



# **Understanding Disabilities in Children and Finding Useful Resources**

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**October 10, 2013**

# Plan for this Session

- **Definition of developmental disability**
- **Contrast Part B and Part C of IDEIA**
- **Overview of special ed disability categories**
- **Discussion of IEPs and 504 Plans**
- **Resources for families and professionals**

# Setting the Stage



- **Disabilities differ in the areas of functioning affected and their visibility**
- **There is great variability among children within the same disability category (e.g., autism spectrum disorder)**
- **Each family of a child with a disability is unique in terms of their experiences, perspectives, expectations, etc.**
- **It is important to use “people first” language (e.g., “a child with cerebral palsy”)**

# Terminology Tips

1. Use “people first” language.
2. Use “disability” rather than “handicap”.
3. Refer to a person’s disability only when relevant.
4. Avoid “victim” language:
  - “suffers from,” “a victim of,” or “afflicted with”
  - “wheelchair-bound” or “confined to a wheelchair”
5. Avoid “hero” language:
  - “courageous,” “brave,” “special,” or “superhuman”
6. Use “typical” rather than “normal”.



# Federal Definition of Developmental Disability

According to the Developmental Disabilities Act, section 102(8), "the term '**developmental disability**' means a severe, chronic disability of an individual 5 years of age or older that:

- 1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- 2. Is manifested before the individual attains age 22;
- 3. Is likely to continue indefinitely;

# Federal Definition of Developmental Disability

- 4. Results in substantial functional limitations in **three or more** of the following areas of major life activity:
  - (i) Self-care;
  - (ii) Receptive and expressive language;
  - (iii) Learning;
  - (iv) Mobility;
  - (v) Self-direction;
  - (vi) Capacity for independent living; and
  - (vii) Economic self-sufficiency.

# Federal Definition of Developmental Disability

- 5. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, **when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided."**

# Developmental Disability

- **Touches all areas of development**
  - **Neurobiological (brain-based) differences**
  - **Differences affect development**
  - **Changes the experiences available to a person**





# IDEIA (2004)

Two age-based systems:

- **Part C:** birth to age 3 years – TEIS (Tennessee’s Early Intervention System)
- **Part B:** 3 through 21 years – Special Education through local school system



# Birth to Three (Part C) Eligibility Criteria

- **Developmental Delay**  
(5 domains of development)
  - Cognitive
  - Physical
  - Communication
  - Social/emotional
  - Adaptive
- **Diagnosed Conditions**



# Developmental Delay

- 25% below chronological age in **2 or more** developmental domains
- 40% below chronological age in **1** developmental domain



# Diagnosed Conditions

- **A diagnosed physical or mental condition that has a high probability of resulting in developmental delay**
- [http://www.state.tn.us/education/teis/doc/DiagnosisList\\_March2013.pdf](http://www.state.tn.us/education/teis/doc/DiagnosisList_March2013.pdf)



# First Major Transition

- **At child's 3<sup>rd</sup> birthday transition occurs from Early Intervention to School System**
- **Daily routines to Educational achievement**
- **Family-focused to Student-focused**
- **IFSPs to IEPs**
- **Eligibility Guidelines also change**

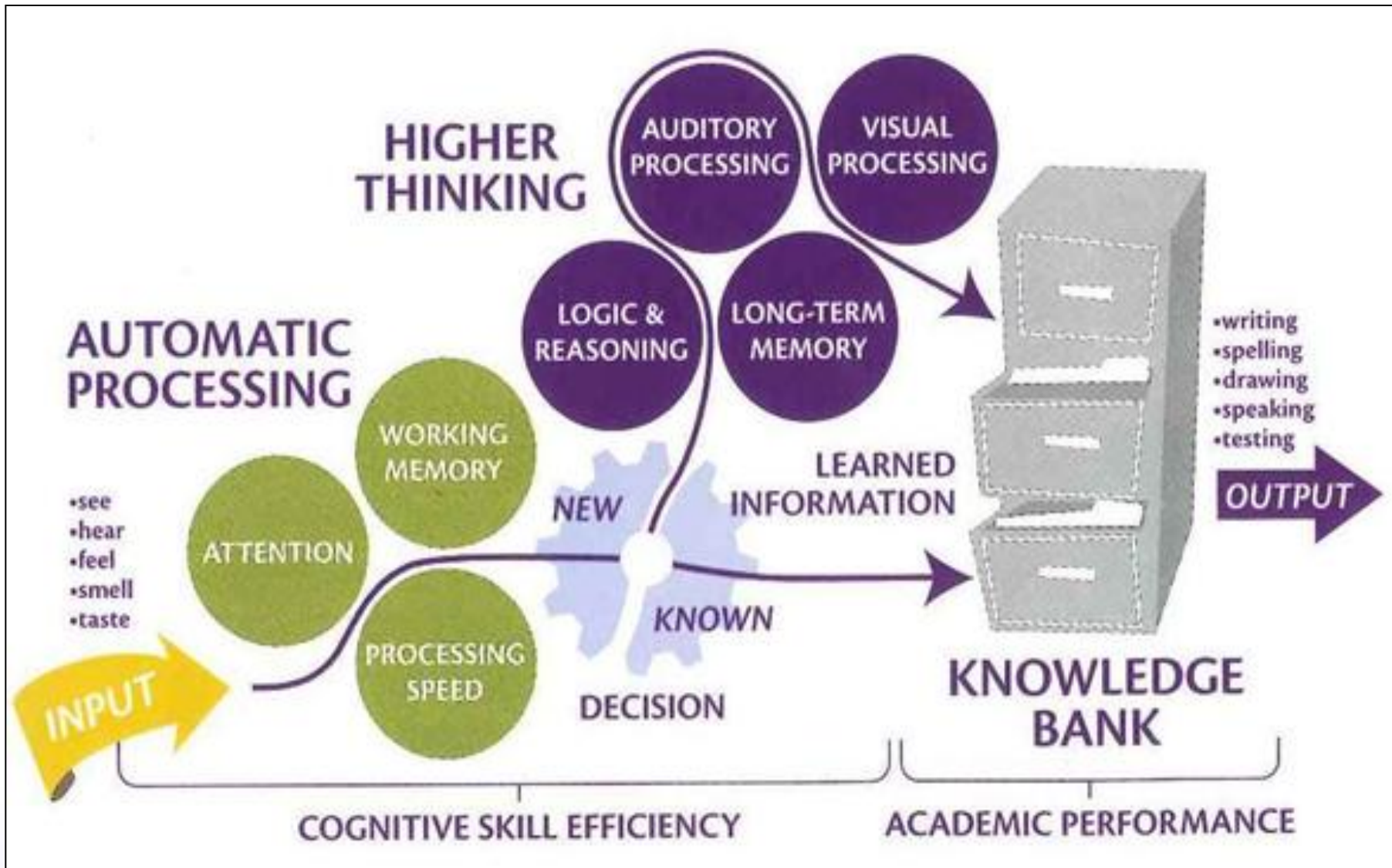


**This transition is often a very stressful time for families!**

# **16 Disability Categories for Special Ed (Part B) in TN**

- **Autism**
- **Deaf-Blindness**
- **Deafness**
- **Developmental delay**
- **Emotional disturbance**
- **Functional delayed**
- **Hearing impairment**
- **Intellectually gifted**
- **Intellectual disability**
- **Multiple disabilities**
- **Orthopedic impairment**
- **Other health impairment**
- **Specific learning disabilities**
- **Speech or Language impairment**
- **Traumatic brain injury**
- **Visual impairment**

# Thinking Skills and Processing



# Disability Eligibility Standards

Each of the 16 specific categories has its own:

- **Definitions**
- **Evaluation procedures**
- **Evaluation participants**





# Evaluation Process

- **Parental consent before evaluation**
- **Multi-disciplinary team**
- **Assessment of child's strengths, interests, goals and needs**
- **Nondiscriminatory procedures (e.g., child's native language)**



# Evaluation Participants

- **The parent**
- **Child's general education teacher**
- **Licensed special education teacher**
- **Other professional personnel, as indicated**



# Assessment Specialists

- Audiologist
- Speech language pathologist
- Reading specialist
- Low vision specialist
- Orientation and mobility specialist
- Ophthalmologist
- Optometrist
- Occupational therapist
- Physical therapist
- Psychologist
- Psychological examiner
- School psychologist
- Psychiatrist
- Neurologist

# Related Services

- **Speech language pathology**
- **Audiology**
- **Psychological services**
- **Physical therapy**
- **Occupational therapy**
- **Vision (orientation and mobility)**
- **Social work**
- **Assistive technology**
- **Medical services for diagnostic purposes**
- **Transportation**



# **16 Disability Categories for Special Ed (Part B) in TN**

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# **16 Disability Categories for Special Ed (Part B) in TN**

- **A. Sensory Impairments (4)**
- **B. Health Impairments (5)**
- **C. Developmental Impairments (4)**
- **D. Language-related Impairments (3)**

# A. Sensory Impairments

- **Deafness**
- **Hearing Impairment**
- **Visual Impairment**
- **Deaf-Blindness**



# Audiological Evaluations

- **Pure tone audiometry**
- **Play audiometry**
- **Evoked Otoacoustic Emissions**
- **Auditory Brainstem Response (ABR)**





# Vanderbilt **Bill Wilkerson Center**

- **Evaluations & Therapy**
  - Speech-Language
  - Hearing
  - Alternative & Augmentative Communication
  - Feeding and Swallowing
  - Traumatic Brain Injury
- **Medical Center East, South Tower**
  - 1215 21st Avenue South
  - **(615) 936-5000**
  - **(615) 936-5253 fax**

# Vision Evaluations

- **Low Vision Specialist**
- **Orientation and Mobility Specialist**
- **Ophthalmologist**
- **Optometrist**



# Tennessee Deaf-Blind Project

- Birth to 21 who are deafblind
- FREE technical assistance and support
- Child with **combined** vision and hearing loss
- Infant Massage Training
- Anyone can refer a child to TRENDS

<http://www.treds-deafblindproject.com/>  
615-322-8279 or 1-800-288-2266(TN Only)



- **Offers comprehensive low-vision education services statewide to children ages 3 to 21**
- **Clinical low-vision evaluations**
- **Optical devices**
- **Instruction on how to use their devices**

<http://www.vanderbilt.edu/projectpave/>

**877-887-2833**

## **B. Health Impairment (Physical & Mental)**

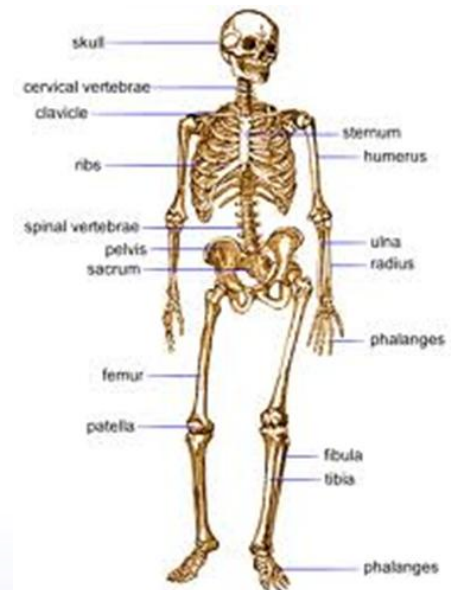
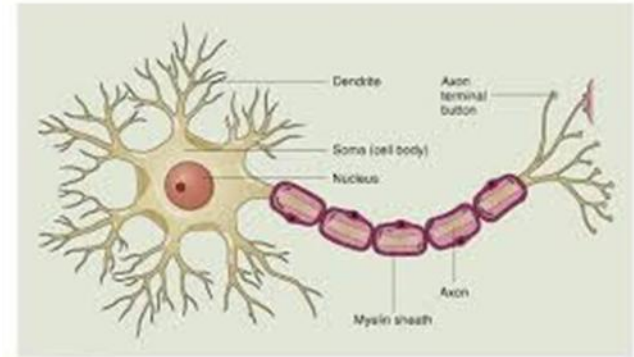
- **Orthopedic impairment**
- **Other health Impairment**
- **Emotional disturbance**
- **Traumatic brain disorder**
  
- **Multiple disabilities**



# Orthopedic Impairment

Results in deficits in quality, speed, or accuracy of movement – that adversely affect educational performance:

- Congenital anomalies (e.g., club foot)
- Diseases (e.g., polio, bone tuberculosis)
- Other causes (e.g., cerebral palsy, amputations, or burns that cause contractures)



# Occupational and Physical Therapy

- OT pertains to a “person’s ability to participate in desired daily life activities or [occupations](#).”
- PT’s goal is to identify and treat problems with movement and posture, or body position.

(AOTA website, 2007)

(Children with Cerebral Palsy: A Parent’s Guide, 1991)

# Occupational Therapy (OT)



## Focuses on:

- Developing **fine motor** skills – movements involving the smaller muscles of the arms, hands and face
- Processing input from the **senses** – sight, hearing, touch and movement
- Accomplishing **activities of daily living (ADLs)**



# Physical Therapy (PT)

**PT assesses:**

- **Functional gross motor skills**
- **Alignment abnormalities**
- **Weight bearing patterns**
- **Muscle tone**
- **Balance and postural control**
- **Strength**
- **Range of Motion**



# Comparison of OT and PT

**Goal:** Teach functional daily living skills

- **OT:** Dressing, eating, toileting, personal hygiene, & household chores
- **PT:** Ambulation, transfers, & other mobility demands

# Other Health Impairment

**Having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems...**



# Other Health Impairment

**Child requires specially designed instruction due to:**

- **Impaired organizational or work skills**
- **Inability to manage or complete tasks**
- **Excessive health-related absenteeism**
- **Medications that affect cognitive functioning**



# ADHD

**1. Persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development**

## **2. Prevalence of ADHD**

- Population surveys: 5% of children**
- Parent report surveys: 9.5% (4 – 17 year olds)**

**(DSM-5 manual, 2013; CDC website, 2013)**

# ADHD

## 3. Educational interventions

- Highly structured setting
- Direct instruction on problem areas
- Peer tutoring
- High choice & interest
- Social skills

## 4. Social problems

- Hyperactivity & Impulsivity
- Self-isolation



# Chronic illnesses



- **Breathing related**

- Cystic fibrosis
- Tuberculosis
- Asthma



- Most common chronic illness of children
- Leading cause of school absences among chronic illnesses

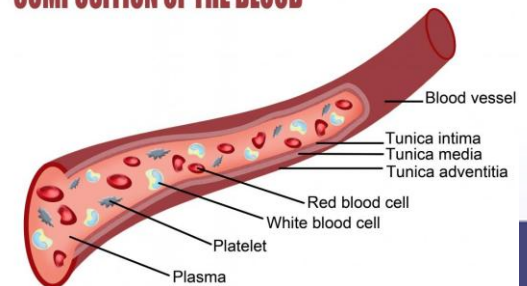
- **Circulation related**

- Sickle-cell anemia
- Hemophilia
- Congenital heart defects

- **Diabetes**

- **Childhood cancer**

## COMPOSITION OF THE BLOOD





# Infectious Diseases

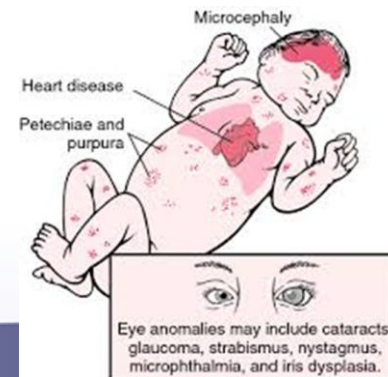
- **HIV and AIDS**

- Transmission through

- Infected mothers
- Blood transfusions
- Adolescents- risky behaviors

- **STORCH infections**

- Congenital
- Syphilis, toxoplasmosis, other, rubella, cytomeglovirus & herpes/hepatitis B
- Can cause severe, multiple impairments





# Emotional Disturbance

- **Inability to learn - not due to limited school experience, cultural differences, intellectual, sensory or health factors**
- **Inability to build or maintain satisfactory interpersonal relationships**
- **Inappropriate types of behavior or feelings – in the absence of major stressors**
- **Pervasive unhappiness or depression**
- **Tendency to develop physical symptoms or fears associated with personal or school problems**

# Emotional and Behavior Disturbances

## Internalizing

Withdrawn

Depressed

Anxious

Under-identified

## Externalizing

Aggression

Delinquency

Majority are male

African-Americans are over-represented

## Excluded Groups

Socially maladjusted

Conduct disorders

## Low incidence disorders

Schizophrenia

# Educational Considerations

## Effective Discipline

- Intervention ladder
- Positive learning climate
- Self-determination

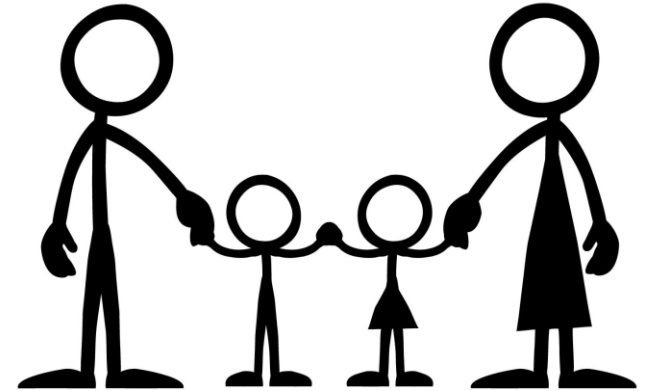
## Elements of successful programs

- CBM Curriculum Based Measures
- BIP Behavior Intervention Plans
- FBA Functional Behavioral Assessment



# Family Considerations

- **Blame & sacrifice**
- **Open communication**
- **Negotiating the Mental Health Care system**
- **Foster home placements**

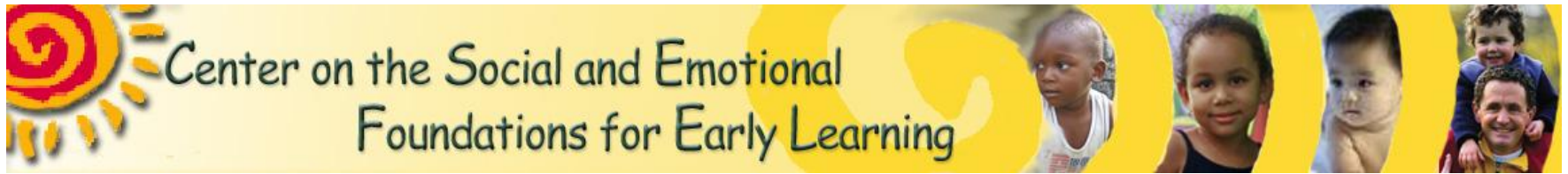


# Tennessee Voices for Children

800-670-9882 TEAM TN SUPPORT TVC



- Hub for Children's Mental Health Service Guidance and Family Support and Advocacy
- <http://www.tnvoices.org>



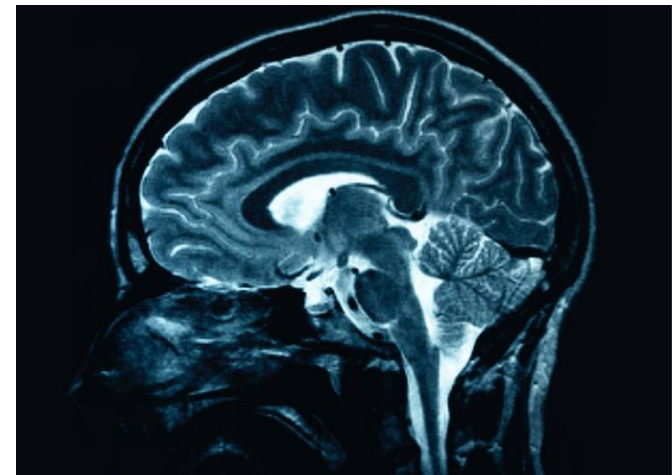
- [Scripted Stories for Social Situations](#)
- [Tools for Working on “Building Relationships”](#)
- [Book List](#)
- [Book Nook](#)
- [Teaching Social Emotional Skills](#)
- [Tools for Developing Behavior Support Plans](#)

<http://www.vanderbilt.edu/csefel>



# Traumatic Brain Disorder

- **An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance.**



# Traumatic Brain Disorder

- **Acquired open or closed head injuries (Concussion)**
- **Not brain injuries at birth**
- **Symptoms may include**
  - **memory or concentration problems**
  - **mood swings**
  - **sensory problems (blurred vision, ringing in ears)**
  - **fatigue or drowsiness**
- **Adversely affects educational performance**
- **School awareness of accidents/incidents is vital**



# Project BRAIN

- **Increases awareness of children and youth with brain injury who are served by the school system.**
- **Provides training and technical assistance to schools, families, and health care providers in the early identification of children with TBI.**
- **Supports “BRAIN Resource Teams” within selected school systems that will consult locally on issues of developing supports for Tennessee students with brain injuries.**
- **Partners with Tennessee hospitals to promote effective communication between healthcare providers and educators to facilitate successful transitions.**
- **[http://www.tndisability.org/coalition\\_programs/project\\_brain](http://www.tndisability.org/coalition_programs/project_brain)**
- **National Information Center for Children and Youth with Disabilities (NICHCY) Fact Sheet on Traumatic Brain Injury. <http://www.nichcy.org/>**

# C. Developmental “Impairments”

- **Intellectual disability**
- **Developmental delay**
- **Functional delay**
  
- **\*Intellectually gifted**

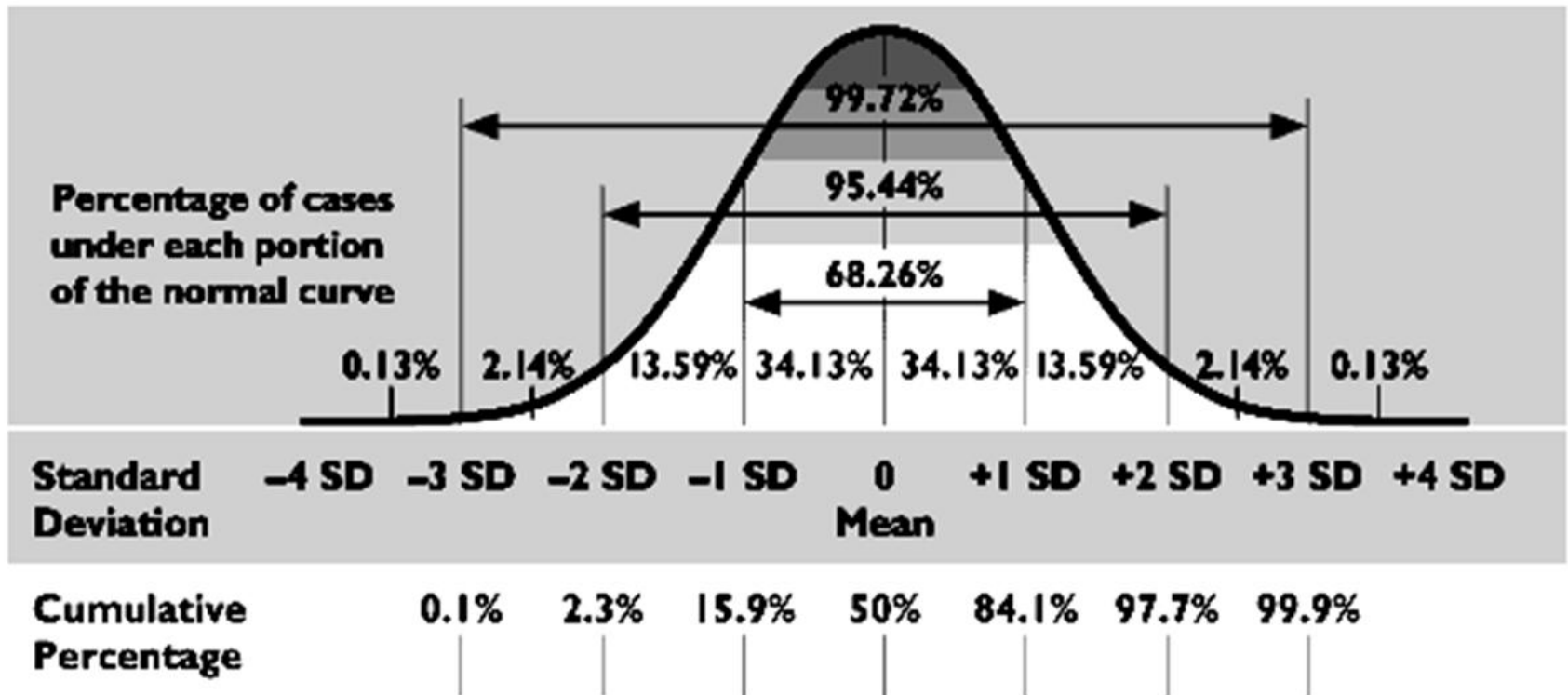


# Intellectual Disability

- **Significantly impaired intellectual functioning**
- **Deficits in adaptive behavior**
- **Manifested during the developmental period**  
– **birth to age 18**
- **Adversely affects educational performance**

# Normal Curve

## Interpreting Scores by Means: The Normal Curve



# Adaptive Behavior

## *Conceptual*

Communication Skills  
Functional Academics  
Self-Direction



## *Social*

Social Skills  
Leisure Skills



## *Practical*

Self-Care  
Home or School Living  
Community Use  
Work (for adults and working-age youth)  
Health and Safety



# Developmental “Impairments”

- **Developmental delay (3 – 9 years)**
- **Functional delay (delays in intellectual skills and achievement but not adaptive behavior)**
- **\*Intellectually gifted (general curriculum alone is inadequate)**

# D. Language and Related Impairments

- **Speech or language impairment**
- **Specific learning disabilities**
- **Autism**



# Speech or Language Impairment

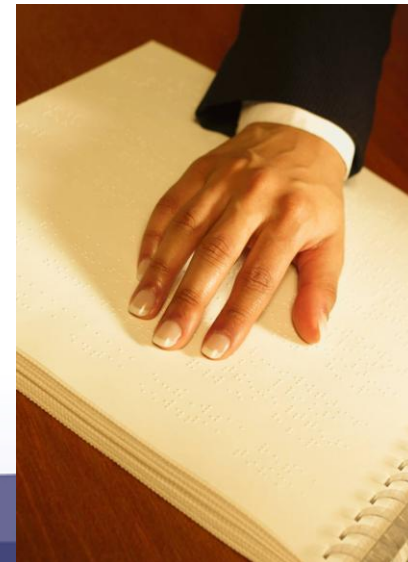
- What's the difference between **speech** and **language**?





# Speech or Language Impairment

- **Language:** a shared code or system that represents concepts & ideas through the use of arbitrary symbols
- **Receptive and Expressive Language include:**
  - Vocabulary
  - Grammar
  - Syntax
  - Pragmatics



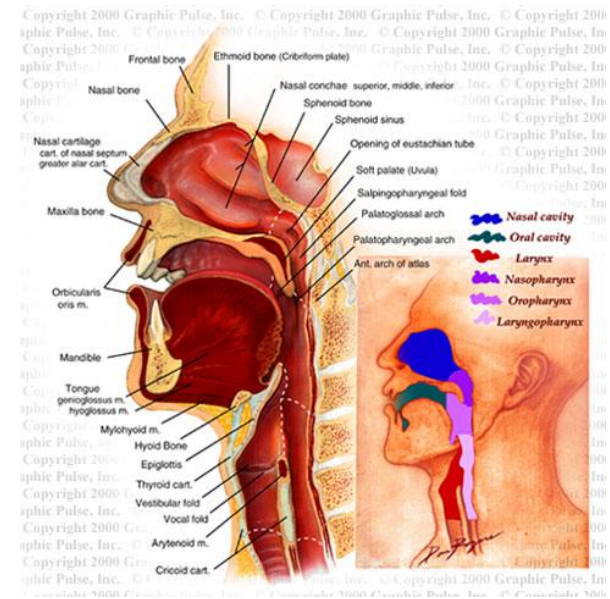
# Speech or Language Impairment

- **Speech:** a motor act for communication that involves the production of sounds in meaningful combinations by the lips, tongue, teeth, palate, vocal cords and lungs

- Articulation

- Voice

- Fluency



# Speech or Language Impairment

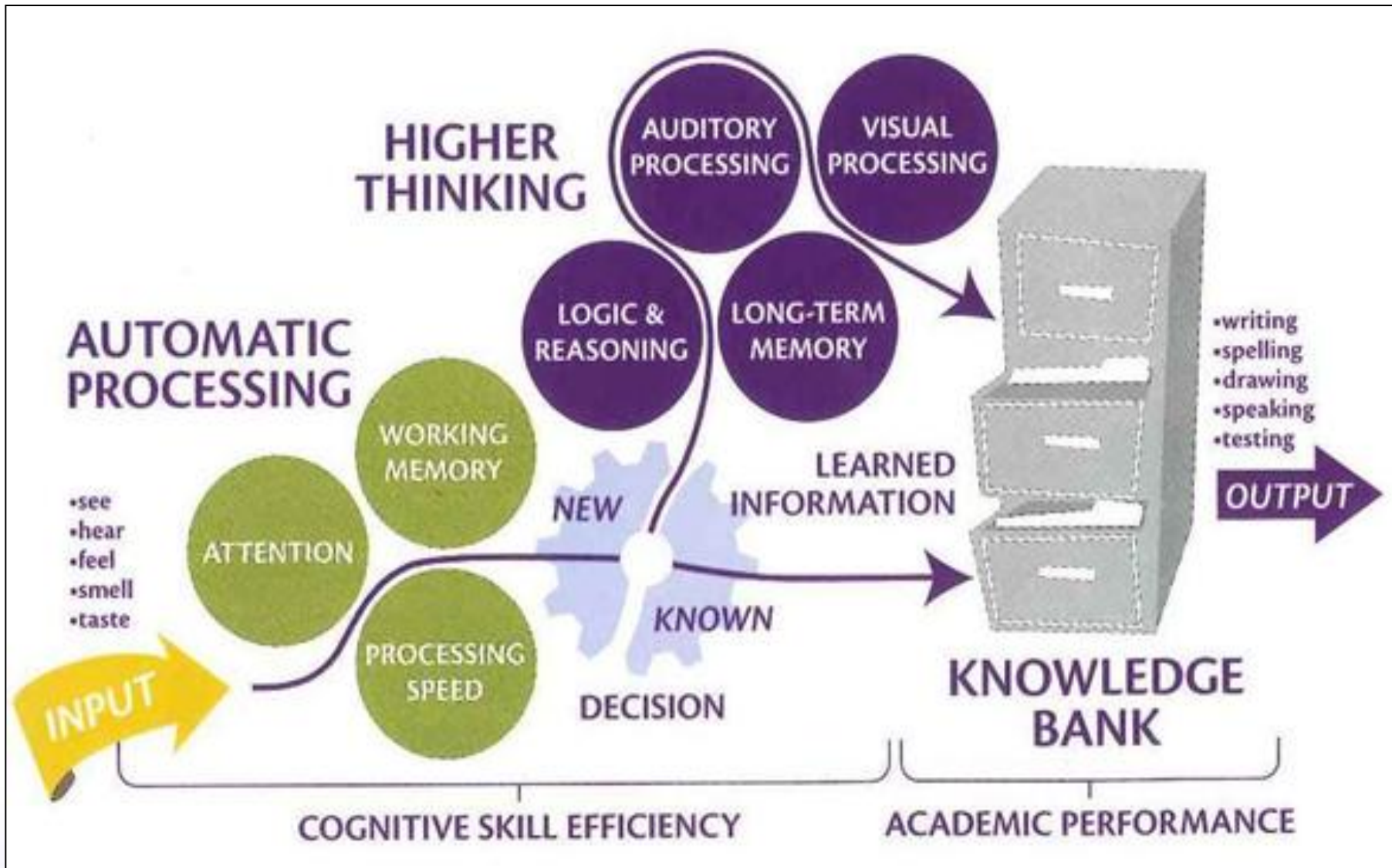
For Special Ed purposes a **Speech or Language Impairment** is:

- A communication disorder, such as **stuttering**, **impaired articulation**, a **language impairment**, or **voice impairment** that adversely affects a child's educational performance.

# Specific Learning Disability (SLD)

- A disorder in 1 or more of the basic psychological processes involved in understanding or in using **language**, spoken or written, which may manifest itself in the imperfect ability to **listen, think, speak, read, write, spell, or do mathematical calculations** – and that adversely affects the child's educational performance.

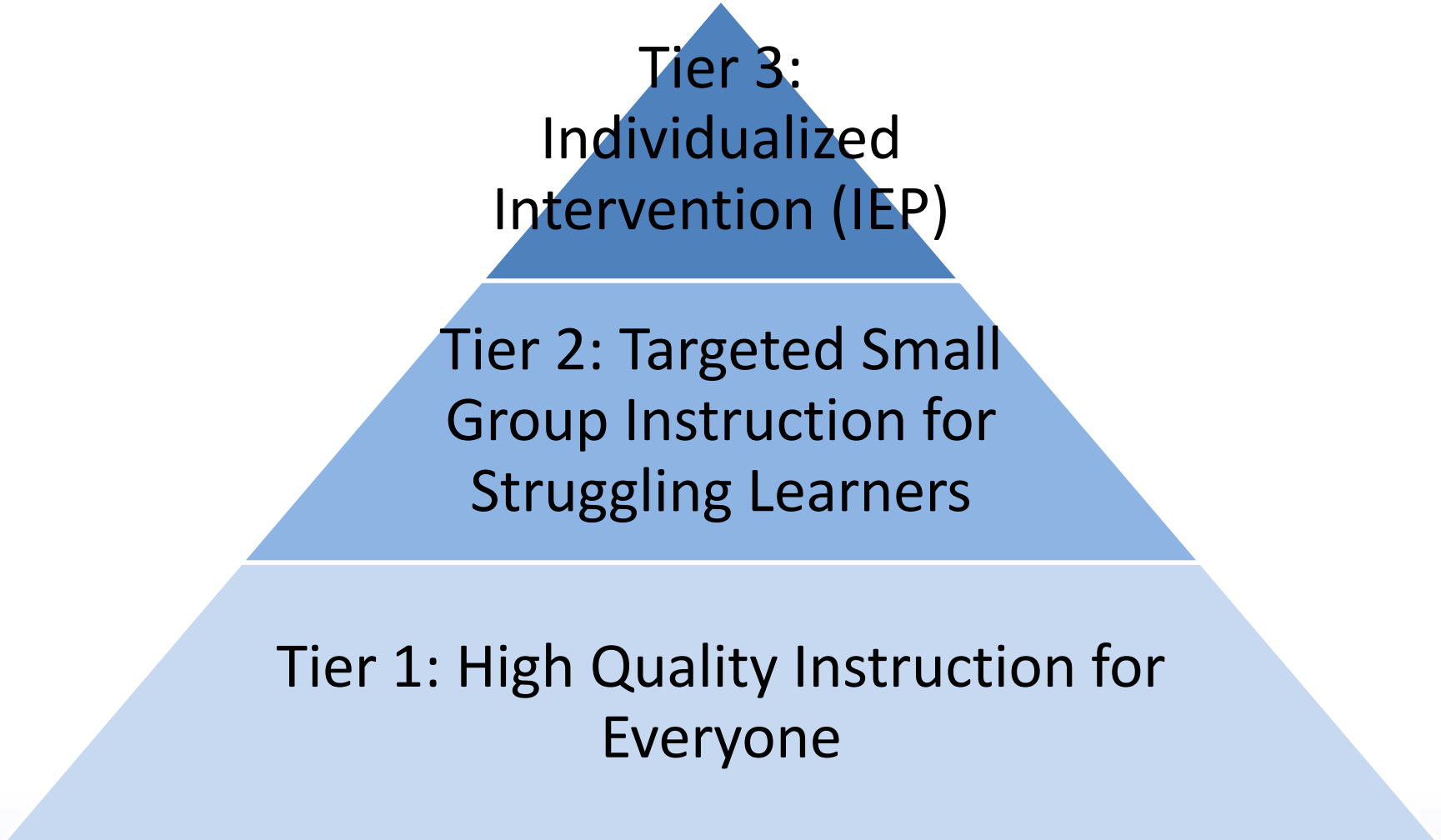
# Thinking Skills and Processing



# Assessment Approaches to SLD

- **IQ/Achievement Discrepancy Method:** discrepancy between educational performance and predicted achievement based on measure of cognitive ability
- **Response to Intervention Method:** a set of systematic and data-based instructional processes for identifying, defining, and resolving students' academic and/or behavioral problems

# Response to Intervention



Tier 3:  
Individualized  
Intervention (IEP)

Tier 2: Targeted Small  
Group Instruction for  
Struggling Learners

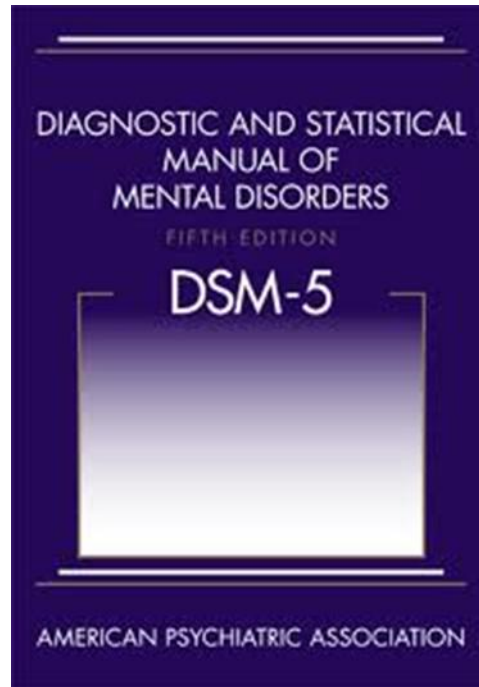
Tier 1: High Quality Instruction for  
Everyone

# Autism

- A developmental disability significantly affecting verbal and nonverbal **communication** and **social interaction**, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in **repetitive activities and stereotyped movements**, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.



# New DSM-5 Criteria



**(Published May 2013)**

# Autism Diagnosis in DSM-5

- **“Autism Spectrum Disorder”** replaced Autistic Disorder, Asperger’s Disorder, and PDD-NOS
- Clinical diagnosis of ASD **does not** equal special education classification
- Difference between systems is mainly **“current adverse educational impact”** versus **“clinically significant impact on functioning”**

# ASD Criteria in DSM-5

## **1. Deficits in social communication (3 of 3):**

- **Deficits in social-emotional reciprocity**
- **Deficits in nonverbal communication**
- **Deficits in developing and maintaining relationships**

# ASD Criteria in DSM-5

## 2. Restricted, repetitive patterns of behavior, interest, and activities (2 of 4):

- **Stereotyped or repetitive movements, verbal behavior, or use of objects**
- **Excessive adherence to routines and ritualized behavior**
- **Restricted, fixated interests**
- **Hyper- or hypo-reactivity to sensory input**

# ASD Criteria in DSM-5

- **Symptoms present in early childhood (manifest when social demands exceed capabilities)**
- **Symptoms together limit and impair everyday functioning**
- **Adds specifiers for levels of severity and additional information (e.g., with or without intellectual impairment or genetic condition)**

# Autism

- **DSM-5 explicitly states “individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger’s Disorder or pervasive developmental disorder not otherwise specified (PDD-NOS) should be given the diagnosis of autism spectrum disorder”.**
- **Descriptive severity categories should not be used to determine eligibility for and provision of services**



# Vanderbilt Autism Resource Line

**Autism research**  
**Autism diagnostics**  
**Autism medical appointments**  
**Other ASD inquiries**  
**•1-877-ASD-VUMC**  
**•1-877-273-8862**

[autismclinic@vanderbilt.edu](mailto:autismclinic@vanderbilt.edu)

**Nina Harris,**  
**Family Services Coordinator**



**Vanderbilt Autism Resource Line**  
A resource for information about **clinical, research,** and **outreach** services at Vanderbilt University.

A Family Services Coordinator provides information and resources about clinical, research, and training programs at Vanderbilt. Resources include diagnostic evaluation services, school consultation, parent workshops, and professional training.



For information on autism resources external to Vanderbilt, contact:  
**Tennessee Disability Pathfinder**  
Toll-free: 1-800-640-INFO (4636)  
Local: 615-322-8529  
Web: [www.familypathfinder.org](http://www.familypathfinder.org)

For information contact:  
Toll-free: 1-877-273-8862  
Local: 615-322-7565  
E-mail: [autismresources@vanderbilt.edu](mailto:autismresources@vanderbilt.edu)  
Web: [TRIAD.vanderbilt.edu](http://TRIAD.vanderbilt.edu)

1-877-ASD-VUMC (273-8862) | [triad.vanderbilt.edu](http://triad.vanderbilt.edu)

All things Autism at Vanderbilt

# Families First

## Free parent training

## Children with ASD

## 2 to 5 years old

## 1 workshop each month

### TRIAD Families First Program

A **FREE** monthly workshop series for parents of young children with an Autism Spectrum Disorder (ASD)

Each 3-hour workshop focuses on providing parents and caregivers with strategies to use at home, at school, and in the community. The strategies discussed are based on the principles of Applied Behavior Analysis (ABA).

#### 2013 Fall Schedule

**Saturday, September 14**  
Including Children with ASD and Other Developmental Disabilities in Religious Activities  
*Intended primarily for congregational leaders and religious educators, but parents and others are welcome*  
9 a.m.-12 p.m.

**Saturday, October 26**  
Preparing for the Holidays  
9 a.m.-12 p.m.

**Saturday, November 23**  
Developing Basic Communication Skills  
9 a.m.-12 p.m.



Program is free of charge.  
Registration is required.

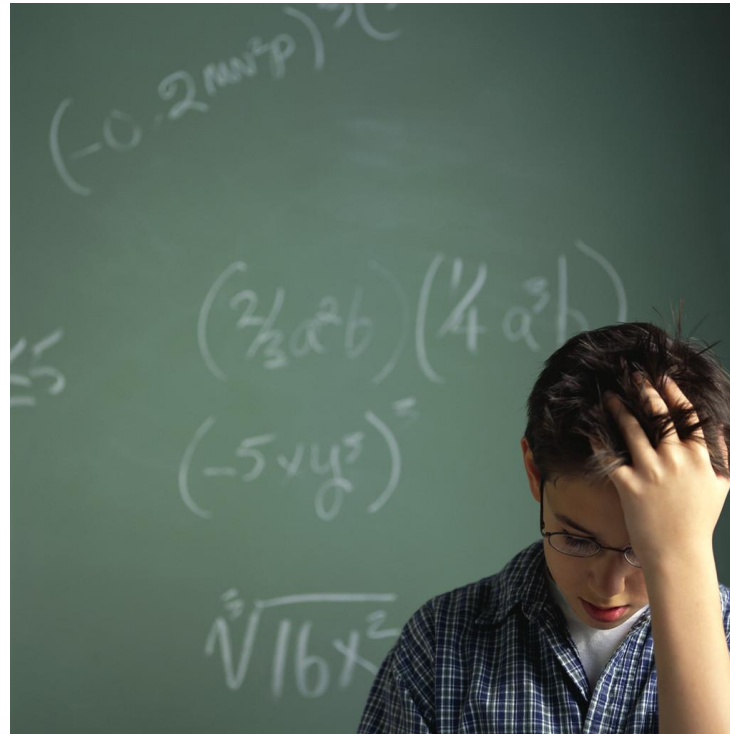
Please arrive between 8:45 and 9:00 a.m. for sign-in. All workshops will be held in Room 241 of the Vanderbilt Kennedy Center, 110 Magnolia Circle, Nashville, TN 37203.

Free on-site childcare offered!  
(This may be available on a limited basis if requested before the registration deadline)

Registration:  
[kc.vanderbilt.edu/registration/](http://kc.vanderbilt.edu/registration/)



# Determination of Eligibility for Special Education Services



# **Determination of Eligibility for Special Education Services**

- **Upon completion of the evaluation, a team of qualified professionals and the parent of the child determine:**
- **Is the child a child with a disability? and**
- **Do the educational needs of the child require special education?**
- **If yes= IEP**
- **If no=504?**

# Individualized Education Plan Components

- Pursuant to 20 U.S.C. § 1414(d)(1)(A), IEPs must include:
  1. Present levels of academic achievement and functional performance
    - What can the child do and not do NOW?
  2. Measurable annual academic and functional goals
    - Where do we as an IEP team want the child to be one year from now?
  3. How will progress be measured?
  4. What special ed and related services and supplementary aids and services are to be provided to the child?
  5. If or when the child will not be with nondisabled peers in the general education classroom, and why not?
  6. What appropriate accommodations are to be made on State and district-wide assessments?
  7. When will services start? including the anticipated frequency, location and duration of services
  8. Transition plan for students 14 and older (16 under Fed law)

# IEP Team

- **Required Members:**
  - Parents
  - At least 1 regular ed teacher
  - At least 1 special ed teacher
  - LEA representative
  - Interpreter of evaluation results
  - At discretion of parents or agency, other individuals with knowledge/special expertise regarding the child



# Section 504 of the Rehabilitation Act

- **Passed by Congress in 1973**
- **Is a Civil Rights Statute**
- **Eligibility: Covers persons of all ages with “disabilities that substantially limit one or more major life activities”**
- **Provides reasonable accommodations**
- **Rehabilitation Act includes provisions for education, housing, and employment**

# Section 504

- **Who does this apply too?**
  - **Students in public schools who do not qualify for IDEA**
  - **Students in private schools that receive federal funding**
  - **Employees/College students/consumers who use services from agencies that receive federal funding**

# Funding for 504

- **There is no federal funding for Section 504 plans**
  - Agencies absorb the cost of the accommodations
  - Hence accommodations have to be “reasonable”
- **Does Section 504 work?**
  - If there is a violation, file a complaint with Office for Civil Rights
  - No established due process/mediation proceedings for Section 504 claims

# Reasonable

# Accommodation

....change, adaptation, or modification to a policy, program, service or workplace which will allow a qualified person with a disability to participate fully in a program, take advantage of a service, or perform a job

2-pronged test for what is a “reasonable accommodation”

1. Does it cause an undue burden or financial hardship?
2. Would the accommodation require a fundamental alteration in the nature of the program?



# Support and Training For Exceptional Parents



- <http://www.tnstep.org/>





**DISABILITY LAW & ADVOCACY CENTER**  
*of Tennessee*

Disability Law & Advocacy Center of Tennessee (DLAC) is committed to promoting and preserving disability rights in the state of Tennessee.

**Freedom from Harm**

- Abuse & Neglect
- Community Living Enhancement
- School Safety
- Juvenile Justice
- Emergency Preparedness and Response

**Freedom from Discrimination**

- Effective Communication
- Employment Discrimination

**Freedom to Participate in the Community**

- Transition Services and Planning
- Help America Vote
- Employment
- Vocational Rehabilitation Advocacy Assistance
- Assistive Technology
- Traumatic Brain Injury

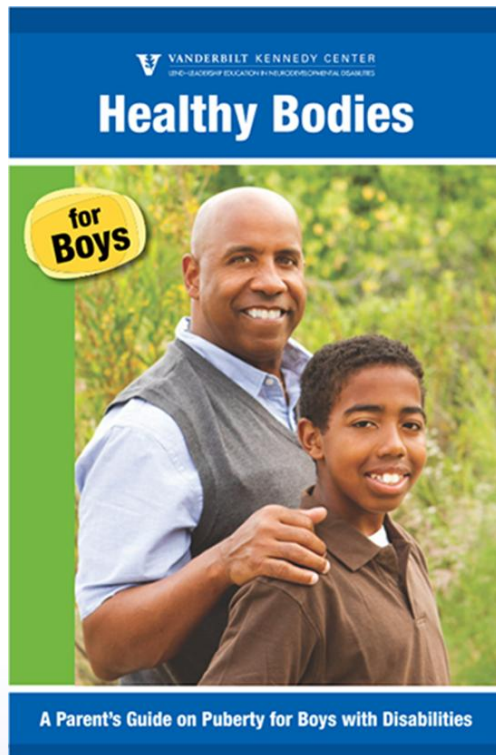
To see if we can assist you  
with an issue, please call our  
Advocacy Assistance Unit (AAU)  
at 1.800.342.1660.

# Additional Resources

- **Vanderbilt Kennedy Center**
- <http://kc.vanderbilt.edu/site/default.aspx>
  
- **Tennessee Disability Pathfinder**
- <http://kc.vanderbilt.edu/pathfinder/>
  
- **Association of University Centers on Disabilities**
- <http://www.aucd.org/template/index.cfm>

# Printable Resources & Materials

- <http://kc.vanderbilt.edu/site/resources/publications/default.aspx>





- **Clinical Services**

- Diagnostic Developmental and Behavioral Pediatrics Clinic
- Developmental Screening Clinics

- **(615) 936-0249**

- <http://www.vanderbiltchildrens.com/interior.php?mid=342>

# Useful Websites

- American Academy of Pediatrics – [www.aap.org](http://www.aap.org)
- American Occupational Therapy Association - [www.aota.org](http://www.aota.org)
- American Physical Therapy Association – [www.apta.org](http://www.apta.org)
- American Psychological Association – [www.apa.org](http://www.apa.org)
- American Speech and Hearing Association – [www.asha.org](http://www.asha.org)

# Useful Websites

- Center for Disease Control and Prevention - <http://www.cdc.gov/>
- National Association of School Psychologists - <http://www.nasponline.org/>
- National Dissemination Center for Children with Disabilities (NICHCY) <http://www.nichcy.org>
- Early Childhood Technical Assistance Center <http://ectacenter.org/>

# Selected References

- **Batshaw, M., Roizen, N.J. , & Lotrecchiano, G.R., Eds. (2013). *Children with Disabilities, 7<sup>th</sup> Ed.* Baltimore: Paul H. Brookes Publishing Co.**
- **Guralnick, Michael J., Ed. (2000). *Interdisciplinary Clinical Assessment of Young Children with Developmental Disabilities.* Baltimore: Paul H. Brookes Publishing Co.**
- **Smith, Deborah, D. (2004). *Introduction to Special Education. Teaching in an age of opportunity. Fifth Edition.* Boston: Allyn & Bacon, Pearson.**