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Parent-Teacher Communication

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ABSTRACT:

Research suggests that parental involvement in the educational system fosters intellectual and emotional growth in children. Parents, however, often feel threatened by the educational system; consequently, they do not play an active role in their child's educational experience. Because research suggests that it is in the best interests of the child for parents to play a more active role, teachers need to assume the responsibility of creating a learning environment that welcomes parental involvement. On-going parent/teacher communication becomes essential to this process. Based on observations of special education classes, surveys, and informal interviewing of both teachers and parents of children with disabilities, the manual serves as a tool for fostering positive teacher/parent relations. The paper serves as further justification for the necessity of positive communication between parents and teachers.
The idea that parents play a critical role in their children’s academic achievements and emotional growth is not new. Parents and families are the sole educators until children reach school age. Because many parents find the inner workings of schools hostile and foreign, parental involvement in their children’s lives generally decreases when their children reach school age. Typically, parents only visit schools when enrolling their child, attending conferences, or in response to disciplinary action. After noticing this trend, researchers began to examine the relationship between parental involvement in the educational process and children’s success. Overwhelming amounts of evidence showed that as parental involvement increased, children’s level of academic achievements and emotional growth also increased. In the year 1995, 95% of American educators said that “it is ‘essential’ or very ‘important’ for schools to emphasize ‘keeping parents well informed and involved’” for this very reason (OEeD, 1995, p. 184). Yet, educators often do very little to facilitate parental involvement. Often, parents are treated as “unwelcome guests” (Allen-Haynes, Griffith, & St. John, 1997, pp. 14-15) in the classroom.

Some schools, however, provide welcoming environments for parents. They create multiple opportunities for involvement and learning. These schools operate under the assumption that educators need to build partnerships with children through communication. As partnerships between parents and schools develop, the benefits to the children, parents, schools, become more noticeable. Because the majority of parents feel threatened by the educational process, educators need to encourage the idea of partnerships. The concept of parents
as partners in schooling requires a thorough understanding of all of the factors that influence parental involvement and how educators can encourage partnerships.

There are a variety of influences on parent involvement in the schools. In the model suggested by Eccles and Harold, parent/family characteristics, neighborhood/community influences, child characteristics, and teacher characteristics all effect the degree of involvement (1996, p.6). Characteristics of the parent and family linked to an increased parental involvement include: parents' education, sense of efficacy, attitudes towards school, and previous involvement. These familial characteristics often relate to positive experiences within the educational system. With each new positive experience in the school system, parents often desire more involvement. Conversely, parents' with many negative experiences with the educational process, feel more intimidated by the system and often decrease their level of involvement (Eccles & Harold, 1996; Haynes & Ben-Avie, 1996; OECD, 1997).

Families that live in communities with high degrees of cohesion, resources, and lack of undesirable opportunities also show increased levels of involvement in the educational process (OECD, 1997, p.27). These neighborhoods decrease the amount of environmental stressors placed on the family. This increases the chances of involvement in the schools because families afflicted with environmental stressors often do not have the energy or resources to actively participate in the educational system (Bierman, 1996; Eccles & Harold, 1996).
Although familial and community characteristics greatly effect levels of parental involvement, characteristics of the child also influence involvement. As children age, parents tend to decrease their level of involvement in an attempt to strengthen their children's sense of autonomy. Although children do need to explore their autonomy, parental support of educational experiences encourages children to succeed. Parents of children with pleasant personalities or low-achievement records are also more likely to play an active role in the educational process. These children often welcome the support of parents in their education (Eccles & Harold, 1996, p.10).

Although familial, community, and child characteristics greatly effect levels of parental involvement, the attitude of educators plays the most influential role. When asked to justify their lack of involvement in the schools, parents stated that educators often created a hostile environment (Allen-Haynes et al., 1997; Armstrong, 1995; Aronson, 1995). The hostile environment created by many educators discouraged parental involvement, even in the parents that wanted to be a part of the educational system (Eccles & Harold, 1996, p.11).

The creation of a hostile environment results from a number of stereotypes. Educators often perceived themselves as experts in the educational process and parents as unequal partners. An extension of this notion is that parents were often viewed as part of the problem when children displayed difficulty in school (Armstrong, 1995; DECO, 1997; Allen-Haynes et al., 1997; Bierman, 1996). Teachers comments about parental involvement also "reflected a general pattern of negativity toward parents" (Allen-Haynes, et al.,
Teachers mistakenly believed that working parents, parents from a lower socioeconomic status, or lower educational background simply did not want to be involved. "This widespread, unwelcoming attitude shown by these educators became a major inhibiting factor that prevented a change in the parents' roles in many schools" (Allen-Haynes, et al., 1997, p.16). With each stereotype, parents felt more intimidated and less welcome by school personnel.

Each of the reasons cited for a lack of parental involvement also shows an inherent lack of communication between parents and teachers. Teachers assume that parents do not want to be involved; parents feel threatened by teachers. Building communication partnerships with parents helps to break misconceptions about the roles of parents and the role of the educational system. It also creates a situation where parents, schools, and children receive numerous benefits. Parents lose their feelings of isolation and also get to play a more active role in their child's success. Educators lose their sense of frustration created largely by the perceived lack of interest of parents in the educational process. They also gain a sense of efficacy which leads to more effective teaching strategies. The greatest benefits, however, are for the child. Children in schools that foster communication partnerships achieve higher academically and socially (Allen-Haynes, 1997; Aronson, 1995; Ben-Avie & Haynes, 1996; OECD, 1997).

Even though the parent, school, and child all benefit from communication partnerships, schools must take the initiative. "For many families, the teacher is the only connection with the school" (OECD, 1997, p. 196). It is for this very
reason that educators must facilitate and encourage parent involvement. Teachers are in a unique position to help parents. Teachers interact with many diverse students and work with each child directly. For this reason, teachers are well-positioned to help students and families plan for the future (Eccles & Harold, 1996, pp. 28-29). It is also important that teachers take the initiative in building communication partnerships because research suggests that teachers’ practices can overcome familial background variables to encourage parental involvement.

Surveys of parents, teachers, and administrators show that when schools encourage family involvement, parents often respond positively by playing a more active role in the educational process (Epstein, 1996, p.217).

It is obvious that the link between families and schools greatly affects educational outcomes. Numerous studies suggest a positive correlation between parental involvement in the schools and children's academic achievement and emotional growth. There are also numerous benefits for educators and parents. Teachers and parents alike think cooperation in children's education is important when surveyed. Yet, the concept of building communication partnerships with parents is relatively new. As schools begin to create friendly environments, parents will want to become more involved in the educational process. This may be a lengthy process, but it is in the best interests of all involved for schools and parents to build a communication partnership.
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Section 1
Dear Parents,

I am pleased to take this opportunity to meet you and welcome your child to my class. A good learning experience is built on a cooperative effort among parent, child, and teacher. My expectations for conduct and standards for academic growth are high. With your participation in and out of the classroom, we can look forward to a productive, creative, and enjoyable year together.

I am excited about this new year. I hope we can work together to make it one of growth, discovery, and significance for your child.

You can help by giving me any information that will help me understand your child better. Some things that I am interested in include the following:

- Important experiences that may be affecting your child
- Special medical needs
- After school activities and special interests
- Feelings toward school

Again, welcome! Please feel free to contact me about your concerns.

Mindy Silbergleid, teacher
As a teacher, I intend to create an environment based on the concept of the developmental classroom. The developmental classroom operates under the assumption that each child is a unique individual with different skills, characteristics, and rates and styles of learning than all of the other children in the classroom. It is the teacher's responsibility to use a variety of techniques and strategies to address the individualized learning styles and needs of every child in the classroom. Children learn best when provided with "hands-on" experiences and a curriculum that relates to their own lives. Therefore, the teacher's role is further expanded to include the development of lessons that show relevance and provide "hands-on" learning. Teachers also need to create a safe and comfortable environment for children to explore themselves and the world around them. This means that teachers must get to know each child in the classroom as a whole individual. The teacher relationship can also be described as both a mentorship and friendship.

Although the teacher plays a large role in the educational experience, the child also plays an important role in his own education. Children need to come prepared to learn and play an active role in their own educational process. This means that children need to complete assignments, ask questions, and maintain an open-mind when presented with new ideas. They need to set goals, make choices, and learn from their experiences. Children also need to respect themselves, others, and the classroom materials.
As a teacher of students with multiple handicaps, I firmly believe that all children possess a form of intelligence; perhaps just not intelligence as defined in the traditional sense. In 1983, Dr. Howard Gardner proposed the theory of Multiple Intelligences (MI). His theory deviated from the traditional definitions of intelligence by proposing that there are seven distinct intelligences and styles of learning. Below is a list of Gardner's seven intelligences, characteristics, and a brief list of activities to do with your child.

Linguistic Learner: Otherwise known as word smarts. Children that are linguistic learners like humor, word games, tongue twisters, jokes, and puns. They like to express themselves using oral and written language. Activities: Scrabble, Wheel of Fortune, hangman, and crossword puzzles.

Logical Mathematical Learner: Otherwise known as number smarts. Children that are logical mathematical learners like numbers, problem solving, abstract patterns, and reasoning. These children often learn best by making their own discoveries. Activities: science experiments, games of strategy, card games.

Spatial Learner: Otherwise known as art smarts. Children that are spatial learners like to draw, design, create, build, paint, and imagine. They learn best
through visual images. Activities: coloring, pretend play, arts and crafts, games like Pictionary.

Bodily Kinesthetic Learner: Otherwise known as body smarts. Children that are bodily kinesthetic learners are very active. They like to run, jump, move, and dance. These children learn best by doing. Activities: arts and crafts, sports, charades, and movement games.

Musical Learner: Otherwise known as music smarts. Musical learners like to listen to music, play musical instruments, and sing. They learn best through music. Activities: Sing songs, musical instruments, and attending concerts.

Interpersonal Learner: Otherwise known as people smarts. Interpersonal learners are sensitive to others around them. They are understanding, compassionate, and often try to mediate. These children like to be with people and learn best by interacting with others. Activities: cooperative learning, any game with a partner or a group.

Intrapersonal Learner: Otherwise known as self-smarts. Children that are intrapersonal learners understand and know themselves well. They often like to work independently and at their own pace. Activities: any activity that can be completed by the individual.
It has come to my attention that many parents want to play a more active role in their child's educational experience, but simply feel the time commitment is too large. The following list provides a list of simple activities that will help you play a more active role in your child's education. Some require larger time commitments than others. The main assumption behind the list is that any activity completed, no matter how large or small, will help you to play a more active role in your child's growth.

1. Attend Curriculum Night, Open House, and other school events.
2. Volunteer a minimum of one hour of your time per semester in your child's classroom.
3. Watch a television show with your child. Talk about the program. Have your child retell the storyline to you.
4. Share a personal talent, skill, or your career with your child's class.
5. Write a brief essay about your child. This can be read aloud to the child's class or placed on the bulletin board for students to read.
6. Have a conference with your child's teacher. Include your child in part of the conference.
7. Eat dinner as a family.
8. Go to a movie or recreational event with your child. Have your child talk with you about what he/she liked and disliked about the event.
9. Plan a family picnic.
10. Take your child to work with you.

11. Have a "No television day." As a family, plan what you will do to fill the time.

12. Make a family video.

13. Start a family scrapbook.


15. Listen to music together.

16. Share a family hobby.
Helping Your Child to get Organized

One of the most commonly asked questions of teachers is how can I help my child at home. The list below provides some practical suggestions that may be of help to you.

- Provide your child with requested supplies for school and homework.
- Set a schedule for your child to do homework.
- Post a master calendar for important events or activities.
- Be available when your child is completing homework. DON'T DO THE WORK FOR YOUR CHILD!
- Ask daily for any home/school communication
- Make sure your child has any necessary books and materials.
- Provide the structure and environment that will be conducive for home study.
- Get your child a watch to wear.
- Consider setting "no phone call" times in the evenings.
- Support your child from being distracted by the TV by turning it off.
- Help your child divide assignments into manageable parts.
- Use a time if your child has difficulty, staying on-task.
- Communicate your expectations that homework is a priority.
- Encourage your child and emphasize effort as the most important criteria.
- Praise for being on-task, getting to work, and taking responsibility.
• Make an appointment with the teacher if assignments are taking an inordinate amount of time.

• Keep desk drawers and shelves clean.

• Place all books, notebooks, and other necessary materials inside backpack before bedtime. Place in the same spot every night.

• Use a dry erase board for important messages.
Possible Discipline Techniques

1. *Set necessary limits and guidelines.* Acts of poor judgment need to be brought to the child's immediate attention. Set boundaries and make sure they are well known.

2. *All behavior must have a consequence.* Appropriate behaviors need to be rewarded and negative behaviors must have a negative consequence. Consistency in consequences is the key to effective behavior management.

3. *Rewards need not be monetary.* The best rewards are natural consequences for actions. Variety is also a key in using rewards.

4. *Project a united front.* Parents need to offer the same consequences for behaviors. Children with special needs find difficulty in generalizing consequences and behaviors.

5. *Never allow public temper tantrums.* Immediate removal from the situation is critical. Children throw temper tantrums to gain attention.

6. *Use a forced choice system.* Choose two options that are acceptable to you. Allow your child to choose the preferred option. This children to gain a sense of independence.
Section 2

- blue
- red
- yellow
The Special Education Process

From beginning to end, the special education process takes seven steps. When asked to report feelings about the special education process, an overwhelming majority reported feelings of intimidation. The process is indeed very complicated. Perhaps with knowledge of the steps involved, you will not feel quite so overwhelmed.

Step 1: The Referral Process

A referral for evaluation takes place in the form of a written letter (See appendix 1 for sample letters). It officially starts the special education process. Any number of professionals working with your child may initiate the process. You as a parent also maintain the right to complete a referral. The written letter provides a start date for the process, documentation as to why a possible disability exists, all of the attempts made to remedy the child's behaviors, and current level of performance before the referral. The referral requires parental consent for the initial evaluation. The district may still want to proceed and has the right to file due process (see step seven).

It is advised that you participate fully in the referral process as it only benefits your child. Parental participation in the referral process often includes maintaining open communication with the classroom teacher, documentation of your child's current level of performance and difficulties, and record-keeping of the entire process. Gather any relevant information (medical records, family
history, child activities, interests, and experiences) and keep them readily accessible. Lastly, try to keep an open-mind. Although no parent wishes for their child to have a disability, with proper identification, your child can receive the necessary support to succeed.

**Step 2: Evaluation Process**

After the referral process, a formal evaluation occurs. The goal of the evaluation process is to identify if a disability in fact exists. The comprehensive evaluation includes a psychological evaluation, social history, physical examination, observation of current levels of performance, assessment of work-related skills, and bilingual assessment for children with limited English. Determining if a disability exists requires careful observation. Some of the questions considered by the team include:

1. Is there a difference between the nature of your child's behavior in a structured versus unstructured setting?
2. Does your child respond to external rules?
3. Does our child require constant supervision or assistance?
4. What is your child's attention span during academic tasks?
5. Does your child demonstrate positive social interaction with peers?

It is also advised that parents cooperate fully during the evaluation process. Make sure to assert your rights as a parent of a child with a suspected disability. Know that the law governing special education mandates assessment
by a team of specialists also known as a multidisciplinary team. Examine current records, visit possible placements, and talk with other parents of children with disabilities. Participating in any of these activities makes the evaluation process as well as the special education process as a whole less threatening.

**Step 3: Recommendation**

At the completion of the evaluation process, the team arranges to meet with you and discuss the results. This normally takes place in the form of an informal meeting. If the team determines your child needs special education services, a statement of the type of disability, lists of strengths and areas of need, long term goals and short term objectives must be included in the recommendation. All of this information appears on the individualized educational plan (IEP) completed at this time.

If it is found during the evaluation stage that a disability exists, your child will be classified. Possible classifications include but are not limited to the following:

1. **Autistic.** This disorder is characterized by a difficulty in responding to the environment and sensory input. Delayed speech and language skills often coexist. Onset is usually observed by age 2 1/2.

2. **Deaf.** The individual classified as deaf possesses a loss of hearing severe enough that it greatly hinders the sense of hearing. It generally requires assistive technology to aid in the communication process.
3. *Emotionally disabled.* Students receiving a classification of emotionally disabled show behavior disorders over an extended period of time that greatly interferes with school. Students with emotional disabilities often demonstrate difficulty in establishing and maintaining friendships and show irrational fears.

4. *Learning disabled.* Students with learning disabilities show a discrepancy between actual intellect and achievement. Difficulties in receiving, organizing, and expressing information generally accompany this disability. Learning disabilities are NOT the result of any emotional, mental, physical, environmental, or cultural factors.

5. *Mentally disabled.* These students show delays in development. Students with mental disabilities learn at a slower pace, exhibit subaverage intelligence and impairment in social skills.

6. *Multiply handicapped.* Students receiving the classification of multiply handicapped are disabled in a variety of categories.

7. *Orthopedically impaired.* These students display physical disabilities such as cerebral palsy and amputation.

8. *Other health impaired.* The other health impaired classification describes individuals with chronic or acute health problems. Conditions include ADHD, diabetes, asthma, Tourettes Syndrome, etc.

9. *Speech impairment.* The term speech impairment describes an inability to correctly produce speech sounds, understand, or use words and sentences. The classification also includes stuttering and other voice impairments.

Step 4: Implementation

After the process of recommendations, districts must implement programs and services. This step also requires parental written consent. The movement from one environment to another and the start of related services should not take any longer than 30 days to fully implement.

Step 5: Annual Review (IEP meeting)

Every year, a reevaluation of current programs and services takes place. As a parent, you will receive notification of the date, time, location, and individuals requested for attendance. Same legal rights apply to this stage in the special education process. During each review, new long-term goals and short-term objectives are made.

Step 6: Triennial Evaluation (MOe meeting)

Every three years following initial placement in special education, a triennial evaluation takes place. The purpose of this evaluation is to provide current levels of performance and determine continued eligibility for special education services.
Step 7: Due Process

As a parent of a child with a disability, knowledge of due process plays a crucial role in the success of the special education process. The role of due process is to fully protect your rights as a parent of a child with a disability. The rights of due process as a parent also serve to protect your child. Due process guaranteed these basic rights:

1. **Consent.** You have the right to give or withhold consent for any stage in the special education process.

2. **Your right to notification of actions.** As a parent of a child with a disability, you have the right to be notified of any intent to change classification, placement, or services.

3. **Right to participate.** You have the right to participate in all stages of the special education process.

4. **Right to file a complaint.** If you believe your rights or your child's rights have been violated, you have the right to file a written complaint with the state. The complaint must be addressed by the state within 60 days.

5. **Right to an independent evaluation.** If at any time you disagree with the evaluation by current team members, you have the right to receive an independent evaluation at the school's expense.

6. **Right to challenge.** As a parent you have the right to challenge any decision made by the district by requesting an impartial hearing.
What is an impartial hearing?

An impartial hearing is a formal procedure used to resolve disagreements between parents and school districts. It may take up to 45 days and can be very costly. It was established in an attempt to hear both sides of issues and resolve the dispute fairly through a third party.
As a parent of a child with a disability, you should familiarize yourself with the legislation that provides special education services to your child. There are many acts that govern special education, but below are perhaps the most important.

Americans with Disabilities Act: This act is a civil rights act for individuals with disabilities. It guarantees the rights of individuals with disabilities in all public services, public accommodations, transportation, and telecommunications.

Public Law 94-142 better known as IDEA: This act guarantees the education of children from birth through age 21. This law assures that all decisions related to your child's educational experience are fair and appropriate as well as paid for with federal funds. It states that your child be placed in the least restrictive environment (page on educational settings), receive an individualized education plan (IEP), and assessment by an multidisciplinary team. It also requires the administration of non-discriminatory tests.

Public Laws 93-112, 93-416, 95-602, and 98-221: These laws guarantee your child's right to receive federal funds for transition to independent living. It also supports and promotes research related to the rehabilitation of individuals with
disabilities. Lastly, it provides for assistive technology if needed to obtain and maintain employment.
Parental Rights

As a parent of a student with special needs, the law guarantees certain rights. These rights are as follows:

• All records related to the identification, evaluation, and placement of your child in special education must be maintained in a confidential manner.

• Testing and evaluation materials utilized must NOT be culturally or racially discriminatory.

• The right to inspect and review all educational records of your child.

• The right to initiate a hearing when a disagreement occurs in the special education process.

• Your child must remain in the current educational placement until the identification, assessment, and eligibility stages are complete.

• Each school district must inform parents of their rights.

• The right to initiate a hearing when a disagreement occurs in the special education process.

• Your child must remain in the current educational placement until the identification, assessment, and eligibility stages are complete.

• Each school district must inform parents of their rights.
Public Law 94-142 mandates placement in the least restrictive environment that appropriately meets the diverse needs of your exceptional child. Educational settings move through a continuum of least restrictive to more restrictive environments. It is important to remember that the concept of the least restrictive environment allows the placement of students in the correct setting for them. There is no single best placement for all children.

Regular classroom: When placed in the regular education classroom, your child will not receive any direct special education services. Placement in the regular education setting guarantees full integration with peers without disabilities for the entire day.

Regular classroom with consultation: If placed in the regular education classroom with consultation, a special education teacher works with the regular education teacher to determine effective teaching strategies. This setting also guarantees full integration with peers without disabilities for the entire day.

Regular classroom with instruction by a specialist: This particular environment allows the child to remain fully integrated with peers without disabilities while receiving direct services from a special education teacher. The services occur according to a regular schedule.
Regular classroom with time in a resource room: When placed in both the regular education classroom and a resource room, the child receives direct services from a special education teacher for part of the day but remains integrated with non-disabled peers for the majority of the day. The special education teacher pulls the child out of the regular education classroom to provide services.

Self-contained special education classroom: This particular setting groups students with multiple handicaps into one classroom. The children in the class receive direct instruction from a special education teacher. However, this setting segregates individuals with disabilities from those without disabilities. Classes usually contain 15 or fewer students.

Special day school outside the district: This environment proves effective for students with disabilities so severe that a more therapeutic environment and increased monitoring is required. Transportation occurs at the district's expense. Programs and class size are determined by the severity of the student's disabilities.

Residential school: This placement allows students with disabilities to receive education services on a 24 hour basis. Students typically reside in residential schools and receive home visits based on the severity of the disability. Children placed in residential schools are often wards of the state.
Homebound instruction: This very restrictive environment often is used for students in the process of transition between programs. This placement should not be used as a long-term option.

Hospital or institution: This most restrictive setting may be the best environment for students with pervasive clinical depression, severe or profound retardation, or those who attempted suicide.
Public law 94-142 mandates that a multidisciplinary team serves your child. Below is a description of the job responsibilities of each type of support professional that may serve on your child’s multidisciplinary team.

1. **Audiologists.** An audiologist helps to identify students with hearing losses. The audiologist is responsible for determining the range, nature, and degree of the loss. After detecting a loss, the family is referred to a medical specialist. The audiologist also provides a list of activities to maintain or improve upon current medical conditions.

2. **Nurse.** The nurse’s responsibilities consist of reviewing medical histories, administering all medications, and communicating with pediatricians. Nurses may also provide catheterization, feeding (for students with feeding tubes), and suctioning (for students with tracheas).

3. **Psychologist.** The psychologist observes your child and administers tests to assist in the identification, assessment, and diagnosis of children with disabilities. Individual or group counseling sessions are also provided to people with disabilities to improve level of functioning within the community.

4. **Social Worker.** The social worker often serves as a liaison between the family and community service agencies. The social worker may help counsel as well.

5. **Vocational coordinator.** The vocational coordinator works with individuals between the ages of 16 and 21 to identify possible employment opportunities.
**Related Service Providers**

During the recommendation stage of the special education process, the need for related services are determined. Related services are available through districts as well as through private service agencies. Most districts commonly employ occupational therapists, physical therapists, speech/language pathologists, and vision itinerants.

1. **Art therapy.** Art therapy helps individuals with physical, emotional, and cognitive delays. It helps to develop fine motor and social skills. By allowing students to choose materials and method of expression, it also helps to increase the sense of independence.

2. **Music therapy.** Music therapy is used to help students with disabilities learn leisure activities, improve speech and language skills, decrease inappropriate behaviors, and enhance social relationships. It is also used to help relax individuals with physical disabilities by improving muscle ton, body positioning, and coordination.

3. **Occupational therapy.** Occupational therapy is used to teach individuals with disabilities activities for daily living such as feeding, dressing, and grooming. Students receiving occupational therapy often show deficits in sensory integration and fine motor skills (hands and feet). Occupational therapists work to improve an individual's ability to integrate sensory input, perceptual skills, and visual-motor skills. Students typically receive 30 to 60 minutes of direct services per week in school.
4. *Physical therapy.* Children with deficits in gross motor development (arms and legs) benefit from the services of a physical therapist. The physical therapist develops an individualized program for each child that focuses on strengthening, relaxing, and moving of different muscle groups. The physical therapist is also concerned with such activities as positioning, handling, sitting, walking, lifting, and transferring. Students typically receive 30 to 60 minutes of direct services per week.

*The physical therapist and occupational therapist often work closely together to develop adaptations to equipment for improvement in level of independence.*

5. *Recreation therapy.* This type of therapy teaches individuals with disabilities what leisure activities are available and accessible within the community. It is the job of the recreational therapist to provide their clients with information about programs that serve as recreational outlets. Recreational therapists strive to reduce the fears about participation in such activities. Recreational therapists also hope to promote health and growth.

6. *Speech and language therapy.* Children requiring the services of speech and language pathologists may show a variety of difficulties; such as receptive and expressive language delays, misarticulations, dystluencies, or voice quality disorders. Nonverbal children are often provided with computers and picture or gesture dictionaries to help them express themselves. Services are delivered based on the severity of the delay.
7. *Vision itinerant services.* Children requiring the services on a vision itinerants have severe visual impairments. They often use adaptive equipment to ensure an appropriate education in the least-restrictive environment.

8. *Adaptive physical education.* This service is recommended when the team feels the child's physical development is impaired or delayed. These programs often have a therapeutic orientation. Teachers need special training in the use of specialized equipment.
Working with Specific Disabilities

Learning disabled child.

Academic criteria: A history of low academic performance. Deficit of at least six months.

Process criteria: Demonstration of a breakdown or slowdown in the learning process. Perceptual tests show a difficulty in receiving, organizing, or memorizing information.

Exclusion criteria: All other conditions must first be ruled out as primary factors contributing to the child's inability to learn.

Background criteria: The child's familial history indicates a pattern of learning difficulties. The child shows a history of learning difficulties.

Behavioral criteria:

• variability in performance in one or more of the following: basic reading skills, reading comprehension, mathematics calculations, mathematics reasoning, written expression, oral expression, and listening comprehension

• attention problems

• organization problems

• perceptual problems

• poor motivation/attitude

• memory problems

• language deficits
• poor motor abilities

*Instructional Considerations for Children with Learning Disabilities*

1. allow for alternatives in reporting and obtaining information
2. break assignments in smaller manageable parts
3. frequent or short conferences
4. make copies of chapters in texts to allow student to underline important facts
Autism.

Several characteristics are typical of children with autism including the following:

- inability to relate to people and exhibits extreme desire for aloneness
- anxious, obsessive desire for sameness
- limitation in spontaneous activity
- reacts to external intrusions
- echolalia
- profound failure to develop social relations
- language delays
- repetitive movements
- short attention span
- persistent preoccupation with parts of objects
- absence of imaginative play

*Techniques for working with the child with autism*

- provide schedules
- give the child space
- encourage child to use sentences to communicate
- redirect repetitive movements
- use comparisons between new information and previously learned information
- allow for transition time
- allow child to explore new environments
Cognitive disabilities

AAMR definition of mental retardation states that individuals have significantly subaverage intellectual functioning, be impaired in the ability to adapt to the environment, and receive the classification before reaching age 18.

Severity of mental retardation

mild retardation  IQ = 55/60 - 75
moderate retardation  IQ = 40/45 - 55/60
severe retardation  IQ = 20/25 - 40/45
profound retardation  IQ = 20/25 and below

Characteristics associated with mental retardation:

There are no characteristics associated exclusively with mental retardation. In addition, there are no characteristics common to all individuals with mental retardation. Some common characteristics however; include a slower learning process, lower level of attainment, and a hesitancy to participate in new activities.

Instructional Activities

• expect activities to help child achieve independence
• reading information for pleasure and leisure
• making lists and other basic writing skills
• encourage budgeting of allowance, cooking, recording temperature for improvement of basic math skills

• reward activities should be given upon successful completion of activities
Child with emotional disturbances.

Some common characteristics or symptoms of emotional disorders include:

• academic achievement
• social isolation or withdrawal
• excessive latenesses
• excessive absences
• frequent trips to the nurse
• negativism
• open defiance to authority, or rules
• highly distractible
• poor social relations
• feelings of hopelessness
• verbal aggression
• confrontational behavior
• inappropriate classroom behavior
• impulsive behavior
• right behavior patterns
• anxious, worried, excessive fears and phobias
• easily frustrated even when confronted with a simple task
• resistant to change
Intervention

1. Dealing with attendance problems and tardiness
   set up a daily contract with rewards
   walk with a buddy

2. Dealing with challenges to authority
   arrange a time-out area
   offer series of rewards and consequences for actions
   provide opportunity to express frustrations in positive way

3. Fostering social relations
   use peer mentors
   engage in after school activity
Orthopedically impaired.

There are many conditions that result in a physical disability. The most common disorders that lead to the classification of orthopedically impaired include:

- **cerebral palsy.** A disorder of movement caused by damage to the brain. There are six types of CP each of which results in different movement patterns. The brain damage can occur before, during, or after birth. Individuals with CP are not paralyzed; their brains are unable to send accurate movement messages to muscles and nerves.

- **muscular dystrophy.** A condition characterized by a progressive weakness in muscles. Rapid deterioration occurs. Level of fatigue increases as the disease progresses.

- **osteogenesis imperfecta.** A condition characterized by brittle bones. It is characterized by abnormal growth of bones in length and thickness.

- **spina bifida.** A congenital disease in which the spinal cord and surrounding nerves are damaged.

- **traumatic brain injury.** Results from damage to the brain caused by an external force. Leads to physical and/or cognitive disabilities
Does your child have a hearing loss?

Behavioral and Medical Symptoms that May Indicate a Hearing Loss

**Behavioral**

- inattentiveness
- poor speech
- difficulty working in large groups
- depending on others for instructions
- turning/cocking head
- disruptive behavior
- withdrawn behavior
- limited interest in oral activities
- turns up volume so high that others complain
- frequent requests for repeated directions

**Medical**

- frequent earaches
- fluid running from ears
- frequent sore throats and colds
- recurring tonsillitis
- complaints of head noise
Tips for Working with Individuals with Hearing Impairments

• stand where the individual can see your face clearly
• speak in moderate tones
• rephrase rather than repeat if the individual with the hearing impairment does not understand you
• don't exaggerate your speech
• avoid chewing gum, excessive gestures, makeup, and jewelry
• speak one word at a time when talking in a group
**Tips for Working with Individuals with Visual Impairments**

If your child has been identified as visually impaired, the following suggestions will be helpful. Share the list with any individual that works with your child.

- **Don't be afraid**
- Speak first.
- Identify yourself.
- Use the person's name.
- Use natural language.
- Use a normal tone of voice.
- Be precise, particularly when describing something.
- Give directions that refer to the individual's experience and/or relate directions to body parts.
- Allow time.
- Give tactual clues.
- Don't leave a person in an open space.
- Don't keep embarrassments to yourself.
- Don't assume that help is needed.
- Don't assume disability.
- Expect competence.
Section 3
REFERRAL TO THE CSE FROM SCHOOL STAFF

From: ____________
School ______________
Date ________

Name/ Title

The following student is being referred to the CSF for suspicion of a disability.

Student Name ___________________________ Grade ______________

Parent/Guardian __________________________

Address ____________________________________________________________________________

State ____________ Zip ____________

Telephone ( ) ________________________ Date of Birth __________________

Current Program ____________ Placement ____________________________________________________________________________

Teacher (Elementary) ____________________________

Guidance Counselor (Secondary) ____________________________

Is there an attendance problem? Yes _ No _ Language spoken at home: ____________

Did student repeat a grade? Yes _ No _ If yes, when? __________________

Is an interpreter needed? Yes _ No _ Deaf ____________

TEST SCORES WITHIN LAST YEAR (Standardized Achievement, Regents)

TEST PERCENTILE SCORE COMMENT

Prior Parent Contact: ____________________________________________________________________________

Reasons for Referral: Describe the specific reason and/or situations that indicate the referral to the CSE is needed. Also, indicate attempts to resolve problems within the current educational program.

SPECIFIC REASONS FOR REFERRAL

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

ATTEMPTS TO RESOLVE

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Principal's signature ____________________________ Date ____________

date forwarded to CSE Chairperson ____________________________
EXAMPLE OF A PARENT REFERRAL LETTER TO THE CSE

Date ____________________

Dear ____________________,

Building Administrator and/or CSE Chairperson

I am writing to refer my child, ________________ (date of birth) ________________ to the Committee on Special Education. I request that you conduct an individual evaluation to determine whether an educational disability is present that would make my child eligible for special-education services.

I am concerned about my child's educational difficulties in the following areas:

________________________________________________________________________

Please contact me as soon as possible to discuss my referral.

Sincerely,

______________________________
Parent/Guardian

______________________________
Address

______________________________
City, State, Zip

______________________________
Phone
PARENT CONSENT FOR EVALUATION

To the Parent/Guardian of ___________________________ Birthdate ____________

School-- ___________________________ Grade ___________________________

We would like to inform you that your child _______ is being referred for individual testing which will help us in his/her educational planning. Referral was made for the following reasons:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

Testing results will help us in determining your child's educational needs and in planning the most appropriate program. The evaluation procedures and/or tests may include the following:

Intelligence
Communication/Language/Speech
Physical
Behavior/Emotional
Academic
Vocational
Other

It is necessary that the School District CSE have your written permission to evaluate your child. You have had the opportunity to discuss the need for this testing and the possibilities for special educational services with the school principal/designee. The evaluations will be conducted by the multidisciplinary team who will share the results of said evaluation with you at a building level meeting. Both this meeting and the CSE meeting will be held within 30 school days of receipt of this notice.

I grant permission for the evaluation(s) mentioned above ___________________________

I do not grant permission for the evaluation(s) mentioned above __________________________

Date_________________ Parent’s signature ___________________________

Date_________________ Administrator/Designee ___________________________
Non-Profit Organizations

Access Unlimited
3535 Briar Park Drive, Suite 102, Houston, TX 77042
(713) 781-7441
Provides information on computer resources and special technology.

Administration of Developmental Disabilities
Office of Human Development Services
US Department of Health and Human Services
200 Independence Avenue, S.W., Washington, DC 20201
(202) 245-2890
Administers assistance to individuals with disabilities to help them achieve independence, productivity, and integration.

American Art Therapy Association
1202 Allanson Road, Mundelein, IL 60060
(312) 949-6064
Provides information about art therapy services.

American Association on Mental Retardation (AAMR)
1719 Kalorama Road, N.W., Washington, DC 20009
(202) 387-1968 or 1-800-424-3688
Promotes the well-being of individuals with mental retardation

American Occupational Therapy Association, INC.
1383 Picard Drive, PO Box 1725, Rockville, MD 20850
(301) 948-9626

Provides information about occupational therapy services.

American Physical Therapy Association
111 N. Fairfax Street, Alexandria, CA 22314
(703) 684-2782

Provides information about physical therapy services.

American Printing House for the Blind
PO Box 6085, Louisville, KY 40206
(502) 895-2405

Dedicated to the promotion of the education of individuals with visual impairments.

American Speech-Language Hearing Association
10801 Rockville Pike, Rockville MD 20852
1-800-638-8255 or (301) 897-8692 (Voice or TOO)

Provides information and referrals for individuals with speech-language or
hearing impairments.

Association for Education and Rehabilitation for the Blind and Visually Impaired
206 N. Washington Street, Suite 320, Alexandria, CA 22314
(703) 548-1884

Dedicated to the advancement of education and rehabilitation for individuals with visual impairments.

Association for Retarded Citizens of the US
2501 Avenue J, Arlington, TX 76006
(817) 640-0204

Devoted to the improvement of welfare of children, adults, and families of individuals with mental retardation.

Autism Society of America
8601 Georgia Avenue, Suite 502, Silver Spring, MD 20910
(301) 565-0433

An umbrella organization providing information and referrals for individuals with autism.

Canines Companions for Independence
PO Box 446, Santa Rosa, CA 95402
Trains dogs to assist persons with physical impairments.

Council for Exceptional Children
1920 Association Drive, Reston, VA 22901
(703) 620-3660

Provides special educators with an exchange of information about disabilities.

Council for Learning Disabilities
PO Box 40303, Overland Park, KS 66204
(813) 492-8755

Aides in the exchange of educators of learning disabilities in the exchange of information.

Epilepsy Foundation of America
4351 Garden City Drive, Landover MD 20785
(301) 459-3700

Sponsors research and provides information about seizure disorders.
Affiliated with support, employment, and assistance.

Federation for Children with Special Needs
Represents the interests of parents of children with disabilities and encourages input on how to deal with children with special needs.

Learning Disabilities Association of America
4156 Library Road, Pittsburgh, PA 15234
(412) 341-1515
Provides information and referrals for individuals with learning disabilities.

National Association for the Deaf
814 Thayer Avenue, Silver Spring, MD 20910
(301) 587-1788 (voice) or (301) 587-1789 (TOO)
Works as an advocate for the advancement of individuals with hearing impairments.

National Association for Music Therapy
505 Eleventh Street, S.E., Washington, DC 20003
(202) 543-6864
Provides information about music therapy.

National Association of the Physically Handicapped, INC.
Bethesda Scarlet Oaks, #117
440 Lafayette Avenue, Cincinnati, OH 45220
(513) 961-8040
Works to inform the public about the needs of individuals with physical disabilities.

National Association for the Visually Impaired.
22 West 21 Street, New York, NY 10010
(212) 889-3141
Provides information and literature for individuals with visual impairments.

National Association Center for Children and Youth with Handicaps
PO Box 1492, Washington DC 22013
(703) 893-6061
Collects stories and ideas for individuals with disabilities.

Office of Special Education Programs
220 "C" Street, S.W., Washington DC 20202
(202) 732-1007
Lists state grants available for research, training, demonstration, and assistance.
Illinois Respite Programs
National Respite Locator Service - (800) 773-5433

Sertoma Centre, Inc.
Association for Individual Development
St. Clair Associated Vocational Enterprises
Alden Village
MARC Center
United Developmental Services
Clinton County Rehabilitation Center
Community Support Services
Delta Center, Inc.
Macoupin County Mental Health Center
Little Friends, Inc.
Developmental Services Center
Lutheran Social Services of Illinois
Coles County ARC
Abraham Lincoln Centre
Ascension Respite Care Center
Chicago Association for Retarded Citizens
Children's Place Association
Department of Mental Health and Development Disabilities
El Valor Family Service
Habilitative Systems
Lester and Rosalie Anixter Center
Miseracordia Home South
North Center for Handicapped Children
South Chicago Parents and Friends of Retarded Children
The Children's Place Association
Seguin Services, Inc.

Alsp	(708) 371-9700
Aurora	(708) 844-5040
Belleville	(618) 234-1992
Bloomingdale	(708) 529-3350
Bloomingt
Bourbonnais	(815) 939-4070
Breese	(618) 526-2252
Brookfield	(708) 354-4547
Cairo	(618) 734-2665
Carlinville	(217) 854-2281
Carol Stream	(708) 690-7292
Champaign	(217) 356-9176
Champaign	(217) 398-3011
Charleston	(217) 348-0127
Chicago	(312) 225-5545
Chicago	(312) 751-8887
Chicago	(312) 487-0551
Chicago	(312) 826-1230
Chicago	(312) 814-2728
Chicago	(312) 721-9311
Chicago	(312) 261-2252
Chicago	(312) 929-8200
Chicago	(312) 254-9595
Chicago	(312) 777-4111
Chicago	(312) 734-2222
Chicago	(312) 826-1230
Cicero	(708) 863-3803
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<tr>
<th>Service Description</th>
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<tr>
<td>DeWitt County Human Resources Center</td>
<td>Clinton</td>
<td>(217) 935-9496</td>
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<td>Macon Resources Inc. Respite Service</td>
<td>Decatur</td>
<td>(217) 875-1910</td>
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<td>Family Services Agency of DeKalb County, Inc.</td>
<td>DeKalb</td>
<td>(815) 758-8616</td>
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<td>Kreider Services Inc.</td>
<td>Dixon</td>
<td>(815) 288-6691</td>
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<tr>
<td>New Hope School and Work Activity Center</td>
<td>Dolton</td>
<td>(708) 841-4034</td>
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<tr>
<td>Hills and Dales Child Development Center</td>
<td>Dubuque</td>
<td>(319) 556-7878</td>
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<tr>
<td>Jayne Shover Easter Seal</td>
<td>Elgin</td>
<td>(708) 742-3264</td>
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<td>Larkin Center for Children and Adolescents</td>
<td>Elgin</td>
<td>(708) 695-5656</td>
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<tr>
<td>Little Angels Nursing Home</td>
<td>Elgin</td>
<td>(708) 741-1609</td>
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<tr>
<td>Ray Graham Association For People with Disabilities</td>
<td>Elmhurst</td>
<td>(708) 530-4554</td>
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<td>Respite Care</td>
<td>Evanston</td>
<td>(708) 733-1400</td>
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<tr>
<td>Good Shepherd Center</td>
<td>Flossmoor</td>
<td>(708) 957-5700</td>
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<td>Malcolm Eaton Enterprises</td>
<td>Freeport</td>
<td>(815) 235-7181</td>
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<tr>
<td>JoDaviess Workshop, Inc.</td>
<td>Galena</td>
<td>(815) 777-2211</td>
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<tr>
<td>At-Home Care/St. Elizabeth Medical Center</td>
<td>Granite</td>
<td>(618) 798-3900</td>
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<td>Respite House, Inc.</td>
<td>Hinsdale</td>
<td>(708) 968-7220</td>
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<tr>
<td>Jacksonville Area ARC</td>
<td>Jacksonville</td>
<td>(217) 479-2300</td>
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<td>Easter Seal Rehabilitation Center</td>
<td>Joliet</td>
<td>(815) 725-2194</td>
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<td>Trinity Services, Inc.</td>
<td>Joliet</td>
<td>(815) 485-6197</td>
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<tr>
<td>United Cerebral Palsy</td>
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<td>(815) 744-3500</td>
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<td>Abilities Plus</td>
<td>Kewanee</td>
<td>(309) 852-4626</td>
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<td>MHCCII Logan-Mason Rehabilitation</td>
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<td>(217) 735-5223</td>
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<td>Augustana Respite Care</td>
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<td>Walter Lawson Children's Home</td>
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<td>(815) 633-6636</td>
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<td>Bridgeway, Inc.</td>
<td>Macomb</td>
<td>(309) 837-4876</td>
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<td>Pioneer Center</td>
<td>McHenry</td>
<td>(815) 385-9800 x 238</td>
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<tr>
<td>Trade Industries</td>
<td>McLeansboro</td>
<td>(618) 643-4321</td>
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<td>Association for Retarded Citizens</td>
<td>Moline</td>
<td>(309) 764-6330</td>
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<td>ARCI Rock Island County</td>
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<td>Warren Achievement Center</td>
<td>Monmouth</td>
<td>(309) 734-7644</td>
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<td>Little Friends</td>
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<td>Glenkirk</td>
<td>Northbrook</td>
<td>(708) 394-9160</td>
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<td>Opportunity Center of Southeast Illinois</td>
<td>Olney</td>
<td>(618) 395-2418</td>
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<td>Countryside Association for the Handicapped</td>
<td>Palatine</td>
<td>(708) 438-8944</td>
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<td>Human Resources Center</td>
<td>Paris</td>
<td>(217) 463-3076</td>
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<td>Tazewell County Resource Centers, Inc.</td>
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<td>(309) 347-5121</td>
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<td>Alternacare Nursing Service</td>
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<td>(309) 688-5433</td>
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<td>Beverly Home Care</td>
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<td>Crittenton Care and Counseling Center</td>
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<td>Interim Health Care</td>
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<td>Futures Unlimited</td>
<td>Pontiac</td>
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<td>Gateway Center</td>
<td>Princeton</td>
<td>(815) 875-4548</td>
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<td>Children’s Development Center</td>
<td>Rockford</td>
<td>(815) 965-6745</td>
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<td>Shelby County Community Services, Inc.</td>
<td>Shelbyville</td>
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<td>Orchard Village In-Home Respite Care</td>
<td>Skokie</td>
<td>(708) 967-1800</td>
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<td>Shore Community</td>
<td>Skokie</td>
<td>(708) 967-0070</td>
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<td>Jayne Shover Social Service Center</td>
<td>South Elgin</td>
<td>(708) 468-6840</td>
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<tr>
<td>Mini O’Beirne Crisis Nursery</td>
<td>Springfield</td>
<td>(217) 525-6800</td>
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<td>S.P.A.R.C., Inc.</td>
<td>Springfield</td>
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<td>The Hope School</td>
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<td>Sumner</td>
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<td>Christian County Mental Health Association &amp; Developmental Center</td>
<td>Taylorville</td>
<td>(217) 824-9675</td>
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<td>ARC Community Support Services</td>
<td>Teutopolis</td>
<td>(217) 857-3186</td>
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The Crisis Nursery of Champaign County
Urbana  
(217) 337-2730

Fay-Co Enterprises, Inc.
Vandalia  
(618) 283-1875

The ARC of Iroquois County
Watseka  
(815) 432-6191

The Pediatric Excellence Program
Westchester  
(708) 343-0703
The Braille Alphabet

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