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Letter from the publisher

Moving on

What is a “special child” people have asked me? Certainly all children are special, that we would all agree. In this case, a special child is a youngster who is presenting issues that demand unique attention. In the United States, special needs is a term used in clinical diagnostic and functional development to describe individuals requiring assistance for disabilities that may be medical, mental, or psychological.

These may be very minor or very major. They span the spectrum which is why we refer to children as being on the spectrum. In the past, so many of these issues were undetected, unfamiliar and ignorance about them was pervasive. Children who had trouble concentrating in school for example, were thought of as having behavioral issues when in fact it turned out that most of them had “learning issues” such as dyslexia.

Dyslexia, or developmental reading disorder, is characterized by difficulty with learning to read fluently and with accurate comprehension despite normal or above-average intelligence. Rather than being incapable of learning, many of our finest minds such as Albert Einstein, Charles Schwab, Richard Branson had or have this difficulty. Many people believe Leonardo Da Vinci had it and many other great visual artists. Celebrities such as Anderson Cooper, Whoopi Goldberg, Jay Leno and Steven Spielberg all have it.

The point is that as we learn more about diagnosis there come methods and treatments that make yesterday’s disability today’s treat-

able condition. Nonetheless these are daunting realities not only for the youngster but for the parents, which is why in 2008 we began these magazines.

My partner Sharon Noble and I together had a vision and detected a strong need in our communities to have information in the form of special resources. Sharon is now moving on and no one will miss her more than I will. She has been an extraordinary partner in every way. She is truly “the best and the brightest” and all of us have benefited from her intelligence, concern and expertise in all matters. I don’t really know how we will fill the void, but somehow we will. People always find ways to fill in the gaps and experience tells me we will too, but it won’t be easy and I will miss her enormously.

We have all benefitted from the energy we found together. These magazines were a mutual conception and now I will be left to single parent. I’ll try to rise to the occasion.

We always appreciate your feedback and we look forward to hearing some of the articles you hope we will focus on in the future. Email me and let me know.

Thanks for reading.



Susan Weiss-Voskidis
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Children with disabilities participate in specially offered programs at the Metropolitan Museum of Art.

MUSEUMS *for all*

These city institutions offer access programs for disabled children

BY SHNIEKA L. JOHNSON

Museums throughout the city are developing programs to help children with developmental disabilities access their offerings and physical space. Institutions and historical sites — including the Museum at Eldridge Street, the Museum of Modern Art, the Solomon R. Guggenheim Museum, the Metropolitan Museum of Art, and the Intrepid Sea, Air and Space Museum — all take great pride in their programming.

I spoke to Rebecca McGinnis, senior educator for Access and Community Programs for the Metropolitan Museum of Art, to learn more about what the museum is doing for

families with children with disabilities.

Shnieka Johnson: What programs are offered for children with disabilities?

Rebecca McGinnis: Children and families can explore art at the Metropolitan Museum of Art through a variety of programs, and children of all abilities are welcome to participate in any program. We aim to make all programs accessible and inclusive through multisensory activities and a flexible approach to engaging children with various learning needs and styles. Information about the Met's family programs can be found at www.metmuseum.org/events/programs/family-programs. Festivals for all ages combine performance, art making, storytelling, gallery talks, demonstrations, and

more. Guides trained to work with special education classes and individual students with disabilities lead school tours. We also welcome groups with disabilities for tours and art-making activities by request.

We also offer tailored family programs to meet the needs of children who are blind or have low vision, and children with developmental and learning disabilities, and those on the autism spectrum. Children and teens ages 5 to 17 who are blind or have low vision and their friends and families can explore works of art in accessible ways that use all the senses in Picture This! Family Workshops. These programs support multiple areas of the Expanded Core Curriculum, including orientation and mobility, social

skills, independent living skills, recreation and leisure skills, and sensory efficiency skills. Workshops are every other month, with upcoming workshops on Nov. 30 and Jan. 25 from 2 to 3:30 pm.

Discoveries, for children and adults with developmental disabilities and those on the autism spectrum and their families and friends, takes place one Sunday a month, with one workshop for ages 5 to 17 and one for 18 and up. Each session includes a gallery tour and art activity.

Families can also request accommodations such as sign language interpretation and assistive listening devices for any program with advance notice.

SJ: What age range do you offer programming for?

RM: There are a number of family programs intended for different age groups, starting at 18 months for Storytime in the Nolen Library.

Picture This! Family Program is for ages 5-17. Each month there is a Discoveries program for ages 5-17 and one for ages 18 and up, both together with family and friends. In both, families, including siblings without disabilities, are encouraged to participate actively.

SJ: How long has the Metropolitan Museum offered these programs?

RM: The museum has a long history of making art accessible to children with disabilities. There were tours for children with visual disabilities and for deaf children at the Met as early as 1913. A Touch Collection including original works of art was established in the 1970s, expanding opportunities for tactile exploration of art. Discoveries is now in its 27th year, and Picture This! Family Program has been offered for about 10 years.

SJ: What training is offered to your educators and docents?

RM: Our educators are very experienced in working with people of all ages and abilities. They participate in training on an ongoing basis on a

range of topics, including working with children and adults on the autism spectrum, multisensory learning strategies, expanded core curriculum skills for young people who are blind or partially sighted, verbal description and teaching through touch, and disability awareness training.

SJ: Is there a curriculum that you use for your programs?

RM: Some of our guiding principles include accessing art through the senses with various multisensory activities (touch, movement, art making, scent, music and sound), flexibility in approach, offering choice, and challenging expectations and assumptions.

Programs are age appropriate in terms of development and engage children and families of all abilities through interactive experiences that encourage them to make connections between art and their lives, and with each other. We emphasize social learning, especially in Picture This! and Discoveries.

SJ: What more should parents know about your offerings?

RM: Online resources, including social narratives and a Sensory Friendly Map of the museum, help school groups, families, and individuals on the autism spectrum prepare for a visit to the Metropolitan.

We encourage students with disabilities to apply for the museum's high-school internship program. We partner with City Access New York and the New York State Commission for the Blind to offer internships for high school students who are blind or have low vision.

Picture This! Family Workshops and Discoveries at the Metropolitan Museum of Art [1000 Fifth Ave. at E. 82nd Street on the Upper East Side, (212) 650-2010, access@metmuseum.org to register] Free. Reservations required.

Shnieka Johnson is an education consultant and freelance writer. She is based in Manhattan where she resides with her husband and son. Contact her via her website: www.shnieka-johnson.com.

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A healthy WEIGHT

Here are some tips to help your child

BY JAMIE LOBER

New York parents often wonder if their children weighs too much, too little, or are just right. When you have proper insight, you can judge

where your child stands and what action, if any, he needs to take to stay at a healthy number.

"For kids in general, we use body mass index to measure where they fall in the healthy weight range," said Despina Hyde,

dietician and diabetes educator with the New York University Langone Weight Management Program.

Acting appropriately when tackling body image and weight issues with your child can make a difference.

"Especially for children who are still growing and developing, it is important that parents understand that the goal is not necessarily to lose weight, but to slow down the rate of weight gain and still allow normal growth and development," said Hyde.

It is not usually recommended to put kids on a weight-loss diet.

"It is important to encourage plenty of fruits, vegetables, and whole grains, to drink lots of water and not caloric beverages, and to reinforce reasonably sized portions," said Hyde.

The American Heart Association suggests aiming for four to five servings each of fruits and vegetables daily if you consume a 2,000-calorie diet (vegetable or 100-per-

cent fruit juice counts!). The American Heart Association names brown rice, whole-grain cereal, whole-wheat bread, and rye bread as foods with whole grains that are good for you because they are low in saturated fat and cholesterol, but rich in fiber. Chicken and fish are encouraged over red meats because they are lower in saturated fat and cholesterol.

Healthcare professionals find that kids are eating more than they used to in past years, which means it is even more important that parents take a stand.

"You can cut out or reduce calorie-rich treats like high-fat, high-sugar treats or salty snacks in your house, and have fresh fruit and vegetables that are kid-friendly, like grapes, carrots, apples, and bananas around your household instead," said Hyde.

Parents can use canola, corn, or safflower oil as their main kitchen fat.

Also, make sure that dessert is in the evening, rather than all day long.

"Kids need to understand that ice cream is a treat, and not something that should be a normal part of the diet everyday," said Hyde.

Obesity is not just a health problem, but a psycho-social risk as well.

"Obese children are a target of social discrimination, which can put psychological stress on kids and affect their self-esteem, academic performance, and social life," said Hyde.

These children and adolescents typically carry that on with them into their adulthood, which is dangerous. "Obesity is a predictor for cardiovascular risk, type 2 diabetes, high blood pressure, and abnormal glucose tolerance, so if these issues are treated or prevented in childhood, it will lead your child to live a healthier life overall as adults and prevent the development of some of these diseases."

Keeping your child at a healthy weight comes down to common-sense math — and limiting screen time.

"You want to make sure your kid is getting adequate nutrition by balancing those calories with the calories he is expending, which means increasing physical activity and limiting screen time," said Hyde. "The American Academy of Pediatrics does not recommend television viewing for children below age 2, and it is recommended that it is less than two hours a day, which includes video games, television, and internet."

Find healthy alternatives to screen time and make having an active lifestyle a family affair.

"You want to try to encourage your child to do more active activities, which will help him in turn expend more calories because what is happening now is that kids are taking in way more calories than they used to, and using less because they are sedentary," said Hyde.

And keep in mind that kids like to imitate adults, so be a good role model.

"Develop an overall healthy relationship with food, which sets the stage for years to come," said Hyde. Paying attention to the food labels and asking your doctor for guidance on how to interpret them can also be helpful.

Let your child know that positive lifestyle choices, as well as an annual physical, are important to your family — and to his health. If you are having trouble coming up with practical ideas to make a change, consider consulting with a pediatrician or dietician who can offer some expert guidance as to an approach that will work well for your family.

Jamie Lober, author of "Pink Power" (www.getpinkpower.com), is dedicated to providing information on women's and pediatric health topics. She can be reached at jamie@getpink-power.com.

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BEAR DOWN on BULLYING

BY TARA FISHLER

Bullying remains a rampant problem among children, despite the proliferation of anti-bullying programs. The most vulnerable kids — those with special needs — are the most heavily targeted.

One in four kids is bullied regularly. But in the special needs population, two or three out of four kids are routinely bullied, and that's just flat-out unacceptable. Bullying is defined as behavior that is intentional, aggressive, negative, and reoccurring. It's marked by an imbalance of power, as when one child has special needs.

Anti-bullying programs help, but they only go so far. It's up to parents to advocate fiercely for their kids, and give them tools and strategies they need to address this scourge.

Telltale signs of bullying

One of the challenges is that kids with special needs may not be able to articulate that they're being bullied. They just know that some interactions with other kids make them anxious and unhappy.

Parents should be on the lookout for changes in their children's behavior that often signal a bullying problem. Often, kids who are victimized:

- Don't want to go to school.
- Start eating or sleeping poorly, or too much.
- Lose interest in class and decline academically.
- Lose interest in friends and favorite activities.
- Become moody or get upset easily.
- Regress in toileting skills.
- Frequently say they don't feel well.

How to handle a bullying problem

There is no single right way to prepare a child for bullying. Parents should develop a plan that will work for their child.

If your child is verbal, give him strategies for what to say and do when someone says something mean. You could give him a simple phrase to say, such as, "Stop. It's only funny to you," then move away and seek out



a specific adult. Use role play to help your child rehearse your plan.

If your child can't self-advocate, it's crucial to get his teacher and school involved. The best approach is to enlist the aid of peer "buddies" who are willing to lookout for a vulnerable child. When an incident occurs, advise your child's teacher and principal. Get in the habit of keeping detailed records. Describe the incident, and note all following conversations and when they occurred.

How to prevent bullying

Don't wait until something happens. Be proactive!

Get to know your child's teachers, paraprofessionals, even lunchroom workers. Create allies.

If you can spend time in the classroom, do so. Let your child's classmates get to know you.

If your school doesn't have an anti-bullying program, press for one. If it has one, support it.

Leverage your child's Individualized Education Program. Ask your program team: who should your child go to for help? How

will staff handle incidents? How can they prevent them?

If your school has a peer advocate program, use it. If it doesn't, get one implemented. Connect with other parents of students with special needs. There's power in numbers. In addition, get your child involved in school and community activities. Studies show that students who don't participate in peer activities are 30 percent more likely to be bullied than those who do.

Kids are less likely to bully a friend of their family. So the more relationships you forge, the more your child benefits. Build your own personal anti-bullying program.

Tara Fishler's professional anti-bullying campaign includes conducting workshops for parents and educational professionals as well as media presentations. Part of her passion stems from the fact that she experienced bullying firsthand as a child. She is the former director of Mediation Programs for Safe Horizon's youth division in New York, and taught conflict resolution at Columbia University's Teacher's College and John Jay College of Criminal Justice. Since 1992, she has also volunteered as a mediator at community mediation centers. Visit www.tarafishler.com.



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Pictured: Tall Stories' THE SNAIL AND THE WHALE, New Vic 2014

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MOTIVATION

Here's how to make sure your kids get things done

BY CINDY GOLDRICH

You know the drill: "Do your homework," "clean your room," "get ready for school." At some point, hopefully before they leave home for work or college, you hope that your children will not need someone else telling them to get started doing the things they need to do. I have written and spoken extensively about how to support kids as they develop their abilities to manage their time, materials, and emotions, but for now I want to focus on how we can help them want to initiate this learning themselves. After all — wouldn't that make it easier on parents and teachers — and them?

For kids to stop battling the structures and supports they are offered, they need to be truly intrinsically motivated. In his book "Drive," Daniel Pink outlines three factors that lead to better performance and personal satisfaction:

Autonomy: The desire to be self-directed and have control over one's own actions.

Mastery: The desire to make progress and improve

Purpose: The desire to find meaning and purpose, the desire to feel we are making a contribution to something greater and that we matter.

This all sounds great for an adult, but how does this help a kid feel motivated to do his chemistry homework? Well, let's break it down:

Autonomy

Kids spend so many of their waking hours being asked to do what others want and expect them to do. Their sense of autonomy extends to what they feel they can control, which for many is not much (that is what creates much of the defiance).

I encourage parents to allow their children to have more leeway and freedom in deciding when, how, and how much effort they are going apply to their academics. Yes, I do realize that often they are not putting in nearly enough to reach their potential. And there must be boundaries and safety nets in place. They may not succeed as they could in the short-term, but our parental role is to help prepare them for when we are not witness to when they wake up, do their work, etc. (as in while they are in college and the work world). The pride kids feel when they know they can



rely on themselves can only be truly experienced when they are in control.

Mastery

I hear it all the time: "He has no interest in school — he just wants to play video games" (or baseball, art, music, socialize, etc.). That's because he has an innate drive for mastery — just not in his academics.

At a younger age it may not seem that they are going for mastery, but what they are doing is some very important exploration of their interests, talents, and passions. I understand the frustration — how is this interest going to help him in school? Well, let's start by not demonizing playing the video game, etc. If this is his passion, then see if perhaps you can see what he gains from it, what he brings to it, and what he can take away from it. And then once you can discover this, help him discover it as well. If he spends hours on a video game with virtual friends, spend some time being curious and admire his talent, his passion, his tenacity, or his patience. This is his ticket — if he has these skills in one area, help him see how he can transfer these skills to other areas of his life when he wants to.

"You know what, Charlie, when I see how you tackle this game I know you are so good at noticing details and figuring out complex challenges. What a great skill you have." And then if you see him struggle in chemistry ask him how he can apply some of those problem-solving skills.

Purpose

Okay, here's a tough one, how do we help kids find purpose in an academic subject that is so out of their interest area? Well, hopefully, his teacher has done some work in helping her students see the relevance in the subject knowledge for their real lives. But beyond that, kids do need some connection to why learning something now has meaning for them later. If a kid is not motivated to learn based on the

material itself, then the other potential motivator is the grade they can earn. The problem is, that unlike money, they can't do anything with that grade they earned — at least not now. So how do we add purpose to the grade in the present?

For some, the motivation of grades to open doors to a potential college dream or future career can be enough. I am a strong believer that we must do more career exploration with kids so they can envision and connect to their future selves. For others, they have a strong motivation for money, material items, or opportunities that you can help tie into their performance. And for the others, your goal may be to help them see that it is not always about the subject, rather about developing their skills as learners — that the challenge is to master how to learn now so that in the future, they will have that ability — just like how they learned the basics in the video game.

Be patient. For now, let them feel your support and admiration of who they are. Help them feel good about their interests, talents, and passions. They will grow!

Cindy Goldrich is a mental health counselor and a certified attention deficit hyperactivity disorder coach, specializing in coaching parents of children with the disorder. She created, facilitates and trains other professionals in Calm and Connected: Parenting Children with ADHD® and Managing Homework for Kids with ADHD®, two powerful workshops series designed to teach parents and caregivers how to manage and support their children's unique needs. In addition, Goldrich conducts training workshops nationwide for teachers, mental health professionals, speech and language therapists, and paraprofessionals addressing how ADHD and Executive Function Deficits impact children, and how to help boost behavior and performance in school and at home. She is the co-founder and president of the Long Island Professionals ADHD Consortium and is on the Executive Board of Nassau CHADD.



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Diabetes decorum

Talking to parents of diabetic children

BY SUE LEBRETON

When you interact with a parent whose child has Type 1 diabetes, even when your intentions come from the right place, your comments may be hurtful. Your confusion is understandable as this is a complex disease and it is different than the Type II diabetes that is commonly discussed in the media.

To help the conversation flow smoothly when you encounter someone parenting a child with Type 1 diabetes, follow the suggestions below:

Do not ask how the child got diabetes

He did not get diabetes from eating too much candy. In many cases, there is not even a family history of diabetes, and many parents blame themselves when their child is diagnosed.

"These comments hurt because part of the initial adjustment involved convincing myself that I had not done anything wrong, deliberately, karmically or genetically that resulted in Max having diabetes," says Michelle MacPhee. "We have found the blame game to be useless in diabetes and in life."

Do not ask if they will outgrow this

Unfortunately, this disease is sometimes called juvenile diabetes. The phrase juvenile implies that a person may outgrow the disease, but that is not possible with diabetes. Until a cure is found, a diagnosis of Type 1 diabetes is a life sentence.

Please do not share your diabetes horror stories

The tales of your great aunt Betty and her blindness and amputations are terrifying to hear. Every parent of a child with

Type 1 diabetes is well aware of the potential complications. We also know that thanks to advanced treatment options and good blood sugar control, these complications can be minimized or prevented.

Do not assume that an insulin pump is a near cure

The insulin pump is an amazing example of technology. It helps people with diabetes administer insulin, but contrary to popular myth, it does not replace a pancreas. The pump is a device that parents program and reprogram frequently. It is not surgically implanted below the skin, but rather, attached via a small tube that is relocated every few days. Children with an insulin pump still prick their fingers multiple times a day to check blood sugar.

Please do not comment on what my child is eating

Remember this is not the type of diabetes your great aunt Betty had when she had to "avoid sweets." This presumptiveness annoys Tracy MacPherson, mom of an 8-year-old daughter with diabetes.

"We have people offer Marin junk food, then another jumps in and says she cannot have it because she has diabetes." Children with diabetes can eat anything you can eat, but they do need to balance that with insulin.

Do not assume the child misses fun things in life due to diabetes

Parents whose children have Type 1 diabetes help them live normal, full lives. People with diabetes have climbed Mount Everest. MacPhee is encouraging her 6-year-old son Max to do whatever he wants, despite diabetes.

"Diabetes changes the equation in that he has to work harder and plan better than other kids."

Do not suggest we try the latest 'cure'

People with Type 1 diabetes and the people who love them are emotionally invested in finding a cure that is not a fad. We follow the latest science and some of us are actively participating in finding a medically sound cure.

Sue LeBreton is a health and wellness journalist. She has been caring for a child with diabetes for more than six years and programming an insulin pump, often in the middle of the night, for five years. When chatting with well-meaning strangers she seizes the opportunity to educate them about diabetes.



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Diagnosing neurological disorder

Important information about PANDAS, an autoimmune disorder affecting kids

BY WILLIAM COOK

Medicine is supposed to be an ever-evolving practice where research scientists and doctors work to discover new conditions and eradicate new diseases. However, sometimes resistance to something new by some in the medical community comes at the expense of health and healing. This is when as parents we must become our children's first primary care physician and stand up to be our child's best health

advocate. Many times doctors are reluctant to think outside a very narrow paradigm when it comes to something that is new.

This is certainly the case with a relatively misunderstood and often misdiagnosed condition that occurs in children who are suffering from pediatric autoimmune neuropsychiatric disorder associated with a streptococcal infection, often referred to as Pandas. There is now a growing body of concrete evidence pointing to this disorder, and while it is not rare, it is rarely diagnosed,

with many doctors still refusing to acknowledge its possibility in their patients.

What is Pandas? It is an autoimmune disorder that now appears to be affecting 1 out of 200 children. It is often hastily misdiagnosed as a tic disorder, Tourette's syndrome, or obsessive-compulsive disorder. It describes a sudden childhood onset of obsessive-compulsive behaviors, emotional lability, or "Tourette-like" motor tic symptoms that wax and wane, but whose onset or worsening appears to be linked to group A beta-hemolytic streptococcal infection. While in most cases it is triggered by a strep infection, many times the initial triggering infection is something else or goes unidentified. The disorder is what happens when a child's immune system does not respond appropriately to an infection. It is basically a colossal failure of the immune system.

It is important to reiterate that the dominant infection connected to the disorder is streptococcus; however, it appears that infections such as Coxsackie A and B, pneumonia, flu, Lyme disease, and mycoplasma can also be the trigger. There is currently a much greater understanding about how many different bacterial and viral infections can trigger the condition, which causes inflammation in parts of the brain responsible for movement control, obsessive thoughts, compulsive behaviors, and extreme emotional and behavioral ups and downs. The symptoms are varied, but often include motor tics, eye blinking and or rolling, vocal tics, obsessive-compulsive disorder, symp-

toms of anxiety often over separation, compulsions, emotional lability, irritability, sudden unexplainable rages, fight or flight behaviors, personality changes, age-inappropriate behaviors particularly regressive bedtime fears or rituals, oppositional defiant disorder, tactile and sensory defensiveness, fidgetiness or inability to focus, marked deterioration in handwriting or math skills, daytime urinary frequency, nighttime bed wetting, and anorexia (particularly fear of choking, contamination fears, or fear of throwing up).

Many children will exhibit just one or a few of these symptoms, and it is not necessary to the diagnosis that a child exhibit all of them. Many times these symptoms will come and go over a period of time, causing parents to believe that the condition is gone — only to return with a significantly higher intensity. Up to this point treatment has been limited to the use of long-term antibiotics (two months to several years), intravenous immunoglobulin treatment, or plasmaphoresis. Many times this treatment has been ineffective, leaving children struggling with this condition for years.

Recently the use of all natural essential oils as an effective, alternative, and safe approach has gained attention and has shown remarkable results, with many claiming complete and total recovery. While this a natural and alternative approach and not a traditional pharmaceutical treatment, many hospitals and integrated doctors are turning their attention to essential oils because of their keen abilities. Numerous peer-reviewed medical journals and published studies both in America and abroad show that essential oils contain properties that are highly anti-bacterial, anti-viral, and anti-inflammatory. They also have the ability to address issues of cellular malfunction and oxidative stress. One key to their remarkable success is their ability to cross the blood

barrier, making essential oils effective at addressing the cause and the effect of the disorder in a manner that is safe and natural.

As devastating as it can be, Pandas does not have to be a permanent condition. The key is recognizing it and treating it correctly. As parents, we must listen to that voice inside of us, and if your instinct is telling you something else is wrong with your child, you need to pursue it despite what one doctor may be advising you. Do not stop until you get an answer, keep pushing. It is important that you understand that all neurological abnormalities may not be what they appear to be, but instead be something more easily treated. Any child who presents a sudden onset of these symptoms should be evaluated for Pandas. If your child suddenly starts to have eye twitching or blinking, head shaking, obsessive-compulsive disorder, or behavioral abnormalities, it is wise to look for a recent strep infection. Lastly, any child who has been diagnosed as having Tourette's syndrome, motor tics, or even obsessive-compulsive disorder deserves a Pandas workup.

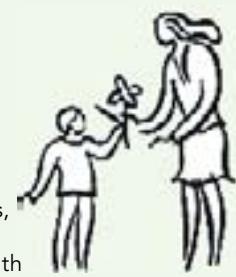
The key to helping children with Pandas is awareness of the disorder and a willingness to do whatever it takes to get them to full recovery, even if that means opening up your mind to an alternative form of treatment.

William Cook is the parent of a child who was diagnosed with Pandas, and he and his wife Joann know firsthand the struggles it presents. After traditional medicine didn't work, they turned to essential oils as an alternative, and their child experienced a complete recovery. The Cooks then formed Pandas Hope For Healing, a free service to help other children experience the benefits of using essential oils. The Cooks work with many families and guide them through the process of using essential oils effectively. Their website is www.pandashopeforhealing.com. They live on Long Island.

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EMBRACE surprising gifts

How to enrich your life after the birth of a special-needs child

BY CAROLYN WATERBURY-TIEMAN

A few years ago, while end-of-the-season garden shopping, I discovered a clearance bin full of tulip bulbs. Exactly what I was looking for. Imagine the color and texture these little gems would add to my horticultural palette. I grabbed a bag unconcerned by the lack of label or care instructions.

So to the internet I went and discovered

how to store the bulbs, select the best location for planting, prepare the soil, as well as when and how to plant them. I followed the instructions meticulously and then sat back and waited to reap the rewards of my labor. When the crocuses announced the arrival of spring, I knew I would not have long to wait. But the hyacinths came and went. Then the daffodils bloomed and still nothing from the tulips. Not even a speck of green peaking out of the ground.

I was so disappointed and frustrated. I had been so careful and worked so hard. I got angry at the store for selling me defective bulbs. Then I started wondering what I had done wrong? I went back and reread all the instructions on tulip planting and care. I had followed them to the letter. But I must have done something wrong. Maybe I planted them too early or too late or let them get too wet or too dry. Maybe there was not enough sun or too much. I resigned

myself to another spring without tulips.

About three weeks later I noticed numerous, tender, green shoots sprouting. In a couple of weeks it became clear that these were not tulips. They were gladioli! When they bloomed, there were color combinations like I had never seen before. What a surprise! My landscape was enhanced in a completely unexpected way.

Nearly every day we are faced with the unexpected. The significance of these events can range from something as simple as getting gladioli instead of tulips to something as profound as having a child with special needs instead of a child without. The spectrum of feelings associated with these events are not that different — excitement, anticipation, surprise, disappointment, fear, inadequacy, frustration, anger, guilt, joy — no matter their intensity, longevity, and recurrence. The manner in which we acknowledge, identify, and express these feelings plays a key role in determining their impact and outcome.

Here are some suggestions for ways to embrace life's unexpected gifts and allow them to enrich your lifescape:

Be inspired, not incapacitated by feelings

Feelings are neither right nor wrong. They just are. What we choose to do with them determines whether or not they are constructive or destructive. Problems arise when feelings are not honestly acknowledged, accurately identified, and appropriately expressed. While we rarely complain about pleasant feelings, we actively avoid and deny unpleasant ones. This is not surprising, since unpleasant feelings leave us feeling vulnerable. In an effort to prevent this sense of vulnerability we engage in self-protective behavior that is often unproductive in the long run. Anger is a good example of how this happens.

Anger is a secondary emotion. Even if for only a split second, there is always another feeling that occurs before anger. This primary emotion makes us feel vulnerable, such as fear. Like a lion bristling its mane to appear larger and more threatening, we raise our voices and exaggerate our movements to appear more in control, more powerful, more confident. In our attempts to convince our "opponent" and ourselves of our competence, we typically exacerbate the problem rather than solve it.

Guilt is another secondary emotion. It frequently follows on the heels of feeling inadequate, embarrassed, unprepared, or incompetent. Like anger, guilt is a poor informant when it comes to deciding what actions to take. Decisions based on guilt may appear to alleviate the immediate situation, but fail

to achieve satisfying, long-term solutions.

Give yourself permission to experience the full range of emotions you feel. Recognize and acknowledge the unpleasant feelings as well as the pleasant ones. Accept them as natural and not the result of some flaw or weakness in your character. Find people who will allow you to safely explore your feelings and help you discover more productive ways to expend your energy. When you recognize and honestly acknowledge your feelings, you are more likely to accurately identify them for what they are. Only then can you hope to appropriately express them in ways that will be beneficial to you and your child.

Arm yourself with information

You can only do what you know, so the more you know, the more you can do to maximize your child's abilities at every age and stage. Become informed about child development in general and your child's unique developmental trajectory specifically. Information allows you to develop realistic expectations for your child and yourself. Be sure that every adult who spends significant amounts of time with your child is equipped with this information.

Avoid measuring your child according to arbitrary social expectations and instead encourage him to achieve his potential. Focus on what he can do rather than lament what he cannot do. Kids who discover they can do something well, and get to participate in that activity regularly, develop the courage to face and seek new challenges.

Remember that pity is paralyzing. Pity says things like, "Aww, you can't do that. Let me do it for you." Sympathy, however, is empowering. Sympathy says, "I see that's difficult for you. Try it this way." Rather than assume defeat, encourage your child to redirect his efforts. There are more ways than one to do just about anything. For every one thing he is unable to do, discover and celebrate the four or five others he is able to do.

Avoid labels. Whether they are intended to be positive or negative, labels are exclusive. They fail to allow for or motivate growth and change. Any label can be limiting. Every child has limitations, but his capacity to accept and give love is virtually limitless.

What every child needs

Both tulips and gladioli require the basic elements of sunlight, water, and nutrients from the soil, but in different amounts. The same is true of children, regardless of the presence of physical, social, intellectual, biochemical, emotional, or sensual challenges. All children have the same fundamental needs that must be met in varying

proportions in order to survive and thrive.

Children need unconditional love. Unconditional love is not the same thing as unconditional approval or unconditional permission. Unconditional love says, "I will love you no matter what, but when you do things you are not supposed to do, I will stop you until you learn to stop yourself."

Children spell love t-i-m-e. Two things to remember: The only place you are irreplaceable is at home, and no one on their deathbed laments not having spent more time at the office.

Obviously, children require food, clothing, and shelter, but most adults fail to understand that no amount of excess in providing for these basic needs can make up for the lack of fulfilling the previous two. Every child needs communication — vocal, facial, and physical interaction with others, physical contact and comfort, sense of safety and security, affirming relationships based on trust, structure and predictability within reasonable limits, opportunities to explore their environment and interact with nature within reasonable limits, physical activity to whatever extent it is possible, exposure to and participation in the arts, and skills and strategies for problem solving and managing feelings.

Every child experiences these needs in unique combinations that will change over time. Parenting is not like grocery shopping where you merely check things off a list as you wander down the aisles taking what you need off the shelves. Fulfilling your child's needs challenges you to discover reserves of patience, wisdom, resilience, courage, and love that you never knew you had. At times you may long for the day when you are no longer needed, but chances are you will always feel the need to be wanted.

Keep the family system in balance

Nothing that happens in a family happens in isolation. Every experience and interaction has implications for the entire family system. The intricate connections that exist between family members can perhaps best be illustrated by comparing a family to a mobile. If you have ever observed a mobile, you have noticed that all the connections make it impossible to touch one piece without moving all the others. Some may teeter wildly while others barely quiver, but they all move. The same is true of families. What affects a person in one relationship will affect all of their other relationships.

No matter how evenly balanced a family is, anything that happens to one member causes reverberations throughout. Pay attention to how each individual member

Continued on page 18



Continued from page 17

responds to events as they unfold in your family. By learning to identify the individual styles for managing challenges, you can better anticipate the impact of a given event and prepare yourself and others to face these challenges more effectively.

Find ways to involve everyone, in age-appropriate ways, in the process, and help them feel good about the contributions they are making to the family. Learn to prioritize and accept that priorities are not static — they may have to change on a daily or even hourly basis. The most important person becomes the one who needs you most right now. Each family member needs to feel special, but accomplishing this may be as simple as a gentle touch, a wink and a smile, a thoughtful comment, or expression of appreciation. Genuine acknowledgement

of the importance of another's presence can go a long way.

Build a support system

Parenting is an enormous responsibility and is made more manageable by involving other mature, responsible, caring, dependable, trustworthy adults in the process. Include people in your support system whose presence alleviates stress rather than adds to it. You want people who respect your family boundaries and can effectively move in and out, leaving the system intact.

Whether your child experiences physical, social, intellectual, emotional, biochemical, or sensual challenges, it is likely that you will be faced with involving professionals in your family life much earlier than other families. This unique characteristic can make managing boundaries more of a challenge.

Learn to be your child's advocate by practicing effective communication. Become familiar with the resources and services that are available for your family. When you do not know, have the courage to ask for help.

Populate your child's world with people who look in his eyes and see not what is missing or different, but who look deeply enough to see your child's soul and treat him as a whole, complete human being.

...

A special needs child is, first and foremost, a child. And the most important people in a child's life — people who view him as special not because of anything he can or cannot do, but just because of who he is — are his parents. Focus your energy on fulfilling your child's need for you to believe he is special, not on convincing the rest of the world he is.



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Discovering disability

A mother adapts after learning her child suffers from ADHD

BY JUDY M. MILLER

Imagine arriving in a different destination other than that which you anticipated. Imagine that you do not have your bags packed for the right activities and climate. You have no maps or knowledge of the customs or language. You do not know what information is correct or know who to trust. Your plans have changed. Yet, as you are accepting that your destination is permanent, you realize that you have to make the best of it, or it could destroy you and the rest of your family.

I first came across the inspirational essay, "Welcome to Holland" by Emily Perl Kingsley, years ago when I sat on the board of a neonatal foundation. Working with parents in the trenches of profound shock and grief, during a time that should have been utter joy, was immensely difficult. At that time I was the proud parent of one child, a son my husband and I believed to be "normal."

I recall feeling guilty on occasion when I sat with parents in the neonatal intensive care unit, when I offered support or a listening ear, or when I held and rocked the ever-so-fragile tiny infants that fought for survival. I was blessed with a healthy child, while many of these parents faced the possibility of death, long-term challenges, or disabilities stemming from their children's premature arrivals. I also felt thankful that we had dodged a bullet, however, Kingsley's essay resonated with me as a mother and lodged within my heart.

Forward years ahead. My oldest boy was a handful and exhausting. He was happy and bright, but often without focus. We chalked this up to him being "all boy." As his parents we appreciated his gifts, but his kindergarten teacher felt otherwise. Vehemently. She called us in for a conference two weeks into the school year. She told us, "I've never

had a child like him in all of my 25 years of teaching."

We asked her to work with him, to challenge him; he was in his element when he was challenged. We could tell by the set expression on her face that she was not going to embrace our requests and realized we were in for a very long year.

Our son was clueless about what was going on. We had many parent-teacher conferences during that year. The last one was in the early spring, after we had already made the decision to enroll him in another school with much smaller classes and interactive learning.

Our son thrived in this new school environment, yet his focus continued to lapse. We painfully faced that our son might have some issues and had him evaluated by a team of professionals to make sure he was not being falsely diagnosed. The testing indicated what we had long suspected but tried to deny, that he had attention deficit hyperactivity disorder. We worked through our denial and chose to stay in daily contact with his teachers. We made changes to his diet. We put a behavioral management plan in place.

We saw no improvements from the dietary changes or from the behavioral techniques we implemented. Our son's grades went up and they went down. He was focused in one class and disruptive in another. There was no pattern throughout the day or by subject matter. His behavior was just as maddening in karate — an activity we thought would help curb his impulsiveness.

Emotionally we rode the wild roller coaster with him daily. Out of options we began to consider the possibility of medication, something that was of great concern to us. My husband and I had many long discussions between the two of us, and with doctors, and tears often accompanied these. We continued to straddle the fence.

Attention deficit hyperactivity disorder statistics

- Boys are three times more likely than girls to be diagnosed with attention deficit hyperactivity disorder.

- It does not discriminate among race. The prevalence of attention deficit hyperactivity disorder is 9.8 percent among whites, 9.5 percent among blacks, and 5.5 percent among Hispanics and Latinos.

- Children with attention deficit hyperactivity disorder are more likely to have learning disabilities and language deficits, such as poor listening and reading comprehension and verbal expression.

- They are also challenged by poor organizational, memory, and fine motor skills.

- Research by Dr. Russell A. Barkley, (www.russellbarkley.org/index.html), an internationally recognized authority on attention deficit hyperactivity disorder in children and adults, states: "The emotional development of a child with ADHD is 30 percent slower than their non-ADHD peers. One to three children have ADHD in every classroom of 30 students."

The statistics below are from the CDC's "Key Findings: Key Findings: Trends in the Parent-Report of Health Care Provider-Diagnosis and Medication Treatment for ADHD: United States, 2003-2011 (www.cdc.gov/ncbddd/adhd/features/key-findings-adhd72013.html).

- More than 1 in 10 (11 percent or 6.4 million) U. S. school-aged children have received a diagnosis from a healthcare provider.

- The percentage of children between the ages of 4 and 17 continues to increase, up 42 percent between 2003 and 2011.

- The percentage of children between the ages of 4 and 17 taking prescribed medication increased 28 percent between 2007 and 2011.

Our son's behavior became more erratic as puberty set; we made the decision to go ahead and medicate him. He would be taking a Class CII drug, a federally controlled substance that could lead to abuse or dependence and carried the possibility of many other serious side effects. It was one of the toughest decisions we ever made,



but the arrival of our second daughter, with her serious sensory processing spectrum disorder, underscored how important it was to intervene, and early.

The medication made an immediate difference. Our son was able to focus and control his actions. He could stay on task and out of trouble. In turn his grades stayed up and his confidence in himself grew. He graduated high school with honors, and received many merit awards to attend college.

We have had countless talks about the seriousness of the drug he takes. About the need to monitor him daily and share how he feels emotionally and physically. About how kids would likely ask him for some of it when they were under stress — which has

happened — and what those consequences could be if he was caught doing so, by us and the law.

Looking back, we put off the decision to medicate our son far longer than we should have. But when in the moment there is rarely the gift of perspective.

Parents of children with special needs often struggle — with support of others, finding reliable information about options, and moving through the grief of parenting a “less-than-perfect” child. Dragging my feet, I arrived in “Holland,” only a different region than I had with my daughter.

Slowly, through the years and with my son’s openness about his special needs, I’ve become acculturated. Holland is not a hor-

rible scary place, just different. As Kingsley says in her essay, “...you must go out and buy new guide books. And you must learn a new language.” I have. I have embraced being the parent of kids with special needs, thankful that Holland exists and that I am able to appreciate the very special, wonderful things that it offers.

Judy M. Miller works with pre- and adoptive parents, equipping them with new techniques and information, and encouraging and empowering adoptive families through difficult times. She is the author of the internationally known parent guide, “What to expect From Your Adopted Tween,” and a workbook for adopted adults, “Writing to Heal Adoption Grief: Making Connections & Moving Forward.”



Now hear this

New guidelines urge a conservative approach to treating ear infections

BY KIKI BOCHI

It's a rare parent who doesn't end up at the pediatrician's office for an ear infection at some point. Ear infections are the most common childhood diagnosis, affecting three out of four children by the time they are 3 years old.

Ear infections are also the top reason children are prescribed antibiotics in the United States, according to the American

Academy of Pediatrics. And therein lies the problem.

In recently released guidelines, the Academy is asking pediatricians to take a more conservative approach to ear infections before whipping out the prescription pad. In some mild cases, ear infections may clear up on their own, making it worthwhile to consider a wait-and-see approach, it says.

As a parent of two toddlers, Rebecca Batisto is skeptical.

"I've had a lot of ear infections and second only to labor, I've never had a worse pain," says Batisto, whose youngest, 1-year-old Arabella, is already showing a propensity for multiple ear aches. "If my baby has that kind of pain, I want something done ... Any parent is going to go the distance to get their child out of pain."

Ear infections, or acute otitis media, occur when the tubes inside the ear — called the eustachian tubes — get clogged with fluid or mucus and are unable to drain. The buildup may be caused by allergies, colds and sinus infections, excess mucus and saliva produced during teething, tobacco smoke, or other irritants. The result can be significant pain and often a fever.



child from the medication — problems such as nausea, vomiting, diarrhea, rashes, and more.

Antibiotics like amoxicillin should only be given to kids who are showing severe symptoms — such as significant bulging of the ear drum, infections in both ears, pain and swelling — or those who have a fever higher than 102.2 degrees Fahrenheit, according to the Academy. Of course, your family's history is also a consideration.

Parents should not be concerned that they'll be turned away with no medicine if it is needed, says Dr. Keith L. Hassan, medical director for After Hours Pediatrics Urgent Care.

"The AAP does stress the importance of involving the parent in the decision to treat with antibiotics or to observe the child for improvement," Dr. Hassan says. "A parent can expect their child to be treated if the pain is severe, the child has a high temperature, or if the infection is in both ears and the child is under age 2. They can also expect the child to be treated for an otitis media if the child is under 6 months of age."

When a wait-and-see approach is taken, parent follow-up is important. If the child worsens or fails to improve in two to three days, antibiotics may be called for, after all, the Academy says.

"They feel this can be accomplished by requiring a second visit for recheck or providing the parents with a prescription for a 'rescue' medicine to start in the case of the child not improving or worsening," Dr. Hassan says.

The bottom line? Parents should always check with their pediatrician in case an ear infection is already advanced. But if it is not, they should be open to allowing a child to heal herself.

KiKi Bochi, an award-winning journalist, reads hundreds of reports monthly to bring readers the latest insights on family health and child development.



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Alleviating tension between parents of special-needs kids

Dear Sharon,

Our 10-year-old son has special behavioral issues. My husband this past year seems to have run out of patience and he loses his temper with all of us more and more. I'm trying to get us into family therapy, but he's resisting. Do you have any advice for us? I feel a huge load is on me all the time and I am walking on eggshells. The pressure is more than I can bear.

Dear Mom,

I am sorry to hear about the tension you are experiencing at home. Unfortunately, it is not unusual for relationships to become strained when a child has special needs. Parents can eas-

ily feel at odds with each other and begin to lose it.

Every parent feels pressure to raise healthy and happy children, and the desire to be the "perfect" parent can be a huge load for any mom or dad to juggle. Parents of special-needs children carry an extra burden of worry and guilt, and can easily begin to blame themselves for their child's difficulties, even when such reactions make absolutely no sense.

By the time a child is 10 pressures have often accumulated. Parents can become defensive or resistant to help as conditions seem overwhelming, even when there are avenues of good support available. I have met with

many dads who carry these kinds of unspoken emotions. Here are some ideas that can help:

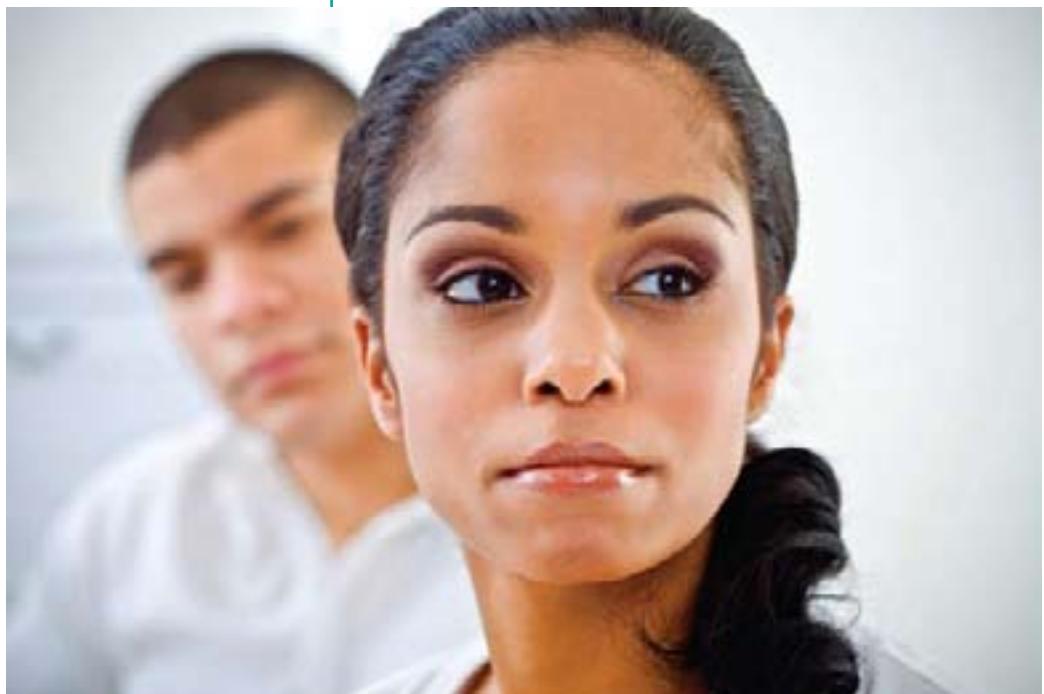
Alone time: All couples — but especially parents with special-needs children — need to find ways to spend time together away from their child. This of course might be challenging to arrange, but any attempt to enjoy each other's company separate from daily home stress can improve communication and counteract negativity.

Reconnect: If parents haven't been on a date for a while I suggest beginning by doing something fun, putting aside difficult conversations for a while. It is important to arrange regular dates, planning things to do that both people enjoy. After parents are more connected it is easier to bring up concerns and find resolutions. The possibility of starting family therapy might be easier to discuss in a loving and relaxed environment.

Therapy: Family therapy is often an excellent idea, but it is not uncommon for one parent to be reluctant to attend. It might be disheartening to seek help alone, but when one parent finds good support it can often reduce pressure and generate ideas that improve tensions at home for everyone.

Support groups: Attending a group for parents of special-needs children can also be very useful. Understanding they are not alone can help cut through the understandable discouragement many parents of special-needs children feel. The groups I lead often discuss the problems you described in your question. Hearing others share similar stories and possible solutions can make a world of difference.

I have known many moms and dads who have been successful in getting support for themselves, and finding ways to connect and communicate to ease family pressures. Best wishes as you do the same.



Sharon C. Peters is a mother and director of Parents Helping Parents, 669 President St., Brooklyn (718) 638-9444, www.PHPonline.org.

If you have a question about a challenge in your life (no issue is too big or too small) e-mail it to Dear Sharon at Family@cnglocal.com.



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The *write* stuff

How to help a child with dysgraphia succeed at school

BY SUE LEBRETON

Does your child avoid homework or become distressed when that homework involves printing or writing? Does he have an awkward pencil grasp? Is his printing or handwriting difficult to decipher? Can he communicate his ideas verbally, but struggles to organize thoughts on paper? If any of this sounds familiar, your child may have a learning disability called dysgraphia.

Students with learning disabilities have normal intelligence but have difficulty with their brain's ability to receive, process, store, or analyze information. These disabilities are usually diagnosed after children enter school — when parents and teachers see the gap between affected children and their peers. If not addressed, this gap increases over the years as learning becomes more complex. The sooner children are

identified and receive help, the better they do in school and in their social life.

There are three distinct types of dysgraphia: motor, spatial, and processing. Children can have one or more of these types of dysgraphia. Helen Painter, occupational therapist and author of "Dysgraphia: Your Essential Guide," says that it is crucial to determine which form of dysgraphia your child has so you can choose the appropriate treatment and accommodations.

Motor dysgraphia is the easiest to recognize, as it is when a child struggles due to poor motor skills, such as a poor pencil grasp. Often, a child will be screened and will begin working on those fine motor skills with an occupational therapist. Painter suggests that the motor issue (if it occurs as the only form of the disability) can be almost fixed in a month or two. If issues continue, she says parents should have their child seen by a

medical doctor or a psychologist, the professionals who are qualified to assess spatial dysgraphia and processing dysgraphia.

In processing dysgraphia, there is a missing link between working memory and the muscle movements required to do the printing or writing. People with this form say they cannot see the letters or words in their "mind's eye." Spatial dysgraphia occurs when the person has difficulty understanding what the eyes are seeing. People with spatial dysgraphia struggle to see how objects are positioned relative to each other and how things are similar or different.

Unfortunately, both spatial and processing dysgraphia remain with children throughout their lives, so parents must work with educators to provide modifications and accommodations.

"It will help your child develop sound study habits and realize this is a condition

Signs of dysgraphia

Top 10 signs of dysgraphia (ages 4–6)

- Difficulty learning the alphabet and identifying letter sounds to the letter.
- Difficulty learning the letters in the child's own name.
- Avoiding drawing and writing.
- Avoiding fine motor centers or stations.
- Poor ability to cut with scissors.
- Awkward pencil grasp.
- Poor pencil control for curved letters.
- Good at copying, but cannot compose own words.
- Frustration and shutting down behaviors.
- Self-esteem slipping, feelings of being stupid.

Top 10 signs of dysgraphia (ages 7–12)

- Children in this age range display poor overall legibility, which is:
- Mixing upper- and lower-case letters.
 - Poor spelling.
 - Poor spacing between words.
 - Poor placement of letters and words on the line.
 - Tiring when writing due to awkward pencil

grasp.

- Saying letters and words out loud while writing.
- Difficulty thinking of words to write.
- Poor comprehension of what is written.
- Self-esteem slipping further.

Top 10 signs of dysgraphia in teens and adults

- Mixing print and cursive styles of writing.
- Difficulty brainstorming main idea, supporting sentences.
- Poor organization of writing ideas in general.
- Difficulty organizing what has already been written down.
- Widening gap between speech and written work.
- Work avoidance.
- Taking huge amount of time for work completion.
- Decreased comprehension when writing requirement increases.
- Difficulty with grammar and spelling.
- Lowered self-esteem.

Source: "Dysgraphia: Your Essential Guide," by Helen Painter

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that can be worked with, and it is not something that needs to be disabling. Today's children are fortunate to be able to benefit from technology, compared to kids in the past who could only have dreamed of such help," says Painter.

Despite the availability of a wide array of technology, Painter has noticed that both parents and educators are hesitant to use the technology, because they fear that children will not learn the skills if they use this crutch. Her practical experience disproves this.

"Anybody can succeed if

they are given the right tools, lifelong tools. There is no excuse for not helping these kids today," says Painter.

If you suspect your child may have issues with dysgraphia, have a physician or psychologist perform testing so that your child can get the appropriate support.

Sue LeBreton's son was finally diagnosed with dysgraphia after many years spent focusing on motor skills. He has both motor and processing dysgraphia and has become a happier, more engaged student with the help of technology.



Special education

Step-by-step manual helps parents advocate for their children's education

BY SHAVANA ABRUZZO

Wrenching scenarios can be teaching moments for parents brave enough to be their special child's top advocate:

- An 11-year-old is academically gifted, but failing every one of his classes — even band.
- A 7-year-old is bright, but will need to repeat kindergarten for the third time.
- A 9-year-old has an I.Q. of 145, but calls herself "stupid" and doesn't want to live any more.
- A 6-year-old can multiply, but her teacher says she cannot grasp simple mathematical concepts.

Hundreds of thousands of American children with learning difficulties receive substandard education or none at all, jeopardizing their futures and agonizing their families, says educator and children's champion Amanda Morin, author of "*The Everything Parent's Guide to Special Education*" [Adams Media Corporation].

Morin's new, step-by-step manual clears

the clutter and helps parents navigate the physical, emotional, and administrative challenges preventing kids from achieving excellence in the classroom, including:

- What you need to do to have your child assessed and evaluated correctly.
- Explanations of the different kinds of disabilities and how they must be addressed in the classroom under specific laws.
- Definitions for jargon used in special education, including IEP, 504 Plan, and FAPE — sound familiar?
- Sample letters based on ones that received positive results from school administrators.

Morin discusses cases that have been filed or won lawsuits against their school districts for refusing to provide appropriate special education services. She also equips moms and dads with the skills they need to move forward, knowledgeably and with confidence.

"I wrote this book to help parents everywhere help their children get the education they deserve and are entitled to by law," says

Morin, a mother of two "twice exceptional" children "gifted with learning disabilities."

A diagnosis is not a label

Whether or not your child should be "labeled" is a hot-button issue for many parents, and one that Morin wrestled with when her youngest child was diagnosed recently.

"Having a name for some of his issues doesn't change who your child is or what he means to you," she says. "He's the same adorable, exasperating, bewildering, and hilarious child he was before he had a diagnosis."

Morin is glad that her sons have diagnoses that make them eligible for special education services, but accepting a classification without question implies passivity, which she stresses: "It says you've stepped back and let something happen to your child."

Being your child's staunchest advocate can help dispel inaccurate presumptions and characterizations, and provide the best plan for his or her education.

Rejecting the popular label

The phrase "special needs," one worthy of italics and whispers, bothers Morin the most because it presupposes her as being the mother of a child who is defined by his diagnosis, and suggests that he is his disability and a collection of symptoms in a book adding up to a label — all inaccurate assumptions, she states.

"I'm no more defined by those words than my sons are defined by their diagnoses," she says. "Some might say I let my kids be labeled, but I don't see it that way — I gave them a way to get what they need."

"The Everything Parent's Guide to Special Education: A Complete Step-by-Step Guide to Advocating for Your Child with Special Needs," by Amanda Morin [Adams Media Corporation]; paperback, \$11.95 at Amazon.com.

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Apps for autism

Incorporating technology into the lives of special kids

BY REBECCA MCKEE

Many children, teens, and young adults were begging and pleading for an Apple iPad or other tablet to be tucked under the Christmas tree, or given as the grand finale to their Chanukah celebration.

For those family members who have unique personalities, such as autism spectrum disorder or other special need, brainstorming how to integrate this tool into their lives can be a bit tricky. But, with some organization and thoughtful purchases, this device can be the gift that keeps on giving.

The amount of apps available can be overwhelming. A simple internet search

for "Best Autism Apps" or "Best Apps for Speech-Language Delays in Children" can list some solid choices. After that, you'll become fluent on how to hunt for specifics. Always be aware of age-appropriate curriculum.

There is an abundance of content to choose from, so be patient and diligent.

For preschoolers and children in primary grades, language development is an all-important goal.

Apps to check out may include: Eat, My First Words, and Actions. School-age children in the intermediate grades would benefit from social apps, such as: Model Me Kids, Emotions, and You Rock Compliments.

Teenagers and young adults could take

advantage of apps that promote independence and higher-level thinking skills, as in: Sosh, iDress, and Understanding Inferences.

Just as we engage in our own personal tech time for enjoyment, our family members with special personalities crave this as well. Being aware and sensitive as you shop for apps will help make the tablet a naturally reinforcing item. It can be used as a tool for hobby development, a pre-teaching tool for academics, a tool used for life skill independence, a fun item and activity to use during leisure time, and much more. Teaching these individuals how to fit in with the modern flow of their communities is another form of inclusion they need.

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Detecting & dealing with a STUTTER

BY DR. HEATHER GROSSMAN

Parents who are concerned that their child may be stuttering often first seek guidance from their pediatrician. Doctors commonly tell parents the child will outgrow the problem and to give the issue no concern. This is true in many cases; we do know that approximately 75 percent of children who show early signs of stuttering will show spontaneous recovery. However, certain risk factors — including family history of stuttering, the child having a sensitive temperament, and other weaknesses in the child's articulation or language skills — increase the likelihood that the child will continue to stutter. In addition, boys are three to four times more likely to continue to stutter than girls.

Is stuttering a typical part of childhood development?

Children typically have normal periods of disfluency as they develop speech and language skills. These fluency breaks may include saying fillers such as "um, um," or repeating words or phrases as in "Mommy, can I go- can I g- can I go outside?"

Research indicates however that approximately five to eight percent of young school-aged children show signs of true stuttering, and that 20 to 25 percent of these children will continue to stutter into adulthood. Average age of onset of stuttering is just under 3 years of age, corresponding to a period of rapid growth in speech and language skills. Unlike normal disfluency, a young child who is stuttering tends to stretch or prolong sounds as in "Rrrrrrrun," produce repetitions of parts of words as in "W-w-w-want," and may have speech "blocks," where he is trying to say a word but no sound is heard. Children who are showing typical disfluency show no sign of tension or self-awareness, but young children who are stuttering are more likely to show tension in their voice or face, or have secondary reactions such as looking away or avoiding talking in certain situations.

Children with other speech, language, or developmental difficulties have a greater likelihood of co-occurring difficulties with speech fluency. For many children, speech fluency is also more vulnerable under periods of emotional distress, great excitement, and greater linguistic or intellectual demand.

Left untreated, children who stutter commonly develop tense struggle behaviors when talking, negative feelings related to confidence and self-esteem, and come to avoid people, situations, and specific words for fear of stuttering. Children who stutter are often subjected to teasing by classmates, further contributing to negative self-concept. So it is important for parents who are worried about their child's speech fluency to find out whether the problem is actually stuttering.

Why do some children stutter?

The cause of stuttering remains a subject of debate, but research has confirmed that some children appear "predisposed" to stutter due to genetic factors. Other factors (genetic, environment, etc.) are thought to then serve as "triggers" for the stuttering. Stuttering may appear to develop rather suddenly, but for most children the onset is gradual. Adding to the puzzling nature of stuttering is its unpredictability. It may seem to be severe one day, then seem to disappear just as suddenly, only to reappear in full force. We know that parents are not the cause of stuttering, but luckily, there is much they can do to help their child.

Children with delays in other areas of speech and language development or who have other developmental difficulties, such as Attention Deficit-Hyperactivity Disorder or autistic spectrum disorder, show a greater likelihood of concomitant stuttering.

Do I need to have my child's speech evaluated?

Because so many children do eventually grow out of speech difficulties, pediatricians

often underestimate the need for professional intervention for children who stutter. A speech-language evaluation should be completed for any child showing signs of physical struggle or frustration when trying to speak. Parents should be aware of certain behaviors that suggest the child is reacting negatively to her speech, such as the child starting to act shy, looking away while speaking, speaking using only a few words, or avoiding certain words or situations altogether. She may begin to exhibit secondary characteristics, such as pressing the lips together or have excessive tension in the voice, that indicates the child is trying to force out words. Teachers may notice that the child's verbal participation in class is reduced.

It is suggested that parents seek help if they notice the problem persisting for three to six months, but it is never too late to receive help. Since not all speech therapists receive thorough training in stuttering, it is recommended that parents work with a licensed speech-language pathologist who specializes in stuttering treatment.

What does an evaluation entail?

The therapist will assess the child's language abilities, articulation, and fluency using both formal and informal measures, and will gather information about the parents' observations and concerns. In addition to determining if there is a need for professional intervention for the child's speech, during the evaluation parents are provided with vital information regarding pediatric stuttering and what actions they can take immediately to help their child. Parents are commonly given suggestions to implement at home that include modeling slower, simpler speech, and reducing overall language demand and time pressure. Rather than tell the child to "slow down" and "take a breath," parents are taught to be better listeners, and to speak openly and objectively about stuttering without calling negative attention to the disfluencies.



What is speech therapy like?

A course of speech therapy will be recommended for children showing signs of true stuttering. Therapy techniques in current practice show excellent results, especially when children are seen soon after the onset of the problem. Depending on the child's age, the therapist customizes a program that promotes confidence while communicating, and provides an outlet for the child to explore her feelings about speech. The child will also practice ways of talking to reduce stuttering tension and struggle. A good therapist will also provide support for the family and will suggest helpful strategies for the family, such as maintaining good eye contact and encouraging all family members to have their turn at speaking, without interruption.

For children with concomitant speech-language or developmental issues, it is helpful to address their stuttering along with their other goals to prevent negative stut-

ting behaviors and reactions from becoming a more severe and habitual pattern.

You (and your child) are not alone

Almost universal to parents of children who stutter are feelings of helplessness, fear, and isolation. But in the past decade, there's been a meteoric rise in the strength of nationwide support groups and self-help organizations for children and adults who stutter, and their families. A tremendous amount of information is online, but nothing combats feelings of helplessness like the realization that there are many children and their families who are managing stuttering. And nothing's better than for children to meet other kids who stutter and for their parents to get together and swap information and strategies.

Tips for parents of children who stutter:

- Practice active, patient listening skills, focusing on what the child says rather than how fluently he says it.

- Do not suggest that the child "slow down," "think before speaking," or "take a breath."

- Model good communication — this includes having normal eye contact when talking, taking turns, and speaking slowly enough and loudly enough to be heard clearly.

- Remind the child that talking can be very difficult, and that it is OK to stutter. Let him know you are there to be supportive.

- Educate teachers, babysitters, and other caregivers about stuttering and how the child who is stuttering should be treated.

- Work on confidence, and keep them talking!

Dr. Heather Grossman is a specialist in stuttering treatment for children and adults, and is the director of the American Institute for Stuttering in New York City. She is regularly called upon for journalistic coverage regarding stuttering, and has been featured on numerous radio and television broadcasts, including "Good Day New York" and "Katie."

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(212) 219-1195

Eden II Programs

150 Granite Avenue, Staten Island, NY 10303
(718)-816-1422
www.eden2.org

Services Provided: Education, Adult day programs, Family Support and Residential Care

QSAC, Quality of Life & Services for the Autistic Community

253 W. 35th Street, NY, NY 10001
30-10 38th Street, Astoria, NY 11103
And 2509 Broadway, Astoria, NY 11106
New York 11106
(718) 728-8476
www.QSAC.COM
QSACnyc@aol.com

Services Provided: Case Management, Community Education, Information and Referral, Residential Other: After school programs, behavior management, Day Habilitation, Family reimbursement, In-house/overnight respite, parent support group, Parent training, pre-school, Residential Habilitation, Special education itinerant Teacher

New York Families for Autistic Children, Inc.

95-16 Pitkin Avenue
Ozone Park, NY 11417
(718) 641-3441

Services Provided: NYFAC serves any family within New York that has a child with a developmental disability. Their doors are open to any family member, friend, professional, or student who wants to learn, to develop and to grow. Their motto: "Helping Parents..Help their children..One family at a time"

North Central Bronx Hospital

3424 Kossuth Avenue, room 15A11
FSPDD at North Central Bronx Hospital
(718) 519-4797

Ny-bronx@autismsocietyofamerica.org

Services Provided: Autism support group, provides information and support..

The McCarton Foundation and School

331 West 25th Street
New York, NY 10001
(212)-229-1715
www.mccartonfoundation.org

Services Provided: Education for children and Research Center

Thursday's Child, Inc.

7676 13th Avenue
Brooklyn, New York 11228
(718)-630-5100
www.thursdayschildinc.com

Services Provided: Occupational Therapy, Physical Therapy, Speech, Special Instruction, Family Support Groups and Parent Workshops

BLIND AND VISUALLY IMPAIRED

Helen Keller Service of the Blind

57 Willoughby Street, Brooklyn
(718) 522-2122
www.helenkeller.org
info@helenkeller.org

Services Provided: Free workshops, all ages for visually impaired.

Jewish Guild for the Blind

15 West 65th Street, New York NY 10023
(212) 769-6200 (800) 284-4422

Services Provided: Information and Referral, Individual/Case Advocacy

National Association for Parents of Children with Visual Impairments (NAPVI)

c/o New York Institute for Special Education
999 Pelham Parkway, Bronx
(718) 519-7000
www.familyconnect.org
jaynycnapvi@aol.com

Services Provided: online forum, support group for parents with visually impaired children.

Parents of Blind Children (National Federation of the Blind)

471 63rd Street, Brooklyn, NY 11220
(718) 567-7821 (212) 222-1705

Individuals Served: Visual Impairments

Services Provided: Community Education, Information and Referral, Individual/Case Advocacy, Legal Advocacy

Continued on page 36



Extended Care for Quality of Life

Extended Home Care serves
Special Needs patients of all ages:

- CHILDREN
- ADOLESCENTS
- ADULTS

Special Needs diagnoses include:

- DEVELOPMENTAL DISABILITY
- AUTISM
- PDD/AUTISM SPECTRUM DISORDERS
- MENTAL RETARDATION
- EPILEPSY / SEIZURE DISORDERS
- CEREBRAL PALSY
- ADHD
- OTHER CONGENITAL DISORDERS and NEUROLOGICAL IMPAIRMENTS

We accept Medicare, Medicaid and a variety of other insurance plans.



JCAHO Accredited

Extended Home Care can help each individual reach their maximum potential

Our specialty is caring for people with Developmental Disabilities



You want your family member, young or old, to have the best possible quality of life. But accessing all the right services for people with Developmental Disabilities can be very challenging.

Extended Home Care is specially licensed to serve cognitively and neurologically impaired individuals. We are a CHHA, or Certified Home Health Agency, serving all five boroughs of New York City, as well as Nassau and Suffolk Counties.

We offer in-home support to meet your family member's health, developmental and safety needs by providing Skilled Nursing and Home Health Aides, plus Physical Therapy, Occupational Therapy, Speech Therapy, and Social work, as needed.

Our culturally diverse staff speaks a variety of languages, including:
Spanish, Russian, Mandarin, Creole, Korean, French and others.



Contact Us

**Sherri Franceschini, VP of Business Development 917-721-3235
212-356-4200 • Fax: 212-563-8022**

360 West 31st Street
New York, NY 10001

2617 East 16th Street
Brooklyn, NY 11235

900 South Avenue
Staten Island, NY 10314

www.extendedhc.net

The Gillen Brewer School



A Community of Learners

410 East 92nd Street
New York, NY 10128
212.831.3667
www.gillenbrewer.com
info@gillenbrewer.com



Founded in 1992, The Gillen Brewer School is a New York State approved non-public school, which provides a family oriented early childhood program for children ages 2.8 years to 10 years old with language based and non-verbal learning disabilities. We offer a 12-month program that provides developmentally appropriate academic instruction, speech and language therapy, occupational therapy, play therapy and counseling, music, art, science, technology, sports and physical fitness. In addition, Gillen Brewer offers extensive support services and events for our families.

Making a difference, one child and family at a time.

New York Special Needs

RESOURCE GUIDE

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The Lighthouse National Center for Vision and Child Development

111 East 59th Street
New York, NY 10022
(800)829-0500

TTY/TDD: (212) 821-9713

www.lighthouse.org

Email: info@lighthouse.org

Services Provided: Community Education, Information and Referral.

Other: Vision rehabilitation, low vision services, professional, Continuing education

CAMPS

Camp Acorn

P.O. Box 1383
Paramus, NJ 07653
973-471-2911 or www.campacorn.org

Camp Akeela

3 New King St.
White Plains, NY 20604
868-680-4744 or www.campakeela.com

Camp Chatterbox

Children's Specialized Hospital
150 New Providence Rd
Mountainside, NJ 07092
908-301-5451 www.campchatterbox.org

Camp Cold Brook

Somerset Hills Handicapped Riding Center
P.O. Box 305
83 Old Turnpike Road
Oldwick, NJ 08858
www.shhrc.org

Camp Daisy

Hardenburg Ln and Riva Ave
East Brunswick, NJ 08818
732-821-5195 or www.ebrr.org/campdaisy.html

Camp Haverim

JCC on the Palisades
411 East Clinton Ave
Tenafly, NJ 07670
201-569-7900 or www.jcconthepalisades.org

Camp Hope

845-225-2005 EXT 207 OR 1-866-223-6369 or
WWW.CBFNY.ORG

Camp Horizons

127 Babcock Hill Road
South Windham, CT 06266
860-456-1032 or www.camphorizons.org

Camp Huntington

56 Bruceville Rd
High Falls, NY 12440
866-514-5281 or www.camphuntington.com

Camp Jotoni

141 S. Main St.
Manville, NJ 08835

908-725-8544 or www.theearofsomerset.org

Camp Joy

250 Nimham Rd., Carmel
845 225-2005 x212 or www.cbfny.org

Camp Lee Mar

805 Redgate Rd
Dresher, PA 19025
215-658-1710 or www.leemar.com

Camp Merry Heart

21 O'Brien Rd
Hackettstown, NJ 07840
908-852-3896 or www.eastersealnj.org

Camp Nejeda

P.O. Box 158
910 Saddleback Rd
Stillwater, NJ 07875
973-383-2611

Camp Northwood

132 State Route 365
Remsen, NY 13438-5700
315-831-3621 or www.nwood.com

Camp Oakhurst

111 Monmouth Rd
Oakhurst, NJ 07755
732-531-0215 or www.campchannel.com/campoakhurst

Camp Sun N Fun

1555 Geteway Blvd
West Deptford, NJ 08096
856-875-1499 or www.thearcgloucester.org

Camp Sunshine and Camp Snowflake

1133 E. Ridgewood Ave
Saddle River County Park, Wild Duck Pond Area
Ridgewood, NJ 07450
201-652-1755 or www.sunsine-snowflake.org/sunshinemain.htm

Camp Sunshine and Summer Fun Camp

Children's Specialized Hospital
150 New Providence Rd
Mountainside, NJ 07092
888-244-5373 ext 5484

Camp Tikvah

JCC on the Palisades
411 East Clinton Ave
Tenafly, NJ 07670
201-569-7900 or www.jcconthepalisades.org

Frost Valley YMCA Camps

2000 Frost Valley Rd
Claryville, NY 12725
845-985-2291 or www.frostvalley.org

Happiness is Camping Inc.

62 Sunset Lake Road
Blairstown, NJ 07825
908-362-6733 or www.happinessiscamping.org

Harbor Haven Day Camp

1155 W. Chestnut St.
Suite G-1, Union NJ 07083
908-964-5411 or www.hhdc.com

Kiddie Keep Well Camp

35 Roosevelt Dr
Edison, NJ 08837
732-548-8542 or www.kiddiekeepwell.org

New Jersey Camp Jaycee

985 Livingston Ave
North Brunswick, NJ 08902
732-246-2525 or www.campjaycee.org

Ramapo For Children

Rhinebeck Campus
P.O. Box 266 Rt. 52 Salisbury Turnpike
Rhinebeck, NY 12572
845-878-8403 or www.ramapoforchildren.org

Round Lake Camp

119 Woods Rd
Lakewood, PA 18439
570-798-2551 or www.roundlakecamp.org

Summit Camp & Travel

322 Route 46 West, Suite 210
Parsippany, NJ 07054
800-323-9908 or www.summitcamp.com

Maplebrook Summer Program

5142 Route 22
Amenia, NY 12501
845-373-8191 or www.maplebrookschool.org

Minding Miracles Learning Center

90 Spring Hill Rd
Matawan, NJ 07747
732-316-4884 or www.mindingmiracles.net

New Jersey Camp Jaycee

198 Zeigler Rd
Effort, PA 18330
732-246-2525, ext. 44 or www.campjaycee.org

Rainbow Summer Day Program

201-343-0322 ext 270 or www.archbergenpassaic.org/about.html

Southampton Fresh Air Home

36 Barkers Island Rd
Southampton NY 11968
631-283-5847 or www.sfah.org

CEREBRAL PALSEY

United Cerebral Palsy of New York City

80 Maiden Lane
New York, NY 10038
(212) 683-6700
www.ucpny.org
Services Provided: Assistive Tech Equipment, Case Management, Community Education, Information and Referral, Residential,

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LONG ISLAND

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NYParenting.com

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New York parents find help, info and support.*

New York Special Needs

RESOURCE GUIDE

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Treatment, Vocational/Employment
Other: Day Treatment, Day Habilitation, Early Intervention

DISABILITY GROUPS

Adults and Children with Learning & Developmental Disabilities, Inc.

807 South Oyster Bay Road
Bethpage, NY 11714
(516)-822-0028

Services Provided: Educational Services, Family Support Services, Day Services, Homes and Independent Living and Health Care Providers.

Brooklyn Center for Independence of the Disabled (BCID)

27 Smith Street
Brooklyn, NY 11201
(718) 998-3000/TTY/TDD
(718)998-7406
www.bcid.org

Services Provided: Community Education, Information and Referral, Individual/Case Advocacy, Vocational Employment

Catholic Charities Office for the Handicapped

191 Joralemon Street
Brooklyn, NY 11201
(718) 722-6000
www.ccbq.org

Services Provided: Case Management, Community Education, Information and Referral, Individual/Case Advocacy, Legal Advocacy

Center for Independence of the Disabled in New York

841 Broadway
New York, NY 10003
(212) 674-2300
TTY/TDD: (212) 674-5619
www.cidny.org

Services Provided: Information and Referral, Individual/Case Advocacy, Legal Advocacy

Children's Aid Society

150 E. 45th Street
New York, NY 10017
(212) 949-4800

Services Provided: serves New York's neediest children and their families at more than 45 locations in the 5 boroughs and Westchester County. Provides comprehensive support for children in need, from birth to young adulthood, and for their families, to fill the gaps between what children have and what they need to thrive.

Community Service Society

105 East 22nd Street, Room 303

New York, NY 10010
(212) 254-8900
www.cssny.org

Services Provided: Case Management, Information and Referral

Developmental Disabilities Center, St. Luke's Hospital

1000 Tenth Avenue
New York, NY 10019
(212) 523-6230

Other: Developmental assessments and evaluations.

Disabled and Alone/Life Services for the Handicapped

61 Broadway, Suite 510
New York, NY 10006
(800) 995-0066
www.disabledandalone.org

Services Provided: Assistive Tech Equipment, Future Planning, Information and Referral, Individual Case Advocacy, Legal Advocacy

Early Childhood Center Children's Evaluation and Rehabilitation Center

1731 Seminole Avenue
Bronx, NY 10461
(718) 430-8900

Services Provided: Treatment
Other: Parent Support Groups

Early Childhood Direction Center

New York Presbyterian Hospital
435 East 70th Street
New York, NY 10021
(212) 746-6175

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.

Early Childhood Direction Center

IUCP of NYC, Inc., SHARE Center
60 Lawrence Avenue
Brooklyn, NY 11230
(718) 437-3794

Services Provided: The Early Childhood Direction Centers (ECCDs) provide information about programs and services for young children, ages birth through 5, who have physical, mental, or emotional disabilities and help families obtain services for their children.

Easter Seals New York

40 W 37th Street, Suite 503
New York, NY 10018
(212)-220-2290
www.ny.easter-seals.org

Service Provided: Medical Rehabilitation, Inclusive Child Care, Camping and Recreational,

Education and Recreational Services.

EIHAB Children's Services

222-40 96th Avenue
Queens Village, NY 11429
(718)465-8833

Services Provided: Connects disabled children To service providers, advocates, helps with entitlements, Medicaid waivers, financial assistance, care coordination.

Fisher Landau Center for the Treatment of Learning Disabilities

Roucco Building, Second Floor
1165 Morris Park Avenue
Bronx, New York 10461
(718)-430-3900
www.einstein.yu.edu/cerc

Services Provided: Health, Education and Vocational Rehabilitation

Guild for Exceptional Children

260 68th Street, Brooklyn, NY 11220
(718) 833-6633
www.gecbklyn.com
mikefer@gecbklyn.org

Services Provided: Early childhood Education, Day Habilitation Program, Other specialized services

Heartshare Human Services

12 Metro Tech Center, 29th floor
Brooklyn, NY 11201
(718) 422-4200
www.heartshare.org

Services Provided: Case Management, Community Education, Future Planning, Information and Referral, Residential, Treatment

IAC-

Interagency Council of Developmental Disabilities Agencies, Inc.
150 West 30th Street, 15th Floor
New York, NY 10001
(212)645-6360

International Center for the Disabled

340 East 24th Street
New York, NY 10010
(212)-585-6000
www.icdnyc.org

Service Provided: Medical, Rehabilitation and Mental.

Jewish Board of Family and Children's Services, Inc.

135 West 50th Street
New York, NY 10020
(212)582-9100
(800)523-2769
www.jbfc.org

Services Provided: Community Education, Information and Referral, Individual/Case Advocacy, Legal Advocacy

Korean-American Association

New York Special Needs

RESOURCE GUIDE

for Rehabilitation of the Disabled

35-20 147th Street,
Annex 2F
Flushing, NY 11354
(718) 445-3929

Individuals Served: All Developmental Disabilities

Learning Disabilities Association of New York City

27 West 20th Street, Room 304
New York, NY 10128
(212) 645-6730
www.ldanyc.org

Services Provided: Information and Referral, Individual/Case Advocacy

Living Above Disorder Shared Journeys Support group

Clinton Hill Public Library
380 Washington Avenue, Brooklyn
(646) 481-6570
www.livingabovedisorder.org
info@livingabovedisorder.org

Services Provided: support for special needs children/adults, social workshops.

Mayor's Office for People with Disabilities

100 Gold Street, New York, NY 10038
(212) 788-2830
www.nyc.gov/mopd

Services Provided: Community Education, Information and Referral, Individual/Case Advocacy

Metro New York Developmental Disabilities Services Office

75 Morton Street,
New York, NY 10014
(212) 229-3000
www.cs.stste.ny.us

Services Provided: Case Management, Community Education, Individual/Case Advocacy, Residential, Treatment, Vocational Employment

My Time, Inc.

9719 Flatlands avenue, Room 103
Other Location: 1312 E8th street, Brooklyn
(718) 251-0527
www.mytimeinc.org
infor@mytime.org

Services provided: Support group for parents of special needs children.

National Center for Learning Disabilities

381 Park Avenue South, Suite 1401
New York, NY 10016
(212)-545-7510

Service Provided: Information and Promotes Research and Programs.

New York City Administration

for Children's Services

150 William Street
New York, NY 10038
(212) 341-0900

Services Provided: Protects New York City's children from abuse and neglect. Provides neighborhood based services to help ensure children grow up in safe, permanent homes with strong families. Helps families in need through counseling, referrals to drug rehabilitation programs and other preventive services.

New York City Department of Health and Mental Hygiene

www.nyc.gov/health

New York City Department of Social Services

250 Church Street
New York, NY 10013
(877)472-8411

Services Provided: Information and Referral
Other: Services vary by county

Partnership with Children

50 Court Street
Brooklyn, NY 11201
(212) 689-9500

Services Provided: Partnership with Children is a not-for-profit organization that provides emotional and social support to at-risk children so that they can succeed in school, in society and in their lives.

Staten Island Mental Health Society, Inc.

669 Castleton Avenue
Staten Island, NY 10301
(718)-442-2225
www.simhs.org

Service Provided: Clinical and Education

YAI/National Institute for People with Disabilities

460 West 34th Street, 11th floor
New York, NY 10001
(212) 563-7474
TTY/TDD: (212) 290-2787
www.yai.org
link@yai.org

Services Provided: Assistive Tech Equipment, Case Management, information and Referral, Residential Treatment, Vocational/Employment. Other: Early Intervention, preschool, health care, Crisis intervention family services, clinical services. Day programs, recreation and camping.

DOWN SYNDROME

Bronx and Manhattan Parents of Down Syndrome

1045 Hall Place, #3
Bronx, NY 10459
(917) 834-0713

Down Syndrome Amongst Us

32 Rutledge Street
Brooklyn, NY 11249
www.dsau.org

Manhattan Down Syndrome Society

124 West 121st Street
New York, NY 10027
(646) 261-5334
manhattandowns@gmail.com

National Down Syndrome Society

666 Broadway, New York, NY 10012
(212) 460-9330 (800) 221-4602

Services Provided: Advocate for the value, acceptance and inclusion of people with Down Syndrome.

EDUCATION

Bedford-Stuyvesant Community Legal Services Corp.

1360 Fulton Street
Brooklyn, NY 11216
(718) 636-1155

Services Provided: Community Education, Future Planning, Information and Referral, Individual/Case Advocacy

Other: HIV Advocacy and HIV Custody Planning.

BOLD - The Bronx Organization for the Learning Disabled in New York

2885 St. Theresa Avenue
Bronx, New York 10461
(718)430-0981
www.boldny.org

Services Provided: Education, speech therapy, occupational therapy, psychological assessments and other services.

Early Childhood Direction Center Variety Pre-Schoolers Workshop

47 Humphrey Drive
Syosset, NY 11791
(516) 921-7171 (800) 933-8779
www.vclc.org

Individuals Served: Children with diagnosed or suspected disabilities

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.

East River Child Development Center

577 Grand Street
New York, NY 10002

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New York Special Needs

RESOURCE GUIDE

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(212) 254-7300

www.eastrivercdc.org

Services Provided: A Non-Profit, Family-Centered, Community based Preschool Program offering an array of Educational and Therapeutic services to children with special need between the ages of 3 and 5. These special needs include specialized instruction, speech therapy, occupational therapy, physical therapy, counseling, assistive technology, and parent education.

Shield Institute for the Mentally Retarded and Developmentally Disabled

**144-61 Roosevelt Avenue
Flushing, NY 11354**

(718) 939-8700

www.shield.org

Services Provided: Assistive Tech/Equipment, Case Management, Community Education, Information and Referral, Individual/Case Advocacy, Treatment.

EPILEPSY

ANIBIC (Association for Neurologically Impaired Brain Injured Children)

**61-35 220th Street, Oakland Gardens
(718) 423-9550**

www.anibic.org

Services Provided: Physical activities for mentally disabled children.

Epilepsy Foundation of Metropolitan New York

**257 Park Avenue South, Suite 302
New York, NY 10010**

(212) 677-8550

www.efmny.org

Services Provided: The Epilepsy Foundation of Metropolitan New York is a non-profit social service organization dedicated to improving the quality of life of people with Epilepsy and their families.

GENERAL/MULTIPLE SERVICES PROVIDED

Adoption Crossroads

**444 East 76th Street, Manhattan
(212) 988-0110**

**www.adoptioncrossroads.org
joesoll@adoptionhelng.org**

Services Provided: Educate parents on handling adopted children.

Advocates for Children of New York

**151 West 30th Street, 5th floor
New York, NY 10001
(212) 947-9779**

www.advocatesforchildren.org

Other: Advocate for educational rights in the public school

Board of Visitors, Staten Island Developmental Center

**1150 Forest Hill Road
Staten Island, NY 10314**

(718) 983-5200

Services Provided: Community Education, Information and Referral, Individual/Case Advocacy

Brooklyn Bureau of Community Svices

**285 Schermerhorn Street
Brooklyn, NY 11217**

(718) 310-5600

www.bbcs.org

Services Provided: Case Management, Community Education, Future Planning, Treatment, Vocational Employment

Other: Job training and placement services, Home and Community Based Waiver Services, Comprehensive Medical Cas Management, Parent Support Group

Brooklyn Children's Center

**1819 Bergen Street
Brooklyn, NY 11233**

(718) 221-4500

Services Provided: Inpatient Hospital Day, Day Treatment Program, Parent Advocate Services, Family Support Group. The Brooklyn Children's (BCC) Mission is to promote an environment for the Development of healthy children and adolescents.

Brooklyn Parent Advocacy Network

**279 East 57th Street
Brooklyn, NY 11203**

(718) 629-6299

Services Provided: Assistive Tech/Equipment, Case Management, Community Education, Future Planning, Information and Referral, Individual/Case Advocacy, Legal Advocacy, Residential, Vocational/Employment

Other: HIV/AIDS, homeless housing, food program, respite, after school and day care.

Bronx Children's Psychiatric Center

**1000 Waters Place
Bronx, NY 10461**

(718) 239-3639

Services Provided: Community Day Treatment, Intensive Case Management, Crisis Intervention

Greater New York Chapter of the March of Dimes Birth Defects Foundation

**515 Madison Avenue, 20th Floor
New York, NY 10022
(212) 353-8353**

www.marchofdimes.com

Services Provided: Community Education, Information and Referral.

Institute for Community Living Brooklyn Family Resource Center

**2581 Atlantic Avenue, Brooklyn
(718) 290-8100, x. 4145**

9718 495-8298

www.iclinc.net

info@iclinc.net

Services Provided: Clinical consultation, counseling, workshops, and after-school programs for special needs children.

Maidstone Foundation

**1225 Broadway, 9th floor
New York, NY 10001**

(212) 889-5760

mariettte33@aol.com

Services Provided: Case Management, Community Education, Information and Referral, Vocational Employment

Other: Help people with unusual problems seek the proper help that is needed for that problem and also provide education and training.

New Alternatives for Children

37 West 26th Street

New York, NY 10010

(212)696-1550

Services Provided: NAC provides real help and real hope to thousands of children with disabilities and chronic illnesses and their families throughout NYC. Through an integrated continuum of health and social services, NAC keeps children safe from abuse or neglect and works with birth, foster and adoptive families to keep children out of institutions and in nurturing, loving homes.

Queens Children's Psychiatric Center

**74-03 Commonwealth Blvd.
Bellerose, NY 11426**

(718)264-4500

Services Provided: QCPC serves seriously emotionally disturbed children and adolescents from ages 5-18 in a range of programs including inpatient, hospitalization, day treatment, intensive case management.

Resources for Children with Special Needs, Inc.

116 East 16th Street

New York, NY 10003

(212) 677-4650

infor@resourcesnyc.org

www.resourcesnyc.org

Services Provided: Case Management, Community Education, Information and Referral Case Advocacy

Other: Free workshop series with a focus in issues related to early intervention, preschool, school-age special education, transition to

Continued on page 42

MEET EXPERTS FROM OVER 100
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For NYC children & youth with disabilities and their families



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18TH FLOOR

(between 32nd and 33rd Streets)
NEW YORK, NY 10001
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New York Special Needs

RESOURCE GUIDE

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adulthood and community resources.
Also publishes several directories.

Services for the Underserved

305 Seventh Avenue 10th floor
New York, NY 10001
(212) 633-6900

Services Provided: SUS is a non-profit organization that provides housing, services and support for individuals with special needs to live with dignity in the community, direct their own lives and attain personal fulfillment.

Sinergia, Inc.

2082 Lexington Avenue
New York, NY 10035
(212) 643-2840
www.sinergiany.org
information@sinergia.org
Residential Office:
902 Amsterdam Ave.
New York, NY (212) 678-4700

Services Provided: Case Management, Information and Referral, Individual/Case Advocacy, Legal Advocacy, Residential, Vocational/Employment

Staten Island Mental Health Society, Inc.

669 Castleton Avenue
Staten Island, NY 10301
(718) 442-2225

Service Provided: Offers mental health and related services to children and adolescents and their families.

HEARING IMPAIRED

Center for Hearing and Communications

50 Broadway
New York, NY 10004
(917) 305-7700 (917) 305-7999
TTY/TDD: (917) 305-7999

www.chcheating.org
info@chcheating.org

Services Provided: Case Management, Community Education, Information and referral, Individual case Advocacy

Lexington School for the Deaf

Center for the Deaf
26-26 75th Street
East Elmhurst, NY 11370
(718)350-3300
TTY/TDD: (718) 350-3056
www.lexnyc.org
generalinfo@lexnyc.org

Services Provided: Assistive Tech/Equipment, Case Management, Information and Referral, Individual/Case Advocacy, Vocational/Employment.

Other: Mental Health Services including early intervention program, hearing and speech services and a school for the deaf.

The Children's Hearing Institute

380 2nd Avenue, 9th floor
New York, NY 10010
(646) 438-7802
www.childrenshearing.org

Services Provided: The institute provides funding for research, educational support, and other programs relating to the restoration of hearing for infants and children with hearing loss or profound deafness. While CHI currently focuses much of their efforts on children who are deaf and can be helped with cochlear implant technology, they conduct research related to causes of deafness that ultimately can benefit people of all ages.

LEGAL SERVICES

Lawyers for Children, Inc.

110 Lafayette Street, 8th floor
New York, NY 10013
(800) 244-2540
www.lawyersforchildren.com

Services Provided: Future Planning, Information and Referral, Legal Advocacy

Legal Aid Society of New York City

199 Water Street
New York, NY 10038
(212) 577-3346 (347) 245-5132
www.legal-aid.org

Individuals Served: All Developmental Disabilities

Services Provided: Community Education, Information and referral, Individual/Case Advocacy, Legal Advocacy

Other: Advocacy training, and systems advocacy

MFY Legal Services, Inc.

299 Broadway, 4th floor
New York, NY 10007
(212) 417-3700

Services Provided: Community Education, Information and Referral, Individual/Case Advocacy, Legal Advocacy.

New York Lawyers for the Public Interest, Inc.

151 West 30th Street, 11th floor
New York, NY 10001-4007
(212) 244-4664
www.nylpi.org

Services Provided: Community Education, Information and Referral, Individual/Case Advocacy, Legal Advocacy.

MUSCULAR DYSTROPHY

Muscular Dystrophy Association

11 East 44th Street 17th floor
New York, NY 10017
(212) 682-5272
www.mda.org

Services Provided: MDA is the gateway to information, resources and specialized health care for individuals and families coping with muscle disease. MDA's offices serve every community through a vast program of clinics, support groups, summer camps, equipment loans and much more.

TOURETTE SYNDROME

National Tourette Syndrome Association

42-40 Bell Blvd., Bayside, NY 11361-2820
(718) 2242999
www.tourette-syndrome.com

Services Provided: Community education, information and referral.

Long Island Special Needs

RESOURCE GUIDE

ADVOCACY

Association for the Help of Retarded Children (AHRC)

Nassau County
189 Wheatley Road
Brookville, NY 11545
516-626-1000
www.ahrc.org/

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

Continued on page 44

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or call Tina at 718-260-8336**

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Long Island Special Needs

RESOURCE GUIDE

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Association for the Help of Retarded Children (AHRC)

Suffolk County
2900 Veterans Memorial Highway
Bohemia, NY 11716-1193

631-585-0100

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

Nassau County Commission on Human Rights

240 Old Country Road
Mineola, NY 11501
(516) 571-3662

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/
Services Provided: Information and referral

Nassau/Suffolk Law Services, Inc.

Nassau County
Hempstead Office
1 Helen Keller Way – 5th Floor
Hempstead, NY 11550
(516) 292-8100

www.nslawservices.org

Suffolk County
Islandia Office
(serves Suffolk West of Route 112)
1757 Veterans Highway – Suite 50
Islandia, NY 11749
(631) 232-2400
Riverhead Office
(serves Suffolk East of Route 112)
400 West Main Street, Suite 301
Riverhead, NY 11901
(631) 369-1112

AUTISM

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

189 Wheatley Road
Brookville, NY 11545
(888) 918-9198

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.

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

Nassau/Suffolk Services for Autism (NSSA)

80 Hauppauge Road, Commack, NY 11725
Tel: 631-462-0386
Fax: 631-462-4201
Website: www.nssa.net

Quality Services for the Autism Community (QSAC)

56-37 188th Street
Fresh Meadows, NY 11365
(718) 357-4650
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.unitedsupportsforautism.org
Contact: Natalia Appenzeller, Ph. D.

CAMPS

Camp Akeela

3 New King St.
White Plains, NY 20604
868-680-4744 or www.campakeela.com

Camp Horizons

127 Babcock Hill Road
South Windham, CT 06266
860-456-1032 or www.camphorizons.org

Camp Horseability

238 Round Swamp Rd.,
Melville, NY 11747.
631-367-1646 or www.horseability.org

Camp Huntington

56 Bruceville Rd
High Falls, NY 12440
866-514-5281 or www.camphuntington.com

Camp Loyaltown

Hunter, NY 12442.
518-263-4242 or www.camployaltown.org

Camp Northwood

132 State Route 365

Remsen, NY 13438-5700
315-831-3621 or www.nwood.com

Frost Valley YMCA Camps

2000 Frost Valley Rd
Claryville, NY 12725
845-985-2291 or www.frostvalley.org

Helen Keller Summer Camp

Farmingdale State University of New York.
516-485-1235, ext. 617 or info@helenkeller.org

Gersh Academy At West Hills Day Camp

150 Broad Hollow Rd., Ste. 120,
Melville, NY 11747
631-385-3342 or www.gershacademy.org

JCC Of The Greater Five Towns Camp Friendship

207 Grove Ave.,
Cedarhurst, NY 11516. 5
16-569-6733 or Gayle.freemed@fivetownsjcc.org

Kehilla Vocation Experience

Henry Kaufman Campgrounds,
75 Colonial Springs Rd.
Wheatley Heights, NY 11798
516-484-1545 or www.sjicc.org

Mid-Island Y Jewish Community Center Aspire Program

45 Manetto Hill Rd.,
Plainview, NY 11803
516-822-3535, Ext. 332 or www.miyjcc.org

My Shine Program

Sweet Hills Riding Center. West Hills Park,
Sweet Hollow Rd.,
Melville, NY 11747
516-551-1491 or www.myshineprogram.com

NYU Summer Program For Kids

College of New Rochelle,
New Rochelle, NY
516-358-1811 or donofd01@nyumc.org

Our Victory Day Camp

46 Vineyard Lane
Stamford, CT 06902
203- 329-3394 or www.ourvictory.com

Powerpals Physical Fitness Camp

4 Cedar Swamp Rd.,
Glen Cove, NY 11542.
www.power-pals.com

Ramapo For Children

Rhinebeck Campus
P.O. Box 266 Rt. 52 Salisbury Turnpike
Rhinebeck, NY 12572
845-878-8403 or www.ramapoforchildren.org

Summit Camp & Travel

322 Route 46 West, Suite 210

Long Island Special Needs

RESOURCE GUIDE

Parsippany, NJ 07054
800-323-9908 or www.summitcamp.com

Southampton Fresh Air Home
36 Barkers Island Rd
Southampton NY 11968
631-283-5847 or www.sfah.org

TAPA (Theresa Academy of Performing Arts) for Children with Special Needs
516-432-0200 or www.TheresaFoundation.org

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

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

United Cerebral Palsy Association of Nassau County, Inc.
380 Washington Avenue
Roosevelt, NY 11575
(516) 378-2000
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

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.

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

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

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

DOWN SYNDROME

Alexander's Angel's Inc.
425 North Broadway, #486, Jericho, NY 11753
(516) 361-7263
www.alexandersangels.org

Association for Children with Down Syndrome Inc.
4 Fern Place, Plainview, NY 11803
(516) 933-4700
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.

Down Syndrome Advocacy Foundation (DSAf)
P.O. Box 12173
Hauppauge, NY 11788
(516) 983-7008
www.dsafonline.org

EPILEPSY

EPIC Long Island
Extraordinary People in Care
1500 Hempstead Turnpike
East Meadow, NY 11554
(516) 739-7733
www.efli.org

Serves not only individuals with epilepsy, but also those with developmental disabilities and mental health challenges.

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Long Island Special Needs

RESOURCE GUIDE

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GENERAL

Family and Children Association

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

LDA of Long Island

44 South Elmwood Avenue
Montauk, NY 11954
(631) 688-4858
idalongisland@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
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.miyc.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
artwithoutwalls3@webtv.net
Services Provided: Art without Walls, Inc.

Established in 1985 is an award winning 501c3 NY state arts-heath 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

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

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
(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)

Serves the 56 school districts of Nassau County, Long Island, by providing cost-effective shared services, including career training for high school students and adults, special education, alternative schools, technology education, and teacher training, as well as dozens of programs to expand educational opportunity and help districts operate more efficiently.

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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New York State Special Education Parent Centers

RESOURCE GUIDE

There are Special Education Parent Centers across New York State. These centers will provide parents of children with disabilities with information, resources, trainings and strategies.

Long Island Parent Center

Center for Community Inclusion
Brentwood Campus, Long Island University
100 Second Avenue
Brentwood, New York 11717
516-589-4562
<http://www.liparentcenterliu.org>
Covers the following BOCES: Suffolk; Nassau

Brooklyn Center for Independence of the Disabled

27 Smith Street, Suite 200,
Brooklyn, NY 11201
718-998-3000
<http://www.bcid.org/>
Region served: NYC – Brooklyn

Resources for Children with Special Needs, Inc.

The Manhattan Parent Center Without Walls

116 E. 16th Street, 5th floor
New York, New York 10003
212-677-4650
<http://www.resourcesnyc.org/content/manhattan>

Region served: NYC – Manhattan

Parent to Parent NY, Inc.

Staten Island Special Education Parent Center
1050 Forest Hill Road
Staten Island, NY 10314
718-494-4872
<http://www.parenttoparentnys.org/Regional/statenisland.htm>

Region served: NYC - Staten Island

Resources for Children with Special Needs, Inc.

The Bronx Parent Center Without Walls
116 E. 16th Street, 5th floor
New York, New York 10003
212-677-4650
<http://www.resourcesnyc.org/content/bronx>

Region served: NYC - Bronx

United We Stand of New York, LTD

Queens Special Education Parent Center
Mail to: 91 Harrison Ave
Location: 98 Moore Street
Brooklyn NY 11206
718-302-4313
<http://www.meetup.com/QueensSpecialEducationParentCenter/>

Region served: NYC - Queens

The Westchester Institute for Human Development

Cedarwood Hall, Room A106
Valhalla, NY 10595
914-493-7665
<http://www.hvsepc.org>
Covers the following BOCES: Dutchess; Orange-Ulster; Putnam-Northern Westchester; Rockland; Southern Westchester; Sullivan; Ulster and Yonkers City School District

See more at: <http://www.parenttoparentnys.org/education/#sthash.Gm8DbPrL.dpuf>

Developmental Disabilities Service Offices

RESOURCE GUIDE

The State Office of OPWDD provides services through the following Developmentally Disabled Service Offices (DDSO) of each borough. Services include group home placement, advocacy, respite care, financial planning, estate planning, education, day treatment, children's services, and discharge planning.

Metro NY Developmental Disabilities Service Office—Bronx

2400 Halsey Avenue
Bronx, NY 10461
Voice 1 (718) 430-0478
Fax (718) 430-0866

Metro NY Developmental

Disabilities Service Office—Manhattan

75 Morton Street
New York, NY 10014
Voice 1 (212) 229-3000
Fax (212) 924-0580

Brooklyn Developmental Disabilities Service Office

888 Fountain Avenue
Brooklyn, NY 11208
Voice 1 (718) 642-6151

Queens Developmental Disabilities Service Office

80-45 Winchester Boulevard
Hillside Complex, Bldg. 12

Queens Village, NY 11427
Voice 1 (718) 217-4242
Fax (718) 217-5835

Staten Island Developmental Disabilities Service Office

1150 Forest Hill Road
Staten Island, NY 10314
Voice 1 (718) 982-1903

Long Island Developmental Disabilities Service Office

45 Mall Drive, Commack, NY 11725
Tel: 631-493-1700
Fax: 631-493-1803
Website: www.omr.state.ny.us

March of Dimes

RESOURCE GUIDE

New York Chapter

www.marchofdimes.org
515 Madison Avenue, 20th Floor , New York, NY, 10022
(212) 353-8353

Long Island Division

325 Crossways Park Drive, Woodbury, NY,

11797
(516) 496-2100

Northern Metro Division

580 White Plains Road, Suite 445,
Tarrytown, NY, 10591
(914) 407-5000

Staten Island Division

110 McClean Avenue, Staten Island, NY, 10305
(718) 981-3000

March of Dimes National Office

1275 Mamaroneck Avenue
White Plains, NY 10605
(914) 997-4488

Kids + Summer Camp = Fun

A straightforward equation, right? Not always.

When a child has ADHD, summer camp can become the school of hard knocks. At the **Child Study Center's Summer Program for Kids**, we know how to let kids be kids. Even when they have ADHD. With our 1:1½ staff-to-child ratio, campers get the structure and nurturing they need. During the seven-week day program, children develop a range of skills —from building friendships to improving behavior at home and in school. And they have fun along the way.

To learn more about the Summer Program for Kids located in lower Westchester, visit **aboutourkids.org** or call us at **516.358.1811**.



CAMP LOYALTOWN

A Lifetime of Memories



A summer sleep-away camp, offering a rewarding summer experience and a lifetime of memories for children of all ages with special needs. **PROVIDING FUN IN THE SUN FOR 40 YEARS**



Located in the Catskill Mountains 3 hours from the Nassau border (118 Glen Avenue, Hunter, NY 12442)

Fully renovated recreation facilities include: Fully accessible, 9-hole miniature golf course | Heated, water park –type swimming pool | Pedal-boating on our beautiful pond | Adaptive playgrounds, ball fields, indoor/outdoor basketball courts, a dance studio and a performing arts stage | Therapeutic horseback riding program | Sensory garden and upgraded nature barn with farm animals



Our Recreational Programs include: Dance, Theater Arts, Athletics, Swimming, Media Arts, Cooking, Nature, Arts & Crafts, Ceramics, Woodworking and many more!

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To register call **516-293-2016 ext. 5608** | Visit our website at www.camptoyalton.org



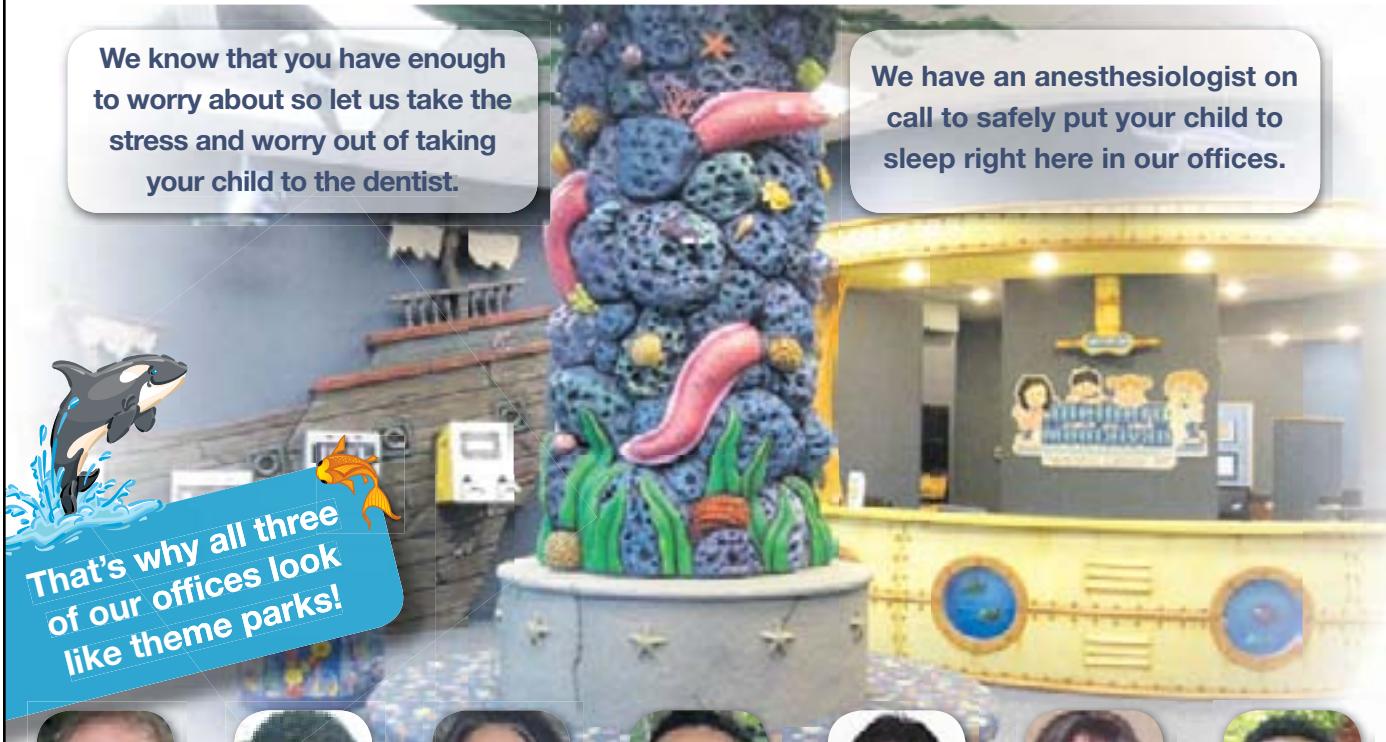


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Dr. Jon
Schecter



Dr. Jenny
Abraham



Dr. Adam
Postel

THREE CONVENIENT LOCATIONS

1000 F Park Boulevard, Massapequa Park, NY 62 Lake Avenue South, Suite A, Nesconset, NY 615 Montauk Highway, West Islip, NY

516.798.1111

631.360.7337

631-661-7337

Please visit us on the web at www.AMPediatricDental.com