

# All Children Are Special: How to Know When a Child Needs Help

*A guide for people who care about children*

*As we move toward inclusion together, we believe that every child should have an equal opportunity to learn, be safe, and to feel “a part of” NOT “apart from” their child care environment.*

*Funded by the  
San Joaquin County  
Local Child Care Planning Council*



[www.lccpc.org](http://www.lccpc.org)

May 2007

## **The San Joaquin County Inclusion Team sponsored by the Local Child Care Planning Council**

The San Joaquin County Inclusion Team was created by members of the Local Child Care Planning Council to develop a local plan of action to strengthen the capacity of the child care community to deliver appropriate, inclusive, high-quality child care services to families of children with disabilities or other special needs.

The Inclusion Team is made up of representatives of the following individuals from various agencies and organizations throughout the county:

Paula Baca, Family Child Care Provider  
Florence Costamagna, Program Director, Child Development Program, Lodi USD  
Valerie Denero, Program Manager, Early Childhood Education, SJCOE  
Katy Downs-Stroh, Special Education Lead, CPIN, SJCOE  
Jane Frederick, Early Intervention Manager, United Cerebral Palsy  
Becky Halligan, Program Coordinator, Family Resource & Referral Center  
Cathy Long, Coordinator, San Joaquin County Local Child Care Planning Council  
Melissa Mora, Special Education Teacher, SJCOE  
Robin Orr, RN, School Nurse, SJCOE

San Joaquin County would like to thank the Children's Inclusive Care Council of Amador and Calaveras who originally developed the manual for their perspective counties.

Permission to reprint granted by request. Additional copies can be downloaded @ [www.lccpc.org](http://www.lccpc.org)

# Table of Contents

Introduction	4
Guidelines for Observing Your Child	5
I Have Concerns: What Do I Do Now?	8
Some Things to Think About	9
Who Is a Child With Special Needs?	10
Putting People First	11
What You Need to Know About Early Intervention & Education Programs	11
Focus on Providers	13
Benefits of Inclusion	14
Strategies for Success	15
The Questions Children Ask	17
Appendix	18
Resources	19
Sample Letter & Forms	22
Observation Checklist	26
Calendar	27

## All Children Are Special: How to Know When a Child Needs Help

*No one goes very far alone...all that you put into the lives of others, comes back into your own.*

Anonymous

- Are you a parent who has a child with a special need?
- Or are you a child care provider with a child who has a diagnosed disability, or a child that you suspect might have some kind of developmental delay?
- Or perhaps you are a child care provider who would like to be able to care for all children in an inclusive setting and would like to have some help with training and resources.

If any of the above descriptions apply to you, this manual was prepared with you in mind.

According to the Child Care Law Center, a child with special needs is one who requires some form of special care due to physical, mental, emotional or health reasons. Because each child is unique and has unique needs, no single approach to caring for children with special needs can be applied to all children, even those with the same disability or special need. **The practice of inclusion means including children of all abilities in the same classroom or child care program. Inclusion means “a part,” not “apart” from.**

We hope that you will find this information helpful, and that it will assist you in finding the additional resources you may need for that special child for whom you care.

## Guidelines for Observing Your Child

Children vary a great deal in what they learn to do and when they learn. Children develop at different rates and in different ways. It is important to look for patterns, frequency, intensity and duration of behaviors when deciding if any behavior might signal an underlying problem. The following list includes a sample of behaviors that suggest a child may need further evaluation. ALL CHILDREN EXHIBIT SOME OF THESE BEHAVIORS SOME OF THE TIME; THEY ARE ONLY CAUSE FOR CONCERN IF MANY OF THE BEHAVIORS OCCUR MOST OF THE TIME. Below are some guidelines to follow when observing your child. If you notice some of these behaviors consistently, you may want to contact or have your child screened by a professional.

### VISION

- Rubs eyes frequently.
- Seems to have trouble following people or objects with eyes.
- Has reddened, watering or crusty eyelids.
- Holds head in a strained or awkward position, tilting it one side or the other, or forward or backward, when looking at an object.
- Has trouble focusing or making eye contact.
- Seems to have trouble finding or picking up small objects from floor.
- Closes one eye when looking at distant objects.

### HEARING

- May have frequent earaches.
- May have frequent ear, nose, or throat infections or allergies.
- Does not look to the source of voices or react to loud noises by four months of age.
- Talks in a very loud or very soft voice or voice has an unusual sound.
- May have difficulty responding to a call from across a room.
- Watches faces intently.
- Does not use spoken language as expected for his or her age group.
- Turns up volume on television or toys.
- Turns body so that same ear is always towards source of sound.
- Has difficulty understanding what is being said.
- Breathes through the mouth.
- Does not turn toward you when name is called.
- Speech is difficult to understand.

### THINKING

- Child resists change and has difficulty tolerating transition and/or interruptions in daily routines.
- By age one, does not respond to faces and objects, or does not recognize familiar people. Child does not look for hidden object (e.g. peek-a-boo) or does not anticipate return of people.
- By age two, does not identify simple body parts by pointing, does not match similar objects, or recognize self in a mirror. Cannot say simple words and name familiar objects.

- By age three, cannot follow simple directions and commands. Does not imitate adults
- By age three, does not begin to participate in creative processes; drawing, blocks, or play dough. Cannot match colors and shapes and complete simple puzzles. Unable to pretend or make-believe play.
- By age four, does not give correct answers to questions, such as; “What do you do when you’re sleepy/hungry?” Does not have an active imagination, cannot sit through a short story activities.
- By age four, cannot tell the difference between different shapes and colors, does not pretend to read books.
- By age five to six, does not understand the concepts of today, tomorrow or yesterday. Cannot follow multiple directions. Cannot sort and match according to different qualities (e.g. shape, color, size). Cannot name shapes, colors and some letters.
- By age five to six, cannot recite 1-10, the child does not understand that numbers represent quantity (e.g. can get three apples, can put one napkin for each child) The child cannot stay with or complete tasks (e.g. finish a puzzle, draw a picture related to a story).

## **COMMUNICATING**

- Is unusually quiet.
- By six months, rarely makes sounds like cooing or gurgling.
- By age one, does not understand first words such as *milk*, *bottle* or *bye-bye*.
- By age one, does not say *mama* or *dada*.
- By age two, rarely names family members or common objects.
- By age two, does not speak in two-word phrases.
- By age two, does not point to objects or people to express want or need.
- By age three, does not follow simple directions or speak in sentences of three or four words.
- By age three, does not try to say familiar rhymes or songs.
- By age four, does not tell stories, either real or make-believe, or ask frequent questions.
- By age four, does not speak in sentences of four or five words and has speech that is not understood by adults outside of the family.
- By age five, does not know age and cannot answer, *who*, *what*, *where*, *when* or *why* questions or use simple sentences.

## **MOVING GROSS AND FINE MOTOR DEVELOPMENT**

- Has stiff arms or legs.
- Has floppy or limp body posture.
- By three to six months does not have good control of head, arms, and legs. Does not explore fingers and objects with mouth and has not developed the ability to focus eyes on an object.
- By one year has not crawled, sat up, picked up objects with thumb and first finger, or stood with support.
- By two years has not walked or has difficulty walking without help. Cannot kick a large ball or does not need to release energy and use physical skills. Cannot use crayons, spoons or cups.

- By age three does not walk up or down stairs, frequently falls when running, and cannot turn pages of a book. Does not draw lines and simple shapes, is not active or does not test physical limits.
- By age four, has difficulty with such activities as standing on one foot, jumping from a bottom step, pedaling a tricycle, catching a large bounced ball, closing a fist, or wiggling a thumb. Cannot kick a ball forward, throw ball overhand, or walk backward.
- By age five, has difficulty skipping using alternate feet, pumping self on a swing, or cutting with scissors. Cannot string medium size beads. Cannot get dressed with minimal help.

## **PLAYING**

- By three months does not coo or smile.
- By age 12 to 24 months, does not play games such as peek-a-boo or pat-a-cake, or wave bye-bye.
- By age two, does not show-off occasionally, or shows awareness of being seen by others.
- By age three, does not imitate parent or caregiver doing routine tasks such as washing dishes, cooking, or going to work.
- By age three, tends to play alone more than with other children.
- Does not engage in joint exploration and some peer play.
- By age three, does not play purposefully or initiates play through pushing or hitting.
- By age three, does not interact with adults and children outside the family.
- By age four does not play make-believe games and group games, such as, hide-and-seek with other children.
- Play is repetitive.
- By age five, does not share and take turns.
- By age five, does not express concern or compassion, when appropriate. Does not show concern for a child who is crying or in distress.

## **GENERAL OVERALL BEHAVIOR**

*Some behaviors may be cause for concern, or they may just be part of the child's temperament or personality, so observe these behaviors carefully.*

- By six months, avoids being held or talked to or resists being soothed or comforted.
- Does not pay attention or stay focused on an activity for as long as other children peers of the same age do.
- Avoids or rarely makes eye contact with others.
- Gets unusually frustrated when trying to do simple tasks that are age appropriate most children of the same age can do.
- Often acts out or appears to be very stubborn or aggressive.
- Acts extremely shy or withdrawn.
- Does not like being touched.
- Does not like having certain types of material or clothing next to body.
- Treats other children, animals or objects cruelly or destructively.
- Tends to break things a lot.

- Displays violent behavior, such as tantrums, fighting, or hitting other children on a daily basis.
- Stares into space, rocks body, or talks to self more often than other children of the same age.
- Often bangs head against an object, floor or wall.
- Does not recognize dangerous situations, such as walking in traffic or jumping from high places.
- Tends to be sick often, or complains of headaches or stomach aches.
- Has problems sleeping, eating, or toileting.
- Is overly impulsive, active, or distractible.
- Does not respond to discipline as well as other children of the same age.
- Has difficulty putting thoughts, actions, and movements together.
- Does not seek approval from parent or caregiver.

## **I Have Concerns: What Do I Do Now?**

If you feel that your child, or a child in your care, may not be developing at the same rate as other children of the same age, it may be time to take a closer look. As a parent, this is a good time to mention your concerns to your child's caregiver or physician. As a provider, this is your opportunity to start a conversation with the parent about doing some informal observations. Parents and providers can work together to start an observation plan to record the child's behavior over time and in a variety of settings.

If you are a child care provider observing a child, make it clear to the family you are observing behaviors only trained professionals can make a diagnosis. This observation can help plan activities that the child will enjoy, match activities to the child's skills and abilities, and may serve to signal that a referral for formal assessment is needed. Whatever the family decides, you as a provider have planted the seeds that will help them observe their child more carefully and think about what you have said. Here are some general suggestions to keep in mind when you're observing:

- Try to be as objective as possible.
- Date all observations so you can better look for changes and patterns.
- Write down exactly what the child does or says. **Avoid recording subjective observations.**
- Observe each activity more than once.
- Be sure to look for both strengths and weaknesses.

## **Tracking Your Observations**

### ***Paper or note cards method:***

Write down notes right after something happens. Collect the child's drawings and other creations. Jot down stories about the child shared by others: the parents or other staff if you are a provider and the caregivers if you are the child's parents. Be sure to keep the

notes in one place, such as a folder, envelope, or plastic bag. Write the date and child's first and last name on all papers collected.

***Journal method:***

Write something down about the child every day in a special notebook so you have an ongoing picture of what she does. Date each journal entry.

***Checklist method:***

Make up a list of categories and watch the child's behavior or reaction in each category. Some categories might be; general health, speech and language, social or behavior, vision, hearing or a child's first smile or roll over. **\*See page 26 in the resource section for a sample form.**

Be objective when you are observing. Objectivity means writing down only what the child actually does or says, not your interpretation of the behavior.

## **Sample Observations**

Following are some examples of observations you can make about a child:

1/2/07: Madonna played with the ball alone, not interacting with others.

1/3/07: Madonna ate sand while outside and didn't respond to my attempts to redirect her activity.

1/3/07: Madonna pulled on my leg when she needed me, but wouldn't make eye contact or tell me what she needed when asked. She pulled me to the refrigerator.

## **Some Things to Think About**

Now that you have collected some specific information about your child, use the following questions to help you put your observations into perspective. They will help you decide whether a child is just developing at his or her own pace, or is a child who may need outside help.

- Has the child made progress over time, or is he or she "stuck"?
- Does the child prefer to play alone, away from others?
- Is the child ignored by other children because he or she can't keep up with them, doesn't get their jokes, or doesn't understand the rules of the game?
- Are your expectations for the child realistic, given everything you know?
- Does the child have trouble at specific times of the day, such as meal times, nap time or bedtime, or during a specific activity?
- Is the child able to concentrate and become involved with an activity?
- Is the child creative when playing with toys and games, or does he or she always play with them in the same way?
- Does the child have a good energy level, or does he or she always seem tired?

- Does the child have a lot of allergic symptoms, such as coughing or sneezing, rashes or itchy eyes?
- Is the child able to make choices about activities, and act independently?
- Does the child seem confused in a child care or school environment?
- Is the child able to follow simple directions?

After answering these questions, you may find that a change in the child's schedule or environment will help address these concerns. You may also find that at this point you will want to seek help from a qualified service provider or your health care professional. Please see our section on Resources for additional information.

Remember, the observations of child care providers are to be shared with the parents. It is up to the parents to seek professional help for their child.

## **Who is a Child with Special Needs?**

Every child is a special person, but some children may need special care due to their physical, emotional, health, or development needs. The kinds of special needs vary greatly. They may be simple allergies, developmental delays, a diagnosed disability, or a serious illness. Here are some of the broad categories of special needs:

### **DEVELOPMENTAL DISABILITY**

A child with a developmental disability may grow and develop more slowly than other children. His or her physical, mental or emotional development may be affected.

### **EMOTIONAL/BEHAVIORAL NEEDS**

There are many possible reasons for a child to have emotional/behavioral issues. This child may need help learning to follow daily routines or relating to others. He/she may need more structure in his environment, with more teacher involvement.

### **EXCEPTIONAL HEALTH NEEDS**

Children with such needs may require specialized care due to conditions such as allergies, asthma, diabetes, epilepsy, sickle cell anemia, or because of a serious illness.

### **HEARING IMPAIRMENT**

A child may have a mild or significant hearing impairment or may be deaf.

### **LANGUAGE SKILLS (COMMUNICATION DISORDER)**

A child may have difficulty speaking or understanding speech. Expressing his or her needs or understanding rules and instructions may be difficult and frustrating for the child with this type of need. When a child is unable to verbally express his wants and needs it may lead to frustration and/or possible behavioral issues.

### **LEARNING DISABILITY**

Children learn in different ways, but some may need specialized care. He or she may have difficulty reading and therefore would need clear verbal instructions. A learning disability can be frustrating to a child, leading to possible behavioral needs.

## **PHYSICAL DISABILITY**

A child may have limited movement or require adaptive equipment, such as braces, a walker, or a wheelchair.

## **VISION IMPAIRMENT**

A child may have a mild or significant vision impairment or may be blind.

## **Putting People First**

The way we talk about people affects the way we see them and the way they view themselves. As awareness of people with disabilities and other special needs increases, the language we use to talk about disabilities also changes.

When talking to or about a child with special needs, it is crucial to look at the whole child, not just the disability. Remember to point out the way the child is like other children, instead of focusing on the differences.

The most important thing to remember is that people with disabilities are *people first*. Therefore, avoid saying things like “a disabled child,” a “blind girl,” or “a Down syndrome boy.” Instead, put the child first by saying “a child with a disability,” “a girl who is blind,” or “a boy with Down syndrome.” Avoid using words that are derogatory or pitying, such as handicapped, crippled, retarded, mongoloid, or backward.

All children are different from one another and all have different needs. Whether you are a parent or child care provider, being sensitive about the language you use will help you be more aware of all children. Using sensitive language will help prevent hurt feelings and avoid unintentional insults. To ensure inclusion, freedom and respect for all, you should model people first language. People first language puts the person before the disability and describes what a person *has* not who a person *is*.

## **What You Need To Know About Early Intervention and Education Programs**

If you think your child needs help, it is very important to get help early, which is known as “early intervention.” The earlier intervention is started, the more likely it is that your child will benefit from available services.

Assessments are available for children whose parents have concerns about their development. Following is information on how to arrange for an assessment.

### **Birth to Three Years:**

The Early Start Program is available for children from birth to three years of age. This program serves infants and toddlers who may have a diagnosed disability, a developmental delay, or are at risk for a developmental delay, and are eligible for

services under regulations for the Individuals with Disabilities Education Act (IDEA). There are specific timelines for determining eligibility and for providing services.

- *Who Will You Contact?*

Referrals are made by contacting any of the five points of entry. The five points of entry include :

- Valley Mountain Regional Center (VMRC) at 209-473-0951
- Family Resource Network (FRN) at 209-472-3674 or 1-800-847-3030
- Stockton Unified School District SELPA at 209-933-7120
- Lodi Unified School District SELPA at 209-331-7061
- San Joaquin County Office of Education SELPA at 209-468-4925.

- *What Will They Do?*

These agencies are responsible for conducting assessments and/or addressing concerns regarding the child's development. Input and concerns from parents and significant people in the child's life are included in the assessment process, in addition to directly assessing the child's development with more formalized assessments. A follow up meeting is scheduled to review the assessment results, and discuss the needs and strengths of the child. If the child is eligible for services, a document called an Individualized Family Service Plan (IFSP) is then written to reflect the results and discussion of the child and family's needs. The IFSP is a written plan that includes recommendations, written goals and listed services to help meet the child's identified areas of needs.

- *What Happens Next?*

If a child has been determined to be eligible for ongoing services through the Early Start Program, a service coordinator is assigned to monitor the progress of the child on an ongoing basis. This plan is reviewed at regular intervals, typically every six months, to ensure that the child's needs are being addressed and met.

The Federal law, *Individuals With Disabilities Education Act (IDEA), Part C*, and California law, the *California Early Intervention Services Act* ensure that infants and toddlers with disabilities and their families receive coordinated services early enough to make a difference. In California, Early Start's system of early intervention services are intended to support and enhance the capability of every family with an infant or toddler with a potential or diagnosed disability, to meet the special developmental needs of their child.

### **Ages Three to Twenty-Two:**

When a child turns three, or is older than three, and there are developmental concerns or a diagnosed disability, services are available locally through the educational system.

- *Who Will You Contact?*

Children aged three and above, up to age twenty-two, are referred to the Special Education Department at the child's school district of residence. If you can not locate the special education department phone number for the child's school district of residence call Family Resource Network (FRN) at 209-472-3674 or 1-800-847-3030 for assistance.

- *What Will They Do?*

An assessment plan is signed, and assessments are completed as may be appropriate, to address the specialized educational needs of the child. School Districts have a specific timeline to complete the assessment plan. Following completion of the assessments, an Individualized Educational Program (IEP) meeting occurs, to review the assessment results and make recommendations. If the child is eligible for special education services the IEP identifies the services and goals needed to help the child meet their educational potential.

- *What Happens Next?*

The IEP is reviewed at least annually, to ensure that the educational needs of the child are being met.

Parents need to know that an IEP meeting can be requested at any time throughout the school year if parents have concerns about their child's services.

### **504 Plan:**

Section 504 of the Rehabilitation Act of 1973 offers protections for children with disabilities, some of whom may not be eligible for services under the Individuals with Disabilities Education Act (IDEA).

The defining language states that Section 504 covers any person who:

- Has a physical or mental impairment that limits one or more major life activities;
- Has a record of such an impairment; or
- Is regarded as having such an impairment.

Under Section 504 and IDEA, reasonable accommodations are designed to enable success for all eligible children. Please contact your child's teacher or school principal for additional information. There is no age limit for a 504 Plan, and it can be written for a child in infant and preschool services.

## **Focus on Providers**

### **If You Are A Child Care Provider...**

As a child care provider, you care for children with a variety of individual needs. You may be serving a child with special needs without even realizing it. With the passage of the Americans with Disabilities Act (ADA) in 1993, family child care homes and child care centers may not discriminate against children with special needs. You must make what the law calls a "reasonable accommodation" to care for children with special needs. In addition, you can only charge the same rate as you do for any other child in your program.

## **Your Role as a Child Care Provider...**

Your role as a provider should be the same for each child in your care. Your job is to nurture all of the children in your program, and to take care of all of their needs for safety, security and stimulation.

While you are not responsible for therapy or setting the educational goals of a child with special needs you will hopefully be part of the team that includes the child's parents and other professionals who are serving the child. Other members of this team may suggest ways to adapt your program to best meet the needs of that particular child.

A child with disabilities or other special needs requires the same things that all of the children need from you: to feel loved and nurtured, to feel good about themselves, and to reach their fullest potential in becoming independent beings. Children with special needs may need a little more structure in the schedule or environment, a little more physical assistance, or a little more encouragement than some of the other children in your program. Keep in mind that the parents of a child with special needs can also benefit from your encouragement, as they may be more anxious, frustrated and stressed than other parents.

## **Questions Child Care Providers Should Ask Parents...**

The following suggested questions are helpful for all children, not just a child who has a special need. The information that will be most helpful to you as a child care provider is how that child is similar or different from other children of that age, and what this will mean for your program. You don't necessarily need to know the child's diagnosis.

Consider the following questions:

- What is your child like?
- What are her favorite activities?
- How does he communicate his needs?
- Does she need help moving around?
- Does he need help with feeding?
- Does she need help with toileting?
- Is he on a special diet?
- Does she take medication?
- Are there other professionals or agencies working with the child?
- How does he relate to other children his age, or younger or older children?
- What are your expectations of me as a child care provider?

## **Benefits of Inclusion**

The practice of Inclusion is not only accepting all children, but **including** all children. Research in this area has shown that the practice of including all children results in benefiting children with disabilities and/or special needs, typically-developing children, families, and society, in general.

Inclusion provides the child with a disability or special need and need a more stimulating environment; an opportunity to increase their social skills and language through interaction with typically-developing children. Through interactions, children become more accepting of others while learning that people have many similarities and different kinds of abilities. They have an opportunity to observe perseverance and courage in spite of adversity. Children will often help or try to find ways to include a child with special needs in an activity. The sense of being helpful can increase self-esteem, while the interaction enhances the sense of belonging for a child with special needs, strengthening their self-esteem.

Families benefit from inclusion when they see their child learning new skills, forming friendships with a variety of children, and feeling more connected to the community. There are often numerous challenges facing parents raising children with special needs; finding a program that includes all children should not be one of them.

The children in your program will benefit from inclusion by learning to appreciate all people regardless of their level or ability. Acceptance of diversity and consideration for the needs of others are very important attitudes for children to learn and carry with them all of their lives. It is through acceptance, inclusion, and respect for differences that an impact will be made on the future values of our society in general.

As you develop your skills in individualizing your program to accommodate and include children with disabilities and/or special needs, you will become a better, more creative and more sensitive provider for **all** children, recognizing that each child is a unique individual with their own strengths and needs.

## **Strategies for Success**

The following ideas from the California Department of Education may be helpful. Always remember that a child is a child first and that each child is different whether or not he or she has a disability. These strategies will benefit all children.

### **Developmental Delays**

- Give clear directions, speaking slowly and clearly using only a few words.
- Move the child physically through the task, so he can feel what to do.
- Stand or sit close to the child so you can help if needed.
- Help the child organize her words by providing structure and consistency; for example, label things with pictures and words.
- Avoid changing activities abruptly; allow time for adjustment.
- Teach in small steps.

### **Speech and Language**

- Be a good listener.
- Give directions simply and in complete sentences.
- Talk about what you or the child is doing while you are doing it.
- Have the child talk about what he is doing; ask specific questions.

- Repeat what the child says and add missing words, or ask the child to repeat what you are saying. Build on what the child says by adding new information.

### **Vision Impairment**

- Give specific directions and avoid words such as this, that, over there.
- Call children by their names and address them directly.
- Increase or decrease the room light to avoid glare.
- Use simple, clear, uncluttered pictures that are easy to see.
- Avoid standing with your back toward windows causing a silhouette.
- Encourage hands-on experiences: touching, holding and exploring.
- Ask first if the child needs help; don't assume that it is needed or wanted.

### **Physical or Neurological Disabilities**

- Know the child's strengths and needs to help encourage independence.
- Assist the child with activities she may not be able to do alone, such as kicking a ball.
- Be aware of proper positioning techniques.
- Learn how to use and care for any special equipment.
- Do not be afraid to handle the child – she won't break!
- Help other children understand the disability and stress what the child can do.
- Try to experience the disability yourself to better understand the child's perspective.
- Work closely with other service providers (therapists, psychologists, etc.).

### **Hearing Impairment**

- Know the degree of hearing loss the child is experiencing.
- Learn how to use and care for the hearing aid or other special equipment.
- Support the child socially.
- Be sure to have the child's attention before giving instructions.
- Speak in complete sentences at normal speed while facing the child and smile.
- Use visual cues, such as pictures or gestures, when you talk.
- Encourage the child to let you know by a special signal if she does not understand something you are saying.
- If the child does not understand what you are saying, try rephrasing rather than repeating it.
- Provide opportunities for the child to talk.
- Learn about the communication system being used with the child. Try to incorporate the signs, symbols, etc. into your daily routines.

### **Social/Emotional Development**

- Establish routines and provide structure for the child.
- Use items such as timers, lights or bells to signal the start or end of an activity.
- Do not change activities abruptly rather warn the child of changes ahead of time.
- Allow the child to watch new activities or practice them away from the group.
- Sit close to the child and give periodic verbal and physical reassurances.
- Let the child bring a familiar object when entering new situations.
- Help the child make choices by limiting the options.

- Allow the child to have a safe emotional outlet for anger or fear.

### **Techniques for Managing Behavior**

- Respect the child's feelings.
- Manage your own behavior and model desired behavior.
- Prevent problems when possible; look at your schedule and environment.
- Focus on what the child can do; accentuate the positive.
- Follow through with realistic consequences.
- Help the child to verbalize, act, and understand. Clarify statements and feelings.
- Teach the child appropriate behavior.
- Give the child reasonable choices.
- Ignore negative behavior if you can.
- Provide developmentally appropriate activities in a safe, nurturing environment.
- Ensure consistency with the family in handling behavior and consequences.
- Have fun!

### **The Questions Children Ask**

Children are naturally curious about their environment and they especially notice when people look or act differently than what they are used to. Generally, children are very accepting of differences when their questions are addressed right away in a simple, direct and truthful manner. But if their questions are answered with uneasiness or a denial of any obvious difference, it may seem that the child with the disability doesn't exist.

Many adults and children alike are fearful of people or situations they are not used to because disabilities can be scary. It is only after the differences are understood that the fear can turn into an understanding of the disability and the discovery of all their important commonalities. The following steps will help you feel more confident in answering any child's inquiring mind.

- Verify what your child actually sees in words that are easily understood. "Yes, he does walk with a limp," or "Yes, the mother is pushing her child in a wheelchair."
- Children are afraid that what they see may happen to them. Give simple, truthful explanation of the causes of the particular disability. Children want reassurance that they won't "catch" the disability from the child. You can identify these fears if your child asks: "How did it happen?" or "Can I catch it?"
- Children may direct their questions to the actual child with disabilities. If it appears that neither child is upset by the conversation it is recommended that the conversation remain uninterrupted. If your child is still not okay after the conversation be sure to talk with your child later about any unanswered questions.
- Don't use stereotypical expressions with your child about the disabled child such as handicapped, crippled, mongoloid, retarded or slow. Avoid pity words such as "poor boy." instead of saying "the blind boy" say "a boy who is blind" or "the girl with Down's Syndrome" instead of "the retarded child."
- Remember, we are all *people* first.

## **APPENDIX**

## Resources

Below are some resources we hope you will find helpful.

### **California Children's Services (CCS)**

**(209) 953-3600**

Provides intensive case management for medically eligible children up to 21 who need specialized medical and rehabilitation services.

### **Child Health/Disability Prevention (CHDP), County Public Health Department**

**(209) 953-3644**

Provides screening well child exams for children ages birth to 21. Reviews exams and coordinates referrals and follow up care, liaison with public/private schools, and preventative health services.

### **Early Start 209-473-0951 ask for Early Start Intake Officer of the Day**

Referrals are made by contacting any of the five points of entry.

The five points of entry include:

- Valley Mountain Regional Center (VMRC) at (209) 473-0951
- Family Resource Network (FRN) at (209) 472-3674 or 1-800-847-3030
- Stockton Unified School District SELPA at (209) 933-7120
- Lodi Unified School District SELPA at (209) 331-7061
- San Joaquin SELPA at (209) 468-4925

Early Start helps families to locate services for their infants and toddlers who are premature, have health problems or may be delayed in their development. This referral and evaluation service is free. If assessments indicate ongoing direct services are needed they will be provided free of charge.

### **Family Resource and Referral Center (FRRC)**

**(209) 948-1553**

Provides child care referrals to licensed child care centers and family child care homes – free of charge. Subsidy program help pay child care costs for parents who are working, seeking employment or enrolled in a school / training program. Referrals are free of charge but subsidy programs require that parent income eligibility.

### **Family Resource Network (FRN) (209) 472-3674 or (800) 847-3030**

FRN helps families meet the challenge of raising children with special needs. Information & Referral, Family Support, Outreach, Advocacy, Workshops, Seminars, and Resources support families. Supporting families and professionals in Amador, Calaveras, San Joaquin, Stanislaus and Tuolumne counties.

### **San Joaquin County Children's Mental Health Services**

Provide intensive and comprehensive mental health services to help families keep their children and youth safe and healthy, in school and out of trouble, in partnership with local public and private agencies in San Joaquin County.

Mental Health Outpatient Children and Youth Services

Lodi -- (209) 331-2070

Stockton -- (209) 468-2385  
Manteca -- (209) 239-5553  
Tracy -- (209) 835-8538

**Special Education Department, County Office of Education**

San Joaquin SELPA (209) 468-4925  
Lodi Unified School District SELPA (209) 331-7061  
Stockton Unified School District SELPA (209) 933-7315

or

Call Family Resource Network (FRN) (209) 472-3674 to request the Special Education department number for your school district of residence.

Children suspected of being disabled may receive assessment services in areas such as hearing, visual, language and learning disabilities from birth to 22 years of age. Educational services are available for children meeting eligibility requirements.

**State Council on Developmental Disabilities (SCDD) - Area Board 6  
(209) 473-6930**

Referral, education and advocacy service for children and adults with developmental disabilities. [www.areaboard6.ca.gov](http://www.areaboard6.ca.gov)

**Valley Mountain Regional Center (VMRC) (209) 473-0951**

VMRC is a private non-profit corporation that contracts annually with the State of California to provide diagnostic, evaluation, case management, and prevention services to people with developmental disabilities. VMRC may purchase services for consumers, such as respite, out-of-home placement, infant development services, clinical and diagnostic services. VMRC serves the counties of Amador, Calaveras, San Joaquin, Stanislaus and Tuolumne.

**Additional Resources for Educational Advocacy:**

Other agencies offering educational advocacy and support for students and offering information and workshops on Early Start and IFSP/IEP services are:

Protection and Advocacy Inc. (PAI) – (800) 776-5746

Family Resource Network (FRN) – (209) 472-367

**Local resource lending libraries include:**

**Early Start Resource Library (916) 492-4000 or (800) 869-4337**

Over 4,000 resources on prevention and early intervention are available for loan from the California Early Start Library. You can submit the check-out request form online or submit your requests in the following ways:

- Call (916) 492-4000 or (800) 869-4337
- Fax (916) 492-4008
- E-mail: [esr@wested.org](mailto:esr@wested.org)

- Publications can be requested from the website <http://www.wested.org/cs/cpei/print/docs/221>

**Family Resource and Referral Center (FRRC) (800) 436-9997**

The Lending library contains books, videos, literacy totes, activity kits, magazines, articles, children’s activities, die cut machines, laminating, book binding and much more!

**Family Resource Network (FRN) (209) 472-3674**

FRN maintains an extensive lending library of over 1,600 books, tapes, videos, and other media to provide information on special needs to families and professionals. You may borrow up to 2 items for your use at one time. Items may be checked out for 3 weeks. A \$10 deposit is requested to cover any expenses should the material be damaged, lost, or stolen. A 28 page Bibliography is available online [frnfamilies@aol.com](mailto:frnfamilies@aol.com) or call for a hard copy.

**San Joaquin County Public Health (209) 953-3691**

Charles Hughes is a certified NHTSA certified child passenger safety technician/instructor. If the child already has a special needs car seat he can help the family make certain it is installed properly. Call for an appointment.

**Scottish Rite Masonic Center (209) 547-7439 Fax (209) 466-3406**

Scottish Rite maintains a medical equipment lending library. The library is in operation from 1:00 p.m. to 4:00 p.m. daily.

**United Cerebral Palsy (UCP) (209) 751-3106**

UCP maintains an assistive technology lending library with seating and positioning equipment and communication devices available for loan free of charge to individuals in San Joaquin County. Items are typically loaned for a one month period while the child’s equipment is on order or under repair. Normally, the child’s therapist calls to see if the equipment is available to meet the child’s specific needs.

**Sample Letter and Forms**

Following is a sample “Parent Inquiry Letter” that you may use to contact the Special Education Department in San Joaquin County or the Valley Mountain Regional Center. A letter is an effective way to start the process if you prefer not to call. This will also give you a written record, so please be sure to keep a copy of any written communications. The agency must follow an assessment timeline. It is important that you keep track of the date you sent the letter. On the following pages are forms that you can use for keeping track of contact information and calls you have made on behalf of your child. These forms are used courtesy of Family Resource Network.

*Please photocopy the forms as needed. They have been printed single-sided for your convenience.*

# Parent Request Letter

Date: \_\_\_\_\_

SELPA Director  
San Joaquin County Ofc of Education  
P.O. Box 213030  
Stockton, CA 95213-9030  
Fax: (209) 468-4979

SELPA Director  
Stockton Unified School District  
701 North Madison  
Stockton, CA 95203  
Fax: (209) 464-5004

SELPA Director  
Lodi Unified School District  
P.O. Box 1305 E. Vine Street  
Lodi, CA 95240  
Fax: (209) 331-7084

Intake Coordinator  
Valley Mountain Regional Center  
P.O. Box 692290  
Stockton, CA 95269-2290  
Fax: (209) 478-3539

RE: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Name of child) mo day year

I am requesting my child receive a developmental assessment to see if he/she is eligible for Special Education Services and supports.

**Areas I am concerned about: (✓check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Speech and language delay      | <input type="checkbox"/> Developmental delays |
| <input type="checkbox"/> Medical problems or equipment  | <input type="checkbox"/> Vision impairment    |
| <input type="checkbox"/> Behavior or emotional problems | <input type="checkbox"/> Motor delays         |
| <input type="checkbox"/> Hearing loss                   | <input type="checkbox"/> Sensory Issues       |
| <input type="checkbox"/> Learning disabilities          | <input type="checkbox"/> Other (specify)      |
| <input type="checkbox"/> Seizures                       | _____   |

Here is additional information I would like to share about my child.

My child is currently or will be attending the following school or child care program:

Name of School or Program: \_\_\_\_\_

Name of Director or Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

You have my permission to contact the above director or teacher to observe and/or assess my child in the school or program setting and give/release information for the purposes of helping my child.

Sincerely,  
*Sign & print / type name*  
*Address (include city & zip code)*  
*Phone number (day & evening number)*



**SCHOOLS**

Name	Address	Phone

**TEACHERS**

Name	Address	Phone

**OTHER IMPORTANT NUMBERS**

Name	Address	Phone

**Phone Contacts**

Date \_\_\_\_\_  
Time \_\_\_\_\_

Doctor/Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Who spoke with you \_\_\_\_\_  
Questions \_\_\_\_\_

\_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Date \_\_\_\_\_  
Time \_\_\_\_\_

Doctor/Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Who spoke with you \_\_\_\_\_  
Questions \_\_\_\_\_

\_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Date \_\_\_\_\_  
Time \_\_\_\_\_

Doctor/Agency \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Who spoke with you \_\_\_\_\_  
Questions \_\_\_\_\_

\_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# OBSERVATION CHECKLIST

CHILD: \_\_\_\_\_ OBSERVER NAMES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>CONCERN/PROBLEM:</u>	<u>NOTES/OBSERVATIONS:</u>	<u>DATE:</u>
<b>OTHER RELATED CONCERNS:</b>		

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday