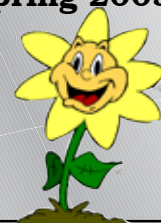


Parent Newsletter



Published by the Department of Special Education

Lincoln Public Schools

MARCH IS BRAIN INJURY AWARENESS MONTH TRAUMATIC BRAIN INJURY AWARENESS

TBI Facts:

- An estimated 1.5-2 million individuals each year in the United States sustain a TBI.
- Approximately 270,000 people experience a moderate or severe TBI annually.
- Approximately 50,000 to 70,000 people die from head injury each year.
- The number of children with disabilities, ages 6-21, served in the public schools under the IDEA Part B in the 2000-2001 school year was 5,775,722 (in 50 states, D.C. and P.R.). Of these children, 14,844 received services for TBI.
- TBI results in an estimated \$48 to \$56 billion in direct and indirect costs.

At-Risk Groups/Causes:

- TBI is a major public health problem, especially among male adolescents and young adults ages 15 to 24, as well as among elderly people of both sexes 75 years and older.
- Half of all TBIs are due to transportation accidents, and are the major cause of TBI in people under age 75. For those 75 and older, falls are the cause for the majority of TBIs.
- The leading cause of TBI hospitalizations among persons aged at least 65 years are falls.
- Males are about twice as likely as females to sustain a TBI.
- Domestic violence and TBIs are major societal problems with public health implications. Recent outcome data show that TBI survivors who are victims of assault are more prone to a suboptimal outcome.
- Approximately 20% of TBIs are due to violence.
- Physical abuse is a leading cause of serious head injury and death in children aged 2 years or younger. The incidence of inflicted TBI in U.S. children is unknown.

Outcomes of TBI:

- Disabilities resulting from TBI depend upon the severity and location of the injury, and the age and general health of the patient.
- Between 2.5 and 6.5 million Americans alive today have had a TBI.

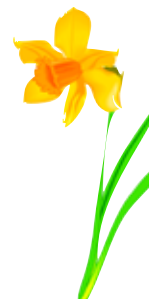
- Survivors of TBI are often left with significant cognitive, behavioral, and communication disabilities, and some patients develop long-term medical complications such as epilepsy.
- Approximately 5.3 million Americans are currently living with some degree of cognitive-linguistic impairment secondary to TBI.
- Approximately 230,000 to 250,000 people are hospitalized for TBI and survive, while approximately 80,000 to 90,000 of these survivors live with significant disabilities as a result of the injury.
- Approximately one-third of adults hospitalized with TBI still need help with daily activities one year after their discharge.

Information from www.asha.org (Communication Facts: Special Populations: Traumatic Brain Injury – 2004 Edition)

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BRAIN INJURY MYTHS AND FACTS

Brain injury is a blow or jolt to the head that can disrupt the normal function of the brain. This is often referred to as a “concussion” or a “closed head injury.” Doctors may describe these injuries as “mild” because concussions are usually not life threatening. Even so, the effects of a concussion or mild brain injury can be serious. You can have a brain injury without losing consciousness. Some people may just be dazed or confused. A mild brain injury may significantly affect a variety of skills at home and school. These signs may start to appear immediately or up to 6-12 months after the head injury. If your child receives a head injury, whether it requires medical attention or not, please notify someone at your child’s school.

Southeast Nebraska has a Brain Injury Regional School Support Team (BIRSST) that is making efforts to educate parents and school personnel about the effects of brain injury. If you have any questions please contact Cindy Brunken at Lincoln Public School District Office.

Myth #1: All brain injuries are the same.

Fact: Each brain injury is different. Due to the complexity of the brain, and where the injury occurs, no two brain injuries are alike.

Some symptoms may appear right away, but other symptoms may not show up until days, weeks, or even months after the brain injury.

Signs might be subtle, so some problems might be missed early on. Since brain injuries are different, recovery from a brain injury can also vary from person to person. Most people with a mild brain injury recover fully, but it may take time.

Myth #2: Physical recovery means the brain is healed.

Fact: Cognitive recovery is different than physical recovery.

You cannot visually see when the brain is healed, unlike physical injuries (for example: a broken arm or leg). Sometimes it is hard for individuals to recognize or admit that they are having problems because it is not as obvious as a physical injury. 15% of people who sustain a mild brain injury experience lasting effects.

Myth #3: A brain injury heals with time.

Fact: It takes longer for all the effects of a brain injury to show up in children.

The brain of a child still is developing through adolescence. All the effects of a brain injury may not be known right away. Children are more active, school work becomes more complex, and responsibilities increase over time. The brain of a growing child is steadily challenged to do more complex thinking, communication and learning.

Over time, new difficulties may appear that are directly related to the brain injury. It is hard for people to connect an earlier brain injury with later difficulties with behavior and learning. For the child who has a brain injury, time reveals instead of heals.

Myth #4: A mild brain injury (concussion) has no consequences.

Fact: A mild brain injury can affect a child’s ability to concentrate, learn and function at home and in school.

Even a mild brain injury can affect brain functioning. Children who have mild brain injuries do not lose consciousness or do so very briefly. They may be confused, but are still alert. Many are examined and released from the emergency department or treated in a doctor’s office. Even when a neurological examination is normal, a mild brain injury can cause changes in learning and behavior that show up later at home or school.

Some children develop a “post-concussion syndrome” several days or weeks after the injury. This can include dull headaches, dizziness, changes in vision or hearing, mood changes, restlessness, being tired, slower responses, and memory problems. These symptoms usually go away within three months, but until then a child may need more help, support and supervision. If these changes continue then more in-depth medical evaluation is needed.

Myth #5: Recovery ends 6 months after the brain injury.

Fact: There is no definite end point or timetable for recovery.

Recovery is most rapid in the first 6 month after the brain is injured, but it continues at a slower rate up to one year after the injury. The term “plateau” describes the stage of recovery when the rate of improvement slows and levels off.



continued on next page

BRAIN INJURY . . . CONTINUED FROM PAGE 2

Reaching a plateau means that the child is moving into the next stage of long-term recovery that will be more gradual. Families report seeing changes over long periods of time as brain functions improve, as the child learns how to use adaptive strategies, and as the child matures and grows. Parents know their child best, so they often see subtle changes over time that are less obvious to professionals.

Myth #6: “Normal” IQ scores after a brain injury mean that the child will have no problems learning in school.

Fact: IQ scores are not accurate predictions of learning after a brain injury.

Students with brain injuries often have test scores within what is considered the “normal” range of intelligence. This is misleading because many intelligence tests focus on recalling old information that is stored in the brain. Many children with brain injuries do quite well on these tests. However, it is the ability to learn new information that often

changes after a brain injury. This is less likely to show up on standard intelligence tests.

Myth #7: Professionals are always the final experts.

Fact: Parents know their child best.

Only parents have first hand experience with their child before and after the brain injury. They have seen their child through every stage of care and have watched their child progress over time. Professionals come and go. Programs change. Parents are the only constant in the child’s life. Professionals can help parents learn about brain injury and how to use that knowledge to get needed services.

If your child receives a head injury, whether it requires medical attention or not, please notify someone at your child’s school.

Information from: *Myths and Facts: When your child has a brain injury* by Marilyn Lash. Lash & Associates Publishing, 1998. To order a Myths and Facts brochure, contact www.lapublishing.com.

SUMMER LINCOLN PUBLIC SCHOOLS SPECIAL EDUCATION SUMMER SCHOOL SUMMER

Dear Parents,

Many of you are already thinking about summer activities for your children. As in past summers, Lincoln Public Schools will provide summer services for students who received special education services during the 2008-2009 school year. Services will be provided for students who currently receive instruction in Early Childhood Special Education-Grade 8 during three weeks between July 6-23 (as determined by services and/or programs). High School students and VOICE students (Grades 9-age 21) who currently receive special education instruction will receive services during 6 weeks between June 11-July 23 (as determined by services and/or programs).

Summer Services Registration booklets will be available in your child’s school soon. The registration booklet will

also be found online at www.lps.org. Your child’s IEP manager will discuss with you those goals/objectives that may be recommended for your child during summer services. As you register your child, please plan for your child to attend school each day that summer services are in session.

Please contact the principal and/or coordinator/assistant principal at your child’s elementary school for additional information. At the middle and high school levels, please contact the special education coordinator for additional information.

Sincerely,

Tanya Hilligoss
Special Education Supervisor—Summer Services



Summer Services Registration booklets will be available in your child’s school soon.

The registration booklet will also be found online at www.lps.org.



PHYSICAL THERAPISTS ENCOURAGE PHYSICAL ACTIVITY: COURAGEOUS PACERS PILOT PROGRAM

This previous November, four physical therapists from Lincoln Public Schools attended a presentation of the Courageous Pacers Program that was created by Tim Erson, MS, PT. This program was created as a way to encourage physical fitness among children, especially those with disabilities. Erson initially geared the program towards a special education class containing children ages 5-7, but it can be enjoyed by students of all ages and abilities. Not only does it promote an active lifestyle, it also encourages inclusion, leadership, and health. Research confirms that physical activity actually enhances learning (1).

Program consists of simple strengthening and stretching exercises which focus on the main body regions. There are 5 different lifts that can be done each session, using either free weights or plastic bottles filled with sand or water with a goal of 10,000 pounds. There is also a goal of going 100 miles where a walking program or another activity can be incorporated towards improving endurance. The time requirement for the program is about 20-30 minutes per day, and the cost for materials is roughly 1 dollar per child. Children are able to make their own materials, and can be in charge of documenting their own progress, which in turn makes them accountable for achieving their goals.

All too often, children with special needs are overlooked when it comes to physical activity. While reasons usually relate to their impairments, a sedentary lifestyle can be even more detrimental to their health, leading to exacerbations of their chronic health issues. For those with special needs, their present and future health depends on their ability to move. Being physically active has many benefits, including improved posture, function, learning, and overall quality of life. This program occurs during the school day and includes activities for improving strength, endurance, and flexibility. There have also been noted improvements in cognition and behavior. According to an article in *Pediatric Exercise Science*, when substantial school time is dedicated to physical activity, academic performance meets and may even exceed that of students not receiving additional physical activity (2).

Beginning in January 2009, North Star High School, Southwest High School, and Mickle Middle School found ways to introduce the Courageous Pacers Program to their special needs classes. Students at North Star have dubbed themselves the "Gator Pacers", and demonstrate responsibility by charting their own progress and designing their own bottle weights. They set aside time out side of PE to walk in hallways and have encouraged program participation

from other staff in the school. Adaptive PE at Southwest is incorporated into conditioning for the Special Olympics basketball team. Each participant has been given a pedometer so that they can monitor their own progress, which makes them more motivated to take as many steps as possible towards 100 miles. Basketball coach Lis Brenden has noticed, "Students check their pedometers throughout class, compare and sometimes run extra to get ahead. Whoever has the most steps by the end of the week gets to pick the activity for Monday." Students at Mickle Middle School are doing a variety of activities during their PE class. Each student takes a turn leading the class in stretching, and then the class is broken up into smaller groups in order to participate in various sport activities with the proper assistance given.

Since the program has begun in LPS, both resource and gym teachers have noticed more motivation for exercise, less classroom disruption, and an overall improvement in function among students. Jane Green of Mickle Middle school has mentioned, "(Students have) a true willingness to participate. They have more time to build skills at their levels, and to actually try to improve on skills...I've seen the older students take on 'role model' status (in helping the younger kids with activities)." All teachers involved in program have noticed an increase in teamwork among students in program, each one motivating each other.

The Physical Therapists involved in the Courageous Pacer's Pilot program are Arlyce Thompson-Krug, Millie Schenk, Susan VanBrocklin, Lisa Wieman-Schulz, and Nancy Ogden. They were assisted by Nina Smith, PTD Student from the University of Nebraska-Medical Center. They all give special thanks to Tim Erson for his presentation and inspiration for furthering physical fitness.

If you have any questions about the Courageous Pagers program, or any Occupational or Physical Therapy program, please contact Mary Phillips, Special Education Supervisor, at 436-1905 or email her at mphil@lps.org.

- 1- Jensen, E. *Learning with the Body in Mind*. 2000.
- 2- Shepard, R. *Pediatric Exercise Science*. V13, 1997.



INCLUSIVE PRACTICES BEGIN IN EARLY EDUCATION

Accountability for all students to make academic and social gains has become increasingly important. Both political and social pressures have influenced the development of school programs intended to meet the needs of all students in spite of ability. It is important for parents to understand the rules and regulations of the Individuals with Disabilities Education Improvement Act, IDEA, 2004, which is the basis for understanding inclusive practices. School districts are required to serve all children in the “least restrictive environment”. IDEA Section 612 states that “to the maximum extent appropriate, children with disabilities, including children in public institutions...are educated with children who are not disabled, and special classes, separate schooling or other removal of children with disabilities from regular educational environment occurs only when the nature or severity of the disability of the child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.”

In the birth-through-five-world that is termed “natural environments” or where typically developing children spend their time: preschool classrooms. LPS is committed to providing inclusive preschool classrooms for our youngest students. The early childhood special education program began partnering with the LPS ExCITE Preschool program last year. We were able to expand our inclusive classrooms from 14 inclusive preschool classrooms to 30 inclusive preschool classrooms. We grew from eight neighborhood elementary schools to 14 neighborhood schools. Each of these classrooms are comprised of at least ten typically developing children and six children with disabilities. The instruction is lead by an Early Childhood Teacher and supported by an Early Childhood Special education teacher and appropriate related services staff (SLP, OT, PT, Vision, Hearing, etc.) At the end of 1st semester, 2008-09, over 700 children were attending our inclusive preschool program and just over 200 children with disabilities received services in this inclusive preschool setting. Of course, we still offer the more traditional preschools for children with disabilities at Pershing, Adams, Clinton and Huntington Elementary Schools and a preschool program for children who are deaf and hard of hearing at Prescott Elementary School. However, our vision is to grow the inclusive preschool program to cover the city with opportunities for all children to participate in preschool with their neighborhood peers whenever possible.

The schools with inclusive preschool classrooms are Arnold, Belmont, Brownell, Campbell, Calvert, Cavett, Everett, Humann, Maxey, McPhee,, Meadow Lane, Prescott, Roper and Saratoga.

For questions on any ECSE service, please contact Mary Phillips, ECSE Special Education Supervisor, at 436-1905 or email her at mphil@lps.org.

For questions on how to enroll in the ExCITE program, please contact Pat Schmidt, ExCITE Coordinator, at 436-1995.

What Does an Inclusive Preschool Classroom Look Like?

At first glance, a high-quality inclusive program looks like any other high-quality preschool program. Here are some great examples of what you would see:

- Children with and without disabilities playing, exploring and experimenting with materials. They choose learning centers, play outdoors, eat family-style meals and self serve snacks, solve problems, use creativity and have fun as they learn about math, science, literacy, social studies and more.
- Regular and special education teachers working together to teach the curriculum and plan ways to adapt the program for children with special needs.
- Paraeducators working with teachers to teach the curriculum and help children be as independent as possible.
- Speech-Language Pathologists, Occupational and Physical Therapists, Vision and Hearing specialists helping the classroom staff decide what approaches to use with children who have special needs.

To ensure a successful experience for everyone, the children with disabilities receive needed supports and services. Early Childhood Special Educators collaborate with the preschool staff to help children benefit from ongoing classroom activities. Speech-Language Pathologists share strategies for supporting children’s speech and language development, while occupational and physical therapists serve as a rich resource for supporting small and large muscle development.

Depending on the children’s disabilities, there may be wheelchairs, standers, ramps, switch-operated toys, foam wedges and other adaptive equipment. You may see eating utensils, art supplies and other materials that are specially designed or adapted to allow all children to fully participate in classroom activities and routines.

Research shows that inclusive programs prepare children with disabilities for the real world, result in improved communication and social skills, and promote peer relationships. Studies also indicate that high-quality inclusive programs help children who do not have disabilities better understand diversity and strengthen their own developing skills.

RECOMMENDATIONS FOR ENCOURAGING YOUR CHILD TO DO HOMEWORK

Learning to follow instructions, stay on task, not procrastinate, and complete work in a timely manner are important skills every child needs to learn. After a long day at school, many children often attempt to avoid or delay homework. The following tips may provide your child with that extra motivation needed to complete their tasks.

1. Find a specific location in the house for studying.
 - ✓ Pick a work space conducive to work, such as a table or desk (avoid beds and sofas).
 - ✓ The location should be relatively distraction-free (no T.V., “traffic” areas, etc.).
 - ✓ All materials necessary should be readily available (pencils, paper, ruler, etc.).

2. Identify a specific time and routine.

- ✓ You may choose to allow your child to have “down time” after school before beginning homework. However, if you have difficulty retrieving your child from an activity to do work (coming in from outside, returning from a friend’s house, etc.), you may decide to have your child complete his/her work immediately after school.
- ✓ Homework should be a daily part of the child’s nighttime routine. Even if your child does not have homework from school, have them engage in learning activities (e.g., reading, practicing math facts, spelling, etc.) during their nightly homework time. This makes homework-time a good habit and improves their academic skills.
- ✓ Have your child complete their work in a structured fashion (e.g., 10 minutes math; 10 minutes reading). Intersperse easy and hard subjects (e.g., start with an easy subject, then difficult, and then end with an easy task).



3. Provide praise and encouragement.
 - ✓ Frequent monitoring. Sit down with your child at the beginning of the homework session. Have your child verbalize their list of homework. Praise your child for getting started, then allow your child to work independently. Stop by frequently to provide praise, pats on the back, and assistance with difficult work.
 - ✓ Break down tasks. Allow your child short planned breaks for snacks, talking with you, or getting a drink. For example, if your child typically has spelling and math homework, allow him/her to earn their after-school snack after completing spelling and a typical privilege after math.
 - ✓ Grandma’s Rule (You can do something fun if you complete your work.) Allow your child to earn something for their hard work! This can be something special (playing a game, playing catch outside, picking dinner, etc.) or a privilege that the child previously did not have to earn. Always put a positive spin on it and plan it into your child’s nightly routine (You get to use the computer/TV right after your work is done!).
 - ✓ Use an incentive program. Sometimes children may be motivated by simply putting a sticker on a calendar each day they complete their work within a timely manner. Other children may have difficulty staying on-task and focusing. For these children, provide your child with 3 to 5 tokens (pennies, tiles, small sheets of paper) during each homework session. Tell your child that s/he can exchange tokens for 2-5 minute breaks (going to the bathroom, having a question, being off-task, telling a story, etc.). The overall goal is for him/her to do it by themselves, independently and accurately. If the child has at least 1 token at the end and with high accuracy, s/he earns a reward or privilege.

Submitted by Valerie Gortmaker, Ph.D., School Psychologist, Lincoln Public Schools

HELP YOUR CHILD LEARN SPEECH SOUNDS AT HOME

By Leslie S. McCloglin

You can help your child learn speech sounds correctly at a very early age. If your child is beginning to use words or short sentences, you can help your child pronounce words better. Follow these six steps for learning pronunciation:

1. Make a list of words your child uses frequently.

Also include thoughts and feelings that your child often expresses nonverbally. For a child who screams when something is taken away, words like “don’t” and “mine” are useful words to learn. Here is a sample list of meaningful words for a preschooler:

Protection Words	Attention Words	Refusal/Acceptance Words
don’t	look	no
stop	watch	yes
quit	hey	want
help	more	
Bathroom Words	Personal Words	Body Parts
bathroom	child’s name	eye
potty	me/I	mouth
wash	child’s age	teeth
brush	boy	nose
comb	girl	ear
Social Words	Location Words	Action Words
please	there	push/pull
thank you	this	hit
okay	that	go
fine	here	run/walk
hi/bye	up	climb
Family Words	Emotion Words	Preschool Words
siblings’ names	love	play
pets’ names	mad	cup/spoon
favorite foods	like	juice/milk/cookie
sister/brother	sleepy	truck/book/ball
mommy/daddy	happy	doll/block/bike
baby	hungry	scissors

2. Choose five words from the list that your child does not pronounce correctly.

Say them to your child at least twice a day and once at bedtime. If possible, get pictures or objects representing the words. Point to the corresponding picture or object as you say each word. If you cannot use pictures or objects, set up situations where the word can be used many times. Incorporate these five words into a bedtime story for your child. Use the words as many times as possible.

3. After a week or two of saying the five words, ask your child to name an object or picture after you name one.

You may want to stretch out any sound the child is having trouble with. Or, say the difficult sound louder than the other sounds in the word. If your child doesn’t say the word correctly, try not to respond negatively. Encourage your child to say the word without correcting. Don’t let your child get frustrated. If the child continues to have trouble getting the sound, go on to another word or activity. Perhaps the child needs another week or two of listening to the sound.

4. It is very important to work on only one sound at a time in each word.

If the child says “wub” for “love” don’t try to correct the “l” and the “v” at the same time. Start by accepting correct production of sound. For example, “wuv”.

5. When your child can say the five new words after you, ask the child to name the pictures or objects without hearing you say the names first.

Deliberately misunderstand your child if a word is said incorrectly. This shows the child that the way a word is said can make a difference in meaning. Praise correct pronunciation. This helps your child be aware of correct pronunciation when it occurs.

6. Once your child can say a word without needing to hear you say it first, put the related picture on the refrigerator or household bulletin board.

This can be done for each word as it is learned. Make a family “rule” that the child must use the word in five appropriate situations every day. Try to think of special ways to reward the child’s progress if five correct productions are made in a day.

Now you can start over with five new words, or teach another sound in a word you’ve just worked on. Give your child frequent opportunities to listen to the words. When the child is imitating the words correctly, supply lots of opportunities to use them.



THE ARC OF LINCOLN/LANCASTER COUNTY



5609 South 49th St., Suite 5 • Lincoln, NE 68516
Phone: 421-8866 • Fax: 421-8922



SPRING 2009 CALENDAR OF EVENTS

April 11 – People First

Advance your self-advocacy skills and put them to work in everyday situations. For adults 18 and over who experience developmental disabilities. Meetings are held at the Bennett Martin Library, 14th & “N” Street, 4th floor conference room, 10:30 a.m.—12:00 noon.

April 11 – Sibshop

A fun time and sharing experience for brothers & sisters 8-13 of children who experience developmental disabilities. Held at Irving Middle School- 2745 S. 22nd.

April 23 – Family Connections

An educational opportunity for the entire family. Join us for free dinner. Respite care provided for adults and children with and without developmental disabilities. Reservations are required for dinner and respite care. Held at Irving Middle School- 2745 S. 22nd. 6:30 p.m. - 8:15 p.m.

April 23 - People First-Junior

An educational opportunity for youth between the ages of 14 and 18 who experience developmental disabilities. A program designed to promote self-advocacy and self-determination skills while meeting new friends and having fun! This program is held in conjunction with Family Connections. Held at Irving Middle School- 2745 S. 22nd. 6:30 p.m. - 8:15 p.m.

April 30 – Early Region Planning Team presents speaker Tim Feeney

Tim will be talking about Autism. He will be at Maxey School. 6:30 p.m. - 8:30 p.m.

DOWN SYNDROME ASSOCIATION FOR FAMILIES OF NEBRASKA

CALENDAR OF EVENTS

Believing is Achieving Conference

Kansas City Down Syndrome Guild
Saturday, March 28, 8:00 - 4:30 p.m.
Overland Park Convention Center in Kansas City

DSAF “Annual Ball Night”

March 27, 6:00 p.m. - 8:00 p.m. at St Mark’s Church
Family Life Center, 84th & Pioneers. The gym will be open & we will have all kinds of balls to play with. Pizza & pineapple will be served. This is a family event for children with Down Syndrome and their families.

Munroe Meyer Institute Symposium, “A Multi-disciplinary Health Care

Approach for Individuals with Down Syndrome”
Saturday, April 25
UNMC Sorrel Center
For information go to:
<http://www.unmc.edu/dept/mmi/index.cfm>

Teaching Children with Down Syndrome about Bodies, Boundaries, & Sexuality

Free workshops for parents & professionals
Parent Workshop

Thursday, July 16 6:30 -8:30 p.m.

Professional & Parent Workshop

Friday July 17, 9:00 a.m. - 3:00 p.m.

For more information, contact Lisa Schulze:
lisa.schulze@ppncb or 402-441-3320

37th Annual National Down Syndrome Congress National Convention

July 31-August 2, Sacramento California. Reservations open in March.

Go to “NDSC” on the web for more information

LINCOLN PARKS AND RECREATION

EASTERDAY RECREATION CENTER ADAPTIVE RECREATION PROGRAMS SUMMER PROGRAM INFORMATION For Youth with Special Needs

Monday Hi-Time Club (for junior high/senior high youth with special needs)

Summer session - June 1 - July 6 (6 weeks)

Club hours: 7:00 p.m. - 8:30 p.m.

Registrations will be accepted no earlier than April 27th for this summer session.

Registration fee for Summer Club Session is \$6.00

Door-to-door transportation is available for an additional charge of \$18.00 for the summer session.

First activity: Business meeting & dance at Easterday Recreation Center (6130 Adams); \$1 monthly dues will be collected. Club is based out of Easterday Recreation Center.

Creativity Camps

Art Extravaganza Camp

Will be held at F Street Community Center (13th & F). Campers will receive instruction on painting, drawing, ceramics, and pottery.

Ages: 13 – young adults **Meets:** 1 week **Begins:** June 8
M-F 1:15-4:15 p.m. *\$45/person

*Door to door transportation is available for \$15 for the session.

Drama Camp

Activities include beginning theatre concepts, creative movement, and set design. Campers will prepare and perform a short play. Camp is based out of Auld Pavilion (1650 Memorial Drive) in Antelope Park.

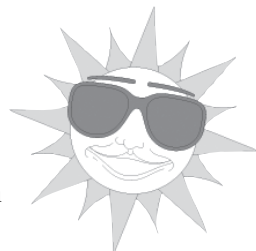
Ages: 13 – young adults **Meets:** 2 weeks **Begins:** June 15
M-F 1:15-4:15 p.m. *\$90/person

*Door to door transportation is available for \$30 for the 2 weeks.

SumFun 2009 Day Camp

SumFun is a camp designed to meet the needs of youth with mental and physical disabilities. The program offers a wide range of recreation activities which provide opportunities for social interaction and aid in the development of physical and social skills. SumFun is designed to provide a paid staff to participant ratio of 1-4. Activities will include arts & crafts, games, music, sports, swimming and field trips.

Participants will be assigned to camp groups according to their age. Enrollment is limited. Registrations are taken on a first come, first served basis. Call



441-7877 (Easterday Recreation Center) for further information or to register. Camp is based out of Auld Pavilion (1650 Memorial Drive) in Antelope Park.

Ages: 5-21 **Each Session lasts 1 week**

Begins: July 13, July 20, July 27, August 3

M-F 9:00 a.m.-2:30 p.m. *\$60/person per session

*Door to door transportation is available within Lincoln for an additional fee of \$15 per session.

If the camper has not previously attended SumFun, Fun Club, or Hi-Time Club, please register in person at Easterday Recreation Center (6130 Adams). Bring the completed "Adaptive Recreation 2009 Summer Camps Application Form" with you. Call Kerry or Debra at 441-7877 or 441-7901 to arrange a time. If the applicant has previously attended any of the adaptive recreation programs listed above, you may mail the application form.

Holiday Ceramics

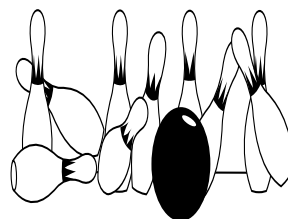
Participants paint 2-3 pieces of greenware with the assistance of instructors. Cost includes project supplies. Call 441-7877 for more information or to register. All classes are held at Calvert Recreation Center (4500 Stockwell).

Ages	Begins	Day	Time	Weeks	Fees
17+	6/13	Sat	9:30-10:45a	3	\$19.25
17+	6/13	Sat	11a-12:15p	3	\$19.25
17+	7/11	Sat	9:30-10:45a	3	\$19.25
17+	7/11	Sat	11a-12:15p	3	\$19.25
17+	8/8	Sat	9:30-10:45a	3	\$19.25
17+	8/8	Sat	11a-12:15p	3	\$19.25

Co-Ed Bowling League

Teams bowl three games each week following regulation league rules and handicaps. Trophies will be awarded. Pre-registration required. Call 441-7877 to request a registration form. This session will be held at Hollywood Bowl at 48th & X St. No bowling 7/4 or 8/15.

Ages	Begins	Day	Time	Weeks	Fees
17+	6/13	Sat	2-4:30 p	10	\$6.50/week



continued on next page

EASTERDAY RECREATION . . . CONTINUED FROM PAGE 9

Special Olympics Nebraska Young Athletes

The Young Athletes program is an innovative sports play program for children ages 2-7 with intellectual disabilities along with their siblings

and their peers, designed to introduce them into the world of sports. This program will prove enormously beneficial on multiple levels for your child including helping the children improve physically, cognitively and socially. This program is designed to address two specific levels of play. Level 1



includes physical activities focused on developing fundamental motor tracking and eye-hand coordination. Level 2 concentrates on the application of these physical activities through a sports skills activity program and developing skills consistent with Special Olympics sports play. The activities will consist of foundational skills, walking & running, balance & jumping, trapping & catching, throwing, striking, kicking and advanced skills. A separate Special Olympics registration form will need to be completed. Call 441-7877 for more information.

Ages	Day	Time	Fees	Location
2-7	Sa	9-9:30 a.m.	free	Easterday

Our 1st session ends May 2nd. The 2nd session begins May 30th. Athletes may join anytime during the session.

Pre-registration is required for all classes, clubs, and Special Olympics.

Call Kerry Zingg, Debra Williams, or Monica Manning at 441-7877 for registration forms or for additional information.

A GREAT I.D.E.A.-PATHWAYS TO SUCCESS: WHAT EVERY PARENT NEEDS TO KNOW

Parents are invited to learn about the new federal law governing special education, IDEA 2004, by attending a workshop hosted by Lincoln Public Schools and presented by the Parent Training Institute (PTI) of Nebraska. The workshop will be held on Monday, March 16th from 7:00-8:30 p.m. at the LPS District Office, 5901 O Street.

The mission of PTI Nebraska is to provide training, information and support to parents who have a child birth through twenty-six with special needs. Parents can join other parents from LPS to learn how to become a better advocate for their child!



**Have a safe Spring Break!
March 23-27**

“I wish I would’ve known earlier about all of the opportunities that existed for me in sports.”

*- Natalie Schneider 2008 Gold Medal Paralympian
and Madonna Magic Wheelchair Basketball Player*

Youth Adaptive Sports and Recreation Workshops

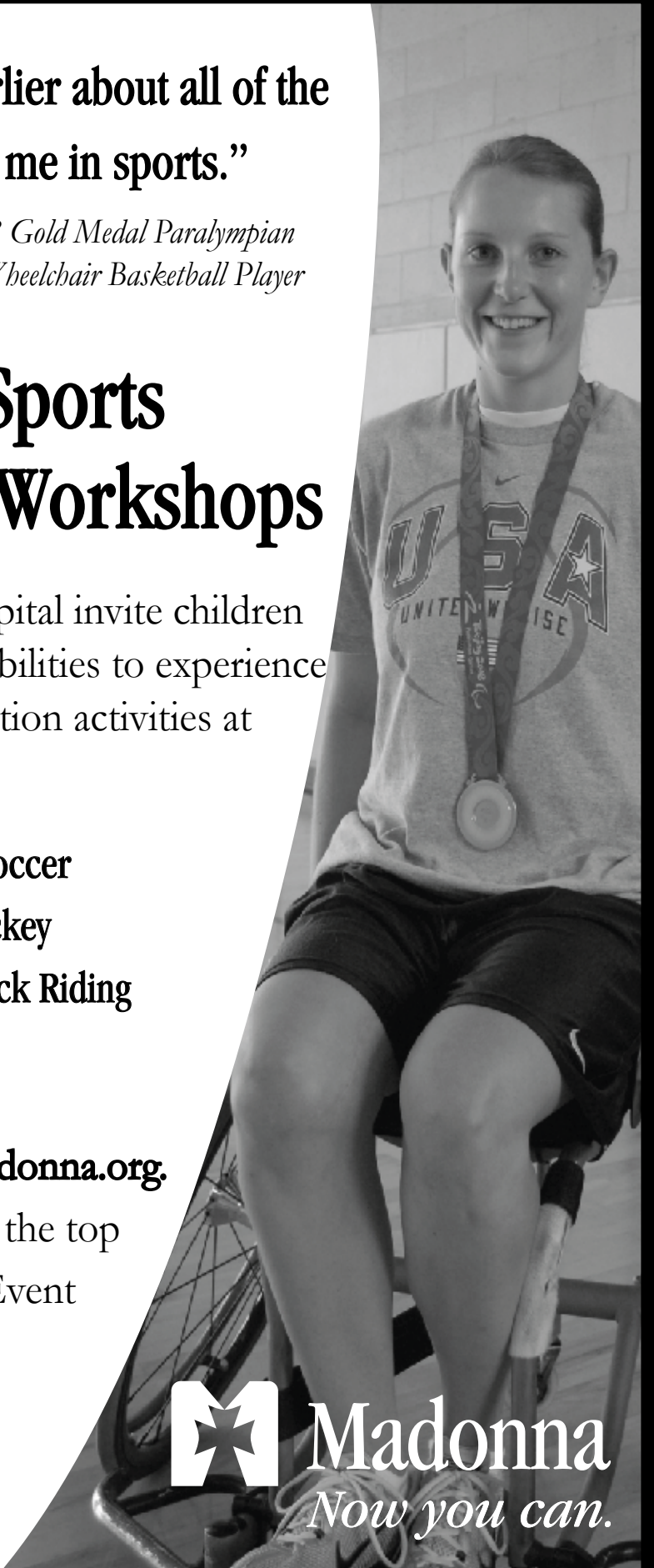
Madonna Rehabilitation Hospital invite children and youths with physical disabilities to experience a variety of sports and recreation activities at these upcoming workshops:

March 14	Power Soccer
March 28	Sled Hockey
April 18 & May 16	Horseback Riding
June 13	Fishing

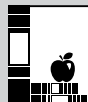
For eligibility criteria, **visit Madonna.org**.
Click on “News & Events” at the top
of the page, then go to the “Event
Calendar” or **call 486-7766**.



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