Federal officials to visit PACER for free, public meeting Oct. 25

High-level special education officials will speak on newly released regulations for the Individuals with Disabilities Education Act (IDEA 2004) at a free and public meeting at PACER Center. It is Wednesday, Oct. 25.

The event begins at 5:30 p.m., with an informal reception. A presentation about the regulations, featuring John Hager, assistant secretary of the U.S. Department of Education Office of Special Education and Rehabilitative Services (OSERS) and Alexa Posny, director of the Office of Special Education Programs (OSEP), follows at 6:30 p.m.

The meeting is one of eight planned across the United States to inform the public about major concepts and principal changes in the IDEA regulations and how to obtain OSERS resources to help implement the regulations.

Parents, professionals, and other interested community members from Minnesota, as well as other areas of the United States, are welcome to attend the PACER event. In addition to an opportunity to learn about the regulations and ask questions, members of the audience will receive a copy of the regulations on a CD ROM, as well as a copy of the Toolkit on Teaching and Assessing Students with Disabilities, also on CD ROM. Related materials will be available in print.

Persons wishing to attend the reception and meeting are asked to preregister by calling PACER at (952) 838-9000 (metro area) or (800) 537-2237 (free from Greater Minnesota).
Elections 2006: Young adults

By Marcia Kelly

For years, your child with a disability has been affected by the government’s funding and policy decisions concerning special education, transition programs, and more. This fall, if your child is 18 or older, he or she may have the opportunity to influence those decisions by voting in the general election. With more than 200 seats to fill in state and national offices, this election offers all citizens the chances to have an important impact on issues that matter most to them.

As a group, people with disabilities have the same right to vote as other Americans, yet they are 20 percent less likely to go to the polls than other adults, according to Mai Thor, voting outreach advocate with the Minnesota Disability Law Center (MDLC). Part of that reason may be that parents are unaware that their young adult is eligible to participate in elections.

Like all other Americans, your young adult with disabilities may vote if he or she:

- is a U.S. citizen
- is 18 or older
- has lived in the state at least 20 days before the election
- is not under guardianship that denies the right to vote
- is not legally incompetent
- is not a convicted felon deprived of his or her civil rights.

“Standards aren’t different for

PACER Web site introduces online training

Two online trainings for parents are now available at PACER’s Web site (www.pacer.org/parent/parent.htm). They are “A Parent’s Guide to Local Special Education Advisory Councils in Minnesota” and “Online Training for Surrogate Parents.”

Each training offers three versions: color and graphics, text only, and printable.

“With more and more people using the Internet and increased demands on individuals’ schedules, it seemed logical to offer information that parents can access at their convenience,” said Carolyn Anderson, PACER advocate who wrote the curricula.

The online trainings are based on PACER workshops.

United Way Can Fund PACER

The United Way accommodates employees wanting to support PACER through workplace campaigns, although PACER is not a United Way agency. PACER is a tax-exempt 501(c)(3) nonprofit organization, and it benefits from the Greater Twin Cities United Way, Tri-State United Way, and others. Please consider naming “PACER Center, Inc.” on your campaign pledge card.

Name of Agency PACER Center, Inc.
Address 8161 Normandale Blvd.
City Minneapolis, MN 55437

For information, call the PACER development office at (952) 838-9000. Thank you for helping families of children with all disabilities!
with disabilities can exercise voting rights

people with disabilities than for any other voter,” Thor explains. “It’s important for people nearing 18 and others who have not voted before to think about registering and not let their disability stop them from voting.”

People who want to register in advance can find voter registration forms at county courthouses, city halls, many public buildings, in telephone books, in state tax booklets, or by downloading a copy at the secretary of state’s Web site at www.sos.state.mn.us. People may also register at the polls on election day if they have appropriate proof of residence or bring a voter in their precinct who can vouch for them.

If you have questions about your young adult’s voting rights and options, you can contact your county election office or one of these resources:

- Bob Brick, PACER’s public policy director, (952) 838-9000, or
- Minnesota Secretary of State at (651) 215-1440 or Web address www.sos.state.mn.us.

**Coming to the polls near you!**

This fall, all Minnesota polling places will debut AutoMARK™ voter assist terminals. These machines allow people with disabilities who have not been able to vote privately and independently in the past to do so for the first time.

“AutoMARK is a ballot marker,” Mia Thor of the Minnesota Disability Law Center explains. “You put a ballot inside, and the machine brings it up on a screen like an ATM. You can touch the screen or use a key pad with Braille. AutoMARK also has audio ability. The machine will mark your ballot for you and print it out. Then you just give it to the ballot counter like everyone else does,” says Thor. “Anyone can use either AutoMARK or the regular ballot method,” she notes. “AutoMARK simply adds another option for voters.”

Accessibility at the polls is accommodated in other ways, too. Voters may:
- ask to have a ballot brought out to them in their vehicle
- request voting assistance either from someone they bring with them or from the election judges
- obtain an absentee ballot in advance from the Minnesota secretary of state.

**ALLIANCE National Conference**

Jan. 24-26, 2007

Hyatt Regency on Capitol Hill.

Washington, D.C.

The 10th Annual National Conference of the Technical Assistance ALLIANCE for Parent Centers promises to be the exciting, innovative, informative event that parent centers across the nation have come to expect. Don’t miss it!

For information, call
(888) 248-0822 toll free
or visit

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(A reception on the Hill is privately funded)
Waivered services: If your child is eligible, they may be

By Amy Dawson

Do you long to make your house more accessible for your daughter with a disability—or purchase a computer keyboard she can use? Do you wish you could afford more speech therapy for your son? Waivered services may help some families obtain supports and services such as these.

“Waivered services” or “waiver” mean exceptions to what a program usually provides. In this case, the program is Medicaid, the federally sponsored public health insurance program for people with low incomes or disabilities. Administered by states, in Minnesota, it is called “Medical Assistance” or “MA.” In Minnesota, waivered services are often used to provide services in the person’s home or a small community setting rather than an institution, larger group home, or hospital setting (which is what Medicaid normally pays for).

Applying for waivered services is no guarantee that your child with disabilities will receive them—but to quote the old proverb, “Nothing ventured, nothing gained.”

There are eligibility requirements for waivers that take several steps. First, your child must be on or eligible for Medical Assistance. If your family income exceeds the Medical Assistance limit, your child may need to qualify for Medical Assistance through a program called TEFRA (Tax Equity and Fiscal Responsibility Act of 1982). Information on applying for Medical Assistance and TEFRA is available from your county social or human services agency or the Minnesota Department of Human Services (DHS). Visit the DHS Web site by linking from www.pacer.org. You may also call the Health Information and Advocacy Center at PACER and ask for assistance.

Once your child’s Medical Assistance is in place, you can apply for waivered services. To do so, your child must have a case manager from your local county social services department or human services department. The case manager will arrange a waiver eligibility screening for your child, oversee the process of enrolling in and using a waiver, and help you understand what services are available under the waiver.

Obtaining a waiver will enhance your child’s general coverage under Medical Assistance. Waivers provide services in addition to regular Medical Assistance. Currently, four different waivers are available to Minnesota children with disabilities or special health needs:

1.) Mental Retardation or Related Conditions Waiver (MR/RC), often called the developmental disabilities (DD) waiver.
2.) Community Alternatives for Disabled Individuals Waiver (CADI)
3.) Community Alternative Care Waiver (CAC)
4.) Traumatic Brain Injury Waiver (TBI).

Each waiver has its own eligibility criteria and menu of services. For example, to receive the TBI waiver, a child must have a “documented diagnosis of traumatic or acquired brain injury

PACER Center helps families of children with disabilities

Having a child with a disability may bring challenges. That’s why there’s PACER. A national nonprofit parent center, PACER Center has served families of children with disabilities and special health needs for nearly 30 years. PACER provides expertise and resources to help families make decisions about education, vocational training, employment, and other services for children and youth with all disabilities.

How can PACER help me?

If you have a question or need help for your child with a disability, contact PACER. Most PACER staff are parents or family members of children with disabilities. They understand.

PACER has 30 projects. Some are national or international in scope; many are specific to Minnesota. All focus on ways to help children with disabilities succeed at home, at school, and in the community. If you live in Minnesota, you can call PACER’s parent advocates for one-on-one assistance.

How do I contact PACER?

By telephone, e-mail, or fax. If you call during office hours, a staff member will take information about your situation and link you to the appropriate PACER project. If you are not directly connected, someone from the project will call back, usually within 48 hours. PACER numbers are (952) 838-9000 (local); (800) 537-2237 (Minn. toll-free); (888) 248-0822 (national toll-free); (952) 838-0199 (fax).

Send e-mail to pacer@pacer.org. The postal address is 8161 Normandale Blvd., Minneapolis, MN 55437.

What are PACER hours?

PACER’s switchboard is open from 8 a.m. to 5 p.m. Monday–Friday. There is voice mail at other times. PACER observes federal holidays.

PACER’s Web site is www.pacer.org
National Bullying Prevention Awareness Week is Oct. 22-28, 2006. It is sponsored by the PACER Center National Center for Bullying Prevention. Cosponsors are National PTA, National Education Association, and National Coalition for Parent Involvement in Education.

Teachers, parents, and children are encouraged to use PACER’s national bullying prevention activities and materials to help end bullying. To participate in the national Bullying Prevention Awareness Week, call Julie Hertzog at (952) 838-9000 or visit www.PACERKidsAgainstBullying.org.

“Childhood bullying is a significant problem nationwide,” said Paula F. Goldberg, executive director of PACER, a national parent center located in Minnesota. “It can cause school absenteeism, mental and physical stress, poor school performance, poor self-esteem, and, in some cases, school violence. Statistics show that 160,000 children in the United States miss school each day as a result of being bullied. That’s not acceptable.

“Teachers and parents can play a critical role in creating a climate where bullying is not tolerated. When adults and children stand together, bullying ends,” Goldberg said.

The research-based bullying prevention Web site features lesson plans and materials for teachers and resources for parents, as well as videos, Webisode cartoons, peer artwork, contests, and interactive activities to teach second through sixth graders about bullying and how to prevent it. Geared for all children, the site includes children with disabilities, who can be particularly vulnerable to bullying.

A grant from Robins, Kaplan, Miller and Ciresi LLP Foundation for Education, Public Health and Social Justice, a supporting organization of the Minneapolis Foundation, is instrumental in funding the Web site. Additional support comes from Target Corporation; Kansas City Chiefs’ Tony Gonzalez; Hollywood producer Chris Moore (Good Will Hunting); Minnesota Twins, UPN29 | WFTC, and others.
Telling the teacher: What I want my child to be included in the regular classroom for part of their day. Yet many general classroom teachers say that sometimes they feel unprepared and uncertain about how to work with students who have special needs. Many add that they’re welcome ideas. “We parents do understand that teachers are incredibly busy with large numbers of students, lack of resources, and other challenges,” said Beth Davis, the New Brighton mother of two teenagers with disabilities.

“I’ve always encouraged both of my children’s teachers—yes, even all the ones in high school—to contact me if I can help them understand anything at all about either one of my children,” she continued. Like Davis, many parents of children with disabilities are willing to help teachers and others at school to work with their child. Some families, however, don’t offer help or suggestions because 1) they believe that the teacher must know best, or 2) they don’t want to appear critical of the teacher.

Past issues of PACESETTER have printed articles on what teachers suggest to parents as they send their children with disabilities to school. Parents now offer their suggestions for classroom teachers. In the spirit of parent-school partnerships, you may wish to share the following ideas at your child’s school.

My child is a person
- Greeting my child by name when he comes to class can make a huge difference in his day. Developing a relationship with him establishes his existence. You set the stage for how others at school treat him.
- Like any child, mine is unique. She has passions, dislikes, things she is good at, things she is not. Your efforts to learn about her interests and strengths validate her.
- My son’s identity is more than a diagnosis or a label on an Individualized Education Program (IEP). The disability is only part of who he is. Please look beyond it to see more of him.
- Understanding the disability may affect how you perceive my daughter. I’m happy to give or help you find information.
- Please be discreet. What you say about my son—good or bad, in the teachers’ lounge or elsewhere—affects his reputation, as well as your own.

We can talk
- I gladly will share ideas and thoughts, as well as concerns, about my child. If you contact me, I can probably offer insight to her behavior and share strategies that work at home.
- My son may look like a typical 12-year-old, but his disability is real. Our family worked with professionals through a long and sometimes painful process to reach a diagnosis for him. If you acknowledge that my son has a disability, we can communicate openly about how to address it.
- The only way my daughter can succeed at school is through our partnership. I know that you are a professional, but I am an expert when it comes to my child, and I will be part of her life forever.

My child can learn
- You can relax. I don’t expect miracles, but I hope you will have high expectations for my son. I assume he can do a certain task until he proves otherwise. If we work together, our expectations for him likely will be realistic.
- Arranging groups and teams to include everyone will help my daughter feel that she belongs to the class and the school community. She learns from peers.
- My child’s experiences in your classroom are the foundation of his future success at school or in employment. Encouragement is crucial for him to keep trying.
- My son may not be able to express himself in customary ways, but he benefits from being in your class. He gains

By Patricia Bill

Many classroom teachers welcome and appreciate information from parents that will help children with disabilities succeed in school.
knowledge, even if he is slow at a task, scores low on tests, or does not respond at all. His IEP, which you have received, tells what accommodations he needs to progress.

■ My child probably can develop her abilities—if we encourage her. It may be easy to coddle her, but together we need to help her “fly” on her own.

■ Try using code words or discreet signals to guide my daughter. Calling out her name in class for what her disability will not allow her to do (“Mary, sit down,” “Mary, be quiet,” or “Mary, hurry up”) brings negative attention and affects her self esteem.

My child has gifts

■ Children with all types of disabilities can offer much to others. If you look for it, my son can contribute something valuable to the classroom that no one else can.

■ Above all, I hope you can find something to genuinely like about my child. I know you will.

Learn more about early intervention services

By Marcia Kelly

If you have a child younger than age 3 with disabilities, you probably already know something about early childhood intervention services. They are designed to meet the developmental needs of eligible children. In addition, they also help strengthen families’ confidence and ability to support their child’s development. Services may be provided by a speech therapist, occupational therapist, physical therapist, teacher, or other professional.

The services can be very helpful, but many parents have questions about them. Often, families wonder what services are available, where they can be received, and if they are receiving enough of them.

John Hoffman, PACER’s early childhood coordinator, and Judy Swett, early childhood advocate, often hear such concerns from parents. Here are their answers to some common questions about early childhood intervention services.

Just what are “services”?  

Services are any actions that help you and your child make progress on outcomes identified by your child’s Individual Family Service Plan (IFSP) team. The outcome might include skills such as walking, talking, or behavior. The services could include help from a social worker, sessions with a physical therapist or occupational therapist, service coordination, and much more.

Service can be delivered many places—at your home, your child’s day care, or a community setting, for example. They are tailored to the needs of your family and child.

How do I best work with my service provider to help my child make progress?

You might ask your service provider if there are specific things you can do everyday between visits to help your child. If you have identified a need around eating, for instance, ask the occupational therapist for ideas. Is there an adaptive plate, or a special spoon, or a good way to introduce new foods? Have her show you, then use those tools and techniques throughout the week. Every time you bathe, diaper, dress, feed, and play with your child, you have the opportunity to build up the skills your child learns when the service is provided.

How will I know if my child is making progress?

Progress is measured against the outcomes you established in your child’s IFSP. An outcome is written for a year, and it includes certain objectives, or steps along the way, that will help you know if your child is making progress.

For example, maybe you have indicated a need for your child to learn to walk. Objectives might include a series of progressive steps, such as learning to crawl, pull up on the edge of the couch, and walk while holding someone’s hand. The services you receive from a physical therapist can help your child master those steps.

Progress is objective and measurable. After three months of services, look at the results. Can your child now crawl or pull up on the edge of the couch? If the answer is yes, you know that progress is being made toward the outcome. If the answer is no, check back with your IFSP team.

Why does my friend’s child in a different school district receive more services than mine, even though they have the same disability?

Decisions about services are made by a child’s IFSP team. Although two children might have the same disability, their outcomes, and family situations might be different. Those distinctions could account for the differences in service. Each IFSP must be written to reflect the unique and individualized needs, priorities, and concerns of the child and family. Therefore, no two plans will be the same.
Intern, technology, link PACER to parents in India

By Patricia Bill

Four years ago, Viveca Braganza focused on honing her skills for teaching children with disabilities. Little did she realize that she would become part of a cutting-edge international collaboration to teach their parents, as well.

Braganza came to the University of Minnesota from Mumbai (Bombay), India, to earn her doctorate in educational psychology-special education. Classes and an internship at PACER Center introduced her to parent advocacy.

“When I first came to the U, they were talking about laws in my classes. My thought was ‘just teach me how to teach.’ It took me a year to understand the importance of laws and how laws can help families and children with disabilities,” she said.

Braganza’s experiences at PACER in the summers of 2005 and 2006 reinforced her awareness of the connection among laws, parent advocacy, and teaching students with disabilities.

“I saw advocacy in action at PACER,” she said. “I value PACER’s philosophy of parents of children with disabilities as advocates. The positive attitude toward families who come here and how [PACER staff] help parents learn skills to work with the school is something I want to take back to India.”

But, that’s a bit down the road. Braganza has a more current goal: building a PACER Web site (developed with the Indian government’s National Trust) to help families in India and other nations become informed, effective advocates for their children with disabilities. PACER plans to launch it this fall.

While the first phase of the site involves India and the United States, a number of other countries will be participating in the near future.

The site is part of a four-prong PACER effort to help children with disabilities across the globe. Other projects include a ground-breaking international assistive technology conference in December and a state-of-the-art assistive technology center like PACER’s Simon Technology Center, both in Bangalore, India, and international parent exchanges.

Content for the new international Web site includes information about
■ disabilities
■ family involvement and advocacy
■ laws affecting children with disabilities
■ assistive technology services and resources for families
■ how parents in other nations can help their children with disabilities

The site has adapted PACER materials, including information on how parents can approach the school, how they can talk to doctors, and what is new in assistive technology.

Braganza said parents in India need the information. There are nongovernment organizations (NGOs) working in various parts of India that provide information and support to parents, but she said she is not aware of any center like PACER that is working for education rights of individuals with disabilities.

Much is in place to help parents advocate for their children with disabilities. India has laws, government ministries, and existing resources that can affect children with disabilities. However, parents often are uninformed about them, Braganza said.

“Many families of children with disabilities do not know about [the laws], so they don’t use them,” said Braganza. “Many parents do not have the notion that the laws provide rights for their children and that parents should exercise their right to an appropriate education for their child,” she said.

As a result, parents do not know where and how to obtain educational services for their children, said Braganza. Some parents who can afford it take on the responsibility of educating their child through private tutoring after school. Thus, schools are not held accountable for student achievement, she said.

She is hoping that her contribution to the Web site and her future work in India will help change that, said Braganza. She is interested in starting parent centers in India, she added.

Meanwhile, she appreciates the opportunity to work with PACER, Braganza said.

“PACER is a really good resource for parents,” she said.

She looks forward to sharing what she has learned at PACER, “so parents in India can see how advocacy can bring positive outcomes for their children.”

PACER Benefit
May 5, 2007
Autism is defined by federal regulations as a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects a child’s educational performance. PACESETTER looks at one of the most unsettling disorders of recent years.

Autism Spectrum Disorders are increasing

Data from several studies that used the current criteria for diagnosing autism and autism spectrum disorders (ASD), such as Asperger’s disorder and pervasive developmental disabilities (PDD-NOS), found prevalence rates for ASDs between 2 and 6 per 1,000 individuals. Therefore, it can be summarized that between 1 in 500 (2/1,000) to 1 in 166 children (6/1,000) have an ASD. Department of Health and Human Services, Center for Disease Control and Prevention

An estimated 1.5 million Americans are living with some form of autism.—The U. S. Government Accountability Office quoting the Autism Society of America

More than 100,000 American schoolchildren diagnosed with autism are served under the Individuals with Disabilities Education Act (IDEA). Autism is the fastest growing developmental disability. The number of children ages 6-21 diagnosed with autism increased by more than 500 percent in the last decade.—The U.S. Government Accountability Office, quoting the U.S. Department of Education

“The implications are enormous for schools and social services....Schools have a mandate to provide services, but they don’t have the resources to handle the increased prevalence.”—Jim Gurney, epidemiologist, University of Michigan

What are some traits of autism spectrum disorders?

Autism is a complex developmental disability that is present from birth or very early in development, according to the Centers for Disease Control and Prevention. It is a spectrum disorder in that there is a range of severity.

PACE advocates advise: “It is very important to obtain a diagnosis from a professional who understands autism. Your child will need to have a comprehensive evaluation to arrive at an accurate diagnosis—the foundation for addressing your child’s needs.”

Parents concerned about their child having autism can call PACER for a list of options for evaluation.

Remembering that each child is an individual with his or her own personality and characteristics, there are some common behaviors of children who have autism spectrum disorders. Some behaviors that could indicate autism follow.

Most children on the autism spectrum exhibit some of the traits but not all.

- Exhibits poor speech or language skills and does not respond to verbal cues, unrelated to hearing impairment or deafness. Some children use repetitive words or phrases or peculiar language.
- Tunes out others, such as avoiding eye contact, smiling, or having verbal exchanges. Some children may seem aloof.
- Has an inappropriate attachment to or obsession with objects. One child insisted on carrying a specific bathing suit at all times.
- Has sensory issues. Feeling the seams of stockings or tags on clothing bothers some children. One boy wore sweatpants until seventh grade; he could not tolerate the feel of jeans.
- Has repetitive actions. Some children rock back and forth, others spin. Still others may have sustained rituals such as picking up and putting down an object repeatedly.
- Is inflexible or resistant to change. One mother said her son howled upon entering a fast food restaurant. Eventually he settled down. Upon leaving, he screamed again.
- Is frustrated at articulating wants or needs, accompanied by tantrums.
- Understands things literally. If you would say, “It’s raining cats and dogs,” she would think that animals are falling from the sky.
- Has characteristic physical movements, often in walk. Some children walk on their toes, others may have a unique gait.

Bonnie Jean Smith, a PACER advocate who has two children on the autism spectrum, points out that her children are still unique individuals. The interventions I use with them are as different as night and day,” she said.

(For related articles see pages 10-11)
Parents share tips on rearing a child

By Patricia Bill

1. Obtain help for your child as early as you can.
Most experts agree that children who have autism spectrum disorders (ASD) usually progress best when they receive help at a young age. Although many children are not diagnosed with autism before age 3, researchers are seeking ways to accurately screen children much younger. Experts say that help for children who have autism disorders is most effective before the age of five.

Many parents say the first place to seek help is with your child’s pediatrician. He or she may refer your child to a specialist. Health care systems and school districts, may be other sources for help. Parents may hear conflicting theories on how to address autism, and they will need to determine what method(s) they believe will best suit their child.

Children with Asperger Syndrome generally are not identified until they have difficulties in school. Again, intervention as quickly as possible appears helpful.

2. Understand that behavior related to the disorders do not reflect your parenting.
That your child has a disorder is beyond your control, pointed out Rich Hopper, whose 25-year-old daughter, Megan, has autism. The experience of Rich and his wife, Gwen, in rearing Megan’s siblings helped ease doubts about their parenting skills, he said.

Other parents agree and add that parenting skills developed for children without the disorders likely will not work for children on the autism spectrum. Parents may need to use different techniques.

3. Learn about the disability.
Most medical professionals say that the cause of and cure for autism-related disorders are unknown, so many families concentrate on the behaviors. There are common characteristics among children with autistic disorders and good information to address them.

Through PACER’s Web site at www.pacer.org, there are links to 11 organizations and resources, including a new National Education Association handbook on autism.

The federal government is emphasizing autism research through U.S. Department of Education initiatives and new laws. The National Center for Special Education Research (NCSER), as part of the Institute of Education Sciences (IES), is supporting research on autism.

4. Understand your child’s perception.
Many parents of children with autism are exceptionally attentive and knowledgeable. They have learned to anticipate and address situations that cause difficulties for their child.

“Look at organization around your house,” suggested Pat Anderson, PACER advocate. Her 19-year-old son, Zac, has Asperger Syndrome. “Will too much stimulation at the dinner table—a lot of dishes, candles, food textures, smells, etc.—cause problems? Will having your child test the water with you...”

What’s in a name? ‘Autism’ evokes a gamut of responses

“Autism.” What is it? That depends on whom you ask. Even medical, mental health, governmental, and education professionals differ on definitions—and other aspects of the disorder.

Some people use “autism” loosely as a term to describe a number of disorders and a broad range of social and communication impairments. The Individuals with Disabilities Education Act (IDEA), which provides a free, appropriate public education to children with disabilities, refers to “autism” as a category of disability.

Government agencies or programs often refer to “autism spectrum disorders” or “ASD.” Still, there are some differences about categories among agencies or projects.

Then there’s “PDD.” It stands for “Pervasive Developmental Disorders.” Some professionals use it as a general description, instead of diagnosing a child with a specific disorder. Others say that avoiding a specific diagnosis prevents children from receiving the medical and educational help they need. Children need a specific diagnosis to receive services such as Medical Assistance, Supplemental Security Income (SSI), and others.

The Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV) published by the American Psychiatric Association, uses PDD as an umbrella term. The DSM is the main diagnostic reference used by American mental health professionals.

“In the end,” recommends the Autism Society of America, “parents should be more concerned that their child find[s] the appropriate educational treatment based on their needs, rather than spending too much effort to find the perfect diagnostic label.”

Nevertheless, many parents feel the need for language to name the disorder that affects their child. The list of below follows the DSM format. The descriptions are composites from several sources.

Pervasive Developmental Disorders (PDD)
PDD is an umbrella term. It heads the diagnostic categories of Autistic Disorder, Aspersers’ Disorder, Childhood Disintegrative Disorder, Rett’s Disorder, and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS).

Autistic Disorder or Autism. Features often include noticeably abnormal or delayed development of social interaction and communication, a limited range of interests and activities, repetitive mannerisms, inflexibility. The behaviors usually occur before a child is 3 years old.

Asperger’s Disorder. Some symptoms are similar, although milder, to those of autism. There usually is no delay of language or cognitive development. Children may begin school before social skills, language, and obsessive behaviors indicate difficulties. Some professionals and parents use the term Asperger Syndrome.

Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS). There is usually severe, pervasive impairment in social interaction and communication skills. Stereotyped behavior may exist, but criteria for a specific PDD or mental health disorder are not met. The category includes “atypical autism,” in which the age of onset and atypical symptoms do not fit the autism criteria.

Although the DSM also lists Childhood Disintegrative Disorder (CDD) and Rett’s Disorder as PDDs, they occur rarely. Both severely affect an individual’s functions.
who is on the autism spectrum

at bath time help with sensory issues?”

5. Join or start a support group.
   Meeting with others parents of children with autism and related disorders offers an opportunity to voice concerns and doubts and share triumphs in a “safe” place. The understanding and affirmation of other parents can boost confidence. Their stories and experiences may offer insight and solutions. Parents of children with disabilities usually are happy to share information and resources.

6. Encourage, facilitate your child’s relationship with others.
   Opportunities to be with others are important to the development of any child. A parent may need to facilitate social interaction for a child with an autistic disorder. A professional may also need to train the child in social skills.
   Advised one PACER advocate, “It may be helpful for you or someone else to explain your child’s disability to classmates and others in the community. If they understand the disability, they may become allies in helping your child.”

7. Try not to project too far ahead too early.
   The limits of a child with autism or a related disorder cannot be precisely predicted. It is best to take one day at a time, said Gwen.
   As the child grows older, however, parents will need to plan for further education, employment, and living arrangements.

8. Children who have autism may be successful.
   Many children with the disorders are intelligent and talented. Megan Hopper, for example, graduated from Brown College in the Twin Cities with a degree in graphic design. Zac Anderson is completing high school, taking some college courses, and had a paying summer job.
   Autism experts can suggest ways to reduce behavior problems and teach appropriate behavior. Some recommend medication.
   “Don’t rule it out,” said Pat. “We wouldn’t have survived without meds. They made such a difference for Zac.”

9. Seek help for yourself if you need it.
   “Don’t be afraid to go to a support group,” said Pat. “Hobbies or other activities may relieve stress, too. You need to take care of yourself. Not only that, but you need to take care of yourselves as a couple. A big issue that Dave [her husband] and I had in our marriage was that we never had time together.

   We couldn’t keep babysitters, so we didn’t have any time for us.”
   Pat suggested that if parents can be involved with other families of children with disabilities, perhaps they can exchange child care—even for an hour or two a week.

10. Go with the flow.
   Understanding what affects your child and how to address it helps life flow more smoothly, advised one parent.

   Understand there will be times when things are very good and other times when things are not so good, added Gwen. And, that’s how it is in any family.

Examples of living with autism

Glenn
   Glenn (not his real name) was diagnosed with an autism spectrum disorder in first grade. One of his challenges is that he is anxious about making mistakes or displeasing someone. The situation often is compounded, because Glenn thinks concretely.
   For example, Glenn’s class grew navy beans in the classroom. After they had sprouted, Glenn’s teacher said, “Tomorrow, we will plant our beans outside.”
   However, the next day was filled with electrical storms. Glenn refused to remove his raincoat or put his plant back on the shelf. He was sent home for being defiant. He was devastated.
   Said his mother, “Glenn was thinking literally. How much better it would have been if the teacher had said, “We will try to plant our beans outside tomorrow.”

Robbie
   Robbie (not his real name), now a young adult, was diagnosed with Attention Deficit Hyperactivity Disorder in first grade. Later he had diagnoses of bipolar disorder, oppositional defiant disorder, mood disorder not otherwise specified, and depression. Although his parents and the school district had a good relationship and Robbie had an Individualized Education Program (IEP), the services were not working.
   He was having a difficult time at school—not completing work, not making friends, being sent home from school, and being suspended.
   When Robbie’s mother and the school realized they did not have enough information to make a plan that worked, they agreed upon an independent education evaluation at district expense. The result was a diagnosis of Asperger Syndrome. After finding a school that suited Robbie’s Asperger needs, he is successful.
   “[Students with Asperger’s] truly do have a different way of learning,” said his mother. “My son says he is wired differently.”
   She continued, “I want to say that a diagnosed disability doesn’t automatically qualify a student for services or determine what those services will be. Special education services are based on the identified needs of the student. Other students who have Asperger’s may have different needs from Robbie. It is so individualized for each student.”
Parents: 
You have a teaching role

Parents, siblings, peers, and friends all influence a child’s social development. For young children, however, parents are the most important teachers.

Many children can learn by parents’ unconscious examples. They watch what their parents do, listen to what they say—and imitate them. As a result, parents may wish to hone their good habits and change some others.

Some children, by the nature of their disability, however, cannot learn from subtle nuances of example. They need additional emphasis—intentional (sometimes repetitive) teaching by their parents and others.

Barbara Nichols of PACER’s Parent to Parent Support Project, funded by The McKnight Foundation, offers ways parents can help young children’s social development by example and intent.

It’s a given, she adds, that while learning, a child will make mistakes. Example and intent is at work there, too. Example: Treat the child the way you would want to be treated. Intent: Tell the child what he or she should do differently and why.

1) Building social skills
   By example: Treat family members kindly, cooperate with neighbors, and talk to the person at the checkout counter. Practice politeness by holding open doors, helping someone with a heavy package, or in the way you answer the telephone.
   With intent: Explain that we live in the world with other people, and how we treat each other is important. Call attention to your actions and tell how behavior affects others. Practice social skills with your child through role-playing. Offer examples of being honest and playing the game fairly.

2) Showing respect for others
   By example: Interact positively with friends and acquaintances of other ages, abilities, cultures, economic groups, or religions. Obey the rules of the road when driving. Care for common or public areas by disposing of trash or recycling. Treat others’ personal property carefully.
   With intent: Tell your child why it is important it is to be considerate of others. Illustrate your points. Talk with your child about ways to show respect.

3) Making choices
   By example: Practice making decisions thoughtfully. Discuss upcoming purchases or other decisions with appropriate others.
   With intent: Talk with your child about consequences of choice. For example, why you would choose your red shirt (it’s warmer) over the green one—or, if you do a particular chore now, you can watch a favorite television show later. Encourage your child to make simple choices, such as whether to wear white or brown socks. Gradually expand the options.

4) Asking for what you need
   By example: Practice polite behavior. Many children pick up parents’ habit of using “please” and “thank you.”
   With intent: Tell your child that some ways of asking are more successful than others. Explain that most people find a polite request is more effective than a demand. Have your child practice positive ways of asking.

5) Demonstrating strengths
   By example: In addition to meeting responsibilities, do what you enjoy, whether it be keeping a journal or dancing to jazz music. Your child may hear others compliment you and see how good it makes you feel.
   With intent: Encourage your child to try varied activities to identify something that you would like to know more about or become more skillful at doing.

6) Facing challenges
   By example: Deal with difficulties,
whether they be mending a relationship or fixing a drippy faucet. Most people eventually learn that procrastination can lead to crisis.

**With intent:** Talk about how you learned to play ball, even when you didn’t catch the ball the first—or second—or third time you tried. Read stories to your child about others who experienced challenges. This may be a time you can discuss the child’s challenges because of a disability. Explain that people have successful lives because they focus on what they do well.

7) **Learning**

**By example:** Show that you like to learn. Express curiosity about the strange plant that sprouted in your yard. Ask questions about the engine on your neighbor’s motorcycle. Keep reading materials in your home—and use them.

**With intent:** Create opportunities for your child to learn through pictures, hands-on activities, reading, and listening. Explain that everyone has their own way of learning, and that your child does, too. Help your child understand the ways that learning is easier for him or her.

Attending school events, library programs, neighborhood or community programs, and other activities offer opportunities for children to learn.

8) **Sharing the importance of relationships**

**By example:** Even at very young ages, children want friends. Seeing your behavior teaches your child how to interact with friends and relatives.

**With intent:** Greet neighbors when you see them outside. Visit grandparents. Plan a potluck or other event with another family. Speak kindly about your friends and the important people in your life. Help your child identify playmates, as well as adults (including family members or others) your child can ask for help.

9) **Encouraging humor**

**By example:** Laugh. Research finds that the old adage “Laughter is the best medicine” is true. It makes you (and others) feel better. Children notice attitudes.

**With intent:** Share something from your day that you think was funny. Tell jokes. Laugh at yourself—everybody does something foolish once in awhile.

10) **Giving back to the community**

**By example:** Volunteer for neighborhood projects—even for an hour. Donate money or items to organizations that help others. Learn about your community’s needs and respond.

**With intent:** Let your child help you decide what to donate to the local food shelf. Bring him to deliver a meal to a sick neighbor. Talk with your child about the pleasures of giving and sharing.

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**PACER conducts annual EX.I.T.E. camp for girls**

Thirty middle school campers and five high school interns participated in the annual IBM EX.I.T.E. (Exploring Interests in Technology and Engineering) Camp. It is a free day camp at PACER Center for girls with disabilities. The camp involved five day-long sessions, beginning July 24.

Technology specialists of PACER’s Simon Technology Center organized and supervised the camp.

EX.I.T.E. Camp encourages girls’ interest in math, science, and technology. Camp activities include interactive and hands-on work with computers, meeting professionals with disabilities employed in technology fields, attending presentations from experts such as KARE meteorologist Belinda Jensen, and touring the IBM Rochester facility.

IBM, Accenture, and 3M, all technology-related companies, provided volunteers, materials, and other support for the camp.

For information on activities and events through the Simon Technology Center or EX.I.T.E., visit www.pacer.org.
First Mann Symposium addresses issues of

By Marcia Kelly

With nearly 300 people in attendance and an equal number on a waiting list, the first Ted and Roberta Mann Foundation Symposium for Children’s Mental Health and Learning Disabilities was an unqualified success. Cosponsored by PACER Center, the Aug. 8 event featured national speakers who provided valuable information and practical advice on ways general education teachers and parents can better understand the needs of children with learning and mental health issues.

The Mann foundation is administered by Ted Mann’s eldest daughter, Roberta Mann Benson, and her two children, John and Blythe Brenden. In addition to effective philanthropy, Mann Benson knows the issues addressed by the symposium well. She has a master’s degree in psychotherapy and is working on a doctorate in the field of education.

The symposium is expected to be an annual event. Dates and speakers will be announced in future issues of PACESETTER and on www.pacer.org.

Keynote speakers engaged the audience

Jonathan Mooney

If you’d had Jonathan Mooney in your class, you would have noticed him. “I was one of those kids,” said the Mann Symposium keynote speaker. He was the foot-bouncing, finger-drumming, body-wiggling, kinetic, disruptive boy who was sent to the principal’s office so often he was on a first-name basis with the receptionist. In fourth grade, he was diagnosed with dyslexia; by sixth grade, he was just learning to read and was so demoralized he was suicidal.

Thanks to some lucky circumstances and the influence of a teacher who understood and believed in him, Mooney turned it all around. A graduate of Brown University with an honors degree in English literature, Mooney has written a book, co-founded a mentoring program for students with disabilities, received a prestigious Truman Scholarship for graduate studies, and was a Rhodes Scholarship national finalist. Now, he travels the country talking about the unique learning styles of students with learning disabilities and attention deficit-hyperactivity disorder and offering concrete strategies for educators and parents.

“People ask ‘how did you fix yourself?’ I didn’t fix anything,” he said. “I spell at a third-grade level and I’m in the 12th percentile for reading. What changed is my approach to the institutions,” he said, noting that it’s classrooms—not kids—that need to change.

Mooney’s key messages at the symposium included:

- Understand the negative power of the words “stupid,” “crazy,” and “lazy.”
- “These labels ruin lives,” Mooney said. “They stem from a narrow view of what ‘good’ kids do—sit still, be quiet, and make eye contact.” In fact, he said, “movement is a legitimate learning strategy.”

Volunteer!

Join PACER in helping families

PACER serves the community by helping families of children with disabilities. Take a look at the opportunities below and think of how you can help make a difference in the lives of children with disabilities.

Volunteer Opportunities

- Be a puppeteer for
  - COUNT ME IN
  - LET’S PREVENT ABUSE
- Do clerical tasks at PACER
- Help with PACER Center events
  - Annual Phonathon
  - Benefit Silent Auction
  - Benefit Corporate Sponsor Committee

For information, call PACER at (952) 838-9000 or visit www.pacer.org
Develop a mentality of empowerment, not remediation. “When we focus on what’s wrong, we lose sight of what’s right,” Mooney said. He recommended promoting self-advocacy. “When you cultivate that, you change a life,” he said. “Build strong family-school partnerships, and include kids in the process.”

Explore academic accommodations and modifications. For example, he said, teachers can accommodate movement in the classroom by giving the child a stress ball or letting him drum on a towel. Channel the behavior, don’t try to change it, he advised. He also advocated for accommodations around homework, use of technology such as books on tape, and testing.

Dyslexia and other disabilities don’t go away, Mooney concluded, but barriers can be lowered by accommodating different learning styles. He urged parents and educators to bring the “you’re not broken” message to children. “What’s broken,” he said, “is the tyrannical idea of normalcy.”

Gabrielle Carlson, MD
Specializing in depression and bipolar disorder in children and adolescents, Carlson is a professor of psychiatry and pediatrics and directs the Division of Child and Adolescent Psychiatry at the State University of New York at Stony Brook.

Starting with a discussion of mood regulation, she shared how the brain’s development relates to mood disorders. “The ways we behave are biologically driven by how our brains are said. Emotions—fear, the flight or fight instinct, and rage, for example—form first. More developed cognitive abilities, called “executive functions,” such as thinking abstractly and managing emotions, develop later.

Mood dysregulation occurs when there are problems in the part of the brain that deals with those executive functions. Most children learn to use those executive functions to help them focus, distract themselves when they are upset, and use language to express their feelings. Some children, however, don’t fully develop that ability, she said.

Carlson noted that diagnosing bipolar disorder can be a challenge. Although the causes of bipolar disorder aren’t always clear, most cases have a genetic basis, she noted.

John Schumacher
A world-famous chef and former owner of the world-class New Prague Hotel, John Schumacher shared personal observations about overcoming the challenges of dyslexia and attention deficit hyperactivity disorders and achieving a successful life.

Schumacher had difficulty reading as a child. Nonetheless, he succeeded as a cook and baker. He earned a diploma from Dunwoody Institute, graduated with high honors from the Culinary Institute of America, and has published three cookbooks. “People believe in themselves when other believe in them,” Schumacher noted.

Breakout sessions were led by Lisa Cariveau, Barry Garfinkel, Leah Hjelseth, Holly Jones, Charlene Myklebust, Shelley Neilsen Gatti, L. Read Sulik, and Benjamin Woodcock.

A simple bequest can change lives
It’s easy to make a bequest—a gift that lives after you.
Simply remember PACER with a statement in your will or trust.

Your bequest in your will provides a legacy of your concern for children with disabilities and their families. It will support important PACER programs that truly make a difference in the lives of children.

Bequests can be in cash, real estate, securities, or other assets, and they may be deducted from your estate taxes. PACER Center, Inc. is registered as a 501(c)(3) nonprofit corporation in Minnesota.

For information on how you can make a bequest to PACER, contact Mary Schrock, PACER Center’s director of development, or an attorney who represents your interests.

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Resources

NEW EDITION
A Guidebook for Parents of Children with Emotional or Behavioral Disorders

The popular book presents basic information about emotional and behavioral disorders, the type of professionals who provide mental health services to children and adolescents and how to select them, school-based services, recommended reading, and more. The 144 pages of this fourth edition are packed with pertinent suggestions for parents.

$12 10+ copies, $7.50 each  PHP-a8

NEW
Facilitated IEP Meetings: An Emerging Practice

The eight-page guide introduces Individualized Education Program (IEP) facilitation to help special education planning teams reach agreements. It is published by PACER’s Technical Assistance ALLIANCE for Parent Centers project and the Consortium for Appropriate Dispute Resolution in Special Education (CADRE).

$3 10+ copies, $2 each  ALL-26

NEW EDITION
The Road to Work: An Introduction to Vocational Rehabilitation

The third edition of this book for youth and adults with disabilities and their families reflects the current version of law. It discusses issues related to the Rehabilitation Act, including eligibility criteria for vocational rehabilitation services, transition planning for high school students, and other legislation and self-advocacy skills.

$8 10+ copies, $6.50 each  VO1

NEW
Beyond Sticks and Stones: How to Help Your Child with a Disability Deal with Bullying

More than 160,000 children, many with disabilities, miss school each day to avoid harassment and intimidation by classmates. This long-awaited book helps you to help your child address the problem of bullying.

$6 10+ copies, $4 each  BP-7

A Guide for Minnesota Parents to the Individualized Education Program (IEP)

The 2005 edition of this booklet continues to be a staple for Minnesota parents of children in special education. It explains why parent involvement at IEP meetings is so important, and it guides families through the IEP process, clarifies the Minnesota forms, and explains the information parents need for them to make informed decisions about their child’s education.

$3 10+ copies, $2 each  PHP-a12

NEW
Assistive Technology Planner

The planner includes information on choosing and implementing assistive technology as part of a student’s Individualized Education Program (IEP). The kit contains individual booklets for teachers, administrators, and families.

$35  ATP-10

For orders of 10 or more, please add 10% for shipping and handling. Call (952) 838-9000.
**NEW**

**No Child Left Behind and Students with Disabilities:** A Curriculum for Parent Trainers

The new curriculum includes topics that families need to know about to ensure a quality education for their children with disabilities. School choice, supplemental services, and adequate yearly progress are only a few. The curriculum is in an electronic PowerPoint™ or printed overheads format. A Spanish version is also available.

- $15 CD-ROM ALL-27 (English)
- $15 CD-ROM ALL-28s (Spanish)
- $295 Overheads in 3-ring binder ALL-28

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**NEW DVD**

**Technology: Making a Different World**

The three-minute overview of PACER Center’s Simon Technology Center shows how assistive technology can help children and adults with disabilities develop and use skills that lead to inclusion at school and in employment. $5 STC-13

**For these materials and many more!**

**PACER Center’s Catalog of Publications**

The free catalog describes more than 200 PACER resources for families of children with disabilities and professionals working with them. Most listed items are free to Minnesota families of children with disabilities.

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Workshops

PACER Center workshops are free to parents of children and young adults with all disabilities. For information, call PACER at (952) 838-9000 from the metro area or toll free at (800) 537-2237 from Greater Minnesota or visit www.pacer.org.

**Creation Station**

**Get Crazy with Clay**
Children of all ages and disabilities are introduced to clay and things to make with it. Creative projects include making bracelets, necklaces, key chains, magnets, and sculptures.

- **Oct. 7, 10 a.m. to noon (PACER Center)**

**Exploring the Art of Leather Making**
Participants will use stamps, leather, and hammers to create beautiful works of art in leather. Examples include a key chain, bracelet, and many more creative items.

- **Dec. 2, 10 a.m. to noon (PACER Center)**

**Hand-colored Photos**
Guest artist Kelly Povo will lead a photography session and teach children with and without disabilities how to hand-color black-and-white photos. The session includes taking individual photos of participants and decorating frames for them.

- **Jan. 27, 10 a.m. to noon (PACER Center)**

**Emotional Behavioral**

**A Fitting IDEA: Meeting Mental Health and Behavioral Needs for Children with Disabilities**
The workshop is for parents of children with any disabilities and co-occurring mental health or behavioral disorders who want information on how to use the Individualized Education Program (IEP) or Individual Intervention Plan (IIP) to address their child’s behavior or mental health needs.

- **Oct. 12, 6:30 to 8 p.m. (Wadena)**

**Developing Goals and Related Services to Meet Mental Health Needs**
This interactive workshop for parents, sponsored by PACER and the Minnesota Statewide Family Network (MSFN) explains how to write goals and supports into an Individualized Education Program (IEP) to support mental health needs.

- **Oct. 2, 7 to 9 p.m. (Anoka)**

**IDEA 2004 and Positive Behavior Interventions**
For parents and professionals, the PACER and MSFN workshop covers how the newly reauthorized Individuals with Disabilities Education Act (IDEA 2004) covers positive behavior intervention for children with disabilities and emphasizes a new way of responding to behavioral needs.

- **Oct. 10, 6:30 to 9:30 p.m. (Willmar)**

**Parent Leadership Training**
The session informs parents of opportunities where they can lead in advocating for children’s mental health issues on national, state, and local levels. The training is limited to 25 persons. Call (952) 838-9000 to register.

- **Nov. 14, 6:30 to 9:30 p.m. (PACER Center)**

**Successful Strategies**
This workshop for parents addresses positive behavioral interventions and supports, children’s mental health issues, the Minnesota Comprehensive Children’s Mental Health Act, and communicating with professionals.

- **Nov. 2, 6:30 to 9:30 p.m. (Bloomingto)**
- **Dec. 12, 6:30 to 9:30 p.m. (Edina)**

**Successful Transitions**
This workshop for parents and professionals covers planning for transitions to and from different education sites, as well as transition into adulthood for youth with mental health issues.

- **Oct. 23, 6:30 to 9:30 p.m. (Edina)**

**Understanding Mental Health and Disabilities**
Dr. Barry Garfinkel, a child and adolescent psychiatrist and expert in mental health issues that can occur in children with disabilities, will present this workshop. He will discuss mental health disorders that commonly occur with other disabilities, use of medications and long-term outcomes for treatment.

- **Oct. 17, 6:30 to 9:30 p.m. (PACER Center)**

**Housing**

**Housing Resource and Information Fair**
Where will your son or daughter live when he or she grows up? PACER’s third Housing Fair is an opportunity for families of children and young adults, and service providers to meet and discuss housing options, services, supports and related issues for children and young adults with disabilities.

- **Oct. 14, 9 a.m. to noon (PACER Center)**

**Unlocking the Door to Group Residential Housing**
This interactive workshop provides an opportunity for families to learn about options in group residential housing. Topics include how to apply, what services are provided, and what questions to ask residential providers.

- **Nov. 28, 7 to 9:30 p.m. (PACER Center)**

**Parent Training**

**ABCs of Positive Parenting: Attitude, Behavior, Communication**
The session is for parents of children ages birth through elementary school with any disability. Establishing limits, setting routines, and examining traditions are among the evening’s topics.

- **Oct. 24, 7 to 9 p.m. (PACER Center)**
For easy online workshop registration, go to

www.pacer.org/workshops

You may also register by telephone at

(952) 838-9000 (Metro area) or
(800) 537-2237 toll free (Greater Minnesota)
Workshops

Transition

Apprenticeship Opportunities for Youth
The workshop will help families learn about opportunities that apprenticeships can provide. A representative from the Minnesota Department of Labor, Apprenticeship Unit will talk about what programs are available and their requirements.

Nov. 15, 7 to 9:30 p.m. (PACER Center)

Employment is for Everyone
The workshop helps parents of youth with intellectual or developmental disabilities identify options and strategies that can lead to successful, inclusive employment. It covers self-determination skills, building work experiences, and other important topics.

Nov. 28, 7 to 9:30 p.m. (St. Paul)

Getting and Keeping That First Job
Competitive employment is the cornerstone of a successful transition to adult living. The workshop will provide youth and parents with straight answers to important questions about employment.

Oct. 30, 7 to 9:30 p.m. (Owatonna)

Social Security for Transition Age Youth
A Social Security representative will speak about programs for transition-age youth. Among the topics: the difference between Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), what the “Ticket” program involves, and what “PASS” means for young adults.

Oct. 17, 7 to 9:30 p.m. (St. Paul)

PACER’s Family Fun Day
Sunday, Nov. 19, Noon to 2:30 p.m.

The second annual event, Family Fun Day is at Lindberg Center, Minnetonka. It’s simple team activities, treats, prizes, and fun for everyone. At $5 per person, parents and children 4 years old and older, with and without disabilities, can participate. Panera Bread, Dairy Queen, and Creative Kidstuff are the providing sponsors.

For information, call PACER at (952) 838-9000 or visit www.pacer.org.

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