

## APPENDIX B

### SPECIAL NEEDS

How to use this section:

When a child enters your child care setting and has a special need, it may be overwhelming for you as the provider to know how you can include this child in daily activities. It may be that you simply want some general background on the special need. Another scenario is that of a child who is not identified as having a special need who is in your care. This child may be having difficulty attending to tasks, following directions, or communicating verbally. You may suspect a special need and want more information about it, or you may already know the child has a special need and want some helpful suggestions on how to include this child. This section will assist you in finding information and resources available to you for those purposes listed above. The section includes specific special needs as well as broad ranges of special needs categories. The special needs listed are ones addressed in the responses to the needs assessment, or are included because they are a category found in the Individuals with Disabilities Education Act (IDEA) law.

#### **Categories listed in this section:**

- Attention Deficit Hyperactive Disorder (ADHD)/Attention Deficit Disorder (ADD)
- Autism/Pervasive Developmental Disorder (PDD)
- Behavioral Concerns
- Cerebral Palsy
- Developmental Delay

- Down Syndrome
- Emotional Disturbance
- Epilepsy
- Health Impairment
- Hearing Loss (Deaf or Hearing Impairment)
- Learning Disability
- Mental Retardation/Multiple Disabilities
- Nonverbal Communication
- Orthopedic Impairment
- Speech and Language Impairment
- Traumatic Brain Injury
- Visual Impairment

**\*\*This listing is by no means exhaustive but hopefully can provide you with a link or a resource more specific to your needs based on every individual child. The list serves as a stepping stone to finding further information and can be a valuable tool to help include all children. Characteristics common to a specific special need are not owned by that particular special need. Similar characteristics may be seen in other children regardless of them having a special need. These resources can be helpful for finding information and learning strategies to use with all children.**

**Definition:**

AD/HD is the presence of certain behaviors to the degree that these behaviors interfere with development in academic and social areas.

There are three types of AD/HD:

- Inattentive – easily distracted, difficulty getting focused to a task, difficulty maintaining attention to people or tasks
- Impulsive/Hyperactive – act before thinking through actions, overly active
- Combined – mixture of inattentiveness, impulsiveness, and hyperactivity

Signs that may indicate a child has AD/HD are usually present before school age. The child who is suspected as having AD/HD needs to be properly evaluated and diagnosed by a trained professional.

Attention Deficit/Hyperactive Disorder is identified in IDEA under “other health impairment.”

**Possible Causes of AD/HD:**

- No known cause
- Possibility is the amount of certain chemicals in the brain
- May be genetic

**Common Characteristics:**

**(Just like no two snowflakes are alike, no two children with AD/HD are alike. Each child is a unique individual with his or her own set of abilities and talents.)**

- Trouble with organizing self
- Little/no notice to small detail
- Easily distracted
- Little/no follow through with tasks
- Move around a lot
- Difficulty staying in seat for long periods of time
- Difficulty with waiting
- Always on the go

**Strategies to use in the child care setting:**

- Opportunities for the child to be kept busy
- Opportunities for the child to move around and be active during activities (give chores, be helper, pass out napkins at lunch)
- Consistent routine

- Clear rules and expectations
- Frequent breaks
- Ignore certain behaviors
- Allow child to “save face” – catch child before an inappropriate behavior occurs and redirect the behavior with another activity or with a break to take a walk
- Work with parents and other professionals to set up a behavior plan to use in all settings (consistent rules, expectations, rewards)
- Set up defined boundaries
  - Define a work space for the child to sit at during activities
  - Define a seat at Circle Time (with chair or carpet square)
- Provide opportunities for success
- Expect child to demonstrate appropriate behaviors in social situations
- Expect child to use appropriate ways of getting attention
- Focus on the positive
- Focus on the abilities of the child and what the child can do

**Resources:**

**Charter Behavioral Health System of Toledo  
Focus Healthcare of Ohio Timber Line**

1725 Timber Line  
Maumee, OH 43537  
(419) 891-9333  
(800) 766-9355

**email:** [cherl@focushealthcare.com](mailto:cherl@focushealthcare.com)

- Inpatient and outpatient programs

**Family Information Network (FIN)**

241 N. Superior, 2<sup>nd</sup> Floor  
Toledo, Ohio 43604  
(419) 242-9587

- Offer support, information, and guidance
- Education for the general public
- Parent mentors
- Information and referral to other agencies

**Harbor Behavioral Healthcare**

4334 Secor Rd.  
Toledo, OH 43623  
(419) 475-4449  
(800) 475-4449

- Assessment and referral
- Therapy options
- Achievement programs with Toledo Public Schools
- Consultation and education

**Northwest Ohio Special Education Regional Resource Center (SERRC)**

10142 Dowling Road  
Bowling Green, OH 43402  
(419) 833-6771  
(800) 346-8495

- Workshops, materials, educational programs

**YWCA Child Care Connections**

1018 Jefferson Ave.  
Toledo, OH  
(419) 255-5519  
(800) 632-3052

- Provide technical assistance to child care providers
- Information and referral to other agencies

## **Autism/Pervasive Developmental Disorder (PDD)**

### **Definition:**

Autism is a neurological disorder that affects verbal and non-verbal communication and behavior, particularly in social situations and relationships.

Pervasive Developmental Disorder, or PDD, shares similar characteristics with Autism.

Autism/PDD is usually evident by age three. Autism has much variation within it, and the spectrum is very wide. It is difficult to determine many specific characteristics since there is a large range of intellectual, behavior, and communication abilities. Autism/PDD may coexist with another disability.

Autism is identified in IDEA under the category of “autism.”

### **Possible Causes of Autism/PDD:**

- The cause of autism is not known, but is believed to be a disorder in the brain

### **Common Characteristics:**

**(Just like no two snowflakes are alike, no two children with autism/PDD are alike. Each child is a unique individual with his or her own set of abilities and talents.)**

- Delayed language development
- Difficulty using language
- Repetitive patterns of behavior
- Unusual play skills, play patterns, and play behaviors
- Need for consistency and routine with environment, people, schedule
- Difficulty in social interactions

### **Strategies to use in the child care setting:**

- Work with parents and other professionals to learn the expectations and routines in different settings
- Try to work on one set of expectations and similar routine patterns so as to provide consistency
- Structure and consistency are very important
- Define rules and have clear set expectations
- Use visual aids in the room, such as picture or object schedules
- Give enough warning time for transitions
- Ask parents and other professionals if any of the following strategies are used at home or in school, and work with these people to set up the same system in the child care: PECS (Picture Exchange Communication System)

ABA (Applied Behavior Analysis)  
DTT (Discrete Trial Training)  
TEACCH (Treatment and Education of Autistic and related  
Communication handicapped CHildren)

- Use similar behavior plans (usually very concrete with object or food rewards) across all the settings
- Expect child to use appropriate ways of getting attention
- Expect child to demonstrate appropriate behaviors in social settings
- Praise the positive
- Focus on the child's abilities and what the child can do

**Resources:**

**Autism Society of Northwest Ohio**

4848 Dorr Street  
Toledo, OH 43615  
(419) 578-ASNO (2766)

- Advocacy
- Public education
- Brochures, pamphlets, and film library (free of cost)

**Family Information Network (FIN)**

241 N. Superior, 2<sup>nd</sup> Floor  
Toledo, Ohio 43604  
(419) 242-9587

- Offer support, information, and guidance
- Education for the general public
- Parent mentors
- Information and referral to other agencies

**Northwest Ohio Special Education Regional Resource Center (SERRC)**

10142 Dowling Road  
Bowling Green, OH 43402  
(419) 833-6771  
(800) 346-8495

- Workshops, materials, educational programs

**YWCA Child Care Connections**

1018 Jefferson Ave.  
Toledo, OH  
(419) 255-5519  
(800) 632-3052

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- Information and referral to other agencies

## Behavior Concerns

### **Definition:**

An identified behavior disorder that affects school performance may require the child to have a written IEP. The behavior disorder may be classified as a severe emotional disturbance and be identified in IDEA.

However, behavior concerns usually arise with all children at one time and another. If there is a pattern of behavior problems occurring frequently, talk with the parents and other professionals who work with the child to find out if the same behaviors are occurring at home or school. Find out also if any changes have taken place in the child's life (parents divorce, death in family, etc.) that may affect the child's behavior.

### **Possible Causes of Behavioral Concerns:**

The following list is a sampling of possible causes for changes in behavior:

- Stress
- Change in environment (new home, new school)
- Change in family (divorce, new sibling, new mom or dad)
- Family functioning
- Abuse

### **Common Characteristics:**

**(Just like no two snowflakes are alike, no two children with behavior problems are alike. Each child is an individual with his or her own set of abilities and talents.)**

Please keep in mind that the characteristics listed are not observed all together in one child. For example, it is unlikely that withdrawn behavior and hyperactivity would be observed in the same child. Rather, these characteristics refer to various types of behaviors that are possible in children with behavior problems. This list is only a sampling of possible behaviors.

- Aggressive
- Withdrawn
- Hyperactive
- Difficulty following directions
- Short attention span
- Impulsive
- Difficulty controlling self or calming self
- Depression
- Appears to be in his or her "own world"
- Defiant behaviors towards adults
- Acting out, attention-getting behavior

### Strategies to use in the child care setting:

- Work with the parents and other professionals to set up a behavior plan for the child
- When using behavior plans with rewards, assess the types of reinforcers that motivate the child to behave appropriately
- Be very consistent with rewards and follow through of consequences
- Provide positive reinforcement as much as possible
- Catch the child behaving and “being good”
- Look for the ABCs of the behavior:

#### **A - antecedent**

- What happens before the inappropriate, or appropriate, behavior occurs?
- Is there a pattern of events that occur prior to the child behaving inappropriately, such as acting out or hitting another person?
- Is there a pattern of events that occur before the child demonstrates appropriate behaviors?

#### **B – behavior**

- What *inappropriate* behavior is being observed?
- Or, what *appropriate* behavior is being observed following the antecedent?

#### **C – consequence**

- What types of consequences are given for the observed behaviors?
- Are the consequences reinforcing the inappropriate behavior?
- Are the consequences reinforcing the appropriate behavior?
- Are the consequences decreasing the inappropriate behavior and increasing appropriate behavior?

When using the ABC approach, the goal is to find out the cause of the behavior.

- If the behavior is inappropriate, the goal is to change the cause of the behavior and decrease the behavior.
  - If the behavior is appropriate, the goal is increase the cause so the behavior also increases.
  - The cause may either be the antecedent OR the consequence. For example, if no pattern of antecedents is observed prior to the child acting out, the cause may be the consequence. If the child is seeking attention, he or she may receive it from being yelled at for acting out. This is called negative reinforcement.
- When using reinforcers, use them in such a way to increase positive behaviors. The goal is to gradually decrease the use of reinforcers. For

example, reward appropriate behavior with a sticker every time it is observed. Then begin to reward every two times the appropriate behavior is observed. Eventually, reward every fifth time, then reward at the end of the week for a certain number of days the behavior was seen, etc.

- Younger children, and often children with special needs, need more frequent and more immediate reinforcers
- Clearly define the rules and expectations of each child
- Expect child to use appropriate ways of getting attention
- Expect child to demonstrate appropriate behavior in social situations
- Model appropriate behaviors
- Allow peers to resolve problems between themselves at a “problem-solving” table
- Provide quiet corners or areas for child to learn to calm self
- Teach calming techniques such as counting to 5 or 10, taking a walk, drawing a picture, squeezing a small ball
- Ignore inappropriate behaviors *only* when the behavior is not a threat to the child or to others
- Always accompany the ignoring of an inappropriate behavior with the prompting of an appropriate behavior. Acknowledge appropriate behavior as soon as it is observed.

An excellent source of behavior management strategies that can be used with all children is the book [A Treasure Chest of Behavioral Strategies for Individuals with Autism](#) by Beth Fouse, Ph.D. and Marie Wheeler, M.Ed..

### **Resources:**

#### **Family Service of Northwest Ohio**

One Stranahan Square Suite 414  
Toledo, OH 43604  
(419) 321-6455

**email:** [fsno@aol.com](mailto:fsno@aol.com)

- Family and individual counseling
- Stress reduction
- Child therapy
- Anger management for adolescents, children, and adults
- Psychiatric assessment and treatment

#### **Harbor Behavioral Healthcare**

4334 Secor Rd.  
Toledo, OH 43623  
(419) 475-4449  
(800) 475-4449

- Assessment and referral
- Therapy options
- Achievement programs with Toledo Public Schools
- Consultation and education

**Connecting Point, Inc.**

1212 Cherry St.

Toledo, OH 43608

(419) 243-6326

- Child and family therapy
- Educational programs for parents, educators, other professionals and children
- Counseling

**YWCA Child Care Connections**

1018 Jefferson Ave.

Toledo, OH

(419) 255-5519

(800) 632-3052

- Provide technical assistance to child care providers
- Information and referral to other agencies

## Cerebral Palsy (CP)

### **Definition:**

Cerebral Palsy is injury to the brain causing weakness or problems with the muscles in the body that assist in movement and posture.

Cerebral palsy may range from mild to severe depending on the severity of the brain injury.

### **Types of CP:**

- *Spastic:* too much tightness in the muscles, rigid movements, legs may move and walk in scissoring pattern, most common type of CP
- *Athetoid:* affects movement of the whole body, slower movements, low muscle tone (not rigid), difficulty sitting up straight, difficulty with walking because of lack of tightness in muscles
- *Mixed:* some muscles are too tight, and some muscles are too loose
  
- *Diplegia:* only the legs are affected
- *Hemiplegia:* half of the body is affected
- *Quadriplegia:* arms and legs are affected, possibly the trunk and face also

Cerebral Palsy is identified in IDEA under “orthopedic impairments.”

### **Possible Cause of Cerebral Palsy:**

- Genetic
- Intrauterine infection that harms the baby’s nervous system
- Traumatic brain injury at any time during early brain development
- Complications during labor or pregnancy

### **Common Characteristics:**

**(Just like no two snowflakes are alike, no two children with CP are alike. Each child is a unique individual with his or her own set of abilities and talents.)**

- Mild – child may appear “clumsy”
- Moderate – child may walk with a limp, need braces, or need a wheelchair
- Severe – child may have many physical abilities affected and may require a lot of adaptive equipment for movement
- Tight muscles if spastic
- Loose muscles if athetoid

### **Strategies to use in the child care setting:**

- Work with parents, occupational therapist, physical therapist with positioning in various pieces of equipment, and positioning for various activities
- Allow time for exercises that need to be done to relax the tight muscles, improve posture control, improve self-feeding skills, and improve fine motor skills
- Provide opportunities for child to be independent and learn to move by himself or herself
- Work with the parents, physical therapist, and occupational therapist on using adaptive equipment in the child care (wheelchairs, braces, standers, foam mats, etc.)
- Arrange the room so the child can move around easily without any type of physical barrier
- Expect child to use appropriate ways of getting attention
- Expect child to demonstrate appropriate behavior in social situations
- Provide praise and positive feedback
- Focus on the child's abilities and what the child can do

### **Resources:**

The Ability Center  
5605 Monroe St.  
Sylvania, OH 43560  
(419) 885-5733  
1-800-750-0750

**website:** [www.abilitycenter.org](http://www.abilitycenter.org)

- Information and referral
- Service Coordination
- Equipment loan
- Education to schools and community organizations on disability issues
- Public education to groups concerned with the needs of persons with disabilities
- Technical assistance to non-profit organizations

### **Family Information Network (FIN)**

241 N. Superior, 2<sup>nd</sup> Floor  
Toledo, Ohio 43604  
(419) 242-9587

- Support, information, and guidance
- Education for the general public
- Parent mentors

**MUO Rehabilitation Hospital**

3000 Arlington

Toledo, OH 43614

(419) 383-5040

- Physical therapy
- Occupational therapy
- Rehabilitation medicine
- Therapeutic recreation
- Amputee services
- Spinal cord injury services
- Orthotics services
- Prosthetics services
- Wheelchair seating and assessment

## Developmental Delay

### **Definition:**

A developmental delay is recognized in infants and young children when they do not meet certain age-appropriate developmental milestones. The milestones that may not be met can come from any of the developmental areas: language, social-adaptive, gross motor, fine motor, or oral motor.

Developmental delays range from mild to severe. A developmental delay that is severe may later be identified as mental retardation with further evaluation. A developmental delay that is mild may resolve itself over time when appropriate interventions are provided.

If a child is identified as having a developmental delay, or is at risk for developmental delay, he or she qualifies for early intervention services.

### **Common Characteristics:**

**(Just like no two snowflakes are alike, no two children with developmental delays are alike. Each child is a unique individual with his or her own set of abilities and talents.)**

- Delayed language development
- Delayed motor development
  - Gross motor: poor muscle control, delays in walking or sitting on own
  - Oral motor: sucking response is delayed, feeding problems
- Behavior concerns
- Delayed self-help skills

Refer to an information source that lists developmental milestones to observe if the child is delayed in any or all of the areas. An internet source for a checklist of milestones is the Zero to Three website (<http://www.zerotothree.org>). The resources listed at the end of this section will also be able to provide any needed information on child development.

### **Strategies to use in the child care:**

- Allow for plenty of opportunities for child to perform tasks independently
- Work with the parents and other professionals to reach the child's individual developmental goals
- Focus on the child's abilities and what the child can do
- Build on the child's abilities
- Provide praise and positive feedback
- Modify age-appropriate activities to meet the child's abilities

- Teach everyday skills that have meaning to the child and that the child can practice everyday

**Resources:**

**Northwest Ohio Center for Families and Children**

2238 Jefferson Ave., 2<sup>th</sup> floor

St. Mary's East Wing

Toledo, OH 43624

(419) 251-1823

**email:** [collaborativenet@aol.com](mailto:collaborativenet@aol.com)

- Information and referral
- Parent mentors

**Early Childhood Program**

Toledo Public School

514 Palmwood Ave.

Toledo, OH 43602

(419) 249-8154

- Assessment and evaluation
- Assistance to day care and/or community preschool classes

**Family Information Network (FIN)**

241 N. Superior, 2<sup>nd</sup> Floor

Toledo, Ohio 43604

(419) 242-9587

- Support, information, and guidance
- Education for the general public
- Parent mentors

**Lucas County Board of Mental Retardation and Developmental Disabilities**

2001 Collingwood

Toledo, OH 43620

(419) 244-9567

**email:** [info@lucasmrdd.com](mailto:info@lucasmrdd.com)

- Information and referral

**YWCA Child Care Connections**

1018 Jefferson Ave.

Toledo, OH

(419) 255-5519

(800) 632-3052

- Provide technical assistance to child care providers
- Information and referral to other agencies

## **Down Syndrome**

### **Definition:**

Down syndrome is an abnormality with the chromosomes. Normally there are 46 chromosomes, but with Down syndrome a child is born with 47 chromosomes. The additional chromosome alters development of both the body and brain.

Three types of chromosomal abnormalities may occur:

- Trisomy 21 – most common; cells have an extra chromosome #21
- Translocation –attachment of the extra chromosome #21 to chromosome #14, #21, or #22
- Mosaic Trisomy – least common; some cells have 46 chromosomes, some cells have 47 chromosomes

Down syndrome occurs more often in males than in females.

### **Possible Causes of Down syndrome:**

- no determined known cause
- there is a risk of the baby being born with Down syndrome if the mother is older than age 35 at the time of pregnancy

### **Common Characteristics:**

**(Just like no two snowflakes are alike, no two children with Down syndrome are alike. Each child is a unique individual with his or her own set of abilities and talents.)**

- There are over 50 clinical signs common to people with Down syndrome
- Common physical features include:
  - poor muscle tone
  - flat bridge of nose
  - almond-shaped eyes
  - very flexible
  - broad feet and hands

### **Strategies to use in the child care setting:**

- Early development programs help greatly in the areas of cognition, self-help, and social skills
- Allow for active participation in activities
- Plan activities, set rules, and state directions in concrete terms
- Break tasks down into smaller steps
- Provide plenty of opportunities for the child to be as independent as possible and perform tasks on their own

- Offer choices between activities, toys, tasks to be done (two choices should be plenty as long as the child is able to determine what he or she will be doing)
- Expect child to use appropriate ways of getting attention
- Expect child to demonstrate appropriate behaviors in social settings
- Provide positive feedback
- Provide praise
- Focus on the child's abilities and what the child can do

**Resources:**

**The Ability Center**

5605 Monroe St.  
Sylvania, OH 43560  
(419) 885-5733

website: [www.abilitycenter.org](http://www.abilitycenter.org)

- Information and referral
- Service Coordination
- Equipment loan
- Education to schools and community organizations on disability issues
- Public education to groups concerned with the needs of persons with disabilities
- Technical assistance to non-profit organizations

**Northwest Ohio Center for Families and Children**

2238 Jefferson Ave.  
Toledo, OH 43624  
(419) 251-1823

email: [collaborativenet@aol.com](mailto:collaborativenet@aol.com)

- Information and referral
- Parent mentors

**Family Information Network (FIN)**

241 N. Superior, 2<sup>nd</sup> Floor  
Toledo, Ohio 43604  
(419) 242-9587

- Offer support, information, and guidance
- Education for the general public
- Parent mentors
- Information and referral to other agencies

**Lucas County Board of Mental Retardation and Developmental Disabilities**

2001 Collingwood  
Toledo, OH 43620  
(419) 248-3585

- Information and referral
- Family resources services

**Northwest Ohio Special Education Regional Resource Center (SERRC)**

10142 Dowling Road  
Bowling Green, OH 43402  
(419) 833-6771  
(800) 346-8495

- Workshops, materials, educational programs

**YWCA Child Care Connections**

1018 Jefferson Ave.  
Toledo, OH  
(419) 255-5519  
(800) 632-3052

- Provide technical assistance to child care providers
- Information and referral to other agencies

## **Emotional Disturbance**

### **Definition:**

An emotional disturbance is a combination of behaviors that affect educational performance. The behaviors demonstrated by a child who has an emotional disturbance are observed over long periods of time and to an extent that goes beyond what is considered as appropriate in social situations.

These behaviors are defined and identified in IDEA under the title “emotional disturbance.”

### **Possible Causes of an Emotional Disturbance:**

- Heredity
- Brain disorder
- Diet
- Stress
- Family functioning

### **Common Characteristics:**

**(Just like no two snowflakes are alike, no two children with an emotional disturbance are alike. Each child is a unique individual with his or her own set of abilities and talents.)**

- Unhappiness or depression
- Learning difficulties not related to cognitive or health factors
- Inappropriate or immature behaviors
- Aggression
- Withdrawal
- Hyperactivity
- Inappropriate or immature social skills
- Poor peer and adult relationships

### **Strategies to use in the child care setting:**

- Use positive reinforcement
- Set clear expectations of the student
- Be consistent with actions and consequences
- Teach appropriate behavior
- Work with parents, other professionals on setting up a behavior plan across all settings
- Recommend counseling

- Provide opportunities to “save face” – catch the child before they explode, redirect him/her to another activity that is less stressful and more enjoyable or have the child take a break, walk, etc.
- Provide opportunities for success
- Expect child to demonstrate appropriate behaviors in social situations
- Expect child to use appropriate ways of getting attention
- Focus on the positive
- Focus on the abilities of the child and what the child can do

**Resources:**

**Family Information Network (FIN)**

241 N. Superior, 2<sup>nd</sup> Floor  
 Toledo, Ohio 43604  
 (419) 242-9587

- Offer support, information, and guidance
- Education for the general public
- Parent mentors
- Information and referral to other agencies

**Harbor Behavioral Healthcare**

4334 Secor Rd.  
 Toledo, OH 43623  
 (419) 475-4449  
 (800) 475-4449

- Assessment and referral
- Therapy options
- Achievement programs with Toledo Public Schools
- Consultation and education

**Kobacker Center**

Medical College of Ohio  
 3130 Glendale Ave.  
 Toledo, OH 43699  
 (419) 383-3815

- Inpatient and outpatient services

**Connecting Point, Inc.**

1212 Cherry St.  
 Toledo, OH 43608  
 (419) 243-6326

- Child and family therapy
- Educational programs for parents, educators, other professionals and children
- Counseling

**YWCA Child Care Connections**

1018 Jefferson Ave.

Toledo, OH

(419) 255-5519

(800) 632-3052

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- Information and referral to other agencies

# Epilepsy

## **Definition:**

Epilepsy is a sudden, brief change in how the brain works which results in a physical change called a seizure.

A person does not necessarily have epilepsy simply because they have a seizure. Epilepsy is diagnosed after a history of recurrent seizures.

Epilepsy is identified under IDEA as “other health impairment.”

## **Possible causes of Epilepsy:**

- In half of epilepsy cases, no known cause
- Head injuries
- Brain tumors
- Genetic illness
- Infection

## **Common Characteristics:**

**(Just like no two snowflakes are alike, no two children with epilepsy are alike. Each child is a unique individual with his or her own set of abilities and talents.)**

These signs may be indicators of epilepsy, but testing and evaluation should be conducted by a doctor for proper diagnosis:

- Blackouts
- Long periods of staring
- Fainting spells followed by extreme fatigue or uncontrollable bladder
- Involuntary movements of arms/legs/trunk

## **Strategies to use in the child care setting:**

- Seizures may interfere with activities if the child has periods of staring or blacking out, and he or she may miss part of the directions or activity.
  - Adapt the instruction to allow the child to catch up
  - Adapt the time limit to finish an activity or follow through with directions so the child can complete what they are doing
- Work with medical professionals who can train staff in first aid
- Post a list of warning signs for seizures and what to do in case of an emergency
- Expect child to use appropriate ways of getting attention
- Expect child to demonstrate appropriate behaviors in social situations
- Focus on the child’s abilities and what the child can do
- Provide praise

## **Resources:**

### **Epilepsy Center Services**

5405 Southwyck Blvd. Suite 100

Toledo, OH 43614

(419) 867-5950

(800) 589-5958

**email:** [resources@epilepsycenter.org](mailto:resources@epilepsycenter.org)

**website:** [www.epilepsycenter.org](http://www.epilepsycenter.org)

- Advocacy
- Social skills development
- Educational training
- Film and reference library
- Information and referral resources
- Support groups

### **Family Information Network (FIN)**

241 N. Superior, 2<sup>nd</sup> Floor

Toledo, Ohio 43604

(419) 242-9587

- Offer support, information, and guidance
- Education for the general public
- Parent mentors
- Information and referral to other agencies

## Health Impairments

### **Definition:**

Health impairments can be identified as chronic health problems or illnesses that interfere with a child's development or performance in school.

Some health impairments can include:

- Diabetes
- Epilepsy (refer to section on Epilepsy)
- Heart conditions
- Hemophilia
- Tuberculosis
- ADHD (refer to section on ADHD)
- AIDS

Certain health impairments are identified in IDEA under "other health impairment."

### **Strategies to use in the child care setting:**

- Collaborate with parents, health care specialist, nurse to find out more information on specific health impairments
- Question parents and other professionals about activities or foods to be avoided, what to do in an emergency, and warning signs that may indicate an emergency situation
- Avoid isolating the child with a health impairment if he or she is not able to participate fully in an activity. Provide alternative activities for all the children to choose from
- Be discrete – do not call more attention to the child than is necessary
- Expect child to use appropriate ways of getting attention
- Expect child to demonstrate appropriate behaviors in social situations
- Provide praise
- Focus on the child's abilities and what the child can do

### **Resources:**

#### **American Cancer Society, Lucas County Unit**

135 Chesterfield Lane Suite 100

Maumee, OH 43537

(419) 891-9200

**website:** [www.cancer.org](http://www.cancer.org)

- Educational support programs for children , parents, and families
- Resources and referrals

**American Diabetes Association**

6800 Central Ave., Suite D-1  
Toledo, OH 43615  
(419) 841-5992  
Fax: (419) 841-7285

- Free literature for public education
- Patient, public, and professional education programs

**David's House Compassion Inc.**

P.O. Box 391  
Toledo, OH 43697  
(419) 243-7400

- Free educational courses regarding HIV/AIDS related topics

**Epilepsy Center Services**

5405 Southwyck Blvd. Suite 100  
Toledo, OH 43614  
(419) 867-5950  
(800) 589-5958

**email:** [resources@epilepsycenter.org](mailto:resources@epilepsycenter.org)

**website:** [www.epilepsycenter.org](http://www.epilepsycenter.org)

- Advocacy
- Social skills development
- Educational training
- Film and reference library
- Information and referral resources
- Support groups

**Hemophilia Foundation, Northwest Ohio**

241 N. Superior, 2<sup>nd</sup> Floor  
Toledo, Ohio 43604  
(419) 242-9587

- Information and education to public
- Brochures and pamphlets available

**Juvenile Diabetes Foundation**

27475 Holiday Ln., Suite 1  
Perrysburg, OH 43551  
(419) 873-1377

- raises funds for research
- information (literature, films, educational meetings)

**One Call for Health**  
**St. Vincent Mercy Medical Center**  
2213 Cherry St.  
Toledo, OH 43608  
(419) 251-1000  
(800) 860-6652

- One Call health library
- 24-hour health information

**Spina Bifida Association**  
1606 Cedar Brown  
Curtice, OH 43412  
(419) 836-9363

- Support groups
- Library and loan closet
- Referrals and information

## **Hearing Loss**

### **Deaf / Hearing Impairment**

#### **Definition:**

Deafness is a hearing impairment so severe that a child is unable to process spoken information through hearing it, either with or without a hearing aid device. The hearing impairment is also severe enough to affect the child's performance in school. Alternative methods of communication, such as American Sign Language (ASL), are needed.

A hearing impairment is a range of hearing losses that may or may not be permanent. It may occur in one or both ears and may affect how loud sounds are heard or at the pitch at which sounds are heard. The impairment is great enough to affect child's performance in school, but not to the extent that deafness affects performance. The child with a hearing impairment is able to process spoken information with the use of an amplification system or device.

#### **Four types of hearing loss:**

1. *Conductive* – diseases or obstructions in outer or middle ear; usually able to benefit from a hearing aid or from surgery
2. *Sensorineural* – mild to profound damage to the inner ear; use of a hearing aid or amplification device may not always help
3. *Mixed* – combination of conductive and sensorineural
4. *Central* – damage to the nerves in the central nervous system

Hearing impairments and deafness are identified in IDEA under “deafness and hearing loss.”

#### **Possible Causes of a Hearing Loss:**

- Genetic
- Prenatal, perinatal, postnatal factors (exposure to viruses or toxins)
- Infections (common to have middle ear infections – otitis media)
- Trauma to the cochlea (part of the inner ear)
- Certain antibiotics may damage the cochlea

#### **Common Characteristics:**

**(Just like no two snowflakes are alike, no two children with hearing loss are alike. Each child is a unique individual with his or her own set of abilities and talents.)**

- Vocalizations are not connected to objects (“Baba” and “dada” do not necessarily mean “bottle” or “daddy.” They may mean anything.)
- Difficulty following instructions
- Difficulty with communication and/or language skills
- Hearing aid device

### **Strategies to use in the child care setting:**

- Allow child to sit in the front of the group for activities
- Have plenty of visual cues and aids for transitioning, directions, etc.
- Work with the parents, audiologist, speech/language therapist to set up a communication system
- Work with the parents and audiologist to set up use of an amplification system or hearing aid
- Allow for plenty of time for child to communicate
- Look directly at the child when talking to him or her
- Expect child to use appropriate ways of getting attention
- Expect child to demonstrate appropriate behavior in social settings
- Provide praise and positive feedback
- Focus on the child's abilities and what the child can do

### **Resources:**

#### **Audiological Services**

639 South Dunbridge Rd.  
Bowling Green, OH 43402  
(419) 354-9010  
(419) 243-4223

- Evaluation of hearing aids
- Consultation to parents and professionals
- Information and referral to other agencies

#### **MUO Rehabilitation Hospital**

3000 Arlington  
Toledo, OH 43614  
(419) 381-5040

- Physical therapy
- Occupational therapy
- Rehabilitation medicine
- Therapeutic recreation
- Amputee services
- Spinal cord injury services
- Orthotics services
- Prosthetics services
- Wheelchair seating and assessment

**Toledo Hearing and Speech**

3148 West Central Ave.

Toledo, OH 43606

(419) 241-6219

- Speech/language pathology
- Audiology
- Sign language instruction
- Hearing aids
- Assistive listening device center
- Mobile van tests

## Learning Disability

### **Definition:**

A learning disability is a problem involved with some basic processing skill such as understanding spoken or written language, or using spoken or written language. The problem may become apparent during times when the child is listening, thinking, speaking, reading, writing, spelling, or calculating.

A learning disability may affect the learning process anywhere along a mild to severe continuum.

Learning disability is identified in IDEA under “learning disability.”

### **Common Characteristics:**

**(Just like no two snowflakes are alike, no two children with learning disabilities are alike. Each child is a unique individual with his or her own set of abilities and talents.)**

- Shorter attention span
- Difficulty organizing thoughts or self
- Uneven academic performance (not the same in all areas)
- Low frustration level
- Possible social problems
- Impulsive behaviors

### **Strategies to use in the child care setting:**

- Use a lot of structure and set boundaries of space or time
- Set rules and expectations that are clear and understood by the child
- Be consistent
- Break down tasks into smaller steps
- Have a schedule for the child to follow
- Expect child to use appropriate ways of getting attention
- Expect child to demonstrate appropriate behavior in social situations
- Praise the positive
- Offer positive feedback often
- Focus on the child’s abilities and what the child can do

### **Resources:**

#### **Family Information Network (FIN)**

241 N. Superior, 2<sup>nd</sup> Floor  
Toledo, Ohio 43604  
(419) 242-9587

- Offer support, information, and guidance
- Education for the general public
- Parent mentors
- Information and referral to other agencies

**Northwest Ohio Special Education Regional Resource Center (SERRC)**

10142 Dowling Road  
Bowling Green, OH 43402  
(419) 833-6771  
(800) 346-8495

- Workshops, materials, educational programs

**YWCA Child Care Connections**

1018 Jefferson Ave.  
Toledo, OH  
(419) 255-5519  
(800) 632-3052

- Provide technical assistance to child care providers
- Information and referral to other agencies

## **Mental Retardation Multiple Disabilities**

### **Definition:**

Mental retardation can be defined in general terms as limitations on the development of a child's intellect and limitations on a child's performance of daily life skills. Daily life skills include social skills, self-help skills, communication skills, and safety skills.

Mental retardation is identified in IDEA under "mental retardation."

Multiple disabilities may accompany mental retardation. When a person has multiple disabilities, he or she usually requires a number of supports to participate in and perform many life skills and activities. Communication impairments, seizures, visual impairments, hearing impairments, behavior issues, sensory impairments, cerebral palsy, medical/health concerns, etc. may accompany mental retardation. The more severe the mental retardation, the greater the possibility that several other impairments will also be present.

Multiple disabilities is identified in IDEA under "multiple disabilities."

\*\*Children with mental retardation and multiple disabilities follow the same developmental sequence as children without mental retardation and multiple disabilities. The only difference is that they develop at a slower pace and in their own unique fashion.

### **Possible causes of Mental Retardation and Multiple Disabilities:**

- Genetic or biological factors
- Chromosomal abnormalities
- Drug/alcohol exposure
- Brain injury

### **Common Characteristics:**

**(Just like no two snowflakes are alike, no two children with mental retardation or multiple disabilities are alike. Each child is a unique individual with his or her own set of abilities and talents.)**

- May need assistance with self care skills
- May have limited communication skills
- Work better with short, concrete instruction/directions

### **Strategies to help in the child care setting:**

- Modify age-appropriate activities to meet the child's abilities

- Teach everyday skills that have meaning to the child and that the child can practice everyday
- Work with the parents and other professionals to adapt or modify toys and activities to meet everyone's abilities
- Arrange room to accommodate for any adaptive equipment that may be used
- Break down tasks and activities into small steps
- Expect child to use appropriate ways of getting attention
- Expect child to demonstrate appropriate behaviors in social situations
- Praise positive behavior
- Focus on the child's abilities and what the child can do
- For children with severe mental retardation or multiple disabilities, allow them to explore the environment as much as possible (move around room on floor, in wheelchair, bring the environment to them by placing toys in front of them)

**Resources:**

**The Ability Center**

5605 Monroe St.  
Sylvania, OH 43560  
(419) 885-5733  
1-800-750-0750

**website:** [www.abilitycenter.org](http://www.abilitycenter.org)

- Information and referral
- Service Coordination
- Equipment loan
- Education to schools and community organizations on disability issues
- Public education to groups concerned with the needs of persons with disabilities
- Technical assistance to non-profit organizations

**ARC (Lucas County)**

5605 Monroe St.  
Sylvania, OH 43560  
(419) 882-0941

- Public education
- Brochures, pamphlets, and film library
- Offers grants to individuals for adaptive equipment

**Northwest Ohio Center for Families and Children**

2238 Jefferson Ave.  
Toledo, OH 43624  
(419) 251-1823

**email:** [collaborativenet@aol.com](mailto:collaborativenet@aol.com)

- Information and referral
- Parent mentors

**Early Childhood Program**

Toledo Public School  
514 Palmwood Ave.  
Toledo, OH 43602  
(419) 249-8154

- Assessment and evaluation
- Assistance to day care and/or community preschool classes

**Family Information Network (FIN)**

241 N. Superior, 2<sup>nd</sup> Floor  
Toledo, Ohio 43604  
(419) 242-9587

- Support, information, and guidance
- Education for the general public
- Parent mentors

**Lucas County Board of Mental Retardation and Developmental Disabilities**

2001 Collingwood  
Toledo, OH 43620  
(419) 244-9567

**email:** [info@lucasmrdd.com](mailto:info@lucasmrdd.com)

- Information and referral

**Northwest Ohio Special Education Regional Resource Center (SERRC)**

10142 Dowling Road  
Bowling Green, OH 43402  
(419) 833-6771  
(800) 346-8495

- Workshops, materials, educational programs

**YWCA Child Care Connections**

1018 Jefferson Ave.  
Toledo, OH  
(419) 255-5519  
(800) 632-3052

- Provide technical assistance to child care providers
- Information and referral to other agencies

## Nonverbal Communication

### Definition:

Nonverbal communication is the exchange of thoughts, messages, or information through methods that do not use spoken language.

Nonverbal communication involves using all or many of the senses (sight, sound, smell, taste, touch) to communicate messages to others and to receive communicative messages from others.

### Common Characteristics:

**(Just like no two snowflakes are alike, no two children who are nonverbal are alike. Each child is a unique individual with his or her own set of abilities and talents.)**

- Children who are nonverbal may have other special needs, such as vision or hearing impairments, brain injuries, autism, etc.
- It is possible that the only common characteristic of children who are nonverbal is that they do not use spoken language to communicate.

### Strategies to use in the child care setting:

- Because the child who is nonverbal may also have an additional special need (vision impairment, hearing loss, autism), use as many senses as possible when communicating.  
For example, when it is time for lunch, in addition to being verbally told “it’s time for lunch” (sound) the child may already know what time it is because of the food aromas (smell). The child can also be given a spoon to hold to signify lunchtime (touch) and/or shown a picture of the cafeteria (sight) and/or be given the sign language gesture for eat (sight).
- There are five questions to ask when working with and including a child who is nonverbal:

*1. How does the child communicate?*

A child can communicate through cries, laughs, coos, eye gazes, body movements, touches, objects, and vocalizations.

*2. What is the child communicating when they laugh, coo, cry, etc.?*

Once it is decided how a child communicates certain wants and needs, then within a given situation it should be easier to determine what he or she is communicating to us. **It is important to remember to respond to the child’s cries or vocalizations in the same manner we would to a child who is verbally telling us that he/she wants or needs something.**

3. *How do we communicate to children?*

We communicate to others all the time in many ways:

- natural cues (smell of lunch, sound of dishwasher)
- touch cues (pat on back for good job, placing hands under arm pits when picking a child up)
- object cues (given a spoon for meal time, handed a diaper for changing time)
- gestures (yes/no headshakes, wave “hi”)
- sounds (laughs, talking)
- pictures (picture of playground telling us we are going outside next, road sign of a railroad tracks telling us a railroad is ahead)
- written
- speech (important: always pair speech with other cues and methods of communication)

4. *Are there opportunities for the child to communicate?*

It is important to create opportunities for the child to need and want to express a thought or message. Examples of ways to create communication opportunities are:

- turn-taking games
- offering choices
- placing a desired object out of reach for the child to get on his/her own
- making an activity difficult enough for a child to need to ask for assistance

5. *How does the child communicate at home and at school?*

Collaborate with the parents and other professionals who work with the child to find out how the child communicates in other settings. The other professionals and parents may help to set up the same communication system that is used at home or school within the child care as well.

- Expect child to use appropriate ways of getting attention
- Expect child to use appropriate behaviors in social situations
- Always praise and focus on the positive
- Focus on the abilities of the child and what the child can do

**Resources:**

**Family Information Network (FIN)**

241 N. Superior, 2<sup>nd</sup> Floor

Toledo, Ohio 43604

(419) 242-9587

- Offer support, information, and guidance
- Education for the general public
- Parent mentors
- Information and referral to other agencies

### **YWCA Child Care Connections**

1018 Jefferson Ave.

Toledo, OH

(419) 255-5519

(800) 632-3052

- Provide technical assistance to child care providers
- Information and referral to other agencies

Sample forms located in separate folder

[Appendix B – Special Needs – Nonverbal Communication forms]:

- Communication Information Sheet (to be filled out by parents)
- Communication Observation Form
- Communication Strategies

## **Orthopedic Impairment**

### **Definition:**

An orthopedic impairment limits the child's ability to function physically without special equipment such as crutches, braces, a wheelchair, seat cushions, etc.

It is identified in IDEA under "orthopedic impairment."

### **Possible Causes of an Orthopedic Impairment:**

- Problem present at birth (absence of a limb, clubfoot)
- Disease (bone tuberculosis)
- Impairment secondary to another cause (burn, amputation, cerebral palsy, spina bifida)

### **Common characteristics:**

**(Just like no two snowflakes are alike, no two children with orthopedic impairments are alike. Each child is a unique individual and has his or her own set of abilities and talents.)**

- May need assistance with some self-help skills because of impaired physical mobility
- Other areas of development may or may not be affected
- Possible medical or health concern

### **Strategies to use in the child care setting:**

- Set up the room to allow the child to have freedom of movement
- Remove barriers and obstacles in the room to accommodate for the child's wheelchair, braces, walker, etc.
- Allow for adequate amounts of time for activities and directions to be carried out by the child
- Expect child to use appropriate ways of getting attention
- Expect child to demonstrate appropriate behaviors in social situations
- Provide praise and focus on the positive
- Focus on the abilities of the child and what the child can do

### **Resources:**

#### **The Ability Center**

5605 Monroe St.

Sylvania, OH 43560

(419) 885-5733

website: [www.abilitycenter.org](http://www.abilitycenter.org)

- Information and referral
- Service Coordination
- Equipment loan
- Education to schools and community organizations on disability issues
- Public education to groups concerned with the needs of persons with disabilities
- Technical assistance to non-profit organizations

**Family Information Network (FIN)**

241 N. Superior, 2<sup>nd</sup> Floor

Toledo, Ohio 43604

(419) 242-9587

- Offer support, information, and guidance
- Education for the general public
- Parent mentors
- Information and referral to other agencies

**MUO Rehabilitation Hospital**

3000 Arlington

Toledo, OH 43614

(419) 383-5040

- Physical therapy
- Occupational therapy
- Rehabilitation medicine
- Therapeutic recreation
- Amputee services
- Spinal cord injury services
- Orthotics services
- Prosthetics services
- Wheelchair seating and assessment

**Rehab Dynamics**

3160 Central Park West

Toledo, OH 43612

(419) 841-1840

- Physical and occupational therapy

**YWCA Child Care Connections**

1018 Jefferson Ave.

Toledo, OH

(419) 255-5519

(800) 632-3052

- Provide technical assistance to child care providers
- Information and referral to other agencies

## **Speech/Language Impairment**

### **Definition:**

A speech or language impairment is a problem associated with communication and/or problems with oral-motor functioning.

Communication problems can include substitutions of certain sounds in words, not understanding language, and not being able to use verbal language. Oral-motor problems can include not being able to produce certain sounds or trouble with feeding and swallowing.

These concerns are identified in IDEA under “speech and language impairment.”

### **Possible Causes of a Speech/Language Impairment:**

- Most often, the cause is unknown
- May be the primary special need or secondary to other special needs, such as:
  - hearing loss
  - brain injury
  - mental retardation
  - physical disability (cleft palate/cleft lip)
  - drug abuse

### **Common Characteristics:**

**(Just like no two snowflakes are alike, no two children with speech and language impairments are alike. Each child is a unique individual with his or her own set of abilities and talents.)**

- Smaller vocabulary
- Written or verbal communication problems
- Difficulty providing verbal messages to others and receiving verbal messages from others

### **Strategies to use in the child care setting:**

- Provide opportunities to use a lot of speech and language in activities and games
- Focus on positive gains in speech and language development
- If oral-motor is a concern, ask the speech and language therapist to teach specific techniques to assist the child with activities and development
- Provide a lot of visual cues
- Model appropriate speech and language
- Expect child to use appropriate ways of getting attention
- Expect child to use appropriate behaviors in social situations

- Always praise and focus on the positive
- Focus on the abilities of the child and what the child can do

**Resources:**

**Lucas County Board of Mental Retardation and Developmental Disabilities**

2001 Collingwood Blvd.

Toledo, OH 43620

(419) 248-3585

**email:** [info@lucasmrdd.com](mailto:info@lucasmrdd.com)

- Information and referral

**MUO Rehabilitation Hospital**

3000 Arlington

Toledo, OH 43614

(419) 383-5040

- Physical therapy
- Occupational therapy
- Rehabilitation medicine
- Therapeutic recreation
- Amputee services
- Spinal cord injury services
- Orthotics services
- Prosthetics services
- Wheelchair seating and assessment

**Toledo Hearing and Speech**

3148 West Central Ave.

Toledo, OH 43606

(419) 241-6219

- Speech/language pathology
- Audiology
- Sign language instruction
- Hearing aids
- Assistive listening device center
- Mobile van tests

## **Traumatic Brain Injury (TBI)**

### **Definition:**

Traumatic brain injury occurs when there is damage to the brain severe enough to result in a change of consciousness, or in a change of the structure of the brain. The damage, or trauma, may cause the person to act, move, or think differently than before the injury. Changes may also occur in behavior, attention span, understanding words, memory, talking, walking, learning, vision, or hearing.

Traumatic brain injury is identified in IDEA under “traumatic brain injury.” However, brain injuries present at birth are not considered a traumatic brain injury according to IDEA’s definition.

### **Possible Causes of a TBI:**

- Any act that results in a severe head injury:
  - falls
  - recreational injuries
  - sports
  - car accidents
  - abuse

### **Common Characteristics:**

**(Just as no two snowflakes are alike, no two children with a traumatic brain injury are alike. Each child is a unique individual with his or her own set of abilities and talents.)**

There is a possibility that one or more of the following may result from a TBI:

- Physical disability
- Seizures
- Social, behavior, or emotional problems
- Fine or gross motor problems
- Feeding problems such as a special diet or a feeding tube
- Vision and/or hearing impairment
- Communication impairment

### **Strategies to use in the child care setting:**

- For children with severe brain injury, allow them to explore the environment as much as possible (move around room on floor, in wheelchair, bring the environment to them by placing toys in front of them)
- Work with medical staff to gather more information on TBI
- Allow for plenty of time to do or finish an activity or follow directions

- Collaborate with parents and other professionals to adapt toys, activities, schedules, and the environment
- Be flexible about expectations
- Learn signs to watch out for, what to do, and who to contact in an emergency medical situation
- Expect child to demonstrate appropriate behavior in social situations
- Provide praise and positive reinforcement
- Focus on the child's abilities and what the child can do

**Resources:**

**Brain Injury Association – NW Ohio**

930 South Detroit Avenue

Toledo, OH 43614

(419) 254-4135

(800) 686-9563

- Information and resources to families and professionals
- Technical support
- Community outreach services to programs requesting information

**Family Information Network (FIN)**

241 N. Superior, 2<sup>nd</sup> Floor

Toledo, Ohio 43604

(419) 242-9587

- Support, information, and guidance
- Education for the general public
- Parent mentors

## Visual Impairment

### **Definition:**

A visual impairment is a functional loss of vision. It includes persons with partial sight or low vision, and persons who are legally blind or totally blind.

Partial sight - a visual problem that results in a need for special services because it affects educational performance

Low vision - the child is unable to read or see objects at a normal distance even with glasses or contact lenses; requires the child to rely on his/her other senses and adaptations, such as different lighting or large print, to assist with educational performance

Legally blind - very limited field of vision even with correction in the better eye; the child may be able to rely on sight to detect shapes, colors, or read very large print

Totally blind - no light or dark perceptions; the child needs to rely on Braille or non-visual learning materials

Visual Impairment is identified in IDEA under “visual impairments including blindness” and states that educational performance is affected even with correction of vision.

### **Common Characteristics:**

**(Just like no two snowflakes are alike, no two children with visual impairments are alike. Each child is a unique individual with his or her own set of abilities and talents.)**

- Visual impairments may affect other areas of a child’s development, such as motor, cognition, and social areas.
- The child may not have a desire to explore the world around them if they do not see it.

### **Strategies to use in the child care setting:**

- Use non-visual cues (touch cues, verbal cues, smell, sound)
- If the child has little/no vision and knows the lay-out of the room through touching and feeling their way around, do not unexpectedly change the room set-up without informing the child
- Plan a wide variety of sensory experiences and activities
- Work with the therapists and parents on strategies to use across all settings

- Signal changes in activities, new people entering the room, a person leaving, etc. verbally or with sounds
- Allow child to sit close to teacher or in front of room during activity time
- Expect child to use appropriate ways of getting attention
- Expect child to use appropriate behaviors in social situations
- Always praise and focus on the positive
- Focus on the abilities of the child and what the child can do

**Resources:**

**The Ability Center**

5605 Monroe St.  
Sylvania, OH 43560  
(419) 885-5733

website: [www.abilitycenter.org](http://www.abilitycenter.org)

- Information and referral
- Service Coordination
- Equipment loan
- Education to schools and community organizations on disability issues
- Public education to groups concerned with the needs of persons with disabilities
- Technical assistance to non-profit organizations

**Family Information Network (FIN)**

241 N. Superior, 2<sup>nd</sup> Floor  
Toledo, Ohio 43604  
(419) 242-9587

- Offer support, information, and guidance
- Education for the general public
- Parent mentors
- Information and referral to other agencies

**National Federation of the Blind of Ohio Parents Division/Blind and Handicapped**

1912 Tracy Road  
Northwood, OH 43619  
(419) 666-6212

- Resource and referrals to other agencies
- Toy resource list
- Suggestions for feeding, toileting, dressing

**YWCA Child Care Connections**

1018 Jefferson Ave.

Toledo, OH

(419) 255-5519

(800) 632-3052

- Provide technical assistance to child care providers
- Information and referral to other agencies

## **Special Needs References**

- Batshaw, M. Children with Disabilities (4<sup>th</sup> ed.). Baltimore: Brookes.
- Individuals with Disabilities Education Act Amendments of 1997, Pub. L. No. 105-17, (June 4, 1997).
- Shinsky, E.J. (1996). Students with Special Needs: A Resource Guide for Teachers. Lansing, MI: Shinsky Seminars, Inc.
- <http://www.nichcy.org> National Information Center for Children and Youth with Disabilities (December 2000).