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A SPECIAL NEEDS MAGAZINE

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MAGAZINE PUBLISHER:
Moshe Klass
moshe@buildingblocksmagazine.com

SENIOR EDITOR:
Yaakov Kornreich
bblockseditor@aol.com

ASSOCIATE EDITOR:
Elisheva Stein
elistein@aol.com

EDITORIAL CONSULTANT:
Chaya Ilene Klass
ileneklass@aol.com

ADVISORY BOARD:
Kalman Greenberg, Rabbi Yaakov Klass, Abe Kopolovich, Malky Haimoff, Dana Ledereich, Tzivy Ross Reiter, Juby Shapiro, Devorah Thau, Jared Wasserman, Rifkie Weinberger

E-mail us at: list@buildingblocksmagazine.com to join our mailing list.

FAMILY FORUM EDITOR:
Ruchi Eisenbach
ruchieisenbach@gmail.com

ASK THE EXPERT COORDINATOR:
Chaya Ilene Klass
ileneklass@aol.com

REVIEW EDITORS:
Chaya Ilene Klass
ileneklass@aol.com
Bracha Holczer
bholczer@aol.com
Breindy Rosenblatt
brosenblatt@auditoryoral.org
Yitty Rimmer

EDITOR:
Suri Greenberg
Suri_Greenberg@ohelfamily.org

BULLETIN BOARD EDITOR:
Elisheva Stein
elistein@aol.com

ADVERTISING COORDINATOR:
Shaindy Urman
buildingblocks@jewishpress.com

DISPLAY ADVERTISING:
Moshe Klass
moshe@buildingblocksmagazine.com

DIRECTORY AND PRODUCT ADVERTISING:
Shaindy Urman
buildingblocks@jewishpress.com

RECRUITMENT ADVERTISING:
David Hoppenwasser
david@buildingblocksmagazine.com

DESIGN BY:
Alana White
lanala8@gmail.com

For questions and comments or to order extra copies contact us at: buildingblocks@jewishpress.com or 718.330.1100 x352.
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By Rabbi Yaakov Klass

Reaching Out: A Little Heart Please

The phone rang in the Rosen* home. When Mrs. Rosen answered, she was greeted by little Kivi's teacher, Morah Rivkah. "Mrs. Rosen, Akiva doesn't seem to be following the work in our Pre1-A class. I suggest that it would be best if you come down to the school at the soonest to discuss this matter."

Hanging up the phone, Mrs. Rosen was apprehensive and troubled. She had her suspicions that there was some problem with her Kivi. She'd been noticing that he just didn't respond to his surroundings in the same manner as other children, and was hoping that he would grow out of it. She figured now would be a good time to discuss it with the teacher. Maybe Morah Rivkah could offer some suggestions.

Two days later she arrived at the school. When she saw the meeting included not only Morah Rivkah, but also Rabbi Rubin, the principal, Mrs. Rosen's anxiety skyrocketed. Morah Rivkah stated her case: Akiva does not belong in her class, he simply doesn't fit in. Gloom set in with Rabbi Rubin's next proclamation, "Mrs. Rosen, I'm afraid that your son does not belong in a school such as ours. You are aware of our high scholastic standards."

Dejected and at a loss for words, Mrs. Rosen headed home clutching the little hand of her dear son. Visions kept appearing before her. She remembered the day little Kivi was born and the first time she felt the warm little bundle that was her son. Both she and her husband Yitzchak were so happy. She remembered the bris on his eighth day of life, all the family and friends crowding around to wish mazel tov and catch a glimpse of the beautiful baby. She pictured his million dollar smile with the perfect dimple on each side that shone from his face as he learned to walk and jump...She returned to the present and her breath caught. Oh, my! What do we do now?

In the course of the next couple of months, Mr. and Mrs. Rosen witnessed a slow but steady decline in little Kivi's mood as he was now realizing that school after school decided he did not fit in. The parents made contact with numerous professionals who tried working with Kivi, but no one was able to fully explain his issues.

To be sure, eventually the parents did find someone who would answer their questions and make a real difference for Kivi. However this took much longer than it should have. How much better off Kivi would have been if his original school had made referrals to appropriate professional help rather than simply cast the young boy aside without even trying to help him or find another school that would take him.

Rabbi Eliyahu Dessler Zt'l (famed mashgiach of the Ponevez Yeshiva, Bnei Brak, in his volume Michtav Me'Eliyahu – English Ed. vol.2, Feldheim Press) gives us a glimpse of how to effectively deal with such situations (p. 126 – You Shall Walk in His Ways):

"We learn that to influence other people in the right direction what is needed is not their ability to preach, but the ability to do great deeds, to shower acts of love on all sides, to utterly abandon selfishness and 'taking' …Everyone is biased in favor of his own will and his own desires and there is nothing that will make him accept those preachings which oppose his desires… The one who can influence others is the one who belongs to the army of his Creator, whose goal in life is to increase the glory of Hashem …who works with the power of 'giving' and sacrifices himself without thought of his own needs.

Rabbi Dessler continues, "We have seen with our own eyes people who were great in Torah, extremely capable, meticulously observant of mitzvot, brilliant thinkers, who nevertheless never fully succeeded in imbuing their students with the spirit of a ben Torah. The reason is because they treated their yeshivot as a 'position,' as a source of livelihood and prestige… Our rabbis say, (based on Yevamot 117a, Rashi) "Words which come from the heart penetrate the heart."

Rabbi Dessler's words apply as well to all facets of chinuch- education - irrespective of age group. A young child who is shown true love by teachers and principals whose heart is in every facet of what they do, even if they don't provide the immediate solutions, nevertheless chances are that they will provide the light that will enable another Jewish child to reach success and eventually grow into the person he or she was meant to be.

* The names listed in this story are fictitious, and any resemblance to people you know is purely coincidental.

Rabbi Yaakov Klass, rav of Congregation K'hal Bnei Matisyahu in Flatbush, Brooklyn, is the Torah editor of The Jewish Press. He can be contacted at yklass@jewishpress.com

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5 Years of Building Blocks: Milestones and Challenges

This year, Building Blocks celebrates its fifth anniversary of publication. We who produce the magazine are deeply grateful to Building Blocks' loyal and growing readership, our advertisers and the dedicated professionals, parents and advocates who have given us invaluable direction and inspiration during these past five years. Putting together the publication has been an exciting and often inspirational experience for us all.

To borrow the opening lines of "A Tale of Two Cities" by Charles Dickens, this has been both the best of times and the worst of times to write about the developments in the world of Special Needs. It has been the best of times because of the amazing progress and opportunities which have opened up for both children and adults with Special Needs in our community. This has been due in large part to the Jewish organizations and institutions working in the field, and the professionalism of their staff members. They are dedicated to improve the quality of life and sense of independence and self-worth for each individual in our community with Special Needs. Those efforts have succeeded to an extent that few would have believed possible just a few years ago.

Over the past five years, Building Blocks has been privileged to tell the our readers about the successful efforts which have been made on behalf of the individuals in our midst with Special Needs, and the family members and care givers who have devoted much of their lives to that mission. Their quiet self-sacrifice on a daily basis has been too often overlooked or taken for granted. Building Blocks has been pleased to give them some of the credit that they deserve, and to lead the rest of the community in saluting their vital and usually unsung contributions.

"Our goal is to enable them to become more effective advocates for their child in order to obtain the services their child needs from the system."

At the same time, we have been privileged to publish articles, interviews and profiles in the pages of Building Blocks with some of the leading researchers and advocates working in the Special Needs field. These include Medek founder Dr. Ramon Cuevas, autism advocate Dr. Temple Grandin, and one of the developers of the DIR/Playtime method, Dr. Serena Weider.

We have also had the unique opportunity to meet and tell the stories of individuals with Special Needs who have overcome tremendous obstacles in order to live happier, more productive and "normal" lives. Their stories in the pages of Building Blocks now serve as both inspirations and for families who want to understand just much progress is possible for individuals with Special Needs today.

It is also the best of times for a Special Needs publication because of the many strides that are being made in the fields of medical research and the development of new therapies that have allowed individuals with Special Needs to more fully achieve their potential to live more independent and meaningful lives, and to participate and make positive contributions to their family life and to the community.

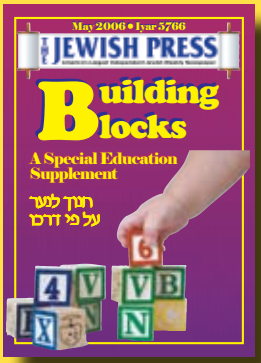
For example, thanks to the dramatic advances in medical care which has extended their life expectancy, the community has had to make more formal arrangements to care for individuals with Special Needs in their middle or senior years, once their parents or other family members are no longer here to care for them or protect their interests.

Another goal of Building Blocks has been to foster a greater sense

Building Blocks Continues on Next Page ⇨

The Story Behind Building Blocks

I have been coordinating and publishing various supplements and special issues for the Jewish Press since 1998. Fashion, Places to Go, Education and many others. In 2005 my wife, Chaya (Ilene) Klass, who I always refer to as an OT extraordinaire (my bias), convinced me that I need to do something for special needs. This seemed like a laughable idea to me, my knowledge at the time of the subject was very limited. Growing up, Autism to me, meant Charlie Babbit and as kids we knew someone who was in Chush. Yes, we heard of HASC and a few others, but it was sort of vague what it was all about. Chaya, reassured me at the time, that she will arrange the content and make the initial connections. I listened and here we are, 5 years later, with many great teachers (hi, Tzivy, Juby, Helene and Kalman), I know all about IEP's, SIET, SETTS, FAPE, RSA, Medicaid Waiver and many other terms that where all foreign to me just 5 short years ago. During this time, I have met and spoken to many parents facing the challenges of a child with special needs. Some are among the most inspiring people that I have ever met. Others, are new to this, and don't know where to turn. This publication benefits from the former and hopes to assist the latter.



This is the cover to our first issue in May 2006. I designed this myself, at the time it seemed like a good idea.

Thanks,
Moshe Klass – Publisher

PS. Please drop me an email at moshe@buildingblocks-magazine.com, to discuss any ideas, suggestions or just to say hi.

Building Blocks Continued from Previous Page ⇨

of community among everyone involved with Special Needs individuals. Families who once had to confront these challenges by themselves are no longer alone. The community has made provisions to support them by providing respite care, marriage counseling, sibling programming and support groups and other services to sustain them in their missions. By addressing the different types of "special needs" of care givers and family members themselves, we can help to avoid "burn out" and dispel the shame, helplessness and despair they often felt in years past.

Building Blocks has also been able to play a direct role in educating the community at large about the Special Needs community, dispelling common myths and demonstrating the potential for growth and achievement that individuals with Special Needs now have.

According Rabbi Yaakov Klass, the Torah editor of the Jewish Press, "Building Blocks has finally brought out into the open things that had never been talked about before."

Dr. Chaim Wakslak, the Clinical Director of HASC Center adds that "Building Blocks has made important information on Special Needs that wasn't available in a popular format before, easily accessible to the frum community. It has also added a heightened sense of professionalism to the field."

By publishing an updated directory of resources in each issue, Building Blocks makes our entire readership aware of the breadth of services and programs available to the members of the Special Needs community.

The pages of Building Blocks have documented and explained, with the help of some of the leading experts in the field, the explosive growth of diagnoses on the Autism spectrum (ASD) in recent years, which has vastly expanded the number of children who have qualified for services and support, starting at the youngest age.

The Special Needs care-giving system itself is constantly changing in response to advances in research and treatment. According to Tzivy Ross-Reiter, a director at Ohel Bais Ezra, "Building Blocks has become a valuable resource for state-of-the-art information for parents, professionals and practitioners."

On the down side, we also report on the effects of the growing budget pressures on state, local and federal government which must, by law, pay for these programs and services. It is in this sense that we are now going through some of the worst of times for those with Special Needs and everyone concerned with their care.

Building Blocks has helped to sound the alarm at disturbing changes in state and local government attitudes towards families seeking to qualify for the services required for children with Special Needs. In issue after issue, we have provided guidance to help parents to navigate the complex and confusing qualification process. Our goal is to enable them to become more effective advocates for their child in order to obtain the services their child needs from the system.

This was the mission of Building Blocks from the very beginning. According to Chaya Klass, an occupational therapist who was with the publication from its inception, "the goal of Building Blocks was to inform and empower parents."

Parent advocate Juby Shapiro of Tafkid says that "Building Blocks has been instrumental in making critical information readily available to families and professionals. It has become a valuable community forum and resource."

Unfortunately, as government officials target the programs and services supporting individuals with Special Needs for drastic budget cuts, parents of children with Special Needs are constantly faced with new and confusing regulations and requirements designed to deter them from their mission to secure the help their child needs. The goal of Building Blocks is to help those parents to succeed in their mission, while informing the community of the nature of the behind-the-scenes battle that is taking place.

That fight continues. In this issue, we report on the sweeping changes now being implemented by New York State in the structure of the community-based care system. In the name of budget cutting and increased efficiency, the state is trying to substitute a managed care model for the current service delivery system. At the same time, the state wants to outsource its current function as watchdog to guarantee the quality of care to the same non-governmental superagencies which will take over the responsibility for the delivery of all services. This result of these changes is that the quality of services to those with Special Needs will inevitably suffer, while the choices available to them will be reduced, along with their legal recourse to seek relief.

These fundamental changes which will impact every family with a Special Needs individual are taking place now, largely behind closed doors. We are determined to expose this process and explain its importance to our readers and the community at large.

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TREATMENT

Interview With MEDEK Founder Ramon Cuevas

By Perel Grossman

A few moments with the originator of the CME/MEDEK program is enough to make one realize that this dynamic individual is no ordinary therapist. Ramon J. Cuevas is obviously fired with determination, dedication to a cause, and gratefulness for G-d's role in it all.

The story begins in 1969, when Ramon Cuevas graduated from the University of Chile with a degree in Physical Therapy. Like others in his field, Cuevas started his career by providing traditional physical therapy to his patients. However, after a while, Ramon became increasingly frustrated with his efforts, after noting only minimal progress in his patients. Somehow, he knew there was more that could be accomplished.

In 1971, he began his research, and with the permission of parents eager to see their children advance their motor skills, Ramon initiated experimentation with new techniques he himself had devised. Working with babies 3 - 4 months of age, his research entailed placing them in various positions, using manual exercise to incite progress (all the while carefully monitored the infants to ensure that the movements were not causing them any harm).

By this method, Mr. Cuevas discovered that placing his small patients in certain positions caused various laboratory experiments and the like.

Ramon explains that "any child that enjoyed progress through my therapy already had the recovery potential." It is just a matter of provoking, using and enriching the brain's capabilities.

GOOD NEWS TRAVELS FAST

Mr. Cuevas' reputation began to spread via word of mouth, and the start of international acclaim came as a result of treating the children of two families in Toronto, Canada. The extremely satisfied parents recommended CME to other families desperately searching for help for their developmentally delayed youngsters.

Motor Development

Although Mr. Cuevas began his work with infants and children up to the age of three,

who could be manipulated most easily due to their small stature and low weights, parents who heard of his work soon arrived at his door, begging him to intervene with their older children. This would require a tremendous amount of strength in his arms, and particularly thumbs, as oftentimes the child's entire body weight has to be supported solely by the therapist at ankle level.

Still here, CME seemed to help and even produce astounding results in the children who were brought to him from all over the world.

One child arrived at his doorstep, capable

parents, and more difficult ones for a local therapist to carry out when they return to their homes. A video of the exercises is typically produced to help the parents in their new role. After a few months, the parents might bring the child back for more CME treatment, obtained directly from Mr. Cuevas.

While some parents travel to Chile for treatment, Mr. Cuevas does spend a few weeks each year in the New York/New Jersey area (particularly Monsey and Lakewood) and in Canada treating patients. Ramon has it that community rabbis in some of these areas had to decree that time slots be evenly apportioned, so as to meet the needs of the many frantic parents anxious to make sure their children were attended to.

SPREADING CME

Ramon has only 24 hours in his day, and can only be physically present in one location at a time. Therefore, he has embarked upon an ambitious plan to spread the practice of CME to others. He began instructing physical therapists, occupational therapists, and physicians in the implementation of his program. In the year 2000, The Caevas Medek Exercise Continuing Education Program was conceived to enhance the quality of CME teaching. The Caevas Medek Exercises Therapy Continuing Education Program offers four levels of learning in four locations: New York, Montreal, Toronto, and Jerusalem.

WHAT'S HE REALLY LIKE?

You might think that someone as successful

DIAGNOSIS

By Joshua Weinstein, MA.Ed, MBA

The Asperger's Conundrum - Too Smart for the Services Needed

Asperger Syndrome (also known as AS, or the more common shorthand Asperger's) is one of the five pervasive developmental disorders. It is, also, commonly referred to as a form of high-functioning autism. Broadly speaking, people with Asperger's have normal or above average intellectual capabilities. They also have uncommon or relatively under developed social skills. In addition, their emotional/social development or integration occurs later than usual.

Some of the most definitive characteristics of Asperger Syndrome include: social impairments, narrow but intense interests, and speech and language peculiarities.

ously seek to share enjoyment.

Asperger's is now considered to be one of the loosely related family of neurological disorders known as the Autism Spectrum Disorders (ASD). This is a result of the definition of autism having changed from a specific and narrowly defined condition to a broader and more complex

males than females, with males making up approximately 75-80 percent of diagnoses.

The frequency of Asperger's, however, depends on how closely you apply the accepted definitions. A 1993 population study carried out in Sweden found that, at a minimum, 3.6 per 1000 school-aged children

prominent individuals who has achieved success despite autism, and who has become a popular spokesperson for such individuals. She writes that she has become troubled that intellectually gifted children are being deprived of opportunities because they are being labeled with either Asperger Syndrome or high-functioning autism. "One mother called me and was very upset that her six-year-old son had Asperger's. She then went on to tell me that his IQ was 150. I replied that before people knew about Asperger's Syndrome; their child would have received a very positive label of intellectually gifted," Grandin wrote.

She also cites a case where she

ISSUES & ANSWERS

Exclusive Interview!

The Positive Side of Autism An Interview with Dr. Temple Grandin

A Building Blocks Feature

For many years, autism was considered to be a rare, mysterious and severely disabling condition. But in recent years, due at least in part to a broadening of its medical definition, the incidence of the diagnosis of autism and related disorders has risen to about 1 in every 150 babies born in this country.

Today, classic childhood or infantile autism is grouped with at least four other conditions known as pervasive developmental disorders, (PDD), which are now referred to as autism spectrum disorders (ASDs). People suffering from ASD's typically have difficulties with social interactions and communication, a severely restricted range of interests, and a tendency to engage in repetitive patterns of behavior.

Severely autistic children cannot communicate at all verbally. They seem to be absorbed in a world of their own, and are unresponsive to most external stimuli.

But ASD's also includes higher functioning children who, with early intervention and intensive help from teachers, parents and therapists, may ultimately lead near-normal lives.

Some of those diagnosed with the ASD known as Asperger's Syndrome actually exhibit superior intelligence, and their autistic tendency to screen out external stimuli enhances their ability to concentrate all of their mental faculties on a particular task or problem. It has even been seriously suggested that some of the greatest giants in the history of science and the arts closely fit the current profile of those with autism spectrum disorders.

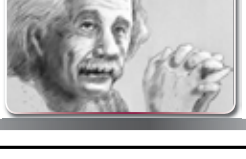
Sir Isaac Newton and Albert Einstein both exhibited conduct which is now associated with Asperger's syndrome. For example, Einstein was a loner as a child, and a late speaker. As an adult, he would become so obsessed with physics problems that he acted as if he was totally oblivious to his surroundings and his own physical appearance. In fact, during his late years at Princeton, Einstein defined the stereotype for the "absent-minded professor."

Behavior patterns consistent with autism spectrum disorders have also been identified with authors James Joyce, George Orwell and Lewis Carroll, philosophers Spinoza and Kant, composers Beethoven and Mozart, concert pianist Glenn Gould, and the author of the US Declaration of Independence, Thomas Jefferson.

But through most of the 20th century, the potentially positive intellectual side effects of autism went largely unrecognized. Little hope was held out for young children like Temple Grandin who were diagnosed with autism. Born in Boston in 1947, Grandin did not begin to speak until she was three and a half years old. Thanks to the devoted efforts of her mother and teachers, young Temple received the understanding, guidance and attention she needed to compensate for her autistic deficits, and find expression for her native intelligence and creativity. Encouraged to follow her natural affinity for animals, and exploit her heightened autistic sensitivities, Grandin won renown for devising more humane and efficient equipment for handling livestock on farms and in slaughterhouses.

Today, Dr. Grandin is a Professor of Animal Science at Colorado State University. She is a consultant for fast food chains Burger King and McDonald's, and the livestock equipment that she has designed handles half of the cattle in the United States.

Her unique insights into the feelings and reactions of animals, combined with a self-taught understanding of the basic concepts of shechita, have enabled her to develop a new way to position and restrain animals while being shechted, which has been widely adopted by kosher slaughterhouses in the US and Israel. Grandin innovations have helped to speed up the shechita process and reduce various halachic complications, while at the same time making the experience less painful and traumatic for the animal. She is



widely recognized as an expert in the practices and technology of kosher slaughter, and a staunch defender of its humane character.

Grandin is not Jewish, but her work with animals has deepened her faith in G-d and given her an enhanced sensitivity for Jewish traditions and beliefs. When she designed a new type of ramp to lead cattle into the slaughter pen, she named it, "The Stairway to Heaven."

Grandin attributes much of her success to the positive side of her autism. Her autobiographical book, "Emergence: Labeled Autistic," published in 1986, helped to explode the myth that all autistic people live in a world of their own, shrink from human contact, and are unintelligent. It tells how she was able to grope her way "from the far side of darkness," to become living proof that "the characteristics of autism can be modified and controlled." In her 1995 book, "Thinking in Pictures: And Other Reports from My Life with Autism," Grandin explained that words are just a second language for her, and that she tends to think in "full color movies, complete with sound, which run in my head."

(See book review on page 87.)

These books, as well as her numerous speeches and articles on the subject, have turned Grandin into one of the leading advocates for adults and children with autism spectrum disorders.

In a telephone interview, Building Blocks asked Grandin what she would say to parents of young children diagnosed with an autistic spectrum disorder. Her first recommendation was not to give in to despair. "Autism is a wide continuum,

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We pledge that we will continue to serve as a public advocate for the Special Needs community as it battles to preserve the tremendous progress that has been made in recent years to improve the quality of life and expand the opportunities for all Special Needs individuals.

Finally, one of the most enjoyable and rewarding aspect of producing this publication, has been the opportunity to meet and work with an unusually talented and dedicated group of people who have devoted their lives to working with individuals with Special Needs. They have been extraordinarily generous with their time, effort and knowledge in helping Building Blocks to serve its mission and the needs of the community. These individuals represent the broad spectrum of the community. Some of them are parent or child advocates. Some are employees of community institutions dedicated to the needs of individuals with Special Needs. Others are independent care providers and skilled professionals. Yet others are educators or academics, while some are just concerned parents and community members who care deeply about the fate and future of individuals with Special Needs.

Over the past five years, Building Blocks has hosted occasional, informal meetings of these individuals to exchange ideas for upcoming articles and feature sections in Building Blocks. Those meetings were energized by a spirit of collaboration and the free sharing of ideas whose excitement has consistently carried over into the pages of the publication. For that we are particularly grateful, and we hope they will continue to be involved in the future.

We are tempted at this point to present our readers with a list of names, but we dare not for fear of inadvertently omitting the mention of individuals whose contributions have been obscured from our own recollections by the passage of time. Instead, we simply refer you to the names on and in the articles that Building Blocks has published over the past five years, which, in itself, represents a remarkable cross-section of our community. Then there are all the others whose names have not been published, but who have nonetheless made vital contributions to the content of Building Blocks over the years. You know who you are. To you we express our profound appreciation and thanks for trusting us with your knowledge and insight, out of commitment to the belief that a good deed is its own best reward.

Last but not least, we wish to thank our advertisers, including many service providers in our community, who have been generous in the support and growth of this publication, and who have encouraged use to continue our efforts.

For all that has gone before into the pages of Building Blocks, we are thankful -- to our readers, to our authors and to the publishers of the Jewish Press -- who have made this publication possible. To all of you we pledge to do our best to remain worthy of your trust, cooperation and support.

The editors and publishers of Building Blocks

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מה טבו אהליך יעקב משכנותיך ישראל

By Yaakov Kornreich

A Step Backwards: Disturbing Changes to the NY State Medicaid Waiver in the Works

Fundamental and far-reaching changes are coming that will have a profound effect on every individual in New York State who receives services under the current system for caring for individuals with developmental disabilities. The changes, being touted as "Medicaid Waiver Reform," are motivated primarily by the drive to cut the growth in the amount of money the state and federal government are spending on this care. Despite official denials, they will inevitably reduce the choice of care, quality of care and recourse to corrective measures available to the individuals receiving the care and their families. The plan is being developed and implemented with federal government approval largely behind closed doors. Its documents use dense language designed to camouflage its ultimate impact upon individuals with special needs.

Under the deceptively named OPWDD 1115 People First Waiver, the Cuomo administration seeks to outsource the state's responsibility for delivering services to individuals who qualify for Medicaid Waiver to non-governmental superagencies known as DISCOs (Developmental Disabilities Individual Support and Care Coordination Organizations), while capping their dollar cost to the government. The new system will resemble managed care HMO plans in the health care system, whose subscribers are required to receive all of their health care services within the HMOs network of providers. The HMO provides these services for a single fixed premium payment (minus deductibles and co-payments), and assumes the financial responsibility for paying the cost of the services that are actually delivered to plan subscribers as negotiated in its contracts with its providers.

> "HMOs have to hold down their costs by limiting the amount and quality of care they provide to the minimum they can get away with."

The fear is that under the new 1115 Waiver system, individuals with developmental disabilities will be subject to the kind of substandard care and bureaucratic red tape for which some managed care plans have become notorious. Another fear is that the quality of care provided through the DISCOs will be limited by the same financial incentives that HMOs have to hold down their costs by limiting the amount and quality of care they provide to the minimum they can get away with.

The therapists and community organizations now actually providing the care will come under increased economic pressure either to leave the field or to cut back on the quality of their service in order to reduce their own costs. Over time, many will have no choice but to give up their independence and be merged into larger organizations or the DISCOs seeking economies of scale, much like what is happening in a lot of the US health care industry.

THE WILLOWBROOK HORRORS

The concerns of the special needs community in New York State are driven by fears that these changes could undue much of the progress that has been made since the revelation of the deplorable conditions at the Willowbrook State School in Staten Island in the 1960's and early 1970's. Among social workers, Willowbrook was known as a warehouse for New York City's mentally disabled children whom had been abandoned there by their families as well as the foster care agencies assigned to care for them.

In the early 1960's, Willowbrook was the site of a notorious medical experiment, in which

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healthy children living there were deliberately infected with the Hepatitis A virus so that members of the medical staff could monitor the effectiveness of treating the disease with gamma globulin (blood plasma proteins, including certain antibodies).

When US Senator Robert Kennedy visited Willowbrook in 1965, he called it a "snakepit," whose residents were "living in filth and dirt, their clothing in rags, in rooms less comfortable and cheerful than the cages in which we put animals in a zoo."

Seven years later, a TV expose by reporter Geraldo Rivera graphically revealed the severely overcrowded conditions there, and that the residents were suffering physical abuse by members of the school's staff.

The public uproar that followed forced NY State to embark on a program of de-institutionalization. It gradually phased out large state-run facilities like Willowbrook and transferred their populations to small, community-based institutions and programs. This led to the current system for New York's MRDD (mentally retarded and developmentally delayed) population. A class-action suit filed against NY State in federal court was settled with a 1987 agreement by the state to meet special guidelines for the community placement and lifetime care of the surviving members of the "Willowbrook class."

A TURNING POINT FOR THE TREATMENT OF DEVELOPMENTAL DISABILITIES

The Willowbrook scandal marked a historic turning point in this nation's treatment of the developmentally disabled. It mobilized Special Needs advocates to demand more effective and humane care in a community setting close to their homes and families.

This led to the passage of a series of federal laws. The Rehabilitation Act of 1973 prohibited discrimination on the basis of disabilities. The Education for All Handicapped Children Act of 1975 was renamed and expanded in 1990 and is now known as the

Kornreich Continues on Next Page ⇨

REFERENCE 1: http://www.opwdd.ny.gov/2011_waiver/images/fiscal_final_report.pdf

REFERENCE 2: http://www.skipofny.org/upload/OPWDD_1115_Waiver_Background.pdf

REFERENCE 3: The New York State branch of The Arc, a disability activist group, has provided a web page with layman's definitions of the terms used by New York State in discussing the 1115 waiver - http://blog.nysarc.org/2011/08/10/understanding-the-1115-waiver-terminology-guide/

REFERENCE 4: New York State has created a "People First Waiver" web page invites the participation of the public in the process of its development. It also accepts e-mail addresses for notification of further waiver developments: http://www.opwdd.ny.gov/2011_waiver

The People First Waiver web page also lists an e-mail and telephone public comment line: E-mail to: People.First@OPWDD.ny.gov. The phone comment line is: 1-866-946-9733 or (TTY): 1-866-933-4889.

Kornreich Continued from Previous Page ⇨

Individuals with Disabilities Education Act (IDEA). It requires the state to provide children who have a broad range of disabilities with a "Free and Appropriate Education" (FAPE) in accordance with their Individualized Education Plan (IEP). These laws are the basis for the government-funded service system in place today involving the participation of 750 different community-based organizations in New York alone, working under state and federal government supervision.

Now all those gains are in jeopardy, due to the enormous pressure being exerted by the federal government on the New York State government to reduce spending on services to the MRDD population. In response, the state is proposing to restructure the way that all current services are delivered to individuals who qualify for Medicaid Waiver, including basic health care services that are identified in their IEPs. The plan is euphemistically named the "1115 People First Waiver" and the cost of its development and implementation is being funded by the federal government.

> **"Over time, the higher cost providers will be eliminated, even if they provide higher quality services, and the quality of care will inevitably suffer."**

The plan calls for many of the current functions of the New York State Office for People With Developmental Disabilities (OPWDD), which was formerly known as OMRDD, to be outsourced to the DISCOs, which are not under direct government control.

SERVICES FROM THE LOWEST BIDDER

The DISCOs are supposed to offer Medicaid Waiver qualified individuals the full range of services to which they are legally entitled, oversee the quality of those services, and pay the actual costs of providing them. In return, the DISCOs would receive a capitation (flat rate) per person payment provided by the government. This is very different from the current fee-for-service model, under which community service providers receive payments from the government that are directly related to the historic operating costs of their specific facilities and programs. The more costly the program has been to operate, the higher the reimbursement rate they received.

By contrast, the DISCOs will be paid a flat per-person rate established by the Cuomo administration for a standard spectrum of services for individuals with

the same category of diagnosis. The DISCOs will subcontract the actual delivery of the services to community providers, with whom they will negotiate the reimbursement the provider will actually receive. Current community service providers will have to compete with one another for DISCO subcontracts.

Since the DISCOs pocket any difference between the flat rate the state pays them and what they pay the providers, the DISCOs will choose service providers largely on the basis of lowest cost, and in some cases, will be providing the services themselves. Over time, the higher cost providers will be eliminated, even if they provide higher quality services, and the quality of care will inevitably suffer.

Care recipients are supposed to be offered a choice of DISCOs, but given the powerful incentives for each DISCO to cut costs built into the new system, it is doubtful that the choices will be meaningful. Furthermore, since the DISCOs are expected to monitor themselves, the ability of care recipients and their family members to file effective complaints will be significantly reduced.

THE STATE'S REAL PRIORITIES

The preliminary 1115 Waiver plans published by New York State talks about provisions to deal with these problems, but government officials have made it clear to community providers that the state's top priority is to cut the cost of services, while paying only lip service to the issues of maintaining service quality and meaningful patient choice.

The state's main goal is clearly laid out in the report of the fiscal team designing the 1115 Waiver (see reference 1): "In recent years, Medicaid expenditures for individuals with developmental disabilities have grown at twice the rate of inflation and three times faster than personal income. . .

"The 2.8 percent annual growth in [the number of] individuals seeking services is due to factors largely outside the control of State government and is likely to continue indefinitely."

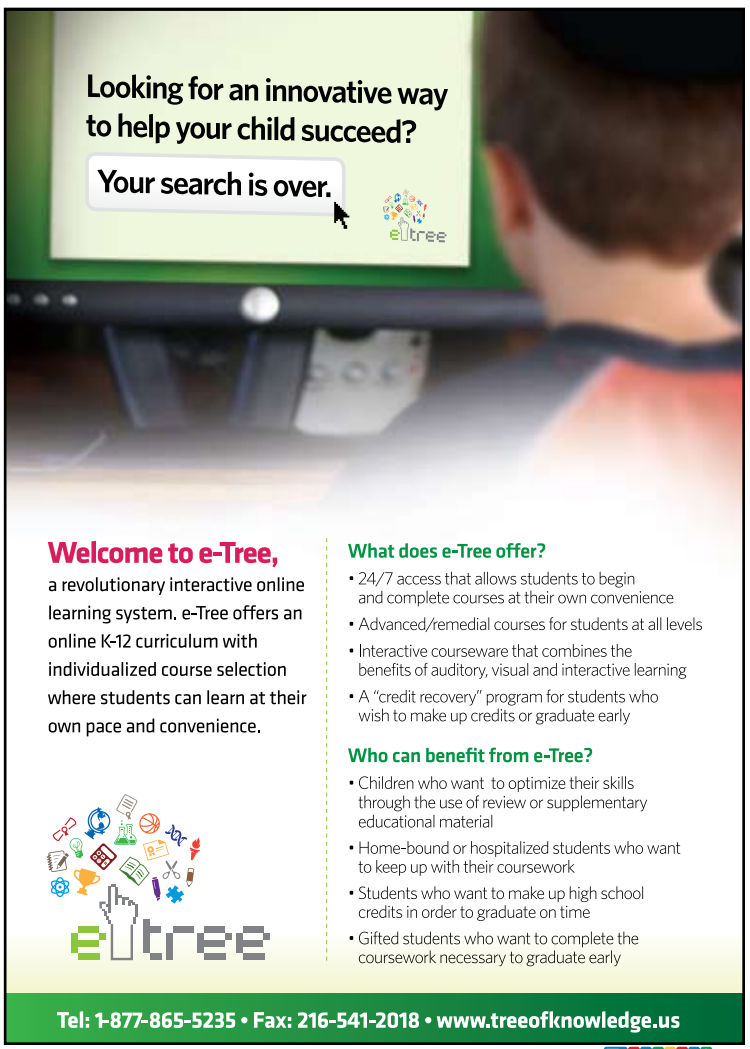
The aim of the Waiver initiative, therefore is, "to meet individuals' needs, but at lower cost. . . [by implementing] a capitation payment model to achieve these goals."

State officials have said that the current system of 750 groups providing services is financially unsustainable, and admit that they hope to eliminate the higher cost providers with the new 1115 Waiver system.

The state began implementing planning and evaluation for the new system in November, and expects to launch pilot programs under the system and test DISCO operations in the latter part of 2012 (for the full 1115 Waiver timetable, see reference 2).

Unfortunately, what we know about the 1115 Waiver plans so far serves as a warning that many of the hard earned gains that have been achieved for the MRDD population since Willowbrook are now in jeopardy. Time is running out. The citizens of New York State must be alerted about how the 1115 Waiver changes will hurt all individuals with special needs. We must join together to protest and speak out against them, before it is too late.

Yaakov Kornreich is the Senior Editor of Building Blocks.



By Gary S. Mayerson

How To Kick Bullying To The Curb

Until relatively recently, bullying had been tolerated in our society as some kind of inevitable rite of passage. No more. Last March, President Obama convened a White House Summit to flesh out the bullying problem in the nation's schools. These days, even Lady Gaga is coming out against bullying. As a nation, we seem to have lost our tolerance for bullying and we have even less tolerance where the victim is a child with a disability. This obviously is a most welcome development.

Bullying shuts kids down and makes them functionally unavailable for learning. Indeed, bullying makes children afraid to go to school, resulting in frequent absences, lateness, and children who are living with constant fear and anxiety. Bullying creates a hostile environment, and a climate of fear and disrespect. Bullying creates disability. And where there already is a disability, bullying magnifies that disability.

And that's the least that bullying does. There is, however, an even darker side to bullying. We have seen far too many children, adolescents and young adults take their own lives as a result of being bullied. This phenomenon is the origin of a new word appearing in the lexicon—"bullicide"… that is, bullying where the victim winds up taking their own life to end the cycle of bullying. Unfortunately, media accounts show that this kind of outcome is not at all rare.

The statistics on bullying are sobering. For example:

- At least 160,000 children skip school in the U.S. each day because of harassment and bullying
- According to the National Center for Education Statistics, some 25% of elementary and high school students, and 40% of middle school students report being bullied at least *once per week*
- In May, Consumer Reports announced its finding that last year, 7.5 million children aged 12 and younger were on Facebook and that last year, that site exposed a million teenagers to bullying and harassment—cyberbullying
- Students with disabilities are bullied at twice the rate of children without disabilities—this last statistic is highly significant, given that at least 11% of the nation's schoolchildren have some kind of eligible disability. For these children, bullying magnifies and worsens their existing disability
- 46 states, including New York, now have some kind of anti-bullying statute on the books.

New York's anti-bullying statute, the Dignity for All Students Act (DASA), was signed into law in September of 2010, and will become fully effective in July, 2012. The DASA act requires school districts to adopt "policies intended to create a school environment that is free from discrimination or harassment. There are, unfortunately, more than a few "holes" in the DASA statute. For example, while "cyberbullying" is quickly becoming one of the most favored modes of abuse, New York's DASA statute does not extend to cover acts of cyberbullying. As it turns out, it is our neighbor New Jersey which has the nation's most stringent anti-bullying statute. In the next year, Albany will be considering changes to the DASA statute to make it more "competitive" with New Jersey's anti-bullying statute.

In addition to the DASA law, parents living in New York can take further comfort in a landmark federal court decision rendered this year by United States District Court Judge Jack Weinstein in the case of *L.K., et. al v. New York City Department of Education.*

Before the L.K. case, no federal court in New York had definitively ruled whether or not proven bullying of a student with a disability could constitute a deprivation of that student's entitlement to a FAPE—a free and appropriate public education. Judge Weinstein's decision in L.K. has, quite simply, changed all that via a comprehensive, if not fascinating analysis of what bullying is, how bullying impacts the educational process and what school districts must do to investigate and address situations where bullying is alleged or suspected.

In the L.K. case, the student in question (a student attending a CTT classroom) had approximately 46 documented absences or latenesses reflected on her public school report card. L.K. complained of the bullying in her classroom and told her parents and others that she did not want to go to school. As Judge Weinstein noted in his decision, during 2007-2008, L.K. complained to her parents almost daily about being bullied. The school was generating "incident reports" but not a single one was ever disclosed to L.K.'s parents, not even after they wrote directly to the school principal requesting them!

The student's parents, obviously very concerned, first made an effort to meet with the school principal, with the student present, so as to air the concerns about

bullying, and hopefully get them addressed. The school's principal, however, refused to discuss the subject of bullying with the parents, saying that she did not wish to do so in front of the student. When the parents persisted in their efforts to discuss the bullying issue, the school principal threatened to call security. Accordingly, against the threat of being arrested, L.K.'s parents left the school grounds.

L.K.'s parents next tried to raise the bullying issue at a "BIP (Behavioral Intervention Plan)" meeting later in the year—a meeting that had been scheduled on school property to address and plan for the student's behavioral issues. However, once again, L.K.'s parents were not able to get a meaningful discussion going as to their bullying concerns.

After being rebuffed multiple times, L.K.'s parents attempted to raise their concerns over bullying at the annual IEP meeting. Once again, however, school administration, while present at the IEP meeting, refused to discuss the issue, saying that it was neither the time nor the place. However, no other opportunity was offered to L.K.'s parents to discuss the bullying issue.

The federal court directed a further examination of the public school principal who had refused to discuss the bullying issue with L.K.'s parents. Incredibly, when the school principal took the witness stand and was asked about the "incident reports" that L.K.'s parents had requested while L.K. still attended her school, the school principal, on the record, under oath, actually referred to the incident reports as "…the [expletive] incident reports."

Judge Weinstein recognized in L.K. that a student with a disability has a right to be educated in a safe environment, and that school districts are under an affirmative obligation to properly investigate and address allegations of bullying. In other words, a school district, faced with allegations of bullying, may not fail or refuse to discuss or address the issue. Judge Weinstein's ruling empowers parents to demand that school officials deal appropriately with a bullying situation, or face legal action.

"We have seen far too many children, adolescents and young adults take their own lives"

Parents faced with bullying or even suspected bullying should take prompt action to document and communicate those concerns in writing. A good start would be a letter or e-mail addressed to the child's teacher, and copied to the school's principal or assistant principal. Parents should not be shy about asking for copies of any "incident reports," if only to rule out that they exist. This is the case even if the parent is being told that their child is acting as "the aggressor." If letters or emails fail to provoke an appropriate response, parents should (in writing) request an IEP meeting so that this issue can be addressed formally, in the IEP process.

Gary Mayerson, a graduate of the Georgetown University Law Center, is the founder of Mayerson & Associates, based in Manhattan, the nation's first law firm dedicated to representing children and adolescents with autism spectrum disorders. Mr. Mayerson has testified before Congress, is the author of "How To Compromise With Your School District Without Compromising Your Child" (DRL Books) and can be reached through the mayerslaw.com website.

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By Harvey Weisenberg

Doing More to Protect Defenseless Children

One of the most anxiety-producing experiences for us as parents is to hand the care of our child over to someone else. When we leave them at day care, drop them at kindergarten, wave them off to camp, or deliver them to college, we reassure ourselves that we've done everything we can to check out the school or the program, and we've done our best to prepare our child for the experience. Then, we have to rely on our faith that things will work out. If there is a problem, we tell ourselves, our child will let us know, and we will deal with it.

But what if you have a child who can't speak, who can't tell you there is a serious problem, ask for your help or defend himself in any way; who cannot even weep silently? What if your child is being bullied and harassed, slapped and beaten, but could not let you know of his pain or describe his abuser? This is the terror that plagues parents, like my wife Ellen and me, who have a severely developmentally disabled child.

Ricky was born in 1958. Despite the prevailing attitude of the times, which would have seen him institutionalized as a baby, he was kept at home and lovingly cared for until he was 5. Eventually his needs were greater than could be met at home, and thus began the wrenchingly painful ordeal of placing him in a facility and entrusting his care to others. It was not easy. Ricky was moved to Wassaic, where, after six weeks, he lost more than one-third of his body weight. Horrified, we brought him home, nursed him back to health, and looked for another, safer facility.

The only place we could find was out of state in Pennsylvania. He lived at the Allegheny Valley School for many years. While there, he suffered second degree burns after being placed in scalding water for a bath. We were given a flimsy explanation of how that happened, which we unhappily accepted. At a later facility, there have been other incidents, including an unexplained broken hip that went undiagnosed for several weeks.

I have authored 36 laws in the past 20 years to safeguard and improve the lives of those with disabilities. Ellen and I spend time with Ricky every week – going to the mall, walking on the boardwalk, listening to concerts. But this has not been enough to protect him from again being victimized – smacked, tormented, and called vile names – by one of his caregivers.

We learned the devastating news of his abuse because other staff members witnessed it, heard Ricky yelping, and, as required by law and human decency, reported it to their superiors.

Ellen and I strongly believe that the majority of caregivers do their work with compassion and professionalism. We are grateful for their commitment, and understand that it is very difficult to report a colleague. As detailed earlier this year in a scathing series in the New York Times, the culture in many state-operated facilities discourages employees from reporting abuse, leaving them fearful of losing their jobs or other forms of retaliation.

Without the courage and willingness of those who do come forward, families with a nonverbal loved one often have no other way of knowing what is happening. Much abusive behavior can leave few outward physical signs. Further, according to the Times, "of some 13,000 allegations of abuse in 2009 within state-operated and licensed homes, fewer than 5 percent were referred to law enforcement."

The written report detailing Ricky's abuse made its way to us because of a law I had fought hard to pass in 2007 after the death of a 13-year-old in a New York State-run facility. Jonathan's Law, as it is known, gives parents access to reports of abuse or other incidents involving their children occurring in facilities operated by the state. This time, there was an investigation and Ricky's abuser was fired. Not only was no criminal report filed, but also under current law, his former employer cannot disclose why he was fired. It is entirely likely that Ricky's abuser is now employed "caring" for someone else who is as vulnerable as Ricky. This man knew that Ricky was loved and had attentive parents who regularly spend time with him. It is chilling to imagine what could happen to others in this person's care who do not have such a strong family presence.

What happened to Ricky was a crime. According to New York State law, it is a crime to physically abuse a person in the care of a facility run by the Office for People with Developmental Disabilities (OPWDD). But there are no "teeth" behind the enforcement of the law. I applaud Governor Cuomo's recent efforts to change this. He has brought together OPWDD and the New York Division of State Police to establish consistent guidelines for how incidents of abuse should be

reported as potential crimes, and to identify behaviors that must be reported to law enforcement.

The governor's initiative is an important step toward ensuring that we have the legal tools to prosecute those who assault these defenseless individuals, and to make sure the abusers are treated as the criminals they are.

I will soon be introducing a bill to further guarantee that criminal reporting will take place. While Jonathan's Law ensures that families receive a copy of abuse reports, the law currently contains a provision prohibiting the further dissemination of those reports. That means that in instances where criminal reporting by the agency should have taken place, but did not, families can be prevented from sharing reports of abuse with law enforcement as well as their attorney for possible civil action. This is unconscionable. My bill will undo that provision and give families the ability to seek justice for their loved one when the system fails to in the first place.

I am also hopeful that the governor will soon be signing a bill I authored to prevent abusive caregivers from moving from job to job at various facilities. Under current law, OPWDD providers cannot obtain prospective employees' work history. My bill will give providers access to reports of substantiated abuse or neglect in which a prospective employee was named.

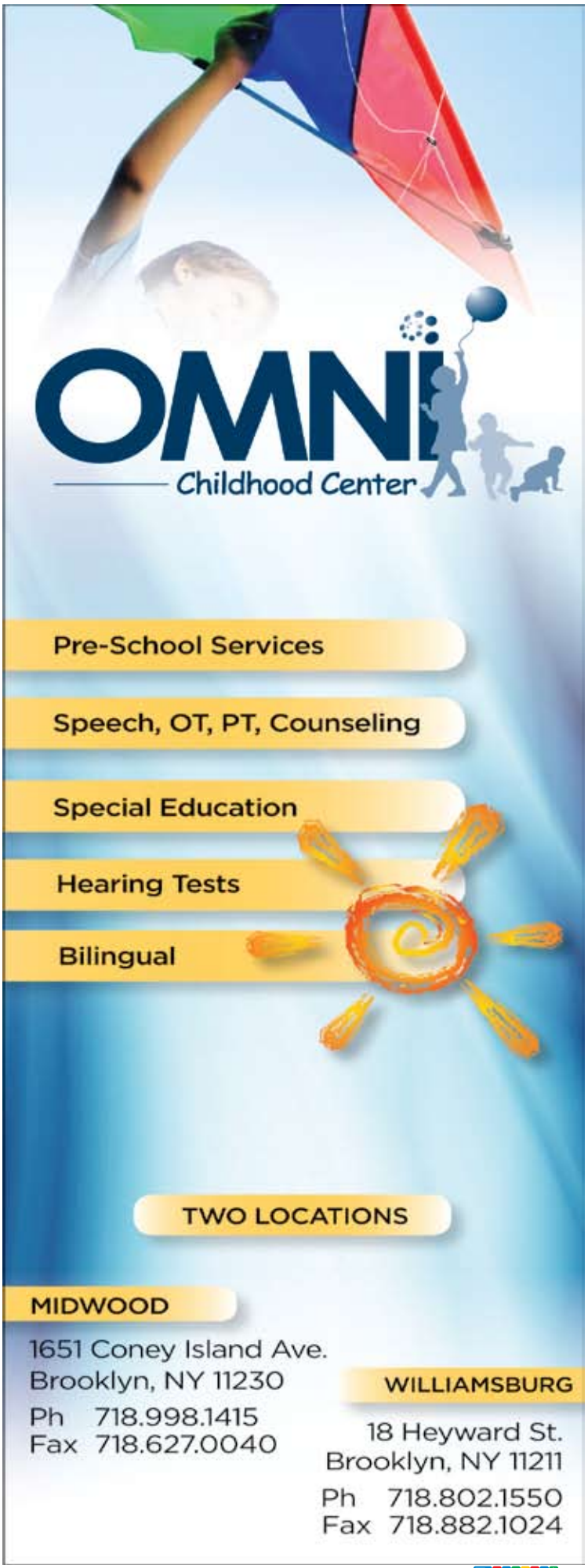
At 53, Ricky is as much a child to us today as he was decades ago. When we take him in the car, he sits between us, holding Ellen's hands and rocking to the music that he loves. Without words, Ricky communicates so much to us – pleasure, affection, anticipation, discomfort.

Ricky has profoundly changed our lives. No matter how much we put into our relationship with Ricky, we always get more back. We know that he loves us with a full and unconditional heart. The thought of someone hurting him is almost unspeakably painful to Ellen and me. But we will continue to speak out on his behalf, and on behalf of all those who cannot speak for themselves. They deserve no less than to be protected against those who would harm them, robbing them of their physical safety, their emotional well-being, and their dignity.

"It is entirely likely that Ricky's abuser is now employed "caring" for someone else who is as vulnerable as Ricky."

Harvey Weisenberg is the Assistant Speaker Pro Tempore of the New York State Assembly. Mr. Weisenberg is a former police officer and was involved in education for more than 20 years as a teacher and as an administrator. A lifelong resident of Long Beach, New York, he was first elected to the New York State Assembly in 1989, and represents the 20th Assembly District.

Mr. Weisenberg has been a staunch advocate for people with disabilities. He is dedicated to removing barriers, improving access, and enhancing the quality of life for all that are physically and mentally challenged. He also championed legislation that has expanded health insurance coverage for the screening, diagnosis, and treatment of autism spectrum disorders.



By Joel Berman

Spirituality in People With an Intellectual Disability: A Jewish Perspective

Adapted by Joel Berman from a paper published in the journal of the American Association on Intellectual and Developmental Disabilities

It has long been well established that the regular involvement of people with physical or intellectual disabilities in organized religious activities, such as prayer, and their acceptance as members in a religious community, can result in numerous positive outcomes. There are many American Orthodox institutions today which run programs specifically designed to bring such individuals into the community for the purpose of encouraging mutual social interaction and spiritual inspiration. These include national organizations, such as the Orthodox Union's Yachad/National Jewish for Disabilities and the Lubavitch movement's Friendship Circle, HASC and other summer camping programs, and Ichud, Cahal and Ptach yeshiva-based programs. In addition, many synagogues make an effort to reach out to both children and adults with disabilities to involve them in their religious, recreational and social programming.

Any discussion of the inclusion of individuals with intellectual disabilities in organized religious activities first requires an explanation of the key distinctions between spirituality and religion. Spirituality is an internal concept or feeling consisting of the internal ideas and beliefs that give meaning and direction to a person's life. It also helps them cope with the challenges and milestones of their lives. Religion, on the other hand, is a belief system, complete with its own specific rituals, symbols and communities. An individual can be spiritual without necessarily subscribing to a particular religion. On the other hand, an individual can identify with a religion based upon family, cultural or social ties, and even follow its rituals and traditions without necessarily subscribing to its spiritual beliefs.

Individuals with intellectual disabilities may have difficulty understanding some of the more abstract ideas of a given religious belief system. At the same time, however, it is equally true that many people without intellectual disabilities have difficulty understanding these ideas (that, after all, is why we need to spend our lives learning). Some therapists may even think it appropriate to discourage individuals with intellectual disabilities from taking on specific religious obligations because they believe such people are incapable of the minimum necessary level of informed consent. However, the truth is that religious belief can be a source of great comfort to people regardless of their cognitive functioning level; the response, "Because that is how G-d wanted you to be" may be just as comforting to a person with intellectual disabilities asking, "Why am I different" as it is for a typically developing person going through any life challenge.

Halachic authority Rabbi Shlomo Zalman Auerbach was once asked to rule on what level of understanding a man or woman with an intellectual disability must reach before they may undergo a *bar mitzvah* or *bas halacha,* thereby accepting upon themselves the responsibility to obey the *mitzvos.* His response was that all they need is the level of religious understanding typical of a 6-year-old; namely that G-d gave the Torah to the Jewish people, and that as Jews we are all obligated to follow its commandments. This is sufficient to qualify them as members of the Jewish community.

From a therapy point of view, such membership can be very valuable to individuals with intellectual disabilities. Various aspects of religious life and ritual practice can enhance their quality of life on many levels. It can provide them with an overall structure and context for their daily lives, meaningful activities and an external support system. Their identification with a specific religious group also bolsters their sense of self-importance and self-esteem.

Religious rituals such as making kiddush and havdalah which mark the beginning and end of the Sabbath and major holidays provide specific sensory experiences which are particularly important to individuals with profound intellectual and multiple disabilities. Participation in religious rituals and meals with family members also promotes a feeling of inclusion, as does membership and participation in a synagogue and its communal programs. These benefits are increased when the person with a disability is allowed to participate on an equal level with other members of the congregation, such as being given the honor of opening the *aron kodesh* (ark) during prayer services, or asked to help with a synagogue committee project or program.

It is also appropriate to ask such individuals to pay synagogue membership dues and donate money in response to charitable appeals, even if only in token amounts, to give them the sense that they are living up to their responsibilities as contributing members of the community. They should also be put on the regular synagogue mail-

ing list, and encouraged to participate to the extent possible in all of its public events. These are all win-win situations in which both the individual and the community benefit.

Obviously, these initiatives should be implemented with sensitivity, in such a way as to avoid causing any resentment or undue inconvenience to other synagogue members. They are also opportunities for the synagogue to involve and educate its members in acts of *chesed,* both for the individual with the disability and the members of their family.

In summation, religious and spiritual experiences can enhance the quality of life of individuals with intellectual disabilities in many different ways. An event such as a bar or bat mitzvah celebration can serve as a rite of passage, or a transition from one stage of life to the next. It can be a normative experience which the person shares in common with all of the other members of their religious community. It can have a religious or spiritual significance for the individual. It can be an inclusive experience that is directly shared by other members of the family or synagogue. The individual's ability to actively participate in the event can enhance their sense of self-esteem. Finally, the event can become a peak life experience for the person, generating pleasurable memories that they will treasure for the rest of their life.

"However, the truth is that religious belief can be a source of great comfort to people regardless of their cognitive functioning level; the response, Because that is how G-d wanted you to be."

Not every religious or spiritual experience will be able to offer the individual with intellectual disabilities all of these benefits. However, adding a spiritual dimension to their lives, including active membership and participation in a synagogue community, is both beneficial and appropriate for such persons, and can meaningfully enhance their quality of life.

For further information and a more complete discussion of this topic, see "Supporting Religion and Spirituality to Enhance Quality of Life of People with Intellectual Disability: A Jewish Perspective" by Dr. Stephen Glicksman, in the October, 2011 edition of "Intellectual and Developmental Disabilities" Volume 49, No.5, pages 397-402. Published and copyright by the American Association on Intellectual and Developmental Disabilities. Dr. Glicksman is the Developmental Psychologist at Women's League Community Residences in Brooklyn.

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By Stuart H. Ditchek, MD, FAAP

Special Needs Lessons from Other Parts of the Chesed World

Members of the disabled or specially abled community face great challenges throughout their lives. Growing up in the Jewish community as a disabled or seriously sick person offers many challenges. Fortunately, the Jewish world has embraced many special needs populations with warmth and compassion. However, there are times when this compassion is misrepresented or misperceived.

Volunteer chesed organizations have filled a void in the disabled community which has lifelong and community wide implications for this very deserving population. I work with such an organization that provides year round medically supervised travel, events, weekends and family services, but these are really only the core of the needs being served. The benefits to the disabled community is unique and truly a blessing for all to see.

What changes have been made to the special needs population as a result of these programs and participation? In many ways, the methods for helping individuals with special needs are very similar to the successful techniques used by chesed organizations to help individuals with serious medical conditions. First one must identify where the problems existed for the person facing their severe challenges. Next one must look at the role of the program staff and what the experiences does to shape their lives.

Individuals with serious illness and disabilities are all too often pitied by well meaning community members. Pity is truly the ultimate insult to many of these individuals and families. With the best of intentions, we often create scenarios where our efforts to help are based on feeling sorry for the individual. After many years of working with special needs populations, I can personally attest to their opposition to these emotions, specifically the affected individual. They despise pity and demand being treated normally and like any other individual. The best programs have no inkling of pity or over-sensitivity to one's needs and problems. Any person who is fortunate enough to be part of such a group, whether as a donor participant or as a staff member, sees these special individuals in a new light- filled with respect, excitement and normalcy.

For the staff members, who are primarily young talented people from 18-25 years old, the experience is life changing. Living in the same room with these individuals for eight days and sharing in the challenge of providing their every medical and emotional need, forever transforms how the staff members view these illnesses and the person with the illness. One quickly realizes that humor and good nature, something that most seriously sick children have an abundance of, is their coping mechanism. Others cope by just grasping every part of the experience.

Love is what both parties have in common and both are masters at meeting out that emotion. One method for transforming a child with special needs or one with a severe childhood illness is through travel and world experience. This is different from a camp setting because it allows the participants to see the world and the world to see the participants.

This ability to understand the specially challenged experience is what transforms lives on both sides. The participants gain a confidence never experienced before. Their families could never consider allowing their child long distance travel given such requirements as the need for oxygen in-flight, and medical supervision 24/7, or the risk of injury or illness when far away from the safe confines of the home. One participant became so confident after her first trip to the west coast that she chose to attend college after years of delay due to the anxiety and fear of the experience. Another young lady talks openly about her extreme travel challenges prior to her lung transplant and how she now appreciates with a new perspective how much easier life is after her travel experiences.

Changing the lives of the participants, the staff and the incredible communities that host these special people is what these Chesed organizations have contributed to the special needs world. This transformation is most dramatic and achievable when we stop pitying this population and start understanding that what they want is to be loved and appreciated for their own achievements, no matter how small or how large.

Dr. Ditchek is the co-founder, medical director and the Director of Happiness of Kids of Courage, a volunteer based non-profit organization dedicated to improving the lives of children and young adults with serious medical diagnoses. For more information, visit www.kidsoc.org.

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By Elisheva Stein

Visiting Disney World with a Special Needs Child

Traveling to Disney World with your kids? If you are a typical Jewish family, there are concerns about the availability of kosher food, events that take place on Shabbos that you may have to schedule around, and the availability of a minyan.

Traveling with a special needs child creates an added level of complexity. However, with careful advance planning and organization, many of these concerns can be addressed resulting in a trip in which everything can go smoothly and be enjoyed by all.

Here are some of the key issues to consider:

THE LENGTH OF TIME YOU'LL BE TRAVELING.

Do some research into the Disney World parks. Determine which attractions you want to see and approximately how long it will take, given your child's abilities. If your child has behavior issues, how will he or she handle the large crowds? What type of activities will they enjoy the most? Shows, rides, shopping, parades and nighttime activities like fireworks are some of the choices. Consider getting a disability pass from the park to shorten the waiting time in lines.

MAKE UP A DAILY SCHEDULE:

Make a schedule for each day that you will be visiting the park with estimates for the amount of time that you will be spending for each activity, including preparation time in the hotel and travel time.If your child has medical needs, estimate how long it will take to get him ready for each day's outing, and include that time in your daily schedule.

Plan for the number of stops for their care you will need throughout the day, and consult the maps of the park to plan the best places to make those stops. Again, which activities would they enjoy the most and which are they able to do? How long do you need to allocate for each Park? There are four Disney parks, Downtown Disney (shopping), and various water parks.

Does your child need some down-time in between days at the Parks? Consider some of the many other, less demanding tourist attractions in the Orlando area which would be enjoyable for the whole family but much less stressful and intense than the environment in the Disney parks.

Do some research into the available arrangements in the area for Shabbos, and schedule it as one of your planned "down-time" days.

There is a lot to see and do in the Orlando area. You might want to stay for at least a week, and use your first visit as a scouting trip for a second vacation at a later time to see some of the things you will not have enough time for in the first visit.

LODGING:

If you will be staying at a Disney property, they have buses from the airport to their hotels and from the hotels to the parks. However, not all of the buses accommodate wheelchairs and often it's a long wait. Consider renting a car/van even if you're staying at a Disney property.

For off-property lodging, if you need a place to stay that's handicapped accessible, you should look into it ahead of time. Many of the hotels in the Orlando area are two floor walk ups, without elevators.

Do your research. There are a number of travel sites on line with detailed listings of the hotels and motels in the area, along with reviews by travelers who have used them. Another good research tool is the Florida AAA Travel Guide, which is available free upon request to AAA members. It will give you an idea of where the better hotels and motels are, and what facilities they offer. If your child loves the water, it's important to note that there are no indoor pools in Orlando, even at luxury hotels.

The location of your hotel makes a difference as well. It can take almost 40 minutes from some hotels to actually reach the Parks, especially during peak travel times during the day. Many special needs children cannot handle a long car trip on top of a full day at an amusement park. Try to determine the actual traveling time from the hotel to the park before making your reservation.

Look for a place with a kitchen, efficiency, or at least a fridge. Remember that you will need a place for medication storage, as well as a preparation area and place to store kosher food. Think about what you will need to bring with you from home, such as a couple of sharp knives, a frying pan, a hot water device, and harder to find items like kosher cheese and meat, and what you can expect to buy at a typical Orlando-area supermarket, like disposable utensils and basic packaged foods bearing a national hashgocho.

Glatt Kosher airline style frozen meals can be ordered at some of the Disney facilities, and the web site of the Chabad of South Orlando lists various establishments in the area offering kosher food, as well as supermarkets with kosher food sections. The majority of Publix supermarkets have a variety of kosher food. Since this information may change without notice, it is strongly recommended to check with a phone call to confirm accuracy and availability.

Indoor recreational areas at your hotel are a plus. Florida has a subtropical climate. Expect at least some rain during your stay (brief but intense thunderstorms are common, especially in summer months), and plan accordingly. During the winter months, the parks can get chilly, especially during the evening hours, so check the weather forecast and bring appropriate clothing.

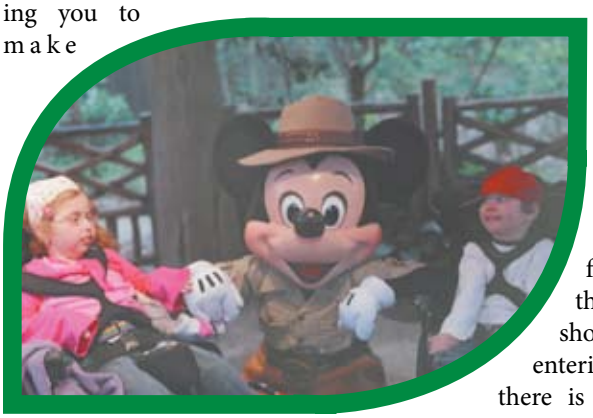
You may also want to look into a suite hotel, or renting a vacant home in one of the many housing projects in the area. Although it doesn't offer the same services as in a standard hotel or motel, a multi-bedroom house with a full kitchen and other amenities, such

as a washer and dryer, could be a far more comfortable and convenient base for your family than any hotel room.

When making reservations, even if you're doing it online, it's always good to call the facility on the phone and ask specific questions, such as whether they will hold packages for you in case you need to ship medical supplies ahead of time or have medical equipment delivered to the facility before you get there. You may also be able to negotiate a better room rate, or an upgrade while you have them on the phone.

RENTING A VEHICLE.

Having your own transportation has many advantages, including freeing you from reliance on public transportation, and allowing you to make changes to your schedule on the fly, including impromptu trips to local grocery stores in search of kosher food, which is not generally available in the Disney parks.



You can rent a wheelchair accessible vehicle from several agencies which can be found with an online search, but they are not located at the main Orlando airport. If you make a reservation, the agency will meet you at the airport with a courtesy vehicle and then drive you to their location to process the paperwork. If you do rent a vehicle, make sure to have your handicapped placard with you, or disabled ID. You can park in the handicapped designated areas in Disney parks, but you need to have proof of disability.

AT THE PARKS:

You are allowed to bring your own food into Disney World, so it's best to have a cooler and ice packs with you, especially for medications or formula. When packing for the day, make sure to bring any supplies and extra clothing you might need.

"If your child has behavior issues, how will he or she handle the large crowds?"

Near the entrance of every park there are lockers available for rent. All of the parks are very large, and if you don't want to shlep everything with you, these lockers are a great solution. Be aware when packing for the day that park security personnel will search all of your bags upon entering.

Obtaining a disability pass will help you to avoid the long lines for entry to the rides and shows. When entering the park's, there is either a city hall or guest relations area. Sometimes you can just explain the issue to them, but when dealing with an invisible disability, you may be required to present medical proof, so come prepared. A disability pass will also let you enter the area designated for people with disabilities at the parades and often will let your child take a picture with Disney characters without having to wait in line.

The parades and shows tend to be very loud, so prepare your child. Earplugs are always a good idea. If your child has other sensory issues, a hat and/or sunglasses will help them block out the crowds and other forms of overstimulation.

It is also a good idea to bring with you in the park one of your child's favorite dolls or toys to serve as a distraction or if the child just needs a break.

At every park there is a first aid station. Familiarize yourself with the location. They are great places for special needs children. If your child is incontinent, they provide beds to change them on. It is a quiet, cool place to get a break from all of the outside activity. As it tends to get very warm, they will also provide you with icepacks upon request. These stations are near to the entrance of every park except for Epcot, where it's in the middle.

Fortunately, the parks have plenty of restrooms and other places to get essentials like drinking water to avoid dehydration in the hot Florida sun. If your child needs to be changed and you can't make it back to the First Aid station, almost all of the restrooms throughout the parks have changing stations that can accommodate a large child, not just the typical drop down baby changing table.

Finally, plan your day! Find out the times for the parades, fireworks, and shows that you want to see and plan around them. Make sure to build in extra time for walking from place to place, eating, and some free time for just wandering around to see all the sights. Most importantly, have fun creating amazing family memories!

If you have specific questions about traveling in Disneyworld, feel free to contact the author at elistein@aol.com.

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By Tzivy Ross Reiter, LCSW-R

The Right Kind of Support

Caring for a child with disabilities can be overwhelming. The child with a disability and his parents and siblings can never receive too much validation, support and assistance from family and community members. Sometimes, though, even the most well-intentioned support can be unintentionally misdirected.

There are many children with disabilities that have a special charisma and charm, which endears them to their family and community members. They may be especially warm and friendly, craving affection and hugs from those around them, who willingly supply it. But what is acceptable and cute for a 6 year old, is no longer cute for a 16 year old. Spontaneously hugging your friend in shul may be adorable when you are a child, but inappropriate and an intrusion of physical boundaries when you are an adolescent. And in the long run, it is not necessarily in the child's best interests to allow him to do so.

Leah, a manager of a group home for adolescent boys with disabilities recalls experiencing a similar challenge:

"When we moved into the neighborhood, we weren't sure how our neighbors would treat us. We didn't have to worry because they have been amazing, very welcoming. But sometimes they can be a little too nice. Like when our boys go to shul or even to the park, community members will offer these 15 year old boys lollipops as if they were children. I know they mean well, but it would be even more helpful if they treated them the same way as other boys their age."

Miriam, a mother of a young man with autism, similarly recounts: *"I took my son to the store once, and he "helped himself" to a banana. The store owner was a very kind man, and when I brought him back to return it, he said, "no, let him keep it, it's OK." Even when I insisted, he wouldn't take the banana back, but this was really not the right message to my child."*

We all want people with disabilities to be treated with kindness. There are many situations in which they do need extra consideration and special allowances due to their disability: for example, the girl with autism who wants to go to shul, but who may be rocking back and forth a little too loudly during the services.

On the other hand, we want to set expectations for people with disabilities that are high, and, in most situations, for them to be treated similarly to their peers. Malkie explains: *"When I take my daughter (with autism) to the playground, I am grateful when the other parents and children are kind to her. But if she is a little aggressive or tries to cut the line at the slide, I will apologize to the other parents. I will bring my child back to say, 'I'm sorry.' I don't give my daughter license to do things wrong just because she has special needs and other people shouldn't either. It's not OK, and I don't want to teach my child that it is."*

What is the right way for community members to respond to people with disabilities? There is no "one size fits all" approach. A good rule of thumb is to simply ask: are my actions promoting this person's acceptance and inclusion into the community? Or is it inadvertently reinforcing the behaviors that separate him or her from everyone else?

Malkie is grateful for the many community members who treat her daughter with kindness, and also with respect and dignity. "They look into her eyes, and smile. They remember her name. They talk with her normally, not loud like she can't hear or slow like she can't understand. They try to communicate with her at her level. They try to take the time to find what interests her and enjoy her for who she is."

Here are some additional guidelines:

☞ Treat people with disabilities that you encounter normally and respectfully. Establish and maintain eye contact, and smile in a welcoming manner in their direction. Don't avoid them, cross the street or look down when you see them. Be kind, be warm, be friendly, but don't patronize.

☞ Talk to people with disabilities in your community, not at them. Do not talk about them in their presence without fully including them in the conversation, even if they do not appear to be engaged.

☞ Make accommodations where necessary, but don't be overly permissive toward them. Do not allow them to engage in behaviors that would be entirely unacceptable for their peers.

☞ Follow the lead of their caregivers and staff. Try to be consistent in your approach to them.

☞ Consider what is age-appropriate. Remember that the child in front of you may no longer be the cute 5 year old that you remember, and you want her to grow into adulthood in a safe, respectful and dignified manner.

☞ If you are not sure what the best way would be to approach a situation, don't be afraid to ask. Most parents will welcome the opportunity to clarify what is expected, and will appreciate the time you took to do so.

Tzivy Ross Reiter, LCSW-R, is a Director at Ohel Bais Ezra. She is also an advisor to Building Blocks Magazine. She has written extensively about issues related to developmental disabilities and mental health. She is the author of the soon-to-be released book, "Briefcases & Baby Bottles: The Working Mother's Guide to Nurturing a Jewish Home."

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Dear Readers: The letter below was written by a parent, who has enjoyed an especially loving and welcoming relationship with the community members who have embraced her 11 year old son, Sruly, who has Down Syndrome. Through her work with Ohel Bais Ezra's Intensive Behavioral Services Program, she recognized the vital role that they play in supporting her family's efforts to capitalize on his strengths and prepare him to celebrate his approaching Bar Mitzvah in a meaningful and dignified manner. These are her words (Tzivy Reiter):

Dear Friends,

Shortly after our son, Sruly, was born, I expressed my belief that in order to properly bring up a child with special needs, I believed that a village was necessary. I expressed my appreciation for all of the wonderful members of our Synagogue and extended family, for opening up your arms and hearts to this beloved child of ours.

Now, quite a number of years later, I am coming to thank you once again, because Sruly is truly a member of our shul and community. You have made him one of your own with your love, tolerance, acceptance, and patience. Many of you have given of your children to help us with him, and a number of you have made him members of your own families. We could not have made this journey without you all, and we are profoundly grateful.

Having said that, I am now turning to you for a different kind of assistance. I venture to suggest that many of you will be shocked to find invitations to his Bar Mitzvah in your mailboxes next summer, iy"H. Though he looks and acts as if he is about 7 years old, he is in fact 12! We have a lot of work to do to get him ready for his Bar Mitzvah. Please allow me to explain:

I am forever grateful to Hashem for the many gifts with which I was blessed. Sruly is counted amongst those gifts. Every one of Sruly's accomplishments is a cause for celebration, as are those of any child. He is very loving and compassionate, and has an innate ability to connect with those less fortunate. He endears himself to young and old, and has motivated people to be better by his very presence. He learned to speak and to read well before anyone ever dreamed that he would be able to do so. With all those accomplishments, as a parent, I continue to have dreams for him. I would like to believe that those dreams are attainable, and that I am not asking of him anything that is beyond his reach.

As much as Sruly is counted amongst my many gifts, he is also one of my greatest challenges. Our family has moved Heaven and Earth so that one day he will, with the continued help of Hashem, be a productive member of Klal Yisroel and of society.

Sruly has always been and continues to be, a warm, loving, and trusting child. His innate trust is often very frightening, because he will frequently take the hands of total strangers and ask them for help (unfortunately, the Jewish community has learned in a most tragic manner how dangerous such actions can be to a child). Sruly also has a poor sense of danger awareness, and requires constant supervision to prevent him from engaging in activities that could be life threatening.

Sruly's warmth and charm are both his greatest strengths and his greatest weaknesses. He is cute and funny, and looks much younger than his age. As a result, he is often permitted to get away with behaviors that would not be tolerated by a child half his age. Many of his behaviors may be cute for a five year old, but are certainly inappropriate for a twelve year old, and will be irritating and offensive when he is twenty. I have stayed at home many Shabbos and Yom Tov mornings, and have missed many of your simchos and other community functions, because I could not find a babysitter and I was not comfortable bringing Sruly into situations in which his behavior would be inappropriate to others and embarrassing to our family.

We are currently working very closely with a behavior specialist to help us better manage some of Sruly's behaviors. These behaviors include appropriate decorum in shul, inappropriate touch. and danger awareness, to name but a few. As we begin preparing for his Bar Mitzvah, I have begun bringing him to shul for brief periods of time. Perhaps you have seen the ***"Shul Rules"*** *that accompany us. Sruly can independently read these rules, and is capable of following them as well. He also understands the word "inappropriate," but often requires prompts advising him when behaviors are inappropriate or not.*

To this end, I turn to you for help. In order for him to conduct himself in an appropriate manner, he needs to encounter consistent responses from everyone with whom he comes in contact. If he wants to hug you or your children, or asks to see the linings of your hats (no, we don't understand the fascination either!), please remind him that these actions are inappropriate. If nobody allows him to do these things, hopefully he will get the message and stop asking for them. Sruly knows that he is allowed to wish people "Good Shabbos", or extend his hand to men and boys that he knows, and wish them "Sholom Aleichem." There should be no other physical contact in which he is permitted to engage.

Please understand that when we are stern with him or attempt to discipline him, it is because we believe that he is capable of so much more, but his current behavior stands in his way. Our goal is for Sruly to be able to function appropriately in any setting and in any situation.

Twelve years ago I humbly admitted that the baby that was born to us required a village. For all these years, you have all so graciously given of your village with your love, warmth, and acceptance. Now I turn to you once again and ask that you kindly assist us in a different way so we can get him to the next level - one in which he can join his peers in becoming a Bar Mitzvah with pride and dignity, and be a source of nachas to us all.

Yours Sincerely,

Brenda Sokoloff

By Ruchy Lipschutz

Day Habilitation Program: A Stepping Stone to Success

When individuals with special needs reach the milestone of graduating from their respective high school programs, many parents grapple with the next step to take. Is their child ready to get married? Are they capable of getting and maintaining a job? How will their child maintain the academic, social, and daily living skills they developed in their school-age programs? Is a day habilitation program a viable option? Has their child reached a plateau, with no growth in sight?

Our Rabbis have said "all beginnings are hard" *(Midrash Mechilta)*. These words ring especially true for many in this situation for whom "the next step" is not a simple decision. The parents of individuals with special needs are plagued by their worries about their child's future. They may feel that their child can succeed and thrive in the workplace, yet lack the ability to make it happen. Finding and maintaining employment for an individual with special needs is not just about keeping them busy, giving them some pocket change, or finding a way to make the hours in their day go by faster. It's about focusing on strengths. It's about achieving success, fulfillment, independence, and integration into regular community settings.

Day habilitation programs are widely misunderstood and often unfairly disparaged as recreational "day camps", where individuals are schlepped around on trips to the mall, or given menial tasks on site to keep them busy. This is an unfortunate myth. A day habilitation program is not a kindergarten! Day habilitation programs actively assist individuals in reaching independence in all areas of their lives. In fact, day habilitation programs serve as an excellent stepping stone for a future in the workplace, simply because they are uniquely designed to provide individuals with a "transition tool kit" to the working world.

While basic social and daily living skills can be acquired in the school system, the skill set involving appropriate etiquette at work is entirely different. Every individual may have different hurdles in their way to success, as well as personal strengths and weaknesses. However, mastery of these universal skill sets in the workplace is imperative:

- Speaking/interacting appropriately with a supervisor and colleagues
- Understanding the concept, and utilization of, time management
- Becoming proactive at work, without waiting for direction
- Respecting boundaries (i.e.-speaking to supervisors/colleagues/customers at appropriate times, taking personal phone calls, etc…)

A day habilitation program that specifically caters to the individual focuses on helping each person overcome their specific obstacles to success. Day habilitation programs guide one through each phase of transition: A Introduction to the workplace, B Testing the waters, C learning the skills, D Adjustment to the new position, E Establishing consistency, F Gradually increasing work hours and finally, G Learning to function independently. The ultimate goal is that once the individual passes these phases, he/she graduates to complete independence in the workplace.

Programs like these often offer social groups, job coaching, and mediation between the individual and the workplace. Group discussions are held on the various scenarios that may come up at work, and how to appropriately deal with them. This will ensure that participants are prepared for a future in an appropriate career of choice. Once a job is found for them, job coaches serve as the liaison between the individual and their workplace, to resolve any issues that may come up in the transition process.

The role of the parent in the ultimate success of their special needs child is crucial. There are many parents who underestimate their child's ability to succeed. They are often overprotective and just want to see their child happy. But in fact, they are hindering their child by never allowing them to experience the difficulty of metamorphosis. Studies have shown that when an individual is always given exactly what they want in the short-term, their self-esteem suffers in the long-term. The following example is an illustration of this mindset:

**Eli is a 22 year old young man with Down syndrome. He loves his new job bagging groceries at the local supermarket. He feels productive and enjoys the social interaction with his colleagues and the customers. In his 3rd week of work, his supervisor passes by and gently offers Eli some constructive criticism regarding his job performance. Eli, who is extremely sensitive, goes home and tells his parents that he would like to quit. He complains about his pay, and feels that his boss is picking on him. Eli's parents are sympathetic and loving. They immediately call his job coach at the day habilitation program and demand that Eli be given a different position elsewhere.*

While the change to a new job may temporarily pacify Eli, it will never lead to the long-term independence and success that Eli and his parents are hoping for. On the other end of the spectrum, there are parents who believe that their child is already capable of employment. While that may be a feasible long term goal, a united partnership between the parent and the day habilitation program is required to enable the special needs individual to realize their dream of a rewarding and self-chosen career. In the process, they are successfully establishing a sense of self-worth and respect.

Ruchy Lipschutz is the Director of Yeshivas Lev Tahor and Machon Lev Seminary, affiliates of Human Care Services. Yeshivas Lev Tahor is an extraordinary program for young men with special needs. Machon Lev Seminary offers a similar dynamic experience for women. Both programs are conveniently located in Brooklyn, NY in state of the art facilities that include computer labs, fitness centers, spacious program rooms and beautiful outdoor terraces. Job training and coaching is offered to assist individuals in transitioning into the workplace. Please call 718.854.2747 with any questions regarding the program.

By Marcia Merel

Residential Placement – A Mother's Perspective

The day my daughter moved into her group home was a bittersweet one. It had been anticipated for many years, but when it arrived, no one was quite ready for it. As parents, we naturally want our children to grow up, move on and "move out." On the other hand I wasn't quite sure just how I would fit into her life. I would still be "Mommy," but what does that mean when I am no longer the primary caregiver?

As a self proclaimed, overprotective mother, it's a major life-altering event when the kids leave home. When one of those kids has special needs, there is so much more to consider. My first thought being, is she really ready to go? Given the way the system works, you don't always have the luxury of waiting for just the right moment to place your child. When a suitable placement becomes available, you really need to grab it and hope for the best, because another placement might not come along for a very long time.

My daughter lived at home for 24 years. During that time, she had a full and active life. Between school (and later dayhab), recreational programs and family life, she was very busy and loved. But when her siblings got married, and the house got quiet, it was time for her to move on as well. Luckily a place became available; but was she really ready? Were my husband and I ready?

It was not easy for any of us. She went willingly enough, at first. After all, we had sent her to sleep-away camp every year, loved it and used to look forward to it. But a week or so after her placement, she was ready to come home.

As much as I had tried to prepare her, she really didn't understand that the move was permanent. I tried to explain to her that, like her older brother and sister, she too was now going to be living in her "own" house. I didn't want her to think she was being thrown out of the house or being discarded in any way. It was important to me that she know that she is still loved and still part of our family.

The first night of her placement, I didn't sleep a wink. I was waiting for a call from her saying "come and get me." That call didn't come, but there have been

Merel Continues on Next Page ⇨

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By Rita Auerbach

Creating A Special Needs Trust

If something were to happen to you today, who would be there to protect the needs of your loved ones - especially those with special needs? Think of all your current and possible future needs-related expenses, such as housing, employment assistance and other costs. And, while it may be tough to meet these obligations now, imagine the implications after you're gone. A Special Needs Trust can help ensure they will have the resources necessary to live complete and fulfilling lives.

Supplemental Security Income (SSI) and Medicaid are two programs which provide government benefits to eligible individuals. SSI provides monthly cash benefits used for food, shelter and clothing.

However, the government puts a major condition on the receipt of these benefits. If an individual with a disability receives funding for any of the aforementioned purposes from an another source, the government cuts back its support.

A Special Needs Trust may offer an affordable way to help meet the ongoing needs of a person with a disability - or to provide a substantial gift - without affecting eligibility for government funding. More importantly, if something happens to you, a Special Needs Trust may help provide financial security for your loved one's continued care.

A Special Needs Trust is specifically designed to provide funds to supplement the basic necessities (food, shelter and clothing), and may help pay for additional items such as medical therapy or procedures not covered by SSI or Medicaid, such as cable, computer, education, recreation, travel and transportation.

The funding vehicle you select for your Special Needs Trust can have a dramatic impact on the amount of resources available for your loved one. There are a wide variety of options available to fund a Special Needs Trust.

You may want to consider the benefits of a permanent whole life or universal life policy. Both provide death benefit protection (provided premium requirements are met) and allow tax-deferred cash value accumulation - and can be tailored to suit your specific needs and budget.

If you provide care for a person with special needs or wish to create a substantial gift, a Special Needs Trust can be of tremendous help. It's one of the few estate-planning strategies that may not affect your loved one's eligibility for Federal assistance. And, when funded by life insurance, a Special Needs Trust may provide an affordable solution over the years. It's an opportunity to help ensure the care you give now will last a lifetime.

This educational article is being presented as a courtesy by Rita Auerbach, Agent, New York Life Insurance Company. To learn more about the information or topics discussed, please contact Rita Auerbach at 646.227.8506.

Merel Continued from Previous Page

many ups and downs during what has been a very long and difficult adjustment for all of us.

All the years that she was home, I was responsible for literally all her needs. Our whole family was involved; the appointments, the school meetings, the never-ending running home to be on time for her bus etc. I was tired, but I was still having a hard time stepping back and allowing others to manage these things, especially knowing that it was not going to be done exactly the way I would do it.

From the beginning, there were challenges. The residence was a new one. The agency running it had kinks to work out, and adjustments to make. Staff kept changing. It seemed that whenever my daughter got attached to a counselor or manager, they left. This had a negative effect on her already sometimes difficult behavior. I think she felt abandoned by everyone, and acted out.

I felt it too. When I would establish good communication with a staff member, they were soon gone. Unfortunately, frequent staff changes are an unavoidable part of the system and are nobody's fault. However, I am a patient woman. I don't expect perfection, at least not right away.

Now I have to say, Thank G-d, *Bli Aiyen Hora,* things are now much improved and the staff has remained consistent and supportive. I know they have my child's best interest at heart. I have learned to take that step back and trust the staff to do their job.

Trusting the staff doesn't mean becoming uninvolved. Parents should always exercise their rights to be involved in there child's life. One important way to do that is to become your child's legal guardian.

I've also learned how to be a better communicator. There should always be open communication between the residential staff and family members, but it is important to remember that the way you communicate is just as important as what you have to say.

As for dealing with my own stress; I've been lucky. I've always had a close friend in the same situation as me to talk to, cry with, and, when things are good, to smile with. I have also learned to appreciate all the free time that I never had before.

My daughter today is content, happy and safe. She knows where she lives, she comes home to "Mommy and Abba's house" regularly for *Shabbos* and *Yom Tovim* and is then always ready to go home to "her house." She's still connected to her family. She has a life and we're still part of it.

Marcia Merel is the parent of an adult child with Down Syndrome. She is the Respite coordinator and MSC Supervisor at Otsar.

By Michelle Haney, PT, MSPT

Respite is Essential for Everyone!

Everyone needs some rest in their lives. In this day and age, we are all running around trying to fill every minute of every hour. Now add a child or several children to the equation. Now add to that the huge responsibility of caring for a child with special needs. You are legitimately busy and really need a break. This is one factor.

The next is that somewhere in all that craziness, you need to fit in the recommendations of the physical therapist, occupational therapist, speech therapist, behavioral therapist, teacher, etc. But you need to be first and foremost, the loving parent your child needs. That is most important. Why not find someone else to help with the extras?

Sometimes it's hard to find a good caregiver you can trust with your child. A good suggestion is to turn to the specialists in training. As a physical therapy student, I was always looking for opportunities to learn more about the special needs population that I looked forward to working with as a professional. Not only did I want these experiences, but they were required to be considered for acceptance into the PT program. If I found an opportunity to work with a child, I was excited… and if it was a paid opportunity, I was ecstatic!

Reach out to local colleges and universities with PT, OT, Nursing, Special Education, and other programs. Mail, fax or drop off a flyer describing your child and your needs (with tear-offs of your contact information at the bottom). You're almost guaranteed to find an enthusiastic student just waiting to help. Interview them. Ask them what experience they have and why they want to go into the healthcare field. You'll quickly know who you are most comfortable with.

Hopefully you'll find more than one person to get to know your child. Not only is this helpful to you, but very important for your child. They get a new friend- someone who visits them on a regular basis. They experience new things.

It took me years to convince my mother, who continues to care for my adult sister with special needs, Annette, to accept some respite care. Besides my mother definitely needing a well-deserved break, Annette needed it too. My sister had only known how our mother fed her, changed her diaper, put on her clothes, etc. What if something happened and someone else was doing all of those things? How difficult it would be for Annette to adapt. *By allowing others to help, you are helping your child as well.*

It may be an opportunity for both of you to learn that others can be depended upon and trusted to care for your child. Sure, no one will care as deeply as you do or do things the same exact way, but there are others out there who can understand, comfort and care for your child. Once both you and your child realize this, a whole new world will open up to you!

The dictionary definition of respite is "a usually short interval of rest or relief." Other definitions include: "to come up for air, to take a breather, take time out, to relax, to rest, or enjoy a respite." The phrase implies that a person has been so inundated with work or immersed in the task that they are in danger of drowning, figuratively speaking; like a swimmer or a diver, they must pause to refresh themself and recoup their powers for the next lap.

Let's face it; you have many laps to come. Why not recoup and swim your very best? You don't necessarily have to go to the spa or golf course (although that sounds very nice, doesn't it?)… it may be going to the grocery store to get the week's groceries with only a cart to maneuver rather than both the cart and a wheelchair; or without having to worry about the thoughts of others while you address your child's third "episode" in the cereal aisle (smile).

It might be a retreat to the basement to read a book you've been wanting to read or spending time tinkering in the garage… you don't even have to leave your house if you don't want to. Maybe it's going to the movies with your spouse for the first time in six years. You need that time for each other. Think of all the possibilities. They can be yours… you only have to ask for help.

Many states have county- or state-funded programs to help with respite care. Families will qualify for different amounts of respite based on several factors. If you don't have a case worker already, call your community mental health department to request one. Ask what kinds of programs are available. If you don't qualify, that's okay… turn to those eager students who may volunteer their time. They could be doing some of the caregiving for you while you run your errands or get your massage!

Michelle Haney, PT, MSPT is a pediatric physical therapist and the Director of Euro-Peds National Center for Intensive Pediatric Physical Therapy in Pontiac, Michigan. www.europeds.org.

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By Golda Turner

Is There a Doctor in the House - Part II

Every parent wants the best for their child, and does everything in their power to keep them healthy and happy. Yet, being children, they are bound to have their share of Hatzoloh calls and emergency room visits. We learn to accept that as bumps in the road of life.

But what happens when your child is more medically involved due to disability or acquired illness? You might start to feel like the doctor's office or hospital has become your "second home". Where do you turn to find the right treatments for your child's condition? Who would know which doctor is the best equipped to treat your child's case?

"My child has so many things wrong with him!" These are the feelings often felt by parents who have a child who is called 'very involved'–meaning that he has a combination of medical conditions requiring a lot of care. They have been through some very scary periods, and will likely need to spend countless hours in doctor's offices and hospital waiting rooms.. Their child's terrifying medical roller coaster ride never seems to end.

For a child who is multiply medically involved, you need doctors who are respected specialists in their field. Key factors are the breadth of their medical knowledge, their availability when your child is having an emergency, and, most importantly, their understanding of how all the parts of your child's diagnosis interact. Their medical needs are different than most. To treat them effectively, your doctor may need to think 'out-of-the-box,' and be willing to try 'off label' use of medications or therapeutic items approved for other conditions or even experimental treatments. Most importantly, they need to be willing to work in close consultation with the rest of your child's medical team to efficiently coordinate care.

Ideally, you would like to have all of your child's specialists practicing in the same hospital, so they can easily access all of his medical records and be involved in team meetings whenever your child needs serious medical care.

You should always be prepared for a situation in which your child will be treated by a doctor who is unfamiliar with his case. You can help by keeping a complete set of your child's recent medical records and tests readily on-hand, either in a notebook or as pdf files on a flash drive. Today, it is even possible to store and view these records on your smartphone, which many people have with them all the time. Having records on hand saves valuable time in a medical emergency.

For children facing the more serious or unusual medical conditions, there are many more options available today than there were a few decades ago. Thanks to the advances in medical science, there are medical subspecialties that didn't exist even ten years ago. In addition, there are major medical centers which are on the cutting-edge of medical research. They use the very latest technology and the most promising experimental treatments, under the direction of world-renowned experts in their fields.

Arranging to have your child treated in one of these programs can be very difficult. Often the astronomical costs are not fully covered by your insurance.

In today's Jewish community, there are several diagnostic experts and organizations that specialize in medical referrals for the most challenging cases. These experts keep up-to-date with all of the latest research and treatment advances. They can recommend the best doctor and medical facility for your child's specific condition and medical needs. They can arrange to get your child's case reviewed in a timely manner by world renowned experts. In many cases, they can even get your child accepted into experimental treatment programs.

There are also many Jewish organizations that assist families by setting up transportation to specialists and medical centers, providing hospitalized patients kosher food and entertainment, sending hospital shift volunteers, and even helping with the costs.

When calling for a medical referral, a parent must be prepared

to answer these questions:

❶ What are your child's issues? It is important to mention all of the child's medical issues, while stressing the specific one of immediate concern.

❷ Which doctors were already seen?

❸ What tests were already done?

❹ Are you willing to travel long distance if need be for a top specialist?

❺ What insurance coverage do you have?

Today's health insurance system has so many different plans that doctors do not take them all. Some plans, including Medicare and Medicaid, have payment rates so low that many doctors will no longer accept new patients relying on their coverage. Occasionally, specialists will see some Medicaid patients only in a very limited hospital clinic setting, which typically has long waiting lists. Many people want the care of a specific doctor but cannot afford it.

This is where we see one of the finest aspects of our community in action.

The Orthodox community is blessed with many outstanding Bikur Cholim and Chesed-type service organizations who provide funding and vital services for children and adults facing the most difficult medical problems. These people do this work as a mitzvah, wholeheartedly giving of their time and resources to help others. There are individuals who have developed connections with many specialists, and can arrange for reduced fees for services. Some will write a check, while others will roll up their sleeves and provide any needed services themselves. And they will do it for any Jew, whether a member of their community or a stranger living halfway around the world, whether that Jew is religious or totally secular.

If, in order to save or to vastly improve a fellow Jew's quality of life, they need to maintain inside connections with the world's top doctors, and put up money to pay for the treatment, then that is exactly what they will do.

Jewish tradition teaches us that saving a single life is as great as saving the entire world. Warmhearted Jews, whether working with an organization or as individuals, can always be counted upon to come through whenever a fellow Jew faces a crisis.

We would all rather be giving than receiving help from others. However it is important to realize that everyone has their chance in life to do for others and to receive in turn. In our time of need, our brothers and sisters are happy to have been granted the opportunity to do a mitzvah. And they know that if they ever needed our help, we would be equally glad to do so for them, too.

By allowing our fellow Jews to share in our lives by helping our children, we are showing the One Above--and the whole world--an aspect of the greatness of the Jewish people.

Mi K'amcha Yisroel!

Golda Turner is the director of Beineinu, a grassroots organization assisting families around the globe dealing with special needs by providing information, chizuk, and practical assistance. Their website, www.Beineinu.org, contains a growing database of information and resources, as well as a large chizuk library. For more information, contact Golda@Beineinu.org.

This article is a follow up to her previous article in our June 2011 issue.

Welcome Back to the Family Forum!

By Ruchi Eisenbach

Welcome, dear readers, to another edition of the Family Forum. As a parent of a child with special needs, I find myself wondering each morning, "What will today bring?" Sometimes my thoughts roll out of control and I think: Will I have the energy to get through the day? Will things go smoothly for my child today? Will today be fraught with new challenges building on top of the old ones that I already struggle with? Will I say at the end of the day that I have had enough or will I say that I can do this again? When my thoughts spiral out of control, I must work on myself to stop. I need to think about why I am here in the first place. Is it because I have to learn how to get to therapy on time? Is it because I must make sure that all my kids have everything they need and are where they need to be when they need to be there? Is my purpose to make everyone happy?

Each morning, we say, "Modeh Ani Lefanecha Melech Chai V'Kayam – I thank You, eternal King, for restoring my soul to me with Your great compassion. My trust in You abounds." The answer is right here. We may think we don't have the stamina to get through the day – life can be quite overwhelming. Rabbi Abraham J. Twerski explains that when the stressors in our lives seem to make life itself a burden, we must understand that,"…at such times all reasoning and all philosophical arguments may be of no avail, and only complete faith in the absolute benevolence of G-d can help us accept that life itself, even when painful, is a precious gift." (Living Each Day, Artscroll) We don't always know what we are doing but we do know that we have a purpose in life. It's about how we act and react while we are here. G-d doesn't "owe" us anything. We have to work on ourselves to accept that the fact that G-d granted us life is a sign of His love for us.

"When things get tough, put a smile on your face (even a fake smile) and tell yourself, "G-d loves me and He only wants what is good for me."

How do we accept that life itself is a gift? It's all about trust and faith. We simply do not understand why certain things happen to us or to the people we love. As a parent, I don't understand why my child was born with a disability. Thinking about it frustrates me and makes me feel depressed.

We do know that G-d loves us and He knows more than we do about the world around us. Even though we do not understand, we know that G-d does and that if He allows such things to happen, there is a greater purpose that we, as humans, are unable to comprehend.

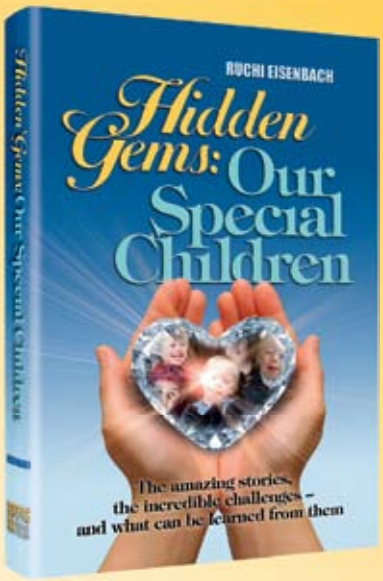
Try to imagine that our world is somewhat like a huge book. Our lives are written in this book for only a few chapters. Some chapters overlap and some don't seem to be remotely related. In the end however, they do connect in some shape or form. Keep in mind that we do not get to see the whole book at once to understand how everything fits together.

But G-d does because He is the author.

When things get tough, put a smile on your face (even a fake smile) and tell yourself, "G-d loves me and He only wants what is good for me." Practice this many times a day – when things are going well and especially when they're not. Over time, these phrases will become ingrained into your heart and when you wake up in the morning, you can thank G-d for giving you another day.

Tell yourself that today is a gift.

Ruchi Eisenbach, M.Ed., is a special education service coordinator. She is a parent of a child with special needs and the author of "Hidden Gems: Our Special Children" (Artscroll, 2010), an inspiring book about children with special needs. She can be reached at ruchieisenbach@gmail.com.



The amazing stories, the incredible challenges — and what can be learned from them

Hidden Gems: Our Special Children is a life-transforming work. Reading it sensitizes all of us to the needs and feelings of special children and those with whom they interact. Even more: we will all be inspired to deal with our own unique challenges, whatever they may be, with faith, determination, and courage.

By M. G.

A Welcomed Mess

The toothpaste cover never closed properly. There was always too much toothpaste crusted over the mouth of the cover for it to close. Every now and then I would clean it, but it didn't take very long for it to become a mess again. The entire bathroom, for that matter, never stayed very clean for very long. I always had to wipe down the toilet seat before using it, and towels were hardly ever hung up properly. I was used to seeing my reflection in the mirror with little white specks of toothpaste over it. It was a given that dirty laundry was more out of the laundry basket than in it. When one night there was a full bottle of shampoo in the shower, the next night the same bottle was pretty much empty, with most of the shampoo on the shower walls. Sometimes my toothbrush was even used by other people- that was just the worst.

Thankfully, the rest of my house didn't suffer nearly as much as the bathroom did. My mother's abilities as a *balabuste* are far from lacking, and we even had a cleaning lady three times a week back then.

The bathroom was a mess because of Chaim. Chaim is my special brother, three years my senior. Let's just say that hygiene and cleanliness are not Chaim's forte. It's not his fault though. He has tremors and it's hard for him to keep his hands steady. He's also not always so sure as to which toothbrush is his; it doesn't bother him to use someone else's.

Although I always understood that Chaim was special and different, I was still frustrated with the mess I had to deal with every day. Whenever I would have a guest over, I would give a quick scan, and if necessary, a cleanup of the bathroom to avoid the embarrassment of them seeing a mess. In the morning rush, it was annoying to have to clean out a tube of toothpaste to be able to brush my teeth. It was even more annoying to see that my toothbrush had already been used that morning! Sometimes I hid my own toiletries so that they wouldn't be destroyed, but there was not much else that could be done and I learned to deal with the mess.

After graduating from high school I spent a year studying in seminary away from home. While I was away, Chaim moved into his own home-a HASC group home right in our neighborhood. It was a big day for Chaim and a big day for our family. I cried out of joy for my special brother that night.

When I returned home from my year of studying, I noticed instantly the difference at home without Chaim. Perhaps the biggest change, and even a relief, was the bathroom. No more trouble with the toothpaste or my toothbrush, and the mirror was always clean. When I thought I had a full bottle of shampoo, I really did. I was happy to have a clean bathroom. It meant that Chaim was living somewhere else, but I knew he was happy there and I didn't think there was anything wrong with me enjoying a decent looking bathroom.

Don't think for a second that Chaim moving out means he is no longer part of our family life. Chaim comes home for an average of two *Shabbosos* a month and is home for every *Yom Tov.* He joins us when we go out for dinner, comes to all of our family parties, and pops in to visit all the time. He's very proud of his own house, and we're proud of him too.

Chaim's been home for *Rosh Hashana, Yom Kippur,* and for *Succos.* The bathroom's been quite a mess recently. In the *Erev Yom Kippur* rush, Chaim used my toothbrush to brush his teeth (why he never accidentally uses my younger brother's toothbrush I don't know). It's back to the good old days. My initial reaction was to be annoyed, and I was. But it didn't last very long.

Having that mess in the bathroom means Chaim is home. And I love when Chaim comes home. Having him around every day of *Yom Tov* reminds me of how special he is, and how lucky I am to have a brother like him. It makes me realize just how much Chaim has impacted our lives, and made my family what we are today. When I see my parents care for Chaim while he's home, I whisper a prayer of thanks to *Hashem* for placing me in such a special family with parents whose hearts are made of pure gold. Chaim makes us all laugh, and I love Chaim's laugh most of all.

Who would've ever imagined that some messy toothpaste tubes and sloppy towels would be such a welcoming sight for me? I guess when it means my special brother is home, it can only bring a smile to my face.

By Anonymous

Dear Friend

Years have gone by
And I sigh,
Why didn't I respond
To your cry.

You used to ask me
My son, is he okay?
He doesn't act
In a typical way.

Can he be autistic?
You would ask
And I would say
No way – not that.

I didn't ask you why
You thought you were right.
I ignored your cry
And now……I cry.

For if had ABA therapy
At his young age,
He could have possibly emerged
Out of his autistic state.
Dear Readers
Please don't repeat my mistake.
If someone needs help
Let them know right away.

It might be painful
At the start.
They will be thankful
From their heart.

Time and Sanity Saving Techniques

By Rivka Caroline

The irony of navigating the unchartered waters of the special needs world is that parents find themselves having to create their own road map for their children's care. In the world of instant accessible information, we long for an app that will effortlessly guide us to the best therapists, IEPs and scholarships tailor made for our child.

While there are as yet, no known ways to create a magic wand, follow these essential steps to bring a semblance of normalcy to your world as you leverage your day to do more in less time.

SEE WHO IS A FEW STEPS AHEAD

Ask your children's therapists or your child's principal if they can connect you with a parent whose child is similar to yours, yet a few years older. Experience is a good teacher and they will undoubtedly share their hard earned wisdom with you.

HELP THOSE A FEW STEPS BEHIND YOU

It feels good to pay it forward, so ask a parent you see at therapy or at pick up if they would like to learn from your mistakes. You may think that everyone knows that Nordstrom sells different size shoes, but that nugget of information may be saving that Mom precious money and aggravation.

JOIN SUPPORT GROUPS

Your time and energy is spread thin, yet it is vital to take time to sharpen the saw. Online forums are a few clicks away for the most common and unique situations. Even logging in for a few minutes here and there will give you some hard earned emotional support and practical tips.

GOOGLE FOR SCHOLARSHIPS

While googling your child's symptoms may slowly turn you insane, googling for scholarships might help lighten the load. There are a variety of scholarships for tuition, dental care and summer camps and more.

HAVE YOUR TEAM TALK TO ONE ANOTHER

Sometimes certain therapists and specialists are in opposite areas and even different time zones. By taking the time to enable specialists to talk or email you are helping your child receive more of a united approach.

MAKE IT EASY TO KEEP NOTES

Set up a system for you to keep notes easily. Whether it is a notepad, google documents or project management software such as basecamp (basecamphq.com), keep your notes in one place for easy reference and follow up. Write down any questions or concerns immediately for simple retrieval the next time you need it.

SWITCH OFF

Being part of the nation that is known for having jewish guilt wired into its genes, it might seem antithetical to suggest you switch off. Yet, no-one benefits when you burn the candle at both ends. At a certain time each night commit to unplug and relax, ready to return with vigor as the true mother lioness you are … the next day.

They say it is what we already know that prevents us from learning. Commit to take on one of the tips above and slowly take on more tips as you leverage your day to do more in less time.

Rivka Caroline is a Mom, wife, Rebetzin and Time Management Consultant. In her spare time (of which she has lots of) she teaches time and sanity saving techniques so people can find time for what really matters. Follow her blog for more of these tips sobeorganized.blogspot.com.

A Matter of Convenience

By Anonymous

I realize that it hurts me more than it hurts my child, and for some reason that make me feel even worse than I already do. It's just difficult watching my daughter with special needs struggle to find friends. Most of our immediate family members genuinely care for her no matter what. If she has a rough day and her behavior is more escalated than usual, it frustrates them, but they love her anyway. Some family members feel the need to report everything to me – as if I didn't know she was having a tough time. I wish they would understand that most of the time there isn't much I could do about it. That's just how it goes with someone with special needs. I don't need a detailed play by play. If there is something I can do to fix it, it's okay to let me know, but if there isn't much I can do and time has passed, let it go. Giving me some peace of mind will only help me to be a better mother.

I don't particularly care for it when girls rally around my daughter gushing to her and telling her how much they love her because it's not real or even consistent. I hear from my child about things that happen in school (she's in an inclusion program) and not all of those things are pretty. Then the same girls see me with my daughter and say to her – you're so cute! I love you! Now she is 16 years old, so how cute is she? The thing is that she believes them and she believes them to be her friends. They don't realize that if they make plans to get together, they should not talk in front of her unless they plan to invite her. They don't understand that if they tell her that they will involve her in some sort of extra curricular activity, they need to keep their word.

Last night, my daughter was supposed to go ice skating with a group of "friends". They didn't call her and when I saw that it was late, I called one of the girls. She apologized and said that there was no room in the car for her. I don't know why I didn't ask her why she didn't call earlier. I could have talked my daughter out of going or made alternative plans – but not when she was waiting with her coat by the door. My daughter was so hurt – she cried for 2 ½ hours. It was a difficult evening for all of us. Her feelings are valid even though her reaction was immature. She just doesn't have the coping mechanism to deal with life's disappointments. When I called the girl back and told her that my daughter was sad about what happened, she couldn't even understand why. It's like she's not a real person – or do they think that she doesn't have feelings? Or that she won't hear about skating in school the next day?

I'm not even sure what I can do about things like this except to hope that someone who wants to befriend a person with special needs will read this, and think about going out of their way even when it's not easy. Keep your word and don't be a friend out of a matter of convenience or because it's the "in" thing to do. Be genuine.

Where are the Parents?

By Sue Stuyvesant

They are on the phone to doctors and hospitals and fighting with insurance companies, wading through the red tape in order that their child's medical needs can be properly addressed.

They are buried under a mountain of paperwork and medical bills, trying to make sense of a system that seems designed to confuse and intimidate all but the very savvy.

Where are the parents?

They are at home, diapering their 15 year old son, or trying to lift their 100 lb. daughter onto the toilet.

They are spending an hour at each meal to feed a child who cannot chew, or laboriously and carefully feeding their child through a g-tube.

They are administering medications, changing catheters and switching oxygen tanks.

Where are the parents?

They are sitting, bleary eyed and exhausted, in hospital emergency rooms, waiting for tests results to come back and wondering: is this the time when my child doesn't pull through?

The are sitting patiently, in hospital rooms as their child recovers from yet another surgery to lengthen hamstrings or straighten backs or repair a faulty internal organ.

They are waiting in long lines in county clinics because no insurance company will touch their child.

Where are the parents?

They are sleeping in shifts because their child won't sleep more than 2 or 3 hours a night, and must constantly be watched, lest he do himself, or another member of the family, harm.

They are sitting at home with their child because family and friends are either too intimidated or too unwilling to help with child care and the state agencies that are designed to help are suffering cut backs of their own.

Where are the parents?

They are trying to spend time with their non-disabled children, as they try to make up for the extra time and effort that is critical to keeping their disabled child alive.

They are struggling to keep a marriage together, because adversity does not always bring you closer.

They are working 2 and sometime 3 jobs in order to keep up with the extra expenses.

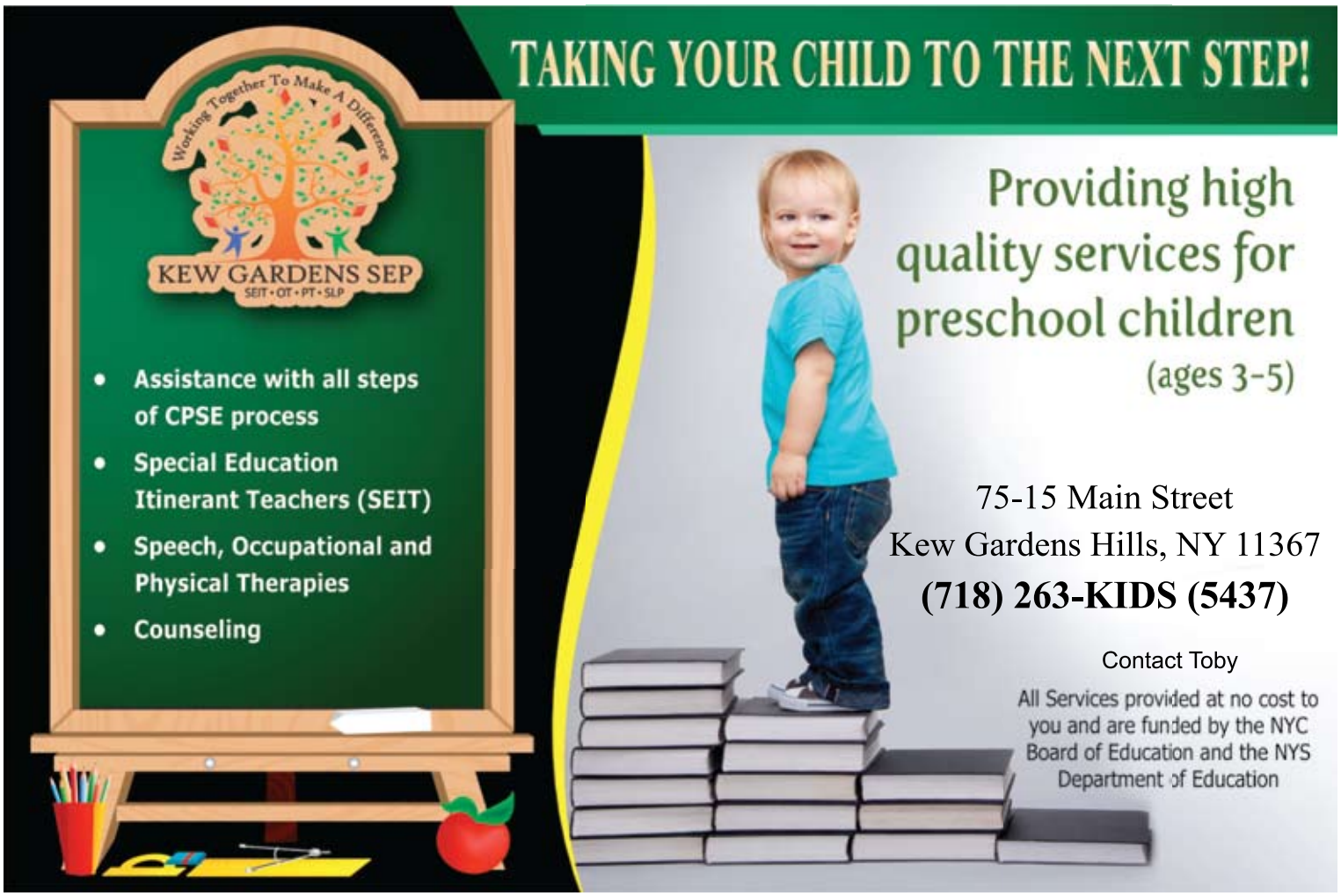
And sometimes they are a single parent struggling to do it all by themselves.

Where are the parents?

They are trying to survive in a society that pays lip service to helping those in need, as long as it doesn't cost them anything.

They are trying to patch their broken dreams together so that they might have some sort of normal life for their children and their families.

They are busy, trying to survive.



By Mother in the Shoe

Waiting for the Other Shoe to Drop…

In these times of economic crisis, people are expected to accept the unfortunate reality that everyone must make sacrifices for the greater good of society. Many people are unemployed or are struggling to put food on their tables. In addition to these regular economic pressures, individuals with disabilities and their families have been hit hard from every possible direction. The increasing burden they have been made to shoulder from the drastic reductions in nearly all services for their children and families has become unbearable. In addition to the daily challenges that families face in the medical, educational and therapeutic care of their children with special needs (see poem "Where are the Parents"), here are some additional "sacrifices" we are being asked to endure.

EARLY INTERVENTION:

Last year, children with developmental delays ages birth to 3 years receiving Early Intervention, experienced radical changes in the frequency and duration of their vital services including special education, speech, occupational and physical therapy. Parents were encouraged to seek additional services from their private insurance company, that is, for those families fortunate enough to have private insurance. This defeats the intended purpose of Early Intervention, to provide needed services and supports that help children have a better outcome and require fewer services in the future.

THE DEPARTMENT OF EDUCATION (DOE):

For those with children between the ages of 3 and 21, there is the Department of Education. First the DOE decided (most likely, illegally) to not provide related services and supports such as physical, occupational and speech therapy services, counseling, health and crisis para professionals and nurses to students whose parents have requested an impartial hearing or are likely to request one. Parents who wish to obtain related services for their children paid for by the Department of Education are faced with the dilemma of signing away their child's rights to an appropriate special education or having to pursue funding or reimbursement for these related services as part of a due process or impartial hearing. This is added to their costs in funding a private special education placement as well as the costs of litigation.

In case they felt left out, for those parents who place their children in public schools and state approved private schools, the DOE has begun implementing wholesale cuts in service to these students as well. First, the DOE has some ill-conceived plan to do away with District 75 classes and to move these classes of severely impaired students back into their community public schools. The problem is the DOE is unrealistic in thinking that community schools can provide appropriate services to these students. If they would bother actually speaking with staff in the District 75 schools, they would likely come to the realization that this plan is doomed from the get go. It's just inviting additional chaos and imminent litigation, when many of parents of students who cannot be appropriately placed in their community school will have little choice but to enroll their children in private schools and begin to litigate each year for their child's placement, and of course, related services.

The DOE has also begun sending personnel such as physicians' assistants with district reps to schools to propose major cuts in student's related services with no educational or therapeutic justification. The DOE is attempting to exert pressure on related service providers to reduce services to the most involved students where they deem the student's progress is "slow". They fail to explain how cutting services will somehow help a student make meaningful progress to reach their goals. They tell parents that the already overburdened special education teacher can now do speech and oral motor exercises, sensory integration, work on fine motor planning and coordination, and do exercises with the student to improve posture and stretch the student so that their muscles do not become contracted. If this is not sufficient, the parents can always use their private insurance (if they have it) to provide related services.

OPWDD:

The OPWDD, is the Office for Persons with Developmental Disabilities. No, this is not a new government agency, it's just the OMRDD. They changed their name last year to be more politically correct. By the way, in case you missed this very important information, our children are no longer "consumers" they are now "individuals" and what was formerly called "reshab" is now "community hab". If you look on their website, their new motto is "Putting People First". Here's how they plan to do this:

PHASE 1: They have been increasing paperwork given to Home and Community Waiver Agencies and decreasing Medicaid Service Coordination. The service coordinator who used to be required to come for a visit once a month, now comes once or twice a year and is carrying almost twice the case load. The OPWDD has also cut back on funding services such as therapeutic supplies, camp and recreation. They have also pretty much frozen new residential opportunities.

PHASE 2: If you read their website, the OPWDD is working on changing the way the Medicaid Waiver works. The language on the website is complex. They are so excited about all the changes ahead. It is difficult to decipher what this means, but they are presently holding meetings and hearings to discuss converting the former Medicaid Waiver program to a new program that can be accessed by more individuals. That is seemingly good news, however, in reality, they are moving to a managed care model where budgets are much more limited and services such as community hab, day hab and Medicaid services such as medical care and supplies will all be lumped together into one budget. The managers of this managed care project will be called "DISCOS". (How they come up with these names, I don't know but this program is certainly not going to make you want to get up and dance and has more to do with just "Staying Alive".) Ac-

Shoe Continues on Next Page ⇨

By Sandy Rosenwasser

Difficult Challenges

At least once in our life we will have to cope with difficult situations and an emergency or two. It matters how we handle these. Families with a special needs person in their house might have to deal with it more—especially if one has a medical situation.

Having two children with special needs, I am used to dealing with having one in the hospital, and one at home. It doesn't bother me when I have to run back and forth. I usually have the support of family and some friends.

Last year, I had to deal with a medical situation, where we thought that my son with special needs was just sick with a virus. Since he had several abdominal surgeries, I took him to the doctor's office. His regular doctor was not in and another doctor examined him. He sent us for a special test. By this time, my son was in pain. He had to drink a liquid but he could not hold it down. He threw it up in the waiting room, and the staff came out and helped us immediately. I knew I had to remain calm for his sake and mine as well, since I was driving home. On the way home, he told me that he was in a lot of pain, and asked if he could take a Tylenol when he got home. Normally, I would have said yes, but I said that I had to consult with the doctor. I phoned the doctor's office and asked the secretary if my son could have a Tylenol when he got home. The doctor immediately got on the phone and said," Absolutely not. Let me know when you get home, because I am going to send you to the hospital if he is in that much pain."

I arrived home twenty minutes later. I quickly pulled supper out of the fridge to heat up for my husband and grabbed a change of clothes for myself and some things for my son. I told my husband that we had to go to the hospital. I really wasn't sure why we were going or what the doctors were looking for. I wasn't in the house for more than two minutes when the doctor called to see if I got home. He sent an ambulance to take us to the hospital.

We waited in the emergency room, and I tried to keep my son occupied and smiling. His former service coordinator came by and we took a picture with the ambulance people. After examining my son, the hospital staff told me that he had a blockage. They had to put a tube through his nose to his stomach. My regular doctor showed up about with a surgeon (who I happened to know) to tell me what was happening. They were also great in getting him a room, where I could stay with him. (One of the things I've learned is to never leave my children in the hospital alone – I always have someone keep a watchful eye on them.)

I had a sibling with disabilities and I was brought up in a time where there were no agencies, respite or rehab. I consider my family to be one of the luckier ones because all the neighbors, whether they were religious or not, supported our family. Even if there wasn't an emergency and someone was going to the store, we would ask our neighbors if they needed anything.

Today, it seems everyone is out for themselves. I feel as if they want or expect you to do for them when they have an emergency or problem, but once you have a situation no one is there for you. It can be very frustrating and upsetting.

About a month ago, we were faced with a situation where almost our whole community was left without electricity for quite some time. We tried to brave it out. It was difficult. We lost our power sometime late Saturday night, maybe 2 or 3am. My husband had a difficult time sleeping, since he sleeps with a CPAP machine. My son has asthma, kidney, and seizure disorder. I notified the electric company that I was without electricity and asked what I should do- do they know how long it will take to resolve it. They said they didn't know and suggested that I find someplace to go.

We tried desperately to find a hotel to stay at and luckily we did. It meant coming home, packing up, making sure we had all the medication needed, and going out again, and getting little sleep. My house was absolutely freezing! We managed to find another hotel the following night. Again, packing and moving out.

I received a phone call at the hotel that our electricity was back on and we could come home. My husband, son, and I were almost asleep and since we had already paid for the room, we stayed there for the night. We were so thankful that it came back on. We were thankful that our pipes didn't burst. We were thankful that no one really got sick.

Everyone's house was freezing. It can be difficult to remain calm in these particular circumstances. It can also be frustrating. Frustrating in the sense, that not only don't you know when your electricity is going to go back on but also if your special needs child who is medically challenged can stay in the cold- what are the risks you are taking.

I often think that this might have been a sign from Hashem to klal yisroel to open up their minds and their hearts. It's hard enough when a family with a special needs person is looked over, but when there is an emergency, try and befriend and help them.

May we all learn from these difficult situations. We all need to remember to stay calm, and help each other whenever we can.

Sandy can be reached at Sandyr39@optonline.net

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tually, DISCO stands for "Developmental Disabilities Individual Support and Care Coordination Organization." These DISCOS will then contract portions of the individual's services to bidding contractors. Individuals and their families will be given the choice of one of two contract agencies to provide each service. Sufficed to say, parents may then have to go to war with the OPWDD, the DISCOS and their contracted agencies much like the situation many parents have with the DOE contracted agencies trying to get them to release their child's RSAs. By further limiting our choices, I suppose it may have been a good idea they stopped calling our children "consumers" because consumer implies that we are empowered to make an informed choice to obtain services for our children. It is unknown how this will affect individuals who reside in group homes or the availability of new residential opportunities for individuals seeking placement in group homes. These changes are imminent and will occur in the months ahead.

In the meantime, all we can really do as parents is just wait for the other shoe to drop...

By Yaakov Kornreich, Senior Editor

Adopting a Child with Special Needs – An Introduction

Successfully raising a child has always been a challenging proposition. Even under the most advantageous conditions, success is never guaranteed. Therefore, it is exceptionally difficult for most parents to imagine what it must be like to deal with the additional challenges of raising a child with special needs.

The parents of such a child are called upon to make great personal sacrifices for that child every day. They give up their time, energy and resources, and often so much more, in order to provide their child with the support and help that they need.

Frankly, not every parent is up to that challenge. It can take a tremendous toll on their marriages and the other members of their family. The perseverance of those parents who do deal with it successfully is matched only by their courage and dedication. They must adjust their expectations, and be willing to forego the big dreams that all of us have, at one time or another, for our children. Instead, they must be willing to celebrate the small, everyday incremental victories in the life of a child in the constant battle with their special needs -- things that most of us take for granted in our children, and to which we never give a second thought.

For many of us, overcoming that kind of constant challenge is almost inconceivable. Now try to imagine doing all of this for a child with special needs who was born to a stranger and who needs a home. How many of us would be willing to voluntarily bring such a child into our family to raise as our own? How many of us would be prepared to give that child a gift that is beyond any price, not only our love, but also our commitment to that child's future happiness?

People who are seriously contemplating taking on such an extraordinary challenge owe it to themselves and to the child with special needs to go into it with their eyes open.

Once that has been established, we as a community then have a moral obligation to do everything in our power to give them the information, encouragement and whatever other assistance we can that will help them to succeed.

That is the purpose of the articles in this special section of Building Blocks on the adoption of a child with special needs, prepared with the assistance of Ohel Children's Home and Family Services.

By Ohel Staff Member

Temporary, Yet Permanent

Relationships can be temporary yet leave permanent and indelible marks. Some relationships are intended from the beginning to be temporary and come to a natural end with closure having been achieved. Other relationships which are cut short unexpectedly may result in gains, yet end with a sense of profound loss.

Foster care by definition is temporary. A foster family provides a safe environment for children whose birth parents can not. Typically, when a child enters foster care, it is uncertain for how long the child will remain in care.

In such cases, Ohel becomes responsible for planning with the birth parents and working towards family reunification. If after one year to 15 months a parent is unable to demonstrate an ability to keep the child safe, the process may begin in which a Judge will ultimately determine if the child should be permanently adopted. Thus, parenting a child in the foster care system means living with a certain amount of uncertainty about the length of time the child will need to remain with the foster family.

Five year old Esther entered foster care and was placed with a loving and supportive foster family. After experiencing the trauma of removal from her birth parents, there were periods throughout the day where she would cry intensely. Her foster father would sit with her until she fell asleep each night. Her foster mother would hold her as she cried for her birth parents. After several weeks, Esther became more comfortable in the home and stopped crying. Two months after placement, an aunt and uncle came forward to say they were willing to become certified foster parents for Esther. The agency worked with the relatives and since it is best for a child to be with family, transitioned Esther to her relatives.

This situation presents challenges for the child who will need to adjust to a new family, challenges for the family who has bonded and attached to this child and challenges for any service providers who will need to work with the child in a new location.

At the end of the day, the foster care system is a life altering system at its best, and an uncertain system at its worst. A system that was designed to keep children safe comes with significant gains and losses. Many foster families report that having a foster child move in changes and enriches their family life. Birth parents may gain a new support system with the foster parents. The greatest gain is each day the child is placed with a foster family who keeps him or her safe and loved. Inherently, the system also includes losses: losses for the child as he or she is separated from family and friends; losses for the birth parents as the child is removed; losses for the foster family should the child leave thei home.

The admirable adults who come forward to serve as foster parents create an environment that will change a child's life. Whether the child returns to his or her birth parent, transfers to another family or is adopted by another family, foster parents are heroes who invest their entire selves to better a child's life.

May *Hashem* bless the families who come forward to care and protect the Ohel children. May the reward be eternal, just as the impact on each child is always so. A temporary placement with permanent impact.

By Malky Kearsing

The Success Story that Finally Happened

June 13, 2007, was an unforgettable day for many; most importantly, for nine year old Rafi. It was a day marked by accomplishment and success, the day in which Rafi's adoption by the Mazal family was finalized. It was a relatively quick encounter held in a conference room on the eighth floor of the family court. Present was a family court Judge, an adoption attorney, the Ohel case worker, the adoptive parents and Rafi. On speakerphone from Israel, listening in on the proceedings was the Mazal's older son, Menasha. Documents were reviewed, notarized and signed. While procedurally it was anticlimactic; emotionally it was moving. When everything was completed, Tova Mazal tearfully handed the phone to Rafi so that Menasha could greet his new brother.

June 13, 2007 marked the end of a period of loneliness and rejection, and memorialized the pledge of acceptance and belonging. This adoption was the confirmation that Rafi was longing for; that he, like every other child he knew, would be part of a permanent family.

Rafi's story began years earlier. He was in foster care since the age of one and lived with several different foster families. After several years, the court decided Rafi should be freed for adoption, and Ohel began looking for an adoptive family. There were several families that met Rafi, but then decided they did not wish to continue the process. In August of 2005, Ohel began working with what seemed to be the optimal adoptive family. The parents had successfully adopted several special needs children in the past. After a lengthy exploration of the family, months of planning and several extended visits, Rafi moved in with this family. It initially appeared that this would be the fairy tale ending for this little boy. The first few days went well, but after several weeks, the family decided they could no longer keep him. His behaviors were challenging and disruptive. Although Ohel staff explained that these behaviors were predictable under the circumstances, and that Rafi needed time to adjust, the family requested that Rafi be moved. Months of planning had failed, and everyone was saddened that Rafi still did not have a family he could call his own.

Disappointed and disillusioned, Rafi returned to his previous foster family. The agency then arranged for him to attend the last two weeks at a local day camp. The first person at the camp who was introduced to Rafi and his case worker was a woman who would be his art teacher. After spending the two weeks with him, she decided that she wanted to be more than just his educator. Over the next few months, Rafi visited her home often, and spent many extended weekends with this special woman and her family. Finally, they decided that they wanted him to move in with them with the intention of adopting him.

Rafi's transition was far from simple. Children like Rafi who have already experienced so much loss, trauma, and instability need time and patience to understand and believe that a permanent family really exists for them. There were to be many challenging moments ahead, with intense emotions and behavioral issues, but the Mazals stayed strong in their belief that ultimately time and commitment would help Rafi make the necessary adjustment.

The first time the Mazals mentioned the word adoption to Rafi, it made him sad and angry. Based on his previous history of failed adoptive placements, the word had become synonymous with being told he would leave a home.

On June 13 – 6/13, the adoption was finalized. The number 613 is a significant number in Jewish life. There are 613 *mitzvos,* commandments in the Torah. The Torah tradition teaches that whoever saves one life, it is as if he saved the entire world. When the Mazals saved Rafi, they saved a world. Consider saving the world by becoming a foster parent.

For more information about becoming a foster parent or about the children currently waiting for families please contact Ohel at 718.851.6300.

By Chaya Surie Malek, LCSW

Understanding the Unique Needs of Children in Foster Care

Children placed in foster care have been removed from their homes and separated from their families, and as such have unique needs particular to their experience. While these needs may include emotional, psychological, behavioral and developmental issues, OHEL foster care social workers and case managers work closely with the child and OHEL foster families in order to best meet the child's needs.

WHY IS A CHILD PLACED IN FOSTER CARE?

When there are concerns about the safety of a child that are brought to the attention of the city, the Administration for Children's Services (ACS) will investigate the family. In general, the city's policy is not to remove a child from a family, but to rather provide supportive services within the home that address any safety concerns and strengthen the family. However if the investigators feel that a child is in imminent danger, ACS may decide to place that child in foster care.

In New York, OHEL is the only Jewish foster care agency contracted with ACS. Once the child is placed with OHEL, they are responsible to work with the parents to improve the conditions that led to placement, in order for the child to be returned home. If that is not possible, then OHEL explores family or other resources. In situations where the court determines that a child can not safely be returned home and there are no other appropriate resources, a child may be may be freed for adoption by a family court judge.

UNIQUE CHALLENGES OF CHILDREN PLACED IN FOSTER CARE

Common diagnoses of children in foster care include Post-traumatic Stress Disorder (PTSD), Adjustment Disorder, Anxiety Disorders, Depression, Oppositional Defiance Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD). While these conditions are the most commonly diagnosed, it is not a given that every child in foster care will be diagnosed with a disorder. Regarding children who are diagnosed, the presentation of symptoms will vary based on many factors. These factors may include the child's genetic composition, coping skills, age, the specifics of what the child experienced, the child's interpretation of that experience, and the number of foster home moves, in addition to other factors.

Children placed in foster care may have difficulty feeling safe. They may have memories or nightmares, re-experiencing their trauma. Trust can be very difficult to establish. They may fear removal from the foster home. As a result, children may act out in order to protect themselves; they may lie or steal as way to feel secure.

Children placed in foster care will likely have difficulty adjusting to their new environment. In many cases, children will be moved to a home that is in another community and may need time to adjust to a new neighborhood and school. In some cases, siblings will be split up and placed in different foster families, adding to their difficulty in adjusting to being separated from their family, home and community.

Children placed in foster care may experience many complex emotions. They may feel sad, helpless, hopeless and unsure of their future. There may be self blame or guilt, as children may hold themselves responsible for breaking up their family.

Children placed in foster care may have difficulty with conflicting feelings of loyalty between their birth and foster families. Although the children were removed due to neglect and abuse, they still tend to feel loyalty to their birth families. Once placed in a foster home, they may begin to feel loyalty to the foster parents as well. This can create an internal conflict.

Another common theme may involve grief, loss and separation. Some children may be needier; more dependent or require more attention than others their age. They may have difficulty separating from their foster parents or going to sleep at night. Other children may have difficulty attaching and building a relationship with their foster families or others.

Some children may display feelings of anger or resentment regarding their situation. If there was no structure in their home environment, they may have trouble acclimating to the rules in the foster home. Some older children may be used to taking care of their siblings and have difficulty allowing foster parents to parent their younger siblings. Some children may display oppositional behaviors towards others.

It is not uncommon for some children placed in foster care to have developmental or educational delays. Many infants and toddlers may need early intervention to help them achieve their developmental milestones. Some older children may not have attended school regularly prior to their removal from their homes. It is also common for children to have peer related socialization issues as they may not have had the proper guidance or opportunities to socialize with other children.

Eight year old Nachi was moved to a new foster home as his foster family was moving to another country. Nachi began to act out during the transition. He was disruptive at school. There were times when he was frustrated and got into fights with other children.

Sixteen year old Gitty was placed in foster care with her younger sister. Gitty's mother was physically and emotionally abusive. Gitty did not have any friends, because she was responsible to take care of her sister most days after school. Gitty was very protective of her sister and wanted to take care of her herself. Her younger sister refused to go to sleep at night, and would awaken several times a night from nightmares.

With the proper support, children placed in foster care can overcome significant challenges enabling them to live safely, make progress in school and develop

Malek Continues on Next Page ⇨

By Joel Berman

The Torah's Attitude Toward Adoption

Although there is no provision in halacha for legal adoption, and no special halachic status conferred upon an adoptive parent, the Torah frequently mentions the obligation on every Jew to show special kindness and concern for the welfare of an orphan. This clearly implies that the Torah views the "raising of an orphaned child" to be a great chesed.

The Talmud and later rabbinic authorities encourage such practices. The Gemara (Yevamos 64b) quotes Rabbi Akiva as recommending that a person raise children even when they are older. Indeed, the 19th century halachic authority, Rabbi Shlomo Kluger, claims that a person can actually fulfill their obligation to have children through adoption. In his commentary on Megilas Esther, Rabbi Kluger says that the kindness that Mordechai showed to Esther by taking her into his home after she was orphaned, led to the subsequent salvation of the Jewish people from Haman's plot.

In fact, Rabbi Kluger personally experienced the same kindness. After his father passed away when Shlomo was a boy of 13, he was taken into the home of a prominent Torah figure of the day, who then raised him like his own son.

The clearest example of adoption in the Torah is the raising of Moshe Rabbaynu by Batya, the daughter of Pharaoh, after she saved his life by retrieving him as an infant from the river.

Perhaps the most delicate halachic questions raised in adoption cases is whether the adoptive parent of the opposite gender is permitted to show physical affection to the child, or even to be alone with them in a situation where the issur of "yichud" might apply. There are some halachic authorities who take a more permissive attitude, especially in cases when the child is adopted at a young age, and others who do not. An adopted child's extreme emotional sensitivity is also sometimes taken into consideration. Therefore, any individual contemplating adoption should consult with their own rabbi for a ruling on such questions.

Yet another sensitive issue raised by adoption is the question of inheritance, especially when there are natural born children in the same family. Even if they got along well with their adopted sibling, the natural born children may feel resentment or jealousy if the adopted child receives some of the parents' estate.

According to Torah law, an adopted child has no legal claim on the estate of their adoptive parents. Therefore, in all such cases, rabbinic authorities generally recommend that the parents give their adopted child however much money they want as a gift, before they die, or make such a specification in a written and legally executed will. This would also tend to reduce any later sibling resentments, justified or not.

Another option which is especially appropriate when the adopted child has a mental illness, or a developmental disability, would be for the parents, during their lifetime, to set aside a gift large enough to provide for permanent care for the rest of the child's life.

While these halachic issues may create significant complications, they do not change the fundamental attitude of the Torah that adopting and raising an orphaned child as your own is a tremendously praiseworthy act of chesed and generosity.

Malek Continued from Previous Page

the skills to live independently and contribute to society. Working as a team, birth parents, foster parents, the agency staff and community can meet their needs.

The new foster family was patient and accepting and able to respond to Nachi's behaviors calmly. They helped him with his homework after school and set up play dates in their home with other children so they could supervise him and provide feedback. It took several months, but they were able to help him express his feelings and improve his coping skills.

Over time, Gitty began to allow the foster parents to care for her sister. She began to socialize with the other girls in her class and made friends. She participated in therapy with her foster mother in order to help her connect. Today, Gitty is a teacher and is married with two children. She maintains a close relationship with her biological family, her foster siblings and foster parents. Her foster parents were involved in planning her wedding and her children refer to them as their grandparents.

Children placed in foster care need what every child needs; someone to comfort them, someone to encourage them and someone to believe in them. They need structure, security and normalcy. They need to be invited into someone's home; they need to be welcomed into someone's heart.

Seven year old Naftali was asked what he would buy if he had all the money in the world. He answered, "A woman to take care of me like a mother."

Fifteen year old Miri was in the car with her case worker. A song came on the radio. Miri told the case worker that was her favorite song. The case worker listened to the lyrics. The chorus contained the lyrics, "Won't somebody come take me home?"

The role of the foster parent is to help the child adjust to the removal, provide a stable and safe environment and work with the agency, school, therapist and birth family to meet the child's needs. Whether it is a short term or long term placement, foster parents have the opportunity to teach by example about family and life values, provide a child with positive experiences and better a child's life. While foster parenting can be challenging, there are many benefits to becoming a foster parent.

Yehudis, a foster mother, discusses some of the positive aspects of foster parenting. "My children have learned greater empathy for others. My husband and I have become better parents by learning different techniques in meeting the needs of the children placed with our family."

Suzie, an adoptive mother, wrote about the best part of adopting a child who had been in foster care for several years. "It is the smile on my son's face, the light of laughter in his eyes, the pride when he introduces me as his Ima."

Becoming a foster parent is a big decision. OHEL will meet with any prospective foster family to explore the idea and discuss the steps. Prospective foster parents will participate in training to learn more about how to help children adjust to their temporary home, understand how to work with birth parents and assess their own strengths as foster parents. For more information on becoming a foster parent with OHEL, please contact the home-finding department at 718.851.6300.

By Yaakov Kornreich

The Future of the Therapy Professional: Challenges of the New Consultation Model

The intense budget pressures on state-sponsored programs for children with special needs is leading to a dramatic shift in the way that the government provides therapy children in school settings. Those changes have already gone into effect in many areas around the country, including New Jersey, and they are beginning to be introduced in the New York City public school system.

While government officials claim that the changes are being made to achieve greater efficiency, in fact, they are being driven by intense political pressures from the top to reduce the overall cost of Special Needs programs and services to the state. It's not about what's best for the child – the bottom line is about saving the almighty dollar.

Until now, a school age child whose IEP called for multiple forms of therapy has been provided with individual sessions with each kind of specialist (occupational therapy, speech therapy, etc.). Typically, the child would be "pulled" out of the classroom to learn new skills on a one-to-one basis from a therapy specialist in a resource room, therapy room, or other nearby location.

The environment is designed to improve focus and limit distractions to ensure that the skill becomes an integral part of the child's repertoire of skills. The therapist then helps the child to generalize this skill to the classroom through a "push in" session. The therapist stays with the child during classroom sessions requiring the skill until it is clear that the child can use it in the classroom setting.

The old model called for therapists to provide a separate session for each child they worked with, and to bill the service provider accordingly for their time, session by session and child by child. In the new "consultation" therapy model which is being introduced, the therapy is generally provided by the therapist in the classroom, often to more than one child at a time.

However, the majority of children with special needs would find it difficult to learn a new and difficult skill with environmental distractions, a teacher giving a lecture, and 28 other children in the classroom.

Furthermore, the services that the therapist is expected to provide within the classroom setting are no longer limited to their specific area of expertise. For example, an occupational therapist called upon to teach handwriting skills may now be required to provide instruction or assistance in such areas as speech, language, comprehension in which they have no specific professional training. They are expected to serve other children in the same classroom in addition to the child who needs their help with handwriting. This is called the consultative therapy model, because the therapist is expected to "consult" with therapists in other fields in order to learn how to deliver the other types of therapy required. The therapy takes place in a classroom setting, while the teacher is giving their regular lesson to the rest of the class.

The consultative model is supposed to provide teachers with strategies that can be used and monitored on a periodic basis by the therapist to help the child reach her therapy goals. However, it is unlikely that teachers who do not have training in therapy and who are already under immense pressures, trying to teach in a classroom with too many children in their classroom, will be able to carry out this additional function.

The consultation therapy model has already been adopted by many state government-funded Special Needs and Special Education programs around the country as a cost-saving measure, and the New York City Department of Education is now starting to implement the system in the city's schools.

Government administrators and school officials following their orders claim that the consultative model is a more efficient way to deliver therapeutic services. There is no doubt that the system saves money, at least in the short run, as measured by the dollar cost of delivering the therapy, since therapists are still being paid based solely upon the length of time of their sessions, whether they are serving a single child, or half-a-dozen at a time. However, critics of the new system say that it short changes the child, who is no longer receiving the full attention of the therapist, and who is denied the opportunity to practice the new skills they may have acquired before having to use

them in a classroom setting. In fact, the added distraction caused by the therapists in the classroom may make it more difficult for some children to keep up.

Some therapists who have raised these objections to administrators have been told that there are research studies showing that the results from therapy using the consultative model are just as good as those using the traditional approach. Yet, when the therapists have asked to see those studies, their requests have been ignored.

The change in the way therapy is delivered in school settings makes many therapists feel that their role is being reduced to just another set of hands to help the teachers in the classroom. They are being treated like glorified para-professionals rather than the highly trained professionals they are. The consultative model also imposes a tremendous amount of additional paperwork on therapists, leaving them with less time to do productive work with the children they are supposed to be helping.

Critics of the new consultative model also argue that the cost savings it offers are illusory. That is because the children receiving therapy in a classroom setting will need it for a much longer period of time to achieve the same benefits that they would have received in traditional one-on-one therapy sessions of the same length.

There are reports that parents who raise objections to changing their child's therapy to the consultative therapy model are often successful in maintaining one-to-one sessions. This may be due to a temporary strategic choice by administrators while the new system is being phased in. Since the primary motive for the change is to hold down the overall cost to the government, administrators seem to be satisfied, at least for the moment, with the budget savings generated by the bulk of parents who have been willing to accept the change to the consultative model without protest. For the time being, New York City Department of Education administrators are not resisting those parents who are ready to put up a fight against it. However, once the new consultative therapy model becomes entrenched, it may become more difficult for parents to avoid it. That is another reason why it is important for parents to fight switching their children into the new therapy model now.

In addition, there has been resistance to the adoption of the consultative model from both classroom teachers and school principals. They argue that providing therapy to a few children while the class is going on around them creates an unnecessary additional distraction for the other children in the class.

However, according to Nicki Salfer, the CEO for Learning Concepts of the Tree of Knowledge program serving children in Lakewood, NJ with in-school comprehensive services, service providers in New York City will soon have no choice but to adapt to the new consultative model. While some therapists may try to avoid it, the consultative model is, unfortunately, the trend of the future.

Some educators defend the consultative therapy model, arguing that it may not be as disruptive as its critics claim, because the various types of therapies delivered to students in the school environment often dovetail with one another. For example, better reading comprehension is usually the result of a combination of sensory-cognitive development, word recognition and other skills which cross the lines between different types of therapy.

There are already therapy systems in widespread use which employ a similar technique. For example, the Visualization-Verbalization workshop program of Lindamood-Bell organization, seeks to improve oral language comprehension and expression, written language expression, vocabulary and the ability to follow directions with this kind of integrated approach.

> **"This is called the consultative therapy model, because the therapist is expected to "consult" with therapists in other fields in order to learn how to deliver the other types of therapy required."**

Salfer also reports that there is now an oversupply of therapists first entering the field in religious communities outside of New York, such as Lakewood. In part, Salfer says, this is due to the fact that therapy has become a popular career choice for religious young women because it has historically paid well and generally can accommodate their religious and family obligations.

While there may be a local oversupply of therapists in a community like Lakewood, there is still a shortage of qualified therapists in many areas nationwide. Lisa Davis at Therapeutic Resources, a provider of therapy services to the New York City Department of Education, has confirmed that, at least in New York City, there are still plenty of therapy positions available for qualified practitioners. However Davis did say that providers are expecting the government to demand changes in the way that therapy will be delivered in the future, presumably involving the adoption of the consultative model.

Salfer also recommends that anyone preparing to enter the field of therapy should acquire strong computer skills. Therapists today are expected to be in constant touch with administrators, teachers and parents using e-mail and text messages, be able to routinely create reports using a word-processor and chart student progress using a spreadsheet or presentation program. The New York City Department of Education has adopted the Special Education Student Information System (SESIS) a computerized system into which every therapist must enter all their case documentation and the workflow process, from referral through IEP development. In addition, many therapist in-service training programs today are available only on-line.

Whether we like it or not, the nationwide government funding crisis is forcing substantial changes in the way that therapy is paid for and delivered. These changes are already being put in place, and therapists who are in the field today, and all those who may be considering therapy as a career, need to adjust their expectations and plans accordingly. Furthermore, parents must stay informed and be prepared to fight the changes in the way their child's services are delivered to make sure that their child gets the help they need.

Yaakov Kornreich is the Senior Editor of Building Blocks. In 2010, as a freelance author working indirectly for Catapult, Mr. Kornreich wrote a public relations piece presenting Catapult's view on the provision of special education services in Lakewood.

By Julia Brum, LMSW and Hadassah Finkelstein, PT

After School Programs
Discovering the Treasures in Every Child

Sammy has a hard time interacting with other children. He does not initiate during play, grabs toys from other kids and cannot understand the concept of taking turns.

On the other hand, his teacher notices he really enjoys make-believe, pretend play and dress up sessions. Instead of focusing on Sammy's weaknesses, she suggests his parents take him for drama lessons after school. Alternatively, she recommends that drama be a central component of any counseling sessions he might attend.

Sammy's parents take her advice. While enjoying drama exercises in a small group, Sammy is able to develop better social skills, become attuned to other children's feelings (through facial and body language cues) and reinforce his own special talent.

This enhances his self-confidence and self-esteem.

Sammy has a great time and his parents and teachers are seeing the improvements every day. He is now more confident and becoming more adept at sensing other children's feelings, so he is able to act more appropriately in social situations. He has even started initiating activities with his peers and fully participates rather than observing, frustrated, from the side.

If the teacher had not intervened as she did, Sammy might still be sitting there alone, angry and depressed …

However, in many current school situations, teachers do not have the time, resources or knowledge to devote to nurturing each child and their individual talents, especially in classes of 25 or more children.

That is why goal-oriented, after school programs have such a crucial role to play.

These programs, staffed by professionals trained in child psychology and specific creative disciplines, allow time in a relaxed and friendly setting for effective one-on-one attention. They offer an attractive range of activities that most school classrooms are just not equipped to provide. In many cases, a child's talent can only be fully developed in an out-of-school framework.

Take Sammy's aptitude for drama. Drama enhances a child's ability to experience patterns, sequencing and repetition. It tests social interaction while working in a team and helps children like Sammy engage with their inner soul while improving their communication skills.

Maybe drama's greatest benefit is that it allows Sammy to see himself from without, as a separate entity. In psychological terms, these two entities are called "I" and "me." In dramatic terms these two entities are called "actor" and "role" or "actor" and "observer."

Dance or Movement are also excellent tools for removing barriers children set up between themselves and their surroundings. It helps them express themselves, relate to others and accept their bodies and themselves. For people who tend to "hide behind words" or who cannot find the right words to express themselves, "movement doesn't lie."

"It is a creative and action-oriented process that encourages new behaviors and symbolically communicates hidden emotions, releases anxiety and serves as a vehicle to integrate body, mind and spirit." (Malchiodi, Loman, 2005)

Dance also has a positive impact on auditory processing and motor planning. A child must hear the music, process the sequence and patterns and then dance!

Professional after school programs – whether focused on drama, dance or other disciplines – are designed to bring out the best in your child.

They are not just a tool for babysitting or giving them an hour of fun and entertainment.

They can be a catalyst for dramatic transformation in your child's personality and behavior.

Each family and each child meets with the program director/moderator before the program to get to know each other, assess the child's skills and weaknesses and define mutual goals and needs. The moderator/director will also know which other professionals to involve in the process and, together with the parents, they will draft a personal program tailored to the child's needs.

After school programs address some of education's greatest challenges.

How can we encourage children to be true to themselves in any given situation? How can we make them feel good about themselves so that they will intuitively know how to respond to their own feelings, their families and the world around them in a healthy, positive and acceptable fashion?

In Sammy's case, he was having a hard time playing with other kids in the yard.

His teacher did not ignore him, order him to get up and play, or punish him for his disruptive behavior. Instead, she took the time to try to understand why he was having a hard time.

She then went one step further, obviously inspired by the famous verse in Mishlei (22:6): "Train the youth in accordance with his own way and he will not deviate from it even in old age," and identified Sammy's creative outlet and then leveraged that insight to set him on the right path.

Structured after school programs have a similar approach.

Program staff is primed to step out of the present, specific situation and see the bigger picture. How can we help the child develop a skill, talent or character trait that will serve him for the rest of his life?

The theory is simple.

When children are given the opportunity and encouragement to experience themselves in a positive light – generally by excelling in what they already do well – they will acquire a healthier self-image and spur themselves to try harder in anything they do. Therefore, the more positive and enriching experiences the child has, the better his overall behaviors, language and social skills will become.

After school programs can offer creativity – and hence positive and enriching experiences – in many forms. With the right professional guidance and sensitivity, every child can find something to trigger the rich treasures buried in their creative souls – art, music, drama, movement, poetry, sports…

But after school programs are not just about stroking a child's ego. They aim to nurture a holistic transformation in the way our children see themselves and the world around them.

> **"They can be a catalyst for dramatic transformation in your child's personality and behavior."**

A major cause of children's learning struggles are underdeveloped or undeveloped cognitive skills. For example, most reading difficulties stem from weak phonemic awareness, a skill that enables us to connect speech sounds. Planning and decision making are also cognitive skills which, if not cultivated properly, can lead to a child's disruptive behavior and abnormal responses.

After school programs combine this professional knowledge with painstaking individual therapy to draw out the best in the Sammys of this world.

By enjoying himself, without consciously knowing it or investing any great effort, Sammy improves his cognitive, social and other life skills.

His teacher and parents have helped Sammy to discover and nurture his own unique talents and preferences.

And the after school program team have helped them all see how to use Sammy's talents and skills as a springboard for developing his self-esteem, character building and healthy interaction with other children and adults.

Julia Brum, LMSW, is a Social Worker at Strivright/The Auditory Oral School of NY (AOSNY). Strivright is an Early Intervention Program in Brooklyn that services children from birth to three and AOSNY is the largest auditory oral preschool program in the world. Julia is the supervisor of the Strivright/AOSNY afterschool program, STARS . She also sees children for counseling and uses play therapy during sessions. Julia can be reached at 718.677.4874 or juliab@strivright.com.

Hadassah Finkelstein PT, is the PT/OT supervisor at Strivright/The Auditory Oral School of NY (AOSNY). She services children at the center as well as providing homecare.

By Ilana M. Danneman

Moshe Needs to Move

Moshe is your typical seven-year-old boy. He has three older siblings, three younger siblings and two loving parents. He wakes early each morning to wash, don his *tzizis,* say *"modeh ani"*, get dressed eat breakfast and head for school. He shares a room with his two younger siblings and so is used to having people in close proximity. But here's his problem.

Moshe does not like school. Oh, he loves learning, but at school he has to sit still, and not only that, he has points taken off his papers if he moves too much. His rebbe is frequently annoyed with him because he has 25 other students in the class whom he needs to teach and does not have time to keep Moshe in line. His rebbe thinks that by taking points off, Moshe will learn how to sit still and become a mentch-like student of the Torah.

What Moshe's rebbe may not know is how our brains process information and that sitting still to learn is only done well by about 10 percent of the student population. A large number of us of us are "kinesthetic" learners. We learn through DOING.

Let's start with some background on how we actually process information.

Our nervous system is made up of thousands of nerve endings and hundreds of sensory paths that take in information, and many motor paths that allow us to respond to that information. When this "sensory-motor" system is working well, it is like a well-run orchestra. The result is a well-adjusted and content individual who learns, talks, moves and socializes easily. When this system is stressed, what we see is a fidgety, anxious, touchy, nervous or frustrated person -- an "out of sync" child.

How well this system functions depends on the individual's nervous system, the environment and the people around him. It depends on how well they can "integrate" sensory information (sights, sounds, touch, movement, pressure, smell, taste), how much stimuli is coming from the environment and how supportive their family and school structure is toward their sensory "diet".

If a student's nervous system is taxed, then sensory information is not processed efficiently and their motor system will respond inappropriately. You will see wiggling, nail biting, chewing on a shirt, touching a fellow student, hovering over a desk, loud talking, yelling, fidgeting, foot tapping, or even withdrawal and a loss of attention.

Sensory stimuli that overtaxes a young mind are things like fluorescent lights, humming sounds, loud noises, carpet or loud smells, noisy classrooms, over stimulating walls (covered with posters, etc.), a room that is too hot or too cold, hunger, thirst.

Obviously, Moshe's rebbe cannot control all these environmental factors, but movement seems to be one stimulus that can calm and help our nervous system to integrate information and respond more appropriately.

Moshe's teacher needs to be taught these insights into how to teach Moshe and his fellow students to be *lifelong learners.* We can assume that Moshe's rebbe became a teacher because he wanted to inspire young minds, and that he would be eager to keep "learning" about how to teach his students how to learn more effectively.

The key insight is that education is NOT from the chin up. It involves the entire body (teens and adults too).

So, let's look at what happens when we not only *allow,* but *encourage* our kids to *move.*

Movement increases blood circulation. That means that blood is flowing through the brain at a faster speed. That means processing can happen with more efficiency. So, kids who are moving are actually able to learn easier than when they are still. Studies have shown that schools that have children exercise (where their heart rate is raised) whether it is in the gym or even in the classroom (push ups, sit ups, jumping jacks, etc.) along with eye-hand coordination (juggling, catching, tossing) even for just 10 minutes, show vast amounts of improvements not only in test scores but also a significant drop in aggressive and inappropriate behavior.

In addition, children who use a ball chair or wiggle cushion have also shown increases in attention span and focus. These tools are not just appropriate for children with special needs or who learn differently. These tools work for all children…adults too.

So now, let's take a look at some new approaches that Moshe's rebbe could adopt with his newly-found information on how we learn.

❶ Moshe's rebbe sends a note home to parents explaining his new philosophy on "learning to move." He asks for their support and encourages them to send their children to school each day well rested and fed.

❷ After davening, but before class starts each day, Moshe's rebbe has the entire class do 20 jumping jacks, 20 push ups and 20 sit ups (he varies these exercises and even comes up with new ones).

❸ Moshe's rebbe has acquired 2 ball chairs for the classroom and he has suggested to Moshe's parents and 5 other parents that their children have a wiggle cushion to sit on. Moshe's rebbe uses the "special" chair for children who might need some additional focus and movement during class. He rotates which children sit on the ball chairs (as needed) but keeps in mind the children who need it most. He has explained to his students the purpose of the ball chairs and encourages them to ask for them as they need them.

❹ At the break, each child has a

small scarf that they are encourage to pull out of their desk and toss up into the air (scarves don't roll or hurt anyone). The kids can toss, clap catch or toss right, catch left.

❺ Moshe's rebbe also keeps a squishy, large ball at his desk. On occasion, he asks a question and tosses the ball to the student who he wants to answer or talk. Only the child holding the ball can talk.

❻ Children are not punished for moving, but are rewarded for focusing. The rebbe has a chart up front and the children can see their progress.

❼ The rebbe, *never* takes recess away, which helps children learn and focus. In fact he goes out with the boys to recess and plays with them to encourage good social skills and cooperative effort. The students begin to understand the benefits of physical exercise.

❽ Moshe's rebbe is totally invested in making school a positive place for Mendel and his friends to be, a place they *love.*

Now let's take a look at Moshe's day since his rebbe instituted these new strategies.

❶ Moshe is excited to go to school. He knows he has earned 10 focus points and when he gets to 20 he will be rewarded

❷ He loves the exercise at the beginning of class as his rebbe does it with them! Moshe knows exercise is not a punishment but a way to take care of his body that Hashem has given him

❸ Moshe has a wiggle cushion and he is allowed to wiggle on it during class, as long as he does not bother his neighbor. Sometimes his rebbe even lets him sit on the ball chair, which lets him rock and move. He loves the ball chair!

❹ At recess he is no longer left out of the games. His rebbe plays games that everyone can participate in.

> **"Moshe's teacher needs to be taught these insights into how to teach Moshe and his fellow students to be lifelong learners."**

❺ For lunch his Imma has packed a lot of "crunchy" foods. This, too, makes Moshe feel better and he no longer needs to chew on his shirts. For times when he gets nervous, his Immas puts a "chewy" in his book bag and his rebbe allows him to chew on it.

❻ His rebbe covered up some of the fluorescent lights and brought in less disturbing lamps to use instead, to promote more calm in the classroom.

Best of all, Moshe is loving learning!

Ilana M. Danneman is a mother of 4 and Director of Product Innovation at Fun and Function (www.funandfunction.com). She has been developing products and programs for children with special needs and supporting their parents, therapists and teachers for the past 19 years. For questions or more ideas for working with children in the classroom, Ilana can be reached at idanneman@funandfunction.com.

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Teacher Education Assessment & Management

By Faith Fogelman, ACSW

Higher Education and Students with Disabilities

The college of yesteryear is not the college of today. Students with disabilities comprise the most rapidly growing student population on many campuses. Higher education rights are delineated under Section III (public institutions) and IV (privately owned colleges which serve the public) of the 1990 Americans with Disabilities Act (ADA). Students have to be otherwise eligible for college which precludes individuals with disabilities who cannot make academic progression.

The three ADA definitions of disability are ❶ Having an impairment which substantially limits one or more major life activities (walking, seeing, hearing, learning, breathing, etc.); ❷ Having a record of such an impairment; ❸ Being regarded as having an impairment. College students who meet the first definition are entitled to reasonable academic accommodations since they have current documentation to support disability and justification for accommodations. The other two definitions are safeguards against discriminatory policies for students with disability records or reputations.

ADA is very different than IDEA (Individuals with Disabilities Education Act) which governs students in grades K-12. In college, students are considered to be adults with the expectation that they use or develop self-advocacy skills to receive accommodations. Colleges communicate directly with students, not parents, unless students provide authorization under FERPA - Family Educational Rights and Privacy Act.

Students with disabilities are encouraged to inquire about the campus disability office or the disability campus official who reviews documentation for accommodations prior to the commencement of freshman year. It is the student's responsibility to find out about the process for documentation submission required for reasonable accommodations. Each campus has its own system of informing professors about classroom and testing accommodators. Professors do not have the right to know student diagnoses, but they do have the right to know about classroom and testing accommodations.

Traditional accommodations include note takers in classrooms for students with learning/hearing/visual disabilities; sign language interpreters for students who communicate with American Sign Language (ASL); designated classroom computers with assistive software for students with visual disabilities; text books in alternative formats for students with print disabilities; and testing accommodations, such as extra time, scribes, and quiet locations, for students whose documentation supports them. Campuses are moving towards various technologies for students with a wide range of hearing disabilities, such as CART (Communication Access Real-time Translation) and new technologies for those with visual disabilities. Frequently, assistive technologies which target one disability benefit a broader range of students.

Accommodations are designed to help students remain competitive, and to provide parity, but not advantages. Students with disabilities are expected to conform to college policies. Course or assignment substitutions can be made if their disability prevents fulfillment of college expectations. For example, students with severe speech impediments can usually select a writing class as a substitute if a speech class is a requirement of their major. Not all students with disabilities, even in the first tier, are eligible for academic accommodations. They may choose to affiliate with the disability for advocacy and other opportunities, such as scholarships designated for students with disabilities or certain kinds of disabilities.

College students with disabilities also have to be aware of their responsibilities. Requests for accommodations need to be done in a timely manner. For example, students who need interpreters need to make arrangements prior to semester commencement. The same is true for students who require classroom note takers. Students who are eligible for accommodations but do not wish to be identified as such may choose not to come forward immediately, but they cannot then expect immediate accommodations, even for testing, unless they have followed the required protocol.

Students may also choose not to utilize their accommodations after coming forward. Parents may expect disability staff members to insist that students make use of accommodations, but that is not the case. As adults, students are free to render independent judgments. Parents may be surprised to discover that the attention given to their child in resource rooms and other special academic environments in K-12 is not available on campuses. Colleges are also not required under ADA to provide personal care attendants or class prompters of any kind.

Colleges are not responsible to ensure the happiness of students with disabilities, facilitate social acceptance, or make excuses for poor academic performance. When conflicts arise outside the purview ADA, common sense should be applied. Asthmatic students who cannot breathe in the prolonged presence of guide dogs take priority over students with visual disabilities. That means that guide-dog users may have to leave their dog in an office during the class.Additionally, colleges are mandated to facilitate building access for students, faculty and visitors with disabilities.

Students with disabilities who are otherwise qualified are entitled to higher education. They should visit campuses to which they intend to apply, inquire about the policies and procedures of the disability office or disability official, and have a full understanding of their rights and responsibilities. Some of this information can usually be found on the college website.

Disability offices and officials have a responsibility to create positive institutional responses to students with disabilities. The disability office can educate faculty about the range of visible and invisible disabilities, present on disability nuance, and ensure that campus planning of any kind bears in mind the needs of students with disabilities, such as making sure that wheelchair buses are used for class trips to accommodate students with mobility disabilities. The partnership between colleges and students with disabilities is critical to student academic success. Colleges do not have the responsibility to promote motivation to study or to check on a student's academic activities. Counselors work with students to map out strategies to fulfill assignments, but students need to keep appointments with counselors, and students with disabilities have the same responsibility to do the required homework and study assignments as those without them.

"Students with severe speech impediments can usually select a writing class as a substitute if a speech class is a requirement of their major."

Students with disabilities may have to make additional adjustments to college life, but they can do very well if they are motivated, develop self-advocacy skills, use the accommodations available to them, and identify a feasible major. The same skills they need to develop during their college years reflect those which they will need later for employment, and indeed for life.

For over a decade, Faith Fogelman has directed programs for disadvantaged students, including students with disabilities, at CUNY colleges. She has an MSW from Wurzweiler School of Social Work and is an adjunct professor in human services at NYC College of Technology.

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By Shaul Kohn, OTR

Our Internal Sensory System

Sensory Integration (SI) is the organization of information detected by our senses. At every given moment, a stream of information is flowing into the brain. A healthy, functioning system locates, sorts, and orders the information so that we can interact with the environment in a productive and meaningful manner. Renowned occupational therapist Dr. Jean Ayres, founder of the SI Theory, likens sensory integration to a large city road network in which the traffic consists of neural impulses. "Good sensory processing enables all the impulses to flow easily and reach their destination quickly. SI dysfunction is a sort of 'traffic jam'". When the information is well organized, new learning and skill building can be achieved. However when the brain isn't integrating the information properly, life can feel like rush hour all the time.

THE INTERNAL SENSES

When one talks about the senses, one is typically referring to the external senses. Conversely, the internal senses of our bodies are the primary building blocks that lay the foundation for a child's healthy development. These internal senses enable the child to feel safe, secure, and centered in his or her environment. Most importantly, these senses allow the body to automatically perform the myriad of tasks we take for granted throughout a normal daily routine, such as walking, bending, reaching, and sitting upright.

The beginning of life is all about the development and integration of the internal sensory systems. Learning is hierarchically based; each stage of development is designed to develop the necessary building blocks for more complex and mature skills. To illustrate this point, think of a complex skill, such as learning to tie a shoe lace. Only once the brain has used the internal sensory system to form a clear picture of a map of the body can the child then have the ability to position his or her extremities to perform this task. Another example is visual space perception, an important skill in understanding the relationships between objects. This begins with the understanding of the spatial relationships within our own bodies, such as that the eyes are above the mouth and the feet are below the knees. Furthermore, a healthy sensory system enables the child to free his or her mind to engage in new challenging tasks. They can then walk with a group of friends and focus on the conversation without having to think about their movements.

Yanky is a shy 5 year-old with a pleasant smile and charming personality. His mother reports that he can be explosive at times and has difficulty expressing his needs. He appears frightened and anxious in a variety of situations. He dislikes playgrounds, swings, and slides. He kicks and screams when picked up off the ground by his parents. While being bathed,

The **vestibular sense** is part of the inner ear, and its function is to detect motion and gravity, providing us with our sense of balance and telling us where we are in space. It also generates muscle tone and plays a role in our posture.

The **proprioceptive sense,** sometimes referred to as the sixth and hidden sense, presents feedback from our muscles and joints, providing information about body position and movement. It supplies the individual with a physical sense of self and a healthy body awareness.

Yanky resists and fights strongly by tilting his head back.

Therapist Response:

DYSFUNCTION SENSORY OVER-RESPONSIVENESS

There are two primary nervous systems. The somatic nervous system is associated with voluntary control of body movements, and the autonomic nervous system (ANS) functions below the level of consciousness, controlling our vital visceral functions such as our heart rate, digestion, and respiration. Consequently, the ANS relieves our minds from the routine tasks of running our bodies, enabling us to think and act instead. In addition, the ANS has a survival mechanism, the sympathetic nervous system, which promotes a 'fight or flight' response. This response can be triggered by certain stimuli which the mind perceives as threatening or endangering. Once this mechanism is triggered, the ANS takes over and the individual begins to function in survival mode. Certain primitive responses are thereby activated, such as pupil dilation, increased heart rate, and increased blood flow to the lower extremity in order to enable one to run, among various reflexive movement patterns.

FIGHT OR FLIGHT RESPONSE:

Imagine for a moment that while reading this case study, you suddenly hear something roaring and growling right near you. You pause, turn slowly around, and find you're eye to eye with a tiger. Your body automatically freezes with fear as you quickly try to decide whether to run away or try to defend yourself. That is the 'flight or fight' response.

Similarly, a child with an over-responsive nervous system, to whatever degree, feels or perceives various stimuli as threatening. This triggers a heightened survival response. The child senses 'I am not safe,' and automatically goes into 'flight or fight' mode. There are many things that can trigger this phenomenon, including certain movements or textures, and environmental triggers such as loud noises, strong smells, or intense lighting.

In Yanky's case, various movements such as his feet leaving the ground or his head tilting backwards triggered a heightened threat response. His internal sensory system affected his ability to engage and interact with his environment. Through occupational therapy treatment, Yanky made significant strides and was able to feel safer and centered in his environment, thus enabling him to avoid the "flight or fight" response and focus his attention elsewhere to acquire new skills.

To summarize, the internal sensory systems are often overlooked as the possible basis of hindrance of academic performance or skill development. It is important to realize that development begins with the information received from the internal systems, and its healthy integration is necessary in order to guide the child throughout his or her life in mastering new skills.

Shaul Kohn, OTR, is the OT Supervisor at the Yeled v'Yalda Therapy Center, 1257 38th Street, 718.514.8600.

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By Joshua Weinstein, Ph.D., MBA

Autism and the Effectiveness of Augmentative and Alternative Communication

Our understanding of Autism Spectrum Disorders has advanced rapidly in recent years. Autism spectrum disorders (ASDs) are a family of neurodevelopmental conditions characterized by unusual patterns in social interaction, communication, and range of interests and activities. While this profile is generally applicable for the entire ASD population, much variation actually exists. No two individuals exhibit the exact same symptoms and as such, ASD is a heterogeneous disorder.

Autism spectrum disorders can often be reliably detected by the age of 3 years, and in some cases as early as 18 months. Studies suggest that many children eventually may be accurately identified by the age of 1 year or even younger. The appearance of any of the warning signs of ASD is reason to have a child evaluated by a professional specializing in these disorders.

By age 3, most children have passed predictable milestones on the path to learning language; one of the earliest is babbling. By the first birthday, a typical toddler says words, turns when he hears his name, points when he wants a toy, and when offered something distasteful, makes it clear that the answer is "no."

Some children diagnosed with ASD remain non-verbal throughout their lives. Some infants who later show signs of ASD coo and babble during the first few months of life, but they soon stop. Others may be delayed, developing language as late as age 5 to 9. Some children may learn to use communication systems such as pictures or sign language.

Children who do speak often use language in unusual ways. They seem unable to combine words into meaningful sentences. Some speak only single words, while others repeat the same phrase over and over. Some ASD children mimic what they hear, a condition called echolalia. Even though there are children with no ASD who go through a stage where they repeat what they hear, it usually is gone by the time they are 3.

Some mildly affected children may have minor delays in language. Some seem to be very verbal with unusually large vocabularies, but have great difficulty in sustaining a conversation. The usual "give and take" of conversation is difficult for them. They often carry on a monologue on a favorite subject, giving no one else an opportunity to comment. They have other difficulties including the inability to understand body language, tone of voice, or "phrases of speech." Sarcastic expression might often be misinterpreted. For example, if someone tells them, "Oh, that's just great," they would take the words literally, believing the speaker meant to tell them that it really IS great.

The body language of ASD children is also difficult to understand. Facial expressions, movements, and gestures rarely match what they are saying. Also, their tone of voice fails to reflect their feelings. A high-pitched, sing-song, or flat, robot-like voice is common. Some children with relatively good language skills speak like little adults, and do not pick up on the "kid-talk" approach so common with their peers.

People with ASD are at a loss to let others know what they need because they cannot make understandable gestures or lack the language to ask for things. Because of this, some may simply yell or just take what they want without asking. ASD children have great difficulty learning how to get through to others and express their needs. As ASD children grow up, they become more cognizant of their difficulties in understanding others and in making themselves understood, which can result in more anxiety, depression or maladaptive behaviors.

Studies show that augmentative devices are a great help in fostering language in children with autism and other disabilities, and have achieved remarkable results.

Augmentative communication is all of the ways we communicate other than speech. It includes:

- Gestures
- Sign Language
- Vocalizations
- Facial Expression
- Communication Displays (boards)
- Communication Devices

A group of aids, starting from simple, notebook-size plastic boxes to more high-tech devices that resemble an IPod or BlackBerry, has been developed to help those with autism to express their needs. These devices range in price from about $100 to several thousand dollars. Most are portable and the simpler ones are also very durable and well-constructed, a real advantage for children with autism.

Augmentative and alternative communication (AAC) devices are tools to allow people with severe or significant speech impairments to express themselves. These devices are used as a method to allow children to exactly say what they want and as fast as they can. It's a valuable communicator that allows them to express their feelings, thoughts, ideas and get their needs met. These devices can range from low tech picture cards to high end speech generating devices.

However, regardless of low or high tech, the most important questions about the suitability of an AAC Device is:

☞ Can the person say precisely what they want
☞ Can they say it quickly

Children and adults that use AAC devices are more successful communicators when properly trained and when their teachers have basic training to help facilitate meaningful communication.

Many specialists believe that the Apple iPad is very adaptable for children with ASD to use as an AAC device. It lessens the symptoms of the disorder by helping kids deal with life's sensory overload.

Autism experts like Dr. Martha Herbert, an assistant professor of neurology at Harvard Medical, and Stephen Shore, who wrote the book "Understanding Autism for Dummies," agree about the iPad's usefulness.

The disorder, which affects as many as one out of 110 children in the U.S. according to a CDC study, means kids have "no control over the pace of information coming at them," says Herbert. With the iPad, she said, the child has more control.

Gili Rechany, the Education Director at Shema Kolainu-Hear Our Voices School in Brooklyn -- which uses the iPad as part of their special education programs -- says the iPad allows children with autism to have more direct control than a standard laptop which requires the use of a keyboard and mouse. She also indicated that, "the iPad is an AAC device that allows the child to access their speaker domain abilities easily through using technology with limited modality requirement and minimal cost."

Aside from the fact that an IPad costs much less than some of the high end AAC's available, it is also:

☞ Easy to transport
☞ Easy to use applications
☞ Online tutorials are available for free
☞ Educational, communicative and leisure time applications are available for free or for purchase

There are at least three dozen apps designed for autistic kids, including ones for music and reading. And the device itself supports spoken text and other aids for those with special needs. Here are some links for all kinds of uses:

In a leading book on AAC by Joanne Cafiero, PhD, *Meaningful Exchanges for People with Autism,* Dr. Cafiero discusses the ways AAC fits people with autism well (page 26)

☞ Most people with autism are visual learner - AAC uses visual cues
☞ Many people with autism are interested in inanimate objects - AAC tools and devices are inanimate
☞ Many people with autism have difficulty with complex cues - Level of complexity can be controlled so AAC grows with the child
☞ Many people with autism have difficulty with change - AAC is static and predictable
☞ Most people with autism have difficulty with the complexities of social interaction - AAC provides a buffer and bridge between communication partners
☞ Some people with autism have difficulty with motor planning - AAC is motorically easier than speech
☞ Many people with autism experience anxiety - AAC interventions don't apply pressure or stress (when introduced properly)
☞ Many people with autism present behavioral challenges - AAC provides an instant means to communicate, preempting difficult behaviors
☞ Many people with autism have difficulty with memory - AAC provides means for language

Weinstein Continues on Next Page ⇨

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By Chanie Monoker MS, CCC-A,TSHH,TDHH, TEH

Warning: Labels!

About 15 years ago most weight conscious consumers were aware of the harmful effects of fat. This began a rash of "Low Fat" labels on an increasing number of products. It is a good marketing strategy, as it meets consumer demand. However, the "Low Fat" label distracts consumers from the increase in the sugar content to improve the taste of many of these foods. Consumers take comfort in these labels, naively.

The labels give us a false sense of security by leading us to believe that we have been given the whole picture and know what we are dealing with. As damaging as this is in food labeling, the damage done when we label people is even greater, particularly when dealing with children.

ADD, APD, ASD, Dyslexia, Selective mutism, PDD, SLI (Specific Language Impairment – reading, writing, or both) are, in essence, labels for specific clusters of behaviors usually related to atypical performance.

We unthinkingly accept such labels from experts as though they were an answer, but why should we do this? We wouldn't accept "rash" as a satisfactory diagnosis for a skin irritation. We would want to know what is causing it, for this would tell us how to handle it. While "allergic reaction hives" tells you something very different than "chicken pox," a diagnosis of "rash" is simply not helpful.

Many education and development-related labels have such similar presentations that they are frequently confused and thus misdiagnosed. That is why it is important to question such labels.

"We unthinkingly accept such labels from experts as though they were an answer, but why should we do this?"

"Benny has ADD," his father informed me. "Can you test him to make sure?"

"How do you know Benny has ADD," was my natural question.

"His rebbi told me, he can't stay in his seat," responded Dad.

Well, Benny stayed in his seat while we tested his hearing, listening, and vision. Then we got to the writing portion of the assessment. Benny promptly got out of his seat, perched on the edge of the chair, grabbed his writing arm with his non-writing hand and began to write the alphabet for me.

I turned to Dad and informed him that falling out of your chair is not the same as not have the *zitz fleish* to stay seated. I promptly referred them to an occupational therapist for poor spatial awareness. The family is still thanking me.

Perhaps you are thinking, "Well a teacher's label does not a diagnosis make."

Dovi had received speech therapy in school for 10 years. When he entered high school he had crossed the "at risk" fence and the school wanted a thorough evaluation.

Dovi did have articulation as well as language difficulties… caused by an undiagnosed mild hearing loss and as well as an auditory processing disorder related to his chronic inflammation of the inner ear (otitis media) as a child. All those years of speech therapy were not being properly heard, and thus not effectively processed.

Tzippy's developmental milestones were not emerging as expected. She wasn't rolling over, crawling, or cruising at nearly a year, nor was her speech emerging. The state determined she was entitled to OT and SLP. After 8 months of the SLP focusing on language, without showing much progress, Mom consulted me. I advised her to request a SLP who has experience with oral-motor rather than language since motor planning difficulty was the "why?" to Tzippy's developmental issues. I followed up and after a year Tzippy was speaking well enough and no longer eligible for speech services.

Officially Shaindy's IFSP had me seeing her for developmen-

Weinstein Continued from Previous Page ⇨

comprehension that relies on recognition rather than memory.

Most people have not heard much about Augmentative and Alternative Communication with the exception of sign language. AAC is a different way of communicating with others without using your natural voice. But communication is a lot more than that, especially for children on the Autism spectrum, who can have difficulty with eye contact and the two–sided aspect of maintaining a conversation. It is estimated by the National Research Council that one third to one half of children and adults with autism do not use speech functionally. This makes them prime candidates for augmentative and alternative communication (AAC) systems, either to augment their existing speech or to act as their alternative method of communication.

What's great about AAC is that there are all types of augmentative communication that can help fill different needs. You only need to find the right 'fit' for your child and their needs. For more information in augmentative communication, check out YAACK (Augmentative and Communication Connecting Young Kids) which offers a comprehensive breakdown of the evaluation process for whether to get a low or high tech device, funding issues, and issues with education. However, it is best to seek expert advice on how to proceed and for instructional measures which may "make or break" the success of any AAC program.

☞ iPhone Application
www.youtube.com/watch?v=lyBnt9wygyY
☞ Possible Homework Activities
www.youtube.com/watch?v=kdpjIR8KjLU&feature=related
☞ Summary of Multiple Applications
www.youtube.com/watch?v=W-eWvnWMx6c&feature=related

Joshua Weinstein has been an educator and administrator for over four decades. He holds a Ph.D., two Masters Degrees in Educational Administration and Supervision and an MBA in Executive Administration. He has been the CEO in healthcare, social services, and business corporations. He's the president and founder of Shema Kolainu-Hear Our Voices, Tishma for children with autism in Jerusalem and ICare4Autism- International Center for Autism Research & Education- a global leader in autism research & education. He can be reached via email at jweinstein@skhov.org.

tal delay with goals particularly focused on social skills and pragmatic/social language. She was labeled "selectively mute" and would not speak to anyone who was not an immediate member of her family. While these goals were certainly important, the lack of a differential diagnosis as to the "why?" of her behaviors missed the mark. Shaindy did not have a behavioral problem or lack of exposure to social opportunity. Through no fault of her own she was sensitive to sound. Within four weeks of the start of sound therapy she spontaneously walked toward the porch to investigate the source of the sirens rather than run away from it. She also began speaking in a louder voice to non-family members.

So how can you increase your child's success rate? And are labels really so bad? Aren't there some labels that have no room

for argument, such as hearing impaired, Down's Syndrome, Cerebral Palsy, etc.?

To answer the second question first, labels are a necessary evil without which you would not be able to receive government services. However, have you ever noticed that children who may seem to have the same condition will respond very differently to the same treatment with some showing significant gains and others hardly any? The bigger question is how long do you stick with something that isn't working? While Dovi's story may seem extreme, in fact many children in the school system receive support services for years without closing or even narrowing the gap between themselves and their peers.

To answer the first question, you can increase your child's success rate by answering "why?" if, and only if, your answer leads to non-biased non-judgmental observations. Benny's rebbi was judgmental and thus labeling. He would have better served Benny by telling his parents, "I have noticed that Benny falls out of his seat when writing and am concerned." It is precisely because of the false sense of security that labels provide that made Benny's rebbi think that he was being helpful.

The other tricky part about labeling without looking beyond the label is that it may only give you part of the picture, while you think you have the whole picture. A child may have a language disorder… secondary to a hearing loss. A child can have attention deficit… secondary to a visual dysfunction. A child may have autism…and a hearing loss.

Chanie Monoker MS, CCC-A,TSHH,TDHH, TEH, is an educational analyst specializing in differential diagnosis. She is a licensed audiologist, certified special educator, teacher of the speech and hearing handicapped, teacher of the deaf and hard of hearing and certified sound therapist. She provides comprehensive evaluations, support services and school consultations. She can be contacted at cmonoker@dascenter.org 732.272.8509. You can also find more information at http://www.linkedin.com/in/dascenter.

By Yossie Bock

NLD – A Lifelong Sufferer Making Up for Lost Time

I have suffered from a little know disorder my entire life.

I am a 68 year-old male living in Los Angeles. I grew up in Boro Park, attended yeshiva and retired from a career as an electronic engineer 5 years ago. I am single and much to my dismay, have never been married.

I am writing this article which details my life experiences, how I coped and what I am doing now, in the hope that it will be of use to therapists, parents and teachers.

My disorder is called Nonverbal Learning Disorder (NLD). I only communicate verbally and I am deficient in nonverbal communications. My world is words, words and more words.

The official definition of NLD is a deficit in three areas:

❶ Visual spatial perception.
❷ Motor coordination, including gross and fine motor skills
❸ Non verbal communication – gestures, body language, etc.

I have trouble in the first two areas (spatial & coordination). I have trouble with charts, cannot find my way around a building even after years and have gross and fine motor skill problems. As a child I had trouble reading analog clocks (there was no digital then) and it took me forever to learn to tie my shoes, ride a bicycle and work a combination lock.

Many people with NLD have trouble with math but not me. I received an A in every math course I took in high school and college.

Having NLD means that although I am good at creative and analytical tasks, I can't easily do things that other people take for granted, like folding paper. I cannot learn by visually observing. So if you were trying to teach me how to load paper into a copying machine, having me watch you doing it would not work; you would give the instructions verbally - "take the paper out of its wrapper, etc."

In my thirties, long before I discovered a name for my disability, I visited a therapist concerning problems I had performing simple tasks. He sent me for an IQ test, which showed there was a huge discrepancy between my verbal IQ which was high and performance IQ which was low. I now know that this is one way to diagnose NLD.

I spent years suffering from self doubt, until retirement when I finally researched my lifelong weaknesses. When NLD fit the bill as the cause, I visited an Educational Therapist who confirmed my self- diagnosis. I had suffered for sixty-three years without much knowledge of developmental delays.

Now on to my life:

Uncoordinated as I was as child, I was motivated to play sports, but overlooked by my peers. In my mind my entire childhood and adolescence was spent waiting around to be picked to play. Academically, I was an excellent student all the way though college. Nobody focused on my lack of ability in sports as a problem; however, to my peers, sports ability was a big deal and my inability to play was detrimental to my self-esteem. As a youth I was constantly physically bullied by other kids. Since I was relatively big and strong other children figured I was fair game, but there was no way I could defend myself because of my coordination deficits.

My handwriting is terrible. If not for the efforts of my second grade teacher, for which I am eternally grateful, it would be even worse.

My father, who was very coordinated (he had a factory job working with his hands), was always yelling at me about why I couldn't do things. I handled this by distancing myself from him.

As I got older I started to develop strategies to deal with my deficits. The gist of my strategies was to get someone to help me and in return I would help them with what I was good at. For instance, in college engineering labs I would do all the planning on paper and my lab partners would actually perform the experiments; they were only too glad to let me do what they thought was most of the work.

As a professional engineer I employed the same strategy. On starting a new job I created a symbiotic relationship with someone where I did all the analytical work.

I have a friend I go bike riding with. He knows that if I get a flat he is the one that has to fix it. I am not sure what I bring to the table but he gladly does it. What I now realize is that although it would be next to impossible for me to do it, for him it is easy.

I usually tried to find a way for someone else to do what I couldn't but sometimes there were things I just had to learn. The strategy I used was to get the person teaching me to explain it rather than show me.

I have a lot of anxiety. This is common for people with NLD because anything they have to do usually involves many steps that they have trouble with. I did not deal with this well before retirement. Now I try to take on only what I can handle. I still have anxiety but to a much lesser degree.

People with NLD often suffer from depression. However, I do not have a problem with depression. I have always been optimistic about the future.

When I retired I had a burning desire to help kids who were like me as a kid.

The first thing I did was reach out to the yeshivas in Los Angeles. They showed little interest.

I finally did find a yeshiva where the principle was receptive at first. Volunteering there lasted only a few months because they couldn't understand what I was

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By Fraida Flaishman MA, OTR.

Reflex Development and Learning Disabilities

Babies are born with reflexes that will help them transition to life and stimulate their growth and development. Reflexes are automatic and involuntary responses to stimulation. Baby movements are better understood when one is aware of what these reflexes look like.

MORO OR STARTLE REFLEX:

Sudden movement, sound, or light can cause a baby to bring out their hands and feet followed by a deep breath and bringing hands and feet back in toward the body and clenching their fists. At this time stress hormones are released into the system, heart rate and blood pressure increases. This reflex should disappear at about 2 months.

ROOTING REFLEX:

By touching a baby's cheek or mouth a baby will turn their head toward the touch. The baby's mouth will open and their tongue will move around, the baby is preparing to eat. This reflex should disappear at about 4 months.

PALMAR GRASP:

Light touch or pressure to the palm of the hand will stimulate a fisting motion. This reflex should disappear at about 6 months.

PLANTAR/ BABINSKY REFLEX:

When the sole of a baby's foot is stroked the toes will spread and curl and the foot will turn slightly inward. This reflex should disappear by the end of the first year.

ASSYMETRIC TONIC NECK REFLEX:

When a baby is laying on his back if his head is turned to one side his arm and leg on the side he is looking at will stretch out and the opposite leg and arm will bend. This reflex should disappear at about 4 months.

SPINAL GALANT REFLEX:

While on the stomach if a baby's back is stroked he will move his lower back to the same direction of the touch input. A baby should respond equally to right and left side stimulation. This reflex should disappear between 3 and 9 months.

The disappearance of these reflexes is necessary in order for a baby to begin to efficiently using his body to move and learn in his environment. A delay in the integration, or disappearance, of these reflexes is often the cause of motor delays in young children. Imagine trying to maneuver through life when faced with uncontrolled body movements and responses. Inability of the primitive reflexes to integrate is a sign of immaturity of the neurological system. While a child might possess the intellectual ability needed for learning, his physical equipment for learning may be compromised.

> **"A delay in the integration, or disappearance, of these reflexes is often the cause of motor delays in young children."**

Primitive reflexes, the ones that babies are born with, need to disappear in order for postural reflexes to develop. Postural reflexes are what children need to feel secure and safe in their environment, i.e. equilibrium reflexes help a child stay upright when his balance is challenged. If these primitive reflexes remain present in a child's system even in a subtle or non observable way as they move into the school age years it can affect learning, attention, behavior, and coordination. Many children with learning difficulties and social emotional challenges have a problem with non integrated reflexes.

There are several ways that nonintegrated reflex responses can affect a child's school performance. A retained Palmar reflex (uncontrolled hand movements secondary to the stimulation of the palm) can affect the development of fine motor skill including the development of handwriting. A retained Moro or Startle reflex can cause a child to have a "startle" response, affecting a child's brain chemistry which creates a "fight or flight" reaction. This chemical change can happen frequently throughout the day having a negative effect on a child's social emotional development and attention. A retained Spinal Galant reflex (uncontrolled movement of the spine when the back is stimulated) can make it difficult for a child to sit still in a classroom chair.

Reflex testing and an appropriate physical exercise program can help remediate this problem. Consult with your physical or occupational therapist if you are concerned about your child's reflex development status.

Fraida Flaishman is an occupational therapist who works in The Yaldeinu School and maintains a private practice in Brooklyn. She is the President of smartbabyinc.com and the creator of the Child Development DVD Series Baby Instructions. She can be reached at fraida@smartbabyinc.com.

By Yitty Rimmer, MA OTR/L

Part II - How to Recognize a Sensory Integration Problem

Every morning, four year old Chany drives her mother crazy getting ready for school. No matter what outfit her mother picks out for her, she throws a tantrum. Either the sleeves feel too tight, or the collar bothers her neck. She complains that the toe line on her socks hurt her toes. At breakfast, she rejects the apple juice because it does not taste like the brand she likes. She won't eat her cereal because the milk is too cold. She won't touch the orange juice because it makes the back of her throat feel funny. She insists on only eating vanilla yogurt, with no fruit inside, and using a specific kind of plastic spoon. She screams whenever her mother tries to brush her hair into a ponytail, until her mother eventually just gives up, and leaves it loose.

Every morning, the mother of 5-year-old Meir mother is also having trouble. He moves awkwardly around his bedroom, tripping and falling over his own feet. He bumps into walls and crashes into dressers without seeming to feel any pain. He forgets to finish buttoning his shirt, and has trouble putting his legs into his pants. When his mother tries to help him get ready, he leans against her like a dead weight, so that she has to literally hold him up while helping him finish putting on his clothes.

Morah Chavy is frustrated because she once again must redirect six year old Rivka to the right place in her siddur. It is only 9:30 am and her young student is once again having trouble focusing. This morning it is davening. Rivka wriggles in her chair, constantly reaches down to the floor to pick things up, stands up for no apparent reason, jumps to look at the source of every noise in the hallway, and often loses her place in her siddur in the process.

Mrs. Schwartz sighs as she looks at 7 year old Shalom's spelling test. None of the letters are spaced properly. They are either too close, or too far apart. They are all different sizes and the letters seem to fall below the line or float on top. Earlier in the week, his math test was a disaster. She marked most of the answers wrong, until she realized that Shalom was reversing numbers. He also acts like a one-man demolition crew, spilling things by accident and constantly crashing into desks and doorways wherever he goes.

Each one of these children is experiencing a different set of symptoms under the general category of sensory integration dysfunction. Some are Hypo-Reactive. Others are Hyper-Reactive. If you recognize any of these symptoms in a child that you know, check this chart to determine what which subcategory of this dysfunction the behaviors falls under.

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trying to accomplish; however, it was beneficial as I learned something about working with kids.

I tried the public schools system but their attitude was, "If you want to volunteer you need to do what we want you to do, the way we want you to do it."

At that point somebody suggested I take Kinesiology courses at California State University at Northridge (CSUN). This was the best advice on the subject I ever got.

I took 8 courses at CSUN. Always a good student I got an A in all 8 courses. About ½ the courses were practicums where I went to schools and worked with kids. I found out I was good at it. I always focused on the kids that were not good at sports and some of these kids really bonded with me.

A teacher at CSUN suggested that I visit a kid's basketball league and form a group of the worst kids on each team. I went to the person in charge of the basketball league at a local park. This guy was very supportive of the idea. He fought tooth and nail for me with his superiors.

They asked, "Why do we need this? Don't we let everyone play?" He replied, "They really don't play in a meaningful way."

The upshot of this is I now have a well-established successful program through the Los Angeles Department of Recreation and Parks currently in its third year called "Basketball for the Athletically Challenged." I am proud of this program. I have had several kids "graduate" and go back to play in the league. One mother told me that I "saved her kid's life." After the child was in my program for a few semesters, I noted great progress. I told his mom he should go back and play in the league. She said, "No way, he had such a horrific experience in the league where he sat on the bench most of the time and nobody passed him the ball." I told her to try it for one game and see what happened. This kid now is playing in the league and is about average.

A year ago I started a class at Santa Monica College (SMC) for adults also called "Basketball for the Athletically Challenged" (I stole the name from the park). There is no instruction; we just play and everyone is no good, but we are getting better.

At CSUN I learned about another in the alphabet soup of disorders called Developmental Coordination Disorder (DCD). I and the kids I'm working with may fit the criteria for this disorder also. They grouped DCD with ADD (Attention Deficit Disorder) as if they were one and the same. I don't agree with this. I am very attentive and focused as are all of the kids I am working with (except for one). There are many kids out there that have coordination problems that do not have ADD. The kids with ADD get more attention because of their behavior problems. Educators need to be aware that there is a considerable population of uncoordinated kids that are underserved.

I am still involved at CSUN, now doing research related to the validity of motor tests (my idea but the school took it on).

As a hobby I am working on my own coordination. I work on it daily. My coordination now as a senior citizen is better than it's ever been.

I am happier now than I've ever been. I still would like to do something within the Jewish community. If there is anyone in LA that has any ideas or appropriate connections please get in touch with me.

You can contact Yossie Bock via email at joebock3@yahoo.com or call him at 310.826.5518.

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IS YOUR CHILD HYPO-REACTIVE?

Hyporeactive Child: Generally spacey, slow, needs a large amount of stimulation for arousal, misses non verbal cues, slow affective responses. (All normal children show a few of the behaviors below. The concern is for the child who is showing so many of these behaviors that it is affecting his ability to function daily.)

TACTILE:

- ☞ May get hurt and not realize, no reaction to pain
- ☞ May know he was touched but can't pinpoint where
- ☞ May not realize he dropped an item he was carrying i.e. book, pencil, jacket
- ☞ Can't describe or select an object by feeling them
- ☞ When his eyes are closed, he may appear clumsy i.e. in blind man's bluff game he can't maneuver himself to play
- ☞ Can only feel touch if it is intense
- ☞ Does not notice when face is messy, nose is running etc.
- ☞ Plays roughly with other children or pets without understanding that they are being hurt
- ☞ Messy dresser, can only zipper and button with visual cues, puts on gloves or socks the wrong way
- ☞ Craves touch sensation and is constantly touching objects and people
- ☞ Prefers foods that are very spicy or very sweet

PROPRIOCEPTION:

- ☞ Has stiff, uncoordinated movements
- ☞ Clumsy, falls frequently
- ☞ Crashes into objects in his environment
- ☞ Frequently breaks things
- ☞ Unable to do things without looking
- ☞ Difficulty dressing and undressing
- ☞ Difficulty seating himself in a chair, may overshoot, or sit down too hard on seat
- ☞ Holds pencil hard so point breaks
- ☞ Written work is messy, with holes from constant erasing
- ☞ Difficulty ascending or descending stairs
- ☞ Slaps feet when walking
- ☞ Poor posture, leans head on hands while working at desk, slumps
- ☞ Sits on the edge of a chair to keep feet on floor for extra stability
- ☞ Likes to be tucked in tight at bedtime
- ☞ Likes shoelaces, hoods, and belts tied tightly
- ☞ Chews constantly on shirt sleeves, hood strings, and pencils
- ☞ Does not understand the concepts of light and heavy

VESTIBULAR:

- ☞ Child can't sit still, fidgety
- ☞ Enjoys movement, swinging, rocking
- ☞ Can spin around without getting dizzy
- ☞ Thrill seeker
- ☞ Easily loses balance when climbing steps, jumping, hopping, standing on one foot, or standing with eyes closed
- ☞ Moves in an awkward, clumsy way

IS YOUR CHILD HYPER-REACTIVE?

Hyperreactive Child: Generally distractible, overreacts to non-verbal cues, anxious, responds to all stimuli as being possibly dangerous. (All normal children show a few of the descriptions below. The concern is for the child who is showing so many of these behaviors that it is affecting his ability to function daily.)

TACTILE:

- ☞ Overly sensitive to being touched by objects and/or people, ESPECIALLY when contact was not anticipated, or can't be seen.
- ☞ Overreacts to minor scrapes, splinters etc., hypochondriac
- ☞ Difficulty standing in line next to children, overreacts to someone being too close, or brushing against him by accident
- ☞ Purposely bumps or hits other children because he can't tolerate close proximity
- ☞ Hates messy activities, i.e. paste, finger paint
- ☞ Can't tolerate sitting in a chair, squirms, sits on edge of chair
- ☞ Picky about clothes and fabrics, may dislike rough textures, avoids certain textures or surfaces
- ☞ May not like long sleeves, turtlenecks
- ☞ May not like having skin exposed
- ☞ Dislikes certain foods because of the texture
- ☞ Avoids eating hot foods or cold foods
- ☞ Dislikes bathing, having hair washed or cut
- ☞ Excessively ticklish
- ☞ Avoids giving kisses

PROPRIOCEPTION:

- ☞ Shows fear when moving around
- ☞ Holds items too lightly so that they drop or can't be manipulated
- ☞ Uses too little force when trying to lift up objects and might complain that the item is too hard, or too heavy.
- ☞ Very rigid, sticks only to tasks that he has mastered and resists new physical challenges
- ☞ Shy in unfamiliar situations

VESTIBULAR:

- ☞ Unable to tolerate a lot of movement, does not like it when others move him either
- ☞ Gets car sick
- ☞ Hates playground activities
- ☞ Does not like to have head upside down (i.e. somersaults)
- ☞ Overly cautious, slow to move, likes quiet play
- ☞ Seems uncooperative
- ☞ Gets motion sickness easily
- ☞ Looks for constant physical support (i.e. leans on an adult when sitting or standing)
- ☞ Very fearful of heights and falling

If you would like further information contact: Your local school district. School districts employ occupational therapists as part of the provision of related services children are entitled to. You can contact the school district to set up an evaluation or to obtain services free of charge if your child qualifies.

The American Occupational Therapy Association (AOTA)
P.O. Box 31220 • Bethesda, MD 20824
www.aota.org

Sensory Integration International (SII)/ The Ayres Clinic
1602 Cabrillo Avenue • Torrance, CA 90501-2817
(310) 320-2335 • E-mail: sensoryint@earthlink.net

The Vestibular system affects balance, muscle tone, bilateral integration, auditory, visual perception, and emotional security. Therefore both the Hypo-reactive and Hyper-reactive Vestibular Child may also present with:

- ☞ Clumsiness, awkwardness
- ☞ Feel limp when held or lifted up
- ☞ Tendency to slump in a chair, prefers to lie down rather than sit upright
- ☞ Unable to catch self from falling
- ☞ May not have crawled as a baby
- ☞ Has trouble using utensils to eat, or crayons to color
- ☞ Difficulty clapping hands in rhythm
- ☞ No established hand preference by four or five years, constantly switches hands
- ☞ Distressed by loud, sudden noises that don't bother others
- ☞ Trouble understanding or remembering what he read or hears
- ☞ Trouble identifying or differentiating sounds
- ☞ Delays in language, speech, and articulation
- ☞ Increased verbalization following any kind of movement experiences
- ☞ Covers, closes or squints eyes to block from seeing things
- ☞ Complaints of seeing double ☞ May mix up words on a page
- ☞ Read and write letters backwards
- ☞ Difficulty spacing letters and words on a line
- ☞ Difficulty with keeping letters the same size
- ☞ Difficulty with staying between two lines when writing
- ☞ Loses the place on a worksheet
- ☞ Has difficulty coloring in the lines
- ☞ Confuses plus signs with multiplication sign
- ☞ May have difficulty finding his way around the school building, gets lost easily even in a familiar place
- ☞ May run in the wrong direction when playing sports
- ☞ Gets easily frustrated and gives up ☞ Reluctant to try new things
- ☞ Low tolerance ☞ Low self-esteem
- ☞ Avoids people or irritable with others
- ☞ Has trouble making and interacting with friends

By Dana Ledereich, MA, OT/L

All Children Need Vestibular Stimulation

Remember back in the days when you used to beg your parents to let you go to the park? You loved the sensations of running, climbing, hanging from the monkey bars, swinging on the swings and spinning on the merry-go-round. At some point though, you probably outgrew it. Most people do. You became a person who may go to the park, but will usually prefer to sit on the bench and let your kids do the running around.

Most will attribute the change to maturity. And it is maturity but of a particular sort. It's a result of the maturation of your vestibular sensory system.

The vestibular system provides us with our sense of movement. It's what keeps us balanced as we move against gravity. The sensory receptors for the vestibular system are located in the inner ear and in the eye. These receptors provide us with a sense of body movement based on the position of the head. For example, if a person trips over a stumbling block, the head tips backwards as the person loses his balance. This stimulates the receptors in the inner ear and sends the message to the brain that the head is going backwards. The brain responds by initiating righting reactions, activating the muscles necessary to prevent the body from falling over.

If a child suddenly appears more clumsy, it can be a sign of increased fluid in the ear or a possible ear infection. The increased ear fluid clouds the vestibular sensory receptors thereby making it more difficult for the receptors to accurately read changes in head position. The result is the child's decreased ability to maintain his body against gravity and therefore he appears more clumsy.

Vestibular sensory receptors are also located in the eye. When they are hyper reactive, it can cause motion sickness. Some children become easily carsick. Even though their body is stationary while seated in the car, the vestibular receptors in the eye are stimulated by the fast-moving images outside the car window. They mistakenly send a message to the brain that the body is moving very quickly and the result is nausea and carsickness.

As children develop, they need frequent opportunities for vestibular stimulation. In the first days of life, a newborn baby is easily calmed by gentle rocking in a parent's arms. Within the first few weeks, many parents begin placing their infants in baby swings which they find can quickly calm down their babies. Similarly, other parents find that securing their babies in the car and driving around with them calms their babies even on the most difficult of nights. Even in-utero, fetuses are rocked to sleep by the active motions of their mother and only wake-up and begin to kick when the mother settles in for the night.

Vestibular stimulation helps with reflex integration and the development of muscle tone. Babies should spend active time on the floor where their bodies can wiggle around. As they get older and can tolerate it, "rough and tumble play" is encouraged to provide them with more vestibular stimulation.

A visit to the park should become an integral part of a child's routine. It provides plentiful and varied opportunities for vestibular stimulation, which children crave. Oftentimes the students who have difficulty sitting and focusing in class have a greater need for vestibular stimulation. They crave more movement, so being required to sit still for prolonged periods of time is hard for them. Such a child needs more opportunities for vestibular stimulation. Sometimes adding gymnastics to their schedule gives them the added stimulation that they crave. Gymnastics provide plenty of opportunities for changing head position through summersaults and cartwheels, thereby stimulating the vestibular receptors. Amusement parks provide many opportunities for vestibular stimulation with their

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By Rosalba Maistoru, MA, BCBA

Applied Behavior Analysis (ABA) in the Natural Environment

The challenge to create and implement appropriate and effective educational intervention programs for very young children with ASD has been more compelling than ever given the increase in the number of children diagnosed in recent years. Both research and practical experience has indicated the value of intensive early behavioral intervention for children with ASD. Studies have found that the prognosis is greatly improved if children are treated as early as age two or three with twenty five to forty hours of structured applied behavior analysis (ABA) instruction a week.

Since the 1980's, the principles of ABA have been used to create programs for children with ASD. Most ABA-based approaches have been based on traditional models founded on the research of Lovaas. They use discrete trial training (DTT) and implement teacher-directed one-to-one instruction. Contemporary behavioral programs using naturalistic methods have demonstrated efficacy for teaching young children with ASD. Much of the research to date has validated specific natural-environment teaching interventions, such as child-oriented approaches, including embedded instruction, incidental teaching, pivotal response training, time delay, modeling and milieu teaching.

Contemporary ABA models utilize many of the suggested practices identified by Susan Sandall and Michaelene Ostrosky, with an emphasis on outcomes that affect a child's access to choices of activities in which to participate, opportunities for social interaction, interest and engagement.

The term "natural environments" is commonly misinterpreted to refer solely to the place where services are delivered. In fact, natural environments are not just places in the home, day care or preschool settings where services can be provided, but also include the daily routines and community settings. ABA also promotes embedding interventions in natural settings, making use of typically occurring events, where interactions between the child and adult are characterized as following the child's lead or capitalizing on the child's natural

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fast-moving and turning rides.

Often non-ambulatory developmentally delayed children don't receive enough vestibular sensory stimulation. They spend much of their day confined to a wheelchair with limited opportunities for free mobility. Current research shows that providing controlled vestibular stimulation for these children has a positive effect on their reflex integration, gross motor and fine motor skill development. The same rocking that calms an agitated infant can also improve the demeanor of an irritated non-ambulatory developmentally delayed teen. Therapist-controlled vestibular stimulation has been demonstrated to immediately affect motor skills. A number of NYC parks have included adaptive swings so that even these children can safely get moving and enjoy a day at the park. The advisability of this kind of intervention should be discussed with the child's occupational therapist for possible integration into their existing treatment plan.

The benefits of sufficient vestibular stimulation are seen in the gross motor skills, fine motor skills and attention skills of all children. A child who does not fulfill their personal quota for vestibular stimulation oftentimes becomes an adult who continues to crave vestibular stimulation. This can manifest itself in an adult with difficulty focusing on job-related tasks, or the need to engage in high-risk behavior such as bungee-jumping. So the next time your children beg you to go to the park, by all means take them! They are providing themselves with the building blocks that they need for their development.

Dana Ledereich, MA, OT/L is a pediatric occupational therapist who works in Yeshiva of Flatbush and also maintains a private practice. She evaluates and treats children age birth-13 years with sensory processing issues, poor handwriting, developmental concerns and neurological issues. She has lectured to both parents and professionals on various topics in sensory processing and handwriting development. She is available for lectures as well as to mentor new therapists. She can be reached at 718.252.2939.

By Baila Steinman, OTR

OT For the Older Child-Lessons That Last a Lifetime

How can we give our children the functional life skills that they will need for the future? As an occupational therapist working in the yeshiva system, I have been asked to meet with and evaluate older students. Over the last few years, some of these middle and high school students have become clients of mine, meeting with me in the evening, after school hours. It seems that many people in the field of education assume that OT is geared only toward the pre-school and elementary school population. I am working to educate them that OT could be a very meaningful and valuable service for all types of students that are not performing well in the classroom.

For children that are having difficulties in the classroom, tutoring/P3 is often recommended. Many of the older children that are receiving these services would probably also be eligible for and benefit from OT services as well. By reviewing classroom material, a tutor/P3 can help the students understand difficult concepts. Additionally, they may help them with their homework assignments or prepare them for exams.

An occupational therapist, on the other hand, would be trying to identify the underlying foundational deficits and weaknesses that may be hampering the students from doing well in the classroom. Occupational therapy would be addressing the cause of the problem as opposed to the symptoms.

Occupational therapy is a very broad and open field. Any functional task that is important to the client can become a treatment goal. Middle and high school students have many important functional areas that must be mastered in order to succeed in the classroom and throughout their lives.

Occupational therapists are known for working on fine motor and handwriting skills. How does this translate into working with a high school student? Functional writing on that level would include writing and editing essays, completing camp application forms, improving sentence structure, punctuation and, of course, legibility. One very crucial skill that must be mastered and may not be formally taught in the classroom is the art of taking classroom notes. My yeshiva bochurim are very proud to tell me years later that they have really good gemara notes!

"We never hand in our first draft!!!"

One of my fifth grade clients recently told me when I said that I would be teaching him how to write notes, "I already know how to do that. We copy my teacher's notes from the blackboard every day." Skillful note taking is an important skill at all grade levels.

All of my students, from grade 2 and up, write at least one book report every school year, complete with a homemade cover. The most important lesson that my students learn in this functional area is that writing is a work in progress. Rule #1 is that *WE NEVER HAND IN OUR FIRST DRAFT!!!* The emphasis is placed on revision of work so that it is worthy of the public's viewing.

Another area of high priority is visual perceptual skills. For the older students, activities in this area would include working with maps, charts, dictionaries, yellow pages, MTA maps, and restaurant menus. If these activities may sound boring let's not forget woodworking kits and various games. Many children with learning issues have difficulty analyzing and understanding complex visual information. These visual perceptual skills are going to be their tools for life. We must ensure that they feel comfortable using them. They must also have the confidence and skills to visually analyze any new material that they may come across in the future. Many life skills are related to visual perception.

Is your son is having difficulty waking up on time for minyan, is your daughter running out of study time the night before the exam, are their book reports being written at the eleventh hour? Do these scenarios sound familiar to you? Many of our children have a very poor sense of time. Time management is a crucial skill that is needed on a daily basis for life. Scheduling long-term projects, sending out applications on time, setting up a study schedule and using one's time wisely are life skills that some of our children must by taught step by step.

Another OT area that needs to be addressed is the issue of "pack rats in our schools". These are students who save every single paper that was ever given out during the school year. During Pesach cleaning you find the rebbi's booklet on the Arba Mimin, given out in September, on the bottom of the knapsack. Many of my students will tell you that the first 10 minutes of our sessions were spent down on the floor organizing their folders and tossing the extras. Organization of papers and materials is crucial to be able to find the current study sheets for the upcoming final or this week's vocabulary list in order to write the homework sentences. Managing loose-leafs and folders may come naturally to some children, but to many others it requires step by step outside intervention. That is why there are mothers who are still going through their son's knapsack in high school!!

We are living in difficult times. School budgets are being slashed by the federal and state governments. New York City, thankfully, continues to provide related services to eligible students who are having difficulties in the classroom. Parents are responsible for arranging tutoring services for their children in order to help the children pass their exams and complete the minimal requirements for their courses.

Occupational therapy services, on the other hand, would assist the child from a more global perspective with long term goals. They would address underlying foundational delays in writing or visual perceptual skills and strengthen them. Important work and study habits would be taught, i.e., time management, organization of materials and note writing. Lastly, those students with focusing issues could be taught how a sensory diet of daily exercises and specific movements might help them concentrate better and for longer periods of time.

As a former teacher and current pediatric occupational therapist I believe that we are shortchanging our older student population by dropping their OT services in the younger grades before the important functional classroom goals of middle school have been introduced and mastered. Although finding an OT that can fit into your older child's hectic schedule may be a challenge in itself, having one who is dedicated to your child's progress and success is an investment for life.

Baila Steinman, OTR, currently provides OT services in a local yeshiva. In addition, she maintains a private practice in Brooklyn. She provides lectures to regular and special education teachers. She can be reached at baila.steinman@gmail.com

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and activities in which the child is engaged. It includes providing instruction where children are actively engaged in an activity. The skills are taught using the materials and activities which the children are working with, in an environment where the children feel the need for the skills.

and consequences as a context in which to teach specific skills. Early interventionists are increasingly recognizing the importance of teaching young children with ASD within the context of functional activities, where instruction is embedded within the daily schedule, and a child's Individualized Family Service Plan (IFSP)

"Natural environments are not just places in the home, day care or preschool settings where services can be provided, but also include the daily routines and activities in which the child is engaged."

The philosophy of intervention in natural environments includes the use of naturalistic instructional methods. One such method is Embedded Instruction/ Coaching. Embedded teaching incorporates instruction within regular routines during the preschool day without disrupting the child who is participating in classroom activities. The daily routine sequence and the frequent repetition of actions within activities provide familiarity, predictability, and security for the child, thereby developing a framework for the child to anticipate and produce appropriate responses. Embedded teaching is preferred because it increases teaching opportunities throughout the day, as well as enhancing chances to generalize acquired skills. In addition, it gives all team members insight into a child's abilities under real, rather than contrived, circumstances.

Whether in the home or at a center-based setting, instruction in natural settings makes use of typically occurring events or Individualized Education Program (IEP) goals and objectives can be taught. Professionals must continue to work collaboratively with parents, caregivers and other providers to promote a child's participation in routines that take place in natural settings. They must also begin shifting from providing direct services to the child, to supporting caregivers to provide the opportunities for practice on the child's objectives within natural interactions throughout the day. For more information about the NYS Early Intervention Program call 518.473.7016, or visit at, www.health.state.ny.us.

As a Board Certified Behavior Analyst (BCBA), a NYS Certified Special Educator, and an approved NYS Early Intervention Provider, Rosalba has worked with young children on the autism spectrum for over thirteen years. She currently works as the ABA Clinical Supervisor of home and center based services at Little Wonders, Inc, an Early Intervention Program in NYC. Rosalba Maistoru, MA, BCBA - can be reached at 718.850.0400 Ext. 5026.

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By Ellen M. Godwin, PT, PhD, PCS and Yaakov Kornreich

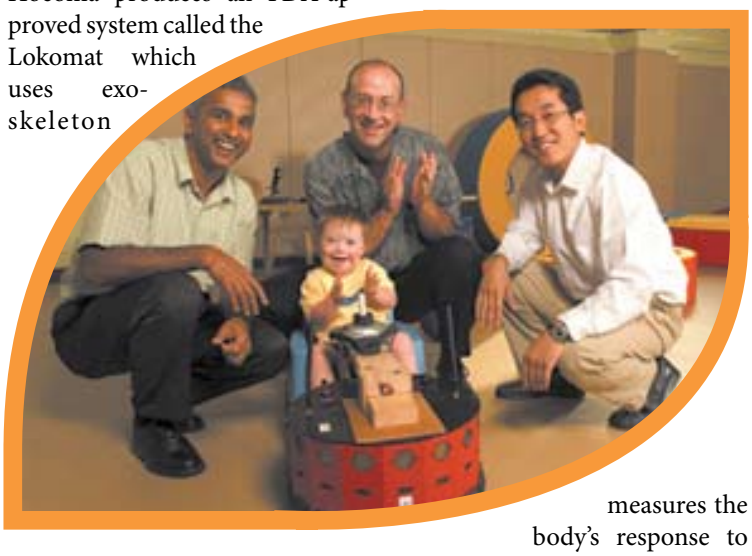
Robot Rehabilitation Becomes a Reality

For many years, comic books and science fiction have speculated about the development of a battery-powered, light-weight armored suit which could turn an ordinary soldier into a robot, impervious to bullets and with superhuman strength and speed. In the 1960's the US military, working with General Electric, built an early prototype of such a system, but it was too heavy and required too much power to operate to be practical, so the project was shelved until the necessary technology could be developed.

In 1986, Monty Reed, a US Army Ranger who had broken his back in a parachute accident designed a prototype of an exoskeleton robot system he called the Lifesuit, based on an idea in the science fiction novel "Starship Troopers" written by Robert Heinlein in 1959. Reed was still way ahead of the technology of his time, but he did not give up. In 2001, he built the first working model of the Lifesuit (LS1), and continued its development. In 2003, the sixth version of the device, LS6, was able to emulate a human walking gait. In 2005, Reed, wearing LS12, set the land speed and distance record for walking in a robot suit, completing a 3-mile course in 90 minutes. A man wearing the current version of the suit, LS14, can walk a mile on one battery charge, and can lift a 200 pound weight with no muscle effort.

Today, powered exoskeleton suits are no longer the stuff of science fiction and comic books. There are currently seven different exoskeleton designs in active development around the world. The systems all feature armor-like exoskeleton arms and/or legs with joints powered by electrically driven hydraulic actuators. While the latest exoskeleton systems are still too heavy and underpowered to be practical for use by soldiers on the battlefield, or as a practical replacement for a wheelchair or crutches, they are proving to be very useful in physical therapy centers t make rehabilitation sessions more efficient and productive.

A Swiss-based company called Hocoma produces an FDA-approved system called the Lokomat which uses exoskeleton technology to extend the endurance of patients seeking to regain the use of their legs. The main benefit from the therapy sessions comes from the repetition of the desired motion of the affected limbs. Each time the motion is repeated, the muscles are strengthened, while, according to the concept of neuroplasticity, neural pathways are developed through which the muscle commands and sensory stimulation pass, resulting in "task-specific learning"). Thus, the benefit the patient gets from any given therapy session is generally proportional to the number of repetitions that can be completed during the session.



The Lokomat is designed for neurological patients following a stroke, spinal cord injury, traumatic brain injury or those who suffer from disorders such as multiple sclerosis or cerebral palsy. It provides a form of physical therapy using the robotic device to help a person improve his or her ability to walk. The patient is suspended in a harness over a treadmill. The exoskeleton robotic frame is attached by straps to the outside of the legs. It moves the hips, knees and ankles using motors in a natural walking pattern. A computer controls the pace and measures the body's response to the movement, and is designed to replicate a normal walking gait motion, It also includes a video display to provide sensory stimulation for the patient during the therapy session.

The Lokomat treadmill includes a ramp that allows a wheelchair bound patient to be simply rolled into position. The harnesses attach to a counterweight support system which reduces the need for the patient and the therapist to struggle against the patient's body weight. The patient's lower extremities are attached to an exoskeleton-style, powered robotic gait othosis which both supports and guides the patient's legs as they exercise on the treadmill. Feedback from the electronic transducers in the orthosis monitor the exercise, allowing the therapist to adjust the assistance being provided interactively during the course of the exercise. Patient motivation is stimulated through the use of a videogame screen display, on which the patients during therapy can visualize themselves as if they are walking through a field. Their progress on the screen corresponds to their actual movements on the treadmill. Using the feedback from the Lokomat's sensors, the therapist can also fine tune the level of power assistance provided during the session. The Lokomat can also be quickly converted to use a smaller exoskeleton-styled orthosis suitable for the pediatric therapy of children as young as 4 years old.

Hocoma also produces rehabilitation devices based on what it calls the Armeo Therapy. It uses the same motorized exoskeleton and videogame visualization technologies in the Lokomat for the rehabilitation of damaged arms. A counterweight support system counteracts the pull of gravity, and the power assist and sensors on the exoskeleton make the therapy sessions more efficient and effective. The system's video visualization software uses the arm motions of the therapy to control a racing car game.

The Lokomat robotic walking gait therapy system is now being installed in various rehabilitation centers across the country, including at least two in the New York City area.

Currently, the size, complexity and cost of the Lokomat means that it is only suitable for use in a major rehabilitation center. Typically, at the outset, rehabilitation sessions are conducted once daily, for no more than a half hour at a time. As therapy progresses, the sessions are reduced to 3 times a week.

There are also some exeskeleton devices being developed for personal use outside of a hospital setting.

A group at Tsukuba University in Japan has developed the

Hybrid Assistive Limb, known as HAL. The current version, known as HAL 5, is a full-body exoskeleton suit for the arms, legs and torso. Complete with battery and computer, it weighs about 22 pounds and allows the wearer to lift or carry about 5 times as much weight as they could unaided. It will enter trials next year.

A company in New Zealand has been developing a joystick-controlled exoskeleton called Rex intended to help people confined to wheelchairs to stand, walk and climb stairs.

For the past several years, Honda has been using its own robotic technology to develop two personal walking exoskeleton systems. One is called the Bodyweight Support Assist exoskeleton, a set of thin robotic legs designed to help people in walking and going up and down steps. The second is called the Stride Management Assist. It is a brace worn around the hips and thighs that provides added strength when flexing that joint.

A team at MIT has developed robotic therapy units for the rehabilitation of stroke victims since the late 1980s. MIT's Media Lab's Biomechatronics Group is now utilizing the MIT-Manus robot technology for devices to be used in the habilitation of the upper extremities of children with cerebral palsy. The therapy focuses on improving cerebral palsy patients' ability to reach for and grasp objects. The child grasps a joystick-like handle connected to a computer monitor that displays tasks similar to those in video games. Much of the testing of this equipment is currently being carried out at the rehabilitation center of Blythedale Children's hospital in Valhalla, New York.

At the University of Delaware, scientists are developing small, joystick-controlled robotic mobility devices for use by toddlers and infants as young as 7 months with significant mobility impairments due to Down Syndrome, cerebral palsy or autism. The robots look like miniature bumper cars. They allow an otherwise immobilized small child to explore their environment on their own, and are designed with sensors and smart technology to help the child avoid obstacles while maneuvering on the floor.

Right now, with the exception of the Lokomat, most of these devices are still experimental, with more research still required to bring down the cost and size sufficiently to make them practical for use in school and home environments. But that day is coming soon.

Ellen M. Godwin, PT, PhD, PCS, Director of the Human Performance Laboratory at Downstate Medical Center, has given presentations across the country on spasticity management, gait analysis and surgical planning in cerebral palsy and the use of BO-TOX in children. Dr. Godwin is Adjunct Associate Professor in the Division of Physical Therapy at Long Island University.

Yaakov Kornreich is the Senior Editor of Building Blocks Magazine.

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By Paul Stadler

Learning Difficulty? The Right Answer May Not be the First One

Your child is having trouble at school. Although she seems bright, her test scores are poor and her teachers report that she is having trouble paying attention. Does she need special attention? If so, what kind? Often, the answer is not clear.

A child who exhibits symptoms that range from not paying attention and being easily distracted, to being disorganized and having difficulty sitting still, are often said to have sensory issues, or are diagnosed with ADHD, ADD or dyslexia. Other problems may include various sound sensitivities, reading difficulties, and eye tracking problems which lead to difficulty in copying from the smartboard / blackboard. In addition there can be reading difficulties, properly aligning math problems on paper, and poor motor coordination, possibly leading to avoidance of playground equipment. While difficulty in sensory processing could lead to these issues, they may be symptoms of an entirely different problem.

In addition to our primitive reflexes, children as young as two months begin to develop balance and posture. They will have a mature set of balance and posture mechanisms by three and a half years of age. Delayed development of these attributes can lead to frequent bumping into surrounding objects, a need to always lean on objects, difficulty slowing down our movements (a preference to run rather than walk) or standing still and problems in physical education.

A cluster of retained primitive reflexes, along with absent or immature balance responses in a child age four or older may be an indicator of Neuro Motor Immaturity (NMI). Some factors leading to NMI include a complicated birth history (prolonged or precipitate labor, excessive alcohol or drug use, threat of miscarriage), newborn disorders (low birth weight, prolonged jaundice, difficulty feeding in first six months), high fever or seizures during the first 18 months. There can also be problems learning to dress or ride a bike, severe allergic reactions, and a history of recurring ear, nose, and throat infections.

As its name suggests, NMI originates in the motor development that takes place in the brain from birth or during the first year of life. In basic terms, the problem arises from the automatic reflexes that we are born with, such as when the newborn infant wraps its fingers automatically and involuntary around the finger or object that is placed into their hands. This is called the palmar reflex. Typically this reflex disappears at about six months of age. Its continued presence can result in pain in the hand and wrist when writing (due to increased pressure). It may also be the cause of sensitivities of touch in the hand, and cause for "overflow," resulting in the mouth and tongue moving when the hands are in motion.

Over 30 years ago, the Institute for Neuro-Physiological Psychology (INPP) in Chester, England developed a method that addresses these problems. The INPP method goes to the source of the issue by identifying motor patterns all the way back to infancy which did not mature. A personalized reflex inhibition, stimulation, or integration program is generated for a child that usually lasts from 12 to 15 months. In addition, INPP has developed a school-based program for children ages four to seven and a half. This program has been used in many school systems in the United Kingdom and has significantly influenced the lives of many children around the world.

For additional information on the INPP method, go to the website at INPP.org.UK. Paul Stadler is an occupational therapist practicing for 13 years with children with varied diagnoses. He is certified in sensory integration, trained in Applied Behavioral Analysis, a guest lecturer at Brooklyn College Speech therapy program on early childhood development, a licensed practitioner of the INPP Method, and is scheduled to speak at the American Occupational Therapy Association (AOTA) conference on neuro-motor immaturity. He may be contacted at 347.247.6835 or at otpt747@aol.com.

By Jenny Hoi Yan Fu, MA, MT-BC, LCAT

Music Therapy

Music Therapy has become very popular over the past decade. Research has shown the extensive benefits of this wonderful service in a wide variety of educational and healthcare settings. So, what exactly is Music Therapy and what does it have to offer us? Here are some questions you might have about this exciting and fast growing field:

WHAT IS MUSIC THERAPY?

"Music Therapy" is the clinical and evidence-based use of music as therapy to support and promote physical, cognitive, developmental, psychological, and social wellness and growth. Board Certified Music Therapists (MT-BC) design sessions for individuals and groups according to client needs using techniques such as improvisation, song writing, lyrics analysis, receptive music listening, music and imagery, and performance. Music therapists provide services to clients of all ages including infants and toddlers, preschool and elementary school-aged children up to the elderly in a variety of settings.

WHO CAN BENEFIT FROM MUSIC THERAPY?

People of all ages in any stage of health and life can benefit from music therapy! Contrary to popular belief, prior knowledge and experience in music is not required. Music therapists use different styles of music according to their clients' taste and choices and design sessions to address their clients' needs ranging from developmental delays and learning disabilities, mental and emotional health, physical disabilities all the way up to aging related conditions.

In different therapy centers, the music therapist works with infants, toddlers, and children with hearing loss, auditory processing deficits, and/or language delays. As part of the interdisciplinary team, the music therapist collaborates regularly with all members of the students' team including classroom teachers, speech language pathologists, physical therapists, occupational therapists, psychologists, audiologists and social workers to ensure each child reaches his/her full potential. Through singing, active listening, participating in movements, and playing musical instruments, a wide range of physical, cognitive, auditory, language and social-emotional goals are addressed. Children are encouraged to use music as a medium for communication. A relaxed and supporting atmosphere is created to provide children with a space to explore and experience sounds, and to literally and symbolically "find their voice". The music therapist also works on improving impulse control, increasing attention span, and building self-awareness as well as confidence through the experience of joy in playing music.

SO WHAT IS THE DIFFERENCE BETWEEN HAVING A MUSIC THERAPY SESSION AND LISTENING TO MUSIC ON MY OWN?

While both are fun, with the support of the therapeutic relationship between the music therapist and the client, clients are often encouraged to participate in **active** music making. Many of the physical, cognitive, language and social-emotional issues come into focus and can then be addressed while interacting **with** another person; it is through the process of interactive playing that change and growth often occurs.

Music therapists are professionally trained in utilizing music in creative and flexible manners. Depending on the client's level of functioning, musical experiences are often designed and adjusted in ways to support and encourage participation and successful involvement. For example, when working with clients with physical disabilities with a focus on promoting movements, a music therapist might create music with a flexible tempo to allow ample time for clients to respond. Similarly, when working with children who are deaf or hard-of-hearing, working on promoting the recognition of melodic contour and auditory memory is emphasized. Music therapists often play music with simple harmony to highlight melodies. Music is a powerful and **non-threatening** medium; this allows music therapists, with their highly trained musical skills and specialized knowledge of human development, to facilitate the maximal achievement of their clients' potential.

Jenny Hoi Yan Fu, MA, MT-BC, LCAT, is the music therapist at Strivright/Auditory Oral School of New York (AOSNY). Strivright/AOSNY provides quality home based and center based educational and therapeutic services, as well as comprehensive multidisciplinary evaluations for children of all ages with hearing loss, auditory processing deficits, as well as cognitive, speech, language, and/or motor delays. For more information, please visit www.strivright.com Ms. Fu can be reached at 718.531.1800 ext. 4743 and at jennyfu@auditoryoral.org

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? ASK THE EXPERT

Expert Answers to Real-Life Questions

Here are the answers to serious questions raised by parents and caregivers of special needs individuals in a variety of real-life situations. These answers are valuable to all of us, not only for the practical guidance they offer for the specific circumstances described, but also for revealing the approach of professionals in the field based upon their knowledge, training and experience. Please note answers are for information purposes only, and are not a substitute for an actual evaluation. If you have any questions for a future issue you can contact us at **ileneklass@aol.com.**

Compiled by Chaya Ilene Klass

By Marc R. Katz

Ask the Eligibility Specialist:

Q: I am the mother of a three year old little boy with Down syndrome. We live in Manhattan. I have been trying to get clear answers about obtaining the Medicaid Waiver for months, and it seems that everyone I talk to on the phone has conflicting information then what I heard before. I am a single mom and I feel like I spend so much time of my limited free time trying to get the right person on the phone, but then I still can't seem to get correct information. How does one get the Medicaid Waiver? There are a number of services available that could be very helpful, but I just don't know where to begin.

A: These are some of the most common questions asked by many parents of children with special needs, as they embark on the long and tedious process of establishing their child's eligibility and enrollment for waiver services from The Office of People with Developmental Disabilities (OPWDD) of New York State. For parents of a child with developmental disabilities, Medicaid Waiver Services is a lifeline of support. Yet the process does not have to be as time consuming and stressful as many parents find it. With the right information and understanding of key points regarding the eligibility criteria, parents can take charge of the enrollment process, and remove the obstacles that can unnecessarily extended the waiting time for their child to receive the services to which he/she is entitled.

A determination of developmental disability is the first step in securing OPWDD services. Your child must meet Level of Care Eligibility Determination (LCED) which is determined by OPWDD's local developmental disabilities services offices (DDSO) based on the psychological evaluation, medical report, and psychosocial assessment. OPWDD recently published a directory of assessment services to help individuals, families, and others to locate testing and assessment services available in their local communities. This comprehesive resource guide can be found at http://www.opwdd.ny.gov/wt/forms/wt_guide_to_eligibility_assessment_resources_final.pdf.

To meet the criteria of a developmental disability, your child must have:

- A Full-Scale IQ Score under 70. There are some exceptions. Those children with a diagnosis of Asperger's Disorder, Fragile X Syndrome, and other neurological conditions may qualify even if their IQ is over 70.
- An adaptive behavior composite score under 70, reflecting a substantial handicap in various areas of everyday life functions, such as socialization and daily living skills.
- The documentation of developmental disability must have been made before the child reached 22 years of age.

Once the presence of a disability has been proven, additional documentation is necessary; first to obtain Medicaid for your child, and second to enroll into the Medicaid Service Coordination (MSC) program, and finally to enroll into the Waiver program. Medicaid is jointly funded by the federal and state governments. The exact details of the Medicaid application process and benefits will vary depending on the state. Some of the documents must be prepared or obtained by the child's parents, while other reports and documentation will be prepared by the agency of choice which is managing the child's services. (In the latter pages of this issue, you will find a resource directory that consists of various agencies that provide Medicaid Waiver services.)

The agency's intake specialist will assist families in successfully navigating the paperwork and bureaucratic maze of the enrollment process, including the submission of all of the forms and securing a waiver service, such as in-home respite, for your child. Several Medicaid and OPWDD forms need to be completed by you and/ or your child's primary care physician. Once the forms are completed, the agency's intake specialist will review them and attach them to a Preliminary Individualized Service Plan (PISP) in which the agency provides OPWDD with a detailed picture

of your child's current condition and needs.

In summary, once Medicaid is obtained, your agency of choice will provide you with Medicaid Service Coordination (MSC) prior to your being enrolled in Medicaid Waiver, assigning a professional to manage your child's services, and helping you to gain access to the necessary supports and services appropriate to your child's needs. Ideally, it takes approximately 6 months for a child under 18 years old to be enrolled in Medicaid and to qualify for Medicaid Waiver services.

While many parents find the process of applying for Medicaid Waiver services daunting, understanding the process and creating a strong partnership with an intake specialist can reduce the stress and expedite the receipt of the much-needed services it provides to qualified children.

Marc R. Katz, a NYS Certified School Psychologist, is an Assistant Director at Ohel Bais Ezra. For more information about evaluations, intake, or referral of services, please call 1.800.603.OHEL, visit www.ohelfamily.org, or e-mail info@ohelfamily.org. OHEL delivers a breadth of community services through OHEL Bais Ezra, OHEL Lifetime Care, OHEL Foster Care, OHEL Mental Health Services, OHEL Institute for Training, and Camp Kaylie.

Ask the Physical Therapist

By Kayla Cynamon, PT, MS, PPT

Q: My 14 year old son broke his ankle 3 weeks ago while he was rollerblading. He had to undergo surgery and has a boot on his leg. The surgeon told him he can't put weight on his leg for 6 weeks, after 6 weeks he says that he can start physical therapy. My son is very active and says he "feels fine". He wants to start putting weight on his leg and begin physical therapy now. Is it ok for him to "cheat" a little?

A: No. During the first 6 weeks after surgery the fracture site, surgical repair, and the soft tissue are all in the process of healing. The key word here is- **process.** Feeling fine is not the criteria you or your son should be using for putting weight on a healing post surgical ankle joint. The reason for not weight bearing is not (just) because of pain, but rather it allows for proper healing and in proper alignment. If your son "cheats" even a little bit he runs the risk of re-injuring his ankle as well as creating complications during the healing process. The surgeon is the one who knows if the ankle is stable enough to handle full body weight, if he says that your son needs to wait 6 weeks he absolutely should. There are exercises that he can do that are non weight bearing while he waits for his 6 week follow up. At his 6 week follow up the surgeon will probably take an x-ray of the ankle and tell your son whether he can toe touch weight bear, partial weight bear, weight bear as tolerated or fully weight bear. If your son is really having trouble waiting and would like to start physical therapy sooner then please speak to your surgeon since this is a decision that remains up to him.

Kayla Cynamon PT, MS, DPT is a physical therapist in private practice in Brooklyn, NY. She has been a physical therapist for 17 years and has a physical therapy degree from Hunter College, an Advanced Masters in Orthopedics, and a Post Professional Doctorate from Touro College. She can be reached at 718.336.4440 or kaylacpt@verizon.net.

Ask the Occupational Therapist

By Yitty Rimmer, MA OTR/L

Q: What is the best way to help my child start writing letters? In school they are learning to recognize the alphabet through books on each letter, and the children are expected to know how to write the letters as well. But it seems that the teacher does not actually teach the children the correct way to form each letter. When I discussed this with the teacher, she told me that when children figure out how to copy a letter, they recognize the letter better. She reassured me that the first grade teacher will actually teach them correct letter formation. The problem is that I have friends with children who have gone through the school's system, and had the same group of teachers. They told me when the children get to first grade the teacher expects them to know the letters, and due to time constraints review does not take place. The children's print handwriting ends up looking like a hodge podge as a result. HELP!!!

A: Start at the beginning. Have your child draw a straight line down from top to bottom. When that is mastered, draw a line from left to right across (horizontally). Then move on to a circle. Now that the child has established these three ways to write, introduce upper case letters that only use a horizontal and vertical line. (i.e. E, F, H, I, L,T). Always start at the top of the line for print letters. Once your child is comfortable with these 6 letters, you can go back to the beginning of the alphabet and start with upper case letters from A. Upper case letters are easier than lower case, so give your child time to master these first. When the child has completed the upper case letters proficiently, and is comfortable writing them, you can introduce lower case letters. If you see that your child has difficulty drawing lines, or her grasp seems weak, and it does not improve with practice and maturity, then have her evaluated by an Occupational Therapist for possible muscle weakness.

Yitty Rimmer has a Masters in Occupational Therapy from New York University. She currently has her own private pediatric practice in Brooklyn, NY.

By Juby Shapiro

Related Services is Part of a FAPE

Ask the Advocates:

Q: My daughter has a medical condition which affects her ability to eat and drink without choking. She also has significant oral motor issues as well as expressive language delays. Her speech is very difficult for others to understand. In early intervention, she received speech and language therapy. She recently turned three and aged out of Early Intervention. In preparation for her meeting with CPSE-Committee on Preschool Special Education, she was evaluated by a speech and language therapist from an agency contracted by the district. The therapist found that my child has delays in her speech and language skills, especially in the areas of expressive language and oral motor skills. On the psychological evaluation conducted by the district, my child's verbal IQ was significantly lower than her performance IQ. Despite the fact that all of the evaluations seem to support speech therapy, at the initial IEP meeting, the CPSE administrator refused to put speech and language therapy on my daughter's IEP. Her reasoning was that my daughter's speech and language needs are as a result of her diagnosis and are caused by her medical condition. She told me that my insurance company should pay for therapy and that the Department of Education only pays for therapy that relates to a student's education. I told her that I disagree with her finding that my child doesn't need speech therapy on her IEP and asked for another meeting. She told me not to waste her time and mine and that this is her decision and it will not change. What are my rights to obtain speech and language therapy for my child?

Q: My 10 year old son has been diagnosed with Aspergers, speech and language impairments and ADHD. He attends a mainstream private school. Up until his recent IEP meeting, he has been receiving speech and language therapy 3 times a week for 30 minutes, individually and counseling 2x30 individually. At his last IEP meeting, the team decided to reduce his speech therapy to 2x30, 1 session individually and 1 session in a group of 3 and reduced his counseling to 1 session per week in a group of 3. I told the team that I disagreed with their decision and that it did not seem based on any information that they had about my son. The CSE has not evaluated my son since he was 8 years old. His speech therapist and the psychologist who provides his counseling both submitted progress reports that clearly support his continued need for his services as were previously mandated. My son is the only student in his grade, as far as I know, who has an autistic spectrum disorder. His goals during counseling must be individualized to meet his unique social and emotional needs and would differ significantly from the counseling needs of his peers in school. Additionally, I am concerned about the 1/3 reduction in speech and language therapy and the group session for similar reasons as the counseling issue. I asked the team to contact his psychologist and speech therapist to discuss the proposed changes, but they refused because they told me they had to move on to their next meeting. When I asked what the CSE team's basis was for changing my son's therapy mandate, they responded that the new DOE policy is to reduce related services and move towards group mandates. My son really needs his speech and counseling to remain in a mainstream setting. Where do I go from here?

A: Both of these questions deal with related services. In the first case, the student was denied speech and language therapy because the CPSE administrator decided that the child's condition has a medical basis. In the second case, the student's therapy mandates were reduced and changed from individual to group therapy. When the parent disagreed, she was told that this is the new DOE policy. The result of both IEP meetings was a denial of a FAPE to the students. A FAPE is a crucial term used in the IDEA, the law that governs special education. The law states that students who are determined to have disabilities that fall into one of the classifications mentioned in the law, are entitled to a Free and Appropriate Public Education in the least restrictive environment (as close to the mainstream setting as appropriate)with the necessary supports and services (this pertains to related services as well as other supports). Many students have disabilities as a result of a medical condition that impact upon their ability to learn, progress and/or safely participate in school, then the student may be entitled to related services and supports such as physical, occupational and speech therapies, counseling, vision therapy, hearing education services, test modifications, technology, health para professionals, crisis management para professionals, a nurse and transportation modifications and accommodations.

IEP teams often use the terminology, "We are not a rehab hospital" and then deny students services. Parents are often told to try to obtain therapy for their child through private insurance. If a student suffers from spasticity and is unable to sit comfortably in school without experiencing painful contractures, then that student's need for physical therapy affects his/her education. The same goes for a child who has poor posture and weak trunk control. This will impact upon his/her stamina and ability to sit in class all day. It may also affect his/her hand writing and fine motor skills. In the above case, the student's severe oral motor issues and speech and language delays definitely impact upon her performance, participation and safety in school. This student is

unable to even take a sip of water in school without choking. That is a condition which certainly affects her education. The student most likely is in need of a full time health para professional and speech and language therapy to address her oral motor issues and to implement modifications so that she doesn't choke. A student cannot sit through an entire school day without eating and drinking. Additionally, her expressive language delays and low tone in her mouth are affecting her overall intelligibility. A discrepancy between verbal and performance IQ scores of over 15 points is definitely indicative that their student's speech and language and communication issues are seriously affecting her performance in school. If a child's speech is unintelligible, it will inevitably impact upon their classroom participation and socialization with peers. This student's speech and language impairments definitely rise to the level where they affect her education and should be addressed through an IEP. Additionally, the CPSE administrator did not give proper weight to the speech and language evaluation that was conducted or the psychological evaluation that noted the discrepancy in the student's verbal and performance IQ scores. When the parent disagreed with the CPSE administrator's decision not to provide speech and language therapy to the student and asked for another IEP meeting, the parent was told that it would be a "waste of time". This statement is in complete violation of the IDEA which includes the parents of the student as mandated members of their child's IEP team and entitles them to meaningful participation in their child's IEP meetings. A reconvened IEP meeting allows for the parents to prepare additional documentation and evaluative material from doctors and other professionals who work with their children supporting the student's need for services. The CPSE administrator's statement seems to indicate that she has already made the determination that she will not approve speech and language therapy for the student no matter what the parent does to demonstrate the student's need for these services. In the first case, the parents should consult an advocate or attorney and request an impartial hearing. While parents can represent themselves at impartial hearings, it is a difficult. This student is transitioning from Early Intervention to CPSE so there is unfortunately no pendency to carry over previously mandated EI speech and language services. The student is likely to experience a gap in services between the time the hearing is requested and the hearing officer's finding of fact and decision. If the student is transitioning from CPSE to CSE or is over the age of 3 and has been previously mandated for speech and language therapy, the parent may request an impartial hearing and seek an immediate order of pendency so that the student's services are not disrupted until the appointed hearing officer has heard the case and renders a decision.

"A FAPE is a crucial term used in the IDEA, the law that governs special education."

In the second case, the district has adapted a "new policy" to reduce related service mandates and group students for related services whenever they can. A student's IEP is an Individualized Education Plan that should be developed to meet the student's individual academic, social and emotional needs in school. Changes to a student's IEP must be made with some educational basis or rationale and should not be implemented just because the district is trying to cut costs and save money. In this case, there have been no new evaluations and the team had no educational basis for reducing the student's speech and counseling services or changing half of his remaining mandates from individual therapy to group therapy. The student in the second case has deficits in social skills and speech and language impairments consistent with children who have been diagnosed with Aspergers or high functioning autistic spectrum disorders. He is presently attending school in a general education class with the support of his related services of counseling and speech and language therapy. Reducing his mandates for these services without careful consideration of his present needs can result in an IEP that is not reasonably calculated to provide the student with the necessary supports and services he needs in order to learn and progress in school in the least restrictive setting. Additionally, as the only student in his peer group at school who presents with social and emotional deficits of a child with an autistic spectrum disorder, there is no functional group of peers at school who need to work on similar issues in counseling as well as in speech and language therapy. In this case, I advise the parents to find an advocate or attorney and request an impartial hearing immediately to insure that the student continues to receive his pendency services. A pendency hearing will be scheduled fairly quickly. Once pendency is ordered by the Impartial Hearing Officer, the parties will select dates for the full hearing. At the impartial hearing the parents will be given the opportunity to dispute the CSE's recommended changes to the student's IEP and restore their child's services. Once a hearing request is filed, there is a chance that the case may still settle at a resolution meeting prior to going to the hearing. One thing parents should know is to never sign a Final Notice of Recommendation if you do not agree with the services. In the event that you agree with some of the recommendations, but disagree with others, you may specify what services and recommendations you agree with and what you disagree with on the notice. When in doubt, always ask an advocate before signing paper work from the district.

Juby Shapiro is a special education advocate and the parent of two children with special needs. She is the founder and director of TAFKID, a not-for-profit organization dedicated to helping families whose children have a variety of disabilities and special needs. TAFKID can be reached at (718) 252-2236 or tafkid@aol.com.

? ASK THE EXPERT

By Briendy Rosenblatt, M.S. CCC-SLP TSHH

Ask the Speech Therapist:

Q: My daughter is 2 years old and has always been a happy go lucky child. Recently, however, she has begun to stutter all the time. She has difficulty getting her words out and seems to understand that 'something is wrong.' She is hesitant to speak to people who are not familiar to her and will sometimes gesture and point if she wants something. My friends are telling me that it's a normal developmental thing and that she will grow out of it, but how can I be sure and what should I do when she stutters?

A: You sound like a caring parent who wants to help her child feel comfortable and get through this sometimes difficult stage. Stuttering (also known as disfluency) is when sounds and words do not come out the way you want them to- sometimes they can be repetitions (whole word- My my my my doll, part word- bo,bo,bo,bo,bottle,) prolongations (mmmmmmmmmmy) or blocking- where it looks like they are trying to produce a word but nothing is coming out. Stuttering is very common- studies show that about 5% of all children will stutter at some point, but 75% will gradually stop stuttering on their own. (Yairi & Ambrose, 2004, ASHA Leader)

It is often very difficult for parents to listen to their child stutter, especially when their child understands that it is hard for them to speak. Here's what you can do-

- ☞ Keep natural eye contact while she is speaking to you
- ☞ Listen carefully to the content of what she is saying- don't focus on the stuttering
- ☞ Let her finish her thought- even if it seems effortful and difficult for her- don't try to finish the sentence for her
- ☞ After she finishes her thought- repeat it over in a slow, calm manner, for example she says "I w-w-w-want a c-c-c-cookie," you say, "oh you want a cookie?- sure!"
- ☞ Wait a few seconds before responding- this relaxes the mood and should help the speech become more effortless.

Between the ages of 2 and 3, children are learning new words and language concepts at a really fast pace. Sometimes, their mind and what they want to say is moving faster than their ability to actually get the words out. If that is the case, as she matures the stuttering or disfluency will decrease within the year. However, should you find that it is not, i.e. it gets worse or more frequent, is accompanied by facial tensions, or is lasting for more than 6 months, you should seek help from a speech therapist who is trained to help children maintain fluent and effortless speech. May you see much success and nachas form her!!!

Briendy Rosenblatt, M.S. CCC-SLP TSHH, is the speech supervisor at the Auditory Oral School of New York (AOSNY)and StriVright to Succeed. AOSNY and StriVright provide a quality team approach to homebased and center based services as well as evaluations for children with hearing impairments, CAPD and language delays. Specializing in auditory processing disorders and hearing impaired, she can be reached at 718.531.1800 x4881 and at brosenblatt@auditoryoral.org.

By Peri Fischer

Ask the Service Coordinator:

Q: My child just received Medicaid Service Coordination services. Who and what are a Service Coordinator and Service Coordination?

A: Your Service Coordinator is the person with whom you can feel comfortable discussing your child, her/his challenges, needs, and the unique qualities that distinguish him/her from every other child. Your Service Coordinator has the time, patience, and interest to listen to your hopes and dreams for your child and also your uncertainties and fears. What distinguishes a Service Coordinator from your best friend? Your Service Coordinator has knowledge, experience, and familiarity with the field of developmental disabilities.

"Your Service Coordinator has knowledge, experience, and familiarity with the field of developmental disabilities."

What does all this mean in practical terms? In a word: EMPOWERMENT! Do you need to choose a school? Need to find a camp? Wondering how to occupy your child on school holidays, Chol Hamoed, or during the recess between school and camp? Worried about funding an out of the ordinary expense? Need to find an orthodontist who handles special patients? Call your Service Coordinator. She has been there and done that. And in the event that she does not have the information or resource you need, she will know where to get it, and will not rest until she does. She will help you make informed, educated, choices and decisions. She will help you navigate the uncharted waters of Medicaid Waiver, OPWDD, Family Support Services, special education, and more.

Service Coordination will help you feel empowered to deal with the endless issues, questions, options, and day to day concerns that are part of raising a child with special needs.

Peri Fischer has been a service coordinator at Human Care Services for Families & Children, Inc. since 1999.

Make Your Voice Heard Through

BUILDING BLOCKS

A SPECIAL NEEDS MAGAZINE

Our Next Big Issue To Be Published May - June 2012

Today, **Building Blocks** is the prime publication and resource for the Special Needs segment of our Jewish community. Its coverage of the latest treatments and discoveries from the frontiers of medical research, its presentation of a broad array of issues and concerns impacting individuals with Special Needs, their families and care-givers, its guidance and practical advice for navigating the government regulations and procedures in place today, and its advocacy for the legal rights and unmet needs of individuals with Special Needs, has made Building Blocks the premiere forum for ideas and opinions.

If you have something that you want to share with our readers and the Building Blocks community, we want it to be your personal forum as well.

If you have a story to tell, about a family member or the child of a friend, about an incident you witnessed, or a personal encounter with a Special Needs individual we invite you to submit it for inclusion in the next issue of Building Blocks: Email: Ruchi Eisenbach, Family Forum Editor at: **ruchieisenbach@gmail.com**

Is there a resource, new product or book that you think would be of interest with other Building Blocks readers? Please call it to our attention by contacting: Resource Section: **buildingblocks@jewishpress.com** or Review section: **ileneklass@aol.com**

If you have information about an event to take place that you would like to see published in the June, 2011 issue of Building Blocks, please send it to: Eli Stein, Bulletin Board Editor at: **elistein@aol.com**

If you have a question that you would like us to address to an expert in the field, email: Chaya Klass, Ask the Expert Coordinator at: **ileneklass@aol.com**

Building Blocks is your publication, and we look forward to receiving your comments, thoughts and opinions, to share with all of our readers.

Moshe Klass,
Magazine Publisher
sales@jewishpress.com

Yaakov Kornreich,
Senior Editor
buildingblocks@jewishpress.com

Elisheva Stein,
Associate Editor
elistein@aol.com

Chaya Ilene Klass,
Editorial Consultant
ileneklass@aol.com

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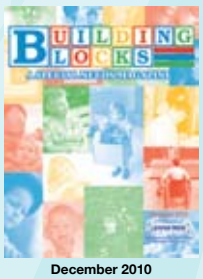

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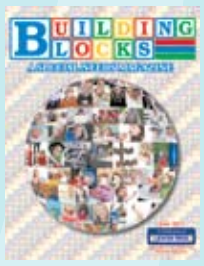

June 2011

To order back issues E-mail: sub@jewishpress.com

FROM THE REVIEWERS

The world of special needs children has grown tremendously over the past few years. New diagnoses, new therapies and a while range of new products and books to make life a little bit easier. It's hard to know which product or book & what is best for your child and their specific needs. That's where we come in with our unique review section. Therapists and educators in the field have reviewed all of the items in these reviews. We hope you enjoy!

Chaya Ilene Klass ❥ Bracha Holczer ❥ Breindy Rosenblatt ❥ Yitty Rimmer

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Special needs clothing and accessories for disabled children and adults.
Adaptive clothing encourages independent dressing and/or makes aided dressing easier for caregivers.
Enter code 'Building Blocks' to get 10% off

Play Products for children with special needs
able play™
visit www.ableplay.org
Independent evaluation by National Lekotek Center

SensoryCritters.com offers our Vinyl Weighted Blanket/Lap Pad
To order large quantities please call our office 866.749.2737 or 260.749.2730

EXER-RIDER

It's a scooter and racer all in one!This well-designed, high quality ride-on toy will be an exciting addition to your therapeutic tools. This versatile scooter can be used by typically developing children, but has also been adapted to accommodate our special children. It's well thought out adaptations make it perfect for children with limited mobility, lower extremity weakness, and poor trunk control. The low to the ground seat and cushioned seat back provides added postural support and stability and makes it easy to get on and off safely and independently. It has a unique upturned extended handlebar design with thick rubber grips that encourages arm and trunk extension as well as improved shoulder stability.

The side to side motion smoothly propels the Exer-Rider forward. The longer the handlebar strides, the faster you go. Swinging the handlebars from side to side to propel the scooter encourages improved postural adjustments for better postural control and helps build core muscle strength. It also facilitates improved trunk rotation, upper extremity strength, upper extremity reciprocal movements, improved motor planning and bilateral coordination. Its padded seat back, adjustable seatbelt, and non-slip seat provides extra pelvic support, trunk stability and access for children who need extra support in sitting. The footplate with adjustable straps is great for easy foot positioning to assist children with poor lower extremity control.

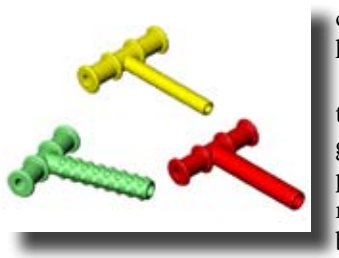
The Exer-rider also provides a lot of sensory input including proprioception and vestibular input. Use with cones and obstacle courses for improved motor planning, following directions, directionality and spatial awareness. The Exer-Rider is constructed for quality and durability. The special indoor-outdoor skate wheels with sealed bearings create a smooth ride that will glide easily and will not mark up or damage floors. Fun for children ages 4 and up, with a weight limit of 200 lbs. The exer-rider has no motor, requires no batteries or foot pedaling. It comes fully assembled so just hop on for hours of amazing fun and excitement!

www.flaghouse.com

$259

CHEWY TUBES™ AND JAW REHABILITATION PROGRAM

Chewy tubes are rubber- like devices that can be used to develop and strengthen oral motor and feeding skills. They come in a variety of shapes, sizes and textures and can be used with adults and children to provide effective practice for biting and chewing skills. They come in smooth and knobby- with small bumps on the handles to provide even more sensory input when needed. The yellow smooth chewy tube is used with a smaller jaw, typically infants and children up to age 2, who need additional sensory input and/or strengthening of jaw muscles for feeding and speech. The red smooth chewy tube can be used with children and adults to practice biting and chewing. The green knobby chewy tube is a bit thicker and provides additional sensory input as well as more resistance during chewing or biting. The blue smooth chewy tube is the largest and firmest and used with adults or adolescents with developmental delays, autism or sensory integration disorders. The red super chew is a knobby chewy tube that has a closed loop handle that can be held easily by little children and a knobby stem that provides the sensory input in a fun manner. The green super chew is similar to the red with the closed loop handle but has a flat stem instead of the knobby one. In addition, Chewy Tubes also come in P's and Q's. These devices made of the same flexible, chewy material, and are shaped into P's and Q's. They are wide enough to be used for chewing on both sides of the mouth yet especially easy to hold for young fingers or for those with very low muscle tone.



These chewy tubes are most effective when paired with the Jaw Rehabilitation Program. This is a step by step program with a series of goals and objectives to develop appropriate biting and chewing skills by strengthening the muscles needed for feeding and speech. The program can be used for patients with autism, cleft palate, Down syndrome, apraxia, neuromuscular disorders and cerebral palsy among others. The program contains 7 levels with 2 long term goals per level. Each long term goal has several short term goals to ensure successful achievement of each goal.

www.chewytubes.com

Prices vary.
Check out the distributor page.

WEBBER HEAR BUILDER™ SEQUENCING

Webber Hear Builder™ Sequencing is another wonderful game which teaches children critical thinking and comprehension skills while visiting a carnival. There are 120 illustrated sequences used in this game to address skills such as reading and listening comprehension, auditory processing, visual discrimination and activities of daily living. After each game is completed accurately, the child gets tokens to use at the Arcade.

This program comes in home and professional editions. The home edition is for parents to help their children with additional practice in reading and listening comprehension and can be used for 1-4 children. The professional edition includes 14 different settings variations to customize individually for each student. Each game also has multiple levels of difficulty with the ability to add background noise as well. You can choose the type of sequence- either instructions or story, the number of pictures in the story (2-6) and the way it is presented (auditory only, with words, without words, show pictures or without pictures).

This program is great for children with difficulties in reading comprehension, listening in noise, retelling or understanding the steps of daily routine. Kids just love this game as they enjoy the feeling of making the story themselves. They don't realize that they are learning and really using their critical thinking skills while having a blast at the Hear Builder Sequencing Fun House.

www.superduperinc.com
Home Edition
$69.95
Professional Edition
$99.95

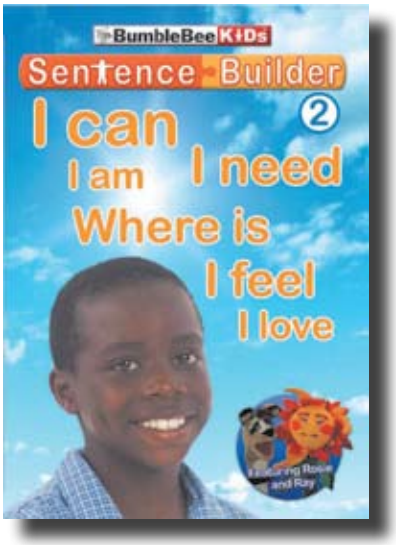
SENTENCE BUILDER

Sentence Builder 1&2 are engaging DVD's that teach sentence structure to young children. They feature 2 adorable puppets, a flower and a puppy, who act out different types of sentences. After the puppets, there are children who show different ways to use each sentence in the natural environment. For example, the first sentence they teach is 'I like.' There are different scenes of the children doing different things they like, while saying – I like ice cream,' or 'I like mommy.' The scenes are presented first auditory only, without words or text on the screen and then again with the words on the screen.

The first DVD focuses on:
- I like
- May I have
- I'm playing
- I have
- I see

The second DVD addresses:
- I feel
- I can
- Where is
- I am
- I love

Each DVD shows how and when to use each sentence. The children are cute and engaging and present the sentences first individually and then in conversation with their peers. They address how to add to the sentences and initiate conversations and maintain topic. This program is great for children who need direct instruction on pragmatic/social skills such as those with autism spectrum disorders as well as children who have general language delays or hearing impairments that necessitate the need for them to be taught the rules of sentence formulation in a structured manner.



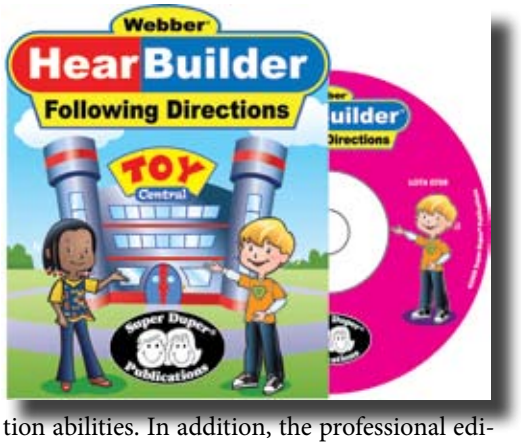
www.bumblebeekids.com

$24.95 Each • 2 Volume Set for $39.95

WEBBER HEAR BUILDER™ FOLLOWING DIRECTIONS

Webber Hear Builder ™ Following Directions is an interactive software program that helps children increase their auditory skills by following directions. This evidence based program includes 40 different concepts that help children (ages 4-11) increase their auditory processing skills. The program features up to date graphics that keep the children entertained as they learn to follow directions and become master toy makers in the Toy Central toy factory. There are 5 different games; each focusing on a different type of direction:
- Basic directions- point to the small red car
- Sequential directions-first set the temperature to cold, the size to large and press start
- Quantitative and spatial directives- choose all of the robots
- Temporal directions- before you put a robot in the box, put a dollhouse in the box
- Conditional directions- if a yellow skate is in the box, put the box on the small truck.

Each game has many levels that can be individualized for each child that is playing. Data is saved after each game and used for tracking of progress and generating progress reports. The CD's come in home edition (1-4 students) as well as the professional edition which can be used for an unlimited number of students and has more specific individualized instruction abilities. In addition, the professional edition has the ability to add background noise to each game, with a 0-10 volume level, to address those children with auditory processing disorders that have difficulty processing auditory information in background noise. It is also SMART Board compatible so you can use it with your whole class. This program is really beneficial for students with auditory memory difficulties, language delays, low academic performance and behavioral issues.

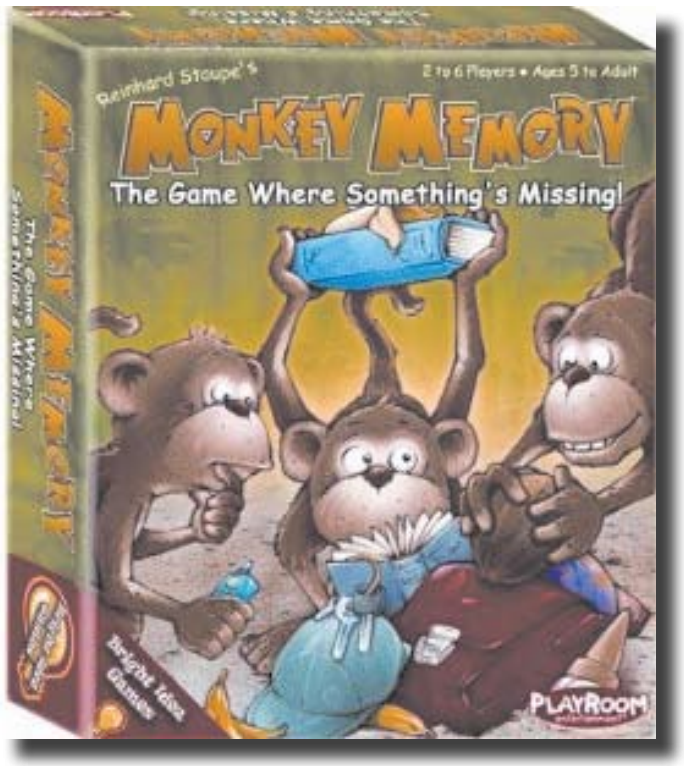


www.superduperinc.com

Home Edition $69.95

Professional Edition $99.95

MONKEY MEMORY™



Monkey Memory is an exciting fast paced card game for ages 5 and up. The monkeys have escaped from their cage at the zoo and have taken a bunch of items from the zoo's visitors! Help the visitors get their stuff back by keeping a sharp eye on the fast moving pile of cards and be able to tell which items are the missing ones. This game comes with 20 object cards, 22 points cards and 8 solutions cards. The object of the game is to figure out which object card is missing from the pile. One card is removed from the pile and the rest of the cards are quickly turned over. When you figure out which card is missing, you point to that picture on your solutions card. Whoever gets the right answer gets a point card. The person with the most point cards at the end of the game wins. The cards are made of heavy duty laminated cardstock to ensure long hours of playing fun.

This game is loads of fun and can be used to sharpen many skills including visual perceptual skills, visual memory, sequencing, problem solving and conversational turn-taking skills.

www.pfot.com

$9.95

CONSTRUCTION TRUCK

Construction Truck Sort and Match is a fun and educational mix n' match game. The object is to re-create the truck design from the pattern card onto the design board using the pieces provided. Each card has two images of trucks for the child to recreate as a 2D image on the design board, using the colorful shapes. The brightly illustrated cards are numbered in order of difficulty to keep track of their progress. The brightly colored truck pieces are made of durable plastic and have magnets imbedded in them to help them attach and hold onto the self-propping design board. The magnetic design board also has pegs to help guide the pieces correctly into place.

Educational benefits include; sorting, matching, sequencing, patterns, color and shape recognition. It also works on improving visual perceptual skills such as spatial awareness, directionality, design copying, visual discrimination, and scanning. Other therapeutic benefits include improving fine motor skills and dexterity, hand eye coordination and bilateral hand use. Construction Truck Sort and Match comes with 6 double sided, sturdy pattern cards, 48 magnetic construction truck pieces, and self-propping design board. It's designed for easy clean-up and storage. Construction Truck Sort and Match is for one to two players, ages 3 and up. All paints and finishes are lead free and non-toxic. A wonderful way to foster creativity, learn and have fun all at the same time!

www.flaghouse.com

$34.95

QUESTION QUEST™

Laureate Learning has another great idea- this time its teaching 'wh' questions, billed as 'the most comprehensive question training available.' It is a new research based 3 level series that focuses on teaching all types of question forms including Who, What, Where, Why, How, With What, and Yes/No Questions. It addresses how to answer questions as well as the specifics of the grammar (syntax) and the (semantics) meaning of each specific question form. Each question form is first targeted in an introduction game where the question is presented and then the question form is used again during the answer. For example in the Who Introduction: the target is presented as "who is drumming?" and then answered as – "the boy is drumming, that's who." Level 1 targets the simplest question forms including:

Sample questions:
"Who is drumming?"
"Who is painting?"

- ☞ Who/What Subject (who is next to the chair/what is next to the chair?)
- ☞ Who/What Object (who is the boy drawing/what is the boy drawing?)
- ☞ Who/What/Where (who is eating an apple/what is the officer eating/where is the officer eating an apple?)
- ☞ Who/What/Where Exhaustive -where there is more than 1 answer (who is washing the car?-the boy, grandma, grandpa…)
- ☞ What/With What (What is the girl eating/what is the girl eating with?)

Level 2 presents more challenging activities such as discriminating between Wh- and Yes/No questions and also introduces How. Level 3 covers the more difficult concepts of How and Why and teaches students to distinguish between How, Why, and Where.

This program can be used for children who present with language learning disabilities, autism, developmental disabilities and hearing impairments. Like other Laureate Learning ® programs, using advanced technology; this system provides assessment and sets goals and instructional modules accordingly. It then monitors progress and allows for data collection and report generation. It is a valuable resource that is so much fun that the kids won't even realize they are learning!

www.LaureateLearning.com
Levels 1-3 - $210.00 Each
All 3 Levels - $472.00

RAISED LINE PAPERS

There is nothing more frustrating to a child learning to write, or those with limited motor movements than not having the ability to keep letters and words on a line. When children first start learning how to form the alphabet, they find it frustrating to concentrate on keeping their letters on the line. Additionally, children with limited motor movement have difficulty controlling their pencil to stop at the line on the bottom. The result is letters and words that seem to "float" and "drown" all over the page. Raised Line Papers are a terrific way to help beginner writers, as well as those with poor motor control, taste success in writing legibly. The Raised Lines at the bottom of each row provide a tactile reminder for the child in determining how far the line should go, as well as where the letter should "rest". It takes away the added stress of keeping all the letters on the line, and allows the child to concentrate on gaining control of the pencil and maneuvering their fingers to form the letters of the alphabet correctly. Raised Line Papers come in six stages which help the child progress from the beginning within a clearly defined writing space, to the last stage that compares to standard notebook paper, yet still incorporates the raised dark blue baseline and clearly defined margins. This is a great way to ease a child into writing neatly on standard notebook paper.

www.therapro.com
50 Sheets - $9.95 • 125 Sheets - $19.95
250 Sheets - $38.50

THERAPEUTIC BENEFITS:

- ☞ Provides visual cues for legible handwriting
- ☞ Provides tactile prompts for children with impaired or decreased fine motor movements.
- ☞ Helps children develop proper letter and word spacing on lined paper
- ☞ Helps children develop motor planning skills for handwriting

LANGUAGE LINKS® SYNTAX ASSESSMENT AND INTERVENTION

The Language Links Syntax Assessment and Intervention system is a great program that was designed by speech pathologists to assess and remediate grammar skills in children. It is an all encompassing 6 level program and can be used for children with beginning language skills, like using only 2 word phrases, all the way through conversational discourse skills. The CD's are colorful and entertaining and quite enjoyable, while teaching over 75 important grammar skills in their developmental order. Some skills addressed include: girl's/boy's, me/you, is/are, he/she, mine/yours, ours/yours, his/her/their.

Sample Command: "Find the skates for you."

Each skill is presented in an animated scene where the child has to choose the person or item in the sentence presented to them. For example, in the skill set for regular noun/plural noun, the 'announcer' will show pictures of singular (one ant) and tell "when we speak about 1, we say ant" while showing the corresponding picture and then do the same for plural. Then the child will click on the correct picture in the examples that follow. Repetitions, when needed, are given first auditory only, then visually, with the sentence printed on the screen.

The responses are recorded and the program automatically adjusts the level of instructional support based on performance. Each session's results are provided in the database and students can always continue their sessions from where they left off previously. On this program, each child has his or her own folder where scores and progress are stored as well as additional notes that the clinician can add after each session. These summaries are then used to generate customized reports that can be printed for analysis of data and progress. There is also a customizable reinforcement certificate to print after each session.

www.LaureateLearning.com

$195

THERAPEUTIC BENEFITS:

- Can be used with children diagnosed with autism, developmental disabilities, specific language impairment (SLI), hearing impairments and auditory processing disorders
- Program settings can be modified to address different populations and different types of learners i.e. target directives can presented either auditorily, visually or both.
- Reinforcement settings on the program can be modified to provide optimal benefit for each child

SPYRO GYRO PEN & ACTIVITY BOOK

One of the challenges in developing proper pencil grasp in children is finding innovative ways to encourage children to practice utilizing this skill. The Spyro Gyro Pen is a motorized stylus with nine interchangeable ink colors, and three patterns, (circle, square, & triangle). The Spyro Gyro pen provides a fun way for children to practice their tripod grasp while making fun designs. The Activity Book gives step-by-step instructions to maximize the many different designs the Spyro Gyro pen can create. From a simple flower petal, to the more complicated jungle animals, dinosaurs and sea creatures, the possibilities to create exciting pictures are endless. The Spyro Gyro pen also has the additional benefit of providing a gentle vibration to the child when using it, making it ideal for children with decreased sensation in their hands as well as those with limited motor movement in their fingers.

www.therapro.com

$10.99 Ink Refills $2.00

THERAPEUTIC BENEFITS:

- Strengthens the distal upper extremities, especially those fingers needed for handwriting.
- Increases a child's ability to process tactile sensations.
- Strengthens visual motor skills
- Encourages motor planning skills through the use of patterns that form pictures

Language and Reading Software for Children with Special Needs

Laureate®

www.LaureateLearning.com

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LAQ- ART AND HOBBY CONSTRUCTION KIT

While there are so many classic building toys out there, it is always great when a new type comes out on the market, especially to entice older children who could use fine motor coordination practice. This kit contains pieces shaped in squares, triangles, round screw types, and pieces that look like clips. These pieces "click" together in infinite possibilities to create anything your imagination comes up with. There are also step-by-step instructions to create sample items such as boats, houses, people, cars, trucks, animals etc. This toy attracted the attention of teenagers as well as young children, who were interested in trying it out and building a sample model.

www.pfot.com

Prices Vary

THERAPEUTIC BENEFITS:

- ☞ Improves fine motor coordination skills, especially useful with older children who enjoy more "mature" models to build
- ☞ Improves cognitive skills through planning and following graphic instructions to build sample models
- ☞ Improves visual perceptual skills
- ☞ Improves visual motor skills

SPOT IT

No matter how many times you shuffle the deck, mix the cards, or lay them out, there will always be one match per each card. Can you find your match and call it out before other players find and call out theirs?? This is a great game to play with a group or even just with one other person. The object of the game is to be the first person to find the match from your card to the card at the center of the table, and call it out. The person who calls out their match first, takes the center card. A new card is turned over from the pile, and players keep playing until all the center cards are used up. At the end the one with the most cards, wins. This game challenges children to pay attention to detail, increase speed, scan and match objects, and improve social interactions through a fun game.

www.pfot.com

$12.95

THERAPEUTIC BENEFITS:

- ☞ Improves visual perceptual skills, including visual discrimination, attention to detail, scanning, categorization, and orientation skills.
- ☞ Improves social skills through group dynamics
- ☞ Improves modulation through challenging rate of speed

HIDE N SEEK MONKEY

This game is an engaging, exciting and modern twist on "hide and seek," but with a "Hot and Cold" twist. Can you find the monkey? Simply hide the monkey. Because of his size and moveable arms he can be hidden just about anywhere! His curled tail makes it easy to hang him up high. Then turn on the electronic wand and see if your little one can find where the monkey is hidden. Four LED lights illuminate to let you know how close you are to finding the monkey. As you get closer, more of the lights illuminate to let you know you are getting closer to the monkey. The more lights that light up, the closer to the monkey you are. When the seeker wand beeps, you know you are very close. As you get further away, the lights gradually go out.

The therapeutic benefits include; following directions, spatial awareness, directionality, expressive and receptive language development, and socialization. Additional wands can be purchased separately so that multiple children can search for the same monkey without fighting over one wand. Multiple animals and wands can be used to play, so there's no limit to the amount of players or the amount of fun to be had! This unique toy is great for ages 4 and up. Requires one 9V and two "AA" batteries, which are included. The wand is 12 1/2" L x 1" Diameter and the monkey is 8" H x 4" W and weighs 2 lbs. Hide n' Seek Monkey is an amazing toy that will keep them from driving you bananas!

www.therapro.com

$34.95

BALL BLANKET

This is a huge velvety soft blanket that is filled with balls to create the ultimate deep pressure sensory experience. The large size makes it ideal for calming a child by covering them with this blanket, giving them a feeling of even pressure throughout. Another great use is during play. Many children who tested this blanket enjoyed using it as a cushion to soften their fall when sliding down a slide, or just taking a giant leap and jumping right into it. The balls inside give the blanket a squishy squeeze feel when used in this way. Other children enjoyed walking over the blanket from one side to the other. It created a gross motor challenge for those whose balance and equilibrium is not as steady as it should be.

www.sensorycraver.com

$154

THERAPEUTIC BENEFITS:

- ☞ Calming for children with sensory integration dysfunction who need deep pressure input
- ☞ Develops gross motor coordination skills when used during activities to challenge balance and equilibrium

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Check Out Product Review in this issue. SensoryCritters.com is famous for its exclusive weighted products (Weighted Hoodie™, weighted blankets, vests, lap pads, neck wraps, etc.) that help children and adults overcome concentration and anxiety problems related to Autism, ADD, ADHD, and Sensory Processing Disorder. More than 5,000 therapy products from A - Z to put the ABILITY back into your life!

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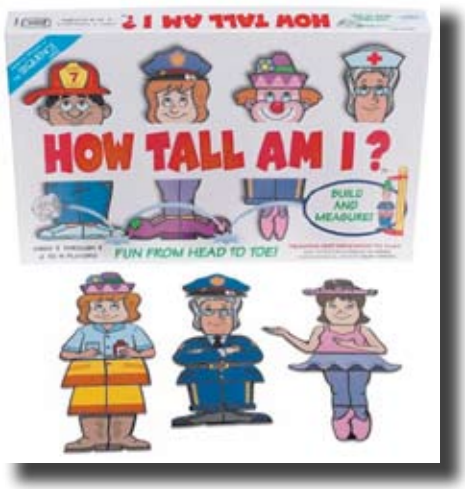
PRODUCT REVIEWS

HOW TALL AM I

How Tall Am I is a simple beginners game that is easy to learn, teach and play. It's easy to understand instructions makes it a perfect way to introduce young children to board games. It can be enjoyed by pre-readers as well. Game play takes around 15 minutes, which is the perfect amount of time to keep young children's interest. The object of the game is to create the tallest character by mixing and matching five different body parts including a head, hat, body, legs and feet. Children can choose from well-illustrated, brightly colored characters including a doctor, ballerina, fireman, clown, policeman, and cowboy. Pieces can be mixed and match to create unique and zany characters each time you play.

Simply roll the die to find out which piece you can choose. The die has both pictures of the body part as well as word labels to help children who have not learned to read yet begin to recognize words. Once each player successfully assembles their character, the child then uses the special measuring ruler to see how tall their character is. The special measuring tool has a moveable arm that allows the child to learn by doing, and offers measurements in centimeters or inches. Each player then compares their character's height to one another. If your character is the tallest – you are the winner!

How Tall Am I comes with 30 durable, high quality character pieces, measuring ruler with moveable arm, game die with words and illustrations, and game instructions. Educational benefits include number recognition, concept of measurements, taller/shorter, matching, expressive and receptive language and following directions. It also promotes social skills such as reciprocal conversation, socialization, turn taking, and good sportsmanship. How Tall am I is great for spatial relationships such as top, middle, and bottom, visual perceptual skills, and size and visual estimation. It also works on fine motor skills including development of palmar arches by rolling the dice, and pincer grasp when picking up the pieces from the floor. It is for 2-4 players, ages 3-8 yrs. A must have for new learners and therapists of young children!



Available at Double Play
4115 14th Avenue • Brooklyn, NY
718.438.0664
$18.00

SNACK ATTACK BY THINKFUN!

This fast paced, picture matching game is sure to provide hours of fun and excitement for all. Each child gets their own plate that has pre-printed food tokens on it. Then simply remove the end cap off the crank handle and place it into the designated space in the snack platter. The designated "Chef" cranks the handle of the snack platter, causing one food token to drop into each available playing space on the platter. The child then calls out the name of a food token that matches one on their plate, races to grab it and places it on their plate. As they place the food token on their plate, the child inverts the token to reveal a new food item to be matched. As play continues, the plates become stacked with tokens. When there are no more matches, the crank handle is turned again till all the food tokens are gone. Each player then counts their chips. The player with the most food tokens on their plate wins!

2 sided plates allows for two levels of play. When the game is over the food tokens store easily in the crank handle. This game is great for matching, sorting, counting, categorization, following directions, memory skills, focus and concentration. It also promotes language development, articulation, social pragmatics and vocabulary. Promotes socialization including turn taking and good sportsmanship and promotes improved fine motor skills such as pincer grasp and in-hand manipulation skills. Snack Attack also improves visual perceptual skills including scanning, spatial awareness, visual discrimination, figure ground, and visual memory. Game comes complete with 1 well-constructed, durable Snack Attack platter, 66 Double-Sided food Tokens, 6 Double-Sided Snack Plates and a complete parent's guide. Snack Attack is for 2-6 players, ages 4 yrs and up. It was a true hit in my therapy room, home, and a desired choice by children and adults alike!

Available at Double Play
4115 14th Avenue • Brooklyn, NY
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$15.00

To have your book or product reviewed contact us at 347.466.6960 or ileneklass@aol.com

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About Our Reviewers

Chaya (Ilene) Klass, MS, OTR/L, is an occupational therapist who works for the NYC Department of Education and treats children in the community. She can be reached at ileneklass@aol.com.

Bracha Holczer is a reading specialist. She has taught reading with the New York City Department of Education and currently acts as a consultant while raising her children. She can be reached at BHolczer@aol.com.

Breindy Rosenblatt MS CCC-SLP TSHH is the Speech Supervisor at the Auditory Oral School of New York/StriVright to Succeed.

Yitty Rimmer has a Masters in Occupational Therapy from New York University. She currently has her own private pediatric practice in Brooklyn, NY.

RESISTANCE TUNNEL

Take off on an amazing space mission to Mars right in your therapy room or home! This well made, durable, ten foot long resistance tunnel is constructed of two types of materials to offer varying differences in resistance as the child crawls through. The Lycra material is soft, cool to the touch, feels good on the skin and offers a higher level of resistance, while the soft mesh-like material has holes that make it breathable, less frightening for younger children and offers a less restrictive level of resistance. For added resistance, have them push a therapy ball through the tunnel. Its bright and colorful design creates a realistic looking space ship that makes it fun and inviting for young children, who may be fearful of the typical plain resistance tunnel. Its plush spaceship, which is attached to Velcro on one end, encourages the child to fly it through the tunnel to the other end. The durable handles at the ends of the tunnel allow it to be held open or closed or it can be hooked to a stable structure. The handles also allow the therapist/parent to exert more or less resistance as the child crawls through for more or less sensory input. Resistance tunnels are great for weight bearing, upper body strengthening, motor planning, improving body awareness, and following directions and routines.

The resistance tunnel provides controlled sensory input including proprioception, deep touch pressure, and heavy work to improve sensory exploration, organization, and modulation, as well as improve their arousal state. The resistance tunnel is amazing for a calming sensory escape. It is also great for children with gross motor difficulties, poor body awareness, sensory processing issues, ADD/ADHD, and children on the autistic spectrum! It's also great for core strengthening, improved breathing, and increased focus and attention span. For ages 3 and up, but should be used with adult supervision only. A must have for any therapy room!

www.funandfunction.com

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BOOK REVIEWS

By Bracha Holczer

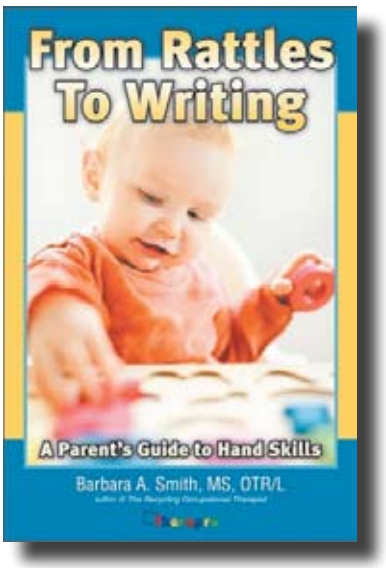
FROM RATTLES TO WRITING

By Barbara A. Smith, MS, OTR/L

Therapro, Inc., Framingham, MA, therapro.com • 2011

Barbara Smith's "From Rattles to Writing" offers an uncomplicated, playful approach to maximizing children's development through play with a focus on the developing skills related to writing. The goal is laying a solid, integrated foundation of fully functioning sensory systems and well-developed specific hand skills children need. The book is organized by age, developmental areas and specific skills so parents, therapists and care givers can choose to read through an entire age or focus on specific areas or skills in their children need stimulation or are interested in. The payoff is good visual-perceptual skills that facilitate eye-hand coordination for writing and other fine motor life skills, along with optimizing brain function for reading and learning. Designed to stimulate, organize and integrate the visual, tactile, vestibular and proprioceptive systems, the games and activities presented in this book will encourage functioning at highest possible levels, and children really do need all sensory systems fully up and running to succeed at so many important childhood areas: sports, academic, social functioning, family life, and daily living skills.

This book easily guides parents and care givers through sensorimotor experiences (rolling, crawling, touching, balancing, etc), hand strengthening activities, activity songs, and suggestions for the best materials to surround your children with beginning from birth through age six. Attention is given to the underlying skills necessary for achieving developmental milestones and preparing for future writing and reading tasks. For example, beginning with a newborn child, Barbara Smith explains how to stimulate the various sensations, muscles, motions and grasps (from ulnar palmar to neat pincer) a child will need in order to maintain a proper grip on writing instruments when writing. Many activities that do not appear initially to be related at all to writing actually can make a big difference, such as early playing with rattles, and later folding paper and stringing beads. Since writing quickly and legibly is part of smooth functioning throughout grade school, and it takes many years of honing the pre-requisite full functioning of hand muscles, any parent or therapist who follows through with the Developing Hand Skills sections through the age groups is setting their children up for success.



The suggested activities are not just presented as a simple to do list. Thoughtful, forward thinking parents will appreciate the explanations given about how each specific skill will help a child accomplish necessary tasks in future stages of development, and which supplies and activities will most encourage use of the muscles involved. This way parents can hone in on toys and equipment that are important and not accumulate excessive amounts of stuff. The suggested toys and materials are practical everyday supplies and toys that will support children's development in specific areas or for long periods of time. Often, the same materials are used and reused for later activities, which helps make From "Rattles to Writing" a perfect book for both families just beginning and families already enjoying children of various ages and changes.

Of course, children have various natural inclinations (some love messy activities, some love active games, some don't etc.) and not all will participate in activities at the same rates, so adaptations are suggested.

Therapists may enjoy sharing with their clients' parents the informative and understandable way the development of skills is presented from birth and up. For them as well as parents and teachers who really want to solidify their young children's skills for later academic success in learning to read and write, Barbara Smith's "From Rattles to Writing" is an intelligent and fun choice.

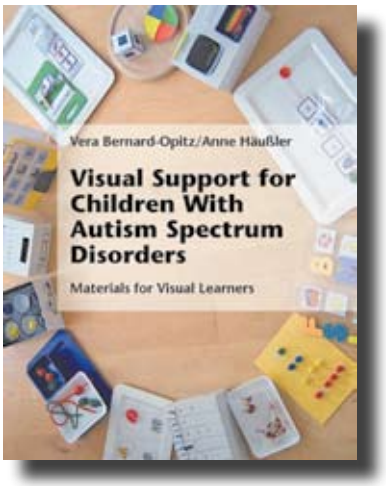
VISUAL SUPPORT FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS

By Vera Bernard-Opitz and Anne Haussler

Autism Asperger Publishing Co., Shawnee Mission, KS, asperger.net • 2011

Two very involved psychologists who develop and provide services for individuals with autism spectrum disorder (ASD), and who come from different approaches to therapeutic services (one in applied behavior analysis and the other in TEACCH) have decided to share excellent examples of learning materials and activities designed for ASD children, who are generally visual learners. The samples are culled from an international group of teachers with clear perspectives about task presentation. Targeted toward younger children with ASD and applicable to adolescents and adults with lower levels of functioning, the examples shown and guidelines for producing similar tasks will benefit any visual learner with or without varying disorders.

The numerous considerations that go into planning, structuring, and presenting visual tasks to often nonverbal children are explained in detail in the beginning chapters. The rest of the book is a visual learner's delight - page after page of clear photos depicting tasks, arranged by task format and type and also by subject, skill, and area of daily life. Each task is briefly discussed and comments are given about teaching the task if necessary. Of course, suppliers of the teaching materials used are listed with contact information.

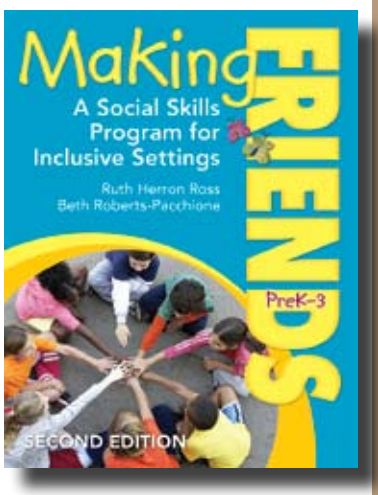


If you are involved in designing tasks for young children or those with ASD, you will enjoy poring over "Visual Support for Children with Autism Spectrum Disorders" for ideas and inspiration.

MAKING FRIENDS: A Social Skills Program For Inclusive Settings (Prek - 3), 2nd Edition

By Ruth Herron Ross and Beth Roberts-Pacchione

Corwin, Thousand Oaks, CA, corwin.com •2011



Children's work is play, and they had better be very good at this 'job' since so much of their time, not to mention their social lives and early academic experiences is spent in play, and not just any play, but play with other children! Most young children figure out the unspoken rules of the playground and social encounters through trial and error and a few corrections from supervising adults. They naturally play imaginatively, observe personal boundaries, respond to others' emotions, and use verbal skills as necessary. However, a caring person who has carefully observed any group of young children at play, particularly in inclusive settings, will notice some children who seem out of things. Their interactions with their peers are unsuccessful more so because of what they do or don't do than because of what their peers are or are not doing. Social difficulties challenge even children without special needs, and research has connected social development to cognitive and even physical development, and that is reason enough for teachers and group therapy providers (speech therapists, social workers, psychologists, etc.) to address this need.

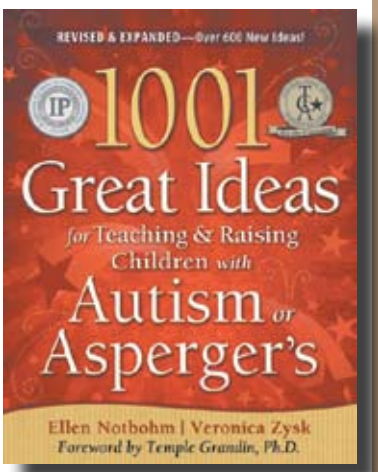
Direct instruction can help children improve social interactions, and success in play brings more invitations to play, essentially assuring more opportunities to practice newly acquired skills with built in positive reinforcement! Here, the authors have improved on their previously published Wanna Play Program for learning friendship skills. The program consists of carefully sequenced lessons and activities that include consistent strategies, techniques, and vocabulary. Each lesson builds just a bit on the previous, making no great leaps that children with social difficulties can't hurdle. Active play and visual aids are a big part of the lessons. Coloring pages, worksheets and visual reminders are provided as well. Adaptations for age and abilities of children in the group are suggested. The overall attitude is fun, upbeat and positive, as the guidelines stress the adults involved should be, and involves facilitated free play where the adult actively observes interactive play and looks for opportunities to offer prompts from the lessons and activities. Children will beg to repeat certain lessons over and over! One great feature of the program is the Friendship Cards. Each major skill is recorded by the children (via drawings or writing) on a ring of cards and the children are encouraged to use them as a reference tool to problem-solve when situations arise.

"The Wanna Play program in Making Friends: A Social Skills Program for Inclusive Settings" addresses so many goals of social development that by the time a child with initial social difficulties has gone through the whole program (about 34 fun lessons from Making New Friends to Interest in Others, from Staying Calm When We Don't Get Along to Playing Friends' Games and so many more), they will surely be certified experts in play!

1001 GREAT IDEAS FOR TEACHING AND RAISING CHILDREN WITH AUTISM OR ASPERGER'S (REVISED AND EXPANDED)

By Ellen Notbohm and Veronica Zysk

Future Horizons, Inc., Arlington, TX, FHautism.com • 2010



Two well-known authors in the autism community have delivered once again a powerfully effective collection of ideas, strategies and suggestions that address the needs of children with autism or Asperger's. They have revised their previous edition with fresh tactics culled from their experiences and research to address children's needs at home, school and out and about. The descriptive foreword by the well-known Dr. Temple Grandin describes how relentless and targeted efforts and activities arranged by her mother and teachers made all the difference in a time before the widely available therapies of today. Today, we are lucky to have so much knowledge about what can help children with autism or Asperger's, and even luckier to have it translated into practical strategies spelled out so concisely in this book.

Encompassing the major areas of a child's life, all that information is arranged into specific discussions which include caring and professional descriptions of the issues along with activities that can improve, expand and encourage growth and improvement in all areas of life for children growing up with the realities of autism and Asperger's. The children's parents, teachers, families and social groups stand to benefit from the children's higher functioning as well, and are included when appropriate. Entire chapters address the major areas of functioning: Sensory Integration, an over-riding need in children with autism, Communication and Language, which despite delays and confusions can be improved tremendously, Behavior, a real 'biggie' that can affect all other areas of life, Daily Living which covers issues in bathing, hair cutting, public restrooms, birthday parties, burgeoning independence and more, Thinking and Being Social which addresses sharing, turn-taking, understanding emotions and asking others for help, among other skills, and Teachers and Learners, which concretely guides maximizing the benefits of every aspect of the child's education experiences.

After a diagnosis, once all the technical and theoretical angles of autism and Asperger's are researched and read and memorized, we are still left with what we started - children who desperately need individualized help attaining the very life skills their conditions makes so difficult. The authors' caring and patient understanding of the difficulties and strengths that are part and parcel of life for the children add a very loving and firm touch to all entries in the book. "1001 Great Ideas" is a treasure mine of substantial ideas and anyone who lives or works with children with autism or Asperger's will reach for it again and again.

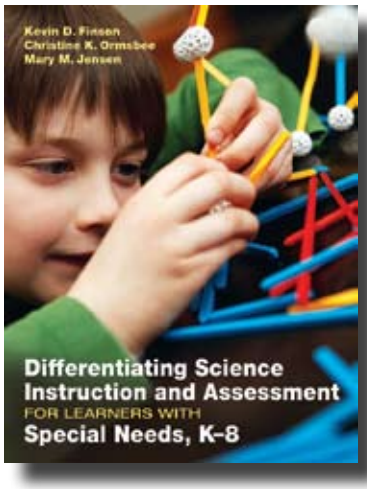
DIFFERENTIATING SCIENCE INSTRUCTION AND ASSESSMENT For Learners With Special Needs, K-8

By Kevin D. Finson, Christine K. Ormsbee, Mary M. Jensen
Corwin, Thousand Oaks, CA, corwin.com • 2011

If you are a non-learning disabled teacher instructing students with learning disabilities, you need to understand that you do not understand. You do not intuitively understand how difficult it is for mild to moderately disabled students to perform the same tasks other students perform so easily. There are students sitting in your classroom who are not succeeding where they may otherwise succeed without your accommodating their special needs, while all students will benefit from carefully considered methods, lessons, and materials.

This may involve some extra effort on the part of the teachers or support personnel (resource room, special education teachers or consultants)in schools, but the modifications detailed in the book are proven to make a big difference and can be legally required, especially if they are part of a diagnosed student's IEP (Individualized Education Plan). The authors' purpose for this book is to help teachers and supporting personnel improve the initial instruction, related tasks and assessment of science instruction with a focus on clarifying materials that are already used (and will continue to able to be used) effectively with typically achieving students. The goal is materials with universal design, designed to benefit students with all learning styles (much as architecture designed to accommodate wheelchairs can benefit pedestrians, too). Inquiry-based science education is strongly encouraged as this is a very motivating approach. With clear reminders that including the needs of students with special needs does not involve lowering standards or operating on lower grade levels, the authors stress that science education, activities and assessment in classrooms and laboratories (if your school is lucky enough to have one!) can be so much more effective!

The authors describe the characteristics and specific learning difficulties that students with mild to moderate disabilities face and how they affect academic achievement and performance. They briefly overview general considerations for various types of difficulties (language processing difficulties, attention deficits, impulsiveness, etc.) and suggest motivational strategies that all students would be lucky to experience in their classrooms, not just those with special needs. After this useful crash course in special education, readers begin to really understand the effectiveness of differentiating science instruction when the authors present examples of actual science tasks (related to specific national science standards) before and after being revised along with detailed explanations of revisions. Some improvements made were: clearer fonts, steps clarified and separated, and sections clearly identified. The result is always more students learning what the teacher is presenting. No students lose out or learn less.



The chapter about revising science assessments of different types is a must read for all teachers, especially those who always seem to try to "trick" students who really know the material into performing poorly on a test. Students with special needs do not deserve low scores because they are subject to the games teachers play on tests in the name of assessment, and parents of these children should know what to demand as fair assessment. The book explains this all very well. The last chapter helps teachers develop good assessment and evaluation techniques as well as suitable rubrics.

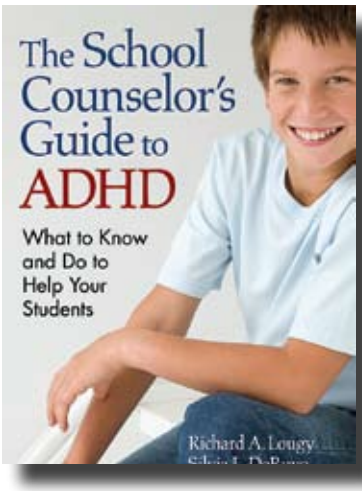
Since science has the potential to draw students into knowledge-expanding and skill-building learning experiences, it is important for principals, teachers and parents to expect good science education to reach all students in their classrooms, and that is why "Differentiating Science Instruction and Assessment for Learners with Special Needs" is a must-read.

THE SCHOOL COUNSELOR'S GUIDE TO ADHD: What To Know And Do To Help Your Students

By Richard A. Lougy, Silvia L. DeRuvo and
By David Rosenthal, MD
Corwin, Thousand Oaks, CA, corwin.com • 2009

This slim but comprehensive book really packs a strong punch! Full of relevant laws and thoroughly based on research, The School Counselor's Guide to ADHD really gets into the nitty gritty of which and how specific behaviors get in the way of students with ADHD's functioning in schools, what accommodations help, and what the various related laws require. In addition, common approaches to various treatments and medications are thoroughly described along with relevant research. For school personnel, parent advocates, and even parents who would benefit from a strong and convincing approach to advocating for accommodations, this book offers a lot of useful information.

In today's more aware society, many more students are being recognized for and diagnosed with ADHD. While all teachers are sure that half of their students have ADHD, there are specific criteria for diagnosis, summarized in the book. There is also a list of conditions and disorders that can explain symptoms mimicking ADHD that need to be ruled out. While children with ADHD can be quite disruptive in classrooms, overwhelm teachers and frustrate other school personnel, research has shown that certain practices do alleviate some problems. Typical behavior management falls short both on the classroom and school policy level, and many times this causes intense discord and antagonism between



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ADOLESCENTS ON THE AUTISM SPECTRUM

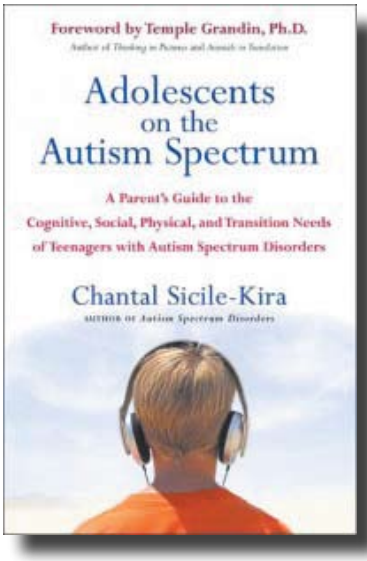
By Chantal Sicile-Kira

Perigee by The Penguin Group, New York, NY, penguin.com • 2006

Life with adolescent children is always, shall we say, interesting, and when those children have autism spectrum disorders, we just cannot assume they will muddle through and be OK or that their service providers will look out for them. Chantal Sicile-Kira, a noted author about autism spectrum disorders and parent of a young adult with an autism spectrum disorder, came to that heavy realization during her own son's special education high school experiences. She recognized that more must be done to help children with autism transition through the teenage years and into adulthood than what she saw happening. Just as these adolescents needed specific help in reaching milestones, learning skills and attaining understandings until now, they still need help as they face anew the world they haven't yet fully deciphered. Ms. Sicile-Kira thoroughly analyzed available research and consulted with experts and individuals with autism such as Temple Grandin, Ph.D. (who penned the foreword acknowledging adolescence as a particularly terrifying time for her).

Some children with Asperger's are first diagnosed in their pre-teen or teenage years and their parents will appreciate the book's up-to-date overview of information about autism spectrum disorders. Parents of children diagnosed long ago (who may only now be accepting their child's disorder as not going to be magically 'cured') along with those new to the scene will recognize in their adolescents the difficulties described in the book. Teenagers with autism spectrum disorders must and can learn so many new skills and respond to new approaches, but often boards of education or insurance companies may not be so willing to invest further in an older child. One quick read of the author's impassioned introduction to the book will invigorate and energize even those parents who are long exhausted by the battle to procure the absolute best services for their child. Reading the chapter about therapies, treatments and strategies that have proven effective with teenagers (not all of which apply to any one child) can help redirect thinking in this regard.

Among the other issues addressed specifically in the book is how family life is affected by an adolescent with autism spectrum disorders. Siblings as well as couples are offered guidelines, suggestions and skills to ensure their needs remain part of the equation heavily weighed down by those of the family member with autism spectrum disorder. Parents are walked through some new ideas they may need to incorporate into their thinking about their adolescent with autism spectrum disorders and reminded of additional resources to consider. One very important chapter prepares parents to deal with issues about puberty, hygiene, grooming, dressing, and adult matters. Please be aware that while some of the author's ideas about dealing with private matters reflect those in the secular world and do not sit well with our Orthodox Jewish approaches, the premise that teenagers need to be aware of their bodies and understand the concept of and their right to privacy is part of preparing all teenagers for adulthood. Fortunately, children in the Orthodox Jewish community may be shielded longer than others from the issue surrounding relationships with the opposite gender. Another informative chapter addresses recognizing and advocating for children's changing needs in middle and high schools.



Finally, the author addresses different aspects of an affected individual's near and long-term future the ITP (Individualized Transition Plan) needs to plan for, taking into account the strengths, talents, preferences and abilities of the individual.

Additional resources such as agencies and websites are suggested throughout the book, as are sidebars with reflections from experts, parents and successful individuals with spectrum disorders. For parents with children at this age, "Adolescents on the Autism Spectrum" effectively serves as an eye-opening field guide.

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schools and families of ADHD students. Parents in pain and frustration from years of unsuccessful interactions with schools can become defensive or overprotective while teachers overwhelmed with ADHD students' disruptive and seemingly irresponsible behavior can become accusing and judgmental of parents' competence, none of which is conducive to assuring any positive changes. When all vested parties are working with the rational premises and equipped with appropriate background and working knowledge provided so succinctly in this guide, much good can be accomplished (even while the ADHD will still exist!).

Specific chapters about the characteristics of ADHD, the overall delays or impairments in executive function (difficulties with organization, self-monitoring, etc.) and how they affect academic and behavioral performance are understandable and informative in a comprehensive but not voluminous manner. The chapter about treating children with ADHD fairly and legally, which does not mean equally with other students is priceless and should be read before every meeting about ADHD children. Classroom strategies for curriculum instruction and behavior management are presented realistically with the understanding that some teachers are still very resistant to accommodating these students who in reality have a hidden disability. Lastly, resource listings attached as appendices are provided for dedicated professionals who wish to fully educate themselves.

"The School Counselor's Guide to ADHD" can help prepare newer teachers, administrators and school counselors and psychologists and social workers for work with populations that include students with ADHD, as well as function as a review or handbook for the more experienced professionals to better advocate for the needs and rights of children with ADHD.

Bracha Holczer is a reading specialist with the New York City Department of Education. She can be reached at BHolczer@aol.com.

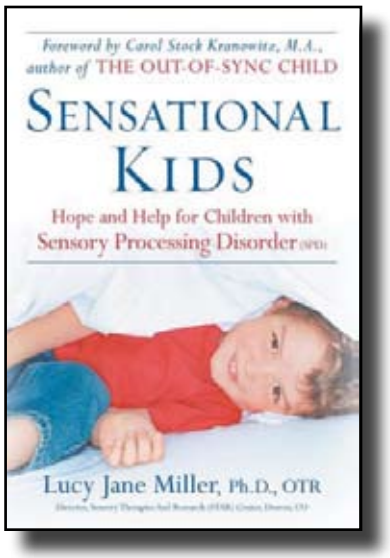
SENSATIONAL KIDS: Hope And Help For Children With Sensory Processing Disorder

By Lucy Jane Miller, Ph.D., OTR.

Perigee by The Penguin Group, New York, NY, penguin.com • 2006

As soon as I opened this book, I was reminded of two other books I read about children with sensory processing disorder (SPD): "The Out of Sync Child" and "The Out of Sync Child Has Fun" by preschool teacher Carol Stock Kranowitz. Sure enough, the foreword to this book is written by that wonderful author who improved the lives of so many children by informing their parents about the hidden difficulty they were having integrating their sensory input. It turns out that this book's author, Lucy Jane Miller, and Carol Stock Kranowitz are good friends who have collaborated together on other projects! This makes so much sense, as they both exude enthusiasm, caring and understanding in the way they present what they so deeply care about - how to understand SPD and help children affected by SPD and their families.

In "Sensational Kids", Lucy Jane Miller, renowned researcher and practitioner in the SPD field, passionately describes why she dedicated her life to this and shares her 30 plus years of knowledge, experience and research. She easily helps parents and other adults really understand what the disorder feels like in children and why the SPD child behaves so differently than others. Then she describes a sound method of analyzing the motivations of a child with SPD to behave in certain ways and what strategies can be used to improve daily life (which can be so disrupted by children with SPD). Her method is such an effective tool, and reading about it can change the way any parent, teacher or therapist deals with SPD children, and can potentially help children with other disorders that may include some sensory processing difficulty. She emphasizes the role knowledgeable occupational therapists play in therapy for SPD.



This book includes fascinating descriptions of daily life in families with children who have different types of SPD and an enlightening commentary of how applying the method she described helps in each case on an ongoing basis. Lastly, we are updated with the scientific aspects and research findings about neurological, physiological and biochemical mechanisms, and the causes, unique symptoms and treatments relevant to SPD. We are also given helpful resource listings such as books, sources for further information, therapeutic materials vendors and how to find evaluation teams.

Lucy Jane Miller has accomplished a difficult feat. "Sensational Kids" easily fills the need for an accessible, user-friendly introduction and as a serious guide to the real issues about SPD in developing children.

BEHAVIOR SOLUTIONS FOR THE INCLUSIVE CLASSROOM AND MORE BEHAVIOR SOLUTIONS IN AND BEYOND THE INCLUSIVE CLASSROOM

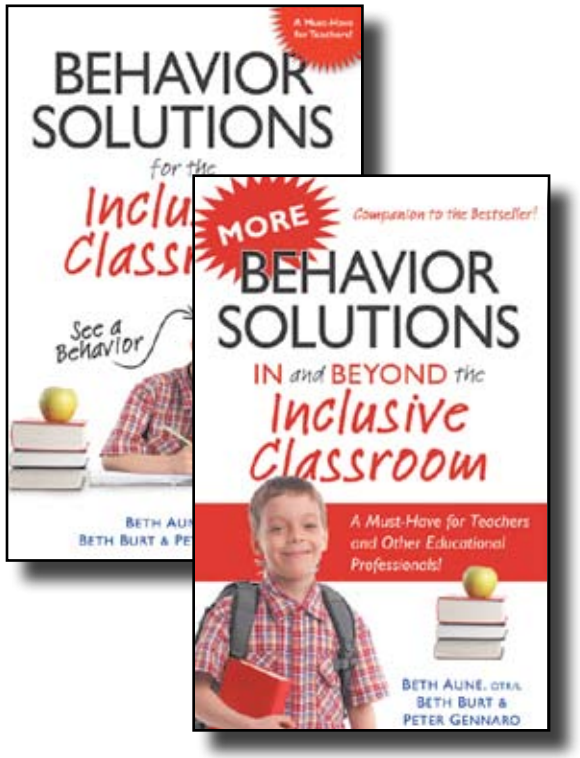
By Beth Aune, OTR/L, Beth Burt, and Peter Gennaro

Future Horizons, Inc., Arlington, TX, 76013, FHautism.com

2010, 2011

When you think of it, classrooms are challenging places for education to take place. If you have ever tried to teach the same thing to a group of children with different personalities, needs, behaviors and abilities, you are aware of the problems that crop up and will certainly welcome this solution-oriented series. The authors, who have a wide variety of classroom, parenting, and therapeutic experiences with children of various needs, have organized this handy book by the behaviors which children engage in that are getting in the way of their own and others' learning. They also, thankfully, have provided quick, do-able suggestions, accommodations and strategies any caring teacher can implement. Deep theoretical discussions are left to other, weighty volumes, leaving just the immediate, practical solutions to common problems. If specific supplies or materials (don't worry - nothing too specialized or expensive!) are necessary, the authors have explained how to easily make or buy them. The first book focuses on behaviors that affect children in classrooms, while the second expands to other school locations children end up in such as auditoriums, cafeterias, bathrooms, stairways, and therapy sessions.

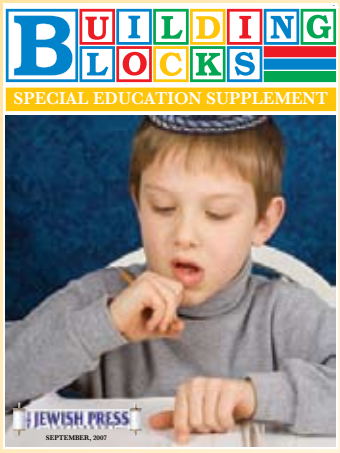
Sometimes teachers get caught up in power struggles with students about specific behaviors and they forget about why the child might be compelled to engage in disruptive behaviors in the face of so much negative attention. These books help teachers take a step back and consider the needs of the child and how to have sensory or other needs met in alternative, more acceptable ways so the child can attend to learning. While the books admittedly focus on "spectrum disorders," a quick perusal of the behaviors addressed are found in any classroom with any age children: Students requiring one-on-one support often, students demonstrating difficulty remembering sequences of directions, difficulty organizing materials, negative self-talk, difficulty working with others in groups, touching other students, challenges in turn-taking and so many more.



If yours is an inclusive classroom (and really, which one isn't?), the "Behavior Solutions" series belong at your fingertips!

Join Us Again For Our Next Big Issue May-June 2012

Past Issues of BUILDING BLOCKS A SPECIAL NEEDS MAGAZINE Now Available



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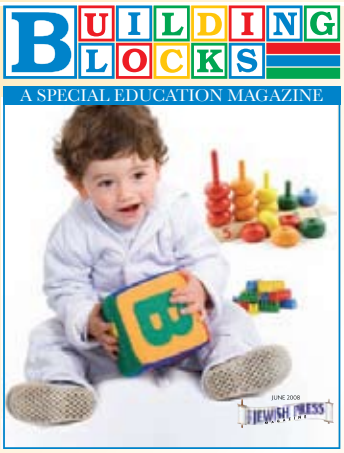

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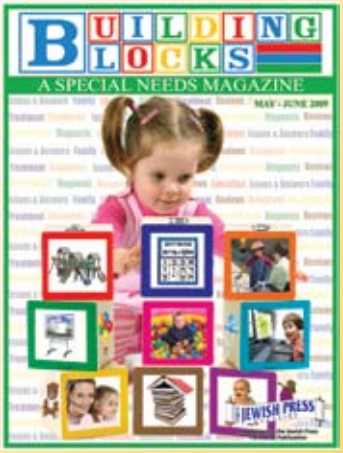

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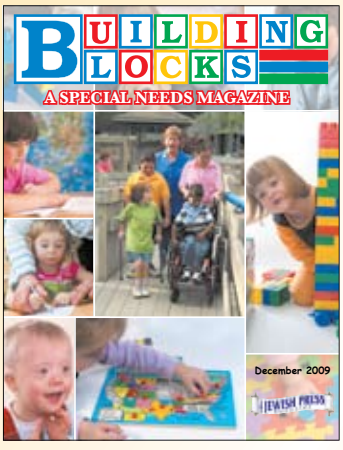

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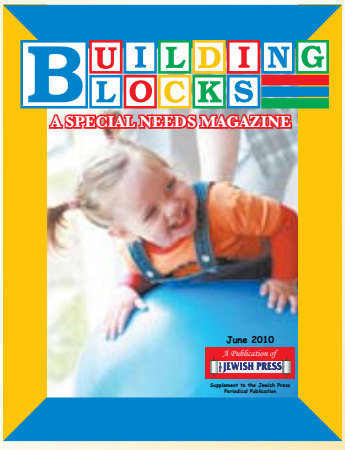

June 2010

December 2010

June 2011

E-mail: sub@jewishpress.com

DIRECTORY LISTINGS

Compiled by Suri Greenberg

The listing below is intended to serve as a starting point for family members, professionals and care givers seeking programs, institutions and service providers designed for special needs individuals and their families within the Jewish community. Building Blocks does not specifically endorse any of those listed. Readers are urged to contact them individually for more information. You must make your own determination as to whether the services and programs they offer are appropriate for your specific case. Also note, that languages are in addition to English.

PESACH TIKVAH
PESACH TIKVAH DOOR OF HOPE
Family & Children Services
• Services for Children with Special Needs
• Recovery Based Residences
• Respite Program • Family Counseling Center
• Psychiatric Assessment and Treatment
• Continuing Day Treatment Program
• Holocaust Survivors Program
• Summer Program for Children with Developmental Disabilities
PESACH TIKVAH HOPE DEVELOPMENT, INC.
18 Middleton Street
Brooklyn, NY 11206
Tel: 718-875-6900
Fax: 718-875-6999
Web: www.pesachtikvah.org
E-Mail: Info@pesachtikvah.org

WWW.FRUMTHERAPIST.COM
Find a Therapist
Your 411 in Mental Health and Parenting

EARLY INTERVENTION APPROVED PROGRAMS

AHRC NY
Address: 83 Maiden Lane,
New York, New York 10038
Phone: (212) 780-2500
Website: www.ahrcnyc.org
Location: Home and Center
Services Provided: ABA, Family Training, PT, OT, SLP, Psych, Evaluations

All About Kids
Address: 255 Executive Drive, LL 105
Plainview, NY 11803
Phone: (516) 576-2040
Website: www.allaboutkidsny.com
Location: Home
Services Provided: ABA, Speech therapy, PT, OT, Special Instruction, Social work, Psychological, Groups (Developmental Intervention, Special Instruction, Family/Caregiver Support, Parent Support Groups & Parent-Child Groups), family counseling, play therapy, music therapy, Initial & ongoing Service Coordination and Tutoring.

The Auditory Oral School of New York/ StriVright to Succeed
Address: 3623 Avenue L
Brooklyn, New York 11210
Phone: (718) 531-1800
Mail to: Jewish Press
Building Blocks Magazine
4915 16th Avenue
Brooklyn, NY 11204-1115
Website: www.auditoryoral.org
Location: Home and Center
Services Provided: Sensory integration, speech language therapy, auditory-verbal therapy, audiological testing and central auditory processing (CAPD) evaluations, OT, PT, special instruction home-based/center-based hearing education services (HES), multi-disciplinary evaluations for children birth to five years, family counseling, play therapy, music therapy, educational, parent-infant toddler groups, parent support groups

Center for Hearing and Communication (formerly League for the Hard of Hearing)
Address: 50 Broadway, 6th floor,
New York, New York 10004
Phone: (917) 305-7700
Website: www.chchearing.org
Location: Center
Services Provided: Auditory oral speech and language therapy (individual and group)

Challenge Early Intervention Center
Address: 649 39th Street
Brooklyn, New York 11232
Location 2: 70-14 141st Street,
Flushing, New York 11367
Location 3: 1911 Richmond Avenue,
Staten Island, New York 10314
Phone: (718) 972-0880
Location: Home and Center
Services Provided: ABA, sensory integration, Medek, multidisciplinary evaluations, speech therapy, special instruction, occupational therapy, physical therapy, family counseling, social work services, family training, nutrition services, psychological services, vision services, assistive technology, audiology, service coordination, individual and group developmental services

EIS LAASOIS/WIECDC
Address: 22 Middleton Street
Brooklyn, New York 11206
Phone: (718) 303-9400
Website: www.EISLAASOIS.org
Location: Home and Center
Services Provided: Floor time, Sensory Integration and NDT

Hamaspik of Rockland County
Address: 58 Route 59, Suite 1,
Monsey, New York 10952
Phone: (845) 356-8400

Hand in Hand Development, Inc
Address: 465 Grand Street, 2nd Floor,
New York, New York 10002
Phone: (212) 420-1999 ext. 149
Location: Home and Center

Hebrew Academy for Special Children – HASC Preschool
Address: 1311 55th Street
Phone: (718) 851-6100
Website: www.hasc.net

EARLY INTERVENTION APPROVED PROGRAMS CONTINUED...

Location: Home and Center
Services Provided: Sensory integration, Medek, assistive technology, therapeutic yoga, music therapy, computers, family counseling, play therapy, feeding therapy, parent support groups; nursing

HASC Spring Valley
Address: 46 Grandview Avenue,
Spring Valley, New York 10977
Phone: (845) 356-0191
Website: www.hasc.net
Location: Home and Center
Services Provided: ABA, OT, PT, SP, Sensory Integration, Family Counseling, Music Therapy

HASC Woodmere
Address: 321 Woodmere Boulevard
Woodmere, New York 11598
Phone: (516) 295-1340
Website: www.hasc.net
Location: Home, Clinic
Services Provided: ABA, Floor time, Sensory Integration, Play therapy, Parent support groups

Important Steps
Address: 2447 Eastchester Road,
Bronx, New York 10469
Phone: (718) 882-2111
Website: www.Importantsteps.com
Location: Home and Center
Services Provided: Floor time, Sensory Integration

Jumpstart Early Intervention Program
Address: 3914 15th Avenue
Brooklyn, New York 11218
Phone: (718) 853-9700 **Location:** Home
Services Provided: OT, PT, Speech, Special Instruction, Nutrition, Sensory integration, Medek, family counseling, play therapy

Little Wonders, Inc.
Address: 88-66 Myrtle Avenue
Glendale, NY 11385
Phone: (718) 850-0400
Website: www.littlewonders-ei.org
Services Provided: OT, PT, ST, Family Counseling, Play Therapy, Music Therapy, Parent Support Groups, Service Coordination, Multidisciplinary Evaluations.
Languages: Spanish, Polish, Russian, Italian, French, Creole, Greek, Tagalog, Hindi, Punjabi, Hebrew, Urdu and Yoruba.

Long Island Infant Development Program
Address: 2174 Hewlett Avenue, Suite 105
Merrick, New York 11566
Phone: (516) 546-2333
Website: www.liidp.org
Location: Home
Services Provided: Evaluations, Educational and Therapeutic Services, Developmental Groups, Parent Support Groups, Social Worker, Psychological Services

Los Niños Services
Address: 535 8th Avenue, 2nd floor,
New York, New York 10018
Phone: (212) 787-9700
Website: www.losninos.com
Location: Home
Services Provided: ABA, Speech therapy, PT, OT, Special Ed teachers, Social work, Psychology, Parent training, Development and Parent/child groups, Parent support groups

McCarton Center
Address: 350 East 82nd Street
New York, New York 10028
Phone: (212) 996-9019
Website: www.mccartoncenter.com
Location: Center
Services Provided: ABA, sensory integration, S & L therapy, educational testing

Omni Childhood Center
Address: 1651 Coney Island Avenue
Brooklyn, New York 11210
Phone: (718) 998-1415
Website: www.omnirehab.com
Location: Home
Services Provided: ABA, Floor time, Sensory integration, Medek

School for Children with Hidden Intelligence
Address: 345 Oak Street
Lakewood, NJ 08701
Phone: (732) 886-0900
Website: www.schischool.org
Location: Home
Services Provided: ABA, floor time, sensory integration, family counseling, support groups

EARLY INTERVENTION APPROVED PROGRAMS CONTINUED…

Shema Kolainu – Hear Our Voices
Address: 4302 New Utrecht Avenue
Brooklyn, New York 11219
Phone: (718) 686-9600
Website: www.shemakolainu.org
Location: Home
Services Provided: ABA, Special Instruction, Speech, OT, PT, Counseling, Social Work

Step By Step Infant Development Center
Address: 1049 38th Street
Phone: (718) 633-6666
Website: www.stepbystepny.com
Location: Home and Center
Services Provided: ABA, sensory integration, Medek, OT. PT. ST, special instruction, parent training, nutrition, vision, auditory training, family counseling, music and art therapy, parent support groups, swimming, respite.

YAI Network
Address: 460 West 34th Street
New York, New York 10001
Phone: (866) 2-YAI-LINK
Website: www.yai.org
Location: Home and Center
Services Provided: ABA, Floor Time, Sensory Integration

Yedei Chesed
Address: 48 Scotland Hill Road
Chestnut Ridge, New York 10977
Phone: (845) 425-0887
Website: yedeichesed.org
Location: Home
Services Provided: Counseling, play therapy, music therapy, parent support groups

Yeled V'Yalda Early Childhood Center
Address: 1312 38th Street
Brooklyn, New York 11218
Phone: (718) 686-3700
Website: www.yeled.org
Location: Home and Center
Services Provided: ABA, Sensory integration, Medek, play therapy, parent support groups

CPSE SCHOOLS OR CENTERS (3-5)

The Ability Center
Address: 3521 Avenue S
Brooklyn, NY
Phone: (718) 336-3832
Website: Theabilitycenter.net
Location: Center
Population: Mild to moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, ADD/ADHD, Visually Impaired, Hearing Impaired, Learning Disabled, Multiply Handicapped
Services: Speech therapy, OT, PT, Sensory Integration, MEDEK

AHRC NYC
Address: 83 Maiden Lane
New York, New York 10038
Phone: (212) 780-2500
Website: www.ahrcnyc.org
Location: Center
Services Provided: ABA, Family Training, PT, OT, SLP, Psych, Evaluations
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Emotionally Disturbed, Multiply Handicapped
Services: Speech therapy, Play therapy/counseling, ABA, Sensory Integration, TEACCH, PECS
Languages: Spanish
Add'l. Info: State approved

Aim High Children's Services
Address: 202 Foster Avenue
Brooklyn, New York 11230
Phone: (718) 853-1750
Website: www.aimhighchild.org
Location: Home, Center, Will send providers to private schools
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ADHD, Emotionally Disturbed, Multiply Handicapped
Services: SEIT, OT, PT, Speech, Play therapy/counseling, ABA, Floor time, sensory integration
Languages: Yiddish, Hebrew, Russian, Spanish
Add'l. Info: State approved

All About Kids
Address: 255 Executive Drive, LL 105
Plainview, NY 11803
Phone: (516) 576-2040
Website: www.allaboutkidsny.com
Location: Home
Population: Mild to moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ADHD, Emotionally Disturbed, Hearing Impaired, Visually Handicapped, Multiply Handicapped
Services Provided: SEIT, OT, PT, Speech, Play Therapy/Counseling, ABA, Floor Time, Sensory Integration, PROMPT, Feeding Therapy, Tutoring.
Languages: Spanish all areas. Please call for specific languages offered by area.
Add'l. Info: Privately funded, State Approved

The Auditory Oral School of New York
Address: 3623 Avenue L
Brooklyn, New York 11210
Phone: (718) 531-1800
Website: www.auditoryoral.org
Location: Home, Center, will send providers to private schools
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ADHD, Emotionally disturbed, Hearing impaired
Services: SEIT, OT, PT, Speech, Play therapy/counseling, HES, ABA, Sensory integration, Speech-language therapy, Auditory-oral therapy, Audiological testing & central auditory processing (CAPD) evaluations, Multidisciplinary evaluations for children birth to five years, Family counseling, Play therapy, Music therapy
Languages: Yiddish, Hebrew, Russian, Spanish, Ukrainian, Hungarian, Cantonese, Mandarin, French, ASL
Add'l. Info: State approved

Bright Smile Center
Address: 1051 59th Street
Brooklyn, New York 11219
Phone: (718) 437-5774
Website: www.brightsmilecenter.com
Location: Home, Center, will send providers to private schools
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ADHD
Services: SEIT, OT, PT, Speech, Play therapy/counseling, ABA, Sensory Integration, PROMPT
Languages: Yiddish, Hebrew, Cantonese, Mandarin, Urdu, Hindu
Add'l Info: State approved

Center for Hearing and Communication (formerly League for the Hard of Hearing)
Address: 50 Broadway, 6th floor
New York, New York 10004
Phone: (917) 305-7700
Website: www.chchearing.org
Location: Center
Population: Hearing impaired
Services provided: Speech, Auditory oral speech & language therapy

Comprehensive Kids Developmental School
Address: 99 Essex Street
New York, New York 10002
Phone: (212) 566-8855
Website: www.comprehensive-center.com
Location: Home, Center, Will send providers to private schools
Population: Mild-severe developmental delays, Autism/PPD, Speech & Language impaired,

CPSE SCHOOLS OR CENTERS (3-5)

Learning Disabled, ADD/ADHD, Emotionally disturbed
Services: SEIT
Languages: Spanish, Chinese, Korean, Yiddish, Greek, Russian

EIS LAASOIS/WIECDC
Address: 22 Middleton Street
Brooklyn, New York 11206
Phone: (718) 303-9400
Website: www.EISLAASOIS.org
Location: Center
Population: Mild-severe developmental delays, Speech & Language impaired, Learning Disabled, ADD/ADHD, Emotionally disturbed, Visually impaired, Multiply Handicapped
Services Provided: OT, PT, Speech, Floor time and Sensory Integration
Languages: Yiddish
Add'l. Info: State Approved

Evalcare, Inc.
Address: 5225 New Utrecht Avenue
Brooklyn, New York
Phone: (718) 686-0100
Website: www.evalcare.com
Location: Will send providers to private schools
Population: Hearing impaired
Services: SEIT, OT, PT, Speech, Auditory Processing
Add'l. Info: State Approved

Hand in Hand Development, Inc
Address: 465 Grand Street, 2nd Floor
New York, New York 10002
Phone: (212) 420-1999 ext. 149

Hebrew Academy for Special Children – HASC
Address: 1311 55th Street
Brooklyn, New York
Phone: (718) 851-6100
Website: www.hasc.net
Location: Home, Center, Will send providers to private schools
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD, Multiply handicapped
Services: SEIT, OT, PT, Speech, Play therapy/counseling, Sensory Integration, Medek, Yoga, Augmentative communication, Assistive technology, music therapy, nursing
Languages: Yiddish, Hebrew, Russian, Spanish
Addl. Info: State approved, Breakfast provided, Kosher meals, Transportation provided through the Dept. of Ed

A Helping Hand
Address: 703 East 4th St., Suite 3
Phone: (718) 435-7464
Location: Home, Will send providers to private schools
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD
Services: ABA, SEIT, State Approved
Languages: Yiddish, English

Imagine Academy
Address: 1458 East 14th Street
Brooklyn, New York 11230
Phone: (718) 376-8882
Website: www.imagineacademy.com
Ages Served: 3-21 **Hours:** 8:30AM-3:30PM
Classes: Mixed
Population Served: Moderate to severe developmental delays, Autism/PDD
Services: OT, PT, Speech, Play Therapy/Counseling, ABA, Floor time, Pre-vocational, Art, Music, Yoga, Therapeutic Swim
Languages: Hebrew
Addl. Info: Privately Funded, Transportation provided through the Department of Education, Lunch provided

Important Steps
Address: 2447 Eastchester Rd.,
Bronx, New York 10469
Phone: (718) 882-2111
Website: www.Importantsteps.com
Location: Home and Will send providers to school
Services Provided: Floor time, Sensory Integration
Population: Mild to moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning disabled, ADD/ ADHD, Hearing Impaired, Visually Impaired
Services: SEIT, OT, PT, Speech, Play Therapy/ counseling
Language: Spanish, Russian, Polish, Albanian, Italian, Hebrew. Please call for other languages

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Dr. Elka Pinson Psychologist 917.324.2386 dr.elka.pinson@gmail.com

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Email: rkaminwork@yahoo.com
Fax: (516) 908-4799

CPSE SCHOOLS OR CENTERS (3-5) CONTINUED...

IncludEd Educational Services
Location 1: 445 Central Ave, Suite 204
Cedarhurst, New York 11516
Phone: (516) 374-3377
Location 2: 75-15 Main Street
Kew Gardens Hills, New York 11367
Phone: (718) 263-5437
Website: www.includedny.org
Location: Home, Center, Will send providers to private schools
Population: Mild developmental delays, Speech & Language impaired
Services: SEIT, OT, PT, Speech, Play Therapy/counseling
Language: Hebrew, Farsi, Spanish

Kiryas Joel Pre-School (Part of Kiryas Joel UFSD)
Address: 1 Diner Road
Monroe, New York 10950
Phone: (845) 782-7510
Location: Center, Will send providers to private schools
Population: Mild to moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning disabled, ADD/ ADHD, Emotionally disturbed, Hearing Impaired, Visually Impaired, Multiply handicapped
Services: SEIT, OT, PT, Speech, Play Therapy/counseling, ABA, Sensory Integration, MEDEK
Language: Hebrew, Yiddish
Add'l Info: State Approved. Full/ Half Day Classes

Los Niños Services
Address: 535 8th Ave, 2nd Floor, New York, New York 10018
Phone: (212) 787-9700
Website: www.losninos.com
Location: Home
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ADHD, Emotionally disturbed, Hearing impaired, Visually impaired, Multiply handicapped
Services Provided: SEIT, ABA
Languages: Spanish, Russian, Ukrainian, Italian, Portuguese, French, and others

National Jewish Council for Disabilities/Yachad (NJCD)
Address: 11 Broadway, 13th fl.
New York, New York 10004
Phone: (212) 613-8229
Website: www.njcd.org
Location: Center, Will send providers to Private Schools
Population: Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD, Hearing impaired
Services Provided: Audiological

Omni Childhood Center
Address: 1651 Coney Island Avenue
Brooklyn, New York 11210
Phone: (718) 998-1415
Website: www.omnirehab.com
Location: Home, Center, Will send providers to private schools
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD, Emotionally disturbed, Hearing impaired, Multiply handicapped
Services: SEIT, OT, PT, Speech, Play therapy/counseling, Sensory Integration, Medek
Languages: Yiddish, Spanish, Russian, Hebrew, Polish
Add'l. Info: State approved

Otsar Family Services
Address: 2334 West 13th Street
Brooklyn, New York 11223
Phone: (718) 946-7301
Website: www.otsar.org
Location: Center
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD, Emotionally disturbed
Services: OT, PT, Speech, Play therapy/counseling, ABA, Floor Time, Sensory Integration, Music therapy, Dance therapy, Parent workshops & Support groups

School for Children with Hidden Intelligence
Address: 345 Oak Street
Lakewood, New Jersey 08701
Phone: (732) 886-0900
Website: www.schischool.org
Location: Center
Population Served: Moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, ADD/ ADHD, Hearing impaired, Multiply handicapped
Services Provided: OT, PT, Speech, Play therapy/counseling, ABA, floor time, sensory integration, music and art therapy, adaptive physical ed, Therasuit therapy, aqua therapy, animal therapy, etc.
Languages: Hebrew, Yiddish

Sesame Sprout, Inc.
Address: 96-08 57th Avenue
Corona, New York 11368
Phone: (718) 271-2294
Website: www.sesamesproutschool.com
Population: Mild developmental delays
Services: OT, PT, Speech
Languages: Spanish
Add'l. Info: State approved

Small Wonder Preschool
Address: 90-45 Myrtle Avenue
Glendale, New York 11385
Phone: (718) 849-3002
Website: www.smallwonders.org
Population: Moderate to severe developmental delays, Autism/ PDD, Speech & Language impaired, Learning Disabled, Hearing impaired.
Services Provided: OT, PT, Speech, Play therapy/counseling, ABA, Parent Support Groups, Miller Method (for children on the Autism Spectrum).
Languages: Spanish, Polish, Creole, Guajarati, Tagalog, Bengali, Arabic, Hindi, Punjabi, Urdu and American Sign Language, Bilingual staff.

UCP of New York City
Address: 80 Maiden Lane, 8th Floor
New York, New York 10038
Phone: (877) 827-2666
Website: www.ucpnyc.org
Location: Center
Population: Mild-severe developmental delays, Speech & Language impaired, Learning Disabled, Multiply handicapped
Services: Floor Time, Sensory Integration
Languages: Spanish Additional
Info: State Approved, Privately Funded
Add'l Info: State Approved, Privately Funded

YAI Network
Address: 460 West 34th Street
New York, New York 10001
Phone: (212) 273-6182
Website: www.yai.org
Location: Home and Center
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ADHD, Multiply handicapped
Services Provided: SEIT, OT, PT, Speech, Play therapy/counseling, ABA, Floor Time, Sensory integration
Languages: Spanish, Chinese, Mandarin, Cantonese
Add'l Info: State Approved & State Funded

Yeled V'Yalda Early Childhood Center
Address: 1312 38th Street
Brooklyn, New York 11218
Phone: (718) 686-3700
Website: www.yeled.org
Location: Home Based, Will send providers to private schools
Population Served: Mild-severe developmental delays, Autism/ PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD, Emotionally disturbed, Hearing impaired, Visually impaired
Services: SEIT, OT, PT, Speech, Play therapy/counseling, ABA, Sensory Integration, MEDEK
Languages: Hebrew, Yiddish, Russian, Spanish

CSE SCHOOLS OR CENTERS (5-21)

AHRC NYC
Address: 83 Maiden Lane
New York, New York 10038
Phone: (212) 780-2500
Website: www.ahrcnyc.org
Population: Autism/PDD, Multiply Handicapped
Ages: 5-21 **Gender:** Boys & Girls
Classes: Mixed **Hours:** 8:00 – 2:30
Therapies: Elementary: PT, OT, SLP, Psych, Art therapy; Middle/High School: Psych, consultant model for OT/SLP, Art therapy
Add'l Info: State approved, Handicap accessible, Lunch provided, Transportation avail. through Dept. of Ed

All About Kids
Address: 255 Executive Drive, LL 105,
Plainview, New York 11803
Phone: (516) 576-2040
Website: www.allaboutkidsny.com
Population: Mild to moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD, Emotionally Disturbed, Hearing Impaired, Visually Handicapped, Multiply Handicapped
Ages: 5-21 **Gender:** Boys & Girls
Classes: Mixed
Hours: Mon-Friday 8am-7PM. Authorized services provided at our facilities are offered Mon-Thurs 8am -7pm & Fri 8am-5pm. Privately funded services are offered in a child's home and/or community Mon-Sat 8am-7pm.
Services Provided: OT, PT, Speech, Social Work/Counseling, ABA, Floor Time, Behavior Intervention, Psychological, Parent Training, Staff Training& Consultations and Tutoring.
Languages: Spanish all areas. Please call for specific languages offered by area.
Add'l. Info: Privately funded, State Approved. Handicapped Accessible

C.A.H.A.L.
Address: 540-A Willow Avenue
Cedarhurst, New York 11516
Phone: (516) 295-3666
Website: www.cahal.org
Population: Speech & Language impaired, Learning Disabled, ADD/ ADHD
Ages: 5-18 **Gender:** Boys & Girls
Classes: Separate & mixed **Hours:** 8:00 – 5:00
Services: OT, PT, SPEECH
Addl. Info: Therapies provided on site, Lunch provided, Kosher Meals, Transportation through Dept. of Ed.

Gesher Yehuda Yeshiva
Address: 49 Avenue T
Brooklyn, New York 11223
Phone: (718) 714-7400
Population: Speech & Language impaired, Learning disabled, ADD/ADHD
Ages: 5-13 **Gender:** Male & Female
Classes: Mixed **Hours:** 8:45-4:15
Services: ST, OT, Counseling
Addl. Info: Privately funded, Transportation provided through Dept. of Ed.

Girls' Program – An Alternative Educational Program for Girls Ages 5-9
Address: 2221 Avenue R
Brooklyn, New York 11229
Phone: (718) 336-5296
Fax: (718) 336-5298
Ages: 5-9 **Gender:** Girls
Hours: 9-3:45
Population: Mild developmental delays, Speech & Language impaired, Learning Disabled
Services: OT, PT, Speech, Counseling
Addl. Info: Therapies provided on site, Lunch Provided, Meals kosher, Transportation through Dept. of Ed.

Ha'or Beacon School
Address: 2884 Nostrand Avenue
Brooklyn, New York
Phone: (718) 951-3650
Population: Autism/PDD, Learning Disabled, Speech & Language Impaired, ADD/ ADHD, Emotionally disturbed
Ages: 5-13 **Gender:** Male
Hours: 9:00-4:00
Services: Speech, OT, PT, Counseling
Addl. Info: Therapies provided on site, Privately funded, Lunch provided, Kosher meals, Transportation provided through Dept. of Ed

OMNI Childhood Center
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• Occupational Therapy • SEIT
• Physical Therapy • Audiology
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- Family Support Services & Information
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- Family Recreation Programs
- Parent Training and Meetings
- Guest Lecturers
- Community Sensitivity and Training
- Informational Publications
- Pediatric Equipment Lending Program
- Tape/Video Lending

TAFKID
is a not-for-profit organization services are free of charge to all families.
For more information call TAFKID at (718) 252-2236 or e-mail: tafkid@aol.com

CSE SCHOOLS OR CENTERS (5-21) CONTINUED…

HASC School Age Program
Address: 6220 14th Avenue Brooklyn, New York 11230
Phone: (718) 331-1624
Ages: 5-21 **Gender:** Male & Female
Classes: Separate & Mixed
Hours: 8:30-2:45
Population Served: Moderate to severe developmental delays, Autism/PDD, Multiply handicapped
Services: ABA, Carbone, OT, PT, Speech, Counseling, Vision, Hearing, Medically Frail, Nurse
Languages: Yiddish, Hebrew, Russian
Addl. Info: State Approved, After School Program, Kosher Breakfast and Lunch, Transportation provided through the Board of Education

HASC@Remsen
Address: 555 Remsen Avenue Brooklyn, New York 11236
Phone: (718) 495-3510
Website: www.hasc.net
Population: Mild to Moderate to severe developmental delays, Autism/PDD, Emotionally disturbed, Multiply handicapped
Ages: 5-12 **Gender:** Boys & Girls
Classes: Mixed
Hours: 8:45-2:15
Services: SP, OT, PT, Counseling
Addl. Info: State Approved

HASC Spring Valley
Address: 46 Grandview Avenue Spring Valley, New York 10977
Phone: (845) 356-0191
Website: www.hasc.net
Location: Home and Center
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning disabled, ADD/ ADHD, Hearing impaired, Vision impaired, Multiply handicapped
Services Provided: ABA, Sensory integration, SEIT, OT, PT, SP, Play therapy/Counseling
Languages: Yiddish
Add'l Info: State approved

HASC Woodmere
Address: 321 Woodmere Blvd., Woodmere, New York 11598
Phone: (516) 295-1340
Website: www.hasc.net
Population: Mild to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning disabled, ADD/ ADHD, Emotionally disturbed, Multiply handicapped
Services Provided: SEIT, OT, PT, Speech, Play Therapy/Counseling, Parent Training
Add'l. Info: State approved

HASC Center, Inc
Address: 5601 First Avenue Brooklyn, New York 11220
Phone: (718) 535-1953
Website: www.hasccenter.org
Location: Center
Population: Mild to severe developmental delays, Autism/PDD, Speech & Language impaired

A Helping Hand
Address: 703 East 4th Street
Phone: (718) 435-7464
Ages: 5-21
Population: Moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD
Services: ABA, SEIT, Pendency
Languages: Yiddish, English

Imagine Academy
Address: 1458 East 14th Street Brooklyn, New York 11230
Phone: (718) 376-8882
Website: www.imagineacademy.com
Ages Served: 3-21
Hours: 8:30AM-3:30PM
Classes: Mixed
Population Served: Moderate to severe developmental delays, Autism/PDD
Services: OT, PT, Speech, Play Therapy/Counseling, ABA, Floor time, Pre-vocational, Art, Music, Yoga, Therapeutic Swim
Languages: Hebrew
Addl. Info: Privately Funded, Transportation provided through the Department of Education, Lunch provided

IVDU Elementary School for Girls
Address: 1277 East 14th Street Brooklyn, New York
Phone: (718) 758-2999
Website: www.NJCD.org
Ages: Kindergarten-grade 5
Gender: Girls
Population: Learning Disabilities, Mild developmental disabilities, Speech & Language Delays, ADD/ADHD
Services: OT, PT, SEIT, Speech, counseling
Addl. Info: Therapies provided on site, Transportation provided from all 5 boroughs

IVDU Upper School Boys Division
Address: 1305 Coney Island Avenue Brooklyn, NY
Phone: (718) 372-7203
Website: www.NJCD.org
Ages: 13-21 **Gender:** Boys
Population: Learning Disabilities, Mild-moderate developmental disabilities, Speech & Language Impaired, ADD/ADHD, ED, broad range of needs (students grouped by ability level)
Services: Speech, Therapy, OT, Counseling, Travel Training, Vocational Training
Addl. Info: Transportation provided from all 5 boroughs

IVDU Upper School Girls Division
Address: 1305 Coney Island Avenue Brooklyn, New York
Phone: (718) 372-7203
Website: www.NJCD.org
Ages: 13-21 **Gender:** Girls
Population: Learning Disabilities, Mild-moderate developmental disabilities, Speech & Language Impaired, ADD/ ADHD, ED, broad range of needs (students grouped by ability level)
Services: Speech, Therapy, OT, Counseling, Travel Training, Vocational Training
Addl. Info: Transportation provided from all 5 boroughs

Kinor Dovid - Harmony
Address: 3820 14th Avenue Brooklyn, New York
Phone: (718) 435-8080
Website: www.harmonyservices.org
Population: Mild to Moderate developmental delays
Ages: 18+ **Gender:** Male **Classes:** Separate
Groups: Small groups, separate for men & women
Hours: M-Th: 9-3, 3-7:30; Fri. & Sun: 9-1:30
Services: OT, PT, Speech, Counseling, Pre-vocational
Languages: Yiddish, Hebrew
Addl. Info: On-site therapies, Center based, DayHab without walls, Vocational Services, Handicap Accessible, Kosher food provided, Transportation provided Optional Beis Medresh Program.

Kinor Malka - Harmony
Address: 1467 39th Street Brooklyn, New York 11218
Phone: (718) 435-8080
Website: www.harmonyservices.org
Population: Mild to Moderate developmental delays
Groups: Small groups, separate for men & women
Ages: 18+ **Gender:** Female **Classes:** Separate
Hours: M-Th: 9-3, 3-7:30; Fri. & Sun: 9-1:30
Services: OT, PT, Speech, Counseling, Pre-vocational
Languages: Yiddish, Hebrew
Addl. Info: On-site therapies, Center based, DayHab without walls, Vocational Services, Handicap Accessible, Kosher food provided, Transportation provided
Optional Seminary Program.

Ohr HaLimud – The Multi-Sensory Learning Center
Address: 1681 42nd Street Brooklyn, New York 11204
Phone: (718) 972-0170
Website: www.ohrhalimud.org
Ages: 7-14 **Gender:** Girls Hours: 8:30-4:00
Population Served: Dyslexia
Services: A complete transitional

CSE SCHOOLS OR CENTERS (5-21) CONTINUED...

Bais Yaakov, uniform wearing school that utilizes the scientifically based Orton-Gillingham approach to teach all subjects with emphasis on reading, writing, and spelling in both English and Hebrew.
Languages: Yiddish
Add'l Info: Kosher Meals, Transportation provided through Dept. of Ed., After School Program Monday thru Thursday/Sunday, Accepts P3s.

Omni Childhood Center
Address: 1651 Coney Island Avenue
Brooklyn, New York 11210
Phone: (718) 998-1415
Website: www.omnirehab.com
Ages: 0-21 **Gender:** Boys & Girls
Classes: Separate
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD, Emotionally disturbed, Hearing impaired, Multiply handicapped
Services: ABA, Pre-vocational
Languages: Yiddish, Spanish, Russian, Hebrew, Polish
Add'l. Info: State approved, Therapies provided on-site, Handicap accessible, Transportation provided through Dept. of Ed

P'TACH
Address: 1428 36th Street #211
Brooklyn, New York 11218
Phone: (718) 854-8600
Website: www.ptach.org
Population: Learning Disabled
Ages: 6-18 **Gender:** Boys and Girls
Schools: Separate schools **Hours:** 8:45-5:00
Services: Speech, Counseling
Languages: Yiddish
Add'l Info: Therapies provided on-site, Transportation provided through Dept. of Ed.

PS/IS 226-BiY
Address: 6006 23rd Ave
Brooklyn, New York 11204
Phone: (646)339-9041
Population: Mild-severe developmental delays, Speech & Language impaired, Learning Disabled, ADD/ADHD, Multiply Handicapped
Ages Served: 11-15 Gender: Boys and Girls
School Hours: 8:00-3:00PM
Languages: Yiddish, Hebrew
Add'l Info: Transportation Provided through Department of Education, Kosher Breakfast Provided, Handicapped Accessible
Services: OT, PT, Speech, Guidance and Pre-vocational

School for Children with Hidden Intelligence
Address: 345 Oak Street
Lakewood, New Jersey 08701
Phone: (732) 886-0900
Website: www.schischool.org
Location: Center
Population Served: Moderate-severe developmental delays, Autism/PDD, Speech & Language impaired, ADD/ ADHD, Emotionally Disturbed, Hearing impaired, Visually impaired, Multiply handicapped
Ages: 3-21 **Gender:** Male and female
Classes: Separate and Mixed
Services Provided: OT, PT, Speech, Counseling, ABA, floor time, pre-vocational, mainstreaming, music & art therapy, Therasuit therapy, adaptive phys ed, job training, aqua therapy, animal therapy, computers, etc
Languages: Hebrew, Yiddish, Spanish
Add'l Info: Therapies provided on site, state approved, Handicap accessible, Breakfast and Lunch provided, Kosher meals, Transportation provided through Dept. of Ed.

SEAD - Special Education Academy of Deal
Address: 1 Meridian Road
Eatontown, New Jersey 07724
Phone: (732) 460-1700
Website: www.seadschool.org
Population: Mild developmental delays, Autism/PDD, Speech & Language Impaired, Learning Disabled, ADD/ ADHD
Ages: 3-14 **Gender:** Boys and Girls
Classes: Mixed **Hours:** 8:30-4:00
Services: OT, PT, Speech, Social Skills
Add'l Info: Therapies provided on site, Handicap Accessible, Lunch Provided, Kosher Meals, Private Transportation provided, Privately Funded

Shema Kolainu – Hear Our Voices
Address: 4302 New Utrecht Ave.,
Brooklyn, New York 11219
Phone: (718) 686-9600
Website: www.shemakolainu.org
Population: Autism/PDD
Ages: 5-11 **Gender:** Boys & Girls
Classes: Mixed
Hours: 8:30am-2pm
Services: ABA, OT, PT, Speech
Add'l Info: State Approved, Handicap Accessible, Therapies provided on-site, Transportation through Dept. of Ed.

CSE SCHOOLS OR CENTERS (5-21) CONTINUED…

Sinai Schools
Address: 1485 Teaneck Road, Suite 300, Teaneck, NJ 07666
Phone: (201) 833-1134
Website: www.sinaischools.org
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ADHD, Emotionally disturbed, Hearing impaired, Visually impaired
Ages: 6-21 **Gender:** Boys & Girls
Languages: Hebrew
Classes: Separate & Mixed
Hours: 8:00am-4pm
Services: OT, Speech, Counseling, ABA
Add'l Info: Therapies provided on site, Privately Funded, Handicap Accessible, Breakfast and Lunch provided, Kosher Meals, Private Transportation & Transportation provided through Dept. of Ed.

STEP (Special Torah Education)
Address: 3005 Ave L
Brooklyn, New York 11210
Phone: (718) 252-8822
Population: Moderate to severe developmental delays, Autism/PDD, ADD/ ADHD, Multiply handicapped, Emotionally disturbed, Speech & Language impaired
Ages: 5-21
Gender: Boys and Girls
Classes: Separate Hours: 9-4
Services: OT, PT, Speech, Counseling, Aquatic
Languages: Hebrew, Yiddish
Add'l Info: Handicap Accessible, Lunch provided, Kosher meals, Transportation through Dept. of Ed.

UCP of New York City
Address: 80 Maiden Lane, 8th Floor, New York, NY 10038
Phone: (877) 827-2666
Website: www.ucpnyc.org
Population: Moderate to severe developmental delays, Multiply handicapped
Gender: Boys & Girls
Classes: Mixed **Hours:** 8-2
Services: OT, PT, Speech, Play therapy/counseling
Languages: Spanish
Add'l Info: State Approved, Privately Funded, Therapies provided on site, Handicap Accessible, Breakfast & Lunch Provided, Transportation through Dept. of Ed.

The Yaldeinu School
Address: 1600 63rd Street
Brooklyn, New York 11204
Phone: (718) 851-0123
Population: Autism/PDD
Ages: 5-11 **Gender:** Boys & Girls
Classes: Separate **Hours:** 9–3
Services: ABA, OT, Speech
Languages: Yiddish
Add'l Info: Therapies provided on site, Lunch provided, Kosher meals, Transportation through Dept. of Ed.

Yeshiva Bonim Lamokom
Address: 425 East 9th Street
Brooklyn, New York 11218
Phone: (718) 693-9032
Population: Mild developmental delays
Ages: 5-21 **Gender:** Boys
Hours: 9–5
Services: OT, PT, Speech, Counseling
Languages: Yiddish
Add'l Info: Privately funded, Therapies provided on site, Breakfast & Lunch provided, Kosher meals, Transportation provided through Dept. of Ed.

YESS! Yeshiva Education for Special Students
Address: 147-37 70th Road
Flushing, New York 11367
Phone: (718) 268-5976
Website: www.yessyeshiva.org
Population: Mild developmental delays, Speech & Language impaired, Learning Disabled
Ages: 5-14 **Gender:** Boys & Girls
Classes: Mixed
Hours: 8AM-3:45 & Fri. 8AM-1:30
Services: OT, PT, speech, counseling (by RSA)
Add'l Info: Therapies provided on site, Privately Funded, Handicap Accessible, Breakfast & Lunch Provided, Kosher Meals, Transportation through Dept. of Ed.

THERAPY & EVALUATION SERVICES

The Ability Center
Address: 3521 Avenue S
Brooklyn, New York
Phone: (718) 336-3832
Website: Theabilitycenter.net
Location: Center
Population: Mild to moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, ADD/ADHD, Visually Impaired, Hearing Impaired, Learning Disabled, Multiply Handicapped
Services: Speech therapy, OT, PT, Sensory Integration, MEDEK
Add'l Info: Accepts RSA's, Handicapped Accessible

AHRC NYC
Address: 83 Maiden Lane
New York, New York 10038
Phone: (212) 780-2500
Website: www.ahrcnyc.org
Location: Home and Center
Ages: Evaluations from birth – 3 yrs.
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Multiply Handicapped
Services: PT, OT, Speech/Language, Special Ed
Languages: ASL, French, Japanese, Korean, Serbian, Spanish
Add'l Info: No cost, EI & CPSE evals, Handicap accessible

All About Kids
Address: 255 Executive Drive, LL 105
Plainview, New York 11803
Phone: (516) 576-2040
Website: www.allaboutkidsny.com
Location: Home, Center, Will send providers to private schools
Ages: Birth - 21
Population: Mild to moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ADHD, Emotionally Disturbed, Hearing Impaired, Visually Handicapped, Multiply Handicapped
Services Provided: OT, PT, Speech, Special Education, Social Work, ABA, Floor Time, Behavior Intervention, Educational Evaluations, Psychological, Parent Training, Staff Training, Consultations, Neuropsychological Evaluations, Audiological Evaluations, Hearing/Vision & Mobility Services, Sensory Integration, PROMPT, Feeding Evaluations & Therapy, Group Therapy, Transition Planning and Home Tutoring.
Languages: Spanish all areas. Please call for specific languages offered by area.
Add'l. Info: Handicapped Accessible. Private Evaluations provided.

Arrowsmith Program
Address: 245 St. Clair Ave, West, Toronto
Phone: (416) 963-4962
Website: www.arrowsmithschool.org
Population: Speech & Language impaired, Learning disabled, ADD/ADHD
Services: Cognitive Program

The Auditory Oral School of New York
Address: 3623 Avenue L
Brooklyn, New York 11210
Phone: (718) 531-1800
Website: www.auditoryoral.org
Location: Home, Center, Will send providers to private schools
Ages: Birth to school age (EI – CSE)
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ADHD, Emotionally disturbed, Hearing impaired
Services: SEIT, OT, PT, Speech/Language, Special Ed, Counseling, Sensory Integration, Hearing Education Services (HES)

THERAPY & EVALUATION SERVICES CONTINUED…

Languages: English, Yiddish, Hebrew, Russian, Mandarin, Cantonese, ASL
Add'l Info: Accept RSA's & P3's, For audiological evaluations pending acceptance of insurance, Handicap accessible, Private evaluations

Blanche Kahn Diagnostic Center
Address: 1121 East 14th Street
Brooklyn, New York
Phone: (718) 434-4600
E-mail: info@bkhealthcenter.com
Website: http://www.hasccenter.org/center.php
Services: Uniquely Designed to meet the Medical Needs of People with Disabilities, Internal Medicine, Podiatric Medicine, Physiatry, Neurology, Psychiatry, OT, PT, Speech Therapy, Women's Health, Geriatric Medicine, Dermatology, Psychosocial Evaluations
Languages: Yiddish, Hebrew, Russian
Add'l Info: Accepts Medicaid and Medicare, Handicap accessible, Extended Hours

Bright Smile Center
Address: 1051 59th Street
Brooklyn, New York 11219
Phone: (718) 437-5774
Website: www.brightsmilecenter.com
Location: Home, Center, Will send providers to private schools **Ages:** 3-5
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ADHD, Emotionally disturbed, Hearing impaired, Multiply handicapped
Services: OT, PT, Speech/Language, Special Ed, Private Evaluations
Languages: Yiddish, Hebrew, Spanish, Cantonese, Mandarin, Urdu, Hindi
Add'l Info: Accept RSA's, Handicap Accessible

Center for Hearing and Communication (formerly League for the Hard of Hearing)
Address: 50 Broadway, 6th Floor
New York, New York 10004
Phone: (917) 305-7700
Website: www.chchearing.org
Location: Center Population: Hearing impaired
Services: Psych-educational evaluations, auditory oral speech and language therapy
Add'l Info: Accepts insurance

Chaverim
Address: 1704 Avenue M
Brooklyn, New York 11230
Phone: (718) 692-0430
Location: Center **Ages:** 8-18
Gender: Boys & Girls **Groups:** Separate
Population: Speech & Language Impaired
Services: Speech/Language, Group therapy exclusively for children with ASPERGERS SYNDROME to enhance social skills.
Add'l Info: Accepts insurance

Comprehensive Children's Therapy Services
Address: 99 Essex Street
New York, New York 10002
Phone: (212) 566-8855
Website: www.comprehensivecenter.com
Location: Home, Center, Will send providers to private schools **Ages:** 3-16
Services: OT, PT, Speech, Counseling
Languages: Spanish, Yiddish
Add'l Info: Accepts RSA's

Comprehensive Evaluation Services
Address: 460 Grand Street
New York, New York 10002
Phone: (212) 566-8853
Website: www.comprehensiveevaluations.com
Location: Home, Center, School **Ages:** 3-5
Disciplines: Speech, OT, Physical, Developmental, Psychological, Social History
Languages: Spanish

EIS LAASOIS/WIECDC
Address: 22 Middleton Street
Brooklyn, New York 11206
Phone: (718) 303-9400
Website: www.EISLAASOIS.org
Location: Home and Center **Ages:** 0-18
Population: Mild-severe developmental delays, Speech & Language impaired, Learning Disabled, Emotionally disturbed, Visually impaired, Multiply Handicapped
Services Provided: OT, PT, Speech, Floor time and Sensory Integration
Languages: Yiddish
Add'l. Info: Accept RSA's

Euro-Peds National Center for Intensive Pediatric PT
Address: 461 W. Huron Street #406
Pontiac, MI 48341
Phone: (248) 857-6776
Website: www.europeds.org
Ages: 1-21 **Location:** Center
Population: Mild-severe developmental delays, Multiply Handicapped
Services Provided: PT, European-based Intensive PT for the treatment of non-progressive neuromuscular disorder.
Add'l. Info: Accepts most major health insurances

Sensory Integration
Orthopedics
Neurology
Dana Ledereich, MA OTR/L
Pediatric Occupational Therapist
1059 East 10th Street
Brooklyn, NY 11230
718-252-2939
Evaluations/Treatment

Human Care Services provides a range of services to assist individuals with special needs in living the lives they choose.
- Community Habilitation (formerly res hab)
- Respite
- Service Coordination
- Sunday Recreation
- Group Homes
- ISS Apartments
- Behavior Management
- Day Habilitation
- Yeshivas Lev Tahor
- Machon Lev Seminary
- Summer Camp

Human Care Services
1042 38th Street | Brooklyn, NY 11219 | (718) 854-2747
Providing Exceptional Services to children and adults with special needs for over 14 successful years.

Otsar Family Services
ATTENTION
Otsar is devloping a new program to serve teenagers with ADHD. If you are interested in enroling a teenage boy in an after-school recreation program please contact:
Chashi@otsar.org or call 718-946-1413

Are you struggling with a medical or mental issue?
Don't Suffer Alone!
Meet other frum people who are suffering from similar conditions
www.FrumSupport.com
Free & Anonymous online support group
Frum support .com

THERAPY & EVALUATION SERVICES CONTINUED…

Harmony
Address: 1070 East 17th Street
Brooklyn, New York 11230 &
1467 39th Street
Brooklyn, New York 11218
Phone: (718) 986-7648
Location: HHome, Center, Will send providers to private programs
Ages: 18+ for therapy, 3+ for psychological and psychosocial evaluations
Population: Mild-severe developmental delays, Autism/PDD, Multiply handicapped
Services: OT, PT, Speech/Language, private evaluations, Counseling, ABA, Sensory Integration, Augmentative Communication
Languages: Yiddish, Hebrew, Spanish, Russian
Add'l Info: Accepts RSA's and Insurance, Handicap Accessible, Full service Article 16 Clinic Providing on-site and homecare services.

Hebrew Academy for Special Children
Address: 1311 55th Street
Phone: (718) 851-6100
Website: www.hasc.net
Location: Home, Will send providers to private schools
Ages: Birth – 5
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD, Multiply handicapped
Services: OT, PT, Speech & Language, Special Ed, Psychological, Audiological, MEDEK, ABA, Sensory Integration, Floor Time.
Languages: Hebrew, Yiddish, Russian
Addl. Info: Handicap Accessible

HASC@Remsen
Address: 555 Remsen Avenue
Brooklyn, New York 11236
Phone: (718) 495-3510
Website: www.hasc.net
Location: Center **Ages:** 3-5
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, ADD/ ADHD, Emotionally disturbed, Multiply handicapped
Services: OT, PT, Speech/Language, Special Ed, ABA, Sensory Integration
Addl. Info: Handicap Accessible

HASC Center, Inc
Address: 5601 First Avenue
Brooklyn, New York 11220
Phone: (718) 535-1953
Website: www.hasccenter.org
Location: Center
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, Multiply handicapped
Services: OT, PT, Speech/Language, Private evaluations
Languages: Yiddish, Hebrew
Add'l Info: Insurance accepted, Handicap Accessible

The Haven for Stuttering, PLLC
Address: 17 Pennington Way
Spring Valley, New York 10977
Phone: (845) 517-0965
Website: www.stutteringhaven.org
Location: Center **Ages:** 3-adult
Population: Mild to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, Emotionally disturbed, Hearing impaired
Services Offered: Speech Language, Evals, Counseling, Refresher Sessions
Languages: Hebrew, Spanish

Important Steps
Address: 2447 Eastchester Rd.,
Bronx, NY 10469
Phone: (718) 882-2111
Website: www.Importantsteps.com
Location: Home, Center and Will send providers to school
Population: Mild to moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning disabled, ADD/ ADHD, Hearing Impaired, Visually Impaired
Services: SEIT, OT, PT, Speech, Special Ed, Floor time, Sensory Integration
Language: Spanish, Russian, Polish, Albanian, Italian, Hebrew. Please call for other languages
Add'l. Info: Handicap accessible

IncludEd Educational Services
Location 1: 445 Central Avenue, Suite 204, Cedarhurst, New York 11516
Phone: (516) 374-3377
Location 2: 75-15 Main Street
Kew Gardens Hills, New York 11367
Phone: (718) 263-5437
Website: www.includedny.org
Location: Home, Center, Will send providers to private schools
Age: 0-5
Services: OT, PT, Speech/Language, Special Ed

Jumpstart Early Intervention Program
Address: 3914 15th Avenue
Brooklyn, New York 11218
Phone: (718) 853-9700
Location: Home, Will send providers to private schools
Ages: 0-3 years
Services: OT, PT, Speech/Language, Special Ed, Sensory Integration, MEDEK
Population: Mild-severe developmental delay, Speech & Language impaired, ADD/ADHD, Hearing impaired, Visually impaired, Multiply handicapped

Los Niños Services
Address: 535 8th Ave., 2nd Floor
New York, New York 10018
Phone: (212) 787-9700
Website: www.losninos.com
Location: Home, Center, Will send providers to private schools
Ages: 0-5
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD, Emotionally disturbed, Hearing impaired, Visually impaired, Multiply handicapped
Services Provided: ABA, Private Evaluations
Languages: Spanish, Russian, Ukrainian, Italian, Portuguese, French, and others

McCarton Center
Address: 350 E. 82nd Street
New York, New York 10028
Phone: (212) 996-9019
Website: www.mccartoncenter.com
Location: Home, Center, Will send providers to private schools
Ages: 2-13
Population: Mild-severe developmental delay, Autism/PDD, Speech & Language impaired, ADD/ ADHD
Services: ABA, OT, Speech/Language, private evaluations

Miriam Goldstein, PHD Child and Adolescent Neuropsychology
Address: 1414 Avenue P, Suite 8
Brooklyn, New York 11229
Phone: (718) 375-8400
Location: Center **Ages Served:** 4-21
Population: Mild to moderate to Severe developmental delays, Autism/PDD, Speech & Language Impaired, Learning Disabled, ADD/ADHD, Emotionally Disturbed
Services Provided: Private Evaluations, Neuropsychological Testing

National Jewish Council for Disabilities/Yachad (NJCD)
Address: 11 Broadway, 13th fl.
New York, New York 10004
Phone: (212) 613-8229
Website: www.njcd.org
Location: Center, Will send providers to Private Schools

THERAPY & EVALUATION SERVICES CONTINUED…

Ages: 5-21
Population: Speech & Language impaired, Learning Disabled, Hearing impaired
Services Provided: Audiological, Will Conduct Private Evaluations
Add'l. Info: Accepts Insurance, Private Evaluations provided.

Omni Childhood Center
Address: 1651 Coney Island Avenue Brooklyn, New York 11210
Phone: (718) 998-1415
Website: www.omnirehab.com
Location: Home, Center, Will send providers to private schools
Ages: 0-21
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD, Emotionally disturbed, Hearing impaired, Multiply handicapped
Services: OT, PT, Speech/Language, Special Ed, Private evaluations, ABA, MEDEK
Languages: Yiddish, Spanish, Russian, Hebrew, Polish
Add'l Info: Accepts RSA's, P3s, and all Major Insurance, Handicap Accessible

Pesach Tikvah-Hope Development
Address: 18 Middleton Street Brooklyn, New York 11206
Phone: (718) 875-6900
Website: www.pesachtikvah.org
Location: Center Based, Will send Providers to Private Schools
Ages: 5+
Population: Autism/PDD, Learning Disabled, ADD/ ADHD, Emotionally disturbed, Multiply handicapped
Services: Psychiatric and pharmacological
Languages: Hebrew, Yiddish, Spanish
Add'l Info: Handicap Accessible, Accepts insurance

Shema Kolainu – Hear Our Voices
Address: 4302 New Utrecht Ave. Brooklyn, New York 11219
Phone: (718) 686-9600
Website: www.shemakolainu.org
Location: Home and Center Based, Will send Providers to Private Schools **Ages:** 0-5
Population: Mild-severe developmental delays, Autism/ PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD, Emotionally disturbed, Hearing impaired, Visually impaired, Multiply handicapped
Services: ABA, OT, PT, Speech/ Language, Special Ed
Languages: Hebrew, Yiddish, Spanish
Add'l Info: Handicap Accessible

Therapy for Kids
Address: 68-68 Main Street Flushing, New York 11367
Phone: (718) 793-5202
Location: Home, Center, Will send providers to private school
Ages: 3-21
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD, Hearing impaired, Visually impaired, Multiply handicapped
Services: Sensory Integration, Therapeutic Listing Program, Handwriting Programs, Sensory Gym, OT, PT, Speech/Language, private evaluations, Therapy Treatment
Languages: Hebrew, Yiddish, Spanish, Russian, Yiddish, Greek, Italian, Tagalog
Add'l Info: Accept RSA's, Handicap Accessible

Therapy in Motion
Address: 856 - 46th Street Brooklyn, New York 11220
Phone: (718) 435-7000
Location: Center Services: MEDEK, PT

Tikvah at OHEL
Address: 2925A Kings Highway Brooklyn, New York 11210
Phone: (718) 382-0045
Website: www.ohelfamily.org
Location: Center **Ages:** 3+
Population: Mild-severe developmental delays, Autism/PDD, learning Disabled, ADD/ADHD, emotional challenges
Services: Family, Couple, & Individual counseling, Child & Adult counseling, Psychotherapy, Psychiatric Evaluation, Medication Treatment
Add'l Info: Accepts Medicaid, Medicare & Many other ins. On a sliding scale, Handicap Accessible

UCP of New York City
Address: 80 Maiden Lane, 8th Floor, New York, NY 10038
Phone: (877) 827-2666
Website: www.ucpnyc.org
Location: Center **Ages:** 3-21
Population: Mild-severe developmental delays, Speech & Language impaired, Learning Disabled, Multiply handicapped
Services: Floor Time, Sensory Integration, OT, PT, Speech/Language, Special Ed

Watch Me Grow
Location 1 Address: 162 West 72nd St., Suite 5, NY, NY 10023
Location 2 Address: 361 East 19th St., Suite 2, NY, NY 10003
Phone: (212) 721-5220
Website: www.WatchMeGrowNYC.com
Location: Center, Will send providers to private schools
Ages: 0-21
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ADHD, Emotionally disturbed, Hearing Impaired, Visually Impaired
Services Provided: OT, PT and Speech Therapy, Sensory Integration
Additional Info: Accept RSA's, Private evaluations

YAI Network
Address: 460 West 34th Street New York, New York 10001
Phone: (212) 273-6182
Website: www.yai.org
Location: Home & Center **Ages:** All
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ADHD, Multiply handicapped
Services: OT, PT, Speech/Language, Special Ed, ABA, Floor Time, Sensory integration, All therapies for children and adults of all ages
Languages: varies
Additional Info: Private evaluations, Autism evaluations, Handicap Accessible

Yeled V'Yalda Early Childhood Center
Address: 1312 38th Street Brooklyn, New York 11218
Phone: (718) 686-3700
Website: www.yeled.org
Location: Home, Center, Will send providers to private schools
Ages: 0-21 years
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD, Emotionally disturbed, Hearing impaired, Visually impaired
Services: ABA, Sensory Integration, Medek, OT, PT, Speech/ Language, Special Ed, play therapy/counseling
Languages: Yiddish, Hebrew, Spanish
Add'l Info: Accepts RSA's and P3s

CAMPS & END OF SUMMER PROGRAMS

AHRC NYC
Address: 83 Maiden Lane
New York, New York 10038
Phone: (212) 780-2500
Website: www.ahrcnyc.org
Location: Camp Anne - Ancramdale, NY and Harriman Lodge - East Jewett, NY
Duration: 3 weeks
Type: Sleep-Away camp
Ages: Children 5-20 & adults 21+
Gender: Male & Female, mixed
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Emotionally Disturbed, Multiply handicapped
Special services: Daily Living Skills
Add'l Info: Handicap accessible, NY State approved, accept children not toilet trained

Bonim Lamokom
Address: 425 East 9th Street
Brooklyn, New York 11218
Phone: (718) 693-9032
Website: BonimLamokom.com
Location: Liberty, NY
Duration: 8 weeks
Population: Mild developmental delays
Ages: 12-25 **Gender:** Boys
Hours: 9–5
Add'l Info: Privately funded, Therapies provided on site, Kosher Food Provided

Camp Ahuvim Inc.
Address: 616 Seagirt Blvd.
Far Rockaway, New York 11691
Phone: (888) 6-AHUVIM (888-624-8846)
Website: www.campahuvim.org
Location: Upstate NY
Duration: 4 weeks
Type: Sleep-Away camp
Ages: 5-20 Gender: Male
Population: Autism/PDD, Speech & Language impaired
Add'l Info: Therapy provided, 1:1 counselor to camper ratio, Kosher food provided, We also offer a day camp option for campers who wish to stay with their family in their summer home. Accept children not toilet trained

Camp HASC
Address: 5902 14th Avenue
Brooklyn, New York 11219
Phone: (718) 686-5930
Website: www.hasc.net/camp
Location: 361 Parksville Road
Parksville, NY 12768
Duration: 7 weeks **Type:** Sleep-Away camp
Ages: 3-Adulthood **Gender:** Male & Female **Groups:** Mixed
Population: Mild to moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning disabled, ADD/ADHD, Hearing Impaired, Visually Impaired, Multiply Handicapped
Add'l Info: Therapy provided, Kosher food provided, We also offer a day camp option for campers who wish to stay with their family in their summer home, Accept children not toilet trained, Camp after Camp program for 10 days after camp (All female staff for females 5-18 and young boys 5-8).

Camp Kaylie @ OHEL
Address: 4510 16th Avenue
Brooklyn, New York 11204
Phone: (800) 603-OHEL
Website: CampKaylie.org
Location: Wurtsboro, New York
Type: Fully integrated camp
Ages: 10-16 **Gender:** Male and Female
Groups: Separate
Population: Typical kids with no disabilities and kids with developmental disabilities
Programs offered: A groundbreaking camp offering an exhilarating camp experience of unmatched sports and activities, leadership programming, state of the art facilities, magnificent grounds and a camp for kids of all abilities where campers thrive in a diverse environment nurturing personal leadership, self-confidence and an inclusive spirit

Camp Mishkon-Sternberg
Address: 1358 56th Street
Brooklyn, New York 11219
Phone: (718) 851-7100
Website: www.jbfcs.org
Location: Narrowsburg
Duration: 6 weeks
Type: Sleep-Away camp **Ages:** 3+
Gender: Boys under 9, girls 3+
Groups: Separate
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, Hearing Impaired, Visually Impaired, Multiply Handicapped
Add'l Info: Kosher food, handicap accessible, state approved, special ed and therapy provided, accept children not toilet trained

Chai Lifeline / Camp Simcha Special
Address: 151 West 30th Street
Third Floor, NY, New York 10001
Phone: 877-CHAILIFE
Website: www.ChaiLifeline.org
Location: Glen Spey, NY
Type: Sleep-away **Ages:** 7-17
Duration: 2 weeks
Gender: Male and Female
Groups: Separate
Population: Multiply Handicapped
Add'l Info: Handicap Accessible, Kosher food provided, Physical therapy provided on-site, Accept children who are not toilet trained Note Camp Simcha Special accepts children with medical illnesses and disabilities resulting from illness whose cognitive functioning is at age level. All applications must be approved by the camp's medical director.

Hand in Hand Family Services
Address: 390 Kings Highway
Brooklyn, New York 11223
Phone: (718) 336-6073
Website: www.hihfs.org
Location: Flatbush
Type: Day camp
Ages: 5+ **Gender:** Boys & Girls
Population: Mild to moderate to severe developmental delays, Autism/PDD
Add'l Info: Handicap Accessible, Kosher food provided, NY State Approved, Special Education and related services not provided on-site.

Harmony
Address: Kinor Dovid: 3820 14th Avenue
Brooklyn, New York
Kinor Malka: 1467 39th Street
Brooklyn, New York 11218
Phone: (718) 435-8080
Website: www.harmonyservices.org
Location: at Camp Manavu and at Camp Chedva
Duration: 8 Weeks
Type: Sleep-away camp **Ages:** 18+
Gender: Male and Female
Groups: Separate
Population: Mild-severe developmental delays, Autism/PDD, Speech and Language Impaired, Learning disabled, ADD/ADHD, Hearing impaired, Visually impaired
Add'l Info: Kosher food provided

HASC Woodmere
Address: 321 Woodmere Boulevard
Woodmere, New York 11598
Phone: (516) 295-1340
Website: www.hasc.net
Location: Woodmere, New York
Duration: 6 Weeks
Type: Extended School Year **Ages:** 3-10 **Gender:** Male & Female
Groups: Mixed
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning disabled, ADD/ ADHD, Emotionally disturbed, Multiply handicapped
Add'l Info: Special education and related services (therapy) provided on site, Kosher food provided, NY State Approved, Accept children not toilet trained

JCC of the Greater Five Towns
Address: 207 Grove Avenue
Cedarhurst, New York 11516
Phone: (516) 569-6733
Website: www.fivetownsjcc.org
Location: JCC / North Woodmere Park
Duration: 6 Weeks
Type: Day Camp
Hours: 12:00-4:30
Ages: 5-16 **Groups:** Mixed

CAMPS & END OF SUMMER PROGRAMS CONTINUES…

Kids of Courage
Address: 13158 Broadway, Suite 207 Hewlett, New York 11557
Phone: (888) 9-KIDSOC
Website: www.kidsoc.org
Location: Traveling
Ages: 5-Young Adult
Population Served: Multiply Handicapped, Serious Illness & Disability
Add'l Info: Kosher Food, Handicap Accessible

Kulanu Torah Academy
Address: 620 Central Ave. Cedarhurst, New York 11516
Phone: (516) 569-3083
Duration: 8 Weeks
Type: Day camp
Ages: 3-21 **Gender:** Boys & Girls
Groups: Mixed
Population: Mild to moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ADHD
Add'l Info: Handicap Accessible, Kosher food provided, NY State Approved, Accept children not toilet trained

National Jewish Council for Disabilities/Yachad (NJCD)
Address: 11 Broadway, 13th Floor New York, New York 10004
Phone: (212) 613-8229
Website: www.njcd.org
Location: PA, NY, Israel
Duration: 6 weeks
Type: Sleep away camp
Ages: 9+ **Gender:** Male, Female
Groups: Separate and Mixed
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ADHD, Hearing impaired
Add'l Info: Handicap Accessible, Kosher food provided, Accept children not toilet trained. Special education and therapy can be arranged in certain locations

OHEL Children's Home & Family Services, Bais Ezra
Address: 4510 16th Avenue Brooklyn, New York 11204
Phone: (800) 603-OHEL
Website: www.ohelfamily.org
Location: Bklyn, Queens, Long Island
Duration: 2 weeks
Type: Sleep away & Day Camp
Ages: 5-21 **Gender:** Male, Female
Groups: Separate & Mixed
Population: Mild developmental delays, Autism/PDD, Speech & Language impaired, Multiply handicapped
Services: Family, Couple, & Individual counseling, Child & Adult counseling, Psychotherapy, Psychiatric Evaluation, Medication Treatment
Add'l Info: Kosher food provided, Handicap Accessible, NY State Approved, Accept children not toilet trained

Otsar Family Services
Address: 2334 West 13th Street Brooklyn, New York 11223
Phone: (718) 946-7301
Website: www.otsar.org
Location: Otsar Center in Bklyn
Duration: 2 weeks
Type: Day camp
Ages: 5-16 **Gender:** Male & Female
Groups: Mixed, with Separate Groups for Older Children
Population: Mild-severe developmental delays, Autism/PDD, Multiply handicapped
Add'l Info: Handicap Accessible, Kosher food provided, Accept children not toilet trained

Pesach Tikvah-Hope Development
Address: 18 Middleton Street Brooklyn, New York 11206
Phone: (718) 875-6900
Website: www.pesachtikvah.org
Duration: 2 weeks
Type: Day Camp
Ages: 5-21 **Gender:** Male and Female **Groups:** Mixed
Population: Mild developmental delays, Autism/PDD, Learning Disabled, ADD/ ADHD, Multiply handicapped
Add'l Info: Handicap Accessible, Kosher food provided, NY State Approved

The Rayim Connection (Camp Rayim)
Address: 1312 Christmas Lane Atlanta, Georgia 30329
Phone: (678) 916-6631
Website: www.rayimconnection.com
Programs Offered: An inclusion camp for young children, a Sunday school for children with special needs, social skills groups, music therapy group, Shabbat & Yom Tov programs, and more.

Camp Ruach Hachaim
Address: 266 Penn Street Brooklyn, New York 11211
Phone: (718) 963-0090
Website: www.campruachhachaim.org
Location: Bloomingburg, NY
Duration: 8 weeks
Type: Sleep-Away camp
Ages: 7-30 **Gender:** Male
Population: Mild to moderate to severe developmental delays, Autism/PDD, Down Syndrome, Speech & Language impaired, Learning disabled, ADD/ADHD, Hearing Impaired
Add'l Info: Kosher food provided, take children from all over the world

Sesame Sprout, Inc.
Address: 96-08 57th Avenue Corona, New York 11368
Phone: (718) 271-2294
Website: www.sesamesproutschool.com
Duration: Six weeks
Type: Day camp
Ages: 2-12 **Gender:** Male & Female
Classes: Mixed
Population: Mild developmental delays
Add'l. Info: Therapies provided on-site, Handicap accessible, NY State approved, Accept children not toilet trained

The Special Children's Center
Address: 1400 Prospect Street Lakewood, New Jersey
Phone: (732) 367-0099
Duration: Four weeks
Type: Day camp
Ages: 0-22 **Gender:** Male & Female
Classes: Mixed
Population: Mild to Moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning disabled, ADD/ ADHD, Emotionally Disturbed, Hearing impaired, Visually impaired, Multiply handicapped
Add'l. Info: Handicap accessible, Kosher food provided, Accept children not toilet trained

STEP (Special Torah Education Program)
Address: 3005 Avenue L Brooklyn, New York 11210
Phone: (718) 252-8822
Duration: 7 weeks
Type: Day **Ages:** 5-21
Gender: Boys and Girls
Classes: Separate
Population: Mild to moderate to severe developmental delays, Autism/PDD, ADD/ ADHD, Multiply handicapped, Emotionally disturbed, Speech & Language impaired
Add'l Info: Handicap Accessible, Kosher meals, Accept children not toilet trained

UCP of New York City
Address: 80 Maiden Lane, 8th Floor, NY, New York 10038
Phone: (877) 827-2666
Website: www.ucpnyc.org
Location: 175 Lawrence Avenue Brooklyn, New York 11230
Duration: 3 weeks
Type: Day camp **Ages:** 13-21
Gender: Male and Female
Groups: Mixed
Population: Mild-severe developmental delays, Autism/PDD, Multiply handicapped
Add'l Info: Handicap Accessible, OMRDD-funded, Accept children not toilet trained

CAMPS & END OF SUMMER PROGRAMS CONTINUED…

YAI Network
Address: 460 West 34th Street New York, New York 10001
Phone: (212) 273-6182
Website: www.yai.org
Type: Day camp & Sleep-away camp
Location: Sleep away camp in Claryville, NY in the Catskills; day camp in Rockland County
Duration: Sleep away camp 2-4 weeks, day camp 4-6 weeks
Ages: Sleep-away camp: 8-18; day camp: 8-14
Gender: Male & Female
Groups: Separate sleeping quarters, mixed activities
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ADHD, Multiply handicapped
Add'l. Info: Handicap accessible, Kosher food provided at sleep away camp

Yedei Chesed
Address: 48 Scotland Hill Road, Chestnut Ridge, NY 10977
Phone: (845) 425-0887
Website: yedeichesed.org
Location: Monsey, New York
Duration: 2 separate weeks **Type:** Day camp
Ages: 3 & above **Gender:** Male & Female
Population: Mild-severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ADHD, Emotionally disturbed, Hearing impaired, Visually impaired, Multiply handicapped
Add'l Info: Handicap Accessible, Kosher food provided, NY State Approved, Accept children not toilet trained

DAY HABILITATION PROGRAMS

Ahivim
Address: 6 Mountain Rd #204 Monroe, New York 10950
Phone: (845) 774-7000
Email: info@ahivim.org
Website: www.ahivim.org
Gender: Male and Female
Groups: Separate
Hours: 9-3
Population: Mild to moderate to severe developmental delays
Add'l Info: Day Hab Without Walls

AHRC NYC
Address: 83 Maiden Lane New York, New York 10038
Phone: (212) 780-2500
Website: www.ahrcnyc.org
Location: Center
Ages: 18+
Gender: Male & Female
Groups: Mixed
Hours: 9-5
Population: Mild-severe developmental delays
Add'l Info: Handicap accessible, Transportation provided, Vocational Services provided, DayHab Without Walls

Hand in Hand Family Services
Address: 390 Kings Highway Brooklyn, New York 11223
Phone: (718)336-6073
Website: www.hihfs.org
Location: Center
Ages: 18+ **Gender:** Male & Female
Groups: Separate
Program Hours: 9-6PM
Population: Mild to moderate to severe developmental delays
Add'l Info: Handicap Accessible, Kosher food provided, Transportation Provided, Day Hab without walls, Vocational Services offered.

HASC Center, Inc
Address: 5601 First Avenue Brooklyn, New York 11220
Phone: (718) 535-1953
Website: www.hasccenter.org
Gender: Men's Yeshiva and Young Women's Programs
Groups: Separate & Mixed
Hours: 9:00 – 3:00, Extended hours in our Men's Yeshiva Program
Locations: Boro Park, Flatbush, Williamsburg.
Language: Yiddish, Hebrew
Population: Mild-severe developmental delays
Add'l Info: Vocational services offered, Handicap Accessible, Kosher food provided, Transportation provided, Center Based, DayHab Without Walls

Human Care Services
Address: 1042 38th Street Brooklyn, New York 11229
Phone: (718) 854-2747
Website: www.humancareservices.org
Ages: 18+ **Gender:** Male & Female
Groups: Separate
Hours: 9:00 – 5:00
Population: Mild-severe developmental delays
Add'l Info: Yeshiva and Seminary day program, Yeshivas Lev Tahor and Machon Lev Seminary. Pre-Vocational services offered, Handicap Accessible, Kosher food provided, Transportation provided from Brooklyn, Queens, Long Island, Staten Island, Manhattan, and the Bronx, Center Based

Kinor Dovid - Harmony
Address: 3820 14th Avenue Brooklyn, New York
Phone: (718) 435-8080
Website: www.harmonyservices.org
Population: Mild to Moderate developmental delays
Ages: 18+ **Gender:** Male
Groups: Small groups, separate for men & women
Hours: Mon-Thrs: 9-3, 3-7:30; Sun. & Fri: 9-1:30
Languages: Yiddish, Hebrew
Addl. Info: On-site therapies, Center based, DayHab without walls, Vocational Services, Handicap Accessible, Kosher food provided, Transportation provided
Optional Beis Medresh Program.

Kinor Malka - Harmony
Address: 1467 39th Street Brooklyn, New York 11218
Phone: (718) 435-8080
Website: www.harmonyservices.org
Population: Mild to Moderate developmental delays
Ages: 18+ **Gender:** Female
Groups: Small groups, separate for men & women
Hours: Mon-Thrs: 9-3, 3-7:30; Sun. & Fri: 9-1:30
Languages: Yiddish, Hebrew
Addl. Info: On-site therapies, Center based, DayHab without walls, Vocational Services, Handicap Accessible, Kosher food provided, Transportation provided Optional Seminary Program.

National Jewish Council for Disabilities/Yachad (NJCD)
Address: 11 Broadway, 13th Fl., New York, New York 10004
Phone: (212) 613-8229
Website: www.njcd.org
Ages: 21+ **Gender:** Male & Female
Groups: Mixed **Group Size:** 30
Hours: 8:30-3:30
Population: Mild to moderate developmental delays
Add'lInfo: Handicap Accessible, Vocational Services, Transportation provided, Kosher Food Provided, DayHab Without Walls, Supplemental Day Hab also available.

OHEL Children's Home & Family Services, Bais Ezra
Address: 4510 16th Avenue Brooklyn, New York 11204
Phone: (800) 603-OHEL
Website: www.ohelfamily.org
Ages: 21+ **Gender:** Male & Female
Groups: Separate & Mixed
Size: 3-5 **Hours:** 8am-4pm
Population: Mild-severe developmental delays. Special programming for adults & seniors
Add'l Info: Center Based, Handicap Accessible, Transportation Provided, Vocational services of-

DAY HABILITATION PROGRAMS CONTINUED...

fered, Kosher food provided, Employment training and placement services.

Otsar Family Services
Address: 2334 West 13th Street
Brooklyn, New York 11223
Phone: (718) 946-7301
Website: www.otsar.org
Ages: 21+ **Gender:** Male & Female
Groups: Mixed **Hours:** 8:45-2:30
Population: Mild-severe developmental delays
Add'l Info: Handicap Accessible, Kosher food provided, Transportation provided

School for Children with Hidden Intelligence
Address: 345 Oak Street
Lakewood, New Jersey 08701
Phone: (732) 886-0900
Website: www.schischool.org
Ages: 21+ **Gender:** Male & Female
Groups: Mixed Group **Size:** 6-8
Hours: 9:00-3:00
Population: Moderate to severe developmental delays
Add'l Info: Center based, Vocational Services, Handicap Accessible, Kosher food provided, Transportation provided

The Special Children's Center
Address: 1400 Prospect Street
Lakewood, New Jersey
Phone: (732) 367-0099
Ages: 18+ **Gender:** Male & Female
Groups: Separate **Group Size:** 5+
Hours: 9:00-3:00
Population: Mild to Moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning disabled, ADD/ ADHD, Emotionally Disturbed, Hearing impaired, Visually impaired, Multiply handicapped
Add'l. Info: Center based, Vocational Services, Handicap accessible, Kosher food provided, Transportation provided

UCP of New York City
Address: 80 Maiden Lane, 8th Flr.
NY, New York 10038
Phone: (877) 827-2666
Website: www.ucpnyc.org
Ages: 21+ **Gender:** Male & Female

YAI Network
Address: 460 West 34th Street
New York, New York 10001
Phone: (212) 273-6182
Website: www.yai.org
Ages: 21+
Gender: Male & Female
Groups: Mixed **Hours:** 9-3
Population: Mild-severe developmental delays
Add'l. Info: Center-based, Day-Hab Without Walls, Handicap Accessible, Transportation Provided, Vocational services offered

Women's League Community Residences – CBR, Creative Business Resources
Address: 1556 38th Street
Brooklyn, New York 11218
Phone: (718) 853-0900
Website: www.womensleague.org
Population: Individuals with Learning and/or Developmental Disabilities
Add'l Info: Vocational services, Job placement, Job coaching, & training

Yedei Chesed
Address: 48 Scotland Hill Road
Chestnut Ridge, NY 10977
Phone: (845) 425-0887
Website: yedeichesed.org
Ages: Post high school
Gender: Male & Female
Groups: Separate
Group Size: 16 Hours: 9 – 3
Population: Moderate to severe developmental delays
Add'l Info: Vocational services offered, Center Based, Handicap Accessible, Kosher food provided, Transportation provided

Yeshiva Bonim Lamokom
Address: 425 East 9th Street
Brooklyn, New York 11219
Phone: (718) 693-9032
Website: www.bonimlamokom.com
Ages: 20+ **Gender:** Male
Population: Mild to moderate developmental delays
Add'l Info: Vocational Services offered

RESIDENTIAL OPPORTUNITIES

Harmony
Address: 1070 East 17th Street
Brooklyn, New York 11230 &
1467 39th Street
Brooklyn, New York 11218
Phone: (718) 986-7648
Ages: 21+
Gender: Male & Female
Population: Mild developmental delays
Add'l Info: Supportive Apartments

HASC Center, Inc
Address: 5601 First Avenue
Brooklyn, New York 11220
Phone: (718) 535-1953
Website: www.hasccenter.org
Gender: Male & Female
Population: Mild-severe developmental delays, Autism/PDD
Specialization: Multiply handicapped
Add'l Info: IRA's, Supportive Apartments

Human Care Services
Address: 1042 38th Street
Brooklyn, New York 11229
Phone: (718) 854-2747
Website: www.humancareservices.org
Ages: All
Gender: Male and Female
Hours: 9:00 – 5:00
Population: Mild-severe developmental delays, Autism/PDD, Hearing Impaired, Visually Impaired, Multiply Handicapped
Add'l Info: IRA's, Supportive Apartments

Jewish Board of Family and Children's Services/Mishkon
Address: 1358 56th Street
Brooklyn, New York 11219
Phone: (718) 851-7100
Website: www.jbfcs.org
Ages: All **Gender:** Male, Female
Population: Mild-severe developmental delays, Autism/PDD
Specialization: Emotionally disturbed, Hearing Impaired, Visually Impaired, Multiply Handicapped
Add'l Info: IRA's, ICF

OHEL Children's Home & Family Services, Bais Ezra
Address: 4510 16th Avenue
Brooklyn, New York 11204
Phone: (800) 603-OHEL
Website: www.ohelfamily.org
Ages: 13+
Gender: Male & Female
Groups: Separate & Mixed
Size: 3-5 **Hours:** 8am-4pm
Population: Mild-severe developmental delays, Autism/PDD
Specialization: Emotionally disturbed, Hearing impaired, Visually impaired, Multiply handicapped
Add'l Info: IRA's, Supportive Apts.

Pesach Tikvah-Hope Development
Address: 18 Middleton Street
Brooklyn, New York 11206
Phone: (718) 875-6900
Website: www.pesachtikvah.org
Ages: 21+
Gender: Male and Female
Population: Mild to Moderate to Severe developmental delays, Autism/PDD, Learning Disabled, ADD/ ADHD, Emotionally disturbed, Multiply handicapped
Add'l Info: Supportive Apartments

Sinai Schools
Address: 1485 Teaneck Road, Suite 300, Teaneck, NJ 07666
Phone: (201) 833-1134
Website: www.sinaischools.org
Ages: 18+ **Gender:** Male
Population: Mild developmental delays, Autism/PDD

RESIDENTIAL OPPORTUNITIES CONTINUED...

The Special Children's Center
Address: 1400 Prospect Street Lakewood, New Jersey
Phone: (732) 367-0099
Ages: Any Age
Population: Mild to Moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning disabled, ADD/ ADHD, Emotionally Disturbed, Hearing impaired, Visually impaired, Multiply handicapped

UCP of New York City
Address: 80 Maiden Lane, 8th Flr, New York, New York 10038
Phone: (877) 827-2666
Website: www.ucpnyc.org
Ages: infants-adults
Gender: Male & Female
Population: Mild-severe developmental delays, Autism/PDD
Specialization: Hearing impaired, Visually impaired, Multiply handicapped
Add'l Info: IRA's, Supportive Apts.

Women's League Community Residences, Inc.
Address: 1556 38th Street Brooklyn, New York 11218
Phone: (718) 853-0900
Ages: All ages
Gender: Male & Female
Population: Mild-severe developmental delays, Autism/PDD
Specialization: Emotionally disturbed, Hearing impaired, Visually impaired, Multiply handicapped
Add'l Info: IRA's, Supportive Apartments

YAI Network
Address: 460 West 34th Street New York, New York 10001
Phone: (212) 273-6182
Website: www.yai.org
Ages: 21+
Gender: Male & Female
Population: Mild-severe developmental delays, Autism/PDD, Multiply Handicapped
Add'l. Info: IRA's, Supportive Apartments

Yedei Chesed
Address: 48 Scotland Hill Road, Chestnut Ridge, NY 10977
Phone: (845) 425-0887
Website: yedeichesed.org
Ages: post high school
Gender: Male & Female
Population: Moderate to severe developmental delays
Specialization: Emotionally disturbed, Hearing impaired, Visually impaired, Multiply handicapped
Add'l Info: IRA's, Supportive Apartments

MEDICAID WAIVER, RESPITE & OTHER PROGRAMS

The Ability Center
Address: 3521 Avenue S Brooklyn, New York
Phone: (718) 336-3832
Website: Theabilitycenter.net
Services: Children and Parent Groups to address the needs of families.

Ahivim
Address: 6 Mountain Rd #204 Monroe, New York 10950
Phone: 845-774-7000
Email: info@ahivim.org
Website: www.ahivim.org
Services Provided: Medicaid Waiver, Parent Support Groups, Sibling Support Groups, Respite, Overnight Respite.

AHRC NYC
Address: 83 Maiden Lane New York, New York 10038
Phone: (212) 780-2500
Website: www.ahrcnyc.org
Programs Offered: Medicaid Waiver, Family support services to parents and siblings, Respite, Overnight respite, After School Program, Recreation

Chai Lifeline, Inc.
Address: 151 West 30th St., Third Floor, New York, NY 10001
Phone: (877) CHAI LIFE
Website: www.chailifeline.org
Services Provided: Offers emotional and social support groups for children with life threatening or chronic medical illnesses and their families.

Friendship Circle of Crown Heights, New York
Address: 792 Eastern Parkway Brooklyn, New York 11213
Phone: (718) 907-8835
Website: www.fcbrooklyn.com
Programs Offered: Friends @ home, Sunday Circle and Holiday Programs.

Friendship Circle of the Upper West Side, NY
Address: 166 West 97th Street New York, New York 10025
Phone: (646) 789-5770
Website: www.ChabadWestSide.org/FCWS
Programs Offered: Friends @ Home, Sunday Circle And Holiday Programs.

Friendship Circle of the Upper East Side
Address: 419 East 77th Street New York, New York 10021
Phone: (212) 717-4613
Website: www.fcues.com
Programs Offered: Friends @ Home, Children's Circle, Sports Circle, Holiday Programs, Parents Networking, Summer Camp.

Friendship Circle of Lower Manhattan, New York
Address: 121 W19th Street New York, New York 10011
Phone: (646) 688-5300
Website: www.friendshipnyc.com
Programs Offered: Friends @ Home

Friendship Circle of Queens, New York
Address: 211-05 Union Turnpike Queens, New York 11364
Phone: (718) 464-0778
Programs Offered: Friends @ home, Sunday Circle and Holiday Programs.

The Friendship Circle of the Five Towns
Address: 74 Maple Avenue Cedarhurst, New York 11516
Phone: (516) 295-2478 ext. 13
Website: http://www.fc5towns.com
Programs Offered: Friends @ home, Sunday Circle, Sports Night, Judaica Circle, Moms Night Out.

The Friendship Circle of Suffolk County, New York
Address: 318 Veterans Highway Commack, New York 11725
Phone: (631) 543-1855
Website: www.thefriendshipcircle.com
Programs Offered: Friends @ Home, Torah Circle, The Clubs, Moms Night Out.

The Friendship Circle of Dix Hills, New York
Address: 501 Vanderbilt Parkway Dix Hills, New York 11746
Phone: (631) 351-8672
Programs Offered: Friends @ home, Sunday Circle, Holiday Programs

Friendship Circle of Great Neck, NY
Address: 400 East Shore Road Great Neck, New York 11024
Phone: (516) 487-4554
Programs Offered: Friends @ Home, Sunday Circle, Karate Circle, Holiday Programs.

The Merrin-Bienenfeld Friendship Circle, Lake Grove, NY
Address: 821 Hawkins Avenue Lake Grove, New York 11755
Phone: (631) 585-0521 ext.103

MEDICAID WAIVER, RESPITE & OTHER PROGRAMS CONTINUED…

Website: www.fcstonybrook.com
Programs Offered: Friends @ home, Holiday Programs, Sports Night, Bowling League, Teen Scene.

Friendship Circle of Roslyn, New York
Address: 75 Powerhouse Road
Roslyn, New York 11577
Phone: (516) 484-3500
Programs Offered: Friends @ Home, Holiday Programs

Friendship Circle West Hempstead, New York
Address: 223 Windsor Lane
West Hempstead, NY 11552
Phone: (516) 564-1012
Programs Offered: Friends @ Home, Sunday Circle, Holiday Programs

Friendship Circle of the River Towns, New York
Address: 303 Broadway
Dobbs Ferry, New York 10522
Phone: (914) 693-6100
Website: www.chabadrt.org
Programs Offered: Friends @ Home, Holiday Programs

The Friendship Circle of Westchester County, New York
Address: 20 Greenridge Avenue
White Plains, New York 10605
Phone: (914) 437-5762
Programs Offered: Friends @ Home, Sunday Circle, Holiday Programs

Friendship Circle of Bedford, New York
Address: 16 Old Village Lane
Katonah, New York 10536
Phone: (914) 666-6065
Programs Offered: Friends @ Home, Holiday Programs, Volunteer Programs

Friendship Circle of Rockland County/Monsey, NY
Address: 123 Route 59
Suffern, New York 10901
Phone: (845) 368-1889
Programs Offered: Friends @ Home

The Friendship Circle of Metrowest, New Jersey
Address: 66 W. Mt. Pleasant Ave. #205
Livingston, New Jersey 07039
Phone: (973) 251-0200
Website: www.fcnj.com
Programs Offered: Friends @ Home, Torah Circle, Holiday Programs, Camps, Sports Programs, Teen Scene

Friendship Circle of Union County, New Jersey
Address: 193 South Avenue
Fanwood, New Jersey 07023
Phone: (908) 898-0242
Programs Offered: Friends @ Home, Holiday Programs, Volunteer Programs

The Ari Kraut Friendship Circle of Central Jersey
Address: 26 Wickatunk Road
Manalapan, New Jersey 07726
Phone: (732) 536-2319
Website: www.friendsnj.com
Programs Offered: Friends @ Home, Sunday Circle, Life Skills, Teen Scene, Winter Camp, Holiday Programs

The Friendship Circle of Bergen County, New Jersey
Address: 310 South Drive
Paramus, New Jersey 07652
Phone: (201) 262-7172
Website: www.BCFriendship.com
Programs Offered: Friends @ Home, Holiday Programs, Children's Circle, Karate Circle, Sibling Circle, Cooking Circle, Winter Camp I, Winter Camp II, End of Summer Camp, Moms Night Out, Parent Seminars.

Friendship Circle of Greater Mercer County, NJ
Address: 103B Kingston Terrace Drive
Princeton, New Jersey 08540
Phone: (609) 683-7240
Website: www.mercerfriends.com
Programs Offered: Friends @ Home, Holiday Programs, Volunteer Programs

The Goodness Group of Wayne, NJ (Passaic County)
Address: 194 Ratzer Road
Wayne, New Jersey 07470
Phone: (973) 694-6274
Programs Offered: Friends @ Home, Moms Night Out, Holiday Circles, Volunteer Programs, Winter and Spring Vacation Camps

The Friendship Circle of Fairfield County, Connecticut
Address: 770 High Ridge Rd,
Stamford, Connecticut 06905
Phone: (203) 329-0015 #414
Website: www.friendshipCT.com
Programs Offered: Friends @ Home, Sunday Circle, Holiday Programs, Volunteer Programs, Teen Scene, Sibling Support Groups, Winter Camp.

Friendship Circle of Hartford, Connecticut
Address: 2352 Albany Avenue
West Hartford, Connecticut 06117
Phone: (860) 232-1116
Website: www.friendshipcircleCT.com
Programs Offered: Friends @ Home, Holiday Programs

For all other Friendship Circles: Friendship Circle International
Address: 816 Eastern Parkway
Brooklyn, New York 11213
Website: www.friendshipcircle.com
To Find A Friendship Circle Near You:
http://www.friendshipcircle.com/friendship_circle_locations.asp
Programs Offered: Friends @ Home, Sunday Circle, Parents Webinar, Holiday Programs, Clubs, Sports Nights, Mom's Night Out, etc…….

Hand in Hand Family Services
Address: 390 Kings Highway
Brooklyn, New York 11223
Phone: (718) 336-6073
Website: www.hihfs.org
Programs Offered: Medicaid Service Coordination, Community Habilitation, Respite, Sunday Program for ages 5-15, separate program for Males/Females, Afterschool Program 5 days a week for ages 5-15, separate program for Males/Females
Population: Mild to moderate to severe developmental delays, Autism/PDD
Add'l Info: Handicap Accessible, Kosher food provided, Transportation Provided, No Fee

Harmony - Kinor Dovid/ Kinor Malka
Address: Kinor Dovid: 3820 14th Ave.
Brooklyn, New York
Kinor Malka: 1467 39th Street
Brooklyn, New York 11218
Phone: (718) 435-8080
Website: www.harmonyservices.org
Programs Offered: Medicaid Waiver, Sunday Program, After School Program, Respite, Family Support Services

HASC Center, Inc
Address: 5601 First Avenue
Brooklyn, New York 11220
Phone: (718) 535-1953
Website: www.hasccenter.org
Gender: Male & Female
Programs and Services Offered: Medicaid Waiver, Respite, Overnight respite, Holiday Respite, After School Program, Sunday Autism Program, Family support services for parents and siblings

Hasc School Age Program
Address: 6220 14th Avenue
Brooklyn, New York 11230
Phone: (718) 331-1624
Website: www.hasc.net/camp
Programs Offered: No-fee after school program 4 days a week for male & female ages 5-21, mixed groups, handicap accessible, transportation provided, Kosher food provided, take children not toilet trained

MEDICAID WAIVER, RESPITE & OTHER PROGRAMS CONTINUED…

Human Care Services
Address: 1042 38th Street
Brooklyn, New York 11229
Phone: (718) 854-2747
Website: www.humancareservices.org
Programs and Services Offered: Community Habilitation, Medicaid Service Coordination, Family Reimbursement Program, Behavior Management Program, Respite, Separate Sunday Program for Males/Females Ages 3-20 for Mild to moderate to severe developmental delays, Autism/PDD, Hearing Impaired, Multiply Handicapped, handicap accessible, transportation provided, Kosher food provided, No fee.

Imagine Academy
Address: 1458 East 14th Street
Brooklyn, New York 11230
Phone: (718) 376-8882
Website: www.imagineacademy.com
Programs Offered: Family Support Services for Parents & Siblings, Respite, No-Fee Sunday Program for Ages 5-21, No-Fee After School Program 3 days a week for ages 5-21> Handicapped Accessible, Transportation provided, take children not toilet trained

JCC of the Greater Five Towns
Address: 207 Grove Avenue
Cedarhurst, New York 11516
Phone: (516) 569-6733
Website: www.fivetownsjcc.org
Programs Offered: Provides many different programs for people with special needs (children – adults), including a Snoezelen Room, after-school and Sunday programs.

Jewish Board of Family and Children's Services/Mishkon
Address: 1358 56th Street
Brooklyn, New York 11219
Phone: (718) 851-7100
Website: www.jbfcs.org
Programs Offered: Medicaid Waiver, Family Support Services, Respite, Res-Hab

Kids of Courage
Address: 13158 Broadway, Suite 207
Hewlett, New York 11557
Phone: (888) 9-KIDSOC
Website: www.kidsoc.org
Programs Offered: Family Support services to parents and siblings, Respite, Overnight respite

Kulanu Torah Acadamy
Address: 620 Central Avenue
Cedarhurst, New York 11516
Phone: (516) 569-3083
Programs Offered: Respite, Sunday program, Family support, Recreation, services for parents and siblings

Los Niños Services
Address: 535 8th Ave, 2nd Floor,
New York, New York 10018
Phone: (212) 787-9700
Website: www.losninos.com
Programs Offered: Provide Service Coordination in NYC and Westchester County, NY & trainings. We present the Annual Young Child Expo & Conference with Fordham University's Graduate School of Education. We offer other trainings.

National Jewish Council for Disabilities/Yachad (NJCD)
Address: 11 Broadway, 13th Floor
New York, New York 10004
Phone: (212) 613-8229
Website: www.njcd.org
Programs Offered: Medicaid Waiver, Respite, Overnight respite, Sunday Program: males and females ages 8+, mixed groups, Handicap accessible, Transportation provided, Kosher food provided, Take children not toilet trained, There is a fee for the program.
Population: Mild to moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD, Multiply Handicapped
Recreation: Males and Females ages 3+, mixed groups, Transportation provided at times, Kosher food provided, fee for program, open to families as well as special needs children, Program is once a month in Brooklyn, NY, NJ.

OHEL Children's Home & Family Services, Bais Ezra
Address: 4510 16th Avenue
Brooklyn, New York 11204
Phone: (800) 603-OHEL
Website: www.ohelfamily.org
Programs Offered: Medicaid Waiver, Respite, Overnight respite, After School Program, Sunday Program, Family support services for parents & siblings, Recreation

Otsar Family Services
Address: 2334 West 13th Street
Brooklyn, New York 11223
Phone: (718) 946-7301
Website: www.otsar.org
Programs Offered: Medicaid Waiver, Parent Support Groups, Respite, Overnight Respite, Recreation, Parent Information Workshops
Sunday Program: For male & female ages 5-21, Mixed groups, with separate groups for adults & teens, Handicap accessible, Transportation provided, Kosher food provided, Take children not toilet trained

Pesach Tikvah-Hope Development
Address: 18 Middleton Street
Brooklyn, New York 11206
Phone: (718) 875-6900
Website: www.pesachtikvah.org
Programs Offered: Medicaid Waiver, Camp Reimbursements, Respite, Overnight Respite, Holocaust Survivor Program/Geriatric Programs.
Sunday Program: for male & female ages 5-21, Mixed groups, Handicap accessible, Transportation provided, Kosher food provided, there is a fee for the program.
Population: Mild to moderate to severe developmental delays, Autism/PDD, Multiply Handicapped
After School Program: for male & female ages 5-21, Mixed groups, 4 days a week, Handicap accessible, Transportation provided, Kosher food provided
Population: Mild to moderate to severe developmental delays, Autism/ PDD, Multiply Handicapped

Resources for Children with Special Needs, Inc.
Address: 116 E. 16th Street, 5th Floor, New York, NY 10003
Phone: (212) 677-4650
Website: www.resourcesnyc.org, www.resourcesnycdatabase.org
Programs Offered: Information and advocacy center for parents and professionals looking for any type of help pertaining to children birth to 26 with any disability. Holds a Special Camp Fair every January and we conduct many workshops throughout the city.

Shema Kolainu – Hear Our Voices
Address: 4302 New Utrecht Ave,
Brooklyn, New York 11219
Phone: (718) 686-9600
Website: www.shemakolainu.org
Programs Offered: Medicaid Waiver, Residential Habilitation

The Special Children's Center
Address: 1400 Prospect Street
Lakewood, New Jersey
Phone: (732) 367-0099
Ages: Any Age
Programs Offered: Respite, Overnight respite
Sunday Program: males and females ages 0-22, separate and mixed groups, Handicap accessible, Transportation provided, Kosher food provided, Take children not toilet trained,
Population: Mild to moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning Disabled, ADD/ ADHD, Multiply Handicapped
After School Program: Males and Females ages 0-22, separate and mixed groups, Transportation provided, Handicapped accessible, Kosher food provided, fee for program.

MEDICAID WAIVER, RESPITE & OTHER PROGRAMS CONTINUED…

Population: Mild to Moderate to severe developmental delays, Autism/PDD, Speech & Language impaired, Learning disabled, ADD/ ADHD, Emotionally Disturbed, Hearing impaired, Visually impaired, Multiply handicapped

Special Care for Families and Children's Services
Address: 1421 East 2nd Street
Brooklyn, New York 11230
Phone: (718) 252-3365
Programs Offered: Medicaid Waiver, Respite

STEP (Special Torah Education)
Address: 3005 Avenue L
Brooklyn, New York 11210
Phone: (718) 252-8822
Programs Offered: Sunday Program

UCP of New York City
Address: 80 Maiden Lane, 8th Floor, New York, NY 10038
Phone: (877) 827-2666
Website: www.ucpnyc.org
Programs Offered: Medicaid Waiver, Family support services for parents, In-home respite for individuals on Medicaid waiver, Overnight Respite, After School Program, Recreation

UCP of New York City: The Parent's Place
Address: 160 Lawrence Avenue
Brooklyn, NY 12230, Room 205
Phone: (718) 436-7979 xt. 704
Website: www.ucpnyc.org
Programs Offered: Free weekly workshops for parents and families, translation in Spanish is available.

Women's League Community Residences, Inc.
Address: 1556 38th Street
Brooklyn, New York 11218
Phone: (718) 853-0900
Website: www.womensleague.org
Programs Offered: Medicaid Waiver

Yad Hachazakah – The Jewish Disability Empowerment Center Inc.
Address: 25 Broadway,
Suite 1700, New York, NY 10004
Phone: (212) 284-6936
Location: Office, Agreed upon location
Ages: 12 through older adulthood
Population: Self-directing people with obvious or hidden disabilities/conditions and their loved ones.
Services: Personal Coaching and Mentoring, Peer Networking, Advocacy, Resource Navigation, Dating and Marriage Consultation
Add'l Info: Led by professionals and lay persons with disabilities under Orthodox Rabbinic Supervision.

Yedei Chesed
Address: 48 Scotland Hill Road,
Chestnut Ridge, NY 10977
Phone: (845) 425-0887
Website: yedeichesed.org
Programs Offered: Medicaid Waiver, Family Support Services for parents and siblings, Respite, Overnight Respite, Sunday Program, After School Program

YAI Network
Address: 460 West 34th Street
New York, New York 10001
Phone: (212) 273-6182
Website: www.yai.org
Programs Offered: Medicaid Waiver, Family Support Services for parents & siblings, Respite, Overnight Respite, Sunday Program for all ages, male & female, After school program in Queens 5 days a week for boys & girls ages 6-17, Recreation for male & female ages 6-adult on various weekdays, weekends, and holidays, Medical/ Dental/specialty practice for people with developmental and learning disabilities and their families, Clinical and family services, parent support groups, in-home training, rehabilitation programs, employment training and placement programs, socialization programs, travel, and much more.

Yeled V'Yalda Early Childhood Center
Address: 1312 38th Street
Brooklyn, New York 11218
Phone: (718) 686-3700
Website: www.yeled.org
Programs Offered: Respite

OTHER SERVICES

Beineinu-Connecting Parents of Children with Special Needs
Address: 48 West Maple Avenue
Monsey, New York 10952
Phone: (347) 743-4900
Website: www.Beineinu.org
Services Provided: Parent Matching, Internet research for medical information for internet-free families, Translation of medical information into Hebrew, Zichron Yehuda Equipment Exchange, Growing International database of Resources, Information of Interest to those dealing with various special needs, Library of Chizuk and Inspirational articles, pictures and videos.

E-tree
Address: 736 Lakeview Road
Cleveland, Ohio 44108
Phone: (877) 865-5235
Website: www.treeofknowledge.us
Services Provided: Interactive Online Learning System for k-12

Euro-Peds National Center for Intensive Pediatric PT
Address: 461 W. Huron St. #406
Pontiac, MI 48341
Phone: (248) 857-6776
Website: www.europeds.org
Services Provided: European-based model of therapy for treating children with non-progressive gross motor disorders such as Cerebral Palsy, Traumatic Brain Injury and Spina Bifida. It was the first clinic outside of Europed to offer this type of therapy when it opened in 1999 out of a Michigan hospital, Doctor's Hospital of Michigan.

Hand in Hand Family Services
Address: 390 Kings Highway
Brooklyn, New York 11223
Phone: (718) 336-6073
Website: www.hihfs.org
Services Provided: Psychological and Psychosocial Evaluations

Kids of Courage
Address: 13158 Broadway, Suite 207
Hewlett, New York 11557
Phone: (888) 9-KIDSOC
Website: www.kidsoc.org
Services Provided: Fully medically supervised travel and recreation program for seriously sick children and young adults. All participants are cognitively appropriate for age. Trips include resort, door to door travel, touring and shabbatons. There is no cost to participants. It is all volunteer. They provide advocacy for medical treatment as well as medical accompaniment to medical treatment destinations on commercial airlines.

BInuryni Parent Support Network
Address: HASC Center Inc
5601 First Avenue
Brooklyn, New York
Phone: (718) 436-4087
Programs Offered: Monthly Support Groups for Mothers, Special Events, Guest Speakers, Open to all parents with special needs.

The Special Children's Center
Address: 1400 Prospect Street
Lakewood New Jersey
Phone: (732) 367-0099
Ages: 0-3
Services Provided: Day Care serving all populations 9:00-2:00 or 4:00PM

ADVOCACY

Ahivim
Address: 6 Mountain Rd #204
Monroe, New York 10950
Phone: (845) 774-7000
Email: info@ahivim.org
Website: www.ahivim.org
Region: Orange, Rockland, Kings and Sullivan Counties
Provides representation: IEP Meetings, impartial hearings, and appeals

AHRC NYC
Address: 83 Maiden Lane
New York, New York 10038
Phone: (212) 780-2500
Website: www.ahrcnyc.org
Region: Five boroughs
Provides representation: IEP meetings, impartial hearings, and appeals

Bright Smile Center
Address: 1051 59th Street
Brooklyn, New York 11219
Phone: (718) 437-5774
Website: www.brightsmilecenter.com
Provides representation: IEP meetings

Imagine Academy for Autism
Address: 1465 East 7th Street
Brooklyn, New York 11230
Phone: (718) 376-8882
Website: www.imagineacademy.com
Region: All
Provides representation: IEP meetings, impartial hearings, and appeals

Jewish Stuttering Association
Phone: (347) 855-7520
Website: Jstutter.org
Languages: English, Yiddish, Hebrew
Add'l info: Increasing stuttering awareness within the Jewish community

Joan A. Harrington
EASE- Educational Advocacy Service
Address: 1359 Coney Island Avenue
Brooklyn, New York 11230
Phone: (718) 252-6682
Region: New York
Provides representation: IEP meetings, impartial hearings, and appeals

Law Offices of Lauren A. Baum, P.C.
Address: 307 E. 53rd Street, Suite 501
New York, NY 10022
Phone: (212) 644-4414
Region: All
Provides representation: IEP meetings, impartial hearings, and appeals

Michael Inzelbuch Esq.
Address: 555 Madison Avenue
Lakewood, New Jersey 08701
Phone: (732) 905 2557
Region: New Jersey
Provides representation: IEP Meetings, Impartial Hearings, and appeals

National Jewish Council for Disabilities/Yachad (NJCD)
Address: 11 Broadway, 13th Floor
New York, New York 10004
Phone: (212) 613-8229
Hotline: (212) 613-8127
Website: www.njcd.org
Region: NY, NJ, National
Provides representation: IEP, Impartial Hearings

Project LEARN
Special Education Affairs – Agudath Israel of America
Address: 42 Broadway,
New York, New York
Phone: (212) 797-9000, ext. 308/325
Region: Primarily NY City and State, available to consult on questions on a national level
Provides representation: IEP meetings, Impartial Hearings, and Appeals

Resources for Children with Special Needs, Inc.
Address: 116 E. 16th St. 5th Floor,
New York, NY 10003
Phone: (212) 677-4650
Website: www.resourcesnyc.org, www.resourcesnycdatabase.org
Region: All 5 boroughs
Provides representation: IEP meeting, Impartial Hearings, and Appeals

SEAD - Special Education Academy of Deal
Address: 1 Meridian Road
Eatontown, New Jersey 07724
Phone: (732) 460-1700
Website: www.seadprogram.org
Region: New York & New Jersey
Provides representation: IEP meetings & Impartial Hearings

TAFKID
Address: 977 East 17th Street
Brooklyn, New York 11230
Phone: (718) 252-2236
Website: www.tafkid.org
E-mail: tafkid@aol.com
Region: New York
Provides representation: Educational planning and case consultation, assistance with letter writing and paperwork, IEP Meetings and Impartial Hearings

Thivierge and Rothberg, P.C.
Address: 140 Broadway, 46th Floor
New York, NY 10005
Phone: (212) 397-6360
Website: www.trspecialedlaw.com
Region: New York & New Jersey
Provides representation: IEP Meetings, Impartial Hearings, and Appeals

Yedei Chesed
Address: 48 Scotland Hill Road
Chestnut Ridge, NY 10977
Phone: (845) 425-0887
Website: yedeichesed.org
Region: Rockland County
Provides representation: IEP Meetings

UCP of New York City
Address: 80 Maiden Lane, 8th Floor
New York, NY 10038
Phone: (877) 827-2666
Website: www.ucpnyc.org
Region: Bronx, Bklyn, Manhattan and S.I.

BECOME A PART OF THE NEXT BUILDING BLOCKS A SPECIAL NEEDS MAGAZINE

To Be Published June 2012

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FAMILY FORUM & SIBS SPEAK
For a member of a family with a special needs individual to submit an anecdote, advice, or comment.
Contact Ruchi Eisenbach at ruchieisenbach@gmail.com

BULLETIN BOARD
To have pictures of your events posted free of charge in this section.
Contact Eli Stein at elistein@aol.com

ASK THE EXPERT
To ask a question of one of our therapists, advocates or educators.
Contact Chaya Klass at ileneklass@aol.com

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RESOURCES & INFORMATION ON THE WEB

Compiled by Suri Greenberg

The Internet is a vast reservoir of information. Below is just a sampling of the web sites offering useful information and resources on all aspects of Special Needs, as well as detailed information on specific disorders and disabilities. However, be aware that there is no assurance that the information found on a particular web site is accurate or up to date. Therefore, it is important to check with your physician or other authoritative source that you trust before acting on any specific medical or treatment information you may find on the Internet.

FOR INFORMATION ON A VARIETY OF DISABILITIES AND DISORDERS:

Centers for Disease Control and Prevention

Address: 1600 Clifton Road Atlanta, GA 30333, U.S.A
Phone: (800) CDC-INFO (232-4636)
Developmental Disabilities Home Page Website: http://www.cdc.gov/ncbddd/dd/default.htm

National Institute of Neurological Disorders & Stroke National Institutes of Health

Address: P.O. Box 5801 Bethesda, Maryland 20824
Phone: (800) 352-9424 or (301) 496-5751
Website: http://www.ninds.nih.gov/index.htm

Learning Disabilities: All Kinds of Minds

Address: 2800 Meridian Parkway, Suite 100, Durham, NC 27713
Phone: (888) 956-4637
Website: http://allkindsofminds.org

IDEA Infant and Toddler Coordinators Association

Address: 6129 Calico Pool Lane Burke, VA 22015
Phone: (703) 850-1187
Website: www.ideainfanttoddler.org
A guide to Early Intervention resources

Learning Disabilities Association of America

Address: 4156 Library Road Pittsburgh, PA 15234-1349
Phone: (412) 341-1515
Website: http://www.ldanatl.org/index.cfm

Hearing and Vision Disabilities: Alexander Graham Bell Association for the Deaf and Hard of Hearing

Address: 3417 Volta Place, NW, Washington, DC 20007
Phone: (202) 337-5220
TTY: (202) 337-5221
Website: www.agbell.org

American Foundation for the Blind (AFB)

Address: 1660 L Street, NW, Ste.513, Washington, DC 20036
Phone: (202) 822-0830 (office/TDD)
Website: http://www.afb.org

American Society for Deaf Children (ASDC)

Address: 3820 Hartzdale Drive Camp Hill, PA 17011
Phone: (800) 942-2732
Website: www.deafchildren.org

Helen Keller National Center (HKNC)

Address: 141 Middle Neck Road Sands Point, New York 11050
Phone: (516) 944-8900
TTY: (516) 944-8367
Website: www.hknc.org

INFORMATION ON SPECIFIC DISORDERS:

Autism Research Institute

Address: 4182 Adams Avenue San Diego, CA 92116
ARI Autism Resource Call Center: **Phone:** (866) 366-3361
Website: http://www.autism.com

Autism Society of America

Address: 7910 Woodmont Avenue, Suite 300 Bethesda, Maryland 20814
Phone: (301) 657.0881 or 1-800-3AUTISM (1.800.328.8476)
Website: http://www.autism-society.org/site/PageServer

The International Dyslexia Association

Address: 40 York Rd., 4th Floor Baltimore, Maryland 21204
Phone: (410) 296-0232
Website: http://www.interdys.org/

Muscular Dystrophy Association - USA

Address: National Headquarters: 3300 E. Sunrise Drive Tucson, AZ 85718
Phone: (800) 572-1717
Diseases Home Page
Website: http://www.mda.org/disease

National Down Syndrome Society

Address: 666 Broadway, 8th flr. New York, New York 10012.
Goodwin Family Information and Referral Center at (800)221-4602
Website: http://www.ndss.org/index.php

National Multiple Sclerosis Society (NMSS)

Address: 1100 New York Ave., NW, Ste. 660 East, Washington, DC 20005
Phone: (202) 408-1500
Website: www.nationalmssociety.org

Spina Bifida Association of America (SBAA)

Address: 4590 McArthur Blvd., NW, Ste. 250, Washington, DC 20007
Phone: (202) 944-3285
Website: http://www.sbaa.org

United Cerebral Palsy

Address: 1660 L Street, NW, Suite 700, Washington, DC 20036
Phone: (800) 872-5827
(202) 776-0406
Website: http://www.ucp.org

INFORMATION ON JEWISH GENETIC DISORDERS:

Ashkenazi Jewish Genetic Diseases page of the Jewish Virtual Library

Website: http://www.jewishvirtuallibrary.org/jsource/Health/genetics.html
Basic information on common Jewish genetic diseases and links to web sites offering more detailed information on specific disorders

Victor Centers for Jewish Genetic Diseases

Website: http://www.victorcenters.org/#detabs
Affiliated with major medical research centers in Philadelphia, Boston and Miami
Offering resources for Young Adults and Families, Clergy, Educators and Community Leaders and Health Care Professionals

PUBLIC ADVOCACY GROUPS:

American Association on Intellectual and Developmental Disabilities (AAIDD)

Address: 501 Third Street, NW, Ste. 200, Washington, DC 20001
Phone: (202) 387-1968
Website: http://www.aaidd.org

American Association of People with Disabilities (AAPD)

Address: 1629 K St., NW Suite 503, Washington, DC 20006
Phone: (202) 457-0046 V/TTY
Website: http://www.aapd-dc.org

The Consortium for Citizens with Disabilities

Address: 1660 L Street, NW, Ste. 700, Washington, DC 20036
Phone: (202) 783-2229
Website: http://www.c-c-d.org

SUPPORT GROUPS:

On-line Support group
jewishspecialneeds@yahoogroups.com
Phone: YAI Link @212-273-6182
Website: http://yai.org

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Compiled By Elisheva Stein

The OJOTC Shabbat Program at the The AOTA Conference

The Orthodox Jewish Occupational Therapy Chavrusa will hold its 7th annual Shabbat Conference Program the weekend of April 27-28 at the JW Marriot Hotel in Indianapolis, as part of the Annual Conference of the American Occupational Therapy Association.

The AOTA Conference brings together more than 6000 Occupational Therapists, Occupational Therapy Assistants and Occupational Therapy Students from all over the United States and several other countries, including Israel for seminars, educational sessions and a huge exposition with more than 300 exhibitors of all types.

The OJOTC Shabbat Program includes Glatt Kosher meals Friday night and Shabbat lunch, a Shabbat afternoon study program and "pot luck" Shalsoh Seudot and group Havdalah. It is also making arrangements for a Shabbat minyan (including Torah reading) if enough male Occupational Therapists or husbands of female Occupational Therapists participate. Further information about the program may be obtained from Peggy Gurock, OTR, 973.777.6549 or Indy@OJOTC.org The OJOTC website is www.ojotc.org

These photos are from the OJOTC program in Orlando in 2010, when more than 40 Occupational Therapists participated in the Shabbat Program.

Student Art Exhibit at Manhattan Gallery Art Show for Imagine Academy

Imagine Academy for Autism exhibited the framed artwork of its students at a Manhattan gallery this fall in a unique and moving art show/fundraiser that was hosted by the non-profit organization Bear Givers.

It was the first fundraiser for the school that involved its students. Many of them attended the show, and it displayed their talents and capabilities through artwork that emerged from the school's top-quality art therapy program.

Bear Givers is a New York-based non-profit that awards grants ranging from $400 to $1000 a month to 20 schools for special needs children in the U.S. and overseas.

"It's an overwhelming feeling of accomplishment when the children are the stars of the evening," said Joseph Sprung, who is founder and president of JBS Financial and founder and chairman of Bear Givers. "Some of these parents are crying when they see their children's art hanging in a gallery. It's a very empowering feeling for everybody and the fact that it touches so many people makes us feel privileged."

Among the pieces of art at the show were traditional drawings and paintings, sculpture, photography, sun printing, digital design and jewelry.

"The exhibit showcasing the artwork of our precious students was a great achievement that was really the outcome of Imagine Academy's unique multi-disciplinary approach toward helping our students," said Imagine Chairman of the Board David Jemal.

Imagine Academy integrates Applied Behavioral Analysis (ABA) and Floortime. Imagine raised thousands of dollars at the art show. The remaining pieces of art are still being showcased at the JBS gallery.

Photo Credit: Barry Brown

Imagine Academy for Autism student Siggi Wilzig, 5, examines his framed painting at the school's art show held Nov. 3 at JBS Financial gallery in Manhattan.

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Wall Street Fights Autism

Jerusalem Mayor and New York Philanthropists Support ICare4Autism Global Center for Autism Research and Education on Mt. Scopus.

On November 8, 2011, more than 50 leading philanthropists gathered in the investment bank DH Blair to hear Mayor Nir Barkat discuss the urgent need to support the creation of the world's first Global Center for Autism Research and Education on Mt. Scopus.

At the ICare4Autism breakfast honoring Jerusalem Mayor Nir Barkat, Dr. Joshua Weinstein, Founder & CEO of ICare4Autism describes the Global Autism Center project. Seated to the right is Jerusalem Mayor Nir Barkat, Host J. Morton Davis, DH Blair Founder and Chairman, and Event Co-Chair John Catsimatidis, owner and CEO of Red Apple Group and Gristedes Foods

The Global Autism Center is a project of ICare4Autism, a New York-based charitable organization founded in 2004 by Dr. Joshua Weinstein to tackle the global autism crisis.

When open in 2014, the Center will feature an on- site research institute; a school of autism studies; an educational center applying the latest research and technology to students with autism, and a foundation to support the transformation of autism education and treatment worldwide.

In addition to this, Dr. Weinstein announced the Comprehensive Autism Workforce Development Center. The Workforce Development Center will provide preparation for workforce entry; vocational training and employment services in more than a dozen fields ranging from semi-skilled to the high tech sector; specialized support to persons with Asperger's Syndrome, and ongoing job coaching and mentoring.

Dr. Eric Hollander explained why this is so important now, "The Global Autism Center will bring together the collaborative networks urgently needed to drive breakthrough genetic and epigenetic autism research.. It will create the world's first integrated platform for cross disciplinary collaboration between biomedical researchers and educators. The creation of such a platform is critical to global efforts to foster early detection and effective intervention. And finally, having the Global Autism Center in Jerusalem will have an impact on the Israeli autism community, bringing the world's leading researchers into collaboration with their Israeli colleagues and bringing their most important advances to Israelis with autism."

Mayor Barkat said, "The Global Autism Center is of vital importance for the City of Jerusalem and the world. We are pleased and honored to help…"

For information about ICare4autism's Global Autism Center in Jerusalem, please contact: krobinson@Icare4autism.org.

Partial view of the overwhelming show of participants at the ICare4Autism Breakfast with the participation of Jerusalem Mayor Nir Barkat to discuss the ICare4Autism Global Autism Center

Horseback Riding to the Rescue: All in a Day's Work at Women's League

Women's League Community Residences strives to enhance the growth and development of those it serves within the 32 group home and supportive apartment settings it operates. Five of its residences are warm, loving homes for children and teens with various developmental disabilities.

One of the most exciting therapeutic activities it has arranged for these residents in the past few years is horseback riding therapy, which is a particularly effective activity for those with compromised muscle tone, behavioral issues and other developmental delays. The significant cost involved in arranging the horseback riding sessions pales in comparison to all its benefits. Esther Busel, residence manager of the Women's League Babies' Home, gushes, "It is incredible to see the joy on the faces of the children as they interact with the horses and ride on them. Horseback riding also helps our children develop muscle strength, balance and coordination. They truly love and look forward to their special time sitting atop the horses."

Rachel, age 8, is tube-fed and spends much of the day in a fetal position, rocking herself continuously. On a horse, she sits completely upright, and is all glowing smiles.

David, age 7, is non-verbal and generally uncommunicative, except when it comes to horseback riding. He loves to go riding so much that when his counselor arrives Sunday morning, he clings to her skirt until it's time to go. She can't figure out how he knows when it's Sunday, horseback riding day! He is visibly relaxed on the horse, too.

Most recently the State of New York cut funding to nearly all its programs for individuals with disabilities. Women's League had to decide which cuts were necessary to continue operating warm and safe environments for its residents. Clearly, horseback riding began to seem more of a luxury in this new economic reality. Fortunately, the Vogler Foundation which generously decided to award funds for the continuation of this wonderful program. Horseback riding lives on for the Women's League consumers!

For more information about Women's League and its numerous quality programs for those with developmental delays and disabilities, please call 718-853-0900 or visit us at our newly designed website www.womensleague.org.

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Ezer Mizion's Infant Swimming Course Makes Waves

An enrichment course was hosted by Ezer Mizion's Yankel Kornwasser Hydrotherapy Pool in conjunction with Tel Aviv University on the subject of "Infant Swimming."

The instructors included Shimon Eyal, program director, Irit Barkan, hydro-therapist, and Shiri Ditkowsky, veteran infant swimming instructor and included 80 hours of instruction. The course included: anatomy and physiology, early childhood development, parent/child psychology, influence of water on body processes and on the immune system, first aid, hydrotherapy and music for infants, pool safety, and practical training.

Participants received certification from the University, qualifying them as "Infant Swimming Instructors".

A majority of the participants were hydro-therapists, and some were interested mothers.

Infant Swimming is geared for babies from the age of three months. When done correctly, it can help both normal and special needs babies develop.

This program can potentially increase a child's intelligence, focus, alertness, and visual perception. Significant motor and cognitive change can be achieved over the course of time with a professional program.

Some of the objectives are: proper development and movement in water, lung and respiratory development, motor activity to enhance coordination, muscle building and increased flexibility.

The exercises combine games, songs and laughter, so that motor skills improve in a fun and enjoyable manner, as well as benefits like strengthening the child's self-confidence and contributing to the parent/child bond.

It's best to start before age one, but it is never too late to enjoy this immensely positive, calming joint parent-child experience.

For further info: www.ezermizion.org.

A Day at Kinor Dovid and Kinor Malkah

Kinor Dovid Sets up shop on 39th street in Boro Park, selling Sukkah Decorations.

Kinor Dovid offers a variety of services, including shiurim and classes on many levels, vocational training and job placement, visits with Rabbanim, and an on-site clinic. Kinor Dovid offers a variety of services, including shiurim and classes on many levels, vocational training and job placement, visits with Rabbanim, and an on-site clinic.

Kinor Malka provides a loving and warm atmosphere where women obtain jobs, enhance culinary and life skills, and go on exciting outings. The women get much encouragement and inspiration from these activities.

The young ladies of Kinor Malka visiting the Skwere Rebbitzin of Boro Park.

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By Steve K. Walz, Jewish Press Israel Correspondent

Shalva National Center to Serve Anglo "Special Needs" Community in Israel

Israel's mushrooming "special needs" community, consists of thousands of children, teenagers and adults.

Many new organizations were formed by individuals within Israel's English-speaking community, and have benefitted from the support of Israel's Ministry of Social Welfare. Kalman Samuels and his wife Malki created the internationally recognized Shalva Center for physically and emotionally challenged children in Jerusalem in 1990, after facing the challenges of raising their own special needs child.

Shalva provides services to more than 500 participants with special needs, including infants, children, adolescents and young adults via a myriad of tailored programs and round-the-clock therapies, seven days a week.

Mr. Samuels states, "We service a large number of families of olim (new immigrants) in the various programs and have a relationship with Nefesh B'Nefesh, which sends us the resumes of therapy professionals. As a result of this unique relationship, numerous olim now work at Shalva and many bring with them extraordinary training, talents and experience!"

Mr. Samuels added, "As a result, Anglo parents in Israel and their special needs child always have an Anglo staff member nearby who understands them and their culture."

Due to the special needs population growth, Mr. & Mrs. Samuels are raising funds for the construction of a state-of-the-art "national center." Mr. Samuels promised that, "When completed, it will be the most advanced facility of its kind anywhere… Israel will be recognized as a center of excellence that will share its knowledge with other people and organizations from around the world."

OHEL Bais Ezra's Sibshops Program Empowers Siblings and Gives Them a Voice Like Never Before!

Whether from a family with a child challenged by Autism to Down Syndrome, a diversity of siblings – Ashkenazi to Sephardi, Chassidic to less affiliated, have become regular participants in OHEL Bais Ezra's dynamic SibShops program.

These unique support groups in Brooklyn, Long Island, Far Rockaway & Queens - for siblings aged 10 to 18 successfully bring together children of different backgrounds that are the brothers and sisters of children and young adults with developmental disabilities.

In these family situations, while the typical sibling is characteristically very supportive in an often overwhelming environment, he or she commonly finds neither the time nor the opportunity to reflect upon or share their own inner feelings about the challenges and concerns they may face.

SibShops provides the safety in groups where these siblings can discuss their feelings, share their trials and ask the questions they would find difficult to ask their own parents.

For more information please call Batsheva at 718.686.3497 or email sibshops@ohelfamily.org.

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Accessible Housing and Assistive Technology: *Helping Families and Their Loved Ones*

United Cerebral Palsy of NYC works hard to relieve many of the challenges related to life with a disability. UCP of NYC provides direct services, technology and advocacy to children and adults with cerebral palsy and related disabilities.

Securing accessible housing and assuring mobility within the home is one of the biggest challenges for individuals with disabilities. Most apartments and houses are not built to be accessible for people with disabilities, and families often cannot afford costly renovations. UCP of NYC's *Doorways to Independence* initiative helps individuals with disabilities to live in accessible housing, both through home modifications and through housing case management. In addition, housing case management services assist families in navigating the complex housing systems in NYC by providing coordination, tenant negotiation assistance and referrals for legal services. UCP of NYC's *Doorways to Independence* offers families information and services that foster independence while helping individuals remain at home in the community.

UCP of NYC's TECHWORKS Technology Resource Centers, *SHARE* Lending Libraries and Augmentative Communication Centers, offer the latest information on assistive technology offerings, consultation, and access to cutting edge products and services in order to to unlock doors for disabled children and adults

UCP of NYC's TECHWORKS Technology Resource Centers recently launched a mobile program, TECHWORKS *ToGo!* aimed at delivering technology to community members throughout New York City. The TECHWORKS ToGo! van travels to various neighborhoods to service the elderly, children, people with visual and hearing impairments, veterans, individuals with traumatic brain injuries, patients recovering from strokes and more. It is outfitted with adapted toys, computers, communication devices, and environmental controls. These technologies help people with disabilities to enjoy heightened independence and increased opportunities for community participation.

Individuals and families frequently need assistance from experts who can help them understand the available services they are eligible for. UCP of NYC offers over 75 comprehensive programs including medical, educational, technological, residential and habilitative services to individuals enrolled in programs, as well as to the general community. UCP of NYC can help provide answers to inquiries, offer services, or make referrals to other agencies and organizations.

If you are interested in learning more about Cerebral Palsy, or UCP of NYC's programs and services, including Doorways to Independence and TECHWORKS *ToGo!*, please visit the UCP of NYC website, ucpnyc.org, or contact Project Connect (1-877-UCP-Connect).

Autism Fair

Autism exists in approximately 1 in 110 children. Due to this, it seems that everyone knows someone with a diagnosis of Autism. Autism does not discriminate; it affects children of all racial, ethnic and socio/economic backgrounds and this was reflected in the families that participated in the Autism Health Fair at SUNY Downstate. All families that attended the fair have the same concerns, "How can I get the right services for my child in a timely manner?" "Is there something more that I can do to improve the quality of life for them?" Certainly early assessment and early intervention are key, but there are many other services that children and families need when faced with this diagnosis. This fair brought together vital services that some families may be unaware of which include Medicaid Waiver programs, respite and res-hab services, ongoing support groups, service co-ordination agencies, school options, socialization groups and much more.

The success of the Autism Awareness Fair on September 25, 2011 was due in part to the generous sponsorship of the Jewish Press who graciously helped promote our fair through their wide-spread weekly paper, as well as through their contribution of Building Blocks Magazine which each attendee was able to receive. We at SUNY Downstate are deeply grateful and wish to thank all those at the Jewish Press who helped make this year's Fair the success it turned out to be.

If you have any questions, concerns or comment about our services, or inquire about any upcoming events, you can reach us at the Department of Developmental Pediatrics at SUNY Downstate Medical Center.

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Last Year Camp Kaylie Rocked the Camping World…. This Year Let It Rock Yours!

What a spectacular inaugural Summer 2011 we all experienced at Camp Kaylie!

It was better than we could ever have ever imagined - thanks to the tremendous efforts and spirit of our exceptional and pioneering staff. Camp Kaylie truly impacted our campers in a positive way that is sure to affect them for the rest of their lives.

Our June boy campers and August girl campers enjoyed an exhilarating summer of spectacular sports (too many to mention!), individual and team competitions, fun-filled day trips, music, learning and of course the world renowned home-cooked food from Camp Kaylie's state-of-the art kitchens!

Most uniquely, as a groundbreaking "fully integrated" summer camp, we proved that integration not only works – but that our campers – both typical and those challenged by disabilities - thrive within such a revolutionary environment –immeasurably gaining in understanding, sensitivity and personal growth.

We encourage you to explore the word of Camp Kaylie at campkaylie.org and see for yourself!

CALENDAR OF UPCOMING EVENTS:

JANUARY 29, 2012
Team Yachad in the Miami Marathon
Miami, FL
(Our own Shaindy Urman of the Jewish Press will be there)
For more information go to:
www.teamyachad.com

APRIL 18-20, 2012
Young Child Expo & Conference 2012
New York City
For more information go to:
http://www.youngchildexpo.com

MAY 4-6, 2012
Yachad Family Shabbaton
Hudson Valley Resort and Spa in Kerhonkson, NY
for more information visit us at
yachad.org

MAY 4-6, 2012
Abilities Expo
Edison, NJ
For more information go to:
http://www.abilitiesexpo.com/newyork

AUGUST 1-2, 2012
ICare4Autism International Autism Conference
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http://www.hear-our-voices.org

RECRUITMENT

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TSHH required;
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sesamesprout@gmail.com

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*Early Intervention Services
*Early Intervention Evaluations
*CPSE Evaluations
-Early Intervention Service Coordinator
-Certified SEIT Teachers
-OT, PT, SP for CPSE Services
Bi-lingual Hebrew, Yiddish, Spanish or other language a plus.
EMAIL RESUME AND COVER LETTER IN BODY OF EMAIL ONLY to: HR@skhov.org OR SEND FAX TO 718-686-6161

Shema Kolainu HEAR OUR VOICES
School and Center for Children
4302 New Utrecht Ave
Brooklyn, NY 11219
Tel. 718-686-9600
Fax 718-686-6161
www.shemakolainu.org

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(718) 853-9700 ext. 255
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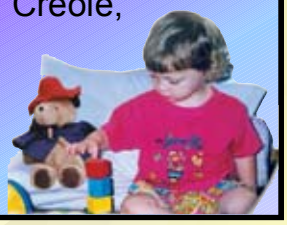

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For Brooklyn, Manhattan, Queens and Bronx

Hand in Hand Development, Inc., an Early Intervention Agency seeks NY State licensed Occupational and Physical Therapists, Speech and Language Pathologists, Bilingual CFY's considered, NY State Certified Special Educators trained in Applied Behavior Analysis (ABA) BCBA's, Vision therapists, Nutritionists, Social Workers and Psychologists for home based therapies in Brooklyn, Manhattan, Queens and the Bronx,EI Center Program in lower Manhattan. Bilingual applicants preferred.
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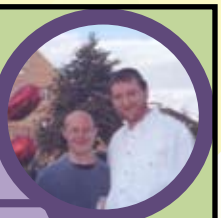

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