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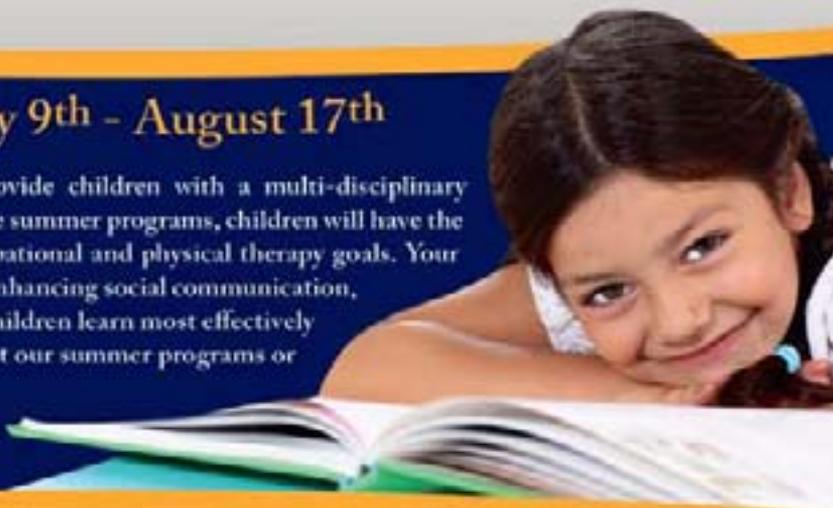


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New York Special Child and Long Island  
Special Child are published biannually.  
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# Letter from the publisher

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## We are a community!

**L**ast November Gov. Cuomo signed into law an expansion of health care coverage for the diagnosis and treatment of autism spectrum disorder. Bravo! This law will require health insurance providers to offer coverage that will help thousands of families across New York afford the expensive health care costs related to treating autistic disorders.



Early diagnosis and treatment is essential, and standing in the way have been financial constraints on families throughout our state. No longer having to pay out of pocket for treatments not deemed medically necessary will undoubtedly open the door to families seeking earlier treatment and better results.

The law takes effect one year after its enactment, which will be Nov. 1, 2012, and applies to insurance policies issued or renewed after that date. New York is now the 29th state to require health insurance coverage for conditions relating to autism spectrum disorder.

One down and many others to go!

This world of special needs, special services, and special kids is vital to our future, and we have seen over and over how effective treatment can be. This law will acknowledge that autism is a medical condition and not just a psychiatric condition. Intensive educational support combined with medical attention should smooth the road for thousands of families.

We need progressive leadership, and in this instance we got it. Autism spectrum disorders occur in approximately one in every 110 children. Government that steps up is a government that has its priorities in order,

and this is just the beginning. Strained family budgets and financial difficulty leave many families with no choice but to forgo treatment. Our state government, with this law, is ensuring that the 10s of thousands of affected children in New York are given proper care.

More good news is that there is a growing social awareness regarding this and other treatable, detectable developmental issues. Our story on hearing-impaired advances is particularly positive. New implants, cochlear implant devices, may be providing a cure for deafness, and what a step forward that is! New technologies and treatments are bound to alter past needs for special-education programs, and moving forward, there will be huge changes in the resources available and the knowledge and understanding we have of those issues that challenge so many families.

Still, there is so much to be done and every day new challenges present themselves. Our magazine and online resource will continue to address these challenges. We will continue to provide support and information. We are all parents and we understand the need for constant advocating on behalf of our children; our own, and those not our own. We are a community, and we all know it takes a village.

Thanks for reading!

A handwritten signature in black ink that reads "Susan Weiss". The signature is fluid and cursive.

Susan Weiss-Voskidis  
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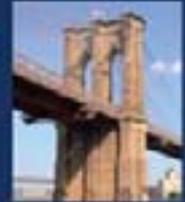


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# Three essential Tips for parents of 'special' kids

I've worked intimately with families for 16 years and I've repeatedly heard from parents that although parenting is one of the most demanding, exhausting, and difficult jobs, it is also the most fulfilling and rewarding. Parenting is naturally a tough job, so those who are parenting children with special



DEAR  
DR. KARYN  
DR. KARYN GORDON

needs have an even bigger challenge. This topic hits me personally since my 11-year-old niece has Cerebral Palsy and I was diagnosed with a learning disability at the age of 13. I've learned – from personal and professional experience – that although parents cannot control or change the fact that they have a child with special needs, the way they decide to parent will highly influence the development of their child. I believe that the most important focus for all parents should be increasing their power to influence their kids.

So how can parents increase their power to influence their kids with special needs? What should parents be careful to do and not do? Here are 3 practical tips

## TIP #1 Love the child you have

All parents have a dream when they learn they are pregnant. Some secretly want a girl, others may hope for a boy. Some hope for twins or that their future kin will be just like them. Some parents fantasize about their kids taking over the family business or going to college. Yet one universal dream that all parents share is that their kids will be healthy. So when parents learn that they have a child with a special need (whether at birth or later on), a massive range of emotions – from shock to anger and sadness set in. Whether they are

aware of it or not, one of their dreams has just vanished. They feel an enormous loss and whenever adults experience this, it's healthy and essential to grieve. If parents don't grieve these emotions can manifest into resentment, guilt, bitterness, envy, and even depression. Worst of all, kids may feel that they are a disappointment or a burden. When parents allow themselves to grieve the loss of a dream (not just for themselves but for their child as well), their anger can shift to sadness and then to acceptance. And only when parents reach this stage of acceptance can they fully embrace and love the child that they have. All children need their parents, especially kids with special needs. They need their parents to love them fully for who they are.

## TIP #2 Beware of the 'indulgent factor'

Children with special needs are just that – children who have different needs. Many parents feel guilty and pity their kids because they feel that their children are suffering. This leads to two big problems. First, when parents feel guilty they often spoil or indulge their kids. For instance, a mom of a deaf, 14-year-old boy may feel so badly for him, she might do a lot of things for him that he could do himself. She may feel like her son has already suffered enough. The second problem is that when parents pity their kids, the special-needs child often internalizes this and start pitying themselves thinking "poor me!" This fuels low self-esteem. The truth is that although some people face more challenges than others, all people suffer. It's important for parents to empathize with their kids and acknowledge their difficulties, but it's just as crucial for parents to hold their children responsible for what is within their

capacity. If parents make excuses for their kids, kids start making excuses for themselves.

## TIP #3 Get equipped and partner with them

Every child is unique and therefore every child with a special need is different. Before a parent can partner with their kid, it's important that they get equipped. They should talk to experts who specialize in their child's disability. Read their books. Go to their website. Read their articles. Inform themselves about realistic expectations for their kid. What should their child be able to do and at what age? What is do-able and what is unrealistic? Once a parent is aware of specific information, they can start to partner more effectively with their kid. We are living in an era where parents are used to doing too much. We are micro-managing and over-functioning for our kids

(waking them up in the morning, making them lunches, reminding them to do their homework). When parents are too involved in their children's lives it keeps kids dependent and breeds an attitude of entitlement and low self-esteem. One of the ways to effectively raise and parent all

kids is to partner with them. A good rule to follow is that if a child can physically do something on their own (i.e. set their alarm clock), that thing should be their responsibility. Giving children responsibilities that are realistic and age-appropriate builds their confidence, promotes independence, and improves the overall parent and child relationship!

*Dr. Karyn Gordon is one of North America's leading relationship experts for organizations and families (specializing in youth and Gen Y), a relationship expert for CityLine (CityTV) and Chatelaine Magazine, and a motivational speaker.*





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# Tuning in to the special needs of the Deaf

## New implants provide a possible cure for the hearing-impaired

BY CANDI SPARKS

**T**here are many causal reasons for deafness. 35 million Americans have various degrees of hearing loss and of these, approximately 300,000 people are profoundly deaf. Over 90 percent of all deaf children have hearing parents. In fact, Alexander Graham Bell, the well-known inventor of the telephone, had a deaf mother and wife. He was profoundly dedicated to helping the deaf and taught deaf children at a day school in Boston. He believed that sign language held back the deaf community by keeping them separate and apart from the mainstream population. He firmly believed that the lives of deaf people could be improved by oral language, lip reading, and technology. Bell may have outraged many who did not care to endure the suffering of being integrated with oral society. Yet, he was also a scientific revolutionary who was well ahead of his time because in many cases, loss of hearing can be corrected.

Bell believed that sign language would marginalize deaf people as being inferior or less intelligent than their hearing counterparts. He wanted to find a way to help the deaf communicate orally by functioning in an aural world. As a hearing teacher in a deaf school, Bell witnessed firsthand that school was one of the first places that deaf people came together to share language and culture. It is known that the absence of hearing affects speech and language acquisition as well as social and emotional development. Many children did not know their names before coming to a deaf school. Once they had joined a deaf community, many children did not want to become integrated into society. Bell noted that deaf families were the norm in the community based on the lack of hearing.

### Resources

Things that the parent of deaf child should do if they are considering cochlear implant surgery:

- Have an open conversation with your child about the procedure and how it will affect their life.
- Read the U.S. Food and Drug Administration's list of the device's benefits and risks provided on their website.

As a scientist, family man, and educator, Bell felt that deafness was a condition worth breaking. Although somewhat radical in his approach, he did not want the deaf to marry one another because he believed that this was one way to correct deafness. Bell believed that heredity is one of many ways that deafness is passed to children. However, there are many other causes for hearing loss such as illness, injury, aging, and consistent exposure to loud environments. Some of these causes allow for correction with the use of technology – should the person want to hear and has access to resources in which they can obtain these devices. Although correction may be enormously expensive and not particularly easy for most families to finance, Bell was visionary.

With new technology, there may be little need for schools for the deaf in the future.

Built in 1908, the New York City building that houses the American Sign Language School was formerly known as the School for the Deaf. Faced with a dwindling population of deaf students, the administration decided in 1999 to admit hearing children as well. The school services students who are pre-K through 12th grade and teaches

deaf and hearing children from around the city. All children learn sign language. Most of these classrooms have 3 adults – a deaf teacher, a hearing teacher, and a para-professional. Children address adults by their first names, partly because it is inefficient to sign a person's first and last name. A person's name in sign language is a portrayal of the person's individual characteristics. The process of creating a name typically takes time to adequately describe.

Approximately 93 percent of the students at this school are either deaf or have a family member who cannot hear and educating these students together can be challenging. Many of these students are mainstreamed into inclusion classes, whereby hearing students are the minority and special services are needed to integrate deaf students into the classroom. In an attempt to aid hearing, deaf children used funnel-shaped devices known as “ear trumpets” or “ear horns” which were designed to gather sound energy and direct it into the ear canal by amplifying sound. Similar devices called “hearing aids” were worn inside the ear, or behind the ear to improve the delivery of vibration to the ear drum so that the wearer might be able to hear better than if unaided. Unfortunately, these devices were only aids, not cures. According to the American Speech-Language-Hearing Association, the average expected lifetime cost of a child who has profound hearing loss prior to language development is more than \$1 million.

Many have attempted to help cure deafness as a way to save others from a life of hardship and exclusion. Aviator Charles Lindbergh, used his plane to try to help. He charged \$50 per “deaf flight” and would take a deaf child in the cockpit and fly through the air making loops and circles in the air. However, there are no records of his flights curing deafness. Robert Weichtbrecht, a deaf California scientist made advances in helping deaf people to communicate with the hearing by making telephone communication visible rather than auditory. He used a tele-



phone and a teletypewriter (or teleprinter, also referred to as TTY) to transmit text live, via a telephone line, to a compatible device.

Despite Bell's best efforts to help the hearing-impaired, deaf people were unable to use the telephone for the first ninety years of its existence until TTY was developed. In addition to the TTY, closed captioning for TV, pagers, and video calls have improved communication in the deaf world and has helped bridge the communication gap between themselves and the hearing. Yet it was not until the mid-1980's that Bell's initial

communication technology would merge with medical technology to create a way for the deaf to hear, by way of the "cochlear implant." The device is named for the cochlea section of the ear that has hairs that allow one to hear, resulting in irreversible hearing loss.

The cochlear implant is a device that allows the wearer to hear by sending electrical impulses directly to the auditory nerve through the top of the head. The implant is surgically embedded inside the ear, permanently, and has a corresponding outer portion. The device requires programming, aural rehabilitation, and a lifetime of maintenance for it to work properly. Audiologists, speech pathologists, medical doctors, psychologists, and counselors are engaged to help the recipient of the implant to detect and understand speech and function in oral society with the device. The average cost for the entire procedure, including the post-operative aural rehabilitation process exceeds \$40,000. However, cochlear implantation consistently ranks among the most cost-effective medical procedures ever reported. Plus, more

insurance companies are beginning to pick up part of the cost for the procedure and the device in accordance with legislation under the Americans with Disabilities Act. Federal law requires that all state Medicaid agencies provide coverage for cochlear implants for children under 21 years old and most provide benefits for adults as well.

Vocational rehabilitation, maternal and children's health services, and other combined federal-state programs also often provide benefits. Research by the Johns Hopkins University and the University of California-San Diego indicates that cochlear implantation can result in a net savings on education of more than \$53,000 per child, making it a cost effective procedure.

Additional information on cochlear implants can be found through the Alexander Graham Bell Association for the Deaf and Hard of Hearing, Hearing Loss Association of America, the National Institute on Deafness and Other Communication Disorders and the American Speech-Language-Hearing Association.

*Brooklynite Candi Sparks is a mother of two and a children's book author. Her titles include "Max Gets It!," "Nacho Money," and other books about money for kids are available on Amazon.com. Follow her on FaceBook and Twitter (Candi Sparks, author) and on YouTube (Canihave-somemoney).*

# Avoiding the risk of premature birth

BY JAMIE LOBER

**M**ost mothers-to-be know that the length of pregnancy is forty weeks. Labor typically starts between weeks thirty-seven and forty-two after a woman's last menstrual period. According to the American College of Obstetricians and Gynecologists, when labor begins before thirty-seven weeks it is considered preterm. About one in ten babies in the United States are born preterm with the exact cause being unknown. While it may sound desirable to have your baby early,

growth and development in the last phase of pregnancy are vital to the baby's health.

"The closer the patient is to thirty-seven weeks, the complications of prematurity are less severe but the closer the baby is to twenty-four weeks, the severity increases," says Dr. Jaclyn Bush, obstetrician/gynecologist at New York Methodist Hospital. This includes long-term challenges like respiratory distress syndrome, cerebral palsy, blindness, and inability to fight infection. With about ten percent of pregnancies being premature, it is not uncommon. "Prematurity complications are one of the main reasons babies are admitted to the neonatal intensive care unit after birth and it is one of the number one causes of illness in a newborn," said Bush. Premature babies have an increased incidence of learning disabilities as well.

The best thing expectant moms can do is know the signs of premature birth. "Signs are contractions every ten minutes or more often, change in vaginal discharge, pelvic pressure, low, dull backache, cramps that feel like a period and abdominal cramps with or without diarrhea," said Voils. If you experience any of the signs, you should see your doctor so contractions can be monitored. "There is a fetal fibronectin test we do which helps us predict the patient's risk of premature birth," said Bush. If the woman is past twenty-four weeks, the obstetrician gives her corticosteroids to stimulate the lung maturity of the fetus and reduce the risk and severity of

respiratory distress syndrome.

Pregnant women with a high risk of going into labor early are those who have a history of premature birth, a short cervical length as measured by ultrasonography, an increased amount of protein fetal fibronectin in their vaginal discharge, are having multiple gestation, or those who smoke. "If a patient has a history of premature birth, there is a medication called progesterone which is an injection we give them weekly from sixteen to thirty-four weeks and it has been shown to reduce the recurrent premature birth rate," said Bush. It can happen to a younger or older woman. "Urinary tract infections are another risk factor so we screen urine for bacteria and if we find significant bacteria, we treat it even if you do not have symptoms of an infection because it reduces the risk of preterm birth," said Bush.

Sometimes preterm labor may be too far along to be stopped. Other times there may be reason the baby is better off being born early like if they have an infection, high blood pressure, bleeding, or signs that the fetus may be having problems. The good news is that New York aspires to continue making strides when it comes to preterm birth. "Our goals are to reduce the rate of prematurity in New York state that is specifically related to elective deliveries prior to thirty-nine weeks by 2013 and to increase awareness of the benefits of letting labor begin naturally and reaching thirty-nine weeks," said Lisa Voils, community director at the March of Dimes.

Having prenatal care makes a big difference, so make sure to go to all of your regular appointments and to follow your obstetrician's instructions to ensure a healthy pregnancy.

*Jamie Lober, author of the website Pink Power ([www.getpinkpower.com](http://www.getpinkpower.com)), is dedicated to providing information on women's and pediatric health topics. She can be reached at [jamie@getpinkpower.com](mailto:jamie@getpinkpower.com).*



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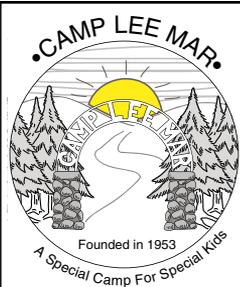
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# Sibling bonds

The difficult role of siblings of a challenged child

BY JANET TUBBS

**I**n homes where a child has a developmental disability too little attention is given the role of siblings. Frequently they are deeply affected by what they perceive as being given less love and more re-

sponsibilities than their brother or sister.

Sibs of children with disabilities almost universally exhibit signs of jealousy, anger, fear, resentment or other emotions, which is understandable in a home where one child requires an unusual amount of attention and special care.

Siblings without special-needs will demand equal time. Verbally or otherwise, they need to be heard when they express their concern that the affected member of their family is receiving more of their parents' time and they resent this.

Children who were once pleasant and

Siblings without special-needs need to be heard when they express their concern that the affected member of their family is receiving more of their parents' time and they resent this.

cooperative may develop behavioral problems at home or in school. They may be disruptive in class, hostile to their teacher, and aggressive towards their peers. Parents and teachers must understand that this behavior, although unacceptable, is based on a very real need to feel secure and loved. Punishment will not solve the problem.

It is not uncommon for siblings to wish their disabled brother or sister lived elsewhere or perhaps was dead. These feelings are usually accompanied by guilt and if the affected sibling should die or be removed from the home, the sibling with negative feelings may suffer anguish. He may believe that his wishful thinking caused a bad thing to occur. Therapy may be necessary to help him understand that the death or alternative living arrangement was unavoidable. Although he may have secretly wished these scenarios would happen, he was in no way responsible for whatever occurred.

Younger brothers and sisters may secretly fear they will be "sick" too – especially if the disability was the result of an illness or if the sibling only recalls the illness and not the initial disability.

He may have seen his sister punished, became aware of her condition, and in his naiveté believes the condition occurred as a result of the punishment. In this case, he will try his utmost to be a perfect child, trying to please his parents and teachers so whatever happened to their needy sibling will never happen to them as well. This unnatural and continual performance produces more stress than the average adult can imagine since the child constantly balances on a tight wire between normal childhood behavior and the need for perfection and guaranteed good health. This may be intensified if the disabled child needs to be hospitalized or placed in another environment. The sibling then has the added fear of being taken from his home and placed among strangers.

A sibling's attitude towards his brother or sister greatly depends on their parents' attitude. If a mother and father accept and love their child, in all probability, the rest of the family will too. Some parents feel a disabled child is a gift from God, a very special person who has been given to them for a reason. Others feel they are being punished for a real or imagined sin and become martyrs, never truly loving or accepting their child (or themselves).

Both of these attitudes and reactions are mirrored by other family members who adopt them as their own, which may influence their perception of people with disabilities for the rest of their lives. Our views of imperfections are related to our culture. The values we place on perfection are the feelings given to us by our role models – who are usually our parents.

*Janet Tubbs is the author of Creative Therapy for Children With Autism, ADD and Asperger's. She is listed in Who's Who in Education and Who's Who in the West.*

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# The importance of DISCIPLINE

BY JANET TUBBS

**D**iscipline is often confused with punishment. Punishment is much harsher than discipline and may involve inflicting physical harm. Unpleasant memories of punishment may linger for a lifetime whereas most adults who were disciplined growing up are eventually grateful that their parents loved them enough to set boundaries. In fact, many men and women admit that the discipline that they received from strict parents probably prevented them from getting into trouble as teenagers. The phrase “tough love” sounds like an oxymoron but it accurately describes parents who care enough about their children to have family rules that must be followed. That is, unless there is a mutual agreement between children and their parents about why these rules should be modified.

Although it may be hard to believe, children actually like rules because it proves that a parent is mindful about their friends and are concerned about their safety when their child is not home by a certain time. Parents care because they love their children and this, in return, makes boys and girls feel secure and cherished. Rules are designed by parents to protect their children.

Young people also like to have consistent house rules. Telling a child on Monday that they can't watch TV on a school night and then allowing them watch TV on Tuesday is confusing to them. Of course, they'll be happy about the rule change – and they certainly



won't remind the parent of what they had said the day before – but as a result, the child won't take their parents' rules seriously.

Consistency is also important. Eating dinner together as a family every night, going to bed at an agreed upon time, and making sure a child completes their homework instead of playing on the computer are habits that need to be regulated by rules because they effect behavior and family dynamic. Also, keep in mind that laying down rules may provide instant results but it doesn't mean children fully comprehend their meanings.

Parents may also have very different ideas on child rearing, so communication between spouses is important. Children learn at an early age that they easily can play one parent against the other. If 10-year-old Susie wants to go to the mall with a friend that both parents do not know, the mother of the child may refuse to let Susie go.

But if Susie asks dad if she can go shopping with the unknown friend while he is reading the paper or engrossed in a football game, he may allow her to go because he is distracted. And if dad lets Susie go, the young girl has learned a lesson about manipulation instead of discipline.

Mothers and fathers have to have a conversation with their offspring and agree about rules. To counter a case like Susie's, it's a good idea that both parents sit down with their daughter, admit to their kid that they have never had a discussion about issues like trips with unknown friends (or curfew or inviting guests over to spend the night without checking first), and that it's time for the

two of them to create rules for Susie to follow. The adolescent may grumble at first but in the long run she will appreciate the fact that her parents took the time to talk to her with respect.

Ultimately, it will be another indication to Susie that her parents really do love her, despite having to set ground rules.

*Janet Tubbs is the author of Creative Therapy for Children With Autism, ADD and Asperger's. She is listed in Who's Who in Education and Who's Who in the West. She has worked with children on the Autism Spectrum for 35 years.*



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# How to be a fabulous **GRANDPARENT** to a special needs child

BY COLLEEN PHELAN

**A**s a mother with two children on the autism spectrum, I've heard some whopper stories about how grandparents just "don't get it," and some wonderful stories of those that do.

If you have a grandchild or grandchildren

that have special needs (be it developmental, physical, emotional, or behavioral disabilities), I have some suggestions on how you can be a fabulous grandparent.

**Get an understanding of what disability your grandchild has.**

You don't have to be an expert, but do

take the time to get some basic facts about the challenges and struggles your grandchild may be experiencing.

"I'm in awe of my parents," claims Leila, whose child has a rare form of epilepsy. When their grandchild, Clare, was first diagnosed, they combed the Internet and libraries for information about the disorder.

der. "My parents understand what needs to be done in case Clare has a seizure."

It has given Leila and her husband a lot of comfort to know that her parents can handle Clare in an emergency when they visit them.

**To be a great grandparent, you need to be a great parent, too.**

It's true that your grandchild will be struggling with his disability, but your child could be struggling, too.

"I haven't had dinner out with my wife in over nine months," stated Bill. "We are too exhausted to do it and when we do, we spend our entire time talking about our child."

Parents of special-needs kids have an extremely high divorce rate (for parents of a child with autism, it is around 80 percent) due to the stress and strains of having a special-needs child. Your child may need a friendly ear or a shoulder to cry upon. Encourage your child and her spouse to take time for themselves as a couple. If you are able to babysit for them, so much the better.

**Maintain frequent contact.**

If you have grandchildren who do not live locally, this can be tough. However, frequent phone calls and letters are a great way to connect with your grandchild. One friend installed a computer videophone in her and her parent's computer. Each day, her children have a brief video phone call with her parents.

"I love talking to my Nana each day on the computer!" exclaims Joe, who has Asperger's, a form of autism. For very young children, create a photo book of you so they can always have you close.

**Love your grandchild as he is, warts and all.**

This may seem obvious, but it is the most common complaint I hear from special-needs parents about their own

parents. Well-meaning grandparents often assume the role of telling the parents that they "should be" doing this or that to "correct" their child. A special-needs child is bombarded by therapists, teachers, and parents working to change something about him. Grandparents are lucky to be the ones who can embrace their grandchild as he is — take advantage of it! Your grandchild will truly bask in your unconditional love.

**Have fun!**

Carol loves to tell stories about her late father's role in her daughter Annie's life. The best one is Carol's story about how Annie, who has Down syndrome, remembers him: "I asked Annie what she remembered about Grandpa. She remembers mini-golf, bowling, board games, dancing, baking chocolate-chip cookies, learning to count money (gambling!), and learning how to read. She remembered his big kisses and big waves. She remembered how he was even better than Santa at Christmas-time. He was her cheerleader. He was my cheerleader."

Carol was extremely fortunate to have such a wonderful father and Annie such a wonderful grandpa.

As parents of special-needs children, it is often our role to educate those around us about our child's disability. Unfortunately, grandparents are sometimes included in those we need to educate. However, most grandparents do want to help and support their children and grandchildren, they just don't know how.

Consider using this article as a step in giving grandparents a chance to be a positive force in your child's life.

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# The best way to handle a tantrum

BY JAMIE LOBER

Every parenting experience is different because no two kids are the same. It may be hard to understand why a child throws a tantrum and if your child has special needs, it may be even more confusing. Kids who are deaf, blind, autistic, and developmentally disabled have different challenges. Therefore they will not act out the same way. "All children's behavior is meaningful but we need to figure out what the meaning is and interpret the cues of a child who might not be giving verbal cues to tell us what is going on," says Dr. Susan Gottlieb, chief of child development in the department of pediatrics at New York Methodist Hospital.

The acronym EATS can help you decode your child's hidden message. "E stands for escape; A stands for attention; T stands for tangible need; and S stands for sensory," says Gottlieb. In other words, you should consider if the behavior is precipitated by a motivation to escape a situation or activity. Decide if the child needs attention at that moment – does he have a tangible need like hunger or a diaper change? Is he stimulated and in need of some sensory input from the environment? "A child could be in pain and not be able to communicate that. There could have been a change in his routine that he did not understand and he is responding to it. He could have an illness like an ear infection, fever, toothache, or abdominal pain that could manifest behaviorally," says Gottlieb.

Be careful about medication, particularly if a dose has changed or if you are adding an over-the-counter medication to something the child has been on before. By being mindful of new drugs, you may see a be-

havioral reaction in the first few days. Try to see the behavior from the angle of your child attempting to communicate rather than being embarrassed. "If your child is expressing a need, the behavior will go on until you meet the need," said Gottlieb. Know that any child who is distressed can have a meltdown.

There is no sure prevention but avoiding hunger, overstimulation, and fatigue can be beneficial. Bring snacks with you when you are on the go and make sure your child takes naps and sleeps well at night. If your child gets overstimulated easily, do not plan too many activities in one day. And no matter what, do not punish your child for having a fit but do not reward him either. You do not want to send the message that a breakdown is an acceptable way of getting what they want.

Be open with your pediatrician about troubles you may be having with emotional outbursts. "He will want to know whether it is an isolated incidence or whether it is something happening everyday or multiple times a day," said Gottlieb. Your child's doctor may go through the thought process with you, helping you figure out what happened before the tantrum. For example, if you kid wants candy in the supermarket and you give it to him to quiet him down, he will continue to use the behavior. The way you respond will have an impact.

The American Academy of Pediatrics reminds parents that your child does not have meltdowns just to frustrate you. He



gets bothered when you do not understand him or do not go along with his wishes and responds with rage. They suggest talking to the pediatrician especially if the outbursts become worse after age four or if the child is hurting himself or others when he acts out.

Remember that when your child acts unruly, you should stay calm, breathe deeply, and wait a moment before you react. Also, talking during a tantrum sometimes makes it more aggravating. Most importantly, after your child's frenzy is over, you should always give your kid a hug and empathize with his difficult feelings.

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

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# Assistive technology

## How it can elevate learning-disabled children's academic performance

BY MELISSA KATZ, MS

**A**s an educational therapist, I'm aware that there are many assistive technology tools that are well known like Braille, hearing aids, and visual representation systems for autistic individuals. But there are many other, less prevalent gadgets for children with learning disabilities that are just as useful.

### Types of tools

There are three main types of these lesser known aids; no tech or low tech, medium tech, and high tech. No-tech or low-tech devices tend to be easy to use and inexpensive. They include graphic organizers and outlines, pencil grips, text magnifiers, text highlighters, large-print books, and timing devices.

Medium-tech tools require some training in order for individuals to correctly and effectively use them. These include personal FM tuner-listening systems, handheld electronic dictionaries and thesauruses, text highlighters, large-key keyboards, tape recorders, books on tape, and calculators.

High-tech tools require more training and are generally more expensive. These items are usually computerized or electronic. They include Word Scribe, text-to-speech software, speech-to-text software, word-prediction software, keyboard software, mind-mapping software, talking calculators, a talking dictionary and thesaurus, talking worksheets, and AlphaSmart Laptop Word Processor.

As expert in this area, I use many research-based materials and techniques to teach strategies, organization, and skills

that improve academic performance like white boards, colored markers, multi-sensory books and workbooks, manipulatives, games, incentives, flash cards, visual cues, and prompts. I also use assistive technology tools because they work wonders for my students with educational challenges.

One of my students, a fourth grader with learning disabilities — including dyslexia, weaknesses in language processing, and limited vocabulary knowledge — had great difficulty with organizing thoughts and writing. First, I taught her the format of a paragraph. Then, I used a low-tech graphic organizer to help her structure her ideas. After that, I trained her in how to use high-tech text-to-speech software, grammar, and spell-checking software as well as word-prediction software. Then I showed her how to use a regular dictionary and thesaurus (an example of a low-tech tool), an electronic one (medium tech), and word lists (no tech) to help her writing. With my input, regular practice of strategies and skill building, and the use of assistive technology she was able to write faster, more proficiently, and with much more confidence.

### Advantages

I have not found assistive technology to have any negative effects. Instead, I have

found many advantages for a child with learning disabilities. In fact, in my experience, assistive technology helps remove learning barriers.

One of these advantages is greater independence. Many students who have learning disabilities become dependent on parents, friends, teachers, and siblings for help with assignments. Once a child has a skill in place and strategies she can apply to her learning, she can effectively use assistive technology. Some technology can be used to reinforce whatever learning has taken place while other tools can be used to enhance academic performance. Some also enable a learning-disabled child to work on grade level at home and at school with less need for adult assistance.

### Motivation to learn

The right assistive learning tools can make learning fun. They can also help the child perform academic tasks that she was formerly unable to or had great difficulty accomplishing. It can help her use her strengths to work faster, more attentively, and with greater ease. Computerized software like FlashMaster provides children with instant feedback. It will let her know

whether she has correctly answered a question and if she has not, the program displays the correct answer. All of this can make the child look forward to learning.

### Who can benefit

Assistive technology can help any child with weaknesses with cognitive, sensory, language, and academic skills. It can also benefit the kind of child

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If you are the parent or teacher of a child with learning disabilities, it is a good idea to keep up to date with current assistive technology trends being that it continues to change and improve.

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who struggles with things like memory, organization, listening, language processing, visual processing, spelling, writing, reading, and math. It does not eliminate learning disabilities nor is it meant to replace other support services or interventions like speech and language therapy, occupational therapy, and educational therapy. However, it is most effective when used along with appropriate interventions and skill building. Assistive technology can also be used in the child's classroom and at home.

It is important that a child be matched



with the assistive technology best suited for her particular needs. Once the right technology is set up for the child, she needs to be trained on how to properly use it. The child will also need ample practice with some supervision before using assistive technology independently.

If you are the parent or teacher of a child with learning disabilities, it is a good idea to keep up to date with current assistive technology trends being that it continues to

change and improve.

Assistive technology can make learning an easier and much more enjoyable experience for your child. Plus, it aids a child in areas of difficulty and helps them complete work more accurately. Most importantly, these tools can help her succeed more often in completing assignments, which can be very rewarding for a learning-disabled child.

*Melissa Katz is an educational therapist in New Hyde Park. She has been in private prac-*

*tice for more than 15 years. Her more than eight years of academy training includes Orton-Gillingham and Wilson. She does reading therapy, educational therapy, teacher and parent training, conference presentation, and consulting in Long Island and New York City. She has created and uses the "Top Smarts" approach for educational therapy and is the author of a number of articles about educational therapy. Visit [www.mkeducationaltherapy.net](http://www.mkeducationaltherapy.net), e-mail [tchr543@aol.com](mailto:tchr543@aol.com) or call (718) 312-9635.*

# Custom CARE

## Equipment that meets their needs

BY MELANIE LINDNER

**T**his winter, the New York City Department of Education launched a new training program called Made to Fit, teaching physical and occupational therapists how to design and build customized equipment for children with special needs. Rather than purchase standard catalog equipment that can cost thousands of dollars per item, this course teaches therapists how to build equipment using low-cost, environmentally friendly materials like corrugated cardboard, hot glue, and wooden nails.

Students with disabilities are legally entitled to adaptations — devices such as customized wheelchair trays, chairs to optimize positioning and sensory integration, headrests, footrests, and easels to facilitate reading, writing, and communication that fit students' specific educational and therapeutic needs. But, too often, unique needs are not met because commercial suppliers sell expensive products in standard sizes. The Department of Education has taken notice and has begun taking action.

While some might doubt the strength and durability of low-tech materials like cardboard, it is not only inexpensive, readily available, and lightweight but it also supports 1,100 pounds per square inch when properly constructed. Cardboard equipment is edged to seal the corrugation and then primed and painted in child-friendly motifs.

In this pilot training program aimed at tackling the equipment problem, the New York City Department of Education has hired specialists from the Adaptive Design Association, a Manhattan-based non-profit organization that has been designing and

building customized equipment for children for more than 14 years. Adaptive Design has made more than 30,000 pieces of equipment since it was founded by Alex Truesdell in 1998.

In addition to teaching classes and building equipment for local kids, Truesdell has traveled the world — to Guatemala, Ecuador, Poland, India, Argentina, Colombia, and Brazil — teaching people how to build cardboard furniture for children with disabilities in their own communities.

More than 30 therapists from District 75 (the special education district covering all five boroughs of New York City) have already taken the three-day Made to Fit course and an additional 17 are registered to take it before the end of the school year.

"The level of customization our therapists are learning from Adaptive Design's Made to Fit course is not currently available from commercial equipment vendors," according to a joint statement from District 75 Occupational Therapy Supervisor Joel Levine and Physical Therapy Supervisor Cynthia Aridas. "We are excited about this new training program and hope to see our therapists take this knowledge back to their schools and put it into action by designing, adapting, and building equipment for our students."

And therapists are definitely on board.

"I wish I took [the course] earlier," says Marlene Walters, a physical therapist at P10X, a special education elementary school in the Bronx. During the course, Walters



A musichair filter.

built a custom seating positioner for one of her students and assisted in building a customized bench with colleagues from neighboring schools.

Armed with her new skills, Walters says she will build several pieces each month to meet the therapeutic needs of students on her caseload.

At its midtown location, "the Adaptive Design Association offers introductory-through-advanced training, and builds customized devices for individual children in collaboration with parents, therapists, and teachers," says Truesdell, who currently serves as the organization's executive director. "When a therapist — when anyone — learns to transform ideas into actual adaptive devices, wonderful things happen. Students make gains, new ideas flow, and the whole school community gets really energized."

*Melanie Lindner is a New York State-licensed early childhood special educator who is the Community Outreach Coordinator for the Adaptive Design Association. She was formerly a reporter at Forbes and Fortune Magazines.*

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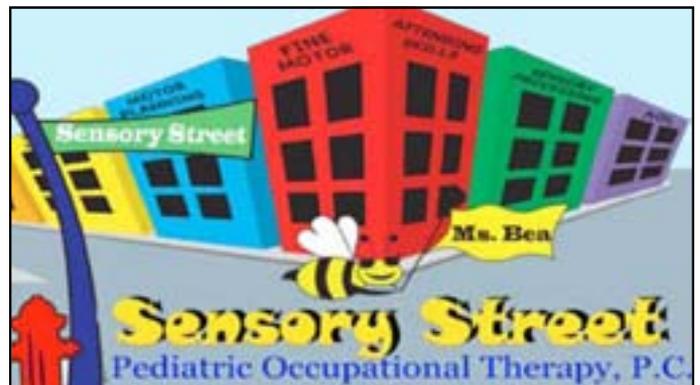
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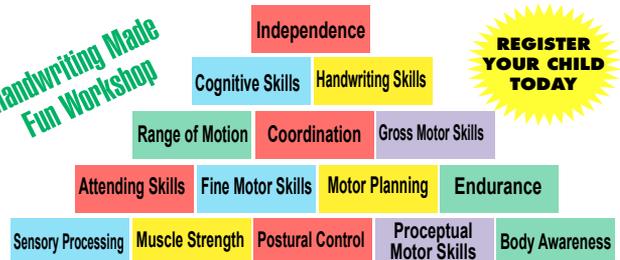
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SEPTA's offerings include (at right) a Kids Get Music class and (at left) the Power Pals team, headed by Chris Speziali (left).

# Local support

Discover these free special-education programs for LI families

**A** Special Education Parent Teacher Association chapter in Manhasset provides great, free programs and expert presentations for special-needs families in Long Island and New York City. Chartered in October 2007, it provides its members with an abundance of online resources, a voice in legislative government, created the first special needs parenting section in the Manhasset Public Library, and currently boasts nearly 30 community and school programs.

"The power of being a PTA has enabled our SEPTA to network with other Long Island SEPTAs, work with great service providers, and access funding. The result is an amazing accomplishment of creating dozens of great programs for all families to enjoy," Manhasset chapter Co-President Amy Morse stated at the last meeting. "Manhasset SEPTA's executive board is delighted to see that there is such a great need and that we could service that need."

The programming is a direct result

from the needs expressed by families and special education staff. Parents on the North Shore were searching for fun community programs that serviced their children with learning, developmental, and physical disabilities as well as gifted-and-talented children. Parents and school staff suggested programs like drum and music therapy, adaptive sports, physical training, special-needs yoga, parent-child activity groups, and even a tween and teen Friday night dance.

The Manhasset chapter responded by creating these programs and offering them free to all families on Long Island. School programs were also created including elementary school homework special support and the gifted-and-talented eighth grade research program. In addition to the programs, Manhasset Special Education PTA has gifted the school district with Big Apple Circus of the Senses tickets for special-education elementary school students and music therapy for the after-school socialization program.

Often, parents bring ideas to the chapter when their children just cannot enjoy community programs with their typically developing peers. Some special-needs children require an adaptive setting, more adult support, and often, special instruction to fully participate and enjoy an activity. Sports and physical training are popular activities for children but children with disabilities don't always succeed without a special program. By connecting with Long Island adaptive licensed trainer Chris Speziali — who heads Power Pals — the Manhasset chapter created physical activity programs like all-sports boot camp, recess and schoolyard games, gym training for tweens and teens, and bicycle and two-wheeler riding workshops. In addition, a special-needs yoga class with Maria Perez of Kids Yoga with Maria, which is being offered this May, was created for youngsters to help with strength and body awareness.

Play and socialization is also a big concern and a common programming request

from parents, teachers, and staff alike. Working with Long Island special-needs providers, the association created several programs and workshops to address socialization, playing, and peer interaction like the Carol O'Connor Smith and Channing Edson-owned Play for All Kids, the Special Needs At Play Program where preschoolers and kindergarten through second-graders learn to facilitate communication, shared engagement, and play skills. Drum and music therapy was also used to facilitate social skills with Chris Marskak and his Kids Get Music program — offered to kids of all ages.

Enjoying childhood experiences like Scouts or a school dance are socialization opportunities parents want their special-needs children to participate in as they grow up. So, a parent-child activity group like an adaptive Girl and Boy Scouts was created. Offered in the spring, is an opportunity for special-need families to enjoy fun, local outings like hiking, fishing, and mini-golf. In addition, special-education teachers, a professional MC, and DJ head the program Just for Tweens and Teens a DJ Dance-Along program that teaches popular dances.

“The best part of our programming is the focus on the kids and their families — everyone involved does it for the kids and the families,” Manhasset chapter Co-President and Gifted-and-Talented Director Kelly Fu notes. “From the parents who volunteer their time with SEPTA, to the teachers and members who suggest the programs, all the donations from businesses and other organizations that fund these programs, and the donated spaces in our local library, schools, churches and firehouse, everyone comes together to make it happen for the children and their families.”

Community programs running this year include

gifted-and-talented Chinese Language and Culture, Public Speaking, and the SAT simulated testing. For the special-needs community, Manhasset Special Education PTA is offering the Special Needs At Play playgroup, Drum and Music Therapy, Meet Me at the Gym training, DJ Dance-Along dance program, Special-Needs Yoga, Parent-Child Activity group, and Ride a Two Wheeler bike-riding workshop. Nearly all of these Manhasset programs are free to participants and have been filled to capacity with interested families from across Long Island.

The impact of the Manhasset chapter on the special-needs community on the North Shore has been enormous, setting a new standard for organizations servicing students with learning, physical, and developmental disabilities as well as the gifted. Creating programs is just one part of the effort, with the group also providing free expert presentations, parent workshops, support groups, and special-education law study groups since chartering in 2007. Furthermore, the group has created the first special-needs parenting section in the Manhasset Public Library that contains hundreds of books, DVDs, and videos on a wide range of topics for teachers and parents.

Manhasset Special Education PTA is a local chapter of the National PTA supporting Manhasset’s special-education population, including teachers, school staff, children, and their families. Through expert presentation, workshops, community programs, and local resources it provides support for more than 800 Manhasset families and more than 700 school staff members. Manhasset Special Education PTA proudly services the needs of students with disabilities, gifted-and-talented students, and students receiving academic intervention services.

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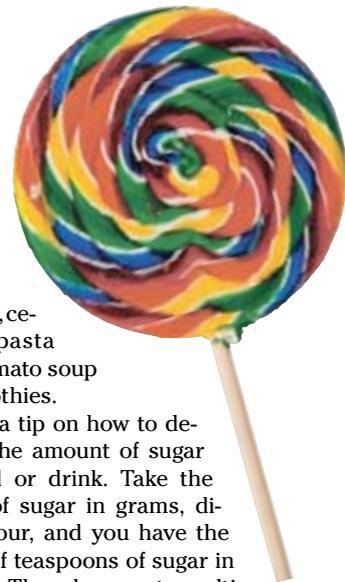


Founded in 1992, The Gillen Brewer School is a New York State approved non-public school, which provides a family oriented early childhood program for children ages 2.8 years through 10 years old with developmental, language, learning and emotional disabilities. We offer a year-round program that provides

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# Sugar overload?



**“H**oney.” “Sweetie.” “Sugar.” They’re all terms of endearment for the people we love. Yet, when it comes time to eat, we feel guilty about serving sweets.

If it seems that children eat a lot of sugar, they do. They slurp it in soft drinks and sweetened fruit drinks and gobble it in yogurts, candy, cookies and commercial smoothies.

But, surprisingly, consumption of added sugars is decreasing for people age 2 and older, according to data published in the September 2011 issue of the *American Journal of Clinical Nutrition*. Why? It’s mainly because we’re drinking less soda. The sugars in energy drinks, however, are increasing.

## Why do kids crave sweets?

It’s for the survival of the species! If you nursed a baby, did you ever taste your milk? It is sweet. Mother Nature created baby’s first food to taste wonderful to ensure baby would like it and thrive. Also, naturally occurring sweet foods, such as berries, grapes, apples, plums and other fruit, are rich in nutrients.

Finally, it may be a combination of learned desire for sweets and a genetic predispo-



## GOOD SENSE EATING

CHRISTINE M. PALUMBO, RD

on the flavors he will desire as he gets older.”

sition, according to New York City-based dietitian Jessica Fishman Levinson, MS, RD, founder of Nutritioulicious, [www.nutritioulicious.com](http://www.nutritioulicious.com).

“Some studies have shown a genetic predisposition for sweets based on the mother’s diet while the baby is in utero. However, what a child is fed and the food he is exposed to once he is born has a large impact

dressings, cereals, pasta sauce, tomato soup and smoothies.

Here’s a tip on how to determine the amount of sugar in a food or drink. Take the amount of sugar in grams, divide by four, and you have the number of teaspoons of sugar in a serving. Then, be sure to multiply the serving size by the number of servings your child actually consumes.

You may be confused by the amount of sugar listed on a label. For example, it may seem that a cup of milk is high in sugar because it has 12 grams.

“That is the natural sugar found in milk. It’s important to read the ingredients on food packages to see whether there is added sugar in the food,” Levinson says.

## Better-for-you sweets

It’s not uncommon to have one child in a family with a sweet tooth and another without. How to handle the one with the sweet tooth? Try fruit.

“Fruit is a naturally sweet food and most children don’t get enough servings of fruit per day, so it’s a great option when kids want a sweet snack,” recommends Levinson, whose new recipe book for children is “*We Can Cook*.”

But for those whose day simply isn’t complete without a sweet treat?

“There is nothing wrong with children having sweetened foods like cookies or cake in moderation. The key is watching how much a child is having and limiting the ‘treats’ to a small portion no more than once a day,” she says.

Finally, a little honey or real maple syrup can offer sweetness with a bit of nutrition. Both have small amounts of naturally occurring antioxidants. In fact, a study reported at the 2011 American Chemical Society meeting found polyphenols in maple syrup.

Keep in mind that any sugar should be brushed away (or rinsed if a toothbrush is not available) to reduce risk of caries.

*Christine M. Palumbo, RD, is a dietitian in Naperville, IL, and a mother of three. She in on the faculty at Benedictine University. Follow her on Twitter at @PalumboRD. She can be reached at [Chris@ChristinePalumbo.com](mailto:Chris@ChristinePalumbo.com).*

area, and use a spoon to remove the rest of the (core). Make sure to leave the bottom intact. Have your child rub the lemon on the tops of the apples where they were peeled. She can

also squeeze some juice in the core area that is now empty. In a small bowl, she can then combine the brown sugar and cinnamon, and spoon equal amounts of the mixture into each of the apples. Pour water into the baking pan and place the apples in the pan. Let your child drizzle the syrup over all of the apples. Cover with aluminum foil and

bake for about 50 minutes.

**NUTRITION FACTS:** 120 calories; 33 grams carbohydrate; 0 protein, fat, cholesterol and sodium; 26 grams sugars (10 grams are added sugars); 5 grams dietary fiber; 6 milligrams vitamin C.

Recipe and image reproduced with permission from “*We Can Cook*” (Elwin Street Productions).



## Baked apples

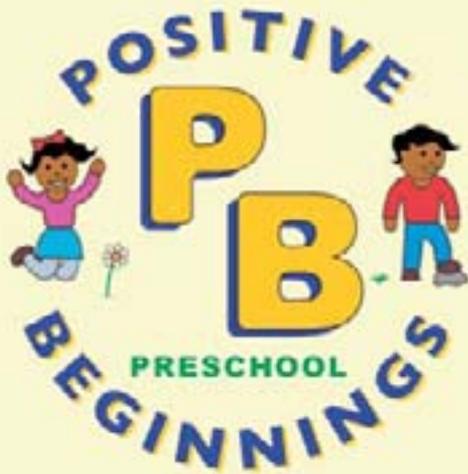
Apple pie, apple crisp, apple tart — all these desserts are delicious, but they are definitely special-occasion treats. Not so with baked apples, which still have the same warm, delicious flavors, and are a great way to fit a fruit serving into your child’s daily intake.

Makes four servings

### INGREDIENTS

- 4 cooking apples
- ½ lemon
- 2 tbsp brown sugar
- ½ tsp cinnamon
- ½ cup water
- 1 tbsp maple syrup

**DIRECTIONS:** Preheat the oven to 350 degrees. Peel the top of the apples, and show your child how to core them using an apple corer (or use a paring knife to remove the stem



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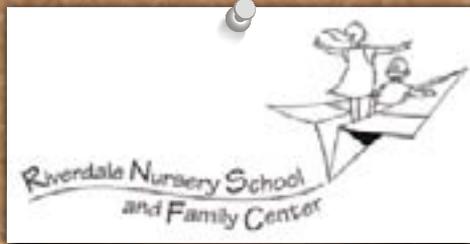


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# Let's talk

## Keeping an eye on speech and language development

BY LAURA VAROSCAK-  
DEINNOCENTIIS

**S**peech and language issues commonly arise during early childhood. In fact, speech and language delays affect five to 10 percent of preschoolers. Some impediments resolve themselves over time, but approximately 25 percent of “late” talkers do not progress by the time they start school. For many parents, it can be difficult to determine whether their young children are simply immature in speech and language development or if they have a more serious problem. Being aware of typical milestones is crucial in determining if your child is functioning within the range of what is expected. A developmental pediatrician or speech-language pathologist can help assess whether a delay or disorder is present.

Children begin to understand language long before their first word is spoken. Warning signs of speech and language disorders show up within the first year of life and toddlers with these predictors should be referred for an evaluation. During the critical first five years of life, children are most open and receptive to learning. Early intervention can make a significant difference in the life of a child in need.

Many factors contribute to delays in speech and language. Children who are exposed to more than one language often take longer to develop their communication skills. Hearing problems, which may develop as the result of chronic ear infections, are often related to delayed speech. Some children may have physical impairments, including problems with the tongue or the roof of their mouths, causing limited movement when trying to speak. Others may have oral-motor issues that make it difficult to use the muscles that control speech. Language and speech delays may also indicate the presence of a learning disability or a more serious developmental disorder. Once the problem is identified, an appropriate treatment plan can be implemented.

### Developmental timeline

This is a general guideline. Variation in the achievement of developmental milestones is normal.

**Infant to 6 months:** Babies coo and babble randomly. They should be attentive to sound; babies who do not react to sound may have a problem with their hearing.

**6 to 12 months:** Babbling becomes more rhythmic and progresses to more expressive, tonal sounds that imitate real speech. Babies should begin to recognize words of common objects.

**12 to 18 months:** Babies begin to use gestures, recognize their names, imitate familiar sounds, and understand simple one-step instructions. They say their first words, which include “mama” and “dada.”

**18 to 24 months:** Vocabulary increases by at least 25 to 50 words during this period. Toddlers identify more objects, follow two-step commands, and combine words into simple two-word sentences. They are able to name different body parts and make animal sounds.

**2 to 3 years:** During this year of development, it is not unusual for children’s

speech to explode. Vocabulary increases rapidly as sentences get longer and more complex. Children this age enjoy repetition. Comprehension also increases and they are able to name colors and differentiate descriptive terms (big vs. little).

**3 to 4 years:** Children in their preschool years speak in sentences of at least four to five words. Their vocabulary consists of approximately 1,000 words. They can recite nursery rhymes, tell stories, and distinguish the difference between past and present tenses. They are able to recognize and name different shapes. By the age of 4 children’s speech should be easily understood, even by people who do not know them.

**4 to 5 years:** Vocabulary increases by 500 words. Children learn about their world by asking a lot of questions.

**5 to 6 years:** Sentence length increases to five to six words, and vocabulary rises to 2,000 words. Children can identify the difference between things that are the same and different, like their right from their left hand. They can also memorize their address and phone number.

Speech and language are two distinct areas, although problems can arise in both. Speech includes articulation, the way sounds and words are formed, and verbal expression. Language refers to how one expresses and receives information. It is a complex communication system that allows a person to deliver and receive messages in meaningful ways — both verbally and non-verbally.

John is a preschooler who struggles to communicate. At 4-years-old, he only speaks in two- or three-word sentences and often omits significant words from his speech. His pronunciation is correct, but when asked a simple question at school, it is sometimes hard for John to access the words because

his vocabulary is severely limited. After reading a book, he is unable to retell the story or describe the characters. John has difficulty structuring grammatically correct sentences, so it is hard to understand him. His classmates are becoming more aware of his limitations and sometimes call him “baby.” This hurts John’s self-esteem and he has gradually isolated himself from his peers.

John demonstrates many of the characteristics associated with a language disorder including the improper use of words and their meanings, inability to express ideas, inappropriate grammatical patterns, reduced vocabulary, and inability to follow directions. One, or a combination of, these characteris-



tics may occur in children who are affected by language learning disabilities or a developmental language delay.

Like John, Noah has trouble communicating. When he entered preschool at 2-and-a-half, his teachers immediately noticed that he was much quieter than his peers. English was not his first language and his teachers carefully monitored his development. He

had a tough separation period and called for his mother by repeatedly uttering "muh." Noah understood what was going on in the classroom and followed simple instructions but rarely spoke. He primarily communicated by pointing or pulling his teachers and classmates over to an area or object of interest. When he did speak, Noah only made one-syllable sounds. Teachers learned to

identify certain sounds – like "buh" for papa and "dah" for many other words, including his own name – then would say whatever word he was trying to communicate, producing a foundation for proper articulation. As time passed, Noah grew increasingly frustrated and his behavior began to change. He cried and threw things. His teachers spoke to Noah's parents, who agreed that an evaluation was necessary. The speech-language pathologist determined that Noah suffered from apraxia of speech. Apraxia is a neurological motor speech disorder that makes it difficult for children to successfully produce the specific series of movements necessary for clear speech. The speech-language pathologist worked with Noah several times a week to help him plan, sequence, and coordinate his oral muscle movements for speech production.

In addition to working with a speech-language pathologist, children can greatly benefit from practicing communication skills at home. Parents can help to promote speech and language development by:

- Listening carefully, being responsive, and providing valuable feedback whenever their child communicates.
- Supporting frequent communication by talking, asking questions, reading, playing games, and singing to their babies and toddlers.
- Accompanying their speech with gestures.
- Reinforcing developing language with repetition of sounds and expanding upon these sounds to create words.
- Using clear, simple language on a daily basis that their child can use as a foundation.

Children with speech and language problems deserve consistent and supportive learning environments at home, school, and during therapy. Repeatedly practicing essential communication skills in different contexts maximizes the treatment. Each step toward success will boost confidence and make speaking with others more comfortable. Not only will their speech and language develop, but there will be positive changes in their social, emotional, academic, and behavioral habits.

With the necessary help, these children will finally have the tools to express themselves in ways they never had before.

*Laura Varoscak-DeInnocentiis is a Brooklyn-based mom, teacher, and freelance writer. She is a regular contributor to New York Parenting Media and has won editorial awards from Parent Publications of America. Varoscak-DeInnocentiis holds master's degrees in fiction writing, education, and psychology. Visit her webpage at [www.examiner.com/parenting-in-new-york/laura-varoscak](http://www.examiner.com/parenting-in-new-york/laura-varoscak) for more articles on education and parenting.*



# Three bears nutrition

## Are you a too soft, too hard, or just right parent?

BY RICHARD KAHN, PHD, RD

**F**inding the balance between helping and letting a special-needs child develop is one of the biggest challenges facing a family. Just like the story Goldilocks and the Three Bears parents often tackle this problem three ways – too soft, too tough, and just right.

Despite challenges, sometimes between the ninth and 12th month, a baby wants to start feeding herself. Delays may exist, but the child's mind does not register them and her desire to self-feed will persist. When a parent uses the too-soft mommy approach, the child gets babied and cannot optimize her abilities. This leads to passive eating and a resistance to being fed. It might take a skilled eye to catch the signals, but if your child is either dismissive during meals or is fighting being fed, you are being told in an infant's pre-speech, gesture-communication-style that there is an issue.

Another batch of parents take the too-tough approach and expect too much. For instance, they demand perfect table manners well before the child is 4, which is

unrealistic. With or without delays, infants and toddlers like to explore food in a holistic way. This means messes. Usually, this phase passes, but initially, infants and toddlers find food interesting and want to fully engage it. In the meantime, parents worried about messes can dress children appropriately and cover the floor in newspaper.

Children this age also have a very high interest in the food on their parents' plates, even when that food is identical to their own. This is because those transitioning from infancy to toddlerhood have not yet figured out that all broccoli is the same. They are way more interested in the broccoli you are eating. Use this to your advantage and introduce them to new foods.

A savvy parent takes the just-right approach and figures out the balance between too-much help and not enough. Each child has her own midpoint between hard and soft. Your child will let you know that you are in just the right zone through gestures, sounds, or words that show she is engaged. Her head will lean towards the food, she will grab for it, and her eyes will focus on the meal and on you. When children are very young, they want your ap-

proval. One way to show her you approve is to let her come to the spoon you're holding. That way, you always know she wants the food and she knows you are giving her a choice. Furthermore, some children, especially the very prematurely born, have very sensitive oral cavities. If she gets to make the choices, she is more likely to accept the food.

Self-feeding requires a combination of gross and fine-motor skills, hand-eye coordination, and transactional social skills. Giving and taking food is reciprocal conversation between parent and child. Each meal provides therapy in a natural setting using a global set of skills. Keep in mind, that your child's attempts cue you into her developmental drive to mastery and socialization. By doing this, you will have the pleasure of watching her mature and she will soon blossom into your tablemate instead of table-trouble.

*Richard Kahn, PhD, RD, is a nutritionist in New York City. For more than 15 years he has helped parents meet the nutritional- and relational-feeding needs of atypically and typically developing children. He researches bottle feeding and feeding struggles and is the married father of two teenagers. Visit [RichardKahnNutrition.com](http://RichardKahnNutrition.com).*

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# Seen and not heard?

## Managing toddler etiquette in public

BY RISA C. DOHERTY

**W**hen my children were toddlers and elderly neighbors would greet us in the elevator, my son would confidently answer “hello” with a smile. My daughter was the one who would grab onto me before responding timidly. Granted, some children are more reserved, but I always thought it was important that my children knew how to interact socially at a young age. Little did I realize that the skills I was teaching them, starting at the age of 2, would be invaluable life tools.

Children often follow a parent’s lead. Savvy parents are aware of that, and as they greet neighbors, relatives or friends, they model this skill for uninitiated toddlers. Still, not all toddlers are willing to conform. When a child hesitates to greet someone she knows, I give more credit to the parent who tries desperately to goad the recalcitrant child into responding civilly than to the parent who cavalierly gives up and accepts the child’s refusal to respond, quickly dismissing the child’s silence with an excuse.

Once these children are old enough to walk around unaccompanied, they are often the ones who stare at you blankly when you greet them in passing, knowing full well who you are.

Lyudmila Bloch, international etiquette expert and author of “The Golden Rules of Etiquette at The Plaza,” is not accepting of parental apologies. She believes that toddlers should be capable of a civil greeting, despite their parents’ claims that the child is tired, in a bad mood, or painfully shy. She told me that it is a matter of “self-regulation,” and that even a very shy child can overcome his shyness.

She does not believe that it is ever the child’s fault for failing to respond to a greeting, stating that “the parents are 100 percent

responsible for their child’s behavior: there are no ‘bad children.’”

Helayne Cohen, director of the Early Childhood Center at Temple Beth Shalom in Roslyn Heights, Long Island, holds a master’s degree in Early Childhood Leadership and Advocacy, and takes issue with the word “shy” to describe a 2 year old, questioning whether or not a 2 year old can actually be shy. She believes that it is “a matter of temperament” and that “sometimes the parents need to wait a little.” Still, she says she would encourage parents to model proper behavior for their child, be aware that “there is a readiness factor,” and work with a child, once he is ready.

“[Learning] proper manners starts at home,” she says. She agrees that teaching young children how to properly interact in social situations is an important and valuable life skill, and that even 2 year olds can learn to properly greet others. “[They] are so impressionable, [and can often learn this skill] if the directions are stated [simply], using a two word command.”

### Restaurant manners

When my relatives came to New York with their young child, they were wary about heading into a restaurant, lest their active son disturb others. Unfortunately, this awareness and consideration for others is not shared by all parents. I assured my cousins that I would select a family-friendly venue, and my insightful cousin knew to bring small toys as a distraction for her son. It is important to know your child and know how long he can remain somewhat subdued in a public setting.

That is not to say that young children need to remain totally silent in public at all times. A friend of mine used to comment the moment a young child let out a yelp in public, as if the parents should have been incarcerated immediately for permitting any noise. That friend

had long forgotten what it was like to be the parent of a young child.

Still, many diners can probably recall the not-unfamiliar sight of parents engrossed in adult conversation while their toddlers continue to scream at an unbelievably high decibel level. Some mothers seem so desperate to engage in adult conversation that they tune out their children, as they are tired of being interrupted, and crave adult socialization. At the same time, their children are desperately vying for their attention and creating an unpleasant dining experience for everyone else.

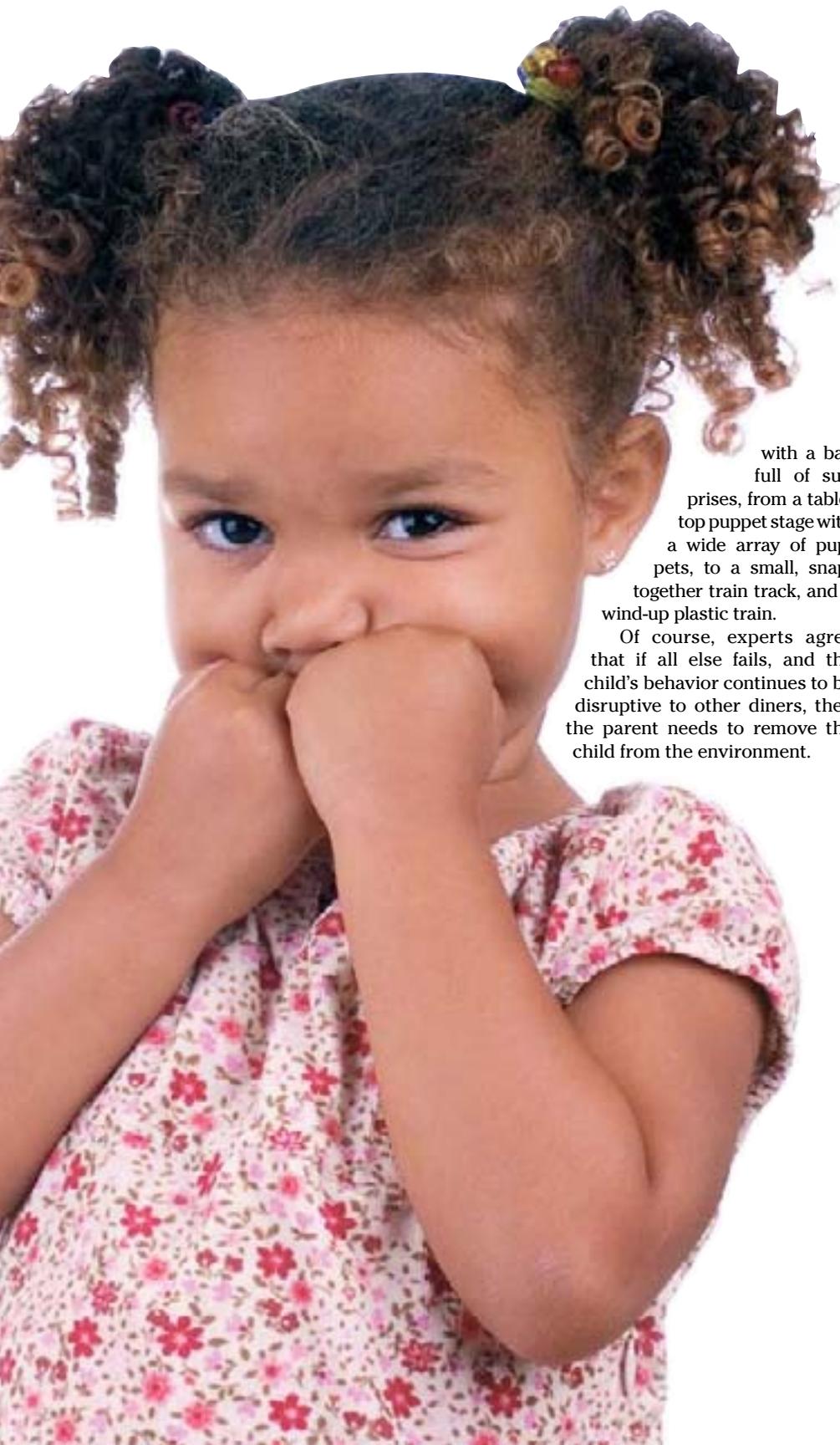
Both Bloch and Cohen stress the importance of preparing children for a restaurant experience. This may involve working with your child so that he is ready for the experience.

“[Young children] cannot share a public space if you did not teach them about [proper] behavior,” explains Bloch. She recommends doing a rehearsal at home, purchasing little utensils and seating your child at a small table where he can eat and rehearse good table manners. As the child progresses, he can practice at the big table with adults.

Bloch reminds parents to praise the child as he learns to hold and use each utensil properly and manage his cup and napkin. The teachers in Cohen’s Early Childhood Center have the children practice using “restaurant voices” when they eat lunch at school. She tells me that a lot of positive modeling takes place in preschool, as well.

Bloch points out that the parent’s physical proximity to the toddler in the restaurant is key and that preparedness includes providing diversions to keep your toddler “as busy as possible.” Cohen advises parents to bring “an arsenal of stuff.”

I, personally, always went to restaurants



with a bag full of surprises, from a tabletop puppet stage with a wide array of puppets, to a small, snap-together train track, and a wind-up plastic train.

Of course, experts agree that if all else fails, and the child's behavior continues to be disruptive to other diners, then the parent needs to remove the child from the environment.

## Shopping etiquette

Young children have always demanded instant gratification. Stores provide them with lots of stimulation, and they are often vocal about things they want. Many parents prefer not to disappoint their little darling by saying "no," so they appease their demands and rip open everything from Hot Wheels to Cheez Doodles, leaving food remnants and toy parts in their wake on the way to the register.

Not only does Bloch warn that opening merchandise before paying is modeling poor behavior, but these parents are depriving their children of some critical skills. These children are not learning any coping skills, nor understanding that they sometimes need to wait. According to Bloch, these children are used to getting whatever they want, and as they get older, it becomes problematic when their demands are not immediately satisfied.

Even near the register, impulse items beckon the youngest shoppers. Cohen advises parents that use the opportunity to teach their young children about choices, instead of acquiescing to every plea, perhaps even causing the parent to buy something she would not otherwise buy. She also believes that parents should enter stores armed with small treats and toys, in case their toddler gets hungry or bored.

## Life skills

Bloch told me that the social skills needed to properly interact with others and navigate the world are "taught in incremental steps from [age] 2 to 22." Basic skills, including coping skills and patience, taught by creating boundaries for young children, will serve these children well throughout their lives.

"Once [they] know the rules, [they] develop confidence and self-esteem," she adds. We are, in essence, empowering them by acquainting them with basic social conventions and fostering the creation of essential interpersonal communication skills.

Parenting requires a certain amount of work. Bloch says "[it's] all about effort" and insisting on good behavior. Although some children need more attention and guidance than others, a minimum amount of effort is necessary to teach them how to interact in our world. It is a parent's job to prepare them for eventual adulthood, and teach them proper manners and social skills from the time they are young, as an investment in their future.

*Risa C. Doherty is an attorney and freelance writer. She was honored in 2011 with a Silver Investigative Reporting Award from Parenting Publications of America (now known as Parenting Media Association).*

# The sugar in cereal

**H**ow much sugar does your child eat on a daily basis? Would you ever let her have dessert for her first meal of the day? You may be doing just that, if you feed her certain cereals.



## HEALTHY LIVING

**DANIELLE SULLIVAN**

We all know that popular kids' cereals can be loaded with sugar. The words "frosted," "maple," and "honey" often tend to masquerade for sugar, sugar, sugar. So, many of us buy cereals that contain oats and bran, but that doesn't necessarily guarantee a healthy breakfast.

In fact, according to the Environmental Working Group, a nonprofit research and advocacy organization, the amount of sugar in most cereals nearly assures that your child might be eating the equivalent of a sugary dessert each morning.

When children eat cereal for breakfast, many are getting considerably more sugar than the daily-recommended amount. The American Heart Association recommends that children consume less than three teaspoons of sugar per day — which is much less than what is found in some single servings of these cereals.

"I was really surprised when I read the EWG report," says Jean Sanderson, a mom of three from Chelsea in Manhattan. "I think I am being very careful when I shop, and I learned that two of the cereals that I regularly buy are on the list. Ironically, every time my kids ask for a box of cookies, I say no, but then let them eat cereal. Who knew?"

The worst offenders are Kellogg's Honey Smacks, Post Golden Crisp, and General Mills Wheaties Fuel. Each contains approximately 20 grams of sugar (five teaspoons). This amount is actually more than one Hostess Twinkie. In addition, three Chips Ahoy cookies (11 grams) have less sugar than one serving of Honey Nut Cheerios (12 grams).



However, there is no need for parents to stop buying cereal altogether, because many good-tasting cereals do meet federal guidelines for nutritional health. Among the top healthiest cereals are Kellogg's Mini-Wheats: Unfrosted Bite-Size, Frosted Big Bite, Frosted Bite-Size, Frosted Little Bite, General Mills Cheerios Original, and General Mills Kix Original.

Just remember, supermarkets know that kids will naturally gravitate toward the brightly colored sugary cereals, so they place those boxes on the lower shelves at just the right level to catch a child's eye. You

just have to be one step ahead.

"Parents have to be investigative and make sure that what their kids are eating is of good value, because the companies and stores certainly aren't doing it," says Sanderson.

To read the Environmental Working Group report in its entirety, visit [www.ewg.org](http://www.ewg.org).

*Danielle Sullivan, a Brooklyn-born mom of three, has worked as a writer and editor in the parenting world for more than 10 years, and was recently honored with a Gold award for her health column by the Parenting Media Association. She also writes for Babble.com.*




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# Advocating for your special needs child

BY LAURA J. VAROSCAK

**F**amilies are expected to make critical decisions regarding the care of their loved ones with special needs in spite of limited resources, knowledge, and finances. Despite their struggles, these following parents quickly discovered that

the best way to help their children was to learn how to become their advocates. With the right knowledge and approach, parents can partner with educators and health care providers to enhance the quality of life for their children with special needs.

Shannon's daughter Amber was born

with Down's syndrome. Devastated, Shannon and her husband struggled with severe emotional stress during the first few months of her life.

They sought the best medical care and relied on the emotional support of family and friends to get them through the initial period of grief. In time, they grew to ac-

# 10 WAYS

## to be the best advocate for your special needs child

(from parents who have done it)

cept Amber's disorder and embraced their daughter and the joy she brought to their lives.

Yet, as Amber grew older, they were faced with new challenges. Shannon remembers the obstacles she faced when trying to find a preschool for Amber.

"Door after door closed in her face because she was different. It was heartbreaking to watch."

Shannon confesses that finding the support her family needed seemed impossible.

"In the beginning, we had no clue about her education options, her legal rights, or how to manage her health care," she says. "The more we learned, the stronger we fought. Information was the key to opening doors of opportunity for Amber."

Matthew's mother, Patricia, was surprised when his kindergarten teacher recommended an evaluation by a developmental pediatrician. His withdrawn behavior, which Patricia regarded as "normal 5-year-old shyness," was later diagnosed as Asperger's syndrome.

"I thought it was an awkward stage that Matt would grow out of," she says. When she first entered the world of special needs, Patricia described it as being lost in a maze of dead ends. "Everyone had their own opinion, which contradicted everyone else's. I didn't know who to listen to. I felt like I was going crazy!"

It took Lisa and Edward three unsuccessful attempts before finding appropriate school placement for their 9-year-old son, Jeremy. After being misdiagnosed and placed in special-education classes for two years, his parents requested an evaluation and discovered that Jeremy was dyslexic. Jeremy's feelings of inadequacy and helplessness manifested in behavior problems, which further complicated his learning disability. His parents finally worked with a team of professionals to design a successful educational plan.

Jeremy's father likened the experience to navigating his way through a strange city without a map — "stressful, overwhelming, and exhausting."

There is no right or wrong way to advocate for your child. Your efforts should be individualized to the specific needs of your family and defined by the laws of your state. No doubt the process can be intimidating. It requires a lot of time, hard work, and patience to change

the system, but the outcome is worthwhile. You can make a difference for your own child and ultimately for all children who need and deserve access to special services.

Parents should always take the lead when advocating for children with special needs. No one else, regardless of experience or expertise, cares as much or is in a better position to understand and represent a child's individual talents, inter-

ests, and personal goals. Teachers and specialists come and go, but parents are involved with their children for life. Parents who stay informed, involved, and persistent make wonderful role models for their children. Your positive example serves as a springboard for their emerging self-sufficiency. Teach them to use their emotions and experience to become empowered. Before you know it, your child will be advocating for himself.

**1 Educate yourself (and others).** Read. Talk to others with experience. Do not be afraid to ask questions. Once you fully understand the problem, you are much more likely to know what next steps to take. Knowledge is power. The more you learn about your child's specific needs, the more you can contribute to his well-being and the more information you have to share with others.

Children with special needs, including physical disorders, psychiatric disorders, emotional problems, behavioral problems, and learning disabilities, are guaranteed services in school under federal and state laws. Keep up to date with these laws to ensure your child receives appropriate services.

Familiarize yourself with the following laws and use them as a tool to work with your child's support team:

- The Individuals with Disabilities Education Act governs all special education services for children in the country. Children with disabilities have a right to receive special education and other services.

- Section 504 of the Rehabilitation Act is a civil rights statute that requires schools to provide reasonable accommodations (modified homework, special seating arrangements, untimed tests) to children with disabilities.

- The Americans with Disabilities Act requires educational institutions to meet the needs of children with psychiatric problems.

- No Child Left Behind Act is a federal law that makes sure that all children, including children with disabilities, receive a high-quality education.

**2 Be a team player.** Your success as an advocate depends on establishing positive relationships with the professionals who work with your child.

Talk to them on a regular basis to keep abreast of changes and progress. With your child's best interest in mind, apply your knowledge and be open to others' suggestions. Discuss ways to develop and implement the most beneficial plan.

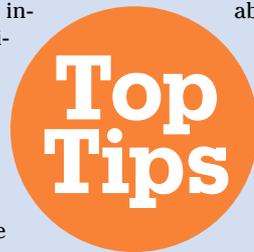
**3 Communicate effectively.** As a parent, you are the strongest advocate for your child. Do not be afraid to assert your views.

Prepare yourself for all meetings so you can be clear and specific about what you would like to say. Express yourself honestly and directly. Present concrete examples of both the problem and your proposed solutions. Good communication skills lessen the chance of misunderstandings.

**4 Stay open-minded.** Although you know your child best at home, he may be very different in an educational or therapeutic setting. Listen to proposed solutions or plans with an open mind. If you do not agree, ask questions to try to understand the other perspective, or enlist a mediator to help settle a dispute.

Remember that understanding someone else's viewpoint does not mean that you agree

*Continued on following page*



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## 10 ways...

*Continued from previous page*

with it, but shows you are paying attention, listening to what she has to say, and are willing to work with her.

**5 Talk to your child.** Make time to check in with your child each day.

It is not easy living with a disability. By keeping the lines of communication open, you are acknowledging your child's feelings, and showing empathy. Understand his particular needs, get to know what your child is feeling, and give him appropriate outlets of expression. Help him learn about his condition.

Keep things positive and focus on your child's strengths to boost his self-esteem and confidence. Ask what he is interested in learning, about goals for his life, and the kind of help he thinks he needs.

**6 Plan for your child.** As difficult as it may be to deal with things in the moment, keep in mind that good planning prevents problems in the future.

Set both short- and long-term goals with the help of family members and professionals. Think about your vision for your child's future and then develop specific strategies to help achieve those goals.

**7 Create a support network.** Don't forget about your own needs.

The stress of parenting a special-needs child can lead to isolation. Community groups and national organizations provide useful information to families, but nothing compares to the wisdom of other parents dealing with similar issues.

Support groups provide valuable insight, moral support, and understanding. Parents can share their experiences, strength, and hope, while helping others with concrete advice such as learning about the system, discussing strategies, and preparing for meetings.

Once you fully understand the problem, you are much more likely to know what next steps to take. Knowledge is power.

**8 Keep a positive attitude.** When you are feeling angry, disappointed, or frustrated, try to stay calm and face the challenges with integrity.

It is hard not to take things personally when your child is involved, but negative emotions can interfere with good judgment. Focus on facts, not feelings. Have confidence in all you are doing to help your child. Channel your emotions as a source of energy and power.

**9 Be patient.** Advocating for your special-needs child is time and energy consuming.

As overwhelming as the process may be, taking it one step at a time will make the task seem less daunting. Success often depends on trial and error. Give yourself credit for your hard work and dedication, and take comfort in the end result.

**10 Stay organized.** Just as professionals keep detailed notes, parents should do the same.

Keep track of contact names and numbers. Take notes at meetings and during phone conversations. Document your child's behavior and progress. Keep a paper trail of everything. Create a system to organize your paperwork so that you can refer to it easily. The information may prove invaluable in resolving misunderstandings and miscommunication in the future.

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# Fun on wheels

Special-needs kids learn to ride bikes at a camp just for them

BY THERESA HOWARD

**T**eaching a youngster how to ride a bike is challenging. But when the child experiences developmental delays, this process becomes even more daunting.

This summer, however, disabled kids who live in the New York area are in luck. Lose the Training Wheels camp in Hoboken, New Jersey will teach special-need adolescents the fine art of balancing on a two-wheeler from July 8 to 15.

Lose the Training Wheels is a national not-for-profit organization that operates out of Pennsylvania. The group has conducted more than 100 of the week-long camps in partnership with local hosts over the past decade.

"We rely on the altruistic focus and dedication of our hosts to operate the camps," says Jeffrey Sullivan, director of administration for Lose the Training Wheels. "Without them, our program would literally be spinning its wheels."

Lose the Training Wheels has an 80 percent success rate because it has the expertise, know-how, and gear to teach children with special needs how to conquer this adolescent rite of passage. It relies on local host organizations to run the camp, register participants, find volunteers, and raise money.

The Hoboken Family Alliance brought the first Lose the Training Wheels camp to New Jersey last summer. Nine out of 10 children who participated learned how to successfully ride including Grace Thier, an 11-year-old from Manhattan with visual impairments and developmental and speech delays.

"Before Lose the Training Wheels, we were ready to give up trying. We had tried, in earnest, over two summers to teach Grace to ride on her own and came close to succeeding one time, but she just couldn't seem to get the hang of it," says Thier's mom, Virginia Ryan.

Lose the Training Wheels yields so many happy stories like Thier's because it has a skilled staff that knows how to use adaptive equipment. Both of these elements combined helps a child achieve balance and build confidence — ultimately giving her the foundation to ride independently in such a short time.

## How it works

When a Lose the Training Wheels camp rolls into town, it does so with two professional bike experts and a trailer loaded with a fleet of more than 40 bikes — enough to accommodate all campers. Children start out on a bike that's equipped with a roller, rather a wheel, on the back of the bike. The roller width is reduced from about a foot wide to just inches as the child demonstrates proficiency in operating the bike.

A supervisor monitors each child as she pedals around a gymnasium and moves her throughout a hierarchy of different size rollers until she advances to the next level. Throughout the week children will progress



James takes a spin around the track.

from the roller bikes to more traditional two-wheelers that have a handle in the back. With the handle, a volunteer is able to jog alongside the biker and provide support, balance, and prevent the child from falling over.

"This is one of the most rewarding events that I have ever done with Alpha Phi Omega because of the enjoyment you get from the children as they get better and better, even if I was just stopping them from falling," says Zachary Szelc, a college student at Stevens Institute of Technology who volunteered in last summer's camp.

About 35 children can participate in the week-long camp. They attend one 75-minute session each day. Each camp day runs from 8:30 am to 5 pm and includes five sessions, each with five to six participants. Children attend the same session each day of the week.

## Success!

For Thier, the week was hard work but

not nearly as difficult as her previous experiences.

“We had tried rewards and all kinds of encouragement to motivate her,” says Ryan. “But we got nowhere. It was heart-breaking for us to see this rite of childhood pass her by, despite our great efforts. She wanted to ride but couldn’t balance, and the falls were hard and frequent. It was painful for us to see that our family would never be able to ride together. In the fall of 2010, we reluctantly gave up, in frustration and sadness.”

That is, until Ryan heard about Lose the Training Wheels.

“In the winter of 2011, out of the blue, our friends told us about the program. I checked out the website and decided to give it one more try, going wherever the program was being offered over the summer.”

Ryan recalls a tentative start on day one, but her daughter’s confidence grew during the second day.

“There was near-excitement on day three, and day four was filled with adrenaline as Grace rode unassisted for the first time ever! Day five was one long victory lap with the instructors, other kids, parents, and community volunteers. It was just amazing — a small miracle, really.”

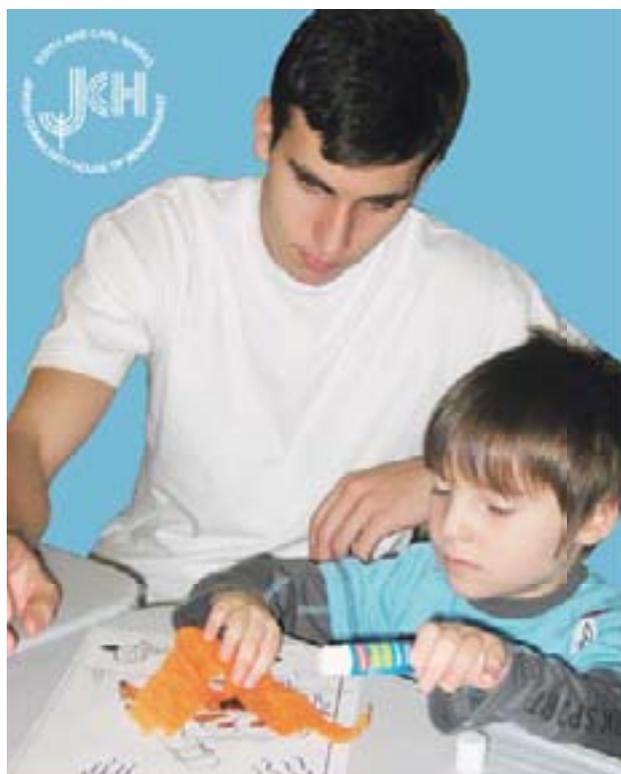
Thier’s experience at the Lose the Train-



The kids are proud of a job well done.

ing Wheels camp resulted in a great achievement that gifted her with confidence. She started the week very shaky and not so sure it would work but left a beaming, freewheeling bike rider!

*Hoboken Family Alliance “Lose the Training Wheels” camp, July 8 to 15. \$150. Register at [www.hobokenfamily.com](http://www.hobokenfamily.com). Children must be at least 8 and measure a 20” inseam in order to fit properly on the bikes.*



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# A historic day

## March 21 recognized as World Down Syndrome Day

BY MARIE CANTONE

**T**he United Nations met this spring to formally recognize March 21 as World Down Syndrome Day.

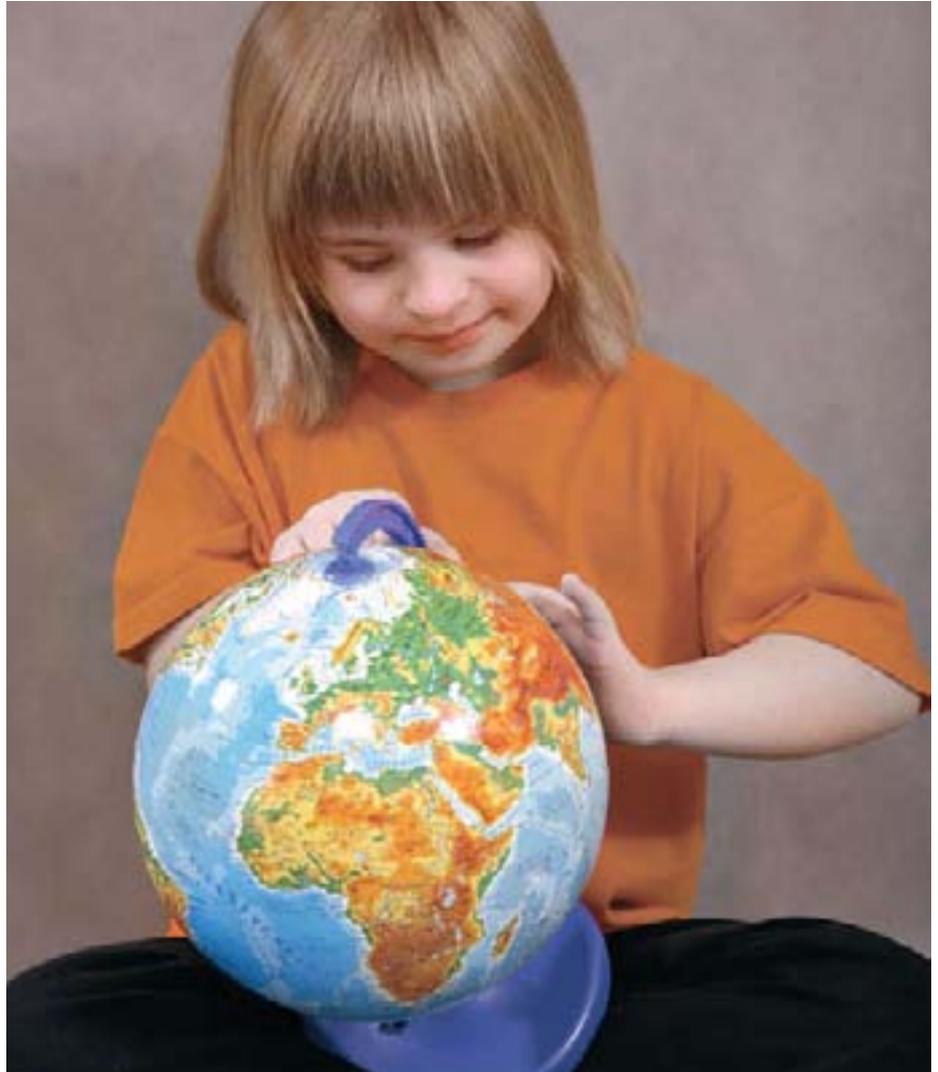
Medical professionals and individuals with Down syndrome from around the world gathered to discuss research of the condition and share personal experiences. The day created by the organization Down Syndrome International raised awareness about the condition and it was truly remarkable.

Down syndrome is a chromosomal condition that causes intellectual disabilities as well as physical problems. Many individuals who are affected by it take their lives in stride. Most who have the condition search their whole lives for equality. And many of them lead typical lives – they graduate from high school, live independently, plan weddings, hold down jobs, write books, and advocate for Down syndrome. They don't view Down syndrome as an obstacle. Rather they see it as a driving force that pushes them to succeed in life. The strength and determination of these extraordinary individuals is truly touching.

There was a cartoon series featured at the event in which the main character had Down syndrome. She lived in the moment and aimed to solve problems for those around her. The actress who voiced the character has Down syndrome herself. Clearly, anything is possible for someone with Down syndrome.

The panel of physicians speaking at this very same event discussed the medical and social issues involved when one is living with Down syndrome. They mentioned the incredible attributes seen in those affected by the condition including a happy disposition, a big heart, plain goodness, kindness, perseverance, contentment, musical talent, loyalty, and exceptional visual memory. One of the panelists admitted that he wished he had some of those attributes himself and members of the audience nodded in agreement.

Everyone should learn more about Down



syndrome so that they can fully understand that many of those affected by this condition have the same hopes and dreams as everyone else.

For more, visit [ds-int.org](http://ds-int.org) and [worlddownsyndromeday.org](http://worlddownsyndromeday.org).

*Marie Cantone, of Family Financial Services in Syosset, NY, helps families with special needs*

*plan for their financial future. For more than a decade, Cantone has been dedicated to enriching the lives of children with special needs through her leadership and volunteering at Camp Northstar ([campnorthstar.org](http://campnorthstar.org)) and a respite program at St. Philip Neri Church ([stphilipnerinpt.org](http://stphilipnerinpt.org)). To reach Cantone, call (631) 433-0656 or e-mail [marie@familyfinancialservices.info](mailto:marie@familyfinancialservices.info).*



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# Facing the challenges of autism

## How to move from initial shock to getting the help your child needs

BY THERESA LYNN

I didn't know that anything was wrong. When my son turned 2 years old, I didn't realize that anything was "wrong" with him.

He didn't speak, but was otherwise a very happy, healthy, active, beautiful little boy. There is a history of late talkers in my family with boys, and my husband himself was also a late talker. So, I really didn't think anything of it.

My son also had a history of ear infections and asthma, so we attributed his silence to that and figured it would happen eventually.

A few months later there was still no change, and after speaking with my mother, who is a psychologist, I proceeded to have him evaluated through the local early intervention program. He qualified for both speech and special-education services due to his speech delay, and began receiving services several times a week in our home and at a local center. He began making progress, but it was slow.

### The diagnosis

At that time, we also requested he get a developmental physical to see if there was anything else going on aside from his speech delay. In my heart, I knew there very well may be something bigger going

on.

My husband actually went with me to the evaluation appointment (the only time). The report from this developmental physical told me that my son was just fine, they did not believe him to be autistic, he was just speech delayed. I was relieved by this news and I believed it, because I wanted to, but I just knew there was something more.

As a follow-up to the physical, we were directed to go see another doctor who specialized in speech disorders to see if there was more to the delay. Was it apraxia? Was it an auditory processing disorder? Was it a non-verbal learning disorder? Or, something else? This was one of those doctor visits from hell — my son did not connect at all with the doctor and was terrified, he clung to me like never before, and he had a tantrum.

The doctor then proceeded to talk to me like my child was a monster, or at least that is how I perceived it.

"He needs compliance training," she said — as if he was some sort of an animal. She spoke frequently of the "A" word (autism) and said he was moderately to severely autistic. She made me feel as if I was a horrible parent. I left there in tears and wouldn't accept her words, I tried to block them out and made myself believe the first report.

When I received a copy of her report in the mail I called my service coordinator and set up an IFP meeting, since we were now approaching my son's third birthday and he would have to transition from the early intervention program over to the school district.

At the mutual decision of my son's speech and special-education teachers, myself, and the service coordinator — it was agreed that we would have him see another developmental psychologist for another opinion.

I went to this appointment with the service coordinator. We spoke to the doctor at length about my son, and then he began the testing and observation, which involved him playing and interacting with my little guy with various toys.

At the end of the testing he left for a bit and then came back to deliver the news. The diagnosis was confusing. It mentioned things like: "behaviors consistent with an Autism Spectrum Disorder. Testing solidly suggestive of an Autism Spectrum Disorder, though certainly at the mild end. Hyperlexia may be developing." And it gave a diagnosis of pervasive developmental disorder. It is this diagnosis that was instrumental to getting my son the help that he needed. Coupled with my advocacy for him, we now had all the tools needed to get him the appropriate services.

### The transition to preschool

In New York State, when your child turns 3, he exits the county early intervention program and enters the school district.

For some, this is a big nightmare. But for me, thankfully, this has so far gone pretty smoothly. The biggest change for us is that my son now attends a preschool itinerant program for other autistic and developmental-delayed children.

His classroom consists of six children, a special-education teacher, a speech teacher, an occupational therapist, and an aide. They have a music therapist who visits the class on a weekly basis. He goes to school for three hours every day and takes a school bus there and back. It is hard to put your 3 year old on a school bus (they do have car seats), but it is also liberating to know that I have three hours "for me" each day.

I often feel as if I have given up a huge chunk of my privacy with this revolving door of people coming and going in and



out of my house. I sometimes wish I could have that privacy back, but this loss of privacy is just a small sacrifice on my part in order for my son to succeed. And want him to succeed, I do.

### **The reactions of family**

As if my own acceptance of my son's autism diagnosis was not difficult enough, there is the issue of how others will perceive it.

It is the harsh reality that some will not accept or understand this diagnosis. I have friends and family who "get it" and some that do not. My mother is a psychologist and works directly with autistic children. Her knowledge has been both comforting and terrifying to me — though ultimately she and my dad are my biggest sense of support.

Because they live close to me they see what I am going through and have close contact with their grandchild and see his progress. I have other relatives, siblings, in-laws, etc. who do not live close by. Perhaps due to the distance and the fact they do not see what we go through on a regular basis, it is harder for them to accept or realize the diagnosis.

Even my spouse has had a difficult time coming to grips with it all. His schedule keeps him apart from us for extended periods of time, which is stressful on the family unit.

### **Dealing with friendships**

I have lost friendships and let friendships go during this trying time of my own acceptance of my son's autism.

I found that it was very easy for me to

go into a hole and just go through the day-to-day motions instead of dealing with others.

This isn't the healthy way to deal with it and I now make the effort to not seclude myself. The bottom line is that, for me, I needed to identify which friendships could maintain this and which ones stress the heck out of me.

You need to be open and honest with friends about your stress, your feelings, and present them with facts on your child's diagnosis.

They may never understand what you are going through because they've not walked in your shoes. But, they can hold your hand and be by your side while you climb this mountain. You cannot let the diagnosis consume you and your friendships.

At the same time, I have built new friendships by reaching out to other parents of autistic children.

### **This is my child**

As a parent, my biggest want is for my child is for him to be happy, healthy, and to succeed. Through lots of trial and error, many tears, and lots of laughs, my son and I are climbing this mountain, called autism, together. I would be a liar if I told you that I wouldn't have it any other way. Of course, I would never wish this diagnosis on my child, or on anyone. But, we've got it and we have to deal with it to the best that we can.

The autism diagnosis is a label, and a weighty one at that. But, above everything, he is my little boy. Though he wears this label, "autism," on an ID tag around his wrist, my love for him has not changed. I loved him before the diagnosis and this will never change.

I brought him into this world and I do my best each day to ensure that his health, happiness, and well-being are maintained. He, in turn, is constantly teaching me new things. I have a newfound appreciation for little things now that I previously would have taken for granted. He makes me a better person and he completes me. I recently saw a button that said: "My child is my life, and the rest is just the details." That pretty much sums it up.

*Editor's note: The rate of autism was one in 10,000 births just 10 years ago. Today, one in every 250 children born this year will have some form of autism. This makes autism the third most common developmental disorder — more common than Down syndrome or cystic fibrosis.*

# Book guide

## A selection for young readers

### 'Tía Isa Wants a Car'

The other day, while your child was playing outside, he found something small on the ground. It wasn't much, just a penny.

There's not a lot he can do with a penny anymore. It's not enough to buy candy or gum, and it takes bunches of them to buy a toy. Even more for a new video game.

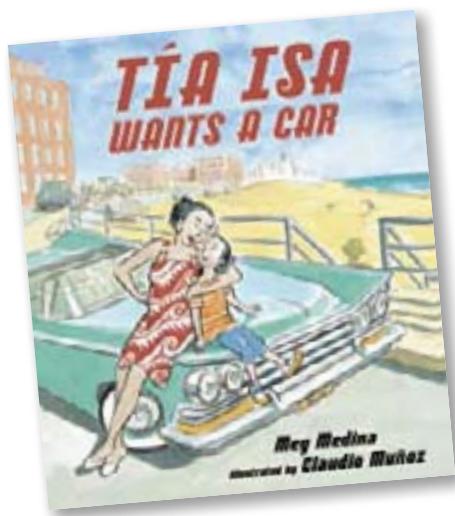
But his Abuelita (Spanish for "Grandmother") always says he should save his money for a rainy day, and since a penny is money, he puts it away. (He has always wondered what rain has to do with anything, but, oh, well.)

In the new book, "Tía Isa Wants a Car," by Meg Medina, illustrated by Claudio Muñoz, a little girl learns that her pennies can take her anywhere, no matter what the weather.

More than anything, her aunt, Tía Isa, wants a car.

She says so after work, when she gets home from the bakery. It should be a green car, the color of foamy water on the beach. That color would remind Tía Isa of the ocean that lapped outside her bedroom window when she was a little girl. Maybe she should get a car with wings in the back, like sea gulls.

But Tío ("Uncle") Andrés laughs at her. The family's not rich, he reminds her. Besides, she's got more to worry about, like



### THE BOOK WORM

TERRI SCHLICHENMEYER

some soon, but "soon" can take forever.

Still, there are always other ways. Señor Leo might have a few odd jobs he'd pay to finish. La vieja ("elderly") Maria might need someone to help feed her window-sill cats. Miss Amy at la biblioteca ("the library") has been asking for español ("Spanish") lessons.

Tía Isa wants a car, but she's getting sad. Why does saving money take so long? Will she ever have enough to "vamos" on her own four wheels?

She might — with just a little help.

Like most of us, kids enjoy getting new possessions. And, like many of us, they have a hard time saving up for a big want. What they'll see in this book just might inspire them.

"Tía Isa Wants a Car" tells the cute story of doing something difficult to make a dream come true, even though it takes a long time. I loved the way Medina gives her little heroine a can-do attitude in helping her Tía, along with the satisfaction of seeing her efforts make a difference. Muñoz's illustrations are wonderfully expressive, further allowing the love between Tía and her niece to shine through.

Little spendthrifts, ages 3 to 7, will want to save time to hear this story read aloud. For them, "Tía Isa Wants a Car" is a good

cooking dinner for him. Tía Isa tries to ignore him, but she knows that cars are expensive and that most of her money must be sent back home to Mami and Papi.

Yet, Tía Isa wants a car and her mind's made up. She speaks to the man who sells cars, but he tells her that she doesn't have enough cash. She says they'll have

book, rain or shine.

"Tía Isa Wants a Car" by Meg Medina, illustrated by Claudio Muñoz [32 pages, Candlewick Press, 2011, \$15.99] is recommended for children ages 3-7.

### 'Planet Middle School'

Imagine that you are 12 years old, and aliens have kidnapped your best friend.

At least that's what it seems like. The two of you used to do things together all the time. You'd hang out, watch TV, shoot hoops, or climb trees. You liked the same activities, and you knew each other's secrets.

But now, sometimes, you feel like you barely know her any more. She never wants to do the things you used to do and everything's different. It's almost like your best friend got kidnapped and replaced with someone who just looks like her.

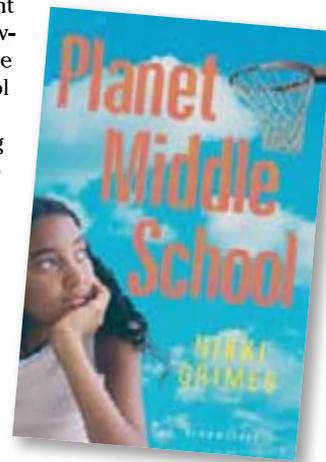
In the new book, "Planet Middle School," by Nikki Grimes, 12-year-old Joylin knows the feeling. Both of her best friends are acting weird.

Joylin really hates it when people call her a tomboy. But what else can be said? She dresses in navy, baggy jeans, she's got a killer jump shot, and she hates girly things. Her dad is secretly happy about it all. Her mother just rolls her eyes.

Although Joylin despises the tomboy moniker, she doesn't mind when her best friend KeeLee teases her about sports and her lack of fashion sense. They've been

BFs since they were nine, and they've always done everything together...until middle school started.

When Joylin tried out for the basketball team, KeeLee joined the school choir. They don't have the same classes very often. Sometimes, they don't sit together in the lunchroom any more, and that makes Joylin sad.



It makes her even sadder when KeeLee starts boy-watching.

And speaking of boys, even Jake, Joylin's best male friend, is acting weird now that they're all in middle school. He treats Joylin like a girl, instead of the way he used to when he didn't notice things like the bumps on her chest. And those bumps interfere with her jump shots, too!

Then a new boy, Santiago, shows up on the court one day. He smiles at Joylin and things change even more. How can she get Santiago to see her? Would a skirt and heels make him notice? Would make-up make a difference? And would Jake stop being such a jerk about this whole thing?

Why can't things just go back to the way they were?

Remember how hard it was to stand with one foot in childhood and one foot in "Grown-up Land?" Author Grimes brings all that confusion and those mixed feelings to life in this perfect little novel.

Using free-form story-poems of different lengths, Grimes gives voice to a smart, young character who is also wise beyond her years.

There's no reason a boy can't read this book, but I think 11–14-year-old girls will think "Planet Middle School" is out of this world.

*"Planet Middle School" by Nikki Grimes [155 pages, Bloomsbury Kids, 2011, \$15.99] is recommended for girls ages 11-14.*

## 'Chocolate Me!'

Imagine being back in preschool and noticing that all of your friends are different.

The one who sits next to you in school has brown eyes, while your neighbor's eyes are blue. One friend might be very tall, while the other might be very short. Their hair and their skin might be lighter, darker, or another color altogether. Your friends are all ages and sizes, and there are boys and girls.

They are different, and you love them all.

And in the new book, "Chocolate Me!" by Taye Diggs, illustrated by his friend, Shane W. Evans, a little boy learns to love himself, too.

Timmy, Johnny and Mark have everyday names, just like everybody else — except for the little boy on the step. His name is

unique, and he longs for a common name.

Timmy, Johnny and Mark have different skin colors, too, and they wonder if the little boy's dark skin hurt when he washed off the dirt. Why was his skin darker, anyway?

Timmy, Johnny and Mark sometimes tease the little boy about his hair. It's curly and poufy, like a wig. Doesn't it tangle and hurt to brush it?

And then there was the little boy's nose. It was HUGE! It was nothing like Timmy's nose. The little boy's hair was not like Mark's hair. His skin didn't look like Johnny's skin. And his super-white teeth weren't like anybody's!

It made him sad. It made him cry.

But when he told his mother why he was so sad, she said something important: his skin wasn't just dark, it was like "velvet fudge frosting mixed in a bowl."

His hair was like cotton candy or rows of tall corn. And just seeing his white, white teeth made her smile, too.

She showed the little boy a mirror. For real, he was just perfect.

Suddenly, Johnny, Timmy and Mark didn't seem so special. They were his friends, that's true, but they were missing something that was too sweet not to notice.

Wanting to be like everybody else is a big thing when you're a little person. But then again, so is self-acceptance, and "Chocolate Me!" can help.

With a charming, not-quite-rhyming story, author and actor Diggs — who used his own childhood as the basis for this book — tells the tale of a boy who isn't at all like his friends and hates it.

Anybody who has stood out from the crowd can identify with the child in this story, but kids who are keenly aware of differences will find it even more personal. I liked the

good-naturedness of Diggs's main character, despite that he's heartbroken for being singled out. For her wisdom, I liked his mother even more.

Add Evans's illustrations — pictures kids will want to look at again and again and again — and you've got a winner of a book.

Meant for preschoolers, I think this book is also good for both bully and bullied, because it could change their lives. For them, and for any child who's different, "Chocolate Me!" is yummy.

*"Chocolate Me!" by Taye Diggs [40 pages, Feiwel and Friends, 2011, \$16.99] is recommended for preschoolers.*

## 'Survivor Kid: A Practical Guide to Wilderness Survival'

Throughout the school year, kids spend enough time indoors. When summer comes around — with the free time that comes with it — they plan on being outside as much as possible — hiking, exploring, and camping.

But what if they get lost? How will they deal with not knowing where they are? Will they know what to do, how to stay protected,

where to find food, and how to survive? They will if they've read "Survivor Kid: A Practical Guide to Wilderness Survival" by Denise Long.

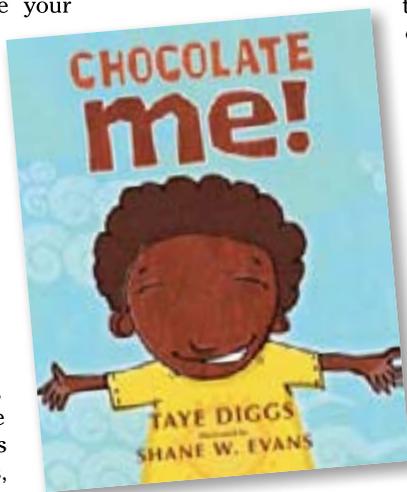
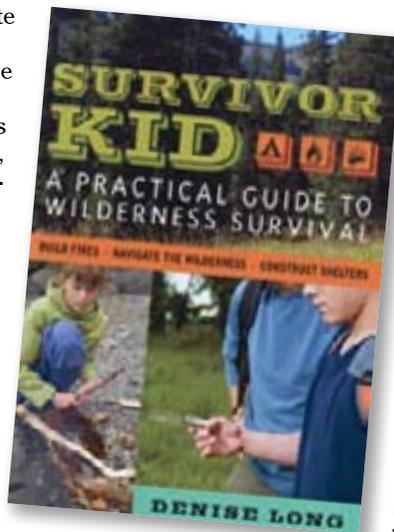
So they've found a great new trail, and they can't wait to explore it. There might be some birds or a creek they've never seen; for sure, it's gonna be an adventure.

But before you go, says Long, be responsible and tell an adult where you're going and how long you expect to be gone. That way, if you get lost, someone knows where to look for you.

OK, so they're eager to get going. But what are they taking with them? You can't leave without planning, says Long. Take enough water to stay hydrated, some food, and a survival kit. She'll tell you how to make one. That planning may really mean the difference between harm and safety. It's also a good idea to know ahead of time which plants are OK to eat — just in case — and where to find water if you run out.

Now, back to that intriguing trail: Long says that anybody can mistake an animal trail for a human path, but there are ways to be sure you don't stray the wrong way. Learn how to mark your way, so if you get discom-

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# Book guide...

*Continued from previous page*

bolulated, you can re-trace your steps.

And speaking of animals, it's kind of thrilling to know that you're sharing the wilderness with a cougar or bear, but behind that thrill is danger. Know how to avoid encounters with predators, snakes, and insects. And, of course, you'll want to know how to build a temporary shelter to keep you out of all kinds of harm's way.

Use your head, says Long, and learn to use a compass. Build that survival kit. If you're lost, learn STOP. And, overall, keep reminding yourself that you'll be OK. You're a survivor!

Parents, if you've got an adventurous kid in the house — and particularly if you're an outdoorsy person, too — you know how important it is to always be prepared. Reading "Survivor Kid" can help.

Long, who has taught survival skills to kids as young as middle school, doesn't talk down to her readers; instead, she uses real terms in a simple, direct way that's easy to understand. Long is thorough in this guide, including advice that newbies need to know and of which experienced hikers will appreciate being reminded.

"Survivor Kid" is meant for middle-schoolers, but I think high-school-age students could use what's in here, too. If exploring is on your child's agenda this summer, this is a great book to get lost in.

*"Survivor Kid: A Practical Guide to Wilderness Survival," by Denise Long [223 pages, includes index, Chicago Review Press, 2011, \$12.95] is recommended for middle-schoolers.*

## 'B is for Blue Planet'

Someday, your children are going to inherit the earth. And there is so much to learn before it becomes theirs. "B is for Blue Planet," by Ruth Strother, is just the tool to learn all about our Earth.

"B is for Blue Planet" teaches children all about the planet by taking them through the alphabet to introduce them to new words, such as A, for amber, the gooey material that oozed from trees when dino-



saur walked the earth, and trapped bugs, flowers, and leaves, and then hardened, rock-like. And while your child is learning about old, hard rocks, she'll also learn about I, for igneous rock, which was on the earth before the dinosaurs that roamed the earth during J, the Jurassic period.

Of course, B is for blue planet, another name for the earth, because much of it is covered with water and looks blue from space. In all that water are coral reefs, which start with the letter C. E stands for earthquakes, and V is for volcano.

If you've got a young reader in your house, you probably have at least one shelf that's filled with books that have been outgrown. The nice thing about this book is that it grows with your child: read it with a 4 year old, then keep it for the 12 year old she'll be someday, because "B is for Blue Planet" really is two books in one.

Strother offers a quick, easy-to-understand poem for younger children, each accompanied by a colorful illustration from artist Bob Marstall. You'll notice, though, that on the outer half of each letter-page are longer, more thorough, more scientific explanations meant for older kids — or for yourself, if you need help answering the questions of a curious child.

For preschoolers to middle-schoolers, "B is for Blue Planet" will prove that Earth Day — April 22 — isn't the only time to be green. For them, this book is a good lesson and a great gift.

*"B is for Blue Planet," by Ruth Strother [40 pages, Sleeping Bear Press, 2011, \$16.95] is recommended for children in preschool through middle-school.*

## 'Surviving the Hindenburg'

Your kids complain about their chores. Every morning, they have to make their beds and straighten up. They help wash the dishes, clean the house, and pitch in with yard work.

They think they've got it rough. But as they'll see in the new book, "Surviving the Hindenburg" by Larry Verstraete, their chores are nothing. At least they don't put them in the path of danger.

The book tells the story of 14-year-old Werner Franz, who, in 1937, was the youngest crew member on the German airship the Hindenburg, one of the most famous airships in history. Through Werner's memories, readers will learn the inner workings of the airship and the tragedy that unfolded during the zeppelin's final voyage.

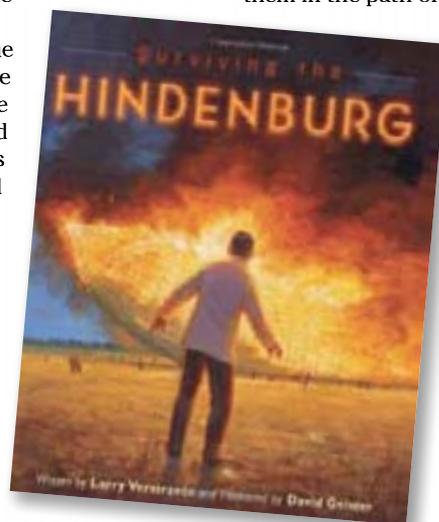
Werner was very excited to be a cabin boy on the Hindenburg,

which, at 13 stories high and more than 800 feet long, was like a big, floating hotel surrounded by fabric cells filled with highly flammable hydrogen. As the youngest crew member, Werner loved working on this great big ship in the sky, and he was finally going to see America!

As a cabin boy, his many duties included making the beds, setting the tables, washing dishes, and cleaning uniforms. Every day, when he was done with his work, he would visit the mechanics who manned the engines or the riggers who worked at the top of the airship. It was a bit of a balancing act to make his way around the airship; the Hindenburg was lined with narrow wooden paths that connected the stern to the bow. One of the paths led to a small window that gave Werner a bird's-eye view of the Atlantic Ocean, and, on May 6, 1937, an up-high look at New York City as the Hindenburg tried to dock in New Jersey.

It was stormy that day, but people crowded the beaches of New Jersey to watch the mighty Hindenburg's landing. Werner wished he could watch it, too, but he had dishes to wash.

And then, there was a thump. Dishes scattered and broke, and Werner ran to a wooden pathway as he discovered that the



Hindenburg was on fire!

Based on Werner's own account and other research about this tragic event for which the anniversary looms, "Surviving the Hindenburg" is an interesting tale enhanced by historical information in the front and back pages, which gives young readers an idea of the magnitude of this disaster. In telling this story, Verstraete gives kids someone to identify with: a boy like them who is witness to an event that shocked Americans, and the Germans who made the zeppelin.

What really makes this book are the illustrations by David Geister. With a palette that evokes many emotions in a few pages, Geister's artwork truly sets the tone.

While it's generally the size and shape of a preschooler's picture book, I think "Surviving the Hindenburg" is better suited for children ages 7 to 12. If you've got a budding historian in the house, enjoying this book won't be a chore.

*"Surviving the Hindenburg" by Larry Verstraete [32 pages, Sleeping Bear Press, 2012, \$16.95] is recommended for children ages 7 to 12.*

## 'Best Shot in the West: The Adventures of Nat Love'

It's the rare for kids to want to grow up to be a cowboys in this age of video games and sports heroes, but a new book about a former slave-turned-cowpoke might change all that.

"Best Shot in the West, the Adventures of Nat Love" by Patricia C. McKissack and Fredrick L. McKissack, Jr., (Chronicle Books) tells the story of Nat Love, the youngest child of slaves who was born in a log cabin on a plantation in Tennessee and when on to become a free cowboy known by his peers as one of the best shooters, ropers, and wranglers in the West.

Nat was 7 when the Civil War broke out and his owner, Robert Love, took Nat's father away to help build forts. When they returned, Love didn't tell his slaves that they were free and it was quite awhile before they found out the truth.

But the joy of being free didn't last long. Soon after, times got tough when Nat's father and sister died. In order to help care for the family, Nat found jobs here and there,

mostly working as a cowboy. He learned that he was really good at breaking colts, and was paid 10 cents for each dangerous ride.

When he was 14, Nat gave his mother half his savings and left home. He walked some and rode some until he found work as a cow-puncher.

The other cowboys soon came to respect Nat, who became a trailboss known as "Deadeye Dick" because he was one of the best shooters, ropers, and wranglers in the West.

But then cowboy-ing changed, and so did Nat, who had lived a charmed life for 20 years. But he was getting older, and it was time for dif-

ferent dusty trail.

Based on the autobiography of Nat Love, the McKissacks bring to kids the kind of story that will ignite their imaginations with tales of the Wild West. Written in comic-book form, it is kid-friendly, and the artwork by Randy DuBurke ropes in even the most reluctant reader.

"Best Shot in the West" is one rootin' tootin' read for kids ages 8 to 13.

*"Best Shot in the West: The Adventures of Nat Love," by Patricia C. McKissack and Fredrick L. McKissack, Jr. [133 pages, 2012, \$19.99].*

## 'The Pregnancy Project'

You said you had a headache, your stomach hurts, or your foot was so swollen you couldn't walk. But really you were unprepared for a physics test, didn't want to deal with dramatic friends, or were recovering from the prior day's embarrassment.

Now your daughter does the same thing. But how far would she go? Author Gaby Rodriguez lies in order to make a difference and explains it all in a book she co-wrote with Jenna Glatzer called "The Pregnancy Project" (Simon and Schuster).

While most kids have some idea of what they want to be someday, Rodriguez knw

what she didn't want to be -- a teen mom.

It was a family legacy she wanted to avoid. Her mother was pregnant at 15, all of her older sisters were pregnant in high school, and some of her brothers were fathers before they were out of their teens. Everybody in her Oegon community figured that Rodriguez would embrace the family tradition.

She knew from experience that when a girl becomes a mother too young her education suffers and that was not an option for budding, young author. She had her sights set on college. Yet she was curious. What would people say if she did get pregnant? Would their attitudes toward her change? What would it be like to live the stereotype?

Since her senior project was looming and mandatory for graduation, Rodriguez decided to try a bold experiment. With the help of her mother, boyfriend, best friend, and a few trusted teachers, she pretended to be pregnant. All of her classmates and her siblings believed she was expecting a baby that April.

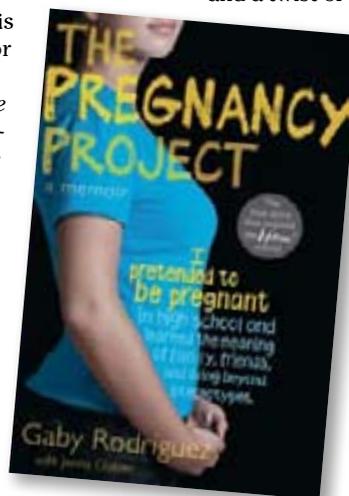
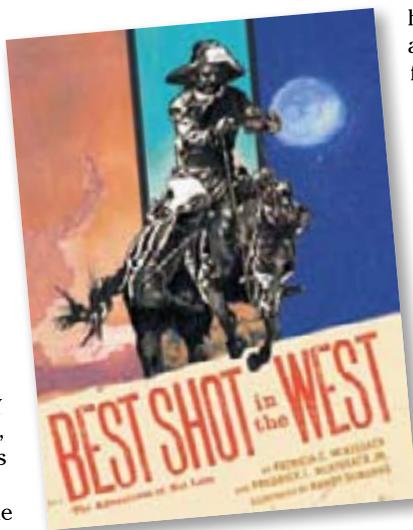
The situation wasn't easy and after enduring stares, whispers, and nasty comments Rodriguez thought about quitting few times. Yet she persevered, even creating a fake bump out of clay and padding.

The reader accompanies Rodriguez on an emotional journey of discovery during and after her senior project. "The Pregnancy Project," is a brave story with a dash of brilliance and a twist of wide-eyed amazement.

Yet, what Rodriguez learns during her experience isn't nearly as important as the guidance Glatzer offers to girls in this book. The co-authors are blunt about the pain of smug, unwarranted comments by friends and candid about the surprising anger Rodriguez felt in response. They offer firm and practical advice for sexually active teens. So if you're a girl who is contemplating pregnancy, do yourself a favor, and read "The Pregnancy Project." It just might change your mind.

*"The Pregnancy Project," by Gaby Rodriguez with Jenna Glatzer [218 pages, Simon and Schuster, 2012, \$17.99] is recommended for teenaged girls.*

*Terri Schlichenmeyer has been reading since she was 3 years old, and she never goes anywhere without a book. She lives on a hill with two dogs and 12,000 books.*



# District 75

## Dedicated to educating New York City's Special Needs children

**D**istrict 75 provides citywide educational, vocational, and behavior support programs for students who are on the autism spectrum, have significant cognitive delays, are severely emotionally challenged, sensory impaired or multiply disabled. District 75 consists of 56 school organizations, home and hospital instruction and vision and hearing services. Its schools and programs are located at more than 310 sites in the Bronx, Brooklyn, Manhattan, Queens, Staten Island, and Syosset, New York.

### Mission

The mission of District 75 is to provide appropriate standards-based educational programs, with related service supports, to approximately 23,000 students with severe challenges, commensurate with their abilities. The district is committed to working with students and their families to afford them an opportunity to maximize their potential, become contributing members of society and develop the tools to ensure maximum personal independence and self-esteem.

District 75 provides citywide educational, vocational, and behavior support programs for students who are on the autism spectrum, severely challenged, and/or multiply disabled. District 75 consists of 56 school organizations, home and hospital instruction, and vision and hearing services. Our schools and programs are located at more than 350 sites in the Bronx, Brooklyn, Manhattan, Queens, Staten Island and Syosset, NY.

District 75 collaborates with various institutions of learning and colleges to replicate best instructional practices, and offers state-of-the-art professional development for teachers. The district supports instruction through its offices of Autism, Literacy, Mathematics, Science, Technology, Inclusion, Transition, and Positive Behavior Supports. There are extended day programs providing academic inter-

vention strategies and extracurricular activities that provide opportunities to improve their social skills and self-esteem through art, dance, drama, and the like. District 75 delivers services to students in environments that include community-based vocational training sites, special education schools, institutional facilities, inclusive settings, community school, students' homes, high schools, hospitals, and agencies.

As mandated by the students' Individualized Educational Programs (IEP's), District 75 supports a wide range of related services that include speech, counseling, physical therapy, occupational therapy, and nursing. These services are individualized and can be delivered in a small group or a one-to-one setting. All are geared to support student achievement both in school and in the community at large.

### Goals

To accomplish its mission and to support Children First, District 75 provides extensive staff and parent education programs as well as administrative leadership training. District 75 focuses its energy and resources on the following six district goals:

- To develop and expand options, within the least restrictive environments, for the participation of students with severe disabilities in school and community settings.
- To support the development and implementation of an integrated approach to instruction, merging all components of a comprehensive program (high expectations, performance and content standards, program practices to accommodate diverse learning styles, ability levels, and assessment alternatives) to meet students' Individualized Education Programs.
- To create learning environments that provide positive behavior supports, including instruction in self-management of challenging behaviors and in social skills



development.

- To develop and implement a set of procedures that ensures the smooth transition from school to post-school adult opportunities.

To examine current regulatory, funding and administrative structures that support the achievement of the district goals and coordinate activities to facilitate systems change.

- To partner with regional general education schools under a grant for Positive Behavior Intervention Supports (PBIS) in 40 general education schools, to develop and train teams on proactive behavioral interventions, so that students can remain in the least restrictive environment in their home zoned schools.

*District 75 400 First Ave., New York, NY 10010  
(212) 802-1500 <http://schools.nyc.gov/Offices/District75>*

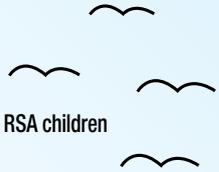


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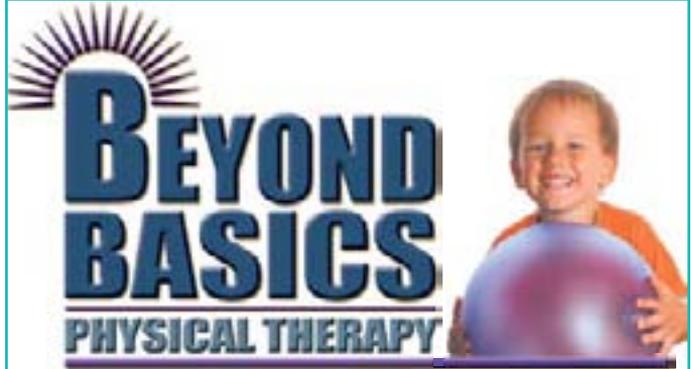
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Please visit our website for more information about career opportunities: [www.humanfirst.org/careers.html](http://www.humanfirst.org/careers.html)

Want to know more about our services?

Give us a call at 516-823-9500, or email [information@humanfirst.org](mailto:information@humanfirst.org)

Main Office•128 Atlantic Avenue•Lynbrook, NY 11563  
Brooklyn Office•8814 Foster Avenue•Brooklyn, NY 11236  
Suffolk Office•375 Commack Road•Deer Park, NY 11729  
[www.humanfirst.org](http://www.humanfirst.org)



## ADDRESSING CHILDREN'S BLADDER & BOWEL CONCERNS: TODDLERS THROUGH ADOLESCENTS

- NY licensed physical therapists
- Members of the American Physical Therapy Association, the Pediatric Section and the Section on Women's Health
- Members of the National Association for Continence, International Pelvic Pain Society, National Vulvodynia Association and International Foundation for Functional Gastrointestinal Disorders
- Specialize in Pelvic Floor Dysfunctions and Manual Therapy for adults and children

### TREATMENT INCLUDES:

- Biofeedback (Advanced Technology)
- Toileting behavioral changes
- Dietary modifications
- Soft tissue mobilization, myofascial release and deep tissue massage as needed
- Stretching and strengthening of pelvic floor and surrounding muscles as appropriate
- Relaxation techniques

### CAN YOUR CHILD BENEFIT?

Is your child over 4 years of age and still wearing pull ups?  
Is your child on medication to regulate his/her bowel/bladder?  
If any of the below problems sound familiar, then PT can help!

- Urinary incontinence (loss of urine)
- Urinary urgency (constant or strong need to urinate)
- Urinary frequency and/or retention
- Urinary retention (not fully emptying the bladder)
- Fecal urgency, frequency and/or retention
- Bowel incontinence, pain with defecation, inability to empty bowels
- Excessive gas, abdominal bloating and/or pain in abdomen or pelvis
- Constipation, diarrhea with/without soiling/staining
- Decreased awareness and sensation in the pelvic region

### YOUR CHILD IS NOT ALONE....

- 20% of pediatrician visits are for incontinence problems
- 15% of visits to gastrointestinal doctors are for lower bowel dysfunction
- 3% of visits to pediatricians are for constipation
- 5 million youngsters complain of nocturnal enuresis (nighttime bedwetting)



**WE TREAT**  
• Incontinence  
• Bed Wetting  
• Constipation  
• IBS  
*Holistic Approach*

**Treatments Average About 3-6 Visits**  
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165 W 46th St., Suite 311, NY, NY 10036  
(AKA 1560 Broadway)

Phone 212.354.2622 Fax 212.354.2752

# Special Needs

## RESOURCE GUIDE

### ATTENTION DEFICIT DISORDER

#### The Child Mind Institute

445 Park Avenue (entrance on 56th street)  
(212) 308-3118  
[www.childmind.org](http://www.childmind.org)

Services Provided: Education, workshops and support groups for those with ADD, OCD and ADHD

#### Children and Adults with Attention Deficit/Hyperactivity Disorders

New York City  
P.O. Box 133, Manhattan  
(212) 721-0007  
[www.chadd.org](http://www.chadd.org)  
[parent2parent@chadd.net](mailto:parent2parent@chadd.net)  
[new-york-city@chadd.net](mailto:new-york-city@chadd.net)

Services Provided: Educating and support groups.

#### Hallowell Center

117 West 72nd Street, Third Floor  
Upper West Side, New York, NY 10023  
(212)-799-7777  
[www.hallowellcenter.org](http://www.hallowellcenter.org)

Services Provided: Diagnostics and Treatment.

#### HJD/NYU ADD Center

301 East 17th Street, New York, NY 10003  
(212)- 598-6490  
[www.hjd.med.nyu.edu](http://www.hjd.med.nyu.edu)

Services Provided: Diagnostics and Treatment, and Parenting Skills Training

### AUTISM

#### AHA-Asperger Syndrome and High Functioning Autism Association

303 Fifth Avenue, Manhattan  
(888) 918-9198  
[www.ahany.org](http://www.ahany.org)  
[pats@ahany.org](mailto:pats@ahany.org)

Services Provided: educating parents of special needs children, support group.

#### Association in Metro Area for Autistic Children

25 West 17th Street, Ground Floor

New York, NY 10011  
(212) 645-5005 (877) 645-5005  
[www.amac.org](http://www.amac.org)  
[info@amac.org](mailto:info@amac.org)

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

Other: Residential Camp

#### Autism Science Foundation

419 Lafayette Street, Second Floor  
New York, NY 10003  
(646)-723-3977  
[www.autismsciencefoundation.org](http://www.autismsciencefoundation.org)  
[contactus@autismsciencefoundation.org](mailto:contactus@autismsciencefoundation.org)

Services Provided: Information and Provides Founding for Medical Research

#### Autism Society of America

Queens Chapter  
188-83 85th Road  
Holliswood, NY 11423  
(718) 464-5735

Brooklyn Chapter  
224 Avenue S  
Brooklyn, NY 11223  
(718) 336-9533

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

#### Autism Speaks

1 East 33rd Street, Fourth Floor  
New York, NY 10016  
(212)-252-8584

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

Services Provided: Funds Autism Research and Information.

#### Brooklyn Autism Center Academy

111 Remsen Street  
Brooklyn, NY 11201  
(718) 554-1027  
[www.info@brooklynautismcenter.org](http://www.info@brooklynautismcenter.org)

Services Provided: BAC is a private, not for profit school dedicated to providing high-quality education to children with autism and support to the general autism community.

#### Downtown Spectrum Parents, Parents of Individuals with Autism Support Group

363 Greenwich Street, Manhattan

(212) 219-1195

#### Eden II Programs

150 Granite Avenue, Staten Island, NY 10303  
(718)-816-1422  
[www.eden2.org](http://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](http://www.QSAC.COM)  
[QSACnyc@aol.com](mailto: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](mailto:Ny-bronx@autismsocietyofamerica.org)

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

#### The McCarton Foundation and School

331 West 25th Street

*Continued on page 54*



## Is your family's drinking water 100% pure?

Contaminants in water are growing at an alarming rate. These dangerous toxins impede development, reduce immune function, and damage organs including the brain, liver, kidneys, and nervous system. Many are known carcinogens.

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**mdgolubow@gmail.com**

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- School Consultation
- Social Skills Training
- Parent Training



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**516-801-4994** [casey@steconsultants.com](mailto:casey@steconsultants.com) [www.steconsultants.com](http://www.steconsultants.com)



# Special Needs

## RESOURCE GUIDE

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**New York, NY 10001  
(212)-229-1715**

**www.mccartnoundation.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

### **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

## **CEREBRAL PALSEY**

### **United Cerebral Palsy of New York City**

**80 Maiden Lane  
New York, NY 10038  
(212) 683-6700  
www.ucpnyc.org**

Services Provided: Assistive Tech Equipment, Case Management, Community Education, Information and Referral, Residential, 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

### **The Center for Family Support**

**333 Seventh Avenue, 9th Floor  
212-629-7939**

**www.cfsny.org**

Services Provided: The Center for Family Support (CFS) provides services for children and adults with disabilities, and their families. Services include residential, day and employment services, and in-home and community services.

### **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**

*Continued on page 56*

# HELP YOUR CHILD MEET THEIR FULL POTENTIAL



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- Proven Study Skills Program
- Special Education Support
- **Highly Qualified Tutors**
  - Affordable Rates
  - Flexible Scheduling

**In Brooklyn**

**718-483-8506**  
[www.clubz.com/brooklyn](http://www.clubz.com/brooklyn)

**In Manhattan**

**646-429-9643**  
[www.clubz.com/manhattan1](http://www.clubz.com/manhattan1)



## Home-Based/Center-Based Intervention Services for Children with Special Needs

### Services for Children:

- Special Education
- Speech, Occupational, and Physical Therapies
- Play Therapy/Counseling
- Social Work and Service Coordination
- Door-to-door Transportation by Mini-buses
- Small Classes with Intensive Structure for Children with Significant Behavioral Disorders
- PECS (Picture Exchange Communication System)
- TEACCH/DIR Floor time
- Therapeutic Listening
- Augmentative Communication/Whole Language Approach
- Sensory Integration/Assistive Technology
- Music Therapy/Developmental Art Education
- Computer Assisted Instruction



Birth to Age 5

### Services for Families:

- Individual/Family Counseling and Support Groups
  - Home-based Family Training
  - Graduation Seminar
  - Topic-centered Workshops

For Early Intervention Services Contact 311  
**For Preschool Services Contact TOTS at 718-863-4925**  
 2778 Bruckner Blvd • Bronx, NY 10465  
[www.theseourtrees.com](http://www.theseourtrees.com)



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 Services Are At No  
 Cost To Families

- Certified staff of nurturing teachers
- Integrated classes where children will have the advantage of interacting with peers who are at age level as well as children with special needs.
- Classrooms with developmentally appropriate learning materials and computers
- Arts and music
- Outdoor playgrounds

We offer the following evaluations and services for eligible children:

- Special Education
- Occupational Therapy
- Parent Training and Support
- Play Therapy
- Speech/Language Therapy
- Transportation
- Physical Therapy
- Music Therapy

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 124-06 14th Ave.,  
 College Point

**NYL CLEARVIEW SCHOOL ANNEX**  
 123-07 22nd Ave., College Point



**Phone 718-352-0104**  
**Fax 718-352-0131**  
 Ask for Brenda Cruz



# Special Needs

## RESOURCE GUIDE

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**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**

**1UCP of NYC, Inc, SHARE Center  
60 Lawrence Avenue  
Brooklyn, NY 11230**

**(718) 437-3794**

Services Provided: The Early Childhood Direction Centers (ECDCs) 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**

**Roussou 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

### **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.jbfcs.org**

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

### **Korean-American Association 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

*Continued on page 58*



Susan Luger  
Associates  
*Educational Advocates*

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**We look forward to speaking with **you!****

# Special Needs

## RESOURCE GUIDE

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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](http://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](http://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](http://www.mytimeinc.org)  
[infor@mytime.org](mailto: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](http://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](http://www.simhs.org)

Service Provided: Clinical and Education

### The Arc- AHRC New York City Chapter

83 Maiden Lane  
New York, NY 10038  
(212)-780-2500

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

Services Provided: Education, Clinical, and Adult Day Services.

### 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](http://www.yai.org)  
[link@yai.org](mailto: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

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

4 Fern Place, Plainview, NY 11803  
Other location: 2616 Martin Avenue  
Bellmore, NY 11710

(516) 933-4700  
[www.ACDS.org](http://www.ACDS.org)  
[infor@ACDS.org](mailto:infor@ACDS.org)

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

Other: Recreation Program

### 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](http://www.boldny.org)

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

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# Be a Part of our Photo Gallery!



Please submit photos of your special needs child for our Fall/Winter Issue.

Email images to [familyadvertising@cnglocal.com](mailto:familyadvertising@cnglocal.com)

# Special Needs

## RESOURCE GUIDE

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### **Early Childhood Direction Center Variety Pre-Schoolers Workshop**

47 Humphrey Drive  
Syosset, NY 11791  
(516) 921-7171 (800) 933-8779  
[www.vclc.org](http://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  
(212) 254-7300  
[www.eastrivercdc.org](http://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](http://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](http://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.epilepsyinstitute.org](http://www.epilepsyinstitute.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](http://www.adoptioncrossroads.org)  
[joesoll@adoptionheling.org](mailto:joesoll@adoptionheling.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](http://www.advocatesforchildren.org)

Other: Advocate for educational rights in the public school

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

83 Maiden Lane, New York, NY 10038  
(212) 780-2500  
TTY/TDD (800) 662-1220  
[www.ahrcnyc.org/](http://www.ahrcnyc.org/)

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

Other: Camps, school and respite

### **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 Svrces**

285 Schermerhorn Street  
Brooklyn, NY 11217  
(718) 310-5600  
[www.bbcs.org](http://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**

Continued on page 62



# LEAKE AND WATTS SERVICES, INC. Preschool Special Education Programs

## LEAKE AND WATTS SERVICES, INC.

oversees three preschool special education programs, which are approved by the New York State Education Department and are under contract with the New York City Department of Education and/or Westchester County Department of Health/Office for Children With Disabilities:

- **DR. KATHARINE DODGE BROWNELL SCHOOL:**  
offering special class, special class in an integrated setting, full day Universal Prekindergarten services;  
located at 450 Castle Hill Avenue Bronx, NY 10473, (718) 430-7938
- **MARION AND GEORGE AMES EARLY CHILDHOOD LEARNING CENTER:**  
offering special class, special class in an integrated setting, Universal Prekindergarten services, extended day/extended year child care services;  
located at 463 Hawthorne Ave., Yonkers, NY 10705, (914) 375-8820
- **CHILDREN'S LEARNING CENTER:**  
offering special class with individualized instructional programming to students presenting on the PDD/Autism Spectrum;  
located at 310 West 103rd Street, New York, NY 10025, (212) 678-9555

## Each of our preschool special education programs offers the following services:

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- **Outdoor play area**
- **Air conditioned classrooms**

For more information, please either contact each preschool special education program directly or visit our website at: [earlychildhood@leakeandwatts.org](mailto:earlychildhood@leakeandwatts.org)

# Special Needs

## RESOURCE GUIDE

*Continued from page 60*

### **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.

### **Learning RX**

115 East 82nd St., 1B  
New York, NY 10028  
212-738-9264  
www.learningrx.com

Services Provided: Help with ADHD/ Attention problems, Autism spectrum disorders, Brain injuries, Dyslexia, PDD, and Poor memory

### **Maidstone Foundation**

1225 Broadway, 9th floor  
New York, NY 10001  
(212) 889-5760  
mariette33@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 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 Developmental Disabilities Services Office**

1150 Forest Hill Road  
Staten Island, NY 10314  
(718) 983-5200

Services Provided: Care Management, Information and Referral, Individual/Case Advocacy, Legal Advocacy, Residential, Treatment

### **Staten Island Division, March of Dimes Birth Defects Foundation**

110 McClean Avenue  
Staten Island, NY 10305  
(718) 981-3000  
www.marchofdimes.com

Individuals Served: All Developmental Disabilities

Services Provided: Community Education, Information and Referral

### **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

*Continued on page 64*



# How will your child reach their potential?

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- Attention problems / ADHD
- Autism spectrum disorders
- PDD
- Brain injuries
- Math and reading struggles
- Poor memory
- Homework hassles

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Mary Aloia, Program Director

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# Special Needs

## RESOURCE GUIDE

*Continued from page 62*

**(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 resto-  
ration 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 technol-  
ogy, 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, sum-  
mer 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.

## *Developmental Disabilities Service Offices*

*Information courtesy of the NYS  
office of Mental Retardation and  
Developmental Disabilities.*

### **New York State Office of Mental Retardation and Developmental Disabilities**

44 Holland Avenue

Albany, New York 12229

Information Line 1-(866)-946-9733

TTY:(866) 933-4889

**www.omr.state.ny.us**

#### **Developmental Disabilities Service Offices by borough:**

#### **(BROOKLYN)**

##### **Brooklyn Developmental Disabilities Services Office**

888 Fountain Avenue

Brooklyn, NY 11208

Phone: (718) 642-6000

Fax: (718) 642-6282

#### **(LONG ISLAND)**

##### **Long Island Developmental Disabilities Services Office**

45 Mall Drive

Commack, NY 11725

Phone: (631) 493-1700

Fax: (631) 493-1803

#### **(MANHATTAN & THE BRONX)**

##### **Metro NY Developmental Disabilities Services Office**

75 Morton Street

New York, NY 10014

Phone: (212) 229-3000

Fax: (212) 924-0580

#### **(QUEENS)**

##### **Bernard M. Fineson Developmental Disabilities Services Office**

80-45 Winchester Boulevard

Building 12

Queens Village, NY 11427

Phone: (718) 217-4242

Fax: (718) 217-4724

#### **(STATEN ISLAND)**

##### **Staten Island Developmental Disabilities Services Office**

1150 Forest Hill Road

Staten Island, NY 10314

Phone: (718) 983-5200

Fax: (718) 983-9768

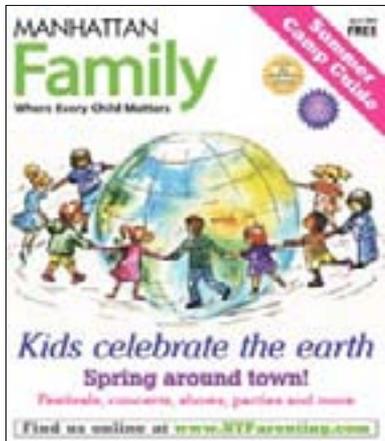
##### **Institute for Basic Research in Developmental Disabilities**

1050 Forest Hill Road

Staten Island, NY 10314

Phone: (718) 494-0600

Fax: (718) 698-3803



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**Paul Elkin, D.D.S. /Pediatric Dentist**  
**Derek Zimbardi, D.D.S./General Dentist**  
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## OFFICE LOCATION:

173 East Shore Road, Suite 201  
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516-487-8110



For more info please visit [www.ddsny.com](http://www.ddsny.com)

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