlets dealing with developmental delays readily available. These can be requested from many of the agencies that will be discussed.
- Review benefits of mainstreaming (as discussed earlier).

Ask: Are there any questions?

Say: Another question I have for you is this. Suppose you have learned the benefits of mainstreaming and what you as a caregiver can do for an exceptional child in your care. However, you feel that the child in question needs more than what you can do for the child. What can you do?

Instructor leads discussion to include:

- Contact the child's parents to set-up a time to have a conference with them.
- Establish rapport and convey a friendly acceptance of the parents and their feelings.
- Ask the parents if they have any concerns about the child's development/functioning.
- Inquire about the child's activities at home.
- Inquire about the child's interaction with playmates, and any recent changes, either in the child's behavior or in the home environment.
- Ask what the child reports about school, if child is old enough to talk.
- Voice your concerns about the child and tell the parents the specific behavior that you have observed.
- Tell them that the child does not seem to be developing up to expectation or to appropriate age level.
- Suggest their assistance in arranging for a screening test, if it has not already been done.
- If a screening test has already been done (some centers do this routinely) and the child's performance indicates delays, assist the parents in referring the child to FDLRS Child Find, or to another agency.
- Instructor makes sure all participants have the name and phone number of the local Child Find person.

- Explain different community resources that are available to the parents.

10 minutes

LECTURE/DISCUSSION: Community Resources

Say: There are many community resources you can tap for guidance. Seek them out. Let's brainstorm and list some places, people, and sources of information.

Instructor writes responses on chalkboard or flipchart. Include the following.

Places:

- state department of education
- community mental health agencies
- colleges/universities
- hospitals/clinics
- public schools

People:

- doctors
- child's parents
- public school teacher
- occupational therapist
- dentist
- psychiatrist
- physical therapist
- speech pathologist
- audiologist
- nurse
- psychologist
- ophthalmologist

Information:

- social worker
- libraries
- state/federal agencies
- professional associations
 - American Psychological Association (APA)
 - Council for Exceptional Children (CEC)
- parent organizations
 - Parent to Parent of Florida
 - Parent Education Network (PEN)

**Handout/
Overhead
3-3-2 & 3-3-3**

5 minutes

- National Center for Clinical Infant Programs (NCCIP)
- Florida Special Supplemental Food Program for Women, Infants and Children (WIC)
- Human Assistance Network Direction Service (HANDS)

Instructor refers to **Handout/Overhead 3-3-2** and **3-3-3**. Use as much time as you have remaining to read through the lists aloud.

EXPLANATION OF SIX-WEEK FOLLOW-UP ACTIVITY

Give participants the phone number at which you can be reached should there be any questions regarding the follow-up activity.

END OF HOUR 3: Closing

Resource List

~~Battel Developmental Screening~~; DLM Teaching Resources, One DLM Park, P.O. Box 4000, Allen, TX 75002. ↪ ~~Battelle Developmental Inventory Screening Test~~,

Child Care Continuum of Care Project, 409 Dixie Road, Milton, FL 32570; phone (904)623-9320 or 994-0679. This organization provides information or suggestions regarding technical assistance, specialized training needs, or media resources.

Communication Screen, Communication Skill Builders, 3130 N. Dodge Blvd., P. O. Box 42050, Tucson, AZ 85733.

Denver Developmental Screening Test. LAADOCA Project and Publishing Foundation, Inc., East 51st Avenue and Lincoln Street, Denver, CO 80216.

Developmental Activity Screening Inventory (DASI). DLM Teaching Resources, One DLM Park, P.O. Box 4000, Allen, TX 75002.

Developmental Indications for the Assessment of Learning - Revised (DIAL-R), Childcraft Education Corporation, 20 Kilmer Road, P. O. Box 3081, Edison, NJ 08818.

Slide presentation: "PL 99-457 A New Commitment" (12 minutes) is available from Chapel Hill Outreach Project, Lincoln Center, Merritt Mill Road, Chapel Hill, NC 27514. Phone: (919) 967-8295.

Special Focus, Summer 1989. Teaching Exceptional Children. Council for Exceptional Children, Reston, VA. Four short reproducible articles deal with special needs infants and toddlers in daycare and home settings.

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Appendix A

Reproducible Forms for Three-Hour Module

Form

- Instructor's Time Table and Notes (2 pages)
- Advertising Flier
- List of Participants
- Follow-Up Mailer (2 pages)

Copies to make

- 1 per instructor
- As needed
- Varies - usually 6 to 8
- One per participant

Note: Reproduce mailer as one two-sided page by photocopying the second page on the reverse side of the first. This mailer may be reproduced on agency letterhead.

- Certificate of Completion (1 page)
- 1 per participant

Instructor's Time Table and Notes

MITCH Module Title: _____

Training Location _____

Date _____

Instructor _____

Preparation

Date	Task	Completed
_____	Review module	_____
_____	Preview videotape* and audiotape	_____
_____	Arrange for guest speaker*	_____
_____	Set date	_____
_____	Arrange for room	_____
_____	Arrange for A-V equipment*	_____
_____	Advertise	_____
_____	Photocopy all handouts	_____
_____	Prepare any overheads	_____
_____	Collect additional materials	_____

Notes for Training

Hour 1:

Hour 2:

* if applicable

Trainer's Time Table and Notes, continued

Hour 3:

**Six-Week
Follow-Up Activity**

Date	Task	Completed
_____	Copy letters	_____
_____	Send letters	_____
_____	Collect activity	_____
_____	Review activity	_____
_____	Copy certificate	_____
_____	Prepare certificate	_____
_____	Deliver certificate	_____
_____	Record trainees who have completed module	_____
_____	Maintain List of Participants on file	_____

Notes:

Coming . . . MITCH Module 3

THE CHILD WHO
SEEMS DIFFERENT:

Meeting
Special Needs

TRAINING
FOR
CAREGIVERS
OF
INFANTS
AND
TODDLERS



Date Time

Location

Training Agency

For information and/or registration, call

.....

.....

LIST OF PARTICIPANTS

SIGN IN SHEET MITCH Module

MITCH module title _____

Training date _____

Training location _____

Instructor _____

Hours Attended			
1st	2nd	3rd	*FA

Please PRINT your name, social security number, home mailing address, phone and place of work.

Full Name _____ Social Security _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Place of Work _____

Work Address _____ Zip _____

Full Name _____ Social Security _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Place of Work _____

Work Address _____ Zip _____

Full Name _____ Social Security _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Place of Work _____

Work Address _____ Zip _____

Full Name _____ Social Security _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Place of Work _____

Work Address _____ Zip _____

* Follow-Up Activity completed

Dear

This is to remind you that the Six-Week Follow-Up Activity for MITCH Training Module # _____

Title: _____

is due ____ / ____ / ____.

Please submit your Follow-Up Activity to:

If you have any questions, please call:

_____ telephone _____.

Sincerely,

Staple

Fold #2

From: MITCH Module Training

To:

Fold #1

Certificate of Completion

MITCH

Model of Interdisciplinary Training for Children with Handicaps

has completed all requirements for MITCH Module 3, entitled:

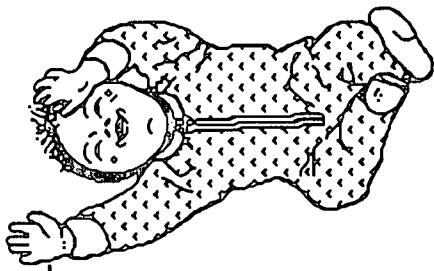
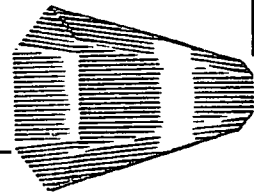
**THE CHILD WHO SEEMS DIFFERENT:
MEETING SPECIAL NEEDS**

Instructor

Training Agency

Date

71



Appendix B

Reproducible Copies of Handouts/Overheads/Booklets

Note:

Each handout is numbered in a three-digit code such as: Handout 3-1-4. The first digit (3 in example) refers to the module number. The second digit (1 in example) refers to the hour of the Module, while the last number (4 in example) refers to the number of the handout itself. Consequently, the example number above denotes the fourth handout to be used during the first hour of Module 3.

Children Who Have Special Needs

Display One or More of the Following

DEVELOPMENTAL DISABILITIES

Mental Handicap (Retardation)

Cerebral Palsy

Autism

Multiple Handicaps

SENSORY DISABILITIES

Hearing Impairments

Vision Impairments

PHYSICAL DISABILITIES

Orthopedic Impairments

Health Impairments

LANGUAGE DISABILITIES

Speech Impairments

Language Disabilities

BEHAVIORAL/EMOTIONAL DISABILITIES

LEARNING DISABILITIES

Adapted from ChildCare Continuum of Care

Module	Hour	Handout
3	1	1

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students



*MITCH: Model of Interdisciplinary Training for Children with Handicaps

Definition of Terms Used in P.L. 94-142

FREE APPROPRIATE PUBLIC EDUCATION:

The words used in the federal law, P.L. 94-142, to describe an exceptional student's right to a special education which will meet his individual special learning needs, at no cost to his parents.

LEAST RESTRICTIVE ENVIRONMENT (LRE):

Part of the federal law and state law that deals with determining a handicapped child's placement. This includes that, to the maximum extent appropriate, handicapped children are educated with children who are not handicapped, and that the removal of a child from the regular school environment occurs only when the handicap is such that the child cannot be satisfactorily educated in regular classes with the use of aids and services. In choosing a child's placement in the least restrictive environment, possible harmful effects on the child and the quality of services he needs are considered.

Taken from: For Parents of Exceptional Students . . . An Information Series, published by The State of Florida, Department of Education (1982).

Module	Hour	Handout
3	1	2

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students



*MITCH: Model of Interdisciplinary Training for Children with Handicaps

Education of the Handicapped Amendments of 1986

Overview of P.L. 99-457

Coordinated Statewide System Will Strengthen Early Intervention Efforts for Infants and Toddlers

The 1986 Infants and Toddlers federal legislation has provided an exciting opportunity for Florida to create an integrated and coordinated statewide system for serving children during their very earliest years of life.

The primary intent of this legislation is to provide states with funds to plan and develop comprehensive systems of early intervention for infants and toddlers who are handicapped, developmentally delayed, or at risk of handicap or developmental delay and their families.

The law recognizes the growing body of research documenting the effectiveness of intervening on behalf of vulnerable children during the first 36 months of their lives. Conditions which may seriously impair a child's optimal development may be significantly improved if the right mix of services is available in a timely fashion.

The federal legislation provides incentives for states to:

Create a statewide system that links existing early intervention and family support systems into a more coordinated and cohesive system;

Coordinate existing funding to provide services to infants and toddlers, and enhance and expand the existing system of early intervention to infants and toddlers and their families.

In planning to implement P.L. 99-457 Part H, Florida recognizes that:

The family is the most important influence on a child, and the family should be an active participant in decisions affecting their child;

Each child is unique and has unique needs. Families also have unique characteristics and cultural differences which must be respected;

The child must be viewed in a larger context than that of the disability alone;

Eligible children are entitled to services that will support their physical, social, emotional, and intellectual development. Eligible children and families should, therefore, have access to the mix of services required to meet their individual needs;

Module	Hour	Handout
3	1	3

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students



*MITCH: Model of Interdisciplinary Training for Children with Handicaps

Education of the Handicapped Amendments of 1986

Overview of P.L. 99-457 (con't.)

Children have a right to a family-centered support system, including a service plan that addresses their unique needs, strengths, and capabilities;

Society benefits when children and adults achieve their maximum potential for independent living.

Florida has designated a lead agency, the Department of Education, to be the responsible agency for implementing the law. The Governor has appointed an interagency coordinating council with representation from parents, public and private providers, the Department of Health and Rehabilitative Services, and the Department of Education.

The federal legislation gives wide discretion to the states allowing them to define who will be eligible for services, the types of services available, and many other aspects of the system.

According to the federal legislation, by the fifth year, the statewide early intervention system must be fully implemented. Florida is currently planning activities, and efforts are underway to coordinate federal and state policies and to develop an integrated and coordinated statewide system.

If you would like more information about this effort, contact:

DOE Part H Coordinator
Prekindergarten Handicapped Programs
Bureau of Education for Exceptional Students
Division of Public Schools
Florida Department of Education
Florida Education Center - 544C
Tallahassee, FL 32399-0400
Phone (904)488-6830

or:

HRS Part H Coordinator
Department of Health and Rehabilitative Services
1317 Winewood Boulevard, Bldg. 5, Suite 188
Tallahassee, FL 32301
Phone (904)488-5040

Information on this sheet was compiled and written by Prekindergarten Handicapped Programs Office, Bureau of Education for Exceptional Students, Florida Department of Education

Module	Hour	Handout
3	1	3 (con't.)

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students



MITCH: Model of Interdisciplinary Training for Children with Handicaps

High-Risk Characteristics

Prevention, Early Assistance, and Child Development reported in Florida House Bill 1818, passed during the 1989 Legislative session, defines a "High Risk," or "At-Risk Child" as a preschool child with one or more of the following characteristics:

- is a victim, or is the brother or sister of a victim, in an indicated report of child abuse or neglect
- has been in an intensive care unit after birth
- has a mother younger than 18 who was not under the care of a physician while she was pregnant, and the mother and child currently receive necessary support services
- has a significant developmental delay in cognition (intelligence), language, or physical development
- has survived a serious illness known to be associated with developmental delay, such as some forms of meningitis
- has survived an accident resulting in developmental delay
- has a parent or guardian who is developmentally disabled, severely emotionally disturbed, drug or alcohol dependent, or in jail and who requires aid in meeting the child's developmental needs
- has no parent or guardian
- is drug exposed
- has a family whose income is at the poverty level or an income that impairs the development of the child
- is handicapped
- is dependent on residential care under custody of the state.

Adapted from Prevention, Early Assistance and Child Development as reported in Florida House Bill 1818, 1989, Florida Legislative Session.

Module	Hour	Handout
3	1	4

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students



*MITCH: Model of Interdisciplinary Training for Children with Handicaps



Risk Factors



BEFORE BIRTH

- drug abuse by mother
- alcohol consumption by mother
- poor nutrition of mother
- smoking by mother
- stress of mother
- genetic problems
- age of mother
- lack of prenatal medical care
- inadequate socio-economic conditions.

DURING BIRTH

- birth complication
- length of pregnancy
- position of baby during delivery
- size/weight of baby
- lack of medical care
- poor health of mother
- method of delivery.

AFTER BIRTH

- accidents (drowning, auto accidents, etc.)
- abuse
- lack of education
- lack of stimulation
- poor health habits
- lack of proper nutrition
- lack of love/care.

Module	Hour	Handout
3	1	5

Florida Department of Education
 Division of Public Schools
 Bureau of Education for Exceptional Students



*MITCH: Model of Interdisciplinary Training for Children with Handicaps

DEVELOPMENTAL SKILLS

Areas Typically Assessed in Preschool Children

1. Intellectual (Cognitive) Development: Intellectual or cognitive development refers to the child's ability to gather and use information, or to learn.

Learning involves the active interplay between what the child perceives (sees, hears, tastes, touches, smells) and what the child already knows (memory). This interplay is further affected by the child's language ability, emotional state, and environment.

Evaluation of learning, or cognitive development, involves looking at the mental processes that make possible such intellectual, or school-type skills, as sorting, grouping, and classifying. Traditionally, it has been less concerned with "non-intellectual" or everyday-type skills such as being able to find one's way to a friend's house, taking a bath, or painting a picture.

Evaluation is usually done by a psychologist who uses "Intelligence Tests," such as the Merrill Palmer Scale of Mental Tests, Leiter International Performance Scale, Stanford Binet Intelligence Scale: Edition IV, Kaufman Assessment Battery for Children, McCarthy Scales of Mental Abilities, and the Wechsler Preschool and Primary Scale of Intelligence.

2. Language Development: Language development refers to the child's ability to receive (understand or comprehend) and deliver (express or give out) information. In addition to speech, it involves gestures, signs, facial expression and body attitude.

Language is the major method of communication. It is the way a child tells us what the child wants us to know. It is the way a child knows what we want the child to know or do. Therefore, language is also the process by which a child gains information or knowledge. The child uses language to order and name his world. Language is used to elaborate concepts and ideas. Language is heavily tied to learning and cognitive development.

Evaluation of speech and language is usually done by a speech and language specialist, although language is also evaluated by a psychologist. Common tests are the Peabody Picture Vocabulary Test, the Expressive One Word Picture Vocabulary Test, the Preschool Language Scale, and the Sequenced Inventory of Communication Development.

3. Fine Motor Development: Fine motor development refers to the child's ability to use and coordinate small muscles for fine, precise movements, mostly involving the hands.

It is necessary for a child to have good skills in this area in order to engage in appropriate interaction with materials such as paper and pencil, blocks, puzzles, buttons, snaps, zippers, and shoe laces. Good fine motor skills help or harm a child's ability to learn from the environment. They also affect a child's ability to perform tasks at an age appropriate level.

Module	Hour	Handout
3	2	1

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students



*MITCH: Model of Interdisciplinary Training for Children with Handicaps

DEVELOPMENTAL SKILLS (con't.)

Fine motor skills may be evaluated by psychologists or teachers using certain sections of developmental tests such as the Learning Accomplishment Profile, Diagnostic-Revised; or the Battelle Developmental Inventory. There are also special tests to evaluate eye-hand coordination such as the Developmental Test of Visual Motor Integration. More in-depth evaluations may be done by occupational therapists.

4. Gross Motor Development: Gross motor development refers to a child's ability to coordinate and use muscles in the arms and legs.

It is necessary for a child to have good skill in this area in order to run, walk, sit and find correct position in space. Correct positioning directly affects a child's fine motor ability, and consequently directly impacts the child's degree of success with toys and materials.

Evaluation of gross motor skills can be done by psychologists or teachers using developmental tests (see above). In-depth evaluations may be done by physical therapists.

5. Social and Emotional Development: Social and emotional development refers to a child's ability to relate to and interact with other persons in the environment.

This area includes the child's feelings of self-worth, how the child approaches a problem, what the child expects from others, the level of understanding the child has of self, and the awareness the child has of the thoughts and feelings of others.

Evaluation of social and emotional development may be done by teachers, social workers, psychologists and, sometimes psychiatrists. They may use one or more checklists or scales, such as the Burk's Behavior Rating Scale or the Vineland Adaptive Behavior Scales. Sometimes social workers, psychologists or psychiatrists will look at a child's drawings or evaluate a child by using a clinical interview (talking with the child and/or watching the child play).

6. Self-Help Development: Self-help development refers to a child's ability to take care of personal needs such as feeding and dressing. These are learned behaviors that are influenced by such factors as the child's mental ability, the home environment, experience, and physical abilities.

Evaluation of these skills can be done by teachers, social workers, or psychologists. They use checklists and scales (see above) and special sections of developmental tests (see above).

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Module	Hour	Handout
3	2	1 (con't.)

Florida Department of Education
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*MITCH: Model of Interdisciplinary Training for Children with Handicaps



Suggestions for Observing

1. Watch the child in many different work and play settings.
2. Observe how the child gets along with other children in small and large groups.
3. Observe how the child responds to adults.
4. Consider cultural factors that may influence the child's behavior.
5. Observe what makes the child happy; what makes the child sad.
6. Observe whether the child acts older than others of the same age.
Observe whether the child acts younger than others of the same age.
7. Watch to see if the child appears:
 - sad
 - tired
 - lethargic
 - stressed
 - oversensitive
 - overactive.
8. Observe changes in the child's behavior at different times of the day.
If changes occur, what seems to cause the change?
9. Watch for clumsiness or lack of coordination.
10. Decide if the child seems to hear and see as well as other youngsters.
11. Observe whether the child seems to learn at the same, a slower,
or a faster rate than others.
12. Determine how the child seems to learn best:
 - by watching
 - by doing (touching)
 - by listening.
13. Decide if the child communicates as well as others of the same age.
14. Decide if the child can care for personal needs as well as others of the same age.
15. Determine which methods of discipline work best for the child.

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Module	Hour	Handout
3	2	2

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*MITCH: Model of Interdisciplinary Training for Children with Handicaps

Welcome to the World

Booklet on Normal Developmental Milestones

(A reproducible copy of this booklet follows.)

This handout is recommended for use with MITCH Modules 1, 3, 6, 7 and 9.

Module	Hour	Handout
3	2	3

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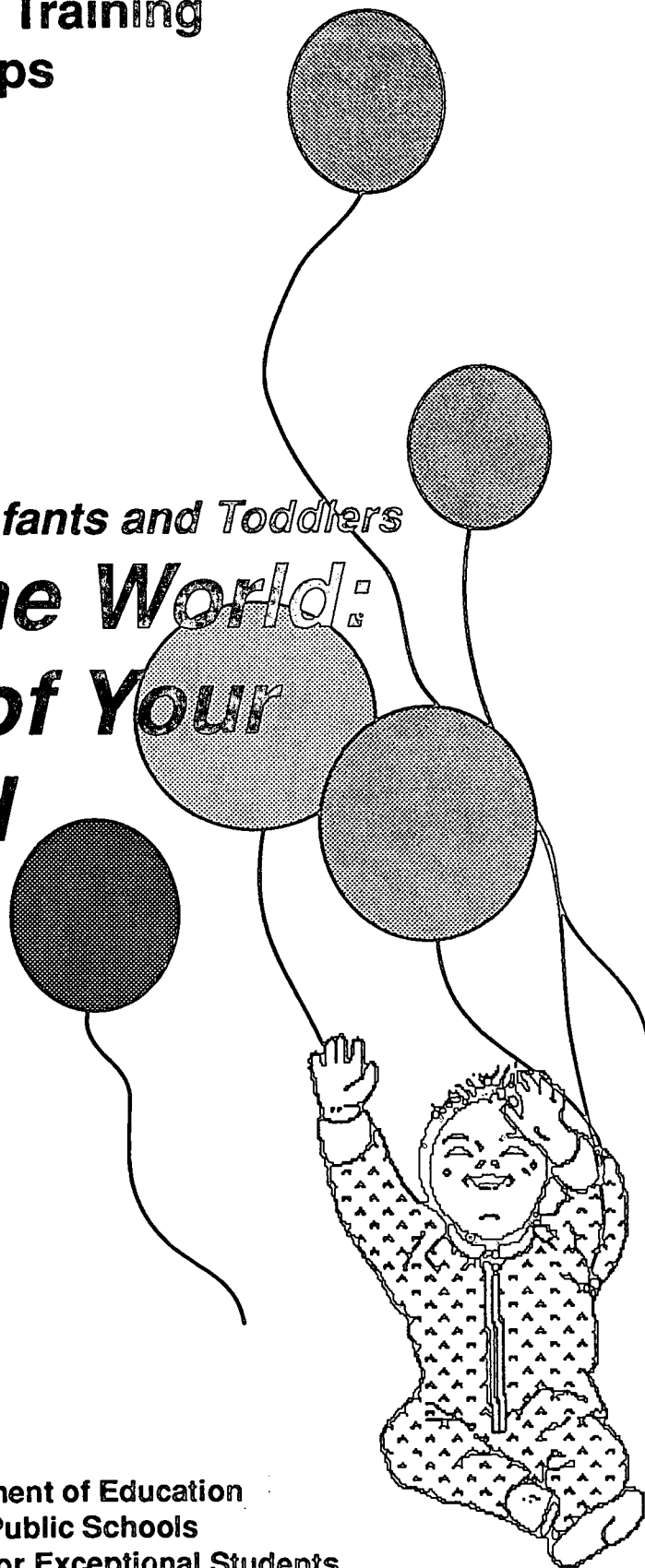


*MITCH: Model of Interdisciplinary Training for Children with Handicaps

Model of Interdisciplinary Training for Children with Handicaps

A Series for Caregivers of Infants and Toddlers

Welcome to the World: An Overview of Your Growing Child



Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students
1990

This training series is one of many publications available through the Bureau of Education for Exceptional Students, Florida Department of Education, designed to assist school districts, state agencies which operate or support educational programs, and parents in the provision of special programs for exceptional students. For additional information on this training series, or for a list of available publications, contact the Clearinghouse/Information Center, Bureau of Education for Exceptional Students, Division of Public Schools, Florida Department of Education, Florida Education Center, Tallahassee, Florida 32399-0400 (telephone: 904/488-1879; Suncom: 278-1879; SpecialNet: BEESPS).

Model of Interdisciplinary Training for Children with Handicaps

A Series for Caregivers of Infants and Toddlers

Welcome to the World:

***An Overview of Your
Growing Child***

Florida Department of Education
Division of Public Schools
Bureau of Education for Exceptional Students

1990

This training series was developed through the MITCH (Model of Interdisciplinary Training for Children with Handicaps) Project, FDLRS/South Associate Center, Dade and Monroe County Public Schools, and funded by the State of Florida, Department of Education, Division of Public Schools, Bureau of Education for Exceptional Students, under State general revenue appropriation for the Florida Diagnostic and Learning Resources System.

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Model of Interdisciplinary Training for Children with Handicaps

A Series for Caregivers of Infants and Toddlers

Welcome to the World: An Overview of Your Growing Child

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Introduction

This booklet is designed to provide a brief summary of normal development from birth to 36 months of age. It describes behaviors typically seen in children at various developmental levels. It gives examples of these behaviors in each of four categories: personal and social skills, language and understanding skills, small muscle skills, and large muscle skills. The booklet also suggests activities that adults can do with infants and toddlers.

It is important to remember that although all babies follow the same general pattern of growth, all children do not develop at the same rate. Children differ in appearance, in the way they feel about things, and in the way they learn. Also, a baby's development may not be steady. The baby may develop new large muscle skills, such as standing and walking, but not seem to develop new fine motor skills for a few months. Then, the child's large motor skill development may slow down while the child's language skills appear to develop very quickly. Because babies are unique and develop and grow at different rates, this booklet should be used only as a general guideline. The sequence of learning is what is important.

When a caregiver knows what a baby might be interested in and able to do next, the caregiver can better interact and play with the baby. Knowing what things a baby is not yet ready to do will keep the caregiver from expecting the child to play and respond in ways that are not yet possible for the child.

If a parent or caregiver has questions about a child's development, it is best to consult the child's doctor, nurse, or other qualified professional. The local Child Find specialist can also be called. Child Find is associated with the exceptional student education department of Florida's public schools and 18 support centers called the Florida Diagnostic and Learning Resources System (FDLRS) Associate Centers. The Child Find specialist at any FDLRS center can arrange to see a child who lives within that FDLRS region and who may not be developing normally. Call the local public school, FDLRS office, or Florida Department of Education, Bureau of Education for Exceptional Students (904/488-2077) for the number of the nearest Child Find specialist.

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Birth to Three Months

PERSONAL AND SOCIAL SKILLS

- Smiles in response to adult's smile
- Looks at face when spoken to
- Tells primary caregiver from other adults
- Startles or cries at sudden loud noises
- Comforts to soothing gentle sounds

Suggested Activities

- Smile at baby
- Hang a crib mobile
- Sing lullabies to baby

LANGUAGE AND UNDERSTANDING SKILLS

- Expresses demands with cries and/or other sounds
- Gurgles and coos
- Responds to sound of rattle
- Shows excitement before feeding and anticipates other familiar events

Suggested Activities

- Talk to baby during feeding, changing, and bathing
- Provide many different sounds for baby (music, rattles, radio, bell, TV, etc.)
- Imitate sounds baby makes
- Listen to, watch, and allow time for baby to respond

SMALL MUSCLE SKILLS

- Follows bright objects with eyes
- Looks at object held in hand
- Attempts to grasp adult's finger
- Holds objects for a few seconds
- Sucks well

Note: Many movements are still controlled by reflexes

Suggested Activities

- Dangle objects in front of baby for baby to watch
- Provide different textures for baby to feel (terrycloth, stuffed animals, plastic toys) making sure objects are too big to swallow.
- Place objects (finger, rattle) in infant's hand to stimulate grasp

LARGE MUSCLE SKILLS

- Lifts head while lying on stomach
- Begins to reach toward object
- Automatically turns head to one side while lying down
- Moves arms and legs

Suggested Activities

- While baby is on stomach, dangle bright objects in front of baby to help baby lift head
- Hold baby in a sitting position so baby begins to hold head steady
- Provide baby with a favorite object to look at in order to help baby roll over
- To encourage sitting, place baby in corner of couch (supervised)

Three to Six Months

PERSONAL AND SOCIAL SKILLS

- Laughs
- Smiles on own
- Reaches for familiar people
- Begins choosing toys

Suggested Activities

- Play peek-a-boo with baby
- Let baby look at self in mirror
- Sing simple songs with baby and help baby do motions with hands to the music
- Massage baby's arms, back, and legs from top to bottom

LANGUAGE AND UNDERSTANDING SKILLS

- Squeals and laughs
- Babbles, combines vowel and consonant sounds (e.g., goo, ga)
- Explores objects by putting in mouth
- Chuckles
- Experiments by making sounds (e.g., goo ah)
- Begins to respond to own name
- Begins to show likes and dislikes

Suggested Activities

- Shake rattle beside baby's head (ear) to encourage head turning toward sound
- Continue to talk to baby; name objects
- Listen for baby's sounds and imitate them; wait for baby to respond to your sounds

SMALL MUSCLE SKILLS

- Picks up and holds rattle
- Chews
- Plays with hands at midline
- Starts to transfer objects from one hand to the other
- Holds objects with fingers against palm of hand (palmar grasp)

Suggested Activities

- Put object (rattle) in baby's hand and gently pull it to encourage baby to hold on to object
- Put a toy in baby's hand and let baby hold toy with both hands to encourage baby to transfer or switch object to the other hand
- Help baby pick up small, safe objects (1" blocks, assorted shapes)

LARGE MUSCLE SKILLS

- Brings objects to mouth
- Turns from back to side
- Rolls from stomach to back and then back to stomach
- Pushes up on arms when on tummy
- Holds head upright and steady without support
- Kicks at objects

Suggested Activities

- Put baby on tummy on a safe surface (carpet, blanket, mattress) and dangle interesting toys at baby's head
- Fasten mobile on crib for baby to kick and move baby's legs to demonstrate

Six to Nine Months

PERSONAL AND SOCIAL SKILLS

- Smiles at self in mirror
- Enjoys hide-n-seek, peek-a-boo, pat-a-cake
- Becomes attached to a particular toy or object
- Begins to fear strangers

Suggested Activities

- Hug and cuddle baby often
- Smile and talk to baby
- Play "How Big's the Baby," hide-n-seek, peek-a-book, pat-a-cake
- Let baby play in front of large mirror

LANGUAGE AND UNDERSTANDING SKILLS

- Starts imitating sounds
- Makes eager sounds for bottle or breast
- Uncovers toy that is hidden by cloth
- Knows own name
- Vocalizes to self when alone

Suggested Activities

- Look at picture books with baby
- Sing songs with baby
- Play hide-n-seek with toys under cloth

SMALL MUSCLE SKILLS

- Starts feeding self
- Rakes or scoops small objects
- Grasps with three fingers (inferior pincer grasp)

Suggested Activities

- Provide baby the opportunity to pick up safe foods (cereal, crackers) and feed self
- Let baby hold crayon in hand and scribble on big piece of paper
- Provide many small objects for baby to pick up making sure they are too big to swallow

LARGE MUSCLE SKILLS

- Sits by self for a short time
- Creeps and crawls
- Pulls self to standing on furniture
- Rocks back and forth when on hands and knees
- Plays with feet when on back
- Stands by holding on to furniture, hands, etc.

Suggested Activities

- Encourage baby to pull up to a standing position
- Place a toy out of reach and encourage baby to try to get the toy by crawling to it
- Allow baby to stand next to furniture
- Allow lots of room for baby to crawl and explore (supervise)

Nine to Twelve Months

PERSONAL AND SOCIAL SKILLS

- Aware of strangers
- Tugs at or reaches for adults to get attention
- Begins drinking from a cup
- Likes or dislikes certain foods
- Demonstrates affection

Suggested Activities

- Have baby sit near the family during meals
- Play pat-a-cake
- Help baby learn to hold a cup containing a small amount of liquid
- Hug and kiss baby often
- Respond with a hug or by talking when baby reaches for you

LANGUAGE AND UNDERSTANDING SKILLS

- Waves bye-bye
- Responds to "no-no"
- Starts understanding simple questions ("Want some more juice?")
- Shakes head "no-no"
- Understands familiar words (mommy, daddy, ball, cookie)
- Looks at pictures in book
- Begins enjoying nursery rhymes and songs

Suggested Activities

- Make puppet from socks and pretend the puppet is "talking" to baby
- Read nursery rhymes and sing songs to baby
- Help baby look at scrap book
- Identify objects with names

- Listen and respond to communication from baby

SMALL MUSCLE SKILLS

- Holds own bottle
- Picks up small objects using thumb and finger
- Uses two hands together with coordination (picks up cup)
- Claps hands
- Drops objects with voluntary release

Suggested Activities

- Show baby how to stack small blocks
- Let baby play with the pots and pans in the kitchen
- Help baby put objects into a container
- Let baby play with empty boxes of all sizes
- Give baby cereal to feed self

LARGE MUSCLE SKILLS

- Gets into sitting position from lying down position
- Sits down from standing position
- Walks with assistance
- Stands alone
- Bangs two toys together

Suggested Activities

- Play stand up, sit down, lie down imitation game
- Help baby to walk with or without support
- Let baby "cruise" around by holding on to furniture and walking

Twelve to Eighteen Months

PERSONAL AND SOCIAL SKILLS

- Enjoys having people clap
- Starts feeling emotions of jealousy, affection, sympathy
- Plays chasing and hiding games
- Shows specific wants by gestures and vocalizations
- Plays ball with an adult
- Becomes attached to favorite possession (blanket, toy)

Suggested Activities

- Provide washcloth for child and allow child to care for doll by washing, hugging, and kissing doll
- Let child help undress self
- Let child start feeding self with a spoon
- Ask child to show how big child is (help child raise hands high)
- Take child on outings (picnic, zoo, parks) and talk about the things you see and do with child
- Roll a large ball to the child and ask child to roll it back to you

LANGUAGE AND UNDERSTANDING SKILLS

- Names body parts
- Points to several objects or pictures when named
- Follows simple commands

Suggested Activities

- Encourage child to repeat familiar words
- While child is bathing or dressing, name body parts and let child repeat the names
- Look at a picture book with child and name objects in the pictures

SMALL MUSCLE SKILLS

- Feeds self with spoon
- Attempts scribbling
- Stacks small objects
- Builds tower of two blocks

Suggested Activities

- Play game with small blocks; stacking, lining up, knocking down
- Encourage child to draw or scribble with a crayon or water soluble marker
- Play with bean bags or soft sponge balls
- Encourage self feeding with spoon

LARGE MUSCLE SKILLS

- Walks alone
- Throws a ball
- Sits in a chair
- Improves balance and coordination

Suggested Activities

- Allow child to walk up stairs with assistance
- Allow child to walk as much as possible
- Give child a pull toy to play with
- Roll and throw ball or bean bag
- Encourage use of child size furniture (chair, table)

Eighteen to Twenty-four Months

PERSONAL AND SOCIAL SKILLS

- Likes being read to
- Partially feeds self
- Independence grows stronger
- Exhibits curiosity and is "into everything"
- Has special relationship with each parent
- Enjoys playing next to another child (little interaction)
- Enjoys touching and hugging

Suggested Activities

- Encourage child to dress and undress self
- Encourage child to pick up and put away own toys
- Encourage child to help with simple household chores
- Encourage child to use both a spoon and a fork

LANGUAGE AND UNDERSTANDING SKILLS

- Makes simple choices among toys
- Mimics another child's play
- Begins to ask questions
- Puts two words together
- Asks for items by name (e.g., "ball," "doll," "cookie")
- Can follow one or two step directions

Suggested Activities

- Begin to give simple directions for child to follow
- Play a simple game of "Simon Says"
- Read to child 5 to 10 minutes each day
- Watch quality TV programs with child and talk about what you see but limit the amount of time child spends in front of the TV
- Answer child's questions simply

SMALL MUSCLE SKILLS

- Scribbles and imitates simple strokes such as vertical lines, horizontal lines, and circular strokes
- Takes off socks and shoes purposefully
- Takes things apart and puts them back together

Suggested Activities

- Help child put objects through an opening in a container, and help child dump them out again
- Use simple nesting boxes or cans
- Give child simple insert puzzle to complete (2-3 pieces)
- Finger paint with pudding
- Provide chalk, markers, pencils, paint, and brushes for sidewalk, large paper, newspaper, etc.
- Let child handle clay, play dough (recipe follows), and shaving cream
1 cup flour 2 Tblsp. cream of tartar 1 Tblsp. oil
1 cup water 1/2 cup salt
Mix all together. Color with food coloring if desired.

LARGE MUSCLE SKILLS

- Jumps with two feet
- Moves body in time to the music
- Walks up and down stairs with help
- Runs
- Attempts to kick a ball

Suggested Activities

- Show child how to jump holding child's hand while jumping
- Let child listen to music and show child how to swing, clap, and dance to the music
- Have short running races on soft surfaces (grass, carpet)
- Play "Kick the ball"

Twenty-four to Thirty-six Months

PERSONAL AND SOCIAL SKILLS

- Interacts with other children in simple games
- Verbalizes toilet needs

Suggested Activities

- Praise child when toilet needs are indicated
- Play "Ring Around the Rosie," "Duck, Duck Goose"
- Play hide-n-seek
- Play dress up

LANGUAGE AND UNDERSTANDING SKILLS

- Follows two-step directions
- Takes part in simple verbal conversation (e.g., "What's your name?")
- Answers simple "what" questions
- Uses two or three word sentences regularly (e.g., "Me want juice.")

Suggested Activities

- Allow child a choice of foods at mealtime
- Ask child to follow directions (e.g., "Pick up your doll and put it on the shelf, please.")
- Listen to and talk with child
- Read books for 10 minutes each day with child and talk about the pictures

SMALL MUSCLE SKILLS

- Uses spoon and cup independently
- Helps pick up toys
- Turns handle to open door
- Completes simple insert puzzle (3-4 pieces)
- Unscrews lids

- Builds 6-8 cube tower
- Snips paper with scissors

Suggested Activities

- Provide simple puzzle for child to complete
- Provide child with blunt scissors and paper to snip
- Provide sand, pudding, or finger paint for writing with finger
- Provide many containers with tops to open and close

LARGE MUSCLE SKILLS

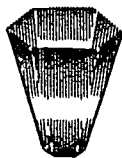
- Rides tricycle
- Pushes or pulls door open
- Walks up stairs holding rail

Suggested Activities

- Arrange for child to play games with others such as "London Bridge is Falling Down," "Tag"
- Encourage practice in skipping and hopping
- Provide practice in riding a tricycle
- Show child how to jump over a chalk mark or hose

References

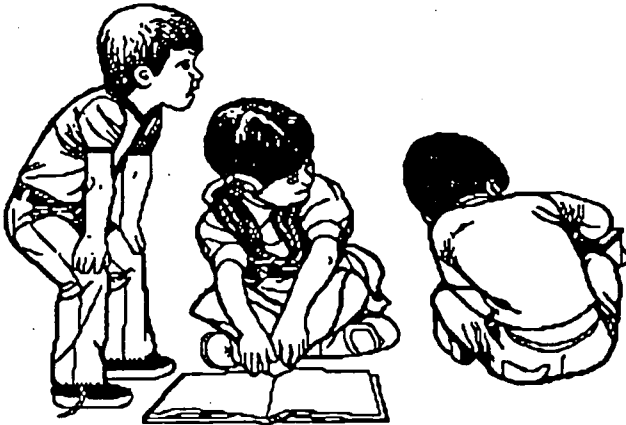
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For Children who may need Special Education



Getting an education is every child's right. Children who are handicapped are no exception. This has been made extremely clear by the courts, state and federal legislatures and school boards throughout the country.

Child Find is looking for any person between the ages of 0-21 who may be handicapped and not receiving an appropriate education. Some of the handicapping conditions may be in the areas of:

SPEECH
LANGUAGE
RETARDATION

HEARING
VISION
LEARNING

BEHAVIOR
GROSS AND
FINE MOTOR
SKILLS

If you are a parent or a friend of a potentially handicapped individual between the ages of 0-21, who is not enrolled in school or any other educational program, **GIVE THAT CHILD A CHANCE!**

CALL YOUR LOCAL CHILD FIND SPECIALIST: _____

AT: _____

Module	Hour	Handout
3	2	4

Florida Department of Education
Division of Public Schools
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*MITCH: Model of Interdisciplinary Training for Children with Handicaps

Available Training That Will Help Build Mainstreaming Skills

MITCH MODULES

- Module 1: Intellectual Development: What You Can Do to Help
- Module 2: Speech and Language Development: What You Can Do to Help
- Module 3: The Child Who Seems Different: Meeting Special Needs
- Module 4: Family Functioning: The Impact of a Child with Special Needs
- Module 5: Listening and Sensory Integration: What to Do Before Speech and Language Develop
- Module 6: The Caregiving Environment: Planning an Effective Program
- Module 7: Behavior Management: Preventing and Dealing with Problem Behavior
- Module 8: Health Care: Infection Control, Medication Administration, and Seizure Management
- Module 9: Motor Development: What You Need to Know
- Module 10: Nutrition and Feeding Practices: What You Need to Know
- Module 11: Working Together: Communication Skills for Parents, Caregivers, and other Professionals

ALSO:

Mainstreaming Works! Caring for Children with Special Needs in Child Care Centers. Impact, Inc., 3856 Evans Ave., Suite 4, Ft. Myers, FL 33901.

Module	Hour	Handout
3	3	1

Florida Department of Education
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*MITCH: Model of Interdisciplinary Training for Children with Handicaps

Resource Suggestions

General

Public School - Department of Exceptional Student Education
 Parent Resource Centers for Child Management
 Community Mental Health Centers (for supportive counseling)
 Hospitals
 childrens
 speciality (i.e., for vision, cerebral palsy, residential treatment centers, etc.)
 Florida Diagnostic and Learning Resources System (FDLRS)
 Health and Rehabilitative Services (HRS)

Autistic

Developmental Services (HRS)
 Mental Health Association

Emotionally Handicapped

Alcohol, Drug Abuse and Mental Health (HRS)
 Catholic Family and Children's Services
 Jewish Family and Children's Services
 County Mental Health Associations

Hearing Impaired

Gallaudet College
 Deaf Services Bureau
 Florida Power and Light
 (ask for hearing or speech impaired services)
 Library Services for the Deaf (Public Library)
 Lion's Club Community Hearing Bank
 South Florida Association of Parents of the Deaf
 South Florida Registry of Interpreters for the Deaf
 Florida School for the Deaf and the Blind
 (FSDB) Outreach - SKI HI

Module	Hour	Handout
3	3	2

Mentally Handicapped

Association for Retarded Citizens (ARC)
 Easter Seal Society
 Head Start
 Special Schools - residential/day
 Centers for Child Management
 Mental Health Counseling Facilities

Physically Impaired

American Heart Association
 Arthritis Foundation
 Children's Medical Services, HRS
 Easter Seal Society
 Rehabilitation Centers (also HRS)
 Epilepsy Foundation
 Jewish Vocational Services
 March of Dimes
 Medicaid (also Medicaid Transportation)
 Muscular Dystrophy Association
 Sickle Cell Clinic
 Spina Bifida Association
 Supplementary Security Insurance (SSI)
 United Cerebral Palsy Association
 United Diabetic Association

Visually Impaired

Bureau of Blind Services (HRS)
 Division of Blind Services
 Goodwill Industries
 Lion's Club
 Lighthouse for the Blind
 Talking Book Library
 Retinitis Pigmentosa
 United Way (Help Them to Live)
 Florida School for the Deaf and the Blind
 (FSDB) Outreach - INSITE

Florida Department of Education
 Division of Public Schools
 Bureau of Education for Exceptional Students



*MITCH: Model of Interdisciplinary Training for Children with Handicaps

Florida Organizations

Alcohol, Drug Abuse and Mental Health Program -- Children's Section

Department of Health and Rehabilitative Services
1317 Winewood Blvd.
Tallahassee, FL 32301
(904)487-2415

American Diabetes Assn.

Florida Affiliate, Inc.
3101 Maguire Blvd., Suite 288
P.O. Box 19745
Orlando, FL 32814
(305)894-6664

American Heart Assn., Inc.

Florida Affiliate Office
810 63rd Avenue North
P.O. Box 42150
St. Petersburg, FL 33742
(813)522-9477

Arthritis Foundation

Florida Chapter
3205 Manatee Avenue West
Bradenton, FL 33505
(800)282-9487

Association for Retarded Citizens/Florida

106 North Bronough, Suite M1-7
Tallahassee, FL 32301
(904)681-1931

Bureau of Education for Exceptional Students

Department of Education
Florida Education Center
Tallahassee, FL 32399-0400
(904)488-1570

Captioned Videotape Project for the Hearing Impaired

Florida School for the Deaf and Blind
P.O. Box 1209
St. Augustine, FL 32084
(904)824-1654

Children's Med. Services Pgm. Department of HRS

1323 Winewood Blvd.
Building 5, Room 127
Tallahassee, FL 32301
(904)487-2690

Developmental Services Pgm.

Department of HRS
1311 Winewood Blvd.
Building 5, Room 215
Tallahassee, FL 32301
(904)488-4257

Division of Blind Services

Florida Department of Education
2540 Executive Center Circle W.
Tallahassee, FL 32301
(800)342-1828 - (904)488-1330

Division of Blind Services Library for the Blind and Physically Handicapped

P.O. Box 2299
Daytona Beach, FL 32015

Florida Developmental Disabilities Planning Council

1317 Winewood Blvd.
Building 1, Suite 309
Tallahassee, FL 32301
(904)488-4180

Florida Association of Rehabilitation Facilities

1605 E. Plaza Drive, Suite 8
Tallahassee, FL 32308-5311
(904)877-4816

Florida Bar Lawyer Referral Service

The Florida Bar
Tallahassee, FL 32301-8226
(800)242-8012

Florida Commission on Human Relations

325 John Knox Rd., Ste. F-240
Tallahassee, FL 32303
(800)342-8170

Florida Council of Handicapped Organizations

P.O. Box 2027
Satellite Beach, FL 32937
(305)777-2964

FL Association for Children with Learning Disabilities

5683 Deerfield Road
Orlando, FL 32808
(305)295-8203

Florida Easter Seal Society

1010 Executive Center Drive
Suite 101
Orlando, FL 32803
(305)896-7881

FL School for the Deaf & Blind Child Study Center

207 North San Marco Avenue
St. Augustine, FL 32084
(904)824-1654

Florida Soc. for Children and Adults with Autism

1523 Julia Tonia Drive
West Palm Beach, FL 33415
(305)965-0409

Module	Hour	Handout
3	3	3

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Florida Organizations

(continued)

FL Epilepsy Foundation
P.O. Box 6059C
Orlando, FL 32853
(305)422-1439

Florida Instructional Materials Center for the Visually Handicapped
5002 North Lois Avenue
Tampa, FL 33614
(800)282-9193

FL Justice Institute, Inc.
1401 Amerifirst Building
One S.E. 3rd Avenue
Miami, FL 33131
(305)358-2081

FL Legal Services, Inc.
226 W. Pensacola Rm. 216-218
Tallahassee, FL 32301
(904)222-2151

Governor's Commission on Advocacy for Persons with Develop. Disabilities
Office of the Governor
The Capitol
Tallahassee, FL 32301-8047
(800)342-0823
(904)488-9071

Handicapped and Work-study Program
Division of Vocational Education
Department of Education
Florida Education Center
Tallahassee, FL 32399-0400
(904)488-5965

Head Start
Humanics Associates
Florida Office
255 Whooping Loop, Suite 255
Altamonte Springs, FL 32701
(305)834-6538

March of Dimes Birth Defects Foundation
Regional Office
12550 Biscayne Boulevard
North Miami, FL 33181
(305)895-2856

Mental Health Agency
Department of HRS
1317 Winewood Boulevard
Tallahassee, FL 32301
(904)488-8304

Mental Health Assn. of Florida
345 S. Magnolia Drive, Suite A13
Tallahassee, FL 32301
(904)877-4707

Muscular Dystrophy Assn.
1301 Seminole Boulevard, Suite 105
Largo, FL 33540
(813)585-5446

National Kidney Foundation of Florida, Inc.
One Davis Boulevard, Suite 304
Tampa, FL 33606
(813)251-3627

Office of Vocational Rehabilitation
Department of HRS
1309 Winewood Boulevard
Tallahassee, FL 32301

Parents Anonymous
1106 Thomasville Road
Tallahassee, FL 32303
(800)FLA-LOVE
(904)224-8481

Parent to Parent of Florida
3500 E. Fletcher Ave., Ste. 225
Tampa, FL 33612
(813)974-5001

The Pro Bono Directory
Legal Assistance Project
Dept. of Public Interest Programs
The Pro Bono Directory
The Florida Bar
Tallahassee, FL 32301
(904)222-5286

Southern Legal Counsel, Inc.
115 N.E. 7th Avenue
Gainesville, FL 32601
(904)377-8288

Spina Bifida Coalition of FL
996 Florida Town Road
Pace, FL 32570
(904)994-4001

State Special Olympics Hq.
2639 N. Monroe St., Suite 151A
Tallahassee, FL 32303
(904)385-8178

Statewide Human Rights Advocacy Committee
1317 Winewood Boulevard
Building 1, Room 310
Tallahassee, FL 32301
(904)488-4180

Univ. of Miami Mailman Center for Child Development
Multidiscip. Training Facility
P.O. Box 016820
Miami, FL 33101
(305)547-6631

Upjohn Healthcare Services
Florida Region Administration
P.O. Box 2607
Winter Park, FL 32790

Module	Hour	Handout
3	3	3 (con't.)

Florida Department of Education
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National Organizations

Aid to Adoption of Special Kids

3530 Grand Avenue
Oakland, CA 94610
(415)451-2275

Alexander Graham Bell Association for the Deaf

3417 Volta Place, N.W.
Washington, D.C. 30007
(202)337-5220

American Brittle Bone Soc.

1256 Merrill Drive
Marshallton
West Chester, PA 19380
(215)692-6248

American Alliance for Health, Physical Education, Recreation and Dance

Information and Research
Utilization Center
1900 Association Drive
Reston, VA 22091
(703)476-3400

American Association for the Advancement of Science Project on the Handicapped in Science

Office of Opportunities in Science
1776 Massachusetts Dr., N.W.
Washington, D.C. 20036
(202)467-4400

American Association of University Affiliated Programs for the Developmentally Disabled

1234 Massachusetts Ave., N.W.
Washington, D.C. 20005

American Association on Mental Deficiency

5101 Wisconsin Avenue, N.W.
Washington, D.C. 20016
(202)686-5400

American Cleft Palate Education Assn.

331 Salk Hall
University of Pittsburgh
Pittsburgh, PA 15261

American Civil Liberties Union

132 West 43rd Street
New York, NY 10036

American Coalition of Citizens with Disabilities (ACCD)

1200 15th Street, N.W., #201
Washington, D.C. 20005
(202)785-4265

American Council for the Blind

1211 Connecticut Ave., N.W.
Suite 506
Washington, D.C. 20036
(202)833-1251

American Foundation of the Blind (AFB)

15 West 16th Street
New York, NY 10011
(212)620-2000

American Genetics Association

818 18th Street, N.W.
Washington, D.C. 20036

American Kidney Fund

7315 Wisconsin Avenue
Bethesda, MD 20814-3266
(800)638-8299

American Occupational Therapy Association

1383 Piccard Drive, Suite 300
Rockville, MD 20850
(301)948-9626

American Physical Therapy Association

1111 N. Fairfax St., Suite 200
Alexandria, VA 22314
(703)684-2782

American Printing House for the Blind

P.O. Box 6085
1839 Frankfort Avenue
Louisville, KY 40206
(502)895-2405

American Red Cross

National Headquarters
17th and D Streets, N.W.
Washington, D.C. 20006
(202)737-8300

American Society for Deaf Children

814 Thayer Avenue
Silver Spring, MD 20910
(301)585-5400

Arthrogryposis Assn., Inc.

5430 E. Harbor Heights Drive
Port Orchard, WA 93866
(206)871-5057

Association for Persons with Severe Handicaps (TASH)

7010 Roosevelt Way, N.E.
Seattle, WA 98115
(206)523-8446

AAWE/Allelates Alliance

206 N. Washington St., Suite 320
Alexandria, VA 22314
(703)836-6060

Association of Birth Defect Children

3201 E. Crystal Lake Avenue
Orlando, FL 32806
(305)898-5342

Module	Hour	Handout
3	3	3 (con't.)

Florida Department of Education
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National Organizations

(continued)

Association for Children and Adults with Learning Disabilities (ACLD)

4156 Library Road
Pittsburgh, PA 15234
(412)341-1515

Association for Retarded Citizens (ARC) National

2501 Avenue J
Arlington, TX 76011
(817)640-0204

Asthma and Allergy Foundation of America

1302 18th St., N.W., Suite 303
Washington, D.C. 20036
(202)293-2950

Boy Scouts of America

Scouting for the Handicapped Division
1325 Walnut Hill Lane
Irving, TX 75062
(214)659-2000

Cancer Research Institute

Memorial Donations
133 East 58th Street
New York, NY 10022
(212)688-7515
(800)223-7874

The Candlelighters Foundation

2025 "I" Street NW, Suite 1011
Washington, D.C. 20006
(202)659-5136

Center on Human Policy

4 East Hungtingon Hall
Syracuse University
Syracuse, NY 13210
(315)423-3951

Clearinghouse on the Handicapped

Office of Special Education and Rehabilitative Service
Room 3106 Switzer Building
Washington, D.C. 20202-2524
(202)732-1245

Compassionate Friends, Inc.

P.O. Box 1347
Oak Brook, IL 60521
(312)323-5015

Cooley's Anemia Foundation

105 East 22nd St., Suite 911
New York, NY 10010
(212)598-0911

Cornelia de Lange Syndrome Foundation

60 Dyer Avenue
Collinsville, CT 06022
(202)693-0159

Center for Law and Education, Inc.

Gutman Library, 3rd Floor
6 Appian Way
Cambridge, MA 02138
(617)495-4666

Children's Brain Research Clinic

2525 Belmont Road, N.W.
Washington, D.C. 20008

Children's Defense Fund

122 C Street, N.W.
Washington, D.C. 20001
(202)628-8787

Closer Look

Parents Campaign for Handicapped Children and Youth
1201 16th Street, N.W.
Washington, D.C. 20036
(202)822-7900

Council for Exceptional Children (CEC)

1920 Association Drive
Reston, VA 22091
(703)620-3660

Cystic Fibrosis Foundation

6000 Executive Blvd., Suite 309
Rockville, MD 20852
(301)881-9130

Dental Guidance Council for Cerebral Palsy

122 East 23rd Street
New York, NY 10010
(212)677-7400

Developmental Disabilities Office

U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 338E
Washington, D.C. 20201

Disability Rights

Education Defense Fund, Inc.
2032 San Pablo Avenue
Berkeley, CA 94702
(415)644-2555

Dysautonomia Foundation

120 E. 41st Street
New York, NY 10017
(212)889-0300

Module	Hour	Handout
3	3	3 (con't.)

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National Organizations

(continued)

Dystrophic Epidermolysis Bullosa Research Association of America
2936 Avenue W
Brooklyn, NY 11229
(212)774-8700

Ephphatha Services for the Deaf and Blind
P.O. Box 15167
Minneapolis, MN 55415

Epilepsy Foundation of America
4351 Garden City Drive, Suite 406
Landover, MD 20785
(305)459-3700

Found. for Children with Learning Disabilities
P.O. Box 2929
Grand Central Station
New York, NY 10163
(212)687-7211

Friedreich's Ataxia Group In America
P.O. Box 11116
Oakland, CA 94611

Girl Scouts of the U.S.A. Scouting for Handicapped Girls
830 Third Avenue
New York, NY 10022
(212)940-7500

Human Resources Center
I.U. Willets Road
Albertson, NY 11507

Human Growth Found.
4607 Davidson Drive
Chevy Chase, MD 20815
(301)656-7540

Hydrocephalus Parent Support Group
9430 Reagan Road
San Diego, CA 92126

Institute for the Achievement of Human Potential
8801 Stenton Avenue
Philadelphia, PA 19118

International Association of Parents of the Deaf
814 Thayer Avenue
Silver Springs, MD 20910
(301)585-5400

International Institute for Visually Impaired, 0-7, Inc.
1975 Rutgers Circle
East Lansing, MI 48823

John Tracy Clinic (deafness, hearing impairments, deaf/blind)
806 West Adams Blvd.
Los Angeles, CA 90007
(213)748-5481

Joseph P. Kennedy Jr. Foundation
1350 New York Avenue, N.W., Suite 500
Washington, D.C. 20005
(202)393-1250

Juvenile Diabetes Foundation, Int'l.
23 E. 26th Street
New York, NY 10010
(212)889-7575

Know Problems of Hydrocephalus
Route 1, River Road, Box 210A
Joliet, IL 60436

LaLeche League, International
9616 Minneapolis
Franklin Park, IL 60131
(312)455-7730

Library of Congress
Division for the Blind and Physically Handicapped
1291 Taylor St., N.W.
Washington, D.C. 20542

Little People of America
Box 633
San Bruno, CA 94066
(415)589-0695

Leukemia Society of America, Inc.
National Headquarters
800 2nd Avenue
New York, NY 10017
(212)573-8484

MPS Society
552 Central Avenue
Bethpage, NY 11714
(516)433-4419

March of Dimes National Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605

Mental Disability Legal Resource Center
Commission on the Mentally Disabled
American Bar Association
1800 M Street, N.W.
Washington, D.C. 20036
(202)331-2240

Module	Hour	Handout
3	3	3 (con't.)

Florida Department of Education
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National Organizations

(continued)

Mental Retardation Association of America

211 East 300 South, Suite 212
Salt Lake City, UT 84111
(801)328-1575

Muscular Dystrophy Association

810 Seventh Avenue
New York, NY 10019
(212)586-0808

Myoclonus Families United, c/o
NORD

2153 East 22nd Street
Brooklyn, NY 11220

National Amputation Foundation

1245 150th Street
Whitestone, NY 11356
(212)767-0596

National Association for Deaf/Blind

2703 Forrest Oak Circle
Norman, OK 73071
(405)733-7311

National Association for Disabled Citizens

P.O. Drawer 8075
Maitland, FL 32751
(305)628-8850

National Assoc. for Down Syndrome

Box 63
Oak Park, IL 60303
(312)543-6060

National Assoc. for Parents of the Visually Impaired, Inc.

2011 Hardy Circle
Austin, TX 78757

National Assoc. for the Deaf

Legal Defense Fund
Florida Avenue and 7th Street, N.E.,
Suite 311
Washington, D.C. 20002

National Association for Sickle Cell Disease (NASCD)

3460 Wilshire Blvd., Suite 1012
Los Angeles, CA 90010

National Association for Visually Handicapped

305 East 24th Street, 17-C
New York, NY 10010
(212)889-3141

National Association of Private Residential Facilities for the Mentally Retarded

6269 Leesburg Pike
Falls Church, VA 22044
(703)536-3311

National Assoc. of the Deaf

814 Thayer Avenue
Silver Spring, MD 20910
(301)587-1788

National Ataxia Foundation

6681 Country Club Drive
Minneapolis, MN 55427
(612)546-6220

National Hearing Assoc.

1010 Jorie Blvd., Suite 308
Oak Brook, IL 60521
(312)323-7200

National Association of the Physically Handicapped

70 Elm Street
London, OH 43140
(614)852-1664

National Center for a Barrier-Free Environment

1015 15th St., N.W., Suite 700
Washington, D.C. 20005
(202)466-6896

National Center for Education in Maternal and Child Health

38th and R Sts., N.W.
Washington, D.C. 20057

National Clearing House for Human Genetic Diseases

3520 Prospect St., N.W., #1
Ground Floor, Suite 1
Washington, D.C. 20057
(202)842-7617

National Down Syndrome Congress

1640 W. Roosevelt Road
Chicago, IL 60608
(312)226-0416

National Down Syndrome Society

70 West 40th Street
New York, NY 10018
(212)764-3070
(800)221-4620

National Easter Seal Soc.

2023 West Ogden Avenue
Chicago, IL 60612
(312)243-8400
(312)243-8800 (TDD)

National Federation of the Blind

1800 Johnson Street
Baltimore, MD 21230
(301)659-9314

Module	Hour	Handout
3	3	3 (con't.)

Florida Department of Education
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MITCH: Model of Interdisciplinary Training for Children with Handicaps

National Organizations

(continued)

National Foundation for Ileitis and Colitis
295 Madison Avenue
New York, NY 10017
(212)685-3440

National Genetics Foundation
555 West 57th Street
New York, NY 10019(212)586-5800

National Head Injury Foundation
280 Singletary Lane
Framingham, MA 01701
(617)879-7473

National Hearing Aid Society
20361 Middlebelt Road
Livonia, MI 48152
(313)478-2610

National Hemophilia Foundation
19 W. 34th St., Room 1204
New York, NY 10001
(212)563-0211

National Ichthyosis Foundation
151 Toyon Drive
Vallejo, CA 94589

National Information Center for Handicapped Children and Youth (NICHCY)
P.O. Box 1492
Washington, D.C. 20013

National Institute for Rehabilitation Engineering
97 Decker Road
Butler, NJ 07405
(201)838-2500

National Juvenile Law Center
St. Louis University School of Law
3701 Lindell Blvd.
St. Louis, MO 63108

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314

National Neurofibromatosis Foundation
70 West 40th St., 4th Floor
New York, NY 10018
(212)869-9034

National Organization on Disability
2100 Pennsylvania Avenue, N.W.
Suite 234
Washington, D.C. 20037
(202)293-5960

National Rehabilitation Association
633 South Washington Street
Alexandria, VA 22314

National Retinitis Pigmentosa Foundation
Rolling Park Building
8331 Mindale Circle
Baltimore, MD 21207
(301)655-1011

National Reye's Syndrome Foundation
P.O. Box RS
Benzonia, MI 49616

National Society for Children and Adults with Autism
1234 Massachusetts Avenue, N.W.
Suite 1017
Washington, D.C. 20005
(202)783-0125

National Spinal Cord Injury Association
149 California Street
Newton, MA 02158
(617)964-0521

National Tay-Sachs and Allied Diseases Association
92 Washington Avenue
Cedarhurst, NY 11516
(516)569-4300

National Tuberos Sclerosis Association
P.O. Box 612
Winfield, IL 60190
(312)668-0787

Office for Handicapped Individuals
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Osteogenesis Imperfecta Foundation
632 Center Street
Van Wert, OH 45891

Orton Dyslexia Society
724 York Road
Baltimore, MD 21204
(301)296-0232

Parent Care
University of Utah Medical Center
50 North Medical Drive, Room 2A210
Salt Lake City, UT 84132
(801)581-5323

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3	3	3 (con't.)

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National Organizations

(continued)

Parent Network
1301 E. 38th Street
Indianapolis, IN 46205

People First International
P.O. Box 12642
Salem, OR 97309
(503)378-5143

Pollo Information Center
510 Main Street
Roosevelt Island, NY 10044

Prader-Willi Association
5515 Malibu Drive
Edina, MN 55436
(612)933-0115

**President's Committee on
Employment of the Handi-
capped**
Washington, D.C. 20010

**President's Committee on
Mental Retardation**
Washington, D.C. 20201

Scoliosis Research Society
444 N. Michigan Avenue, Suite
1500
Chicago, IL 60611
(312)822-0970

Scoliosis Association
1428 183 Main Street, East
Rochester, NY 14604
(716)546-1814

**Sharing Our Caring
(Down Syndrome)**
P.O. Box 400
Milton, WA 98354

Sibling Information Network
Department of Educational Psycholo-
gy
Box U-64, The University of Connecti-
cut
Storrs, CT 06268
(203)486-4034

Siblings for Significant Change
Room 808
823 United Nations Plaza
New York, NY 10017

**Support Organization for Trisomy
(SOFT)**
7326 S. 145 Street, East
Midville, UT 84947
(801)566-0674

Special Education Programs
U.S. Dept. of Education
Switzer Building
330 "C" Street, S.W.
Washington, D.C. 20202

**Spina Bifida Association of
America**
343 South Dearborn Street, Room
317
Chicago, IL 60604
(312)663-1562

United Cerebral Palsy Associations
66 East 34th Street
New York, NY 10016
(212)481-6300

United Ostomy Association
2001 West Beverly Bldg.
Los Angeles, CA 90057
(212)413-5510

**The United States Association
for Blind Athletes**
55 West California Avenue
Beach Haven, NJ 08008

**The Voice
(Hearing Impaired)**
2939 Hollandale
Dallas, TX 75234
(214)349-3271 (V/TDD)

Youth Law Center
693 Mission Street
Second Floor
San Francisco, CA 94105
(415)543-3379

Module	Hour	Handout
3	3	3 (con't.)

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Toll-Free Telephone Services

AMC Cancer Information Center.....	800-525-3777
American Council of the Blind.....	800-424-8666
American Kidney Fund.....	800-638-8299
Better Hearing Institute Hearing Helpline.....	800-424-8576
Cancer Information Service National Line.....	800-4-CANCER
Captioned Films for the Deaf.....	800-237-6213
Center for Special Education Technology Information Exchange.....	800-345-8324
Child Abuse Registry.....	800-342-9152
Children's Defense Fund.....	800-424-9602
Closer Look LD Teen Line.....	800-522-3458
Epilepsy Information Line.....	800-542-7054
ERIC Clearinhouse on Adult Career and Vocational Education.....	800-848-4815
Foundation Center.....	800-424-9836
Heartline.....	800-241-6993
HEATH Resource Center.....	800-54-HEATH
International Shriners Headquarters.....	800-237-5055
Job Accommodation Network.....	800-526-7234
Job Opportunities for the Blind.....	800-638-7518
National Alliance of Blind Students.....	800-424-8666
National Center for Stuttering.....	800-221-2483
National Committee for Citizens in Education.....	800-NETWORK
National Crisis Center for the Deaf (TDD Only).....	800-446-9876
National Down Syndrome Congress.....	800-232-6372
National Down Syndrome Society.....	800-221-4602
National Easter Seal Society.....	800-221-6827
National Health Information Clearinghouse.....	800-336-4797
National Hearing Aid Society.....	800-521-5247
National Information Center for Educational Media.....	800-421-8711
National Rehabilitation Information Center (Voice/TDD).....	800-32-NARIC
National Special Needs Center.....	800-233-1222 800-833-3232 (TDD)
National Spinal Cord Injury Hotline.....	800-526-3456
Orton Dyslexia Society.....	800-222-3123
Poison Information.....	800-542-6319
Resource Center for the Handicapped.....	800-22-SHARE
RP Foundation Fighting Blindness.....	800-638-2300
Special Education Software Center.....	800-327-5892
Spina Bifida Hotline.....	800-621-3141
Tripod Service for Hearing Impaired.....	800-352-8888
Washington PAVE.....	800-5-PARENT

The data on these information sheets has been furnished by Parent to Parent of Florida, 3500 E. Fletcher Ave., Suite 225, Tampa, FL 33612; (813)974-5001.

Module	Hour	Handout
3	3	3 (con't.)

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Appendix C

Reproducible Forms for the Six-Week Follow-Up Activity

The Six-Week Follow-Up Activity

MITCH Module 3 THE CHILD WHO SEEMS DIFFERENT: Meeting Special Needs

These completed forms should be sent to:

Name _____
Address _____

These forms are due at the above address by _____
date

Directions

For the community resources listed on the following pages, please provide as many local telephone numbers and addresses as you can.

Name _____

Date _____

Resource List

General

Public School - Department of Exceptional Student Education

County _____ Phone _____

Address _____

Parent Resource Centers for Child Management

Name _____ Phone _____

Address _____

Head Start

Name _____ Phone _____

Address _____

Florida Diagnostic and Learning Resources System (FDLRS) Associate Center

Name _____ Phone _____

Address _____

Health and Rehabilitative Services (HRS) Office

Name _____ Phone _____

Address _____

Rehabilitation Centers (also HRS)

Phone _____

Address _____

Epilepsy Foundation

Phone _____

Address _____

United Way (Help Them to Live)

Phone _____

Address _____

HOSPITALS

- Children's

Name _____ Phone _____

Address _____

- Speciality (i.e., for vision, cerebral palsy, residential treatment center, etc.)

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Local Resources for the following Exceptionalities

AUTISTIC

- Developmental Services (HRS)

Phone _____

Address _____

- Mental Health Association

Phone _____

Address _____

Emotionally Handicapped

- Alcohol, Drug Abuse, and Mental Health Office (HRS)

Phone _____

Address _____

- Catholic Family and Children's Services

Phone _____

Address _____

- Jewish Family and Children's Services

Phone _____

Address _____

- County Mental Health Associations

Phone _____

Address _____

- Special Schools - residential

Phone _____

Address _____

- Centers for Child Management

Phone _____

Address _____

- Mental Health Counseling Facilities

Phone _____

Address _____

Phone _____

Address _____

Hearing Impaired

- Galludet College (Washington, D.C.)

Phone _____

Address _____

- Deaf Services Bureau

Phone _____

Address _____

- Florida Power and Light (ask for hearing or speech impaired information)

Phone _____

Address _____

- Library Services for the Deaf (Public Library)

Phone _____

Address _____

- Lion's Club Community Hearing Bank

Phone _____

Address _____

- South Florida Association of Parents of the Deaf

Phone _____

Address _____

- South Florida Registry of Interpreters for the Deaf

Phone _____

Address _____

Mentally Handicapped

- Association for Retarded Citizens (ARC)

Phone _____

Address _____

- Easter Seal Society

Phone _____

Address _____

- Head Start

Phone _____

Address _____

Physically Impaired

- American Heart Association

Phone _____

Address _____

- Jewish Vocational Services

Phone _____

Address _____

- March of Dimes

Phone _____

Address _____

- Medicaid (also Medicaid Transportation)

Phone _____

Address _____

- Muscular Dystrophy Association

Phone _____

Address _____

- Sickle Cell Clinic

Phone _____

Address _____

- Spina Bifida Association

Phone _____

Address _____

- Supplemental Security Insurance (SSI)

Phone _____

Address _____

- United Cerebral Palsy Association

Phone _____

Address _____

- United Diabetic Association

Phone _____

Address _____

- Arthritis Foundation

Phone _____

Address _____

- Children's Medical Services, HRS

Phone _____

Address _____

- Easter Seal Society

Phone _____

Address _____

Visually Impaired

- Division of Blind Services/Children's Counselor

Phone _____

Address _____

- Goodwill Industries

Phone _____

Address _____

- Lion's Club

Phone _____

Address _____

- Lighthouse for the Blind

Phone _____

Address _____

- Talking Book Library

Phone _____

Address _____

- Retinitis Pigmentosa Foundation

Phone _____

Address _____



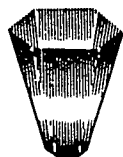
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