THE ART OF UNIVERSAL DESIGN

What is Universal Design?

Many important laws have been passed that require individuals with disabilities to have equal access. Some of the earliest laws, such as the Architectural Barriers Act of 1968, dealt primarily with the accessibility of buildings. As architects began planning ways to implement the new standards, they realized that having separate, “special” accessibility features was usually more expensive, less attractive, and more stigmatizing. They also realized that most of these accessibility features would be beneficial for everyone, not just those with disabilities, and that commonly providing those features would be less expensive, more attractive, and more marketable. This was the beginning of the universal design movement. The same principles were incorporated into education and became known as Universal Design for Learning (UDL).

The Higher Education Act of 2008 defines Universal Design for Learning as “a scientifically valid framework for guiding educational practice that:

(A) provides flexibility in the ways information is presented, in the ways students respond or demonstrate knowledge and skills, and in the ways students are engaged; and

(B) reduces barriers in instruction, provides appropriate accommodations, supports, and challenges, and maintains high achievement expectations for all students, including students with disabilities and students who are limited English proficient.”

UDL is not a “one size fits all” solution. It is a flexible approach that can be adapted for individual needs.

The 3 Principles of Universal Design

Universal Design has 3 basic principles. Each of these principles relates to one of the brain’s primary networks (see table on page 2).

1. **Provide Multiple Means of Representation.**

   This deals with the “what” of learning and relates to the brain’s recognition networks. Not everyone takes in or understands information in the same way. Some students learn by seeing, some by hearing, others by doing, so it is important that information is presented in a variety of ways.

2. **Provide Multiple Means of Action & Expression.**

   This deals with the “how” of learning and relates to the brain’s recognition networks. Students have different ways of going about the learning process and expressing what they know. Some learners may be able to express themselves well in writing but not in speech, and vice versa. It is important to provide
students with different ways to navigate their learning environment and to express what they learn.

3 Provide Multiple Means of Engagement. This deals with the “why” of learning and relates to the brain’s affective networks. Different students are motivated to engage in different ways. Some learners are interested by new and exciting presentations, while other learners need a strict routine. Some students might like to work alone, while others might like to work with their peers.

Each principle has guidelines that can be used as appropriate to overcome barriers in the curriculum. Each guideline also has checkpoints that can assist in implementation. For a complete list of guidelines and checkpoints for each principle, including a teacher’s checklist, visit www.udlcenter.org.

Universal Design Curriculum

Universal Design for Learning aims to address the ways in which curriculum, not students, can be “disabled.” Curriculum can be “disabled” in:

1 WHO it can teach. Curricula are often designed with an “average” student in mind, even though there is really no such thing. This can create particular problems for learners “in the margins,” such as those who are gifted and talented, those with special needs or disabilities, or those who are English language learners.

2 WHAT it can teach. Curricula are often designed to teach specific information and concepts but fail to develop learning strategies. Learning strategies are skills learners need to understand, evaluate, put together, and turn information into usable knowledge.

3 HOW it can teach. Curricula often provide for very limited types of teaching. These can be difficult to differentiate for different kinds of learners and may leave out important aspects of teaching, such relating new skills to previous skills.

The goal of Universal Design for Learning curriculum is not just to teach concepts, but to help students become “expert learners.” Expert learners are:

- Strategic, skillful, and goal directed
- Knowledgeable, and
- Purposeful and motivated to learn more.

Universal Design curriculum keeps teachers from having to adapt curriculum for individual students “after the fact.” Instead, curriculum is designed from the beginning to adapt to the needs of all students through strategic goals, methods, materials, and assessment.

Technology is an important piece of UDL. While some students may require their own, individual assistive technology, such as a wheelchair or cochlear implant, technology in UDL curriculum is available to all students. For example, teachers may make use of text-reader or captioning programs to provide students with multiple means of representation.

What can parents do?

- Ask teachers if they are familiar with the concept of universal design for learning or if they use universal design curriculum in the classroom.
- See that related goals are incorporated into a student’s IEP so that he or she can learn the same content as their peers. For instance, discuss how members of the IEP or transition planning team can help general educators understand and implement these concepts in the classroom.
- Advocate with your local school board or state department of education for policies that require newly purchased textbooks and curricula to be fully accessible to students with disabilities by incorporating UDL principles.

For more information about UDL, including downloadable resources, visit www.cast.org.


Recognition Networks

The "what" of learning

How we gather facts and categorize what we see, hear, and read. Identifying letters, words, or an author’s style are recognition tasks.

Strategic Networks

The "how" of learning

Planning and performing tasks. How we organize and express our ideas. Writing an essay or solving a math problem are strategic tasks.

Affective Networks

The "why" of learning

How learners get engaged and stay motivated. How they are challenged, excited, or interested. These are affective dimensions.
Head Start Collaboration Project moves to DWS

CHEYENNE, WY – Governor Matt Mead recently announced that the Head Start State Collaboration Office is moving from the University of Wyoming Institute for Disabilities to the Department of Workforce Services. The Governor of each state designates the location of the Collaboration Office when renewing the state’s five-year grant. Wyoming’s current grant expires on July 31, 2012.

“One of my goals as Governor is to streamline government services and particularly services for children and families,” Governor Mead said. “This change houses Head Start alongside ‘WY Quality Counts!’ integrating high quality child care with early education.” “WY Quality Counts!” is a Department of Workforce Services program that collects data and raises awareness about early childhood care as part of its program. Wyoming Head Start provides early education services for eligible, at-risk students. It also provides health services and screenings. There are over 2,500 students enrolled in Head Start programs in Wyoming. “WY Quality Counts!” funding can be used for scholarships for early childhood educators to pursue degrees.

There is a new federal requirement effective in 2013 that requires Head Start education coordinators and 50% of Head Start teachers to have a bachelor’s degree.

“The Wyoming Department of Workforce Services is thrilled to have the Head Start State Collaboration Office join in our efforts to serve the people of Wyoming,” said Wyoming Department of Workforce Services Director Joan Evans. “This move will streamline the Head Start State Collaboration Office’s mission with DWS’s “WY Quality Counts!” program. Working alongside other early childhood stakeholders in our communities, this improved collaboration will allow us to more effectively work toward our shared goal: ensuring Wyoming children are well-prepared to succeed in school, and in their future.”

EZ AT 2: Assistive Tech Ideas for Children Birth to Three


This publication is a tool to increase with use of assistive technology with children ages birth – 3 . Despite it’s benefits, reports show that AT is seldom used with infants and toddlers to improve their skills. AT materials are not frequently considered as solutions to help family routines and activities go better or be easier to implement. Something as simple as using a cardboard insert to help a young child sit in a grocery cart can make shopping fun and manageable. Providing a toddler with a simple picture board can reduce behavior problems and help children express themselves. Both of these homemade devices are considered to be AT and, when used, can help make parents’ lives easier and teach children new skills.

AT is available in a vast array of options and range from low tech to high tech (including home made options) can be very cost affordable. AT can help infants and toddlers learn new skills or perform functional skills such as communication.

Copies of this publication are available, at no cost, by calling PIC at 307-684-2277 or e-mail tdawson@wpic.org

*Note: Wyoming Assistive Technology Resource (WATR) also has many options available for Assistive Technology. They can be reached at www.uwyo.edu/WIND/WATR/index.html or by calling 1-888-989-9463.
Common School-related Myths about ADHD

By Matt Cohen, Attorney at Law, Monahan and Cohen

After working in special education law for more than 30 years, I have found that some schools don’t always follow the letter and spirit of the law when it comes to providing accommodations and services for children protected under IDEA and Section 504. The bottom line: because your child with special needs doesn’t receive some or any of the educational assistance he deserves, he may find school more challenging or even experience failure, rather than success.

Here are 10 common myths that some schools express to parents, either through ignorance, or in an attempt to discourage parents from receiving help for their children that they are legally entitled to. Remember parents, Knowledge is power.

Myth: ADHD is not a real disorder and does not qualify as a disability.

Reality: ADHD is among the most thoroughly researched and documented psychiatric disorders and the US Dept of Education has expressly recognized that students with ADHD may qualify for special education under the Other Health Impaired (OHI) category or a Section 504 plan, even if they don’t qualify for an IEP through special education.

Myth: Students with ADHD may only qualify for an IEP or Section 504 plan if they are failing or if they have below average achievement test scores.

Reality: Students with ADHD may be eligible under either law if their symptoms affect their performance at school, including problems with organizational skills, time management, behavior and social skills, or even regularly taking without being called on.

Failing grades and low achievement may be evidence of an impairment, but are not the only factors to consider. IEPs should not only identify accommodation or related services to address the students needs, but also goals for the student to improve the behaviors that result from the ADHD, such as time management problems or being off-task.

Myth: To be eligible for special education or Section 504 plan, the student must be diagnosed with ADHD by a physician.

Reality: While the best practice evaluations of ADHD recognize the importance of comprehensive medical and psychological evaluation of a student suspected of having ADHD, the US Dept of Education has issued a policy statement stating that if the IEP team includes persons the school believes are qualified to diagnose ADHD—a psychologist trained to evaluate ADHD—a medical evaluation is not legally required.

Myth: Schools may require that students with ADHD receive stimulant medication in order to qualify for special education or for other school services or activities.

Reality: Schools may not base a student’s eligibility for special education or any school activity on their taking any medication. Medication is a medical decision between the student and their doctor. If the student has ADHD and qualifies for special education through an IEP or a 504 Plan, but is not taking medication, the school still must develop appropriate academic and behavioral supports to meet their needs.

“Bottom line: because your child with special needs doesn’t receive some or any of the educational assistance he deserves, he may find school more challenging or even experience failure, rather than success.”
**Myth:** Teachers may decide whether or not they will implement an IEP or 504 Plan or even have a student with a disability such as ADHD in their class.

**Reality:** If a student has an IEP or a Section 504 Plan, the staff is required to implement it. Further, teachers may not refuse to teach a student based on their disability in their class, just as it would be illegal for them to refuse to teach a student based on race, gender or religion.

**Myth:** Students with ADHD may only qualify for a positive behavior support plan if they are exhibiting disruptive or inappropriate behavior towards others.

**Reality:** Under the IDEA and Section 504, positive behavior supports can be included in the plan to address academic and social problems, such as timeliness, work completion, social isolation and on-task behavior, as well as to address aggressive or disruptive behaviors.

**Myth:** Students who have ADHD and a 504 Plan are only entitled to accommodations, like preferential seating or untimed tests, not services.

**Reality:** Under Section 504, students with ADHD (and other disabilities) are not only entitled to accommodations, but may also be entitled to specialized education services (such as individual instruction or tutoring) and related services (such as counseling). The Section 504 Plan should be designed to meet the individualized needs of the student.

**Myth:** Students with ADHD cannot qualify for 1-1 aides, bus transportation, or other more intensive/expensive services.

**Reality:** Students with ADHD are entitled to:
1) any services or supports necessary for them to benefit from their education under IDEA and/or
2) equal access to educational opportunities under Section 504. There is no limitation on the nature or types of services a student may qualify for, if it can be demonstrated that the service is needed for the student to participate in educational activities provided to others and/or to make meaningful progress in the least restrictive environment appropriate to their needs. Any blanket policy limiting access based on diagnosis or disability label is suspect.

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**Save the Date— Parent Education Day at WDE Summer Camp**

The Parent Education Network is partnering with the Wyoming Department of Education to plan and support a parent day at their federal programs “Summer Camp” in Casper this summer.

Tentatively set for August 8, the day will begin with Gary Paulsen, the famous children’s book author, as keynote at 8:30 a.m. Paulsen is an author of over 100 books for young readers. His most popular to date is *Hatchet* and it’s 4-sequels; as well as the award winning *Francis Tuckett* series. *Escape from Fire Mountain.* is another favorite of many children.

Other topics to round out this day of information and training on increasing family engagement are (tentative):
- Strategies for planning meaningful family nights;
- Helping your child succeed in school; and
- Everything you ever wanted to know about IEPs, and were afraid to ask.

More information will be posted on the Parent Education Network website at [www.wpen.net](http://www.wpen.net) at a later date. Families interested in attending can also call Juanita at 307-684-2277 to sign up to receive more information on this event.

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Ready or Not... Here Kindergarten Comes!

With this school year coming to a close and a new one just around the corner, a whole new group of parents will be sending their little ones to school for the first time. Parents often worry about whether or not their child is “ready” to start school. So how do you know?

First of all, it is important to think about what “ready” means. Obviously, small children do not have the skills to get themselves ready for kindergarten, so “ready” applies to parents and schools, too. Parents and preschools have a great deal of influence on a child’s readiness. Plus, it is important to remember that not every child learns skills at the same time or at the same rate, so elementary schools also need to be “ready” to teach children at their individual level.

Characteristics of School Readiness

As we always say, parents are their child’s first and best teachers! If you have a little one that might be entering kindergarten next fall, here are some skills that have been shown to help kids be successful when they start school. Working on these skills over the coming months can help make the transition to kindergarten go as smoothly as possible.

- Ability to follow structured daily routines.
- Ability to dress independently.
- Ability to work independently with supervision.
- Ability to listen and pay attention to what someone else is saying.
- Ability to get along with and cooperate with other children.
- Ability to play with other children.
- Ability to follow simple rules.
- Ability to work with puzzles, scissors, coloring, paints, etc.
- Ability to write their own name or to acquire the skill with instruction.
- Ability to count or acquire the skill with instruction.
- Ability to recite the alphabet (or quickly learn with instruction).
- Ability to identify both shapes and colors.
- Ability to identify sound units in words and to recognize rhyme.

Promoting School Readiness

Summer is a great opportunity to work on the skills that your child will need to be successful in school. By doing some simple, fun activities with your child, such as the ones listed below, you can help you child acquire the characteristics of school readiness.

- Read books to and with your child.
- Spend time with your child, including talking, playing, cuddling, and hugging.
- Create and enforce a routine within your home that your child needs to follow (i.e., times of meals, naptimes, and bedtimes).
- Encourage and answer questions from your child.
- Engage in informal reading and counting activities at home.
- Promote your child’s cognitive (thinking) development by showing and encouraging your child to think about the world around them.
- Promote play that helps develop literacy skills, problem-solving skills, creativity, and imagination.
- Familiarize children with the alphabet and with numbers.
- Ensure opportunity to develop social skills through playgroups or more formal preschool activities.
- Encourage behaviors that demonstrate respect and courtesy.
- Encourage children to accept responsibility through simple chores such as putting toys away and picking up clothes.

Easing the Transition

Again, the term “ready” applies just as much to parents as it does to children. It is important to ensure that you are both mentally and emotionally prepared for the transition to school. Remember, enthusiasm is contagious. If you seem confident and excited about your child starting kindergarten, he or she is much more likely to feel confident and excited, too. If you have questions or concerns about your child’s readiness, talk to your child’s school. His or her success is their first priority, too.

Source: www.nasponline.org
Young children are much more likely than adults to have adverse drug reactions, so giving your toddler prescription or over-the-counter (OTC) medication – even "herbal" medicines – is serious business. Here are some medicines you should never give your 12- to 24-month-old.

1) Aspirin

Never give aspirin or medications containing aspirin to your toddler or to anyone 19 years old or younger. Aspirin can make a child susceptible to Reye's syndrome – a rare but potentially fatal illness.

Don't assume that the children's medicines found in drugstores will be aspirin-free. Read labels carefully (aspirin is sometimes referred to as "salicylate" or "acetylsalicylic acid"), and ask your doctor or pharmacist if you're not sure whether a product is aspirin-free.

2) OTC Cough and Cold Medicines

The American Academy of Pediatrics (AAP) advises against giving OTC cough and cold medicines to toddlers. Studies show that they don't actually help soothe symptoms in kids this age. And they can be harmful, especially when a child mistakenly gets more than the recommended dose.

In addition to side effects like drowsiness or sleeplessness, upset stomach, and a rash or hives, a child can suffer serious effects such as rapid heart rate, convulsions, and even death. Every year, thousands of children end up in emergency rooms across the nation after swallowing too much cough and cold medicine.

3) Anti-nausea medications

Don't give your toddler an anti-nausea medication (prescription or OTC) unless her doctor specifically recommends it. Most bouts of vomiting are pretty short-lived, and children usually handle them just fine without any medication. In addition, anti-nausea medications have risks and possible complications. (If your child is vomiting and begins to get dehydrated, contact her doctor for advice on what to do.)

4) Infant and adult medications

Giving your toddler a smaller dose of medicine meant for an adult is as dangerous as giving a higher dose of medicine meant for an infant. Many parents don't realize that infant drops are more concentrated than liquid medicine intended for older children. If the label doesn't indicate an appropriate dose for the weight and age of your child, don't give that medication to your toddler.

5) Unauthorized Prescriptions

Prescription drugs intended for other people (like a sibling) or to treat other illnesses may be ineffective or even dangerous when given to your toddler. Give your toddler only medicine prescribed for him and his specific condition.

6) Anything Expired

Toss out medicines, prescription and OTC alike, as soon as they expire. Also get rid of discolored or crumbly medicines – basically anything that doesn't look the way it did when you first bought it. After the use-by date, medications may no longer be effective and can even be harmful.

7) Extra Acetaminophen

Some medicines contain acetaminophen to help ease fever and pain, so be careful not to give your toddler an additional separate dose of acetaminophen. If you're not sure what's in a particular medicine, don't give her acetaminophen or ibuprofen until you've first gotten the okay from your doctor or pharmacist.

8) Chewables

For most toddlers, chewable tablets are a choking hazard. If you want to use a chewable tablet, ask your child's doctor or pharmacist if it's okay to crush it first and put in a spoonful of soft food, like yogurt or applesauce. (Remember that you'll need to make sure your child eats the entire spoonful of food in order to get the complete dose of medicine.)

9) Syrup of Ipecac

Syrup of ipecac causes vomiting and used to be kept handy to prevent poisoning. Doctors no longer recommend syrup of ipecac mainly because there's no evidence that vomiting helps in the treatment of poisoning. In fact, syrup of ipecac may do more harm than good if a child continues to vomit after ingesting a remedy that has been shown to help, such as activated charcoal. The American Academy of Pediatrics recommends throwing out any syrup of ipecac you have in your home.

Source: www.babycenter.com
As the end of the year approaches, many parents of students in special education and their school teams will be discussing whether or not their child is need of Extended School Year (ESY) services. As you discuss this with your team, it is important to understand what ESY is all about.

**What is ESY?**

The Individuals with Disabilities Education Act (IDEA) defines Extended School Year (ESY) as special education and related services that:

1. Are available as necessary to provide free appropriate public education (FAPE);
2. Are provided to a child with a disability –
   - Beyond the normal school year;
   - In accordance with the child’s IEP;
   - At no cost to the parents of the child; and
3. Meet the standards of the State Education Agency.

Extended school year services must be provided if a child’s IEP team determines, on an individual basis, that the services are necessary to provide Free Appropriate Public Education to the child. When considering the need for ESY, the team will determine if the child needs the services to continue to move toward accomplishment of the goals and objectives listed on the IEP. The need for ESY should be considered at the annual IEP meeting for each child on an IEP.

ESY services are provided on a case-by-case basis specific to the needs of a child. The Third Circuit Court ruled that a child’s unique needs “are necessarily determined in reference to goals,” and that for some children limiting services to 180 days might prevent them from accomplishing “reasonable educational goals” developed for the child and “be wholly inappropriate to the child’s educational objectives.” This overrides the ruling of a lower court which required that it be shown that a student would regress or fail to recoup (regain) skills if not provided ESY. The Extended School Year is for more than academic subjects. The IEP team should include any area that is crucial to the child’s progress toward “self-sufficiency”. These “critical life skills” may include, but are not limited to: self-help, social skills, emotional support, mobility, communication, assistive technology, academics, and vocational skills. ESY should help the child work toward the goal of becoming a successful, productive citizen.

**Extended School Year vs. Summer School**

ESY are services required by the Individuals with Disabilities Education Act ’97 to be provided beyond the traditional school year. They are available only to students with disabilities who meet the eligibility criteria. It is not a “one size fits all” program. Instead, an ESY program is individually designed by the IEP team for each individual student.

The purpose of ESY is to assure that the child receive a free, appropriate public education according to the goals and objectives on that child’s Individualized Education Program (IEP). It is not the purpose of ESY services to help children with disabilities advance in relation to their peers.

Summer school is an optional program of the school district that is open to all students for the purpose of teaching new content or enrichment, offering recreational or academic opportunities not available during the regular school year or providing an opportunity for students who have failed classes to re-take those classes. A fee may be charged for summer school.

**New goals and objectives are not to be added to the child’s IEP for Extended School Year. The object is maintenance of previously learned skills or to meet a current goal not yet met.**
ESY scheduling, as to duration, amount and extent of services, must be determined by the individual needs of the child and cannot be determined by the district’s summer school schedule. Summer school is typically operated on a set schedule for a number of weeks (e.g. two, six or ten weeks) for all who participate.

Some IEP teams may choose to have ESY services provided in the summer school setting to take advantage of the opportunities for inclusion with children who do not have disabilities, however, school districts may not restrict ESY services only to the summer school setting.

**Determining if a Child Needs ESY Services**

All students who received services on an IEP should be considered for ESY services at least once a year. If the child’s IEP is held early in the school year, then a meeting to discuss ESY should be scheduled later in the year. The issue that decides if the child needs ESY is whether the progress made by the child during the regular school year will be significantly jeopardized if he or she does not receive continued educational programming during the summer months. The following questions can help make this determination:

- What is the child’s progress toward his/her educational goals? Would the skill losses be serious enough so they slow down the student’s progress toward his/her educational goals?
- What skills has the child learned this year that the team considers critical?
- What impact do weekends and holidays have on the child?
- How long does it usually take the child to regain skills he or she has lost after an extended break?
- How well did the child maintain skills last summer?
- Did the child have a structured program last summer:
  - Was it continuous?
  - How many hours per day?
- Was the child able to maintain skills within the context of the ESY program?
- What level of structure must parents provide at home in order for the child to maintain skills?
- Is it feasible or reasonable to expect parents to be able to provide that structure? (i.e. Would parents have to hire full time help to do so? Do the parents work? If so, is childcare able to provide the necessary level of structure?)
- In the opinion of the team, what will result if the child does not receive ESY services over the summer?
- If the child is age 14 or above, are transition goals considered in the need for ESY services? Does the child need a continuation of vocational or life skills training in order to maintain progress in these areas?

The least restrictive environment considerations are also different with ESY. A full continuum of educational options may not be available in order for the child to be placed in an inclusive setting. Schools are not required to create a program for that sole purpose. However, the IEP team may designate that ESY services will be provided within an existing summer school program so the child will be educated with non-disabled peers.

**What About “Related Services” and ESY?**

Related services that the IEP requires must be considered for ESY. If the child receives speech therapy services and communication skills may be lost over an extended time without those services, then speech therapy should be a service provided in ESY. The same with physical and occupational therapy, transportation, mobility training for a child who is blind, vocational and life skills training, etc.

For more information about ESY, or to obtain printed copies of this information in a Disability Brochure, contact PIC at 1-800-600-9742. It can also be downloaded as a pdf at [www.wpic.org/publications.html](http://www.wpic.org/publications.html).
ABOUT US:

Parent Information Center, PIC:

Outreach Parent Liaisons (OPL) provide information and support to families of children with disabilities, on their rights under special education law, IDEA. Our Outreach Parent Liaisons can attend IEPs with families to help empower them to partner with schools effectively. We provide workshops on IDEA, IEPs, and specific disabilities such as attention disorders and autism. For more info check out our website at www.wpic.org or call PIC at 1-800-660-9742 or (307) 684-2277:

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WY Family to Family Health Information Center:

F2F WY F2F provides support and information for families of children and youth with special health care needs (CYSHCN) on services and resources in Wyoming relating to health care and state insurance programs. Call 1-800-660-9742 or (307) 684-2277, check out our website at www.wpic.org/WYF2FHIC/ or contact:

Terri Dawson, Director, tdawson@wpic.org
Stacy Hernandez, Casper, 215-6320, WYF2FCasper@wpic.org
Betty Carmon, Powell, 272-1153, bcarmon@wpic.org

Parent Education Network, PEN:

PEN provides technical assistance to schools about family friendly practices in education. We work with schools to help families be more actively engaged in their children’s learning, and support schools in building action teams with 50% parent representation to help guide decision-making to increase student learning. For more info and to download more than 75 fact sheets on parenting and education topics, check out our website at www.wpen.net or contact;

Terri Dawson, Director (307) 684-2277, tdawson@wpic.org
Natalie Pique, Family-School Partnership Liaison, Casper new phone # (307) 315-2741 npique@wpen.net

While PHP has had to close offices across the state due to budget cuts, we are providing outreach from home in 6-communities and the central office in Buffalo.
“I am only one, but still I am one.
I cannot do everything,
but still I can do something;
and because I cannot do everything,
I will not refuse to do something that I can do.”

—Helen Keller

Parents Helping Parents of WY, Inc. (PHP), because of rising production costs, we must charge a $20/year subscription fee to professionals and other interested individuals.

The newsletter remains free to parents, however any donation is appreciated.

Please complete and return the form below so that we may update our mailing list:

______ I am a parent of a child with a disability and a Wyoming resident. Please keep me on/add me to the list.

______ If your child has a disability, please list disability: ____________________________ Child’s age __________

______ I am a parent leader in my child’s school__________________________ (name of school).

______ I am a professional, teacher or other interested person. Enclosed is $20 for a one year subscription.

My organization/school name is__________________________ My role/position is__________________________

______ I am the parent of a child with disabilities, but do not live in Wyoming. Enclosed is $20 for 1 year subscription.

Name: __________________________________________ Phone: (H) _______________ (W)____________________

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This is my: ___ Home address ___ Work address (Please check one) E-mail address: __________________________

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