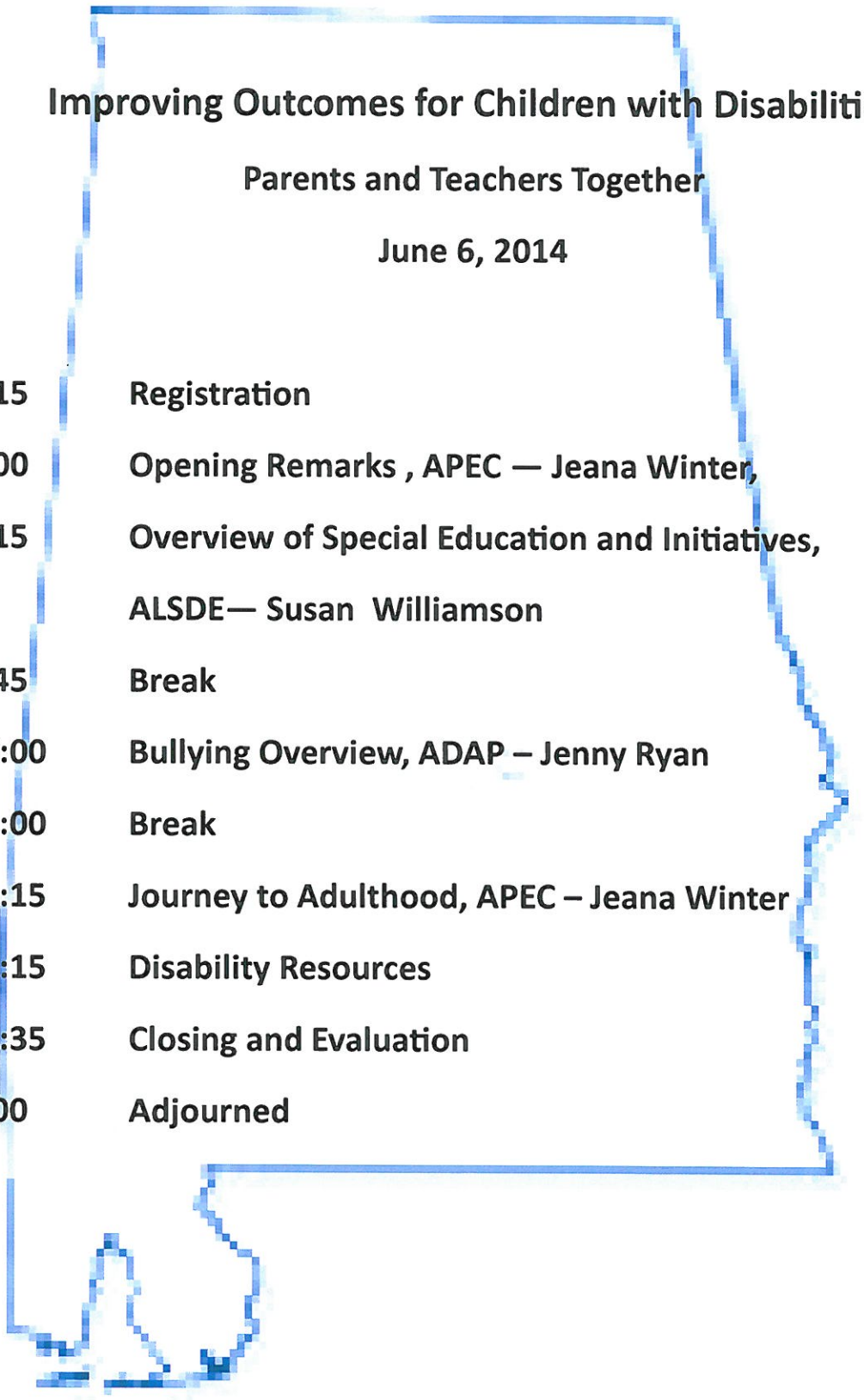
Raising the Standards

# Improving Outcomes for Children with Disabilities

## Parents and Teachers Together

## June 6, 2014

| | |
|---|---|
| 8:15 | Registration |
| 9:00 | Opening Remarks , APEC — Jeana Winter, |
| 9:15 | Overview of Special Education and Initiatives, ALSDE— Susan Williamson |
| 9:45 | Break |
| 10:00 | Bullying Overview, ADAP – Jenny Ryan |
| 11:00 | Break |
| 11:15 | Journey to Adulthood, APEC – Jeana Winter |
| 12:15 | Disability Resources |
| 12:35 | Closing and Evaluation |
| 1:00 | Adjourned |



## Susan H. Williamson, Education Administrator, Alabama Department of Education

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Gordon Persons Building, PO Box 302101, Montgomery, AL 36130-2101

Susan Williamson has worked in the field of education since 1976, as a classroom teacher, counselor, and technical assistance provider for the Regional Resource Center Program. Mrs. Williamson currently works at the Alabama State Department of Education as an Education Administrator in Special Education Services with responsibilities that include development and submission of Alabama's State Performance Plan and Annual Performance Report.

**Alabama's State Performance Plan & Annual Performance Report Process: Measuring State Results** This presentation will describe the State Performance Plan/Annual Performance Report process, including the eighteen indicators that have collected data and measured performance for Alabama since 2005. The Office of Special Education Programs (OSEP) at the US Department of Education has proposed a new Indicator 17, and this presentation will include a brief overview outlining the new requirements of the State Systematic Improvement Plan.

## Jenny Ryan, Attorney Alabama Disability Advocacy Program

205-348-4928, jrryan2@adap.ua.edu , Box 870395 Tuscaloosa, AL 35487

Jenny Ryan is an attorney with the Alabama Disabilities Advocacy Program. She works on the children's team at ADAP with a specific focus on special education, IEPs, and 504 plans for kids in schools. After graduating from Law School at the University of Alabama she spent several years in the Montgomery area working for Judge Sue Bell Cobb and for the US District Court, Middle District of Alabama. She spent the majority of her professional life in private practice with an emphasis on juvenile justice before joining ADAP. In her life outside ADAP she enjoys being involved in the growth of arts and entertainment in the Tuscaloosa area. She sits on the boards of both Tuscaloosa Children's Theatre and Theatre Tuscaloosa. You can occasionally find her on stage in Tuscaloosa when she's not in court or in an IEP meeting politely offering suggestions to administrators.

**Fully Bullied**, this presentation will review the many aspects of bullying, including how children with disabilities are more apt to be bullied; Alabama's relatively new anti-bullying law and how it works; how IEPs can include anti-bullying tactics; legal avenues to take if your child is being bullied; and peer support for those facing bullies.

## Jeana Winter, Executive Director Alabama Parent Education Center

334-567-2252, jwinter@alabamaparentcenter.com, APEC, PO Box 118 Wetumpka, AL 36092

Ms. Winter is the co-founder and Executive Director for the Alabama Parent Education Center Inc. The center's focus is to provide training, information, and support to increase capacity of families and those who serve families. Ms. Winter has worked in education and disability advocacy since 1997. Ms. Winter holds a Bachelor of Science in Rehabilitation, Troy University and a Master of Science in Community/Agency Counseling, Troy University of Montgomery.

**Abuse and Neglect; The Risk for Children with Disabilities** This presentation will review what child abuse and neglect is, how to recognize the warning signs of abuse, and why children with disabilities are at a greater risk for abuse and neglect, and how to safeguard children by instilling effective advocacy and skill building within children. Tools to assist parents in developing safety plans through transition will also be reviewed.

receive a quality free appropriate public education. If you have questions just call our center at 866-532-7660- or 334 567-2252.

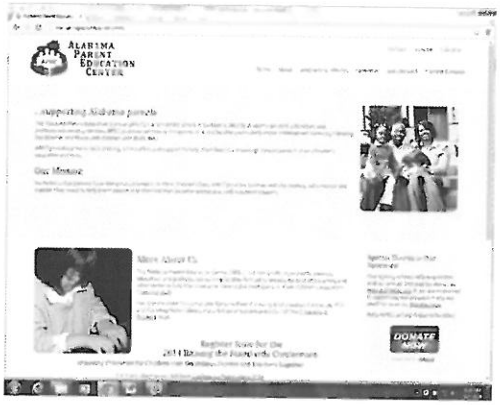
## INFORMATION

**Educator Digital Resource Library CDs** are distributed annually to all school systems and contain information on research-based best practices in education of students with disabilities.

**Resource Mailings**-our center provides informational mailings to families, educators, and professionals on topics of your request.

**Newsletters**-monthly electronic newsletters are distributed on education, parenting, disability and policy guidance issues. Sign up here: http://visitor.r20.constantcontact.com/d.jsp?llr=z44qmveab&p=oi&m=1104524378105

**Website**- our website hosts information on resources, trainings, and information relevant to parents, educators, and professionals in Alabama. Visit today at www.alabamaparentcenter.com



**Facebook**-houses current happenings and need-to-know information for parents, educators, and professionals. https://www.facebook.com/AlabamaParentEducationCenter

## APEC IS HERE TO HELP

AL PTI is a project of the APEC. Our center provides free training, information, and consultation to families. Visit our training calendar for more information about learning opportunities at www.alabamaparentcenter.com or call our center.

The contents of this publication were developed in part under a grant from the US Department of Education, #H328M110024. However, those contents do not necessarily represent the policy of the US Department of Education, and you should not assume endorsement by the Federal Government.

# AL Parent Training and Information Services

## TRAININGS

**Community Workshops** –we provide group trainings in your local community. Contact our center to schedule training in your local community or organization.

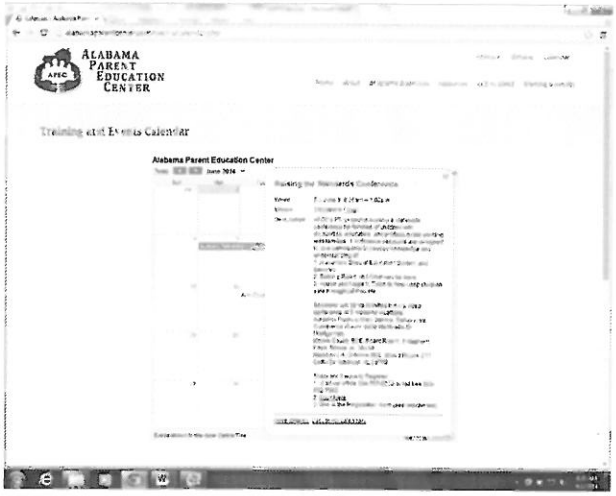
**Webinars**-join our staff from your local computer for training.

**Topical Conference Calls**-join us from your own phone for interactive discussions on disability and educational related topics.

**Advocacy Academy**-join us in building parental advocacy and leadership on current educational and disability specific issues.

**Annual Conference**-we provide the *Raising the Standards Annual Conference: Parents and Teachers Together* to provide information on special education issues to improve educational opportunities for Alabama children with disabilities.

Visit the calendar on our website for current scheduled trainings and events:




## RESOURCES

**APEC Library** houses 3000 materials relevant to parents, educators, and professionals about parenting, education, and disability issues. All materials will be mailed to you and may be loaned for 4 weeks.

## CONSULTATION

**Our staff provides individual consultations related to your child's IEP, 504 Plan, or educational issues.** Our staff provides families with information and support to assist them to ensure that their children

**STATE SYSTEMIC IMPROVEMENT PLAN (SSIP):**
CHALLENGE AND OPPORTUNITY FOR THE 21ST CENTURY

THE NEW ALABAMA STATE SYSTEMIC IMPROVEMENT PLAN

ALABAMA PARENT EDUCATION CENTER, JUNE 2014

*Adapted with Permission from a Presentation developed by the Southeast Regional Resource Center (SERRC)*

RRCP

# State Performance Plan Annual Performance Report

A Review of Data Sources, the need for Timely and Accurate Reporting, and Implications of Reported Data for the SDE and Education Agencies

## STATE PERFORMANCE PLAN/ANNUAL PERFORMANCE REPORT

The State must have in place a performance plan that evaluates the State's efforts to implement the requirements and purposes of Part B of the IDEA. The State Performance Plan is based on the indicators established by the Secretary as well as State and OSEP established targets .



ACCORDING TO THE STATUTE (SEC.616) AND THE FINAL REGULATIONS (300.600) UNDER STATE MONITORING AND ENFORCEMENT, THE PRIMARY FOCUS OF FEDERAL AND STATE MONITORING ACTIVITIES MUST BE ON IMPROVING EDUCATIONAL RESULTS FOR ALL CHILDREN WITH DISABILITIES; AND ENSURING THAT PUBLIC AGENCIES MEET THE PROGRAM REQUIREMENTS UNDER PART B OF THE IDEA.



THE SECRETARY WILL REVIEW THE STATE'S PERFORMANCE PLAN AND BASED ON THE INFORMATION PROVIDED ANNUALLY, THE SECRETARY WILL DETERMINE IF THE STATE:

- Meets the requirements and purposes of Part B of the IDEA.
- Needs assistance in implementing the requirements of Part B of the IDEA.
- Needs intervention in implementing the requirements of Part B of the IDEA.
- Needs substantial intervention in implementing the requirements of Part B of the IDEA.



THE STATE MUST USE THE TARGETS ESTABLISHED IN THE STATE'S PERFORMANCE PLAN TO ANALYZE THE PERFORMANCE OF EACH LEA.

THE STATE PERFORMANCE PLAN HAS 18 ESTABLISHED INDICATORS.

THE STATE IS REQUIRED TO ANNUALLY REPORT TO THE PUBLIC EACH LEA'S PERFORMANCE IN RELATION TO THE TARGETS ON THE FIRST 14 INDICATORS.



INDICATOR 1

Percent of youth with IEPs graduating from high school with a regular diploma.



Graduation Data

Data Source: Same data as used for reporting to the Department under Title I of the *Elementary and Secondary Education Act* (ESEA).

SY 2011-2012 Rate: 53.79%

Data reported is for the adjusted four-year graduation cohort rate for 2011-2012.



**INDICATOR 2**

PERCENT OF YOUTH WITH IEPS DROPPING OUT OF HIGH SCHOOL.



TARGET FOR FFY 2012: DECREASE THE NUMBER OF STUDENTS WITH IEPS WHO DROP OUT OF HIGH SCHOOL TO NO MORE THAN 3.45%.

Actual Target Data: 1.1%.

The target was met.



**INDICATOR 3**

PARTICIPATION AND PERFORMANCE OF CHILDREN WITH DISABILITIES ON STATEWIDE ASSESSMENTS.

CURRENT DATA:

| | 2012-2013 Reading | 2012-2013 Math |
|---|---|---|
| Participation Rate | 99.69% | 99.54% |
| (Aggregated) Proficiency Rate | 48.67% | 47.25% |



**INDICATOR 5**

PERCENT OF CHILDREN WITH IEPS AGED 6 THROUGH 21:

A. Inside regular class 80% or more of the day;

B. Inside regular class less than 40% of the day; or

C. Served in public/private separate schools, residential/homebound/hospital placements.



CURRENT DATA:

2012-2013

A. 84.82% Inside regular class more than 80% of the school day.

B. 6.68% Inside regular class less than 40% of the school day.

C. 1.56% Served in separate/residential/ homebound/hospital



**INDICATOR 8**

PERCENT OF PARENTS WITH A CHILD RECEIVING SPECIAL EDUCATION SERVICES WHO REPORT THAT SCHOOLS FACILITATED PARENT INVOLVEMENT AS A MEANS OF IMPROVING SERVICES AND RESULTS FOR CHILDREN WITH DISABILITIES.



DATA SOURCE: ALABAMA PARENT SURVEY

DESIGNATED QUESTIONS FROM THE SURVEY THAT REPORT SCHOOLS FACILITATED PARENT INVOLVEMENT AS A MEANS OF IMPROVING SERVICES AND RESULTS FOR CHILDREN WITH DISABILITIES WILL BE TABULATED TO OBTAIN REQUIRED DATA.



- For the last several reporting periods, Alabama's percentage of parents reporting that schools have facilitated parent involvement have ranged from 74.48% in 2009-10 to 73.70% in 2012-2013.

PARENT INVOLVEMENT

## INDICATOR 13

Percent of youth aged 16 and above with an IEP that includes appropriate, measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs.

*State Performance Plan - Annual Performance Report*
*Special Education Services, Alabama Department of Education*

CURRENT DATA: 2012-2013

100% of youth aged 16 and above with an IEP that includes coordinated, measurable, annual IEP goals and transition services.

*State Performance Plan - Annual Performance Report*
*Special Education Services, Alabama Department of Education*

## INDICATOR 14

14A: PERCENT OF YOUTH WHO ARE NO LONGER IN SECONDARY SCHOOL, HAD IEPS IN EFFECT AT THE TIME THEY LEFT SCHOOL AND WERE: ENROLLED IN HIGHER EDUCATION WITHIN ONE YEAR OF LEAVING HIGH SCHOOL.

*State Performance Plan - Annual Performance Report*
*Special Education Services, Alabama Department of Education*

CURRENT DATA:

14A: 24.9% were enrolled in higher education within one year of leaving high school.

14B: 60.7% were enrolled in higher education or competitively employed within one year of leaving high school.

14C: 68.8% were enrolled in higher education, or in some other postsecondary education or training program or competitively employed or in some other employment within one year of leaving high school.

All targets were met for Indicator 14.

*State Performance Plan - Annual Performance Report*
*Special Education Services, Alabama Department of Education*

- PSO Response Rate = 65%
- Rates of engagement of SWDs who are in higher education and are competitively employed are improving over time but still remains a concern

POST SCHOOL OUTCOMES RESULTS

*State Performance Plan - Annual Performance Report*
*Special Education Services, Alabama Department of Education*

THE PRIMARY FOCUS MUST BE ON IMPROVING EDUCATIONAL RESULTS FOR ALL CHILDREN WITH DISABILITIES.

*State Performance Plan - Annual Performance Report*
*Special Education Services, Alabama Department of Education*


WHY SSIP? WHY NOW?



## WHY SSIP? WHY NOW?

For over 30 years, there has been a strong focus on **statutory compliance with the IDEA** and Federal regulations for early intervention and special education

- As a result, compliance has improved, but results have not!

The current environment is characterized by **high levels of accountability for performance** of all children and youth

- There are numerous initiatives that target improved results.
- Let's build on these initiatives.



## Indicator # 17 - State Systemic Improvement Plan

MEASUREMENT: The State's SPP/APR includes a comprehensive, multi-year State Systemic Improvement Plan, focused on improving results for students with disabilities, that includes the following components, as further defined in the next few slides.



## Indicator # 17 - State Systemic Improvement plan

**Phase I** (which the State must include with its 2015 submission of its SPP/APR for FFY 2013):

a. Data Analysis;
b. Identification of the State-Identified Measurable Result
c. Infrastructure to Support Improvement and Build Capacity; and
d. Theory of Action or Hypothesis.



**Indicator # 17 - State Systemic Improvement plan**

**Phase II** (which, in addition to the Phase 1 content outlined above, the State must include with its 2016 submission of its SPP/APR for FFY 2014):

e. Infrastructure Development;
f. Support for local educational agency Implementation of Evidence-Based Practices; and Evaluation Plan.

STATE SYSTEMIC IMPROVEMENT PLAN



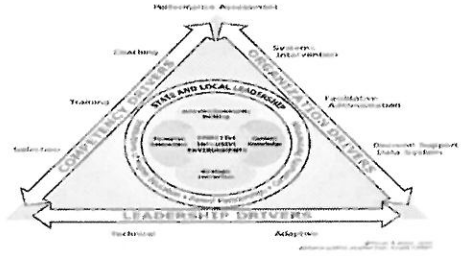
**Indicator # 17 - State Systemic Improvement plan**

**Phase III** (which, in addition to the Phase I and Phase II content outlined above), must include with its FFY 2015 APR submitted in 2017 the results of its ongoing evaluation of the strategies included in the SSIP, including the extent to which the State has implemented them, the extent to which the State has made progress toward and/or met the established goals, and any revisions the State has made in the SSIP in response to its evaluation.

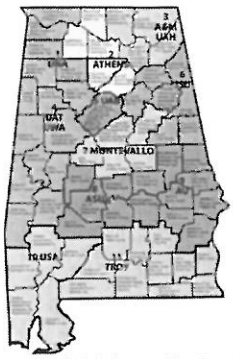
STATE SYSTEMIC IMPROVEMENT PLAN

## ALABAMA STATE PERSONNEL DEVELOPMENT GRANT

*Closing the Gap: Improving Literacy and Mathematics Outcomes for Adolescent Students with Disabilities*








## THEORY OF ACTION (HYPOTHESIS)

If.....then....



## Indicator 5A: Least Restrictive Environment (LRE) Inside Regular Class 80% or More




| Grade | 2005-2006 | 2006-2007 | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 | 2011-2012 | 2012-2013 |
|---|---|---|---|---|---|---|---|---|
| 3 | 49.0 | 47.5 | 51.6 | 45.9 | 49.2 | 51.5 | 55.14 | 53.42 |
| 4 | 45.0 | 45.9 | 51.4 | 46.1 | 47.9 | 51.5 | 51.72 | 54.31 |
| 5 | 38.8 | 41.6 | 45.7 | 42.0 | 44.5 | 50.1 | 52.14 | 52.65 |
| 6 | 40.4 | 41.9 | 48.7 | 47.5 | 48.[illegible] | 47.5 | 46.58 | 48.87 |
| 7 | 29.1 | 30.5 | 34.7 | 34.8 | 38.9 | 43.3 | 44.32 | 48.71 |
| 8 | 27.2 | 25.6 | 29.1 | 26.0 | 28.8 | 34.4 | 35.23 | 41.24 |
| 11 | 31.2 | 32.6 | 32.5 | 32.3 | 32.7 | 35.8 | 35.84 | 44.89 |
| Total | 35.3 | 38.1 | 42.2 | 40.0 | 40.9 | 45.7 | 46.56 | 48.67 |

Gr 6 49.71

Gr 8 37.24

PROFICIENCY IN READING/LANGUAGE ARTS FOR STUDENTS WITH IEPS



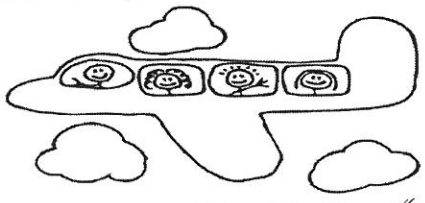
**Regional implementation of:**

- Instructional coaching
- Effective co-teaching and co-planning
- Safe and Civil Schools
- Content expertise for special educators through linkages with ARI and AMSTI

MEASURABLE RESULT

**REMEMBER: WE ARE BUILDING A NEW SYSTEM.**

***We're building a dream also. Our dream is improved results for children and youth with disabilities.***

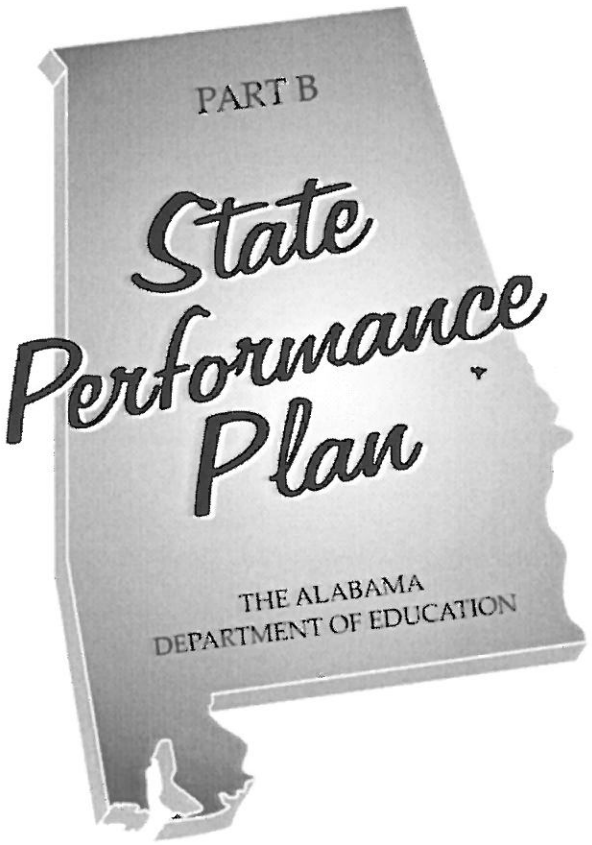


***....and we are building it in the air.***



- June 18, 2014 – SEAP Meeting—AIDT Montgomery, 9:30 am-3:00 pm
- To access more information on the SPP/APR, go to the Department's website at http://www.alsde.edu then hover over Department Offices. Click on Special Education Services under Office of Learning Support. Select the SPP/APR link at the top of the page.

INFORMATION/RESOURCES

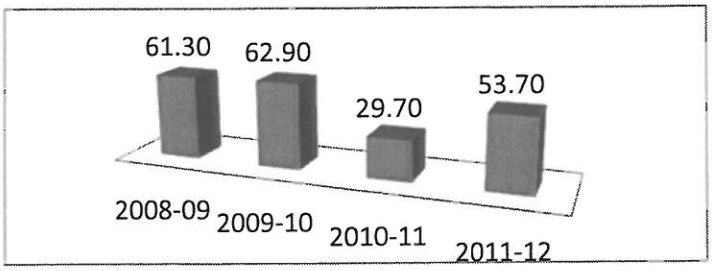



# ALABAMA STATE PERFORMANCE PLAN

## DATA by Indicator Over 3 Years

The Secretary of Education at the US Department of Education established 20 Indicators for the priority areas identified in Part B of the IDEA. **Performance Indicators** have targets set by the state with broad stakeholder input and have been approved by the Office of Special Education Programs. **Compliance Indicators** have targets set by the Office of Special Education Programs at either 100% or 0%.

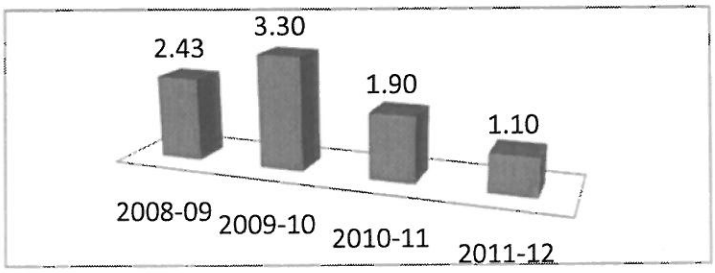
## Indicator 1: Graduation Rates




Percent of youth with IEPs graduating from high school with a regular diploma.
(Performance, Target: 90% or Improve)

Note: During SY 2010-11, the State used the four-year adjusted cohort for graduation rate.

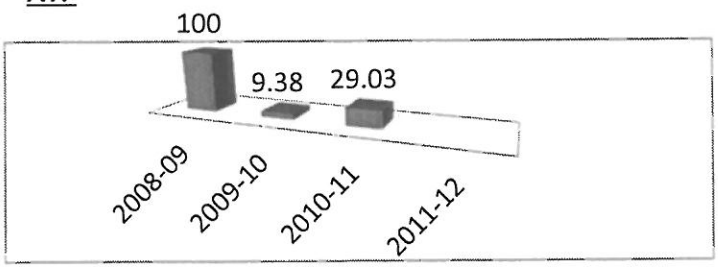
## Indicator 2: Dropout Rates




Percent of youth with IEPs dropping out of high school.
(Performance, Targets: 2008-09, 3.95%; 2009-10, 3.70%; 2010-11, 3.45%)

## Indicator 3A: Assessment Data

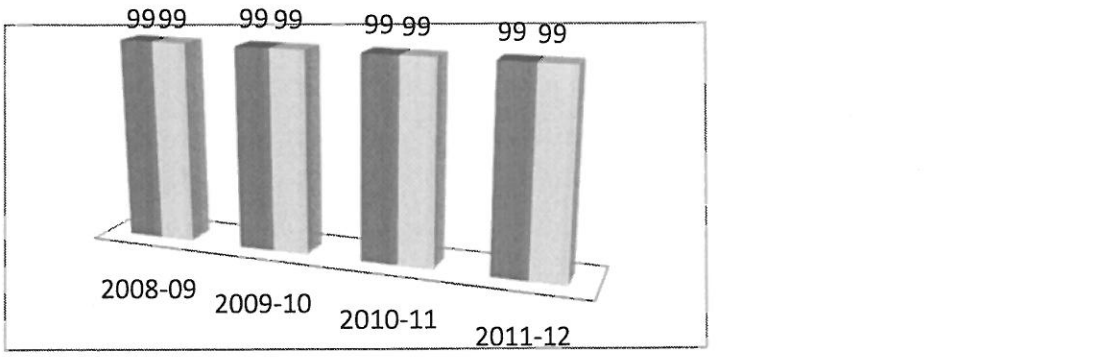
**AYP**




Percent of districts with a disability subgroup that meets the State's minimum "n" size that meet the State's AYP targets for the disability subgroup.
(Performance, Targets: 2008-09, 81%; 2009-10, 85%; 2010-11, 9.4% or Increase)

## Indicator 3B: Assessment Data

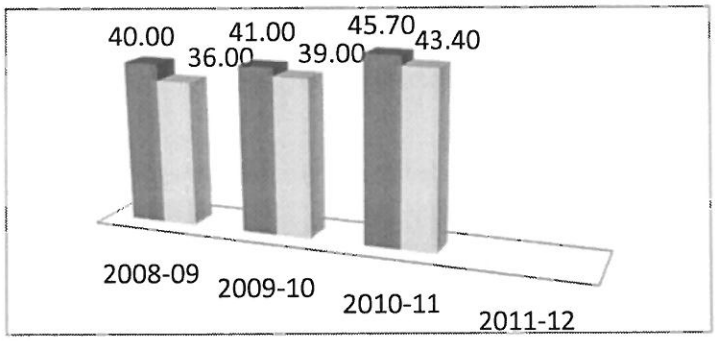
**Participation Rates (Reading & Mathematics)**




Participation rate for children with IEPs.
(Performance, Targets: 2008-09, 98%; 2009-10, 98%; 2010-11, 98%)

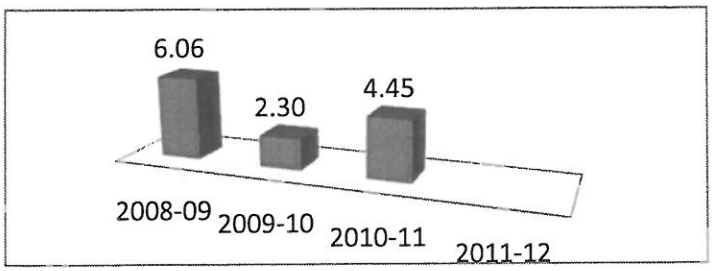
## Indicator 3C: Assessment Data

**Proficiency Rates (Reading & Mathematics)**



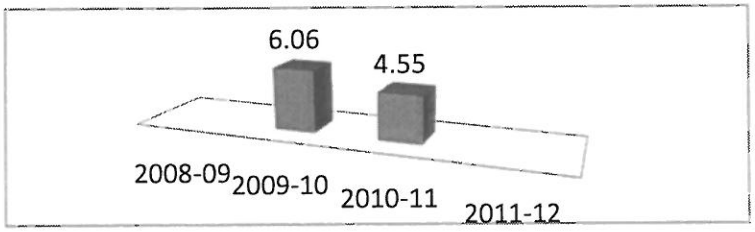

Proficiency rate for children with IEPs against grade level, modified and alternate academic achievement standards.
(Performance, Targets: 2008-09, Grade Level AMO; 2009-10, Grade Level AMO; 2010-11, Grade Level AMO)

## Indicator 4A: Suspensions/Expulsions




Percent of districts that have a significant discrepancy in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs.
(Performance, Targets: 2008-09, 13%; 2009-10, 10%; 2010-11, 8%)

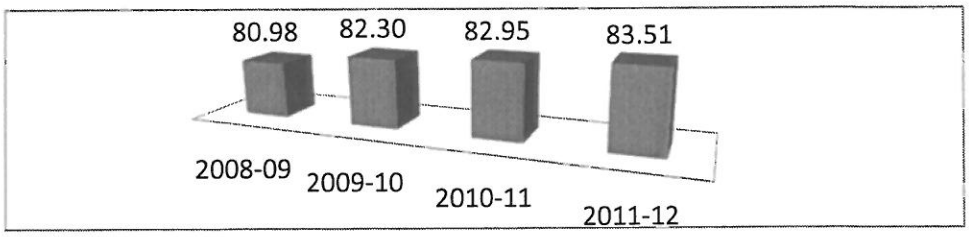
## Indicator 4B: Suspensions/Expulstions (by Race)




Percent of districts that have: (a) a significant discrepancy, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.
(Compliance, Targets: 2008-09, N/A; 2009-10, 0%; 2010-11, 0%)

## Indicator 5A: Least Restrictive Environmnent (LRE)

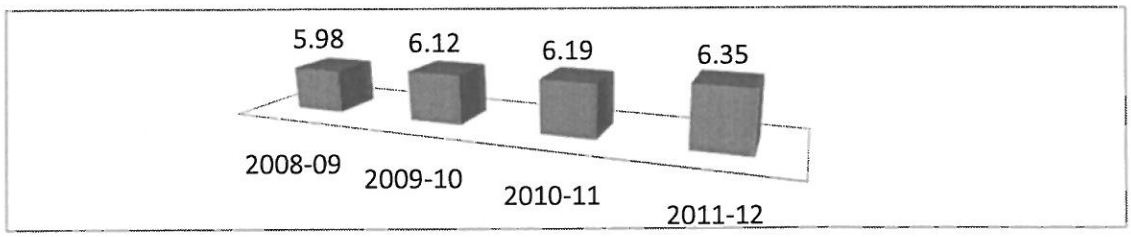
**Inside 80% or More**




Percent of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day.
(Performance, Targets: 2008-2009, 60.26%; 2009-2010, 61.26%; 2010-2011, 62.26%)

## Indicator 5B: Least Restrictive Environmnent (LRE)

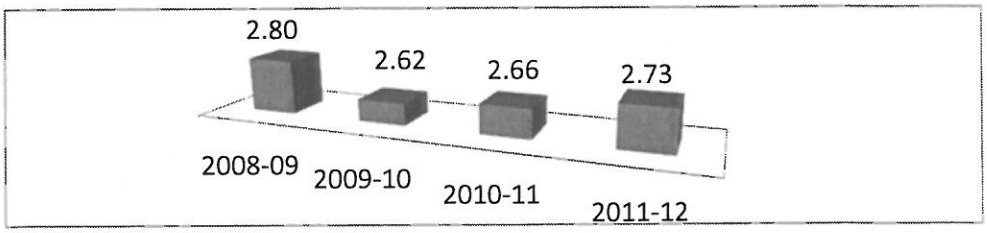
**Inside < 40%**




Percent of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day.
(Performance, Targets: 2008-2009, 6.9%; 2009-2010, 6.8%; 2010-2011, 6.7%)

## Indicator 5C: Least Restrictive Environmnent (LRE)

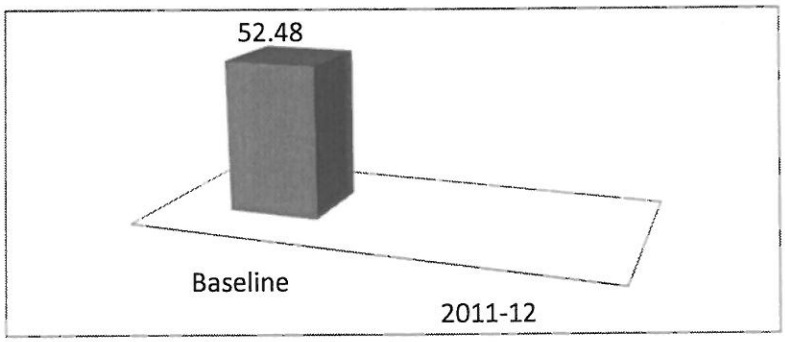
**Seperate School, Residential, Homebound/Hospital**



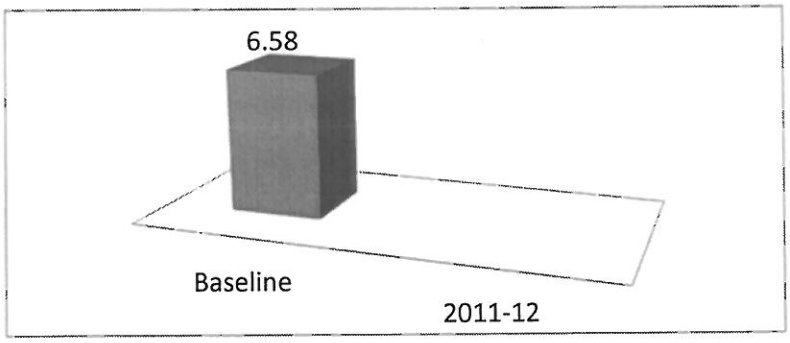

Percent of children with IEPs aged 6 through 21 in separate schools, residential facilities, or homebound/hospital placements.
(Performance, Targets: 2008-2009, 2.75% or Decrease; 2009-2010, 2.75% or Decrease; 2010-2011, 2.75% or Decrease)

## INDICATOR 6: PRESCHOOL LRE

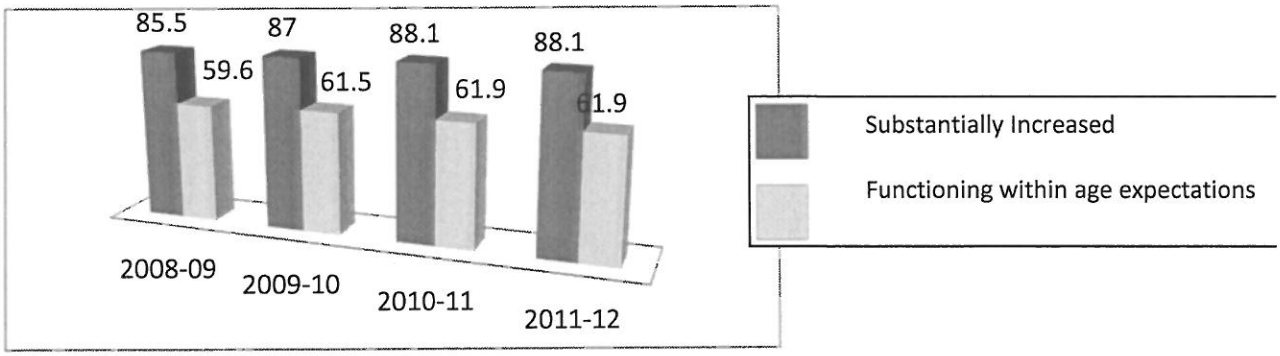
A. Percent of children aged 3 through 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program.(Performance)




B. Percent of children aged 3 through 5 with IEPs attending a separate special education class, separate school or residential facility.

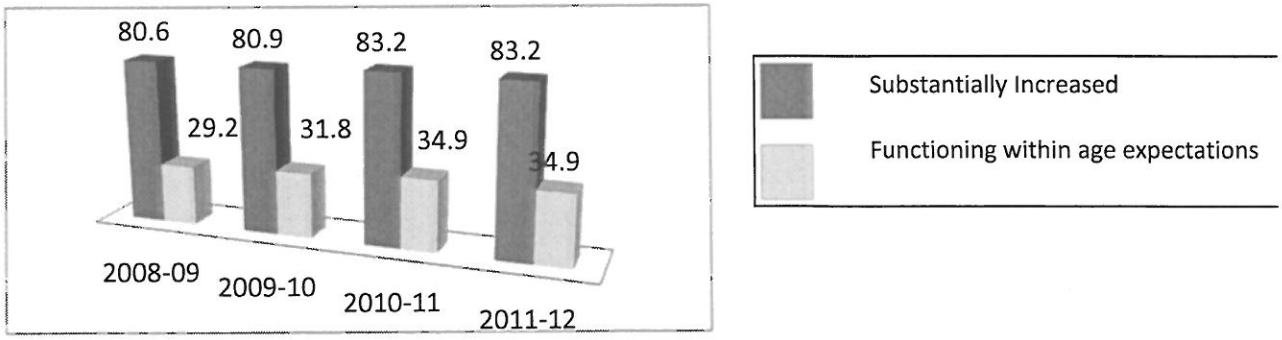


## Indicator 7A: Preschool Outcomes
**(Social Emotional)**




Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved positive social-emotional skills (including social relationships).
(Performance, Substantially increased by 6, Targets: 2008-2009, Baseline; 2009-2010, 84.7%; 2010-2011, 85.8%)
(Performance, Functioning within age expectations by 6, Targets: 2008-2009, Baseline; 2009-2010, 59.3%; 2010-2011, 60.7%)

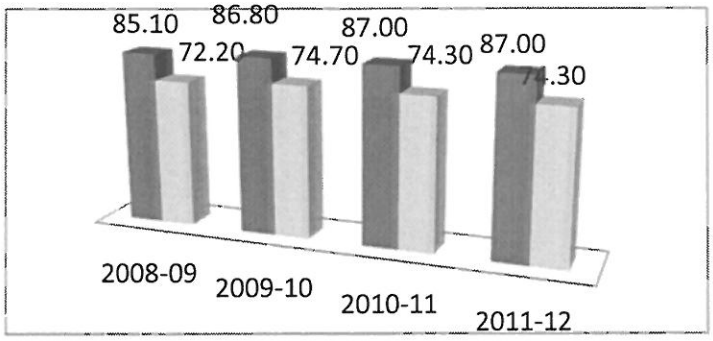
## Indicator 7B: Preschool Outcomes
**(Knowledge and Skills)**




Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication and early literacy).
(Performance, Substantially increased by 6/Targets: 2008-2009, Baseline; 2009-2010, 80.6%; 2010-2011, 80.8%)
(Performance, Functioning within age expectations by 6/Targets: 2008-2009, Baseline; 2009-2010, 29.2%; 2010-2011, 32.4%)

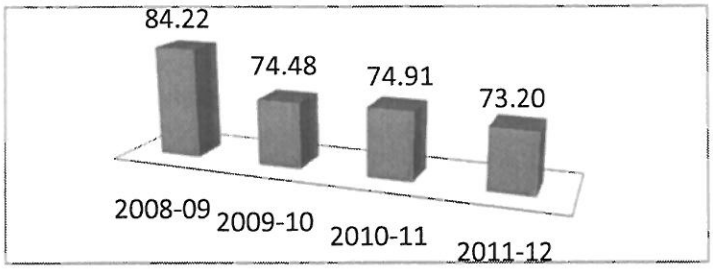
## Indicator 7C: Preschool Outcomes

**(Appropriate Behaviors)**



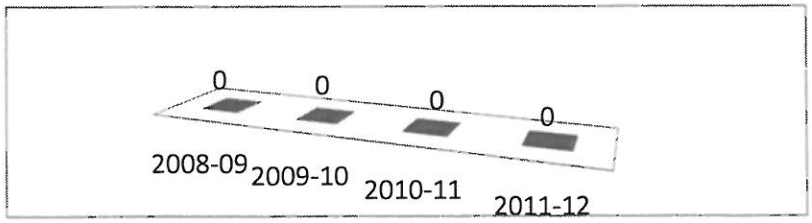

Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved use of appropriate behaviors to meet their needs.
(Performance, Substantially increased by 6/Targets: 2008-2009, Baseline; 2009-2010, 84.7%; 2010-2011, 85.2%)
(Performance, Functioning within age expectations by 6/Targets: 2008-2009, Baseline; 2009-2010, 71.8%; 2010-2011, 72.3%)

## Indicator 8: Parent Involvement



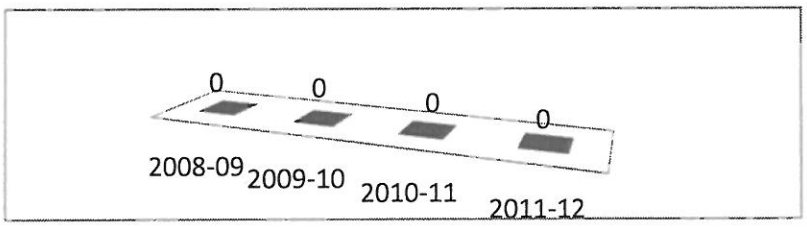

Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.
(Performance, Targets: 2008-2009, 88.7%; 2009-2010, 88.9%; 2010-2011, 89%)

## Indicator 9: Disproportionality in Special Education



Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.
(Compliance, Target 0%)

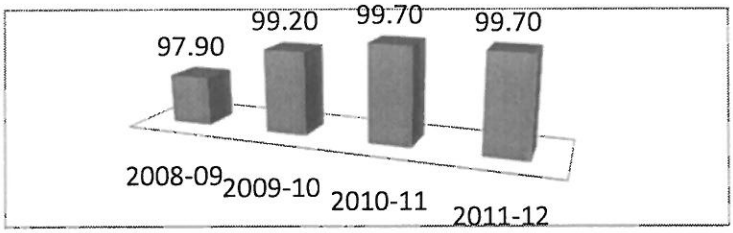
## Indicator 10: Disproportionality in Specific Disability Categories




Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.
(Compliance, Target 0%)

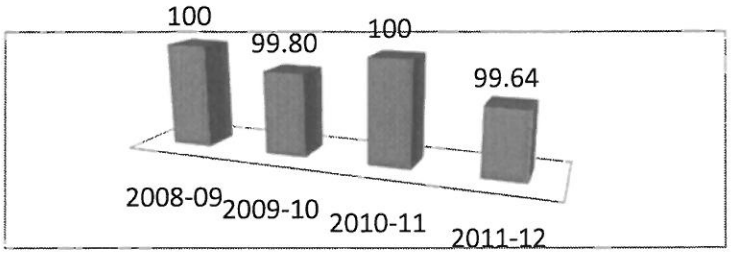
## Indicator 11: Child Find

### % Evaluated within 60 days



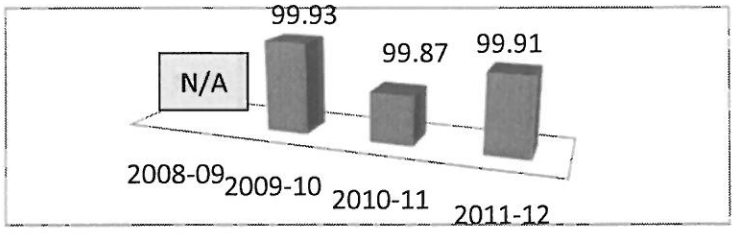

Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.
(Compliance, Target 100%)

## Indicator 12: Early Childhood Transition



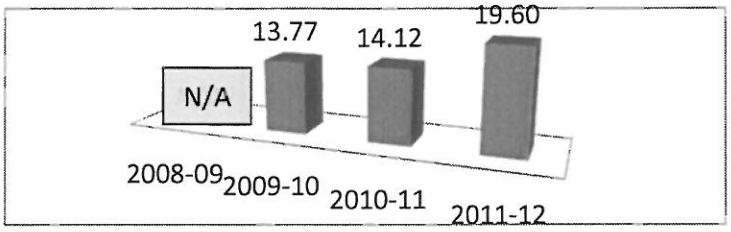

Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.
(Compliance, Target 100%)

## Indicator 13: Secondary Transition



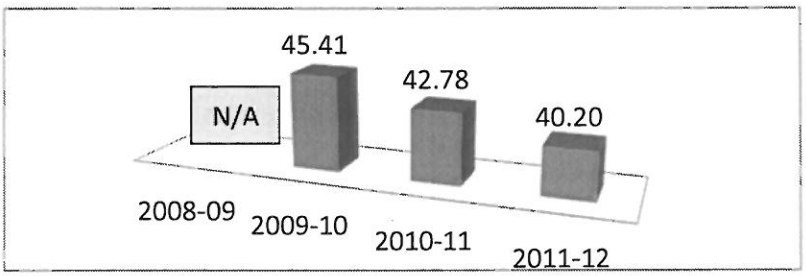

Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.
(Compliance, Target 100%)

## Indicator 14A: Post-School Outcomes, Enrolled in Higher Education



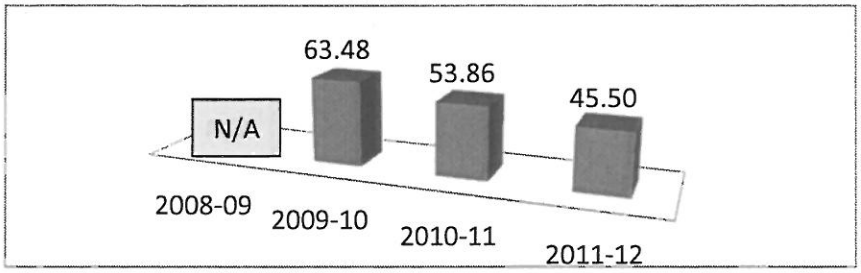

Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were: Enrolled in higher education within one year of leaving high school.
(Performance, Targets: 2008-2009, N/A; 2009-2010, Baseline; 2010-2011, 13.9%)

## Indicator 14B: Post-School Outcomes, Enrolled in Higher Education or Competively Employed



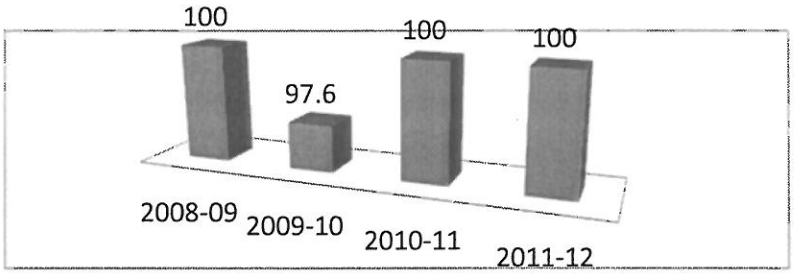

Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were: Enrolled in higher education or competitively employed within one year of leaving high school.
(Performance, Targets: 2008-2009, N/A; 2009-2010, Baseline; 2010-2011, 45.6%)

## Indicator 14C: Post-School Outcomes, Enrolled in Higher Education, other Postsecondary Education/Training or Competively Employed




Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were: Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.
(Performance, Targets: 2008-2009, N/A; 2009-2010, Baseline; 2010-2011, 63.8%)

## Indicator 15: Identification and Correction of Noncompliance




General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.
(Compliance, Target 100%)

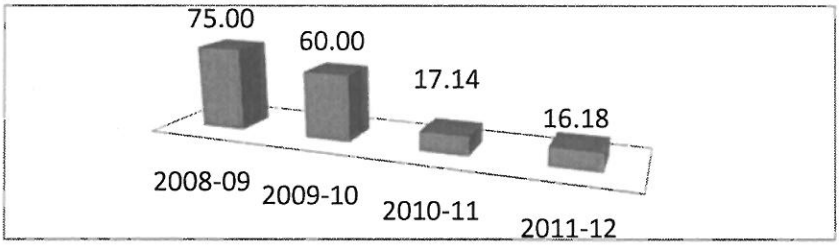
## Indicator 16: Complaint Timelines (INDICATOR NO LONGER REQUIRED FOR REPORTING IN THE APR)

Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint, or because the parent (or individual or organization) and the public agency agree to extend the time to engage in mediation or other alternative means of dispute resolution, if available in the State.
(Compliance, Target 100%)

## Indicator 17: Due Process Timelines (INDICATOR NO LONGER REQUIRED FOR REPORTING IN THE APR)

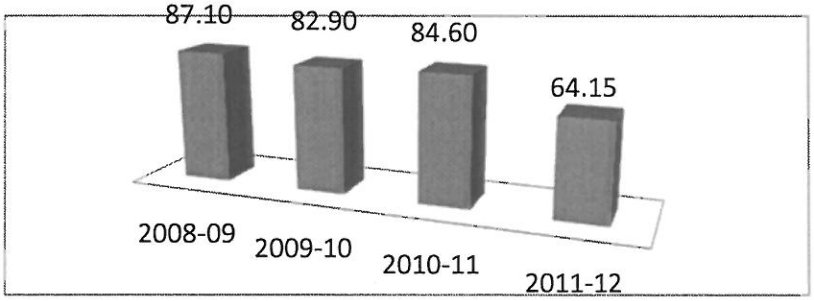
Percent of adjudicated due process hearing requests that were adjudicated within the 45-day timeline or a timeline that is properly extended by the hearing officer at the request of either party or in the case of an expedited hearing, within the required timelines.
(Compliance, Target 100%)

## Indicator 18: Hearing Requests Resolved by Resolution Sessions



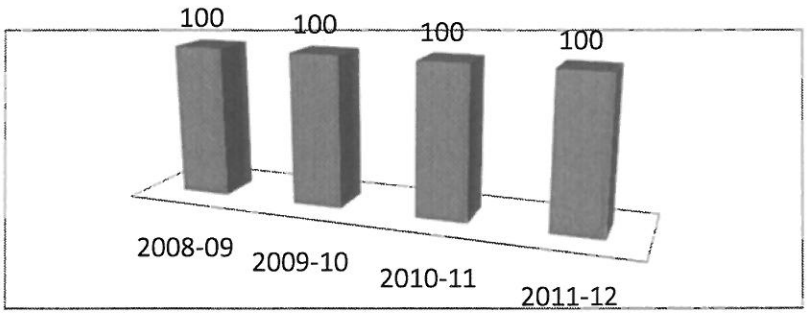

Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.
(Performance, Targets: 2008-2009, 48.5%; 2009-2010, 49%; 2010-2011, 49.5%)

## Indicator 19: Mediation Agreements




Percent of mediations held that resulted in mediation agreements.
(Performance, Targets: 2008-2009, 70%; 2009-2010, 72.5%; 2010-2011, 75%)

## Indicator 20: State Reported Data




State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.
(Compliance, Target 100%)

# FULLY BULLIED

A discussion about many aspects of school bullying including the current state of the law in Alabama regarding bullying, integration of anti-bullying tactics in an IEP, and peer support in the disability community to combat bullying

# Bullied

- The average bullying episode lasts only 37 seconds, and school personnel are reported to notice or intervene in only one in 25 incidents (in contrast to another report where teachers said they intervened 71% of the time and students reported teachers taking action only 25% of the time)
- According to a 2009 CDC Middle School Youth Risk Behavior Survey, 31% of Alabama's black students and 43% of Alabama's white students in grades 6-8 reported being bullied at school

Students with disabilities are bullied at a statistically higher rate than their peers.
Studies show that as many of 75 percent of students with disabilities experience bullying

- Section 16-28B-2
- Legislative intent.
- It is the intent of the Legislature to provide for the adoption of policies in public school systems to prevent the harassment of students. It is the further intent of the Legislature that this chapter apply only to student against student harassment, intimidation, violence, and threats of violence in the public schools of Alabama, grades prekindergarten through 12, and that the State Department of Education develop, and each local board of education adopt procedural policies to manage and possibly prevent these acts against any student by another student or students based on the characteristics of a student.
- Additionally, it is the intent of the Legislature that the filing of a complaint of harassment be in writing and submitted by the affected student, or the parent or guardian of the affected student, and not by an education employee on behalf of an affected student or his or her parent or guardian.
- *(Act 2009-571, p. 1674, §2.)*

Section 16-28B-3
**Definitions.**
The following terms have the following meanings:
(1) DEPARTMENT. The State Department of Education.
**(2) HARASSMENT. A continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, written, electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the model policy adopted by the department or by a local board. To constitute harassment, a pattern of behavior may do any of the following:**
**a. Place a student in reasonable fear of harm to his or her person or damage to his or her property.**
**b. Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.**
**c. Have the effect of substantially disrupting or interfering with the orderly operation of the school.**
**d. Have the effect of creating a hostile environment in the school, on school property, on a school bus, or at a school-sponsored function.**
**e. Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.**

(3) HOSTILE ENVIRONMENT. The perception by an affected student or victim that the conduct of another student constitutes a threat of violence or harassment and that the conduct is objectively severe or pervasive enough that a reasonable person, under the circumstances, would agree that the conduct constitutes harassment, threat of assault, or assault.
(4) LOCAL BOARD. A city or county board of education.
(5) SCHOOL. Each public school, grades prekindergarten through 12, the Alabama Institute for Deaf and Blind, the Alabama High School of Mathematics and Science, and the Alabama School of Fine Arts.
(6) SCHOOL SYSTEM. The schools under the jurisdiction of a local board.
*(Act 2009-571, p. 1674, §3.)*

**Section 16-28B-4**

**Prohibited behavior; complaints; school plans or programs.**

(a) No student shall engage in or be subjected to harassment, intimidation, violence, or threats of violence on school property, on a school bus, or at any school-sponsored function by any other student in his or her school system.

(b) No person shall engage in reprisal, retaliation, or false accusation against a victim, witness, or other person who has reliable information about an act of harassment, violence, or threat of violence.

(c) Any student, or parent or guardian of the student, who is the object of harassment may file a complaint outlining the details of the harassment, on a form authorized by the local board, and submit the form to the official designated by the local board to receive complaints at the school.

(d) **Each school shall develop plans or programs, including, but not limited to, peer mediation teams, in an effort to encourage students to report and address incidents of harassment, violence, or threats of violence.**

***(Act 2009-571, p. 1674, §4.)***

**Section 16-28B-6**

**Duties of schools.**

Each school shall do all of the following:

(1) Develop and implement evidence-based practices to promote a school environment that is free of harassment, intimidation, violence, and threats of violence.

(2) Develop and implement evidence-based practices to prevent harassment, intimidation, violence, and threats of violence based, as a minimum, on the criteria established by this chapter and local board policy, and to intervene when such incidents occur.

(3) Incorporate into civility, citizenship, and character education curricula awareness of and sensitivity to the prohibitions of this chapter and local board policy against harassment, intimidation, violence, and threats of violence.

(4) Report statistics to the local board of actual violence, submitted reports of threats of violence, and harassment. The local board shall provide the statistics of the school system and each school in the school system to the department for posting on the department website. The posted statistics shall be available to the public and any state or federal agency requiring the information. The identity of each student involved shall be protected and may not be posted on the department website.

***(Act 2009-571, p. 1674, §6.)***

**Section 16-28B-8**

**Implementation of standards and policies.**

To the extent that the Legislature shall appropriate funds, or to the extent that any local board may provide funds from other sources, each school system shall implement the following standards and policies for programs in an effort to prevent student suicide:

(1) Foster individual, family, and group counseling services related to suicide prevention.

(2) Make referral, crisis intervention, and other related information available for students, parents, and school personnel.

(3) Foster training for school personnel who are responsible for counseling and supervising students.

(4) Increase student awareness of the relationship between drug and alcohol use and suicide

(5) Educate students in recognizing signs of suicidal tendencies and other facts and warning signs of suicide.

(6) Inform students of available community suicide prevention services.

(7) Promote cooperative efforts between school personnel and community suicide prevention program personnel.
(8) Foster school-based or community-based, or both, alternative programs outside of the classroom.
(9) Develop a strategy to assist survivors of attempted suicide, students, and school personnel in coping with the issues relating to attempted suicide, suicide, the death of a student, and healing.
(10) Engage in any other program or activity which the local board determines is appropriate and prudent in the efforts of the school system to prevent student suicide.
(11) Provide training for school employees and volunteers who have significant contact with students on the local board policies to prevent harassment, intimidation, violence, and threats of violence.
(12) Develop a process for discussing with students local board policies relating to the prevention of student suicide and to the prevention of harassment, intimidation, violence, and threats of violence.
***(Act 2009-571, p. 1674, §8.)***

## Sample Reporting Forms

- Bullying Reporting Form
- Buckhorn Form

## Now that we know what the law is and we are concerned about our child with a disability facing bullying what are some questions that can be asked by the IEP team when developing the IEP?

Does the child have a disability that affects social skills development or makes him vulnerable to bullying, harassment, or teasing?

Does the child feel safe at school? If not, why not?

Is the school aware that the student is a target or could become a target of bullying? Are the parents aware of any incidents of bullying against the student? Is so what are the who, what, where, when, why, and hows?

Does the student display particular verbal or nonverbal behavior that makes him/her more vulnerable to bullying?

Does the student engage in behavior that might be identified as bullying? Is there concern that any new or emerging behavior might be identified in this way?

Given the specific nature and extent of the student's disability, is the student able to conform to the school's code of conduct relative to bullying prevention and intervention?

Does the student have sufficient self-advocacy skills to obtain help/know what to do if he/she is bullied?

What particular skills does the student need to develop to guard against becoming a target or to stop aggressive behaviors directed toward him/her?

Does the student have friends at school/in the community who would report bullying or defend the student if the student is subjected to bullying?

Is the student socially isolated? Does the student spend time physically removed from his or her peers? What has been done to integrate the student into the social life of the school during the school day and during extracurricular activities?

Does the student have someone she/he trusts at school to whom she/he may report bullying?

Does the student have an aide? If so, is this aide present during high-risk time periods (e.g., recess, lunch)?

Are there times of day with less adult supervision and less structure where bullying is more likely to occur? Are there places in the building where bullying is more likely to occur?

Is there a Behavioral Intervention Plan for the student and, if so, is it being followed? Does it need to be amended to include new information regarding bullying prevention and intervention strategies?

## Let's Consider How We Can Address Bullying in the IEP!

Provide instructional personnel or supplementary aides during identified periods of the school day (lunch, recess, study hall, bus, free times) when the student may require additional support or instruction in order to avoid bullying.

Identify any and all staff within the building (guidance counselor, nurse, cafeteria workers, bus drivers) whom leadership should inform to pay particular attention to the student with regard to bullying prevention and intervention.

Provide training to staff (either the entire staff or selected staff members involved with the particular student) on strategies or approaches necessary to avoid and/or respond to bullying.

Provide ongoing consultation to the student's classroom teachers, or other direct service providers, from a professional (either in- or out-of-district) with expertise in avoiding and/or responding to bullying in the context of the student's particular needs and disabilities.

Provide specific training and consultation to staff related to the student's particular disability.

Provide a social skills group to help the student develop social competencies and gain skills necessary to identify a potential bullying situation and to respond appropriately.

Provide a communication skills/social skills group. This group might serve several purposes:
- Help the student understand who to go to with a problem related to bullying, how to say what the problem is, and when to tell someone.
- Help the student develop the ability to express what she/he wants and needs, using both verbal and non-verbal expressions, as a way to avoid becoming a target when interacting with peers and to report bullying incidents to an adult.

Provide direct one-to-one instruction by a school psychologist, speech and language pathologist, or other appropriate professional to help the student learn how to increase social skills to reduce his/her vulnerability to bullying.

To the extent that the student is receiving Applied Behavioral Analysis (ABA) services, consider having the student's target or aggressor behaviors addressed by these services.

Provide assertiveness and/or self advocacy training.

Provide supported and monitored opportunities for the student to practice developing social skills in a larger group setting within the general school population. This helps to reinforce the skills introduced and practiced in the small group setting.

Instruct the student on how to use relaxation techniques to maintain self-control. In particular, teach strategies to remain relaxed and focused on the known facts of the incident despite feeling upset about the words and actions of the aggressor.

Reinforce strategies to teach the student how to address bullying in a safe way, including walking away after they have responded to a bullying situation and accessing their "home base" or their "safe person."

Provide specialized instruction to the student that includes the following components:
- practice
- reinforcement
- extra practice
- explicit instructions
- Generalization

Develop a specific Behavioral Intervention Plan and ensure that classroom teachers are aware of specific strategies that they are to use.

Construct assignments creatively based on a student's strengths and how she/he learns best; allow him/her to use his/her strengths to aid other students, thereby forming the basis for friendship and developing self-esteem and self-confidence.

Allow extra time/consideration when completing communication-based assignments that encourage the student to express himself/herself.

Provide non-academic and extracurricular opportunities for the student to demonstrate his/her strengths, practice social skills, and develop self-esteem.

Provide direct instruction in all of the relevant policies and procedures contained in the school's bullying prevention and intervention plan.

Modify the form that is used to report bullying to address communication, cognitive, or other barriers resulting from the student's disability.

Identify specific individuals to whom the student knows she/he can immediately report incidents of bullying. Also, ensure that the student knows that every adult is an available reporter.

Identify a "home base" (a place in the school where the student feels safe) with the student's input.

Appoint a "safe person" chosen by the student and parents to perform several related functions.

Develop a "safety plan" that includes the following:

- "Checking in" with the student on a regular basis to determine if the student is feeling safe from bullying, has witnessed any episodes of bullying that are troubling him/her, or has engaged in any behaviors that might be seen as bullying.
- Ensuring that necessary adjustments to the school environment, as determined by the Team, are made. Specific places, situations, and students identified by the student as potentially high-risk or vulnerable will be shared as well. Increased supervision, accompanied by an aide or a fellow student, or other such plans will be considered.
- Communicating with all staff who have contact with the student the specifics of the IEP as they relate to bullying prevention and intervention, including the skills the student is working on, the special considerations when a bullying incident occurs, and the specific scripts the student is to use when confronted by bullying incidents.

Identify issues to be considered in the event a student with a disability is involved in a bullying incident, including:

- Concern about further exclusion from the social group.
- Changing the seat of the aggressor rather than the target.
- Concern about stigma, arising from unique needs related to their disability.
- Difficulty with self-advocacy.

Other issues reflecting the social, communication, and other needs.
Identify any necessary modifications to the code of student conduct that are appropriate based on the student's disabilities.

Provide training and/or consultation to the student's family on the following:

- The school's bullying prevention and intervention plan.
- The school's bullying prevention and intervention curriculum and strategies to support the student's mastery of the curriculum inside and outside of school.
- Strategies and approaches for helping to build the student's social skills.
- Strategies to help the student understand Internet safety and develop skills to avoid being a target of cyberbullying or an intended or unintended aggressor or participant in cyberbullying.

Use the Team meeting process as an opportunity for education about the district's bullying prevention and intervention plan, the general education curriculum the school is using to instruct all students about bullying, and the reporting mechanisms that are in place within the school.

# PEER ADVOCACY

## PEER ADVOCACY IN ACTION

Sample Program at a Middle School

- Peer Advocacy In Action

Research has demonstrated that peer engagement is a critical factor in reducing bullying in the school climate. Student engagement is also important because bullying can be covert, is not always recognized by adults, and often occurs outside the periphery of adult view with only the students themselves as witnesses.

Many students are already informally intervening in bullying situations. A peer advocate program creates a formal process that identifies, trains, and supports a designated group of students who watch out for students with disabilities.

Bystanders can have a positive, lasting impact by taking a few simple actions. A peer advocacy program provides the opportunity for students to take more formal action.

Four actions have the most potential to "make things better" for targets of bullying:

1. Spending time with students who are bullied

2. Trying to get students who are bullied away from the situation

3. Listening to students who are bullied

4. Telling the student that no one deserves to be bullied

**Team Lead**

Designate an adult, such as a guidance counselor or special education teacher, who will serve as the lead of the Peer Advocacy Program. The lead will:

1. be responsible for creating the agenda for the team meetings

2. oversee the overall success of the Peer Advocacy Program

3. consider assignment of specific responsibilities to the different members of the team (each member could have more than one role)

**School and Community**

Include other adults on the team who will help make decisions, coordinate the implement ation of the program, respond to questions, and serve as adult representatives of the Peer Advocacy Program throughout the school. This team could consist of general education teachers, special education teachers, guidance counselors, the school nurse, members of the administration, and parents.

**Students**

Choose one to three students who will serve as the student representative(s) for the Peer Advocacy Program, offering a student perspective throughout the implementation of the program. (This will happen after the team's first meeting.)

Team roles can include:
Bullying prevention leader: assists with training, serves as an adult to notify if a bullying situation occurs

Disabilities awareness leader: assists with training, offers advice

Timeline supervisor and lunch schedule organizer: helps look at the overall goals and schedule for the Peer Advocacy Program, schedules lunch meeting schedule

Outside-of-school activities coordinator: arranges large group outside-of-school activities, which could occur monthly

In-school activities coordinator: arranges large and small group activities at school

Documentation and data coordinator: administers pre- and post-evaluations; arranges for different student, teacher, and parent blogs; takes videos and photos throughout the year; and conducts short, regular surveys

Bullying will not stop unless we stand up against it. We need to make a plan and take action against bullying. WE CAN DO IT!!!

# GREAT RESOURCES

http://alex.state.al.us/stopbullying/

http://www.pacer.org/bullying/

http://www.pacerteensagainstbullying.org/#/home

http://www.ncld.org/learning-disability-resources/ebooks-guides-toolkits/parent-toolkit-bullying-what-to-do

http://www.pacer.org/bullying/resources/toolkits/pdf/PeerAdvocacyGuide.pdf

http://adap.net/bullying.html

# Abuse and Neglect

UNDERSTANDING THE RISK FOR CHILDREN WITH DISABILITIES PREPARING CHILDREN FOR THE JOURNEY TO ADULTHOOD

## Abuse Definitions

Child Maltreatment is defined using the Federal Child Abuse and Treatment Act. (42 U.S.C.A. 5106g)

- Abuse occurs in four categories

1. **Physical Abuse**- any non-accidental physical injury
2. **Neglect**-failure to provide necessary food, shelter, medical care, supervision, education, love, security, or stimulation necessary for growth and development
3. **Sexual Abuse**-exploitation of a child for the sexual gratification of another
4. **Emotional Maltreatment**-a pattern of behavior characterized by intimidating, belittling, or otherwise damaging that affects a child's healthy normal development

## Alabama Statistics 2012 Kids Count Data Center

9,827 incidents of indicated abuse or 8.7% of Alabama Children

- Child abuse or neglect may affect any child, but children with disabilities are at a greater risk of maltreatment (nearly 3 times) that of children without disabilities.

## What We Know From Existing Research

- 4% of all children have a disability
- Children with communication impairments, behavior difficulties, intellectual disabilities, and sensory disabilities experience higher rates of abuse
- These children are often abused on multiple occasions
- These children often experience serious injury or neglect
- The abuse is likely to be under-reported

## What We Know From Existing Research

- Boys are more likely to be abused than girls
- Preschool age or younger are more likely to be abused
- Children who rely on caregivers for daily needs:
  - May not know when behavior is inappropriate
  - May have been taught to obey caregivers demands
- Emotional dependence on caregivers may prevent children from trying to stop or report the abuse
- Nature of the disability may prevent a child from defending themselves, escaping from, or reporting the abuse.

## Risk Factors

SOCIETY, FAMILY, AND INSTITUTIONAL

## Society Risk Factors

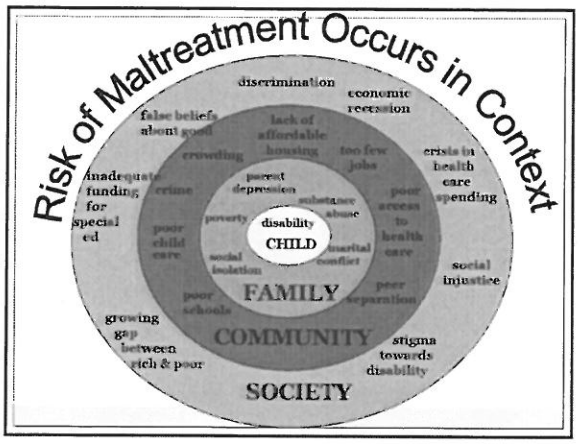
- False belief that caregivers would never harm children with disabilities
- Lack of training impacts the ability of social workers, educators, families, and professionals to identify and report the suspected abuse
- Children with disabilities:
  - Are separated from non-disabled peers in community and school environments and thereby devalued
  - Viewed as asexual and denied sexual education
  - Who internalize societal views may feel shame or less worthy of respect

## Family Risk Factors

- Families view the child as different and see the disability as an embarrassment
- Parent lacks the skills, resources, or supports to respond to the child's special needs
- Family is unaware of the increased risk for maltreatment of their child
- Difficulty forming strong bonds with children who are emotionally unattached
- Frequent hospitalizations may weaken the parent-child bond
- Cost of ongoing care or treatment places financial strain
- Job stability may be at-risk due to care of child

## Institutional Risk Factors

- Subculture of extreme power and control inequities between child and adults
- Dehumanization and detachment from other children
- Clustering vulnerable children with others who may harm them
- Isolating children from outside contact
- Lack of procedures and training for identifying, reporting, and monitoring for abuse




## Prevention Strategies

SOCIETY, INSTITUTION, FAMILY, AND CHILD

## Strategies for Prevention Society Level

- Raise awareness of the maltreatment issue
- Help others to see children with disabilities as valuable and unique members of society
- Promote inclusion of children with disabilities in everyday life
- Develop leadership skills in families of children with disabilities so they can advocate on behalf of safety for their children
- Share responsibility for the well-being of children with disabilities by disseminating information
- Encourage business and workplaces to establish family-friendly policies including specialized supports

## Strategies for Prevention Institution Level

- Carefully screen job applicants and volunteers
- Train staff and volunteers in positive behavior management techniques
- Maintain effective staff child ratios
- Provide strong supervision and support emphasizing a culture of child protection
- Establish training and procedures on identification of abuse and reporting procedures for staff and volunteers
- Ensure open inviting environments for families

## Strategies for Prevention Family Level

- Increase parent knowledge of child development
- Increase parent knowledge of disability, resources, and support services
- Strengthen parent-child interactions to increase attachments with the child
- Support home visitation programs that provide services in the home
- Coordinate and connect respite care services
- Prevent repeat maltreatment
  - Address attitudes toward physical punishment and identify alternative behavioral management strategies
  - Reduce family stressors through concrete supports (financial, childcare)
- Organize family support groups
  - Share resources
  - Problem solve issues related to their child
  - Creates informal support networks

## Strategies for Prevention Child Level

- Help children protect themselves by openly discussing what abuse is and what to do if it is occurring
- Teach children about their bodies and sexuality.
  - Use appropriate names of body parts and their function
  - Explain the difference between appropriate social or sexual behavior
- Reduce children's social isolation
- Maximize children's communication skills and tools
- Involve parents and family in the education of children
- Ensure prevention programs are appropriate to the child's ability level, culture, and gender
- Conduct frequent ongoing training and discussion to ensure retention

## Strategies for Prevention Selecting Caregivers

- Ensue that the caregiver has appropriate knowledge of the child's disability and strategies for behavioral management
- Be familiar with caregiver routines and techniques
- Maintain an open relationship with the caregiver so that issues of concerns may be addressed
- Discuss abuse awareness with caregivers and help them to locate training opportunities
- Inform the caregiver that the child has been trained in abuse prevention techniques

## Training Components

- Training for families, caregivers, educators, and children should include:
  - Disability policy, programs, and services
  - Broad definitions, prevalence, and categories of disabilities
  - Specific disability knowledge and understanding including its impact upon development
  - Supporting intervention strategies that address communication techniques, adaptive therapies, and children's sexuality and personal safety skills
  - Recognizing signs of abuse and maltreatment
  - Mandatory reporting requirements

## Resources for Help

- Your child's IEP or 504 team
- HO: What is Child Abuse and Neglect? Recognizing the Signs and Symptoms
- HO: Tools Parents Can Use: A Handbook for Parents of Teens with Disabilities
- HO: Disability Resources
- Contact APEC for training or consultation, on disability, advocacy, special education, and transitional needs in your local community or school.

## Reporting Suspected Abuse

- If you suspect that a child may be experiencing maltreatment or abuse report it!
  - Contact your local Department of Human Resources County officehttp://dhr.alabama.gov/services/Child_Protective_Services/Child_Protective_Services.aspx or
  - Local law enforcement agency

## Alabama Parent Education Center

For more information contact:

Alabama Parent Education Center
866-532-7660 or 334-567-2252
PO Box 118 Wetumpka, AL 36092
www.alabamaparentcenter.com

Child Welfare Information Gateway

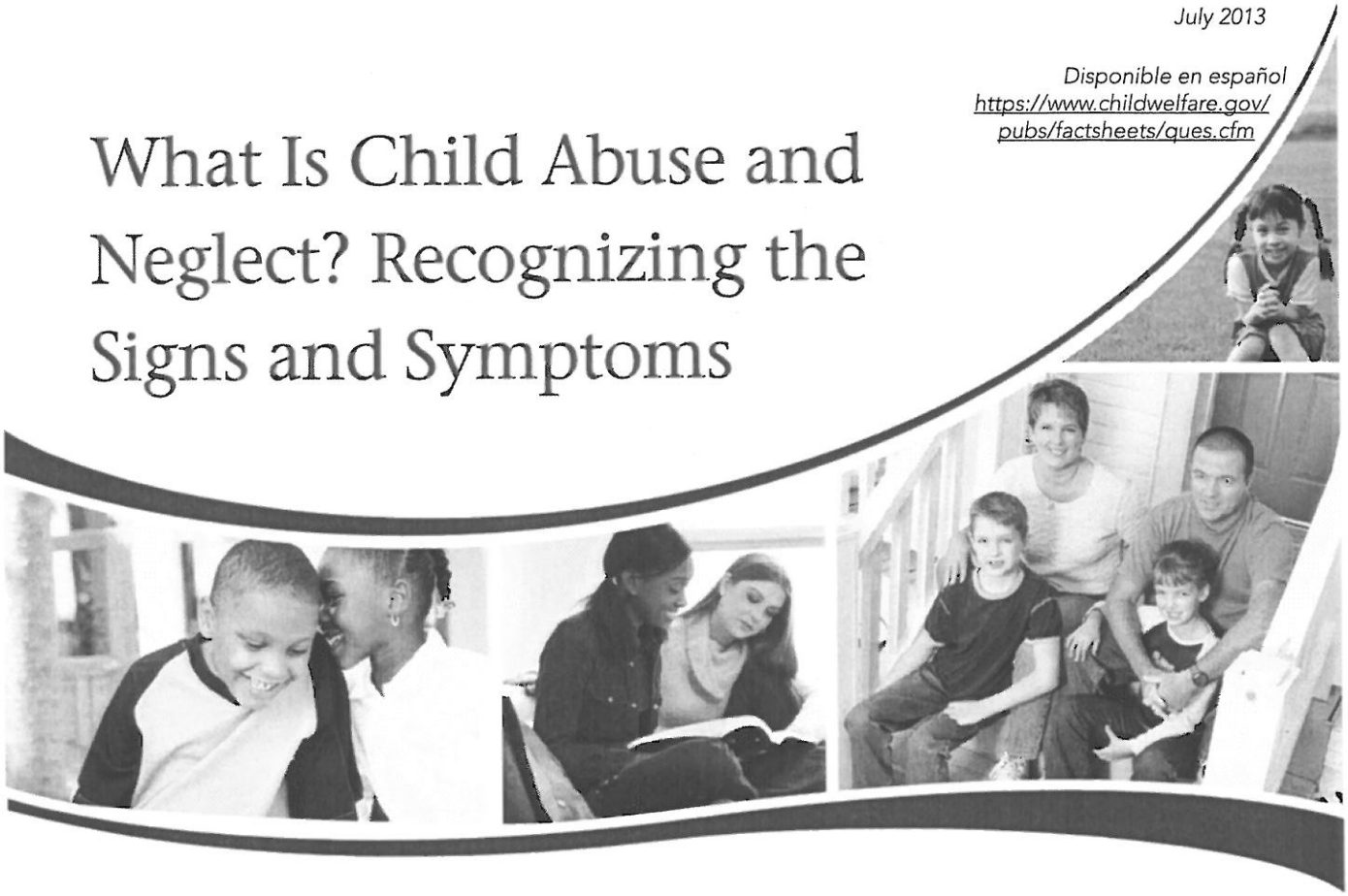
PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

FACTSHEET

July 2013

Disponible en español
https://www.childwelfare.gov/pubs/factsheets/ques.cfm

# What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms



The first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect. The presence of a single sign does not mean that child maltreatment is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination. This factsheet is intended to help you better understand the legal definition of child abuse and neglect, learn about the different types

**What's Inside:**



*Use your smartphone to access this factsheet online.*

Children's Bureau


**Child Welfare Information Gateway**
Children's Bureau/ACYF/ACF/HHS
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
800.394.3366
Email: info@childwelfare.gov
**https://www.childwelfare.gov**

of abuse and neglect, and recognize the signs and symptoms of abuse and neglect. Resources about the impact of trauma on well-being also are included in this factsheet.

## How Is Child Abuse and Neglect Defined in Federal Law?

Federal legislation lays the groundwork for State laws on child maltreatment by identifying a minimum set of acts or behaviors that define child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §5106g), as amended and reauthorized by the CAPTA Reauthorization Act of 2010, defines child abuse and neglect as, at minimum:

*"Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm."*

Most Federal and State child protection laws primarily refer to cases of harm to a child caused by parents or other caregivers; they generally do not include harm caused by other people, such as acquaintances or strangers. Some State laws also include a child's witnessing of domestic violence as a form of abuse or neglect.

### CHILD ABUSE AND NEGLECT STATISTICS

- *Child Maltreatment*
  This report summarizes annual child abuse statistics submitted by States to the National Child Abuse and Neglect Data System (NCANDS). It includes information about child maltreatment reports, victims, fatalities, perpetrators, services, and additional research: http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment
- Child Welfare Outcomes Report Data
  This website provides information on the performance of States in seven outcome categories related to the safety, permanency, and well-being of children involved in the child welfare system. Data, which are made available on the website prior to the release of the annual report, include the number of child victims of maltreatment: http://cwoutcomes.acf.hhs.gov/data/overview

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## What Are the Major Types of Child Abuse and Neglect?

Within the minimum standards set by CAPTA, each State is responsible for providing its own definitions of child abuse and neglect. Most States recognize the four major types of maltreatment: physical abuse, neglect, sexual abuse, and emotional abuse. Signs and symptoms for each type of maltreatment are listed below. Additionally, many States identify abandonment and parental substance abuse as abuse or neglect. While these types of maltreatment may be found separately, they often occur in combination. For State-specific laws pertaining to child abuse and neglect, see Child Welfare Information Gateway's State Statutes Search page: https://www.childwelfare.gov/systemwide/laws_policies/state/

Information Gateway's *Definitions of Child Abuse and Neglect* provides civil definitions that determine the grounds for intervention by State child protective agencies: https://www.childwelfare.gov/systemwide/laws_policies/statutes/define.pdf

**Physical abuse** is nonaccidental physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child, that is inflicted by a parent, caregiver, or other person who has responsibility for the child.[1] Such injury is considered abuse regardless of whether the caregiver intended to hurt the child. Physical discipline, such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no bodily injury to the child.

**Neglect** is the failure of a parent, guardian, or other caregiver to provide for a child's basic needs. Neglect may be:

- Physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision)
- Medical (e.g., failure to provide necessary medical or mental health treatment)[2]
- Educational (e.g., failure to educate a child or attend to special education needs)
- Emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs)

Sometimes cultural values, the standards of care in the community, and poverty may contribute to maltreatment, indicating

[1] Nonaccidental injury that is inflicted by someone other than a parent, guardian, relative, or other caregiver (i.e., a stranger), is considered a criminal act that is not addressed by child protective services.

[2] *Withholding of medically indicated treatment* is a specific form of medical neglect that is defined by CAPTA as "the failure to respond to the infant's life-threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) which, in the treating physician's or physicians' reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions..." CAPTA does note a few exceptions, including infants who are "chronically and irreversibly comatose"; situations when providing treatment would not save the infant's life but merely prolong dying; or when "the provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane."

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the family is in need of information or assistance. When a family fails to use information and resources, and the child's health or safety is at risk, then child welfare intervention may be required. In addition, many States provide an exception to the definition of neglect for parents who choose not to seek medical care for their children due to religious beliefs.[3]

**Sexual abuse** includes activities by a parent or caregiver such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials.

Sexual abuse is defined by CAPTA as "the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children."

**Emotional abuse** (or psychological abuse) is a pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove, and therefore, child protective services may not be able to intervene without evidence of harm or mental injury to the child. Emotional abuse is almost always present when other types of maltreatment are identified.

**Abandonment** is now defined in many States as a form of neglect. In general, a child is considered to be abandoned when the parent's identity or whereabouts are unknown, the child has been left alone in circumstances where the child suffers serious harm, or the parent has failed to maintain contact with the child or provide reasonable support for a specified period of time. Some States have enacted laws—often called safe haven laws—that provide safe places for parents to relinquish newborn infants. Child Welfare Information Gateway produced a publication as part of its State Statute series that summarizes such State laws. *Infant Safe Haven Laws* is available on the Information Gateway website: https://www.childwelfare.gov/systemwide/laws_policies/statutes/safehaven.cfm

**Substance abuse** is an element of the definition of child abuse or neglect in many States. Circumstances that are considered abuse or neglect in some States include the following:

- Prenatal exposure of a child to harm due to the mother's use of an illegal drug or other substance
- Manufacture of methamphetamine in the presence of a child
- Selling, distributing, or giving illegal drugs or alcohol to a child
- Use of a controlled substance by a caregiver that impairs the caregiver's ability to adequately care for the child

[3] The CAPTA amendments of 1996 (42 U.S.C.A. § 5106i) added new provisions specifying that nothing in the act be construed as establishing a Federal requirement that a parent or legal guardian provide any medical service or treatment that is against the religious beliefs of the parent or legal guardian.

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For more information about this issue, see Child Welfare Information Gateway's *Parental Drug Use as Child Abuse* at https://www.childwelfare.gov/systemwide/laws_policies/statutes/drugexposed.cfm

## Recognizing Signs of Abuse and Neglect

In addition to working to prevent a child from experiencing abuse or neglect, it is important to recognize high-risk situations and the signs and symptoms of maltreatment. If you do suspect a child is being harmed, reporting your suspicions may protect him or her and get help for the family. Any concerned person can report suspicions of child abuse or neglect. Reporting your concerns is not making an accusation; rather, it is a request for an investigation and assessment to determine if help is needed.

Some people (typically certain types of professionals, such as teachers or physicians) are required by State law to make a report of child maltreatment under specific circumstances—these are called mandatory reporters. Some States require all adults to report suspicions of child abuse or neglect. Child Welfare Information Gateway's publication *Mandatory Reporters of Child Abuse and Neglect* discusses the laws that designate groups of professionals as mandatory reporters: https://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm

For information about where and how to file a report, contact your local child protective services agency or police department.

Childhelp National Child Abuse Hotline (800.4.A.CHILD) and its website offer crisis intervention, information, resources, and referrals to support services and provide assistance in 170 languages: http://www.childhelp.org/pages/hotline-home

For information on what happens when suspected abuse or neglect is reported, read Information Gateway's *How the Child Welfare System Works*: https://www.childwelfare.gov/pubs/factsheets/cpswork.pdf

Some children may directly disclose that they have experienced abuse or neglect. The factsheet *How to Handle Child Abuse Disclosures*, produced by the "Childhelp Speak Up Be Safe" child abuse prevention campaign, offers tips. The factsheet defines direct and indirect disclosure, as well as tips for supporting the child: http://www.speakupbesafe.org/parents/disclosures-for-parents.pdf

The following signs may signal the presence of child abuse or neglect.

**The Child:**

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Lacks adult supervision

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- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home
- Is reluctant to be around a particular person
- Discloses maltreatment

**The Parent:**

- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of the parent's emotional needs
- Shows little concern for the child

**The Parent and Child:**

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other

The above list may not be *all* the signs of abuse or neglect. It is important to pay attention to other behaviors that may seem unusual or concerning. In addition to these signs and symptoms, Child Welfare Information Gateway provides information on the risk factors and perpetrators of child abuse and neglect fatalities: https://www.childwelfare.gov/can/risk_perpetrators.cfm

## Signs of Physical Abuse

Consider the possibility of physical abuse when the **child:**

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver
- Abuses animals or pets

Consider the possibility of physical abuse when the **parent or other adult caregiver:**

- Offers conflicting, unconvincing, or no explanation for the child's injury, or provides an explanation that is not consistent with the injury
- Describes the child as "evil" or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child
- Has a history of abusing animals or pets

## Signs of Neglect

Consider the possibility of neglect when the **child:**

- Is frequently absent from school
- Begs or steals food or money

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- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

Consider the possibility of neglect when the **parent or other adult caregiver:**

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs

### Signs of Sexual Abuse

Consider the possibility of sexual abuse when the **child:**

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver
- Attaches very quickly to strangers or new adults in their environment

Consider the possibility of sexual abuse when the **parent or other adult caregiver:**

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members

### Signs of Emotional Maltreatment

Consider the possibility of emotional maltreatment when the **child:**

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
- Is delayed in physical or emotional development
- Has attempted suicide
- Reports a lack of attachment to the parent

Consider the possibility of emotional maltreatment when the **parent or other adult caregiver:**

- Constantly blames, belittles, or berates the child
- Is unconcerned about the child and refuses to consider offers of help for the child's problems
- Overtly rejects the child

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## THE IMPACT OF CHILDHOOD TRAUMA ON WELL-BEING

Child abuse and neglect can have lifelong implications for victims, including on their well-being. While the physical wounds heal, there are several long-term consequences of experiencing the trauma of abuse or neglect. A child or youth's ability to cope and even thrive after trauma is called "resilience," and with help, many of these children can work through and overcome their past experiences.

Children who are maltreated often are at risk of experiencing cognitive delays and emotional difficulties, among other issues. Childhood trauma also negatively affects nervous system and immune system development, putting children who have been maltreated at a higher risk for health problems as adults. For more information on the lasting effects of child abuse and neglect, read Child Welfare Information Gateway's factsheet *Long-Term Consequences of Child Abuse and Neglect*: https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.cfm

The National Child Traumatic Stress Network's webpage What Is Child Traumatic Stress offers definitions, materials on understanding child traumatic stress, and several Q&A documents: http://www.nctsn.org/resources/audiences/parents-caregivers/what-is-cts

The Monique Burr Foundation for Children's brief *Speak Up Be Safe: The Impact of Child Abuse and Neglect* explains the immediate and long-term consequences of child abuse and neglect to child, family, school, and community well-being: http://www.moniqueburrfoundation.org/SUBS/Resources/Impact_of_Abuse_and_Neglect.pdf

The National Council for Adoption's article "Supporting Maltreated Children: Countering the Effects of Neglect and Abuse" explains several issues common to children that have experienced abuse or neglect and offers suggestions for parents and caregivers on talking with children and helping them overcome past traumas: https://www.adoptioncouncil.org/images/stories/documents/NCFA_ADOPTION_ADVOCATE_NO48.pdf

ZERO TO THREE produced *Building Resilience: The Power to Cope With Adversity*, which presents tips and strategies for helping families and children build resilience after trauma: http://www.zerotothree.org/maltreatment/31-1-prac-tips-beardslee.pdf

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## Resources

Child Welfare Information Gateway's web section on child abuse and neglect provides information on identifying abuse, statistics, risk and protective factors, and more:
https://www.childwelfare.gov/can/

The Information Gateway Reporting Child Abuse and Neglect webpage provides information about mandatory reporting and how to report suspected abuse:
https://www.childwelfare.gov/responding/reporting.cfm

The National Child Abuse Prevention Month web section provides tip sheets for parents and caregivers, available in English and Spanish, that focus on concrete strategies for taking care of children and strengthening families:
https://www.childwelfare.gov/preventing/preventionmonth/tipsheets.cfm

Information Gateway also has produced a number of publications about child abuse and neglect:

- *Child Maltreatment: Past, Present, and Future:*
  https://www.childwelfare.gov/pubs/issue_briefs/cm_prevention.pdf
- *Long-Term Consequences of Child Abuse and Neglect:*
  https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.pdf
- *Preventing Child Abuse and Neglect:*
  https://www.childwelfare.gov/pubs/factsheets/preventingcan.pdf
- *Understanding the Effects of Maltreatment on Brain Development:*
  https://www.childwelfare.gov/pubs/issue_briefs/brain_development/brain_development.pdf

**The Centers for Disease Control and Prevention (CDC)** produced *Understanding Child Maltreatment*, which defines the many types of maltreatment and the CDC's approach to prevention, in addition to providing additional resources:
http://www.cdc.gov/violenceprevention/pdf/cm_factsheet2012-a.pdf

**Prevent Child Abuse America** is a national organization dedicated to providing information on child maltreatment and its prevention:
http://www.preventchildabuse.org/index.shtml

**The National Child Traumatic Stress Network** strives to raise the standard of care and improve access to services for traumatized children, their families, and communities:
http://www.nctsn.org/

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**Stand for Children** advocates for improvements to, and funding for, programs that give every child a fair chance in life: http://stand.org/

A list of organizations focused on child maltreatment prevention is available in Information Gateway's National Child Abuse Prevention Partner Organizations page: https://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=21&rate_chno=19-00044

## Acknowledgment:

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## Suggested Citation:

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The Journey to Adulthood: What Parents Need to Know
(Sexuality)

# Tools Parents Can Use:

## A Handbook for Parents of Teens with Disabilities

*Here are 10 tools and strategies you can use to help your child with disabilities safely navigate puberty and adolescence.*

*Sexuality • Self-care • Social Skills*

FAST is a project of **PACER Center | 8161 Normandale Blvd. | Minneapolis, MN 55437**
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**fastfamilysupport.org**

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CHAMPIONS FOR CHILDREN WITH DISABILITIES™

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# Introduction

## Start the Conversation

If you find it uncomfortable to talk with your youth about sexuality and puberty, you're not alone. Most parents do. Those conversations are critical to your child's health and safety, however. They help your child with a disability develop self-care skills, cultivate social skills, gain an understanding of appropriate behaviors, increase personal safety, and be on the road to becoming a more independent adult.

This handbook offers 10 practical tools and strategies you can use to help your youth through puberty and adolescence. The first three focus on developing self-care skills; the rest give you a variety of ways you can build your child's social skills. Each section includes an area where you can make notes about how you might implement the ideas.

Before you start using the tools and strategies, you may find it helpful to explore the concepts of public and private with your child. Having an understanding of those boundaries will help your child develop appropriate self-care and social skills. Here are some ideas to start that important conversation:

1. Discuss parts of the body. You could:
   a. Draw picture of a body, including private areas covered by a swimming suit or bra and underwear
   b. Use paper dolls
   c. Use photographs of people from magazines
   d. Ask your Individualized Education Program (IEP) team to help you choose graphics or illustrations
2. Discuss activities and behaviors
   a. Ask your youth if the following activities are public or private—and why. If the activity is private, ask where it is appropriate to do it.
      i. Taking a shower or bath
      ii. Changing clothes
      iii. Brushing teeth
      iv. Using the bathroom
      v. Eating
      vi. Self-stimulation
3. Discuss places
   a. Talk about which rooms in the house are for public activities (living room, kitchen) and which are for private activities (bathroom, bedroom)
   b. Discuss places in the community and what public and private activities occur there. Either use pictures from magazines or go to the locations with your child and discuss the subject.
      i. Store
      ii. School
      iii. Place of worship
      iv. Public transportation
      v. Park
4. Talk about appropriate hugging and touching*
   a. Discuss whether it's appropriate for your child to hug (and be hugged by) the following:
      i. Family members
      ii. Personal care attendants
      iii. Teachers, classroom assistants
      iv. Health care practitioners
      v. People from your faith community
      vi. People on the bus
      vii. The mail carrier

*See page 7 for additional information about boundaries and touch.

**Notes:**

# Tools to Build Self-care Skills

Depending on your child's disability, learning and performing self-care tasks may be a challenge. Here are three tools you can use to increase your child's ability in this area.

## 1. Use Parallel Talk for Teaching Self-care Tasks

Your child may be better able to perform self-care tasks if he or she understands why they are important. Parallel talk—discussing what your child is doing while he or she is doing it—teaches the skill and gives the task some real-life context.

**Parallel Talk Example: Using Deodorant**

Armpit odor usually begins when you become a teenager and gets a little stronger when you become an adult. People use deodorants or antiperspirants to be sure they don't smell bad. People usually put deodorant on in the morning after they have taken a shower. You apply the deodorant to your armpits because that is one of the places where you sweat the most, and sweat can lead to odor. Remember that anything that causes you to sweat more, like gym class or working outside on a hot day, can produce more body odor. In those cases, more washing and deodorant might be needed.

**Notes:**

## 2. Break Self-care Tasks into Smaller Steps

If tooth brushing, taking a shower, or performing other self-care tasks seem too complicated for your youth, try breaking the activity into smaller steps, in the order they should happen. The method is called "task analysis." (You may need to do the task yourself in order to identify each step of a process that is automatic to you.) Have your child repeat the steps until he or she learns the task.

**Task Analysis Example: Brushing Teeth**

1. Select toothbrush
2. Turn water on
3. Get toothbrush wet
4. Turn water off
5. Put toothpaste on toothbrush
6. Brush teeth
7. Spit out toothpaste into sink
8. Turn water on
9. Rinse toothbrush
10. Turn water off
11. Put away toothpaste and toothbrush
12. Done!

**Notes:**

## 3. Use Story Boards for Teaching Self-care Tasks

Like task analysis (see Tool 1), story boards teach self-care activities by breaking them into smaller, more manageable steps. Instead of words, however, story boards use pictures, such as drawings, illustrations, or even symbols that can be used with a communication device. You also can illustrate story boards with photos you take in your own home. Story boards can be large or small. They can be posted where the child needs reminders for how to do a task or can be carried in a purse or pack. In addition to illustrating a specific self-care task, a story board can also illustrate a series of tasks, such as those associated with getting ready in the morning or getting ready for bed.

**Story Board Example: Brushing Teeth**


**Notes:**

# Tools to Build Social Skills

Many children and youth with disabilities need help to gain social skills and understand social situations. By using the following seven tools, you can help your child increase these skills and find fuller inclusion in many activities.

## 4. Use Social Skills Stories to Build Ability

Social skills stories help children understand events and expectations. The stories clearly identify the topic and who is involved; indicate where and when a situation occurs; describe what is happening; explain how it happens and why; and clarify the rationale behind what people think, say, or do in a given situation. They also celebrate what a child does well. Repeated readings of social skills stories will reinforce the lessons and help your child put them into practice.

You can write your own social stories or purchase books that contain them. Your child's teacher should also be able to help you develop appropriate social skills stories and reinforce them in school. You can find examples of social skills stories online at thegraycenter.org and http://region2library.org/SocialStories.htm.

## Social Skills Story Examples

### Example 1: It's Okay to Look at Girls

"There are lots of girls at school. Sometimes I see girls in my classroom. Sometimes I see girls in the hallways. Sometimes I see girls at pep rallies. Sometimes I see girls at recess. It's okay to look at girls. When I look at a girl for a long time, she may get mad or sad. When I look at a girl, I will count slowly to two and then I will try to look at something else. I should try to look at something else until I slowly count to ten. After I slowly count to ten, I can look at the girl again if I want to."

Social skills stories can be followed up with questions to make sure your child understands the key points. For example, you could ask:

1. Is it okay to look at girls?
2. How long should you look at a girl?
3. When you look away, what should you count to?

*(Source: medicine.uiowa.edu/autismservices/Social_Story/social_stories.htm)*

### Example 2: Body Space

"Sometimes I stand too close to people. I am almost touching them. This bothers people. I can stand near people. I leave a little space between us. I will try not to stand too close to people."

You can use pictures to illustrate the concepts of "too close" and "a little space."

*(Source: kansasasd.com/KSASD/Social_Narratives_Page_1.html)*

**Notes:**

## 5. Define Boundaries with a Five-point Scale

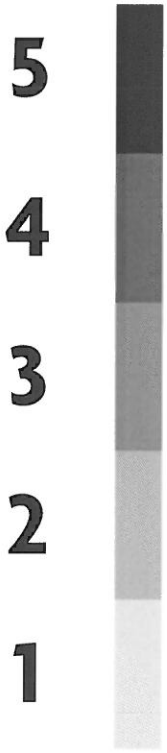
Most behaviors exist on a continuum—from "mild" to "extreme," for example, or "acceptable" to "unacceptable." By using a five-point scale, you can help your child understand degrees of behavior, social boundaries, and unintended consequences of going too far.

The scale is easily adapted to any issue. It could, for example, help your youth rate his or her anger levels or behavior such as appropriate and inappropriate touching. Your child's teacher should be able to help you develop a suitable five-point scale that can be used at home and school.

**Five-point Scale Example:**

A student who always uses a loud voice could be taught that his loudest voice is a "5," being quiet is a "1" and that using a "2 or 3" level voice is most appropriate.

*For more information, you can visit 5pointscale.com, a Web site by the people who developed the concept. Their two books—"The Incredible 5-Point Scale" and "A 5 is Against the Law"—explain the concepts more fully. The latter focuses on challenging behaviors that could result in going to jail (such as hitting someone or touching a person's private parts).*




**Notes:**

## 6. Teach Social Boundaries with a Circle Chart

Learning about personal space and appropriate intimacy is an essential social skill for all people. For children with disabilities, a tool called a Boundaries Circle Chart* can make those abstract concepts more concrete. The chart (see below) is a series of concentric circles that help youth understand how to safely and appropriately interact with different categories of people, such as family members, caregivers, acquaintances, and strangers.

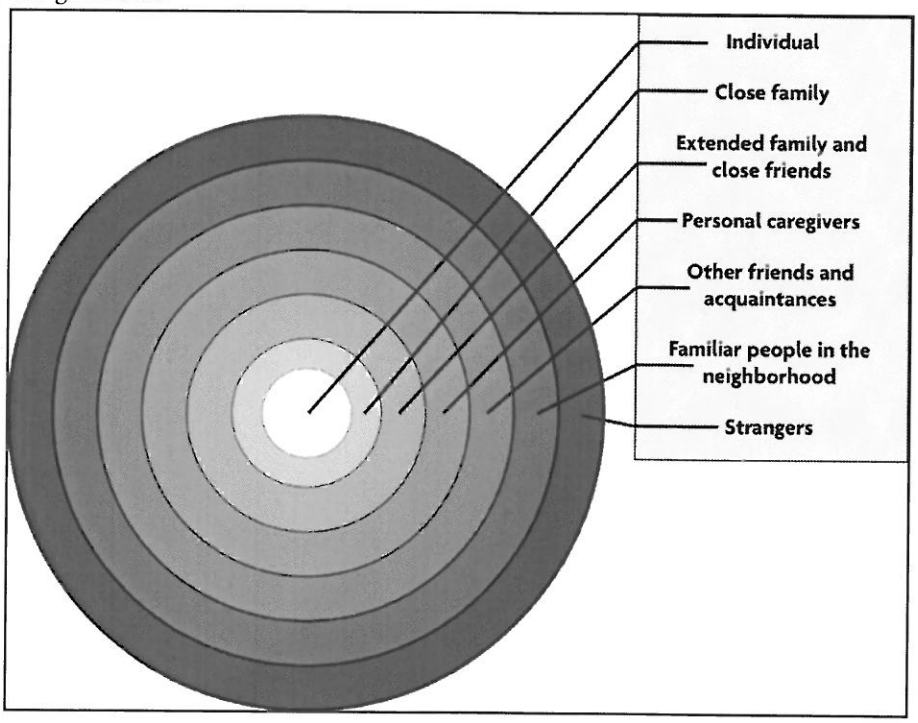
The small circle in the center of the chart represents your child, alone and in privacy. The next ring represents immediate family members and others with whom your child shares a close, loving relationship. Successive rings represent people who have increasingly less personal relationships with your child.

As you identify the people in each circle, discuss what actions and greetings would be appropriate. Who is it okay to hug or touch? Who can hug or touch your child? This is a good time to review appropriate touch and public and private parts of the body. Such boundaries are defined by your family and cultural values.

If your child or youth receives assistance with personal cares, you may want to make one ring just for paid caregivers such as personal care assistants (PCAs) or home-care nurses. Be sure to talk about what tasks are appropriate for those people to do and what your child should do if he or she has concerns.

**Boundaries Circle Chart Example:**

*The Boundaries Circle Chart is based on concepts and teaching materials in "Circles I: Intimacy & Relationships Revised Edition" (1993), a sexual health education program by Leslie Walker-Hirsch and Marklyn P. Champagne. Now out of print, it may be available at your local library, Arc, Down Syndrome Society, Autism Society, center for independent living, or adult service agency.*




**Notes:**

## 7. Practice Role Playing

Role playing gives youth an opportunity to practice what they would say and do in various situations. Generally done with another person, it helps the child to think about, anticipate, and develop an alternate plan for when something unexpected occurs.

You can use role playing to suggest more appropriate alternate behaviors for use in problematic situations. If you are concerned about your son's behavior when he doesn't get picked for a team in gym class, for example, suggest role playing to help your teen know what to do if such a situation arises.

Role playing can be a very spontaneous way of making the most of all kinds of teachable moments as they arise. You can create as many scenarios as you find helpful.

### Role-playing Examples:

- Your daughter starts her period and the blood soaks through her clothes at school. What should she do? *(Tie a sweater or jacket around your waist and go to the school nurse's office; tell the nurse you need a change of clothes and ask the nurse to call Mom or Dad. Another idea is to be prepared ahead of time. You could keep a sanitary pad and an extra pair of jeans and underwear in your locker so you have supplies on hand if you need them.)*
- Your son has an erection when he is at a school dance. He is standing alone along the side of the wall. What should he do? *(Find a nearby chair and sit down for a few minutes.)*
- Your daughter has a close friend whose mother has a new boyfriend. The new boyfriend is often at the house of your daughter's friend. Your daughter likes him because he is funny and jokes around with her. One day, he wants to play a touching game. He asks your daughter to touch a part of his body normally covered by underwear or a swimsuit. When your daughter says she does not want to play the game, he offers to give her some money if she will play. What should she do? *(Remember NO-GO-TELL: Tell him "no." Leave the friend's house and go home. Tell Mom, Dad, or a trusted adult.)*
- Your son likes to play computer games. An online friend he plays games with but knows only through e-mail asks to meet him at a nearby mall. What should he do? *(Never agree to get together with someone you haven't met before.)*

**Notes:**

## 8. Create Opportunities to Practice Skills

Whether someone is learning to dance, play music, or develop a social skill, practice is the key to improvement. By creating real-life opportunities for your youth to interact with peers and community members, you open the door to social success. The more opportunities your child has to practice social skills, the more polished they will become.

### Skills Practice Example:

Instruct your son or daughter about how they should greet someone or start a social conversation. Examples of how to start a social conversation could be to ask about family pets, favorite books, movies, or television shows; telling a joke; or asking what someone did last weekend. Include your child in social events where he or she can meet someone new and practice those skills.

**Notes:**

## 9. Explore Social Skills Training

Social skills training offers children a structured opportunity to learn and practice new skills, such as healthy dating relationships or personal safety. An instructor introduces a new skill and its context for use, then models it for the student. The child then models it back; practices it at home, at school, and in the community; and receives feedback from the teacher or facilitator on how it went. Social skills training may be offered at school, a local center for independent living, a disability organization, or a self-advocacy group.

**Social Skills Training Example:**

Your child could participate in a bullying prevention social skills class at your local center for independent living. The instructor might talk about what behaviors could make a person vulnerable to being bullied, ways to avoid bullying situations, and how to respond effectively to bullying. Your youth would have opportunities to practice and strengthen those skills.

**Notes:**

## 10. Try Out Social Skills Groups

Social skills groups provide an opportunity for children to explore and use social skills with their peers. The group may be facilitated by a professional or it may simply be like-minded people who gather for social purposes. Encourage your son or daughter to join extracurricular or friendship groups at school, attend parks and recreation programs, or explore local education programs.

**Social Skills Group Example:**

Sign your youth up for a facilitated social group at a local center for independent living or disability organization. Young people at these groups may talk about specific issues such as dating or just chat about shared interests. Some community centers also offer informal but supervised pizza or movie nights that provide opportunities to practice social skills.

**Notes:**

## Conclusion

Puberty and adolescence can be a difficult time for all youth—and especially for those with disabilities. By using the 10 tools and strategies in this handbook to address issues of sexuality, social skills, and self-care, you are taking an important step toward helping your child become a safe, healthy adult.

# Disability Resources For Assistance and Information

## Connect with Alabama Parent Education Center

Visit: 10520 US Highway 231, Wetumpka, AL 36092

Mail: PO Box 118, Wetumpka, AL 36092

Website: www.alabamaparentcenter.com

Visit our Training Calendar: http://alabamaparentcenter.com/events/calendar.php

Like and Share our Facebook: https://www.facebook.com/AlabamaParentEducationCenter

Sign up for our online newsletter:
http://visitor.r20.constantcontact.com/d.jsp?llr=z44qmveab&p=oi&m=1104524378105

Talk with our staff: 334-567-2252 or 866-532-7660

# Disability Resources For Assistance and Information

## Disability Terms Glossary

**Access:** Provision of a barrier-free environment, accommodations, or changes in policies, procedures, or the built environment to ensure that all individuals can benefit from, and participate in, all activities and events of a program.

**Accommodations:** Any device, technology, service, or change in programs, policies, or the built environment that are provided to an individual with a disability to support them in their service or participation.

**Alternate Formats:** Different ways of providing information other than standard print documents. Some examples of alternate formats are: text files on a computer disk, large print, books on tape, Braille.

**Americans with Disabilities Act 1990 (ADA):** Provides civil rights protection to people with disabilities and guarantees those covered by the law equal opportunity in employment, state and local government services, transportation, places of public accommodation, and telecommunications services.

**Americans with Disabilities Act Architectural Access Guidelines (ADAAG):**
Technical requirements under the ADA for accessibility to buildings and facilities by individuals with disabilities under the Americans with Disabilities Act.

**Architectural Access:** Refers to the "built" or physical environment and the ability of persons with a range of disabilities to get to, from, and around that built environment.

**Assistive Listening Device:** A device that makes sound clearer and louder, and in many cases, blocks out environmental sound and interference. Most often persons with hearing loss will use assistive listening devices.

**Assistive Technology Device:** Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capacities of individuals with disabilities (as defined in the Technology Related Assistance for Individuals with Disabilities Act of 1988).

**Assistive Technology Service:** Any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. Service includes evaluation of need; selection; purchase; coordination of related services; training and technical assistance.

**Attitudinal Barriers:** Attitudes, fears, and assumptions that prevent people with and without disabilities from meaningfully interacting with one another.

**Augmentative Communication:** Alternative means of communication used by an individual with a disability who has a severe speech or cognitive impairment. An augmentative communication device may have a keyboard that the individual types on a computerized-voice output that relays the message. It might also be a sheet of paper with photos or pictures that a person would point to.

**Barrier-Free Design:** An approach to design that creates buildings, transportation systems, and outdoor environments that people with disabilities can access and use independently and safely (see Universal Design).

**Communication Access:** Ability of a program to ensure that persons with hearing loss or who are non-verbal can effectively communicate. This can include the provision of interpreters or assistive listening devices, but it can also mean speaking clearly, facing an individual, and writing notes.

# Disability Resources For Assistance and Information

**Communication Barriers:** Lack of communication access for persons with hearing loss, including poorly lit rooms, background noise, lack of interpreters, or captioning.

**Community-Based Living:** Refers to individuals with disabilities living in the community with or without supports from individuals and community-based organizations.

**Consumer:** A term sometimes used for people with disabilities instead of "patient" or "client" to communicate their active and equal role in accessing services.

**Developmentally Disabled:** Defined in law as a person with a "severe and chronic disability" that is attributed to a mental or physical impairment or combination; is manifested before age 22; and results in substantial functional limitation in at least three major life activities. The term is also used to refer to people who are diagnosed with mental retardation.

**Disability, Person with a:** Defined in the Rehabilitation Act of 1973 as "a person who has a physical or mental impairment that substantially limits one or more major life activities of such individual; has a record of such an impairment; or is regarded as having such an impairment."

**Disability Rights Movement:** The collective efforts of advocates to secure equal rights, equal opportunities, and a barrier-free environment for people with disabilities.

**Functional Limitations:** Limitations to life activities that result from a disability.

**Inaccessible:** Any program, activity, or event that is not open to or excludes individuals with disabilities by reason of an inaccessible physical space or the lack of accommodations.

**Inclusion:** Active engagement of people with disabilities in all levels of society. The mere presence of people with disabilities does not necessarily constitute inclusion. A program is inclusive when people with disabilities are valued contributing members with a sense of belonging.

**Inclusive Service Environment:** A service program, site, or activity that actively engages individuals with disabilities as valued and equal members of a team and is open and accessible to individuals with disabilities.

**Independent Living Centers (ILCs):** National network of community based organizations with a mission to "advance the independent living philosophy and advocate for the human rights of and services for, people with disabilities to further their full integration and participation in society."

**Independent Living Movement:** Advocacy movement that views the person with a disability as an active "consumer" of services and advocates for personal independence, barrier removal, equal rights and opportunities, and consumer choice and control.

**Interpreter:** A certified or trained individual who facilitates communication between individuals who use sign language and individuals who do not. There are also "oral" interpreters who repeat what is being said so that individuals who rely on speech reading can communicate.

# Disability Resources For Assistance and Information

**Life Activity:** Functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

**Medicaid:** Jointly funded, Federal-State health insurance program for qualified individuals. It covers approximately 36 million individuals including children, seniors, and persons with disabilities, and people who are eligible to receive federally assisted income maintenance payments.

**Medicare:** Health insurance that covers seniors and some people with disabilities based on their work experience or the work experience of a spouse or parent.

**National Disability Organizations:** National organizations that support, advocate for, assist, and/or serve individuals with disabilities.

**Paratransit:** Publicly funded transportation for persons who are unable to use mass transportation.

**People First Language:** Language that puts the person first when speaking of someone with a disability to remind us that they are people first. For example: "person with a disability" instead of "disabled person";"people with disabilities" instead of "the disabled";"she is a wheelchair user" instead of "she is wheelchair bound" or "she is in a wheelchair."

**Physical Barriers:** Physical obstacles that hinder people with physical disabilities from gaining access.

**Physical or Mental Impairment:** Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**Programmatic Access:** Policies that allow for, facilitate, and embrace full participation of people with disabilities in service.

**Qualified Individual with a Disability:** A legal term defined under Section 504 of the Rehabilitation Act of 1973 as "an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the position that such individual holds or desires."

**Real Time Captioning:** Process where a captioner types, on a device and in shorthand, words that are spoken and then the words are displayed on a computer monitor, television screen, video or overhead projector, or other type of audiovisual device for individuals who are Deaf or hard of hearing.

**Relay Service:** A communications service found in all states that provides Communication Assistants who act as intermediaries on the telephone between hearing individuals and individuals who are Deaf, hard of hearing, deaf-blind, and/or have speech disabilities.

**Section 504 of the Rehabilitation Act, 1973:** The federal statute that ensures the rights and participation of individuals with disabilities in federally funded programs.

**Section 508 of the Rehabilitation Act:** Section 508 requires that electronic and information technology of federal agencies is accessible to people with disabilities. For more information, go to www.section508.gov.

# Disability Resources For Assistance and Information

**Self-Advocacy:** Refers to a national movement of people with disabilities speaking and advocating for themselves. There are self-advocacy organizations throughout the United States.

**Self-Disclose:** Action by an individual with a disability to identify their disability to another individual or individuals.

**SSDI (Social Security Disability Income):** Benefit available to individuals who have a work history (or are the child or widow of insured), and due to disability, are no longer able to work.

**SSI: The Supplementary Security Income:** A nationwide, federal-assistance program administered by the Social Security Administration that guarantees a minimum level of income for adults and children with a disability who have an insufficient work history.

**Substantially Limits:** The inability to perform a major life activity that the average person in the general population can perform; or significant restriction as to the condition, manner, or duration under which an individual can perform a particular major life activity as compared to the average person in the general population.

**Temporary/Transient Barriers:** Barriers in the "built" or physical environment created by objects such as furniture, parked cars, planters, and other barriers that can easily be removed.

**Three Part Definition of a Person with a Disability:** 1) a physical or mental impairment that substantially limits one or more major life activities; or 2) a record of such impairment; or 3) a perception of such an impairment, even when the impairment does not exist.

**Transportation Barriers:** Absence of accessible, reliable, and affordable transportation.

**TTY/TDD:** Telecommunications device for individuals who are Deaf or hard of hearing or have speech impairments.

**Universal Design:** Extends the idea of barrier-free design to cover the needs of all members of society, including children and seniors.

**Voice Recognition:** Assistive technology software that allows people to write and command equipment using their voice rather than their hands. This technology has been used to accommodate people with a variety of disabilities.

**Work Incentives Program:** Options for people who are receiving disability benefits and want to enter the work or service force while minimizing adverse effects on their SSA benefits. For more information contact the Social Security Administration (website:www.ssa.gov).

# Disability Resources For Assistance and Information

## *National Disability Organizations*

**The Arc (formerly the Association for Retarded Citizens of the U.S.)**
1010 Wayne Avenue, Suite 650
Silver Spring, MD 20910
301-565-3842
E-mail: Info@thearc.org
website:www.thearc.org

**Brain Injury Association**
(formerly the National Head Injury Foundation)
105 North Alfred Street
Alexandria,VA 22314
800-444-6443, 703-236-6000
Publications available in Spanish
E-mail: FamilyHelpline@biausa.org
website:www.biausa.org

**Easter Seals-National Office**
Chicago, IL 60606
800- 221-6827; 312-726-6200 (voice)
(312) 726-4258 (TTY)
E-Mail: info@easter-seals.org
website:www.easter-seals.org

**Epilepsy Foundation**
4351 Garden City Drive, 5th Floor
Landover, MD 20785-4941
800-332-1000, 301-459-3700
Publications available in Spanish
Spanish speaker on staff
E-mail: postmaster@efa.org
website:www.efa.org

**Independent Living Research Utilization Project**
The Institute for Rehabilitation and Research
2323 South Sheppard, Suite 1000
Houston,TX 77019
713-520-0232 (voice), 713-520-5136 (TTY)
E-mail: ilru@ilru.org
website:www.ilru.org

**Muscular Dystrophy Association (MDA)**
3300 East Sunrise Drive
Tucson, AZ 85718
800-572-1717, 520-529-2000
Publications available in Spanish. Spanish speaker on staff
E-mail: mda@mdausa.org
website:www.mdausa.org

**National Alliance for the Mentally Ill (NAMI)**
Colonial Place Three, 2107 Wilson Blvd, Suite 300
Arlington,VA 22201-3042
800-950-6264, 703-524-7600 (voice)
703-516-7991 (TTY)
Publications available in Spanish. Spanish speaker on staff
E-mail: helpline@nami.org
website:www.nami.org

**National Association of the Deaf**
814 Thayer Avenue, Suite 250
Silver Spring, MD 20910
301- 587-1788 (voice), 301-587-1789 (TTY)
E-mail: nadinfo@nad.org
website:www.nad.org

**National Association of Protection and Advocacy**
Systems (NAPAS)
900 Second Street N.E., Suite 211
Washington, DC 20002
202-408-9514 (voice), 202-408-9521 (TTY)
E-mail: napas@earthlink.net
website:www.protectionandadvocacy.com/

**National Council on Independent Living**
1916 Wilson Boulevard, Suite 209
Arlington,VA 22201
703-525-3406 (voice), 703- 525-4153 (TTY)
E-mail: ncil@ncil.org
website:www.ncil.org

# Disability Resources For Assistance and Information

**National Federation for the Blind**
1800 Johnson Street
Baltimore, MD 21230
410-659-9314
E-mail: nfb@nfb.org
website:www.nfb.org

**National Mental Health Association**
1021 Prince Street
Alexandria,VA 22314-2971
800- 969-6642, 703-684-7722 (voice)
800-433-5959 (TTY)
Publications available in Spanish
E-mail: nmhainfo@aol.com
website:www.nmha.org

**National Multiple Sclerosis Society**
733 Third Avenue
New York, NY 10017
800-344-4867, 212-986-3240
E-mail: info@nmss.org
website:www.nmss.org

**National Parent Network on Disabilities**
1130 17th Street N.W, Suite 400
Washington, DC 20036
202-463-2299 (V/TTY)
E-Mail: npnd@cs.com
website:www.npnd.org

**National Spinal Cord Injury Association**
8300 Colesville Road, Suite 551
Silver Spring, MD 20910
800-962-9629, 301-588-6959
E-mail: nscia2@aol.com
website:www.spinalcord.org

**Registry of Interpreters for the Deaf**
8630 Fenton Street, Suite 324
Silver Spring, MD 20910
301- 608-0050 (voice/TTY)
E-mail: info@rid.org
website:www.rid.org

**Self Help for Hard of Hearing People, Inc.**
7910 Woodmont Ave, Suite 1200
Bethesda,Maryland, 20814
301-657-2248 (voice)
301-657-2249 (TTY)
301-913-9413 (fax)
Email:national@shhh.org
website:www.shhh.org

**Spina Bifida Association of America**
4590 MacArthur Boulevard, N.W., Suite 250
Washington,D.C.20007-4226
800- 621-3141, 202-944-3285
Publications available in Spanish
E-mail: sbaa@sbaa.org
website:www.sbaa.org

**UCP**
1660 L Street, N.W., Suite 700
Washington, DC 20036
202-776-0406, 800- 872-5827 (voice)
(202) 973-7197 (TTY)
Publications available in Spanish
E-Mail: ucpnatl@ucp.org
website:www.ucp.org

# Disability Resources For Assistance and Information

## *Using People First Language*

Language often shapes our perception. People first language helps to remind us and others that people with disabilities are people first, and more than their disability.

**General Guidelines for Talking about Disability**

1. Do not refer to a person's disability unless it is relevant to the conversation.
2. Use disability rather than handicap to refer to a person's disability.
3. When referring to people with disability, use "People First Language".
4. Avoid referring to people with Disabilities as "the disabled, the blind, the epileptics, the retarded, etc . Descriptive terms should be used as adjectives not nouns.
5. Avoid negative or sensational descriptions of a person's disability. Don't say "suffers from, a victim of, or afflicted with". These portrayals elicit unwanted sympathy or pity toward people with disabilities.
6. Don't use "normal" or "able-bodies" to describe people who do not have disabilities. It is better to say people without disabilities if necessary to make comparisons.

| Instead of Saying | Use | Because |
|---|---|---|
| **The Handicapped** | Persons with Disabilities | Handicapped is derived from "cap in hand' and implies that someone is dependent on society |
| **The Disabled** | Persons with Disabilities | One is a person before one is disabled |
| **Wheelchair Bound, Confined to a Wheelchair** | Uses Wheelchair or Wheelchair User | A wheelchair is not confining-rather it allows movement from one place to another |
| **Birth Defect** | Has a Disability | Persons with disabilities are not defective |
| **Crippled** | Has a Disability | Crippled come from Old English "to creep" and is also used as an adjective meaning inferior |
| **Mongloid** | Persons with Down Syndrome | Mongloid is a racist term |
| **Mental, Crazy, Psycho, Insane, Nut Case** | Person with Mental Illness | These are offensive and negative Stereotypes |
| **Normal, Healthy, Whole** | Non-Disabled | People with disabilities may also be normal, healthy, and whole |
| **Deaf and Dumb, Deaf-Mute** | Person who is Deaf or a Person who Does not Speak | Simply because someone is deaf does not mean they cannot speak, and they are not dumb |

# Disability Resources For Assistance and Information

## *Other Parenting Resources*

**Yellow Dot Program**: This program provides information to first responders at auto accidents or vehicle emergencies regarding the driver and passengers and their medical needs. http://www.adeca.alabama.gov/Divisions/lets/TrafficSafety/Pages/YellowDot.aspx

**Kid One Transportation:** An Alabama nonprofit that provides medical transportation services door to door to children and expectant mothers. 1-800-543-7143 www.kidone.org

**Child Welfare Information Gateway**: Includes parenting tips, resources, and assistance locating information and services in your local community on child abuse and neglect supports and services. www.childwelfare.gov/PREVENTING/promoting/parenting 1-800-394-3366

**Stop Bullying National Website**: Includes information for parents, educators, community, teens, and kids on bullying and how to prevent it. www.stopbullying.gov

**Stop Bullying in Alabama**: Includes information on anti-bullying information specific to Alabama for students, parents, teachers, and school administrators to fight bullying. http://alex.state.al.us/stopbullying/

**Alabama Parent Education Center**: This program provides families with information and support regarding their child with disabilities and their education. www.alabamaparentcenter.com 334-547-2252

**Alabama Disability Advocacy Program**: Provides legal based advocacy services to Alabamians with disabilities to protect, promote, and expand their rights. www.adap.net

Individuals with Disabilities Education Act (IDEA) – http://idea.ed.gov

Part C of IDEA ( Early Intervention) - http://idea.ed.gov/part-c/search/new

Section 504 Americans with Disabilities Act (ADA) - http://www2.ed.gov/about/offices/list/ocr/504faq.html

Individualized Family Service Plan (IFSP) - www.ectacenter.org/topics/ifsp/ifspprocess.asp

Individual Education Plan (IEP) - www.parentcenterhub.org/repository/iep-overview

Autism - www.parentcenterhub.org/repository/autism

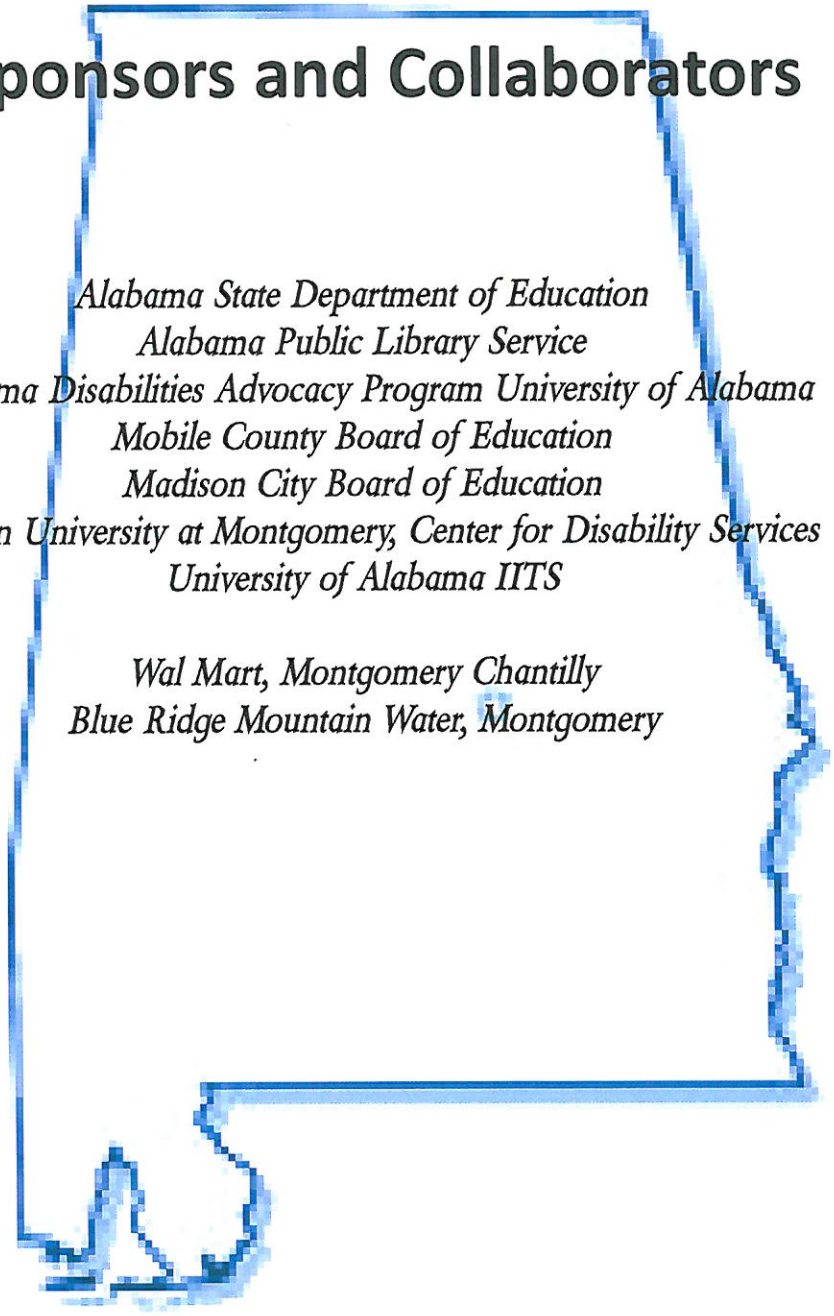
Early Childhood Technical Assistance Center (ECTAC) - www.ectacenter.org

Alabama State Department of Education Special Education Services -

https://web.alsde.edu/home/Sections/SectionInfo.aspx?SectionID=65

Raising the Standards

# Special Thanks to All Conference Sponsors and Collaborators



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