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# Letter from the publisher

## Celebrating five years in print

**F**ive years ago, my good friend and colleague Sharon Noble and I began this magazine. We felt, as parents ourselves, that there was a lack of resources and information about kids who present special issues. We were right, and in the years since that first printing, we have connected with thousands of families who are hungry for support and quality directional guidance.



It has been and continues to be my goal to make our editorial positive for families who struggle to find help and advice. With that goal in mind, we had the good fortune to partner with Tom and Chantai Snellgrove. Through their generous sharing of outstanding editorial over the years, the families of New York have had the benefit of great articles inspired by their effort. Their support has been priceless.

It's a real pleasure to tell the story, in this issue, written by her husband Tom, of Chantai Snellgrove and her family and the road that led them to establish their excellent website, Parenting Special Needs Magazine. Over the years, Chantai has been marvelously generous and a huge help in sharing great writers and articles that have real depth.

This issue is no exception and "Positive Behavior Support," by Michelle White and Meme Hieneman is an article that not only is timely, as this is becoming common practice in schools throughout the nation, but points out how parents can partner with educators to help students in ways they were unaware of before. "The Power of Music," by Chynna Tanara Laird, speaks for itself and is a must read. "The Gluten free/casein free Cheat Sheet" by Barrie Silberberg and it's relation to autism spectrum disorders as well as others, is another article we proudly present, and there are more articles from local professionals and parents who willingly contribute their expertise in each of the two issues we print every year.

Sharon and I and our whole team want to thank you, our readers and advertisers, for your loyalty. We are grateful to the thousands of families who have signed on to our mailing list and to the many services and educators whose ads have run in the issues, and to the many writers who have contributed important information over the past five years. It has and continues to be a labor of love for us. So many changes and advancements have taken place in the areas of autism, dyslexia, ADD, and others during these years that we have been publishing. We look forward with anticipation to even greater advancements that will be coming as we move forward.

Thanks so much for reading!

Susan Weiss-Voskidis, Publisher

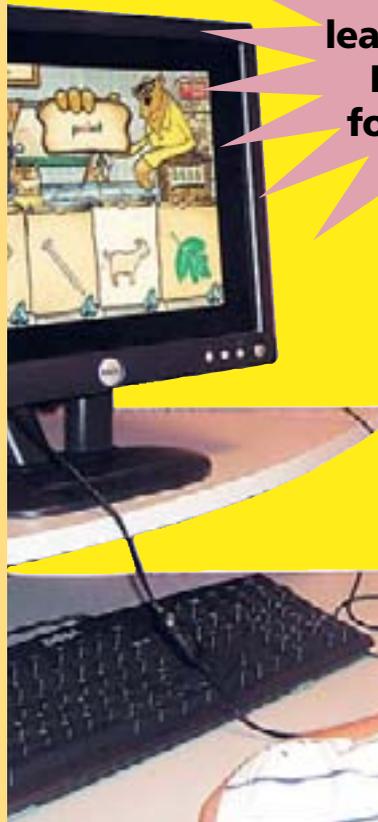
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# POSITIVE behavior support

BY MICHELLE WHITE AND  
MEME HIENEMAN

**P**ositive behavior support is becoming common practice in schools across the nation and has been successful in improving students' social and academic performance. Unfortunately, parents are often unaware of how positive behavior support is being used and how they can take an active role in their children's schools. This article describes this model and how parents can partner with educators to help students.

Positive behavior support was originally

developed to overcome serious conduct problems of individual children. It offered a refreshing alternative to reactive and often demeaning strategies that were traditional procedures for educators trying to manage student behavior. Positive behavior support involves identifying the purposes behavior serves for a child (e.g., attention, avoidance of difficult tasks) and the circumstances in which these behaviors are most likely and least likely. With this information, educators and parents can develop strategies to

- Prevent problems
- Teach skills to replace problem behavior
- Encourage appropriate behavior

## What is school-wide, positive behavior support?

More recently, these basic principles have been applied to entire classrooms and schools. School-wide positive behavior support is now viewed as a multi-level approach to student support and discipline. It is a team-based process for planning and problem solving that targets all students and staff on a particular school campus. The goal is to create environments where appropriate behavior is more effective and efficient than problem behavior, leading to a more positive school climate.

School-wide positive behavior support is managed by a team of individuals representing the administration, faculty, support staff, students, and their families. This team gathers and reviews data on student behavior and progress, and then uses this information to change the environment to prevent typical problem behavior from occurring (e.g., by posting written reminders of school expectations or increasing supervision in particular areas around the school).

The team encourages staff — and families, when possible — to teach students social skills, such as conflict resolution, and encourage appropriate behavior with praise and rewards. They also develop consistent consequences to discourage problem behavior. These strategies are incorporated in the school's overall plan, with the team monitoring progress.

### How can parents get involved?

For parents of school-aged students, it is helpful to learn about positive behavior support and become involved in supporting ongoing behavior change efforts. Parents can get involved in three ways. First, they can learn about and possibly assist in developing the school's plan. Second, parents can support strategies used at the school by

This practice offers a refreshing alternative to the reactive and often demeaning strategies that were traditional procedures for educators trying to manage student behavior.

providing resources and volunteering. And third, parents can follow through at home.

Here are some specific ideas for getting involved:

- Learn your school's expectations, rules, rewards systems, and consequences for breaking rules, and review them with your children. This information is likely to be available on bulletin boards, the school's website, and in newsletters, materials teachers send home, and phone messages. It is also shared through the district in handbooks, the code of conduct, parent information sessions, and other district communications.

- Volunteer to assist with events and activities for rewarding student behavior. Examples of how parents can volunteer include: overseeing a school store run by the team, donating treasure box items, assisting

with school-wide reward events, and raising funds for special events.

- Participate in parent-teacher organizations and school advisory committees. By getting involved in these groups, parents can shape the school's directions and connect community members who can provide additional support.

- Communicate consistently with children and teachers, reinforcing expectations and following through at home. Parents can follow-through by talking to their children about daily events and their children's successes and challenges. They can also develop rules, homework routines, and rewards for appropriate behavior that mirror those at school.

Regardless of a school's particular approach to school-wide, positive behavior support, it is important for parents to be partners in this process. Parents need to be informed, communicate concerns, and take part in problem-solving. When educators and parents are on the same page, school will be a successful experience for everyone involved.

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# A true boost

## Learn how educational therapy can really help special-needs kids

BY MELISSA KATZ, MS

**H**ave you taken your child to many programs for help with learning issues without much success? Maybe it's time you discovered an intervention that is really effective, called educational therapy?

Unlike most other approaches, educational therapy addresses all of your child's learning needs. It deals with learning disabilities such as dyslexia, dysgraphia (inability to write coherently), and dyscalculia (difficulty in making arithmetical calculations); as well as ADD, and weaknesses in cognitive skills, motor skills, language skills, and many other areas that impact learning.

The educational therapist is a full-time specialist with an advanced degree and training in special education, literacy, reading, psychology, or social work. The therapist usually sees your child in his office, and may also offer consulting in your child's school, parent training, and conference presentation.

Educational therapy involves the use of many materials and assistive tools (technology that helps people with disabilities lead more independent lives) besides your child's own textbooks, worksheets, and class notes. It particularly focuses on those that encourage movement, provide

strategies, build mastery and competence, are research-based, strengthen mental skills, are highly motivating, and are multi-sensory. These include 3D objects; props; incentives; brain boosters; memory boosters; pacing and behavioral tools; fluency-tracking and progress-tracking tools; time-tracking devices; graphic organizers; assistive technology; learning materials related to sight, sound, hearing, and touch prompts; toys; cues; and games.

The interventions used in educational therapy are designed for your special needs child. They deal with helping him improve his underlying skill areas: social, emotional and behavioral skills; attention and focusing skills; executive-functioning skills; cognitive skills; motor skills; and language skills. Unless addressed, these difficulties make his learning a struggle and impede academic performance.

The interventions are intensive, activity-oriented, individualized, multi-sensory, and specialized. An initial assessment is made to determine your child's strengths and weaknesses, and the focus is then to help your child close those gaps, gain mas-

tery, improve academic performance, and reach or surpass grade level.

The therapist works with your child to foster positive social, emotional, and behavioral skills that will lead to success in an educational environment. The purpose is to stimulate and motivate him toward his academic goals by providing structure, support, and feedback. This is an individualized process that facilitates goal clarification and achievement. The results are also an improvement in his organization, more self-discipline, less fear of failure, more ability to cope with new or unstructured situations, better time management, and less test anxiety.

Educational therapy works on developing your child's executive functioning skills, so he will improve his ability to complete tasks, keep track of assignments, and organize and manage his thoughts and materials.

Educational therapy develops your



child's attention and focusing skills. It provides him with strategies he can use to help him concentrate on important information and learning tasks, despite distractions. He can then follow oral and written directions, and improve his academic performance.

Cognitive skills are necessary for analyzing sounds and images, recalling information, making associations between different pieces of information, and maintaining focus on a given task. Educational therapy helps your child with cognitive skills that include sensory functioning, processing and performance, memory skills, and thinking skills.

Educational therapy works on developing, stimulating, enhancing, and integrating your child's sensory functioning skills. As a result, he increases his ability, speed, and accuracy with detecting information through his visual sense (eyes), auditory (ears), and tactile (hands). The brain must organize all of these sensations for your child to learn. The senses act as pathways to move information to the brain.

Part of the work done in educational therapy is to help your child unlearn any misapprehended information and relearn it correctly so he will store it correctly in his mind. Educational therapy works on devel-

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## The educational therapist works with your child to foster positive social, emotional, and behavioral skills that will lead to success in an educational environment.

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oping all the areas of your child's memory related to learning and academic performance: working memory, short-term memory, long-term memory, auditory memory, visual memory, and tactile memory.

Educational therapy works on developing your child's thinking skills, so he can perform tasks involving deductive reasoning, analytical thinking, logical thinking, evaluative thinking, critical thinking, and creative thinking.

It also works on building your child's motor skills for more body awareness, movement awareness, spatial awareness, and better handwriting.

It works on building your child's ability to understand and use language, which improves his academic performance. It develops language components, such as sounds, word construction, vocabulary-building, word retrieval, language rules, grammatical rules, and word usage. This helps your child with speaking, reading, and writing.

The benefits of educational therapy are numerous: significant improvement of grades, an increase in confidence and self-esteem, reaching highest potential, and the development of strong performance skills. If your child is involved with educational therapy on a regular basis, he will be able to achieve permanent academic success, and reach — and even exceed — grade level.

*Melissa Katz is an educational therapist in New Hyde Park, NY. She has been in private practice for more than 15 years. Her more than eight years of academy training includes Orton-Gillingham and Wilson. She does reading therapy, educational therapy, teacher and parent training, conference presentation and consulting in Long Island and throughout the city. She has created and uses the TOP SMARTS approach for educational therapy, and is the author of a number of educational therapy articles. Contact her at [tchr543@aol.com](mailto:tchr543@aol.com). For more information, visit [www.mkeducationaltherapy.net](http://www.mkeducationaltherapy.net).*

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# The power of music

## Three forms of therapy that make a big difference

BY CHYNNA TANARA LAIRD

**M**usic is an amazing communication tool. No matter what language you speak or whether you can communicate verbally at all, music is a fundamental way to reach out and to be reached out to. That is pretty powerful. And for me personally, it's proved to be a primary connection resource.

Music was how I was able to connect with my mother, even when she was in the throws of a manic episode. It was a way to reach the part of her that was calm. I turned to music when times were too tough to face, and it pulled me through to a more positive perspective. And now, with my daughter, Jaimie, I use it as a way to calm her, to organize her, or to reach her when her world is too overwhelming for her. And now, it's become a central part of her therapy.

We've tried many methods over the years to teach Jaimie how to cope with sensory processing disorder, but one of the things that seems to have had the most success is music in conjunction with movement. Jaimie has experienced three sorts of therapy using music, each having its own specific goals and focus:

- **Music therapy:** These sessions are conducted by a certified music therapist whose focus ranges from helping children through emotional, behavioral or mental issues, to dealing with sensory sensitivities. A variety of music is used with a mix of instruments, movement and dance, or singing — depend-

ing on the needs of the child. Music therapy helps introduce tones and rhythm, as well as an interactive way for sensitive children to experience sound at their own comfort level.

- **Listening therapy:** Similar to music therapy, except that the child is listening to a carefully-planned program on headphones while doing calming activities. As the title indicates, the child is listening to the music, which often ranges in terms of pitch and tempo. The goal of listening therapy is to teach the child to recognize, interpret and process different types of sounds in a way they can control the volume. Children who have auditory discrimination often hear sounds but aren't able to understand what they're hearing, so they are unable to process the sounds properly. Reducing the other distractions around them and giving them the control of how loud the input is can make experiencing sounds feel less scary. Listening therapy is a great way for the child to pay attention to different music (pitches) and eventually be able to tolerate them.

- **Integrated listening systems:** This is a powerful system which combines the best of Dr. Alfred Tomatis's auditory techniques with movement. Interestingly, Tomatis's auditory devices were created to help musicians and singers with speaking and vocal issues. But when he began using these same devices on children, he noted a significant difference in terms of memory, attention span, and ability to focus, as well as posture,

coordination and balance. He knew that by targeting specific areas of the brain using "filtered" music, it was possible to retrain and improve sensory, motor and learning processing.

Most specifically, he realized music helped the functioning of the brain stem and cortex. We don't realize it, but we use the visual, auditory and vestibular systems together in order to successfully interact with and understand the world around us. And by combining movement with a music program designed for those with autism or sensory processing disorder, integrated listening systems have discovered how to help integrate sensory information much more effectively.

The idea behind integrated listening systems is similar to that of listening therapy, except that the headphones for integrated listening systems are specially equipped with a tiny piece called a "bone conductor." The bone conductor gives the listener a 3D effect of sounds and the ability to experience those sounds in a more pure form. Not only that, but the person participates in activities while listening to the integrated listening systems program as a way to get her visual, auditory and vestibular systems working in sync.

For people, especially children, whose sensory systems have never been integrated, or working together, the world can be a terrifying place. Another significant difference between integrated listening systems and other listening programs is that in-

egrated listening systems has developed a sensory motor program specifically for sensory processing disorder and autism. It is based on years of feedback from therapists working with this population of kids, and uses frequencies in a way that is completely different from Tomatis's programs.

Jaimie used to be a child who covered her ears and screamed with the slightest noise. She startled easily, she shrieked whenever a siren went off, she freaked out when voices were too quiet or shrill or gravelly. It never dawned on me back then that the reason for her severe reactions wasn't because she necessarily feared the sound, but more because she didn't understand them. Her brain simply didn't recognize it, and couldn't process it; therefore, she never made that neural connection that "Oh, OK, that is my Mama's voice. That's fine" or "I hear the ambulance, and it's really loud." To her, both noises registered the same and triggered the same level of confusion, resulting in fear. That's where the different music therapies helped us.

Music therapy introduced Jaimie to various musical tones and sounds. She banged on drums when she needed LOUD and tapped on sticks or mini-xylophones when she needed more quiet tones. It also helped prepare her for the more direct interaction with listening therapy. She was able to tolerate the headphones and realized that she could turn up the volume of the music LOUD when she needed it or when there was music she liked, and she could turn it back down when noises weren't as fun for her. It also forced her to actively listen to sounds and music and not avoid or run away from it. It prepared her for the next step, which was the integrated listening systems.

Integrated listening systems have been a blessing for us. Until she was fully assessed recently, we didn't truly understand how much Jaimie struggled with areas such as motor-planning, vestibular coordination, and how much she needed visual stimulation and visual cues. She now does therapy with the integrated listening systems, and we are saving to purchase a system for at-home use. Watching her move her body in ways I never thought she would, and tolerating people,

sound and activities she never could, brings me such joy.

Not every child will need to go the step-by-step approach that Jaimie had to. Her sensitivities are on the severe side, and so we've always had to approach each therapy with baby steps. Jaimie still has a way to go, but music has given us a gift of hope.

The most important thing I've witnessed music do is help a little girl who feared her world so much, she literally sat on our couch and curled up in a ball with her hands over her ears most of the time. Music

fed her hungry brain, and now I can finally see glimpses of the little girl Jaimie keeps hidden away.

And for that, I am so grateful.

For information, visit *Integrated Listening Systems* at [www.integratedlistening.com](http://www.integratedlistening.com); *American Music Therapy Association* at [www.musictherapy.org](http://www.musictherapy.org); or *BrainDance*, a great way to use music and movement together in a less therapeutic way, at [www.creativedance.org](http://www.creativedance.org).

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# Gluten- and casein-free cheat sheet

BY BARRIE SILBERBERG

**M**ore and more families are currently turning to the gluten-free and casein-free diets to help with autism spectrum disorders and a whole host of other diseases and disorders.

When people begin this diet, it can be very overwhelming. Hopefully this cheat sheet will offer less anxiety, less confusion, and give you the power to move forward and continue to make a difference in the life of your child and your family.

## Begin by reading labels

Before we get to the gluten-free and casein-free tips, I feel it is most important to get your family healthy. Chemicals are for scientists, not for the human body to consume. This is important even for those who are typically developing.

The most imperative action is to **START TO READ LABELS**. This will prepare you for what lies ahead.

Any food or drink items that say the following words or letters need to remain on the store shelf and never come into your home: artificial, Red 40, Blue 1, Yellow 5, aspartame, nitrites, BHA, BHT, TBHQ, preservative, MSG, and high fructose corn syrup. These ingredients can cause severe behavioral problems, sleep disorders, poor self-control, meltdowns, anxiety, aggression, hyperactivity, irritability, depression, mood swings, aches and pains, and a host of other ailments and negative behaviors.

## Cross contamination — what is it?

Let us now talk about hints for ridding your body of gluten and casein. Many people are not aware of the damage cross contamination can cause. What is cross contamination?

Cross contamination happens when someone, for example, uses a knife to cut a piece of wheat toast, then puts the knife in the peanut butter jar, leaving toast crumbs in the peanut butter. When the gluten-free person in your family puts her knife in the peanut butter jar,



her knife will be contaminated with those crumbs. This can happen with condiments and other products in your home, too. It just takes one crumb or one sip to reverse all the hard work you have done being gluten- or casein-free.

Another way for cross contamination to occur is by using the same cookware, bake ware and appliances that you use on non gluten-free foods. You will want a new toaster, a new bagel cutter, new cookie sheets, new grill, new colanders, and new cutting boards. Some pots and pans also can cause cross contamination, as they might be porous, thus the proteins you need to avoid could come in contact with your safe foods.

The safest way to avoid cross contamination is to not bring non gluten- or casein-free foods into your house.

### Think outside of food

There are other household items that contain gluten and casein, which should be avoided. Check labels and when in doubt, call the company and ask if the item has gluten or casein in it. The legal guidelines for non-food items is very different than for edible items. Non-food items do not legally have to list all of the ingredients.

Some of the items you need to investigate for gluten and casein are: toothpaste, shav-

ing cream, cosmetics, sunscreens, soaps, lip balm, lotions, creams, cleansers, moisturizers, dental floss, shampoos, conditioners, deodorant, play dough (most have gluten!), art supplies, and other similar products.

Medicine, both over-the-counter and prescription, often have gluten and sometimes have casein proteins in them. Often, they have artificial colors and flavors. Discuss these items with your pharmacist, asking if the medicine has the ingredients that you need to avoid. You might need to contact a compounding pharmacy. You can locate one near you at [www.iacprx.org](http://www.iacprx.org) or calling (800) 927-4227.

When visiting the dentist, bring your own toothpaste. Discuss with the dentist — before you leave the house — your concerns over what is being used in your children's mouths. Many of these items have dyes! Have the dentist mark your child's chart with the items not allowed to go near your child.

### Tips for finding products

Replacing casein in your diet is not as challenging as many think. Many people think cow's milk is a must-have in everyone's diet. There are plenty of foods and beverages that contain calcium, protein and other nutrients that cow's milk contains, without casein. For milk alternatives try "milk" made from

almonds, hemp, other nuts, potatoes, rice, coconut or soy. (Some people cannot tolerate soy.) Most of these alternative milks come in original, vanilla or chocolate. There are ice creams and cheeses made out of some of these alternative ingredients, as well.

For gluten-free items, check your health food stores, such as Whole Foods, Trader Joe's, and other specialty stores. Even some typical grocery stores carry a fair amount of safe products. More and more items are being packaged with the words "gluten free" on them. Remember to make sure the product is also casein free.

A great way to find products is to go to [www.allergygrocer.com](http://www.allergygrocer.com). You can check off the "free of" items you must avoid and you will get a pop up of many products that fit your needs. You can order from them, other online sites, or write down the brand names and search them out in your local store.

For more details, consult with Barrie Silberberg's book, *"The Autism & ADHD Diet: A Step-by-Step Guide to Hope and Healing by Living Gluten Free and Casein Free (GFCF) and Other Interventions."*

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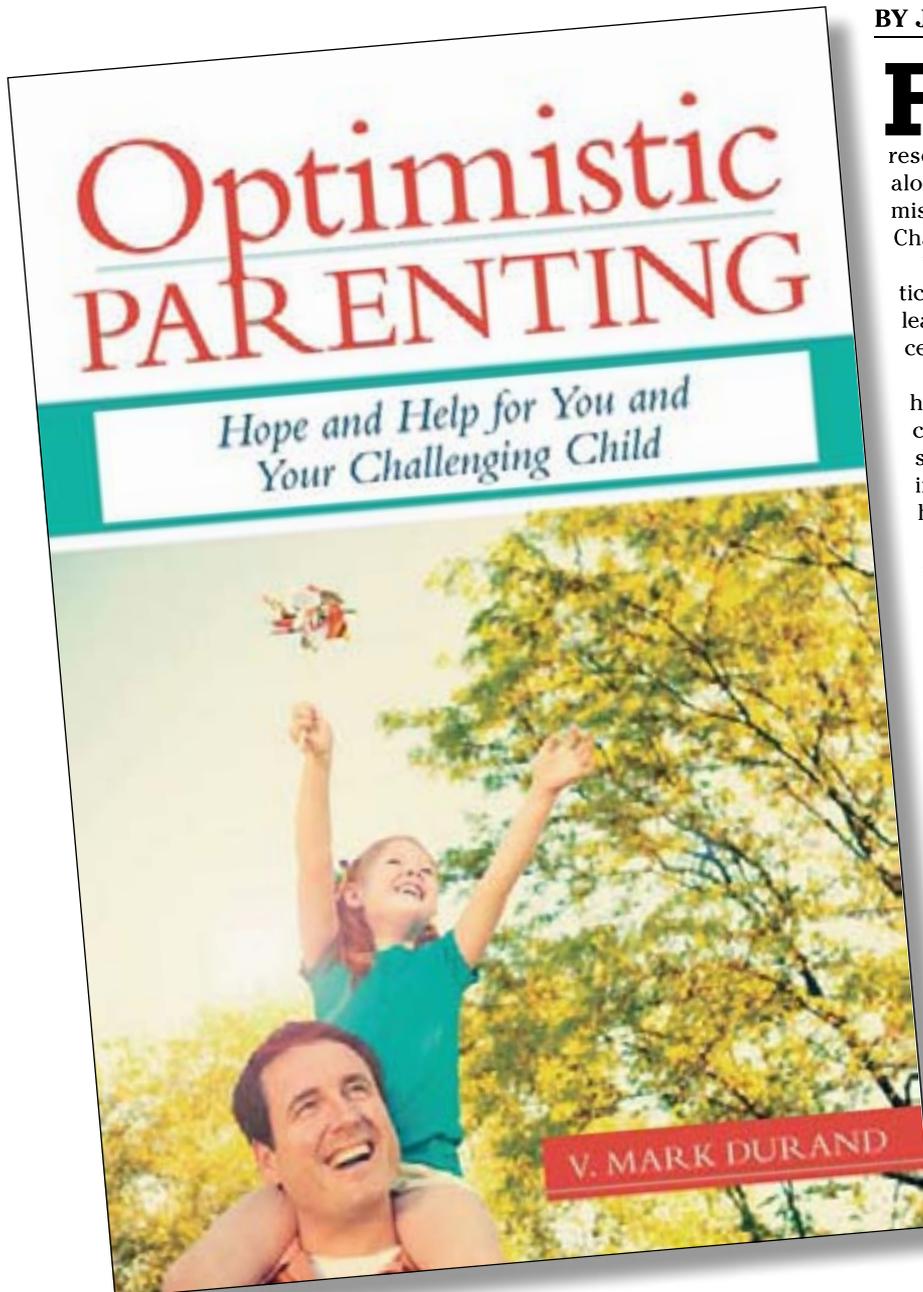
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# Choose to be happy

## Changing minds of parents of special-needs kids

BY JOANNA DELBUONO



**F**or parents of special needs children, finding out the “why” behind the behavior isn’t always clear-cut and easily definable. Professor and researcher V. Mark Durand addresses this challenge, along with a host of others, in his new book, “Optimistic Parenting: Hope and Help for You and Your Challenging Child.”

With humor, understanding, keen insight and practical tools and strategies, Durand (a parent himself), leads fellow caregivers by the hand through the process of finding out the whys.

This guide leads to stress-free parenting, family harmony and happier lives and provides parents and caregivers the tools necessary to feel confident, deal skillfully, and practice positive parenting, resulting in long-term solutions for peace and harmony on the home front. And what parent doesn’t long for that?

Although the book is geared toward parents of special needs children and their specific challenges, “Optimistic Parenting” is a must-read for all parents. I found myself recognizing many issues and challenges that I faced as a first-time parent. Had this book been available then, it would have saved me from battling many a tantrum at the supermarket.

After using the assessment tools provided, parents are able to tune into their own opinions and emotions, and understand how their thoughts affect their interactions with their child. By interrupting negative thoughts and replacing them with positive, productive ones, parents are able to achieve a healthy balance between taking care of their needs as well as the needs of their children.

Durand’s helpful strategies and tried-and-true exercises include his Self-Talk Journal; Motivation Assessment Scale; Behavioral Contract; Sleep Intervention Questionnaire; and a Sleep Diary. He also cites the experiences of other parents to help families on their own journey to happier living.

“Parents of challenging children need tools and resources to help them navigate the waters of raising successful children,” writes Durand.

“Optimistic Parenting” does just that, and at just \$26.95, it’s a most worthy investment for any parent that longs for tranquil moments amidst turbulent waters.

*“Optimistic Parenting,” by V. Mark Durand; published by Paul H Brookes.*



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# Creating a very special website

A mom's special-needs child inspired an online resource

BY TOM SNELLGROVE

**T**en years ago, when Chantai Snellgrove found out that her youngest daughter, Kailee, had special needs, she also discovered just how difficult it was to get information and help. She felt like if she didn't ask the right questions, then she couldn't get the right answers. But how could she know what to ask when she was going through this maze for the first time?

Kailee was diagnosed with Velo-cardio-facial Syndrome, and that didn't "fit" into any typical and more widely known disabilities. This syndrome is defined by the Lucile Packard Children's Hospital at Stanford as a genetic disorder resulting in certain heart defects, effects on facial appearance and lack of, or underdeveloped, thymus and parathyroid glands. There were no large support groups... no immediate help...no specific answers. There were some forums and discussion groups for specific disabilities, however, Kailee didn't "fit" into these groups.

Even when Snellgrove attended some of these other groups, there might only be a few people there. Parents do have busy lives, and parents of children with special needs seem to get a double dose of busy!

Snellgrove felt that there had to be an easier and more efficient way. As a busy mother of two, a wife, and a businesswoman, she



Chantai Snellgrove with her daughters Kailee and Brittney.

didn't have time to read "another huge book" that another doctor mentioned. Why was there no place she could go that was able to provide information in a simplified format?

As a result, she thought that there had to be others who were equally as frustrated as she was. Snellgrove felt that if this were a business situation, she could go to someone

who had "been there, done that." Someone could act as a mentor. The Small Business Administration, Chamber of Commerce, Better Business Bureau...there were places she could have gone...people who could help. Only this time, it was different; there was no place to go, no "meeting of the minds."

So, Snellgrove set out to do for others that which could not be done for her. She was

determined to help those who were coming through this “maze of questions” behind her and hopefully get those that were already farther down the path to share and shed some light on what lay ahead for her and Kailee.

Three years ago, using her background in graphic design, as well as her experience in magazine publication, Snellgrove set out to conceive, design, and publish “Parenting Special Needs Magazine.” It is a free, online, bi-monthly publication that is dedicated to helping the special needs community. It covers all the ages and all of the stages and all of the different disabilities, as well as providing an invaluable resource for the parents and caregivers of those with special needs.

Snellgrove feels that one of the most rewarding things about the magazine is the feedback she receives from readers. She feels that if the magazine only helps one person, then it is a success. “Parenting Special Needs” has subscribers from as far away as China. She has more than 12,000 Facebook fans (and growing), and she is constantly receiving e-mails and letters from people all over the world who have benefitted, in some way, by being a member of the community.

Stephanie F, from Mesa, AZ, wrote on Facebook, “My son is 7, and has a lot of different issues, mostly behavioral ones. I read



your article on the sensory ideas. LOVED IT!! I have his bedroom painted bright colors, SpongeBob actually. I did it myself about three years ago. After reading your article, I realized that I could be causing his overstimulation! So, I'm going to repaint his room and make it a little more sensory friendly for him! Thank you so much!"

Snellgrove determined, from the start, to make the information available to all for free. She simply asks readers to subscribe. There is no selling of e-mail addresses, no spamming, just the building of a community for those who wish to make the lives of their loved ones, who have special needs, as meaningful and as significant as possible.

Snellgrove was determined to help those who were coming through this “maze of questions” by getting those farther down the path to shed light on what lay ahead.

The publication was also designed to be as green as possible. No waste. No trees harmed. No additional costs that have to be passed on. Snellgrove felt passionately that the information needs to be accessible to as many people as possible. The Internet proved to be the perfect vehicle to disseminate the information as parents are able to access the magazine any time and anywhere there is Internet service. The magazine is filled with information, inspiration, motivation, resources, assistance, advice, and help.

*Tom Snellgrove is the publisher of Parenting Special Needs Magazine, [www.parentingspecialneeds.org](http://www.parentingspecialneeds.org), as well as the husband of Chantai and father of Kailee, now 14 years old.*

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# Does your child have ADD?

And if so, what next?

BY JANET TUBBS

**A**t one time or another, most parents wonder if their child is “normal,” especially if it’s their first child. They may have little or no experience with children of any age, so there’s no basis for comparison. And since babies don’t come with a manual, you may have no way of knowing if your child’s behavior is to be expected. There are certain stages that all children must go through to develop properly, but if you don’t know what they are, how can you identify what is inappropriate?

For example, when a toddler runs around the house with amazing energy, we may groan about “the terrible twos.” It’s comforting to learn that your friends’ toddlers are just as active, and you soon accept the fact that this is a stage kids must go through in order to grow into a healthy life.

However, if your child is a preschooler or older and you question his behavior, it might be time to ask:

- Does my child have tantrums?
- Does he have a limited attention span?
- Is he hyperactive and alternately withdrawn?
- Is he disruptive in the classroom or childcare center?
- Does he hit, bite or push other children?

If you answered yes to more than one of these questions, chances are you’ve been told



your child has Attention Deficit Disorder (ADD) or Attention Deficit Hyperactive Disorder (ADHD) and would greatly benefit from Ritalin. Teachers have admitted that a medicated child is much easier to have in the classroom. So, if you've taken that advice and gone to a doctor or psychiatrist who has prescribed Ritalin or one of the other psychotropic drugs like Cyclert, you've probably noticed your child is more complacent, and sits still longer.

Then you need to ask: Is this good? Are we too quick to label a child as "bad" or having ADD or ADHD? Are we too quick to prescribe drugs that have known side effects such as decreased appetite, depression, tics, headaches and a "fuzzy head," as one child described it? An estimated 5 million children are on this drug that has short-term side effects. We don't even know the long-term effects yet. Are we creating a generation of zoned out kids?

The answer is a resounding "YES!" Children who have a natural zest for life and a curiosity that knows no bounds are suddenly very different kids. We assume that if a doctor prescribed it, it must be OK. We think that because our child is quieter, he's healthier. We are told that because he can focus, he is a better student — without realizing that before taking the drug, he had a wonderful curiosity about many things and now his curiosity is losing ground to mind-numbing medication.

Of course, there are some children who must be medicated, but there are homeopathic remedies to be found in the health food store that may offer the same results with no side-effects. Good art and music therapists provide much needed services to parents of children with ADD or ADHD. Check the Internet, your school board, and your friends for recommendations.

Here are some contributing factors to this huge increase in ADD:

- Allergies to dairy products. This is the prime cause of ADHD. Removal of these offenders usually provides dramatic and almost instantaneous relief.

- Not enough fresh air. Schools are notorious for having sealed windows, which effectively prevents fresh air from helping clean the atmosphere. Mold and spores proliferate in air-conditioning and heating ducts, sending allergens throughout your house or school.

- New furniture and carpeting are often made with chemicals that give off fumes that can cause illness.

- Preservatives and additives in food.

- Second-hand smoke.

- Poor nutrition.

How can you help your child? Some things you can implement easily, others are more problematical, such as sealed windows in schools. However, at home you can begin by reading labels on everything you buy.

Keep in mind that many children with ADD, autism or Asperger's have many allergies, so you might consider having him tested by an allergist.

Look for the organic label on fruit, vegetables, eggs and meat, including chicken. Buy milk substitutes, such as almond or rice milk. You'll discover many delicious foods in special sections of your local grocery store. Diet is a huge first step to helping your child towards a healthy life. It's important to do your homework and search for answers to your questions but always rely on your intuition as to whether or not they are the best solutions for your child.

*Janet Tubbs is an educational consultant who has worked with children both with and without disabilities for over 30 years. She is the author of seven books, including "Creative Therapies for Children with Autism, Asperger's and ADD." She is the mother of four children and grandmother of eight.*

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# Learning disabilities & stress



## Diagnosing a problem can make school a much easier undertaking

BY JANET TUBBS

**I**f you think your child has a learning disability, it may help to know that it's more common than most people think — it affects more than 3 million children between the ages of 6 and 21. It may be so slight as to be unrecognized, yet so disruptive in a child's life that he can't function as a typical child should. In addition, it's usually unrecognized by his parents and other family members who smile at his little "quirks." It's only when he's in school that his difficulties surface, and his teacher sees his abilities to spell, write or understand instructions are developmentally delayed.

You can look at your right-handed child who has broken his right arm and know immediately that he has limited ability to function fully and normally.

But a child with a learning disability is different. There's no obvious physical or mental problem that signals something is wrong, however, there are certain signposts that give a clue that there might be something going on that needs attention. For example, he has trouble with:

- Reading. He has difficulty reading and doesn't understand what he has read.
- Organization. He doesn't understand instructions or know how to organize his room, clothes, thoughts or spoken words.

- Basic principles. He doesn't understand simple math.

Learning disabilities create their own kind of stress in children that most of us can't relate to. The inability to comprehend or write what is expected is frustrating for a child who knows he has a problem but doesn't know what it is. His condition may not be diagnosed and his apparent lack of interest or effort is attributed to being lazy, stubborn, stupid or uncooperative.

A child who can't read or write is ridiculed by his peers. He lives in a state of fear that he will be called on to perform in class. To divert the teacher, he may begin to act up — first by simply resting his head on the desk; then spinning his pencil; flipping through a book; drawing pictures; whispering; slouching at his desk; creating a disturbance by dropping books and pens on the floor; and in general, creating havoc. The attention and amusement of his classmates may be mistaken for approval, which encourages him to continue his performance.

This is similar to a child with ADD. The big difference is that an ADD kid is bored and wants much more than the teacher can give him, so he plays the class clown, while

a kid with a learning disability really wants to learn, participate and keep up with the other kids but isn't able to.

If we put ourselves in the place of a bright, energetic, perfectly normal young child who is ashamed because he can't keep up with his peers, we would better understand why he is having so much trouble in school.

Teachers, who are able to identify a learning disability, may suggest a professional who specializes in the testing and treatment of this increasingly common condition. Support groups provide parents with current information about learning disabilities, as well as comfort and reassurance.

Many children with learning disabilities have vision problems and may not realize that the printed words seem to rapidly move up and down on the page. It's no wonder this child has trouble reading. A trip to a developmental optometrist will determine if your child has this problem, and she will determine the best way of correcting it.

These doctors are specialists in learning disabilities and are able to correct this problem with colored lenses. Inquiries to optometrists, the Optometric Association in your state, or a search on the Internet will probably provide names and phone numbers of vision specialists who are familiar with this condition.

There's no cure for a learning disability. However, if therapy is started as soon as the problem is discovered, and teachers are aware of his limitations, a child's sense of worth is strengthened, and he is more willing to face the challenges of the classroom. And when he overcomes some of his fears, he gains the respect of other students, and it becomes a cycle of effort-respect-success-respect-effort-success.

*Janet Tubbs is an educational consultant who has worked with children both with and without disabilities for more than 30 years. She is the author of seven books, including "Creative Therapies for Children with Autism, Asperger's and ADD." She is the mother of four children and grandmother of eight.*

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# Good behavior

## Positively effective discipline for children with special needs

BY LAURA VAROSCAK-DEINNOCENTIIS

One of the most essential and daunting tasks for parents is practicing discipline. Parents of children with special needs have the additional challenge of implementing an appropriate discipline plan that helps their children exercise self-control without overwhelming or shaming them. Clear and consistent rules lead to feelings of safety and security. Successful discipline also promotes positive behavior and contributes to increased self-esteem, independence, respect, and confidence.

Misbehavior is a normal part of every child's growth and development. Babies act out with temper tantrums when they become more self-sufficient and understand that their actions affect others.

As they grow, children continue to test their limits for many different reasons. They may be hungry, tired, or physically uncomfortable. They may want attention. Their behavior could also reflect the need for control or clearly defined boundaries. It is the parent's job to figure out what the child needs and respond accordingly.

Disciplining special needs children requires a great deal of patience and practice. Every child is unique, and parents need to experiment with various methods before finding the best fit. Parents know their children better than anyone else and should trust their instincts. Children change over time, so what may have worked well one week may not be effective the next, so it's important to be flexible.

Parents must learn to read their children's



behavior in order to develop an appropriate behavioral plan. Special needs children require attention in different areas. A majority of the time, acting out in a negative manner is their attempt at communicating a particular need. In a social setting, children may not have the ability to relate appropriately with their peers. Instead of using words to express themselves, children may bite or hit. Parents can model the proper language and behavior to use when approaching a friend. A simple wave or "hello" can be practiced regularly

until the child begins to put it into practice on his own. A parent should not apologize for her child's misbehavior but explain that he is still learning how to ask friends to play.

Empathy plays a key role in discipline, because it helps children feel understood and encourages them to acknowledge their feelings. Figuring out the message behind children's actions may take time, but once the need is identified, it becomes much easier to deal with the behavior. For example, a child who ignores parental instruction may not be intentionally disobedient. Most special needs children have trouble focusing, especially if visual or auditory distractions are present.

A child's disability should never be blamed for misbehavior. Special needs children must be held accountable for their actions. They are capable individuals, despite their limitations. While adjustments need to be made to accommodate them in certain areas, it is beneficial for parents to assign developmentally appropriate responsibilities to their children.

Parents who feel their children are too sensitive for discipline are doing them a disservice. A child who does not receive consequences for his actions will likely have diminished feelings of confidence and self-control. A sense of accomplishment will help to boost self-worth and teach children to value themselves and their abilities.

Positive discipline strategies are the most effective behavior management strategies for parents. This approach involves parental modeling, as well as consistency, so that the child learns to integrate and modify his

Parents must learn to read their children's behavior in order to develop an appropriate behavioral plan.

behavior on his own. When a child misbehaves, parents can offer choices instead of common negative commands such as "Don't" or "Stop." This not only redirects the child, but gives him more of a sense of control and importance. A child who is throwing toys across the room may be told, "Throwing toys is not OK, but we can throw other things that are safe and will not break. Would you like to stay inside and throw pillows or go outside and throw a ball?" Parents should also remember to acknowledge children when they engage in appropriate behavior. A smile or pat on the back is enough to show approval and encourage more positive actions.

Parents who discipline with love and attention also need to establish more serious consequences if negative behavior escalates or interferes with the safety of the child or others. Clarify rules and set boundaries before a child has the opportunity to challenge expectations. When a child misbehaves, act immediately, but remain calm. The duration and severity of a punishment should relate to the degree of misbehavior.

A time out is one effective way to modify behavior. When acting out, a child should be taken to a quiet, safe place with little or no stimuli. A change of environment will help to refocus and soothe him. Before leaving the child alone, parents must clearly communicate why the child needs a time out. If he is old enough, the child may use the time to reflect on his behavior. The length of the time out should correspond

with the child's developmental age (one minute per year maximum). After the time out period, parents may continue praising positive behavior.

Parents can help to reduce their children's misbehavior by anticipating difficult moments in the day. Transitions are often difficult for children. The unpredictability of change can make a child feel uneasy, even fearful. Knowing what to expect can help eliminate unnecessary stress. All children crave structure, and knowing what comes next provides comfort. Simply being aware of a daily schedule can help a child adjust between two activities (parents can make a pictorial schedule for young children).

If the day's routine is atypical, plan to surround the child with as many familiar items (favorite songs, books, toys, etc.) to help him feel as comfortable as possible in unusual circumstances.

Consistency in discipline is critical to a child's sense of well being. Sticking to rules and doling out consequences for inappropriate behavior teach all children important lessons. They not only learn right and wrong, but practice respect for themselves and others. At the same time, they become more confident, self-aware and responsible when they are held accountable for their actions. Disciplining children is often hard, especially in the heat of the moment, but successful approaches, which focus on positive behavior, reap valuable rewards.

*Teacher and freelance writer Laura Varoscak-DelInnocenti is a regular contributor to New York Parenting Media who has won editorial awards from the Parenting Media Association. Varoscak-DelInnocenti holds master's degrees in fiction writing, education and psychology. She lives in Bay Ridge, Brooklyn and is the proud mom of two sons, Henry and Charlie. Visit her webpage ([www.examiner.com/parenting-in-new-york/laura-varoscak](http://www.examiner.com/parenting-in-new-york/laura-varoscak)) for more articles on Brooklyn parenting.*

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# Special Needs

## RESOURCE GUIDE

### ADVOCACY

#### Association for the Help of Retarded Children

Children of Nassau County  
189 Wheatley Road  
Brookville, NY 11545  
516-626-1000  
[www.ahrc.org/](http://www.ahrc.org/)

Services Provided: Case Management, Community Education, future planning, Information and Referral, residential, treatment, vocational/employment

#### Association for the Help of Retarded Children (AHRC)

Suffolk County  
2900 Veterans Memorial Highway  
Bohemia, NY 11716-1193  
631-585-0100  
[www.ahrCsuffolk.org](http://www.ahrCsuffolk.org)

Services Provided: Assistive Tech/Equipment, Community Education, Future planning, Information and referral, residential, treatment, vocational/employment

#### Long Island Advocacy Center

999 Herricks Road  
New Hyde Park, NY 11040  
(516) 248-2222

Services Provided: Information and referral, Individual/case advocacy, legal advocacy

#### Long Island Center for Independent Living

3601 Hempstead Turnpike, Suite 312  
Levittown, NY 11756  
(516) 796-0144  
[www.liril.net](http://www.liril.net)

Services Provided: Information and referral, Individual/case advocacy, legal advocacy.

Other: equipment loan bank, independent living skills, transportation

#### Long Island Chapter March of Dimes Birth Defects Foundation

325 Crossways Park Drive  
Woodbury, NY 11797  
(516) 496-2100

Services Provided: Community education, information and referral, individual/case advocacy.

Other: Specializing in community education

#### Nassau County Commission on Human Rights

240 Old Country Road  
Mineola, NY 11501

(516) 571-3662  
[www.nassaucountyny.gov](http://www.nassaucountyny.gov)

Services Provided: Community education, Information and referral, individual/case advocacy, legal advocacy

#### Nassau County Department of Social Services

60 Charles Lindbergh Blvd.  
Uniondale, NY 11553  
(516)227-8000  
[www.nassaucountyny.gov/agencies/dss/managedC.htm](http://www.nassaucountyny.gov/agencies/dss/managedC.htm)

Services Provided: Information and referral

#### Nassau County Medical Center, Division of Genetics, Department of Pediatrics

2201 Hempstead Turnpike  
East Meadow, NY 11554  
(516) 572-5717

Services Provided: Community education, Future planning, information and referral, treatment.

#### Nassau/Suffolk Law Services Committee, Inc.

One Helen Keller Way,  
Hempstead, NY 11550  
(516) 292-8100  
[www.nslawservices.org](http://www.nslawservices.org)

Services Provided: This unit is funded by the Committee on Quality of Care and Advocacy for persons with developmental disabilities to provide free advocacy and legal services to this population.

#### Suffolk Early Childhood Direction Center

Developmental Disabilities Institute (DDI)  
99 Hollywood Drive  
Smithtown, NY 11787  
(631) 863-2600

Services Provided: Information and referral

### AUTISM

#### Asperger's Syndrome and Higher-Functioning Autism Association of New York

189 Wheatley Road  
Brookville, NY 11545  
(888) 918-9198  
[www.ahany.org](http://www.ahany.org)

Services Provided: Provides support and education for families, individuals and professionals affected by Asperger's Syndrome, high-functioning autism and other pervasive developmental disorders.

#### Autism Speaks, Inc.

380 Oakwood Rd.  
Huntington Station  
(631) 521-7853  
[www.autismspeaks.org](http://www.autismspeaks.org)

#### Kids Success, Inc.

2950 Hempstead Turnpike  
Levittown, NY 11756  
(516)796-0989  
[www.all4kidsuccess.com](http://www.all4kidsuccess.com)

Services Provided: Educational and intervention services for parents, educators, schools, and caregivers of children with Autism Spectrum Disorder, ADD/ADHD

Learning Disabilities, Emotional and Behavioral Disorders.

#### Matt and Debrea Cody Center for Autism and Developmental Disabilities

Stony Brook University, 5 Medical Dr., Port Jefferson Station  
(631) 632-8844  
[www.codycenter.org](http://www.codycenter.org)

#### Quality Services for the Autism Community (QSAC)

56-37 188th Street  
Fresh Meadows, NY 11365  
(718) 357-4650  
[www.qsac.com](http://www.qsac.com)

Services Provided: QSAC is an award winning non-profit organization dedicated to providing services to persons with autism and/or pervasive disorder (PDD) throughout New York City and Long Island.

#### United Supports For Autism

283 Commack Rd.  
Commack  
(516) 848-8551  
[www.unitedsupportsforaautism.org](http://www.unitedsupportsforaautism.org)  
Contact: Natalia Appenzeller, Ph. D.

### CEREBRAL PALSY

#### United Cerebral Palsy Association of Greater Suffolk, Inc.

250 Marcus Blvd. PO Box 18045,  
Hauppauge, NY 11788-8845  
(631) 232-0011  
[www.ucp-suffolk.org](http://www.ucp-suffolk.org)

Services Provided: Case management, community education, information and referral, residential, vocational/employment

*Continued on page 26*

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# Special Needs

## RESOURCE GUIDE

Continued from page 24

### **United Cerebral Palsy Association of Nassau County, Inc.**

380 Washington Avenue  
Roosevelt, NY 11575  
(516) 378-2000  
[www.ucpn.org](http://www.ucpn.org)

Services Provided: All developmental disabilities

## DEVELOPMENTAL DISABILITY SERVICES

### **Child Find Program**

Suffolk County Department of Health Services

Bureau of Public Health Nursing  
PO Box 6100  
Hauppauge, NY 11788-0099  
(631) 853-3069 (Western Suffolk)  
(631) 852-1591 (Eastern Suffolk)

Service Provided: Children under the Age of three, who have significant health problems or need special health care, may be eligible to receive services from a public health nurse.

The nurse will make home visits to provide support, information and training, as well as periodic screening and assessment of infant development. The program is designed to assist families in their care of babies born with health related issues, monitor and/or identify potential growth and learning problems and provide referrals to other support services (including Early Intervention) when appropriate.

WHO IS ELIGIBLE?

Some examples of children who are eligible are: Children who were born after a pregnancy of less than 33 weeks; Children who weighed less than three pounds at birth; children who spent more than 9 days in a neonatal or special care unit; children who exhibit growth and/or developmental problems; and children with special health problems.

### **Children with Special Health Care Needs Program**

(Formerly Physically Handicapped Children's Program)

Suffolk County Department of Health Services

Division of Services for Children with Special Needs  
50 Laser Court  
Hauppauge, NY 11788  
(631) 853-3000

Services Provided: Residents of Suffolk County under the age of 21, with chronic or disabling medical conditions may be eligible for diagnostic and/or treatment services through PHCP. Most children with chronic health problems can

obtain a diagnostic evaluation to enable physicians to establish a diagnosis; a qualified family can address care plans for their child which may include surgical procedures, therapies and medications. PHCP may also assist families in securing devices such as braces, wheelchairs, hearing aids and other medical equipment and supplies.

WHO IS ELIGIBLE?

Some examples of children ages birth to 21 who are eligible for services are:

Children with chronic health conditions such as spina bifida, asthma, diabetes, cerebral palsy, PKU, cancer, blood, hearing or seizure disorders, heart conditions, etc.

Parents may be asked to pay a fee based on their ability to pay.

### **Feel Better Kids**

626 RXR Plaza  
Uniondale, New York 11556  
(866)257-kids(5437)

Services Provided: Feel Better Kids is a not-for-profit children's charity whose primary mission is to help children who are seriously ill or disabled.

### **Long Island Infant Development Program**

Nassau County  
2174 Hewlett Avenue, Suite 105  
Merrick, NY 11566

Suffolk County  
15 Smiths Lane  
Commack, NY 11725  
(516) 546-2333  
(631) 300-2333

Services Provided: Early Intervention, Preschool, ABA (Applied Behavior Analysis) services from birth through age 5

### **Nassau County Health Department, Early Intervention Program**

106 Charles Lindbergh Blvd.  
Uniondale, NY 11553  
(516) 227-8661

Services Provided: Information and referral  
Other: Point of entry into early intervention services

### **Nassau Early Childhood Direction Center**

Variety Child Learning Center  
47 Humphrey Drive  
Syosset, NY 11791  
(516) 921-7171/(800) 933-8779  
[www.vclc.org](http://www.vclc.org)

Services Provided: Information and referral,

Individual/Case advocacy

Other: Preschool programs, transportation, medical, educational and social services, evaluation and assessment services, parent education programs and resources.

### **National Center for Disability Services**

201 I.U. Willets Road  
Albertson, NY 11507  
(516) 747-5400  
[www.abilitiesonline.org](http://www.abilitiesonline.org)

Services Provided: Assistive tech/equipment, Case management, community education, future planning, information and referral, individual/case advocacy, legal advocacy, vocational employment.

### **The Hagedorn Little Village School**

Jack Joel Center for Special Children  
750 Hicksville Road  
Seaford, New York 11783  
(516)520-6000

Services Provided: The mission of HLVS is to provide the finest educational and therapeutic programs for infants and young children with a wide range of developmental disabilities. These disabilities may include cognitive delays, social/emotional deficits, autistic spectrum disorders, speech/language delays, orthopedic and/or motor impairments, visual impairments, and/or significant medical issues.

## DOWN SYNDROME

### **Association for Children with Down Syndrome Inc.**

4 Fern Place, Plainview, NY 11803  
(516) 933-4700  
[www.ACDS.org](http://www.ACDS.org)

Individuals Served: Down Syndrome, Mental Retardation

Counties Served: Nassau, Suffolk, Kings, Queens

Services Provided: Case management, community education, future planning, information and referral, Individual/Case advocacy, treatment.

## EPILEPSY

### **Epilepsy Foundation of Long Island**

550 Stewart Avenue  
Garden City, NY 11530  
(516) 739-7733

[www.epilepsyfoundation.org/longisland/](http://www.epilepsyfoundation.org/longisland/)

Continued on page 28

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# Special Needs

## RESOURCE GUIDE

*Continued from page 26*

Services Provided: The Epilepsy Foundation of Long Island serves people with Epilepsy, as well as other developmental disabilities through its Day Habilitation program; Residential program; a Community Services program that provides Medicaid Service Coordination, Respite, and Residential Habilitation.

### **Epilepsy Foundation of Metropolitan New York**

257 Park Avenue South, Suite 302, New York, NY 10010  
(212) 677-8550  
[www.epilepsyinstitute.org](http://www.epilepsyinstitute.org)

## GENERAL

### **Family and Children Association**

180 Broadway, 2nd Floor, Hicksville  
(516) 935-6858  
175 Nassau Rd., Rossevelt  
(516) 623-1644  
510 Hempstead Tpke, Ste. 202  
West Hempstead

### **LDA of Long Island**

44 South Elmwood Avenue  
Montauk, NY 11954  
(631) 688-4858  
[ldalongisland@yahoo.com](mailto:ldalongisland@yahoo.com)

Services Provided: LDANY'S regional affiliates provide a variety of programs and services for children and adults with learning disabilities. Please contact the regional affiliates closest to you for local information and referrals or to find out more about specific services offered.

### **Services for Children with Special Needs**

50 Laser Ct., Hauppauge  
(631) 853-3100  
[www.co.suffolk.ny.us/departments/healthservices/children.aspx](http://www.co.suffolk.ny.us/departments/healthservices/children.aspx)  
Contact: Liz Corrao

### **The K.I.S.S. Center (Kids In Special Services)**

at the Mid-Island Y Jewish Community Center  
45 Manetto Hill Rd., Plainview  
(516) 822-3535  
[www.miyicc.org](http://www.miyicc.org)  
Contact: Joanna M. Diamond, MS. Ed., director

## FINE AND CULTURAL ARTS

### **Art without Walls, Inc.**

P.O. Box 341  
Satville, New York 11782  
(631) 567-9418  
[www.artwithoutwalls.net](http://www.artwithoutwalls.net)  
[artwithoutwalls3@webtv.net](mailto:artwithoutwalls3@webtv.net)

Services Provided: Art without Walls, Inc. Established in 1985 is an award winning 501c3 NY state arts-health organization that develops original fine art and cultural programs to the disabled community. Art workshops, college portfolios, art therapy, art and cultural trips and exhibitions ages 7-18. Some adult programs are also available.

## MUSCULAR DYSTROPHY

### **Muscular Dystrophy Association**

11 East 44th Street, New York, NY 10017  
(212) 682-5272  
[www.mda.org](http://www.mda.org)

Services Provided: Assistive Tech/equipment, case management, community education, future planning, information and referral, legal advocacy, treatment.

## SOCIAL SERVICES

### **Suffolk County Department of Social Services**

3085 Veterans Memorial Highway,  
Ronkonkoma, NY 11779  
(631) 854-9930

Services Provided: Services vary by county

### **Suffolk County Department of Social Services, Family & Children's**

Services Administration  
3455 Veterans Memorial Highway,  
Hauppauge, NY 11779  
(631) 854-9434

Services Provided: Child protective services, foster care placement

## TOURETTE SYNDROME

### **National Tourette Syndrome Association**

42-40 Bell Blvd., Bayside, NY 11361-2820  
(718) 224-2999

[www.tourette-syndrome.com](http://www.tourette-syndrome.com)

Services Provided: Community education, information and referral

## VOCATIONAL EDUCATION

### **Nassau County BOCES**

#### **Rosemary Kennedy School**

2850 North Jerusalem Road, Wantagh, NY 11793

[www.staffet@mail.nasboces.org](mailto:www.staffet@mail.nasboces.org)  
(516) 396-2600

Services Provided: Educational services for students with developmental disabilities from age 9-21

### **The Board of Cooperative Educational Services of Nassau County (Nassau BOCES)**

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### **Vocational and Educational Services for Individuals with Disabilities (VESID)**

NYS Education Dept.  
Riverhead office, Plaza 524, East Main Street, Riverhead, NY 11901  
(631) 727-6496

Service Provided: Assistive tech/equipment, community education, information and referral, vocational/employment

### **Vocational and Educational Services for Individuals with Disabilities (VESID)**

NYS Education Dept.  
Hauppauge District Office, NYS Office Building,  
250 Veterans Highway,  
Hauppauge, NY 11788  
(631) 952-6357

Services Provided: Assistive tech/equipment, community education, information and referral, vocational/employment.



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