



AJE UPDATE

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Our Mission

The mission of AJE is to educate parents, youth, and the community about the laws governing public education, specifically for children with special needs. We seek to empower youth and parents to be effective advocates and youth to self advocate to ensure that children receive an appropriate education. It is also our mission to make the public aware of the consequences of institutional negligence of children with or without disabilities to promote school accountability.

About AJE

AJE is home to the Parent Training and Information Center, DC Health Information Center, the DC Parent Center, and the DC Parent Information Network (DC PIN).

V: (202) 678-8060
F: (202) 678-8062
TF: (888) 327-8060
W: www.aje-dc.org
E: information@aje-dc.org

1012 Pennsylvania Avenue SE
Washington, DC 20003

4201 Georgia Ave, NW
Washington, DC 20011

DCPS's Out of Boundary Lottery for Preschool and Pre-Kindergarten Begins Now!

The Out of Boundary Lottery allows parents to apply for available seats at a District of Columbia Public School (DCPS) or schools other than their child's assigned neighborhood school. For the 2012-2013 school year, DCPS offers nearly 6,000 seats for three and four year old children across 86 schools. Though students are not required to attend preschool or pre-k by law, DCPS strives to make seats in these grades available to as many families as possible to ensure an early start to education.

All families wishing to secure a preschool or pre-kindergarten seat in a DCPS school must apply through the Preschool/Pre-K Lottery. Therefore, preschool and pre-kindergarten seats are allocated using a lottery system with any seats remaining after the lottery allocated on a first-come, first-serve basis. In boundary applicants who do not receive a preschool or pre kindergarten seat will still have the right to attend kindergarten at their neighborhood school beginning at age five.

Out of Boundary Lottery Facts:

- The Preschool and Pre k Lottery application period for the 2012 2013 school year begins on January 30 and ends on February 27. Please check dcps.dc.gov one week prior to the opening of the lottery for specific opening and closing times.
- Applicants may each apply to up to six school programs, selecting any combination of in boundary and/or out-of-boundary schools.
- Preschool applicants must turn three years old by September 30, 2012. Pre k applicants must turn four years old by September 30, 2012.
- The lottery application must be completed online. NO paper applications will be accepted.
- Your child can participate in the Out of Boundary Lottery if they have an Individualized Educa-

tion Plan (IEP). Please call the Office of Special Education, to inquire about your child's specific program, 202-442-5400.

- Results will be posted online on March 2, 2012 and mailed home by March 9, 2012.
- Applicants who receive a seat in the lottery must accept the offer by April 2, 2012 by returning the "Letter of Intent to Accept Lottery Seat" to the accepting school. Applicants must also submit a complete enrollment packet by May 2, 2012 (including DC residency verification) in order to secure the seat. You must be prepared to prove in-boundary and sibling preferences at this time.

How to complete an application if you do not have internet access?

If you do not have internet access, there are several ways that you can complete the application:

- Visit your local library for free internet use.
- Stop by your neighborhood DCPS School. The front office staff can help you complete an application on a school computer.
- Call DCPS's Critical Response Line at 202-478-5738. The Critical Response Team will gladly work with you over the phone to submit an application.
- You can visit any of AJE's two office location to complete your application. No appointment necessary!

Information provided by District of Columbia Public Schools.

Bright Smiles, Bright Futures! The Importance of Oral Hygiene for Children with Special Needs

According to the U.S. Department of Health and Human Services, tooth decay is the single most common chronic disease among children in the United States. Even babies can have it. And with early and sustained home care and regular professional preventive services, it's totally preventable. Left undetected and untreated, the disease – called early childhood caries or baby bottle rot – can lead to pain, infection and destruction of teeth and surrounding tissues.

Untreated tooth decay may even lead to delayed overall development among young children affected with severe forms of the disease including delayed speech and keeping on task.

Children with special needs can have unique issues when it comes to caring for the health of their teeth, gums and mouth. This may be due to the symptoms of their health condition, need for medications that contain sugar, diet, trouble with eating, or oral sensitivity. And quite frankly, dental care may take a back seat to other more pressing medical issues. Yet, because of the greater risk for children with special needs, it is vital to make good oral health care a priority.

Common Dental Concerns in Children with Special Needs:

- GERD (gastro-esophageal reflux disease): GERD can cause a child's mouth to be acidic, which can wear down the teeth. Dentists can prescribe special toothpastes to help prevent tooth damage from the acid.
- Holding food in the mouth: Some children will hold food in their mouth or cheeks much longer than usual – this is called food pouching. Doing this creates a good breed-

ing place for bacteria that causes cavities to grow.

- Bruxism: Children may grind or gnash their teeth while sleeping or during the day. Over time, grinding can damage teeth. This is common, and while most children outgrow the habit, treatments are available if it becomes a significant problem.



- Bad breath: Some digestive disorders, chronic sinusitis, or diabetes may cause bad breath. This may also be a side effect of certain medications.

- Dry mouth: May be a result of your child's condition or a side effect of a particular medication. This can affect nutrition and can lead to tooth decay, gum disease, and mouth infections. It is important to check with your dentist and your child's doctor for treatment ideas.

- Medicine: Liquid syrups and medicines with sugar can cause cavities. Other medicines can cause dry mouth and reduce how

much saliva a child makes. These medicines can include antihistamines, antidepressants, anti-GERD medicine, sedatives, and barbiturates. Some seizure medicines may cause enlarged gums, causing them to bleed. You can help reduce the impact of medicine by rinsing or spraying your child's mouth with water after each dose.

The American Academy of Pediatric Dentists recommends that children with special needs see a dentist 6 months after the first tooth comes in, and not later than 12 months of age. If your family dentist is not comfortable seeing your child before age 3, you may want to find a pediatric dentist. The child's age, developmental disabilities and/or special health care needs may make it difficult or impossible for them to perform daily oral care independently. Providing good dental and oral health care for children with special health care needs can be accomplished with a little planning and consideration. Parents and caregivers who ensure this care is provided will be rewarded with bright smiles for a lifetime!

For more information:

Oklahoma Association of Community Action Agencies Oral Health Care Guide: <http://www.okacaa.org>
The Center for Children with Special Needs: <http://cshcn.org>
Head Start Dental Home Initiative: <http://eclkc.ohs.asf.hhs.gov>

Special Education 101: Communicating Effectively with Childcare Professionals

Children with disabilities also have a lot of abilities. By communicating both your child's needs and strengths to early childhood professionals, you can help them select services that will be most appropriate for your son or daughter. You and this team of professionals will create your child's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP). Their role is to listen to your concerns and develop goals based upon your child's

strengths and needs. Your role is to help the team understand your child. Here are some ideas that can help you do that effectively.

Know Your Child's Strengths and Needs

While all children develop in their own way and at their own rates, general guidelines show the skills and behaviors children typically have at certain ages. These guidelines can help you think about where your child is developing typically and where some sup-

port might be helpful. Some parents find it helpful to discuss their child's strengths and needs with a family member or friend. As you consider your child's development, look for consistent patterns, not just one or two instances

Share Information

Once you've identified your child's strengths and needs, share them with the early childhood professionals and give examples to il-

STRENGTHS	NEEDS
I am happy that my child:	I am concerned that my child:
Smiles back at me or others	Doesn't smile back at me or others
Reaches for an object and holds it	Has difficulty reaching for objects and holding them
Likes to play with other children	Likes to play alone
Sometimes uses two to three word sentences	Uses only single words and only occasionally

illustrate each one. Doing so can provide the team with a fresh, insightful way of looking at your child.

Ask Questions

No one expects you to know everything about your child's development, but it's good to learn as much as you can so you can be a strong advocate for your son or daughter. To learn more, you might want to ask early childhood professionals questions such as:

- How can you help me so I can help my child?
 - Have you worked with a child that is similar to mine?
 - What community resources would be helpful to meet my child's needs?
- Remember! You are the expert on your child, by sharing and communicating effectively with the providers, will only add to the success of your child.

with Early Childhood Professionals"

Adapted from PACER Center Action Information Sheet, "How to Communicate Effectively

Assistive Technology Devices: Supporting a Young Start

Have you ever considered using an electronic device to communicate? What about using your phone as a way to express a message to someone standing in front of you? Assistive technology (AT) devices make their way into the lives of those with and without disabilities daily. So, why not introduce assistive technology devices to young students?

What is assistive technology?

Under The Individuals with Disabilities Education Act (IDEA), assistive technology is defined as any item, piece of equipment, or product system, whether acquired commercially, off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability. Such devices include, but are not limited to, foam wedges, power wheelchairs, talking calculators, and the popular iPad.

What can assistive technology do for my child?

The push for assistive technology devices is not new, but with new high-tech devices being produced, many will request AT in an effort to provide support to their students. The most widely known assistive technology devices are electronic devices that support or compensate for a disability. Assistive technology devices are more than just communication and electronic devices. There are three levels of AT devices; low tech, mid-tech, and high-tech. Below are some examples for each category:

Low-Tech	Mid-Tech	High-Tech
Adapted furniture	Recorders	Talking calculator
Highlighter pen	Audio books	iPad

All students can benefit from any AT device on any level.

How can I get Assistive Technology devices/support?

To answer this question, we have to revisit the special education process. Was your child found eligible for special education services? If so, did the IEP team discuss assistive technology during the IEP meeting(s)? If your child did not qualify for special education services, insurance or medical assistance may cover the price of assistive technology equipment (please contact your insurance companies for specifics). Of course, there are cost-friendly low-tech and mid-tech devices, such as highlighters (low-tech) and audiobooks (mid-tech) that could be purchased separately.

Assistive Technology devices can provide students with the support and voice they need to communicate effectively. Such devices play an important role in the development of the student motor skills, independence, expression, and communication skills.

If you would like to receive a demonstration on AT options, obtain a referral for AT devices or simply get more information on how to choose the right AT device, contact the Assistive Technology Program for the District of Columbia at 202-589-0228. Some programs are subject to eligibility.

For more information:

<http://www.pacer.org>

<http://www.nectac.org/>

<http://www.atpdc.org>



Children with Special Needs, need Parents with Special Skills!

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Strong Start Campaign: D.C. Early Intervention Program Improves Public Awareness

**Interview with Jerri Johnston-Stewart, Program Manager, Office of the State Superintendent of Education (OSSE) Division of Special Education.*

Strong Start is the District of Columbia's Early Intervention Program, administered through the Office of the State Superintendent of Education (OSSE). The program provides coordinated services and support for infants and toddlers under age three who have been diagnosed with disabilities.

Once a parent calls the Strong Start number at (202)727-3665, what can they expect next?

Once a family calls the Child Find hotline, they can expect several action items to occur.

1. Completion of a written referral form, which includes consent to release information.
2. Offering of the Ages and Stages Questionnaire, a parent completed screening tool.

3. Referral for a Multidisciplinary Evaluation to determine eligibility.
4. Assessment to determine present levels of development; and
5. If eligible, the development of an Individualized Family Service Plan (IFSP), within 45 days of completed referral.
6. If not eligible, linkage to other resources.

Can you give us examples of some types of the services available to children with disabilities?

Examples of types of therapies offered are: assistive technology, audiology and vision services, family training and counseling, occupational, physical and speech therapies, transportation and related costs are some examples.

What do you think are the biggest barriers to parents accessing early intervention?

One of the biggest barriers to date in the

District is the lack of a private insurance mandate to pay for early intervention services under the intent of the IDEA Part C federal law.

What can be done to change this?

There are a number of advocacy groups in the area with experience and expertise. Parents, if they choose, can work with these groups to research what other states are doing in this area and make recommendations to law makers.

What makes this work so meaningful to you? I work every day to redefine the system of early intervention in the District of Columbia to include a true parent-professional partnership.