How do I know if My Child has Meaningful IEP Goals?

Now is the time of year where your child has settled in at school, and hopefully all is going smoothly. It is also the time to take a look at your child’s Individual Education Program (IEP) goals under the Individuals with Disabilities Education Act (IDEA). The following are some steps to help you understand the goals, and if they are meaningful and relevant to your child’s needs. So get out your child’s IEP, wipe off the dust (or snow) and settle in for a look.

1. Review each goal.
   - What is the present level of performance for each goal?
     Present level of performance describes how well your child is doing in academic areas (such as math, reading, writing, etc.) and in other areas such as social and emotional development and motor, language and vocational and recreational skills.
   - Does the goal include a plan to improve the skills up to grade level? (or at least more than one year of progress in an academic year)
   - How is your child’s progress being measured? What objective measurement (demonstrable and real) shows that the present level of performance improved? (did your child progress?)

2. Look at a copy of the state content & performance standards.
   They will tell you and the team what a child in a particular grade should be taught during the year so the child is prepared for the next grade. You can find Wyoming State Standards at [www.edu.wyoming.gov](http://www.edu.wyoming.gov) listed under Standards. At that same site, be sure to look at Chapter 31 rules for changes in graduation requirements and content and performance standards in the area of mathematics, language arts and health. Find the standards for the year of your child’s developmental and academic age, and see what he/she is expected to learn in his particular grade level. That will help you know what to work toward for your child’s IEP goals.

3. Review the evaluation report(s).
   After you have an understanding of what your child should know, and where his/her performance level is, you need to review your child’s most recent evaluation(s).
   - Are the concerns listed in the evaluation addressed by goals in the IEP?
   - Does the IEP include accommodations that should be IEP goals?

Continued Page 3
A Time For Change  By Terri Dawson, PHP Executive Director

Times are tough. Budgets are being cut and businesses and non-profits across Wyoming and the rest of the nation are being slashed, or cut completely. We feel like we have been luckier than most… our doors at Parents Helping Parents of Wyoming are still open. We just have fewer doors and fewer staff.

Since October of last year we have had to close our outreach offices across the state. Our largest grant, the Parent Education Network, came to a close after its five year cycle — and it was our third cycle. That means we had 15-years of federal competitive grant funding to support schools and families in increasing meaningful family engagement across Wyoming. Also, in June 2012, we closed out the three year health care grant for children with special health care needs. But, like all mama and papa bears when it comes to our children and their well-being, we are tenacious. We are hanging on. We simply have to change the way we do business. We still have funding for our original program, the Parent Information Center, which is where we began 22 years ago.

For the past 22-years, we have developed and disseminated four series of facts sheets: 24-disability brochures from PIC; and from PEN, 26-Thoughts for Tots on child development topics, 17-Education Extra’s on education issues, and 34-PEN Notes on parenting and children’s learning. We have published handbooks for families on the special education law. All of these resources are available, at no cost, on our websites www.wpic.org and www.wpen.net.

We have been mailing our newsletter PICs-n-Pieces to families and professionals across the state, at no cost. However, we now need to charge anyone other than families of children with disabilities a $20/year subscription fee to our print newsletter. As always, our newsletters can be found online at our website at www.wpic.org. Also, if you would like to receive our no cost e-newsletter via e-mail, sign up on our website.

The Parent Information Center has five staff across the state, including myself as Director in the central office in Buffalo. We continue to support families to understand their rights under IDEA, and go with them to IEP’s to help support them as partners on the team. We provide a variety of workshops on 22-different disability topics. We have set up a fee scale for our workshops to charge providers and educators for professional development, while providing them at no costs to families of children with disabilities.

As a non-profit organization, your donation to us is tax-deductible. Your donation to PHP goes directly into the services we provide. It helps us travel to more IEPs across the state, and to help more Wyoming families to help their kids become successful, productive adults. Your donation helps us keep our information current with all of our publications accessible online.

It is a time of change- and that is not all bad. The American cultural anthropologist Margaret Mead said, “Never doubt that a small group of thoughtful, committed citizens can change the world, indeed, it’s the only thing that ever has!”

We are a small group, definitely committed, and we are asking for your donation and support to help us change the world for our kids.

TOGETHER, We Make a Difference!

NEW PIC PARENT HANDBOOK FOR PART C INFANT — TODDLER PROGRAMS

The Parent Information Center has recently published a new family handbook on infant- toddler programs under Part C of the Individuals with Disabilities Education Act. Developed to support families of infants and toddlers with disabilities and special health care needs, from birth to three years old, this family handbook provides information about:

- Who is Eligible for services;
- Where to get services
- The importance of getting help early; and
- What choices parents have.

Call PIC at 307-684-2277 or go to www.wpic.org for your copy!
Meaningful IEP Goals Continued...

Example: Assume that your child’s reading comprehension skills are lacking or delayed. Does the IEP include a plan to improve these skills? Or, does the IEP provide accommodations that do not address the reading skills she is lacking?

- If your child meets or masters all the goals in her IEP, will she be at grade level in these areas?
- How will you know if she is making progress? What does progress look like?

- By law, an IEP is required to address all the child’s needs that result from the disability. Does your child have needs that are not addressed in her IEP? If the IEP does not address all her needs (because of his/her disability), ask that these needs be included in her IEP.

- IEP goals should be SMART: Specific, Measurable, Achievable, Realistic/relevant and Timely!

Sources: www.wrightslaw.com, and www.NICHCY.org

Dyslexia Independent of IQ

By Emily Finn, MIT News Office

About 5-10 percent of American children are diagnosed as dyslexic. Historically, the label has been assigned to kids who are bright, even verbally articulate, but who struggle with reading— in short, whose high IQs mismatch their low reading scores, On the other hand, reading troubles in children with low IQs have traditionally been considered a by-product of their general cognitive limitations, not a reading disorder in particular.

Now, a new brain imaging study challenges this understanding of dyslexia. “We found that children who are poor readers have the same brain difficulty in processing the sounds of language whether they have a high or low IQ,” says John D.E. Gabrieli, MIT’s Grover Hermann Professor of Health Sciences and Technology and Cognitive Neuroscience, who performed the study.

“Reading difficulty is independent of other cognitive abilities.”

Rhymes and results

The researchers recruited 131 children from 7 to 17 years old. According to a simple reading test and an IQ measure, each child was assigned to one of three groups: typical readers with typical IQs; poor readers with typical IQs; and poor readers with low IQs. All were shown pairs of words and asked to judge whether the words rhymed. (Rhymes are an effective way to probe dyslexics’ reading performance, since dyslexia is thought to entail difficulty connecting written words to sounds.) Using functional magnetic resonance imaging (fMRI), the researchers observed the activity in six brain regions known to be important for reading.

The results? “The brain patterns could not have been more similar, whether the child had a high or low IQ,” Gabrieli says. Poor readers of all IQ levels showed significantly less brain activity in the six observed areas that typical readers, suggesting that reading difficulty is due to the same underlying neural mechanism, regardless of general cognitive ability.

Ditching diagnostic discrimination

The findings could have an important impact on both diagnosis and education for kids who struggle to read. Currently, Gabrieli says, many public school systems still require that a child have an otherwise normal IQ score to receive a diagnosis of dyslexia—essentially that the label be reserved for children with a “reading difficulty that can’t be explained by anything else,” he says. But the new study suggests that even children with low IQ scores might benefit from treatment specific to dyslexia.

Jack Fletcher, a professor of psychology at the University of Houston Texas Medical Center Annex, says the study “adds to the evidence against” the notion that reading difficulty should be chalked up to general intellectual limitations in children with lower-than—average IQs. “Poor reading is poor reading, “ he says. “IQ discrepancy doesn’t make much difference.”

Gabrieli, who says he hopes the new results will encourage educators to offer reading support to more struggling students, stresses the importance of diagnosing dyslexia and other behavioral disorders sooner rather than later. “ Now, you basically diagnose dyslexia when a child seems miserable in school,” he says “ Maybe you could intervene before they ever get that way.
Penn State Study: Parents Matter to Teens

UNIVERSITY PARK, Pa. -- Teenagers are famous for seeking independence from their parents, but research shows that many teens continue to spend time with their parents and that this shared time is important for teens' well-being, according to Penn State researchers.

"The stereotype that teenagers spend all their time holed up in their rooms or hanging out with friends is, indeed, just a stereotype," said Susan McHale, professor of human development and director of the Social Science Research Institute at Penn State. "Our research shows that, well into the adolescent years, teens continue to spend time with their parents and that this shared time, especially shared time with fathers, has important implications for adolescents' psychological and social adjustment."

The researchers studied whether the stereotype of teens growing apart from their parents and spending less time with them captured the everyday experiences of families by examining changes in the amount of time youths spent with their parents from early to late adolescence. On five occasions over seven years, the team conducted home and phone interviews with mothers, fathers and the two oldest children in almost 200 white, middle- and working-class families living in small cities, towns and rural communities. At the start of the study, the oldest children in each family were about 11 and the second oldest were about 8 years old.

During the home interviews, teens reported on their social skills with peers and their self-esteem. After each home visit, the researchers also conducted a series of seven nightly phone interviews, asking teens about their activities during the day of the call, including who participated in the activities with them.

According to youths' reports of their daily time, although parent-teen time when others were also present declined from the early to late teen years, parent-teen time with just the parent and the teen present increased in early and middle adolescence -- a finding that contradicts the stereotype of teens growing apart from their parents.

"This suggests that, while adolescents become more independent, they continue to have one-on-one opportunities to maintain close relationships with their parents," McHale said.

Furthermore, teens who spent more time with their fathers with others present had better social skills with peers, and teens who spent more time alone with their fathers had higher self-esteem.

The researchers also found that the decline in the time teens spent with parents and others was less pronounced for second-born than for first-born siblings. They also found that both mothers and fathers spent more time alone with a child of their same gender when they had both a daughter and a son.

The results appeared Aug. 21, 2012 in the Journal of Child Development. Other authors on the paper include Ann C. Crouter, the Raymond E. and Erin Stuart Schutz, Dean of the College of Health and Human Development and professor of human development, and Chun Bun Lam, doctoral student in human development and family studies when the research was performed.

The Eunice Kennedy Shriver National Institute of Child Health and Human Development funded this study.


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2012 Blue Ribbon Schools

The U.S. Department of Education has announced the Blue Ribbon Schools for 2012. There were 269 schools recognized this year and three of them were from Wyoming. The National Blue Ribbon Schools Program recognizes public and private elementary, middle and high schools where students perform at very high levels or where significant improvements are being made in students' levels of academic achievement.

The three (3) Wyoming schools recognized this year are:

Star Valley High School in Afton
(Lincoln County School District No. 2),
Parkside Elementary School in Powell
(Park County School District No. 1), and
Meadowlark Elementary School in Sheridan
(Sheridan County School District No. 2).
The Parent Information Center is planning a parent conference for Feb 2-3, 2012 in Casper at the Parkway Plaza. It will feature three nationally recognized speakers, Laura Kaloi and authors Patrick Schwartz and Jennifer McIlwee Meyers.

**Registration opens:**
Nov 15, 2012 by going to www.wpic.org or by calling PIC at (307) 684-2277.

**Registration costs:**
Families of children w/disabilities: $25 single/ $35 family rate
Educators and other professionals: $100 single / $150 for two

**Your mission, should you choose to accept it is…**
To come & empower yourself with more information on your rights and your child’s disability to support their learning and partnership with schools!

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**Conference Speakers**

**Patrick Schwartz**

Patrick Schwartz’s book “From Disability to Possibility” leads the way in presenting the specific kinds of teaching, classroom practices, and support approaches that allows the model of varied teaching and learning styles transform disability into possibility. As one of the keynote speakers for our PIC conference, Patrick will illustrate, through stories of struggle and success, how creative, conscientious teachers can work with everyone involved in a student’s learning to make special education work, and how families can support that learning. His ideas and passion will inspire us to look at diverse learners and the social world of school from a new perspective—making inclusive classrooms the mission possible.

**Laura Kaloi**

Laura Kaloi, is the public policy director at the National Center for Learning Disabilities (NCLD), where she has led NCLD’s legislative advocacy program since 1999. She has 18 years of legislative and policy experience and works extensively with the U.S. Congress and the U.S. Department of Education to ensure students with learning disabilities are fully considered in legislation and regulations. Laura brings her practical, family voice to public policy, which she will share at our PIC conference.

**Jennifer McIlwee Meyers**

Jennifer McIlwee Meyers is the author on two books about Autism and Asperger’s. As a woman with Asperger Syndrome, who has a brother with Autism, Jennifer’s Life goal is to promote understanding between those who have Autism Spectrum Disorders and everybody else. She will share us her insights on how to teach life skills to kids with Autism or Asperger’s and will discuss meltdowns, shut-downs, and tantrums: which is which and how to survive!
### 6 FACTS YOU NEED TO KNOW ABOUT AUTISM

Nancy Wiseman had a feeling early on that something wasn't quite right with her daughter. When Sarah was 6 months old, she stopped babbling, and by 10 months, she was silent. By 18 months, the increasingly aloof toddler no longer responded to her name, and she resisted being held, kissed, or touched. "I felt that I was losing my child a little more each day," says Wiseman, of Merrimac, Massachusetts. When Sarah wasn't saying any words or even making sounds that resembled words by 20 months, her grandmother, a school psychologist, suspected that the girl might actually be deaf. Instead, Wiseman was devastated to learn that her daughter had autism. "The diagnosis really knocked the wind out of me," she recalls, "but I was relieved to finally know what was wrong."

Although the severity of autism can vary widely, many children with the neurological disorder -- which typically appears in the first three years of life -- have problems speaking, interacting with others, sharing affection, and learning. Thanks to the tireless efforts of parents and advocates, public awareness of autism has grown tremendously since it was first identified in 1943, but it is gaining even more attention today than ever before.

"There are many unanswered questions," says Alice Kau, Ph.D., an autism expert at the National Institutes of Health. Still, researchers are beginning to make progress in unraveling this baffling disorder, and the number of resources available for families is increasing. **Here, six facts about autism that every parent should know.**

<table>
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<th>FACT</th>
<th>DETAIL</th>
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<tr>
<td>1. <strong>RATES ARE ON THE RISE</strong></td>
<td>Autism is ten times more common today than it was in the 1980s, according to the Centers for Disease Control and Prevention. More than three in 1,000 children in this country have autism to some degree. Nationwide, autism strikes three to four times more boys than girls; the rates are about the same for kids of all races.</td>
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<td>2. <strong>KIDS ARE GETTING DIAGNOSED SOONER</strong></td>
<td>There's no laboratory or medical test for detecting autism, so doctors must rely on behavioral signs. In the past, many were reluctant to label a child as autistic until symptoms became obvious. &quot;The average age for diagnosis had been about 3 1/2, with many children diagnosed much later,&quot; says Amy Wetherby, Ph.D., director of the Center for Autism and Related Disabilities at Florida State University, in Tallahassee. But that's changing. One reason is that pediatricians are becoming more aware of autism. At the same time, autism specialists are better at identifying early telltale signs such as a lack of babbling or pointing.&quot; Most children with autism will show some signs of developmental disruption by their first birthday,&quot; says Rebecca Landa, Ph.D., an autism researcher at Baltimore's Kennedy Krieger Institute. And while no one is yet diagnosing autism in children that young, doctors can now make a reliable assessment by 24 months -- when a child's brain is still rapidly developing. &quot;If we can intervene while a child's brain is very immature, it will be much easier to help change her behavior,&quot; Dr. Wetherby says.</td>
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<td>3. <strong>AUTISM IS A GENETIC DISORDER</strong></td>
<td>Although autism was once believed to be the result of improper parenting, researchers now believe that genes -- not psychological factors -- are to blame. If a couple has one autistic child, there is a 5 to 10 percent chance that siblings will have some sort of autistic disorder. With identical twins, the likelihood is 60 percent. Even though profoundly autistic people rarely have children, researchers often find that a relative has mild autistic symptoms or a high-functioning autistic-spectrum disorder known as Asperger's syndrome. Experts believe that autism is the result of multiple genes -- anywhere from three to 20 -- interacting with each other. This may explain why the symptoms and severity of the disorder vary greatly. These genes may cause a baby's brain...</td>
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to develop abnormally in utero or make him more susceptible to unknown triggers. "There is probably a combination of genetic and environmental influences," says Catherine Lord, Ph.D., director of the Center for Autism and Communication Disorders at the University of Michigan, in Ann Arbor. Although the genes linked to autism have not yet been pinpointed, intense research is under way.

4. THERE IS NO KNOWN SCIENTIFIC LINK BETWEEN VACCINES AND AUTISM

There's been widespread controversy about a possible connection between vaccines and the soaring autism rates. Some parents of children whose autistic symptoms first appeared shortly after their measles-mumps-rubella (MMR) immunization are convinced the shot was the cause, but repeated studies have failed to find scientific evidence. Although one small, heavily publicized British study published in 1998 suggested a link, 10 of the 13 authors publicly retracted the findings in March 2004, saying they were unreliable. The study, lead by Dr. Andrew Wakefield, only studied a small sample of 12 kids, eight of whom were diagnosed with autism. By early 2010, the same British journal, The Lancet, that published his findings retracted his study and in January 2011, the British Medical Journal publicly denounced Dr. Wakefield's research as "fraudulent." The British Medical Journal announced that Dr. Wakefield had "falsified data" and tampered with his research results to give the MMR vaccine bad publicity. At the time of his study, Dr. Wakefield had been involved in a lawsuit against the manufacturers of the MMR vaccine and would have gained money if he'd won, making his research an obvious conflict of interest.

Because the MMR vaccine is routinely given at 12 to 15 months -- when the first symptoms of autism often become noticeable -- the apparent association is a coincidence, says Parents adviser Neal Halsey, M.D., director of the Institute for Vaccine Safety at Johns Hopkins University. Up to 40 percent of children with autism typically experience regression at 12 to 18 months; they start developing normally but then suddenly lose communication and social skill. The possibility that mercury poisoning might cause autism is also a concern. Since the 1930s, a preservative called thimerosal, which contains small amounts of mercury, had been used in some childhood vaccines (not MMR). Although mercury is known to be harmful to the brains of infants and young children, most vaccine experts say the amounts used in the preservative were too tiny to cause neurological damage. Nevertheless, manufacturers voluntarily began removing thimerosal in 1999, and by the end of 2001, none of the routine vaccines given in early childhood contained the preservative. The preservative is now used only in flu shots and some vaccines given to adults and adolescents.

5. LARGE HEAD SIZE IS A RED FLAG

Recent findings published in the Journal of the American Medical Association suggest that the brains of children with autism develop differently from an early age. Researchers discovered that most infants who were later diagnosed with autism had small head circumferences at birth but had heads -- and brains -- much larger than normal by 6 to 14 months. "Some of them went all the way up to the 90th percentile in just a few months," says study coauthor Natacha Akshoomoff, Ph.D., an assistant professor of psychiatry at the University of California, San Diego. Those who ended up with the most severe form of autism were found to have the most dramatic acceleration of brain growth during infancy.

Pediatricians don't always measure head circumference at well-baby visits, so it's wise to request it. However, don't panic if your baby's head size is above the norm. Some babies just have big heads. "Rapid head growth is not a way to diagnose autism," Dr. Akshoomoff points out, "but it means that a child should be watched closely to be sure that she meets speech and behavioral milestones."

6. EARLY TREATMENT IS CRUCIAL

There is no known cure for autism, but intensive therapy helps a child learn a wide range of skills from making eye contact to hugging to having a conversation. And the sooner a child begins, the better. A panel of experts convened by the National Academy of Sciences in 2001 recommended that children should have 25 hours of therapy per week as soon as autism is suspected. Because children with autism have very different behaviors and abilities, the most effective approach takes into account a child's unique challenges and encourages healthy development through play, rather than just trying to change specific symptoms. "Intervention can take many forms, from going to a regular preschool to a parent's working with her child over the course of a normal day to direct therapies from well-trained teachers and professionals -- all depending on the child," Dr. Lord says. Thanks to early intervention, some children -- like Nancy Wiseman's daughter, Sarah -- make remarkable progress. "At the very least, we're able to lessen the severity of symptoms," says Dr. Lord, who chaired the expert panel. "The latest studies show that almost 80 percent of kids with autism now have some speech by age 9, whereas only 50 percent of these kids were talking 20 years ago."

While there's still much about autism that remains a mystery, research scientists are making new discoveries every day. In fact, they say, it may be possible to cure autism one day -- perhaps through gene therapy even before a child is born. But for now, early diagnosis and therapy offer the best hope. "There's no doubt that today's generation of autistic kids will be better off than previous generations, because they're getting help sooner," Dr. Wetherby says. Reprinted with permission from the July 2004 issue of Parents magazine. Reviewed and updated 2012.

To read more about Asperger's or Autism, view our Disability Brochures at www.wpic.org/publications.html
WCLC - Now Providing Special Education Consultation & Legal Assistance

The Wyoming Children's Law Center (WCLC) is now providing special education advocacy, including consultations and legal assistance for parents of children with special needs. WCLC is a 501(c)3 non-profit organization founded in 2009 to advocate for the legal rights of children through policy advocacy, legal representation and education.

Beginning July 1, 2012, WCLC added services for parents of children with special needs in the area of special education and disability rights to help address the need created by the loss of Protection and Advocacy's services. Services are free to qualifying low-income families statewide. Parents must meet income eligibility through application guidelines. Families at 200% of federal poverty guidelines or below receive these services for free, while families above 200% of poverty are charged on a sliding scale fee, based on an income.

WCLC also provides legal assistance in other areas of legal need in Wyoming. In 2011, WCLC created a statewide GAL (Guardian ad litem) and Mediation program for custody disputes and contested guardianships. The mediation program utilizes a family-centered conciliatory process designed to help reduce conflict and promote long term stability for children. Through the GAL program we provide legal representation to children and vulnerable adults caught in the middle of difficult custody battles.

Donations are always welcome and greatly appreciated! For more information, contact:

Wyoming Children's Law Center, Inc.
602 E. 20th St.
Cheyenne, WY 82001
307-632-3614  wyoclc@optimum.net

Federal Policy: ABA Therapy is Medical Benefit

A recent change in federal policy could lead many more families affected by autism to gain insurance coverage for Applied Behavior Analysis (ABA), advocates say.

In a major shift, the U.S. Office of Personnel Management said that it has determined there is enough evidence behind the use of ABA therapy to deem it a medical rather than an educational service. The office is responsible for managing benefits for federal government employees, so the announcement paves the way for health plans offered to government workers to include coverage for the popular autism therapy for the first time. What’s more, autism advocates say it sets an important precedent since the U.S. government is the nation’s largest employer.

“The OPM decision directly contradicts a long-standing insurance industry claim that ABA therapy is not ‘medical,’ but rather ‘educational’ — provided by the schools at taxpayer expense,” said Peter Bell, executive vice president for programs and services at Autism Speaks. “Now, tens of thousands of families will have better access to more affordable, critical ABA treatment.”

Currently, 30 states require that health insurance plans include ABA therapy, according to Autism Speaks, which has lobbied heavily for such legislation included in health plans provided to federal workers starting in 2013. Under the new rules, coverage for ABA therapy may be included in health plans provided to federal workers starting in 2013.

TOGETHER We Make a Difference—Thanks to the Following for Their Support

Rob Garland, InterTech Environmental & Engineering, LLC & Overland Investments;
John P. Ellbogen Foundation
2011 National School Psychologist Award

Wyoming School Psychologist, Dr. Bob Bayuk, was named as the 2011 School Psychologist of the Year, recognized for his excellence in the provision of school psychological services by a field–based practitioner.

In 1981, Bob became a licensed psychologist in Pennsylvania, decided to leave Philadelphia, and moved Worland, Wyoming. His practice has exemplified systems change and development, home/school/community collaboration, consultation, data–based decision making, and making lives better for children and youth. During his tenure, he has been influential in making system changes as a way to advocate for students. He has provided training in crisis management, allowing schools to develop their prevention and intervention services and crisis teams. After writing and receiving a grant, Dr. Bob took on a large project with the support of the special education director to bring training on Project Achieve to his small Wyoming school districts. The training was successful and the social skills curriculum and home–school collaboration strategies are still in place and making a difference for children 8 years later!

A colleague states, "He is always stepping in to help on the playground, cafeteria, hallways, and classrooms. He brings a smile to the faces of everyone in the building when they see him. No matter the task, Dr. Bob always has time to commit to children and adults as he strives for a better world for all."

Working closely with community agencies is important to Dr. Bob and vital to his work with children and youth. He works with multidisciplinary teams to determine the level of care for students within the school district, as well as those students who need care outside of the district. Bob is instrumental in helping teams develop transition plans for students coming back into public school from other educational or treatment settings. Not only does he use his skills in schools, but shares his knowledge and skills by volunteering in Worland. Another supporter states, "Everyone in our community knows Dr. Bob... His volunteer efforts in Special Olympics, community mental health, and a proposed center for adults with acquired brain injuries, repeatedly demonstrate to all of us that a life well lived is a life sharing talents and abilities with those in need of support."

Although Dr. Bob retired recently, he continues to consult with four school districts by providing training on special education topics and legal issues, and assessing students for intervention planning. In his spare time, he works in private practice conducting evaluations, counseling, consulting with the local hospital, and running his nonprofit organization, Cloud Peak Foundation, that aids individuals with developmental disabilities and acquired brain injuries.

CDC Warns Of Flu Risk For Kids With Disabilities

By Shaun Heasley, August 29, 2012
Children with intellectual disability, cerebral palsy and other neurologic disorders are at much greater risk of complications from the flu, federal health officials said recently. In a study looking at the 2009 H1N1 flu outbreak, the U.S. Centers for Disease Control and Prevention (CDC) found that a disproportionately high number of kids with neurologic disorders died as compared to other children. The 2009 flu season was significant because the number of children who perished during the pandemic that year was more than five times higher than the median for the previous five flu seasons. For the study, researchers reviewed data submitted to the CDC by state and local health agencies on influenza-related deaths in children. They found that 68 percent of the kids who died had an underlying medical condition. And of that group, the majority — 64 percent — had a neurologic disorder, researchers said. In many cases, children with a neurologic disorder who died from the flu also had a coexisting condition like a pulmonary disorder, metabolic disorder, heart disease or a chromosomal abnormality, which exacerbated their risk, researchers said. Pneumonia and acute respiratory distress syndrome were the most often reported complications among the children with disabilities who lost their lives. Officials at the CDC say that kids with neurologic conditions have continued to be disproportionately impacted by the flu in the years since the H1N1 pandemic. Data show that most of the children who died in 2009 were not vaccinated. The CDC is urging everyone over age 6 months to get an annual flu vaccine to mitigate risk for the illness.

http://www.disabilityscoop.com
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 (307) 684-2277:

Terri Dawson, Director, tdawson@wpic.org (307) 217-1321
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Janet Kinstetter, Moorcroft, 756-9605, jkinstetter@wpic.org
Serves Moorcroft, Gillette, Sundance & Newcastle area
Tammy Wilson, twilson@wpic.org Green River, 217-2244
Serves Green River, Rock Springs Kemmerer and Evanston

Parent Education Network (PEN):
The 5 year grant for PEN ended Oct 2011, so we currently have no funding for this project. However, we will continue to update our fact sheets at www.wpen.net. We will also develop new fact sheets on educational issues and reform and distribute them electronically. To sign up for our e-newsletter list, go to www.wpic.org.

Some titles of fact sheets available are:

PEN Notes
- Progress Monitoring
- Universal Design for Learning
- Activity Overload
- Cyberbullying

Education Extras
- Title I
- Highly Qualified Teachers
- School Wellness Programs

Thoughts for Tots
- Teachable Moments
- Bedtime Battles
- Tempering Temper Tantrums
“It’s impossible,” said pride
“It’s risky,” said experience
“It’s pointless,” said reason

“Give it a try!” whispered the heart

—Anonymous

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 of children with disabilities, 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 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)____________________

Address: ____________________________________________________________________ Zip:______________

Street City State

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Save the Date: Feb 2 & 3, 2013 in Casper at the Parkway Plaza

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