

Parent Newsletter



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Lincoln Public Schools

MESSAGE FROM THE DIRECTOR

Gratitude

Kris Reckewey, Ph.D.
Director of Special Education

Gratitude and serendipity come into play in my message for this quarter's newsletter. As I was reading an article about gratitude in *The Communique*, (the newspaper of the National Association of School Psychologists), I received an email from someone in our department with the following quote at the end of their message:

"At times our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us - Albert Schweitzer". I liked the quote. I have gratitude for those who have lighted a flame within me and I hope I can inspire others. I believe that is often what motivates us, what helps us achieve collective efficacy, to really make a difference, and I am thankful for that. After reading that quote, I knew I needed to share this article with you.

The article by Jeffrey J. Froh and Giacomo Bono was entitled: "Gratitude in Youth: A Review of Gratitude Interventions and some Ideas for Applications". The authors think of offering and receiving help as being fundamental to human survival. Many positive outcomes occur as a result of supportive relationships. Securing those relationships and understanding them in context becomes essential.

The authors believe it is important to foster gratitude in students because people are grateful when they notice the kindness of others. This makes students aware of the importance of relationships, makes them appreciate their benefactors, and the students in turn, want to reciprocate. Students who express gratitude generally have greater social supports, as well as less stress and depression. Froh and Bona state, "These results suggest that gratitude not only helps people form, maintain, and strengthen supportive relationships, but it also helps them feel connected to a caring community which values their contributions. Such assets are critical to

the resilience and healthy development of children and adolescents."

Froh and Bona state that gratitude can be trained if children are made aware of instances of helping. The ideal age for training is between 7 and 10 years of age. Around that time, children acquire the empathy that is needed to understand that the actions of others are meant to enhance their lives. Gratitude interventions started to appear approximately two years ago. One of the interventions is "Counting Blessings." They reported about three separate studies that were conducted where children counted their blessings. In all three studies, counting blessings helped students to feel more gratitude, optimism, and life satisfaction. The students had a more positive outlook in general.

Another method of intervention that was studied was "The Gratitude Visit." Participants were asked to write

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a letter to someone they had not properly thanked, and then to visit the person and read the letter to him/her. Again, results were positive. This method seemed to be especially effective for youth who initially scored low in positive affect.

Direct instruction was also listed as a sound intervention for teaching gratitude. Basically, they suggest a series of five lessons that include an introductory lesson, a lesson about benefactors' intentions when being a benefactor, another lesson about the cost experienced by benefac-

tors when giving a benefit, a fourth where they learn the benefits of receiving a gift, and a review/summary as the fifth lesson.

I would encourage you to ask your children to name five blessings each day with the hope of many possible outcomes. If something that simple can help children become more positive, strengthen friendships, increase resiliency, and foster stronger bonds, it is well worth the time. What an easy, wonderful thing to do with your child. Count your blessings.

DO YOU HAVE A CONCERN ABOUT YOUR CHILD'S HEARING?

Jean Baumeister,
Lincoln Public Schools Audiologist

The Audiology Department of Lincoln Public Schools is currently located in the District Office at 5901 O Street. We welcome calls concerning your child's hearing and invite you to schedule an appointment. Please see the information below which explains how hearing is tested, depending on the age of the child.

Infants: If your child received a "refer" to the newborn hearing screening, contact the Early Development Network at 441-6710. This agency will assign a Service Coordinator to help you set up an appointment to have your baby's hearing rescreened. During your child's visit, the audiologists will perform a test called a Tympanogram which measures eardrum movement. A probe is placed in the ear canal and then changes the pressure from positive to negative in the ear canal. This test does not hurt but does require minimal movement from the baby. Another test called Otoacoustic Emissions is also performed which requires a probe tip in the ear canal and minimal movement. This is the actual screening for hearing.

Newborn-Age 3: If your child has not been seen in our office for a hearing test, please contact the Early Development Network at 441-6710. If your child is returning to the Audiology Department, please call 436-1922 to schedule an appointment. Depending upon the age of your child, different tests will be utilized.



Generally the tests described above are used until the baby is 6 months old. For a child 6-30 months of age, a test called Visual Reinforcement Audiometry (VRA) is used. During this test we teach the child that whenever they hear a sound coming from the speaker, a stuffed animal lights up or a cartoon plays on a screen. When the child independently turns to the sound, audiologists know the child heard the sound and reinforces their response with the animal or cartoon. A Tympanogram will also be performed at this visit.

Age 3-5: Please contact 436-1920 to schedule an appointment. A Tympanogram will be performed at this visit. During this session we use a testing technique called Conditioned Play Audiometry (CPA). During CPA we teach the child to perform a play task such as "put a peg in a peg board" every time they hear a sound. It is at this age headphones are used to obtain hearing levels in each ear.

School-Age Children: Please schedule an appointment by calling 436-1922. Audiologists use the standard hearing test during this appointment along with a Tympanogram. A test that assesses a student's ability to understand words is also given; words are presented to students at a comfortable hearing level.

Upon completion of your child's visit, the audiologist will explain results of the hearing test to the parent/guardian, as well as provide recommendations. If you have any questions about your child's hearing, you are welcome to contact one of the Lincoln Public Schools' audiologists directly at 436-1977 or 436-1978.

ENVISIONING BRIGHTER FUTURES: LIFE IS GOOD

by Mary Phillips,
ECSE & OT/PT Supervisor

My husband and I recently attended a parent workshop sponsored by PTI (Parent Training Institute) and Complete Children's Health Center on January 14, 2011. The workshop was held at Bryan LGH East, and was attended by about 50 parents, teachers, and community partners. The workshop was about raising children with disabilities and the speaker was a parent of a child with a disability himself, Mr. Brad Thompson. He resides in Texas, and while some of his acronyms were different from those used by Lincoln Public Schools, it did not distract from his presentation. His presentation was very positive and inspirational for parents who find themselves raising children with disabilities... particularly for those parents who did not volunteer for the job or who never thought they would have a child with a disability.

While I work as a special education supervisor during the day, I am a parent of an adult child with disabilities all the time. Both my husband and I found this workshop to be refreshing.

Mr. Thompson's theme was "Life is Good." He shared that his daughter was "the joy of a dream come true." He said, "If you never dream, you will never know the joy of a dream come true," and he encouraged all parents to dream for the best for all of their children.

I wanted to highlight some of his discussion points:

1. Parents always have something to offer. They know their child best and can offer teachers and providers their piece of the puzzle. They are not only the first teachers, they'll be the last, too!
2. Educators often view themselves as the "coach", but Mr. Thompson believes parents should view themselves as the "coach". The team of teachers and therapists are the current players on their child's team. Those players have the expertise needed at a certain point in time, and as the child transitions to the next level (home base to preschool to kindergarten to middle school to high school to adult services) the parents will be the constant, working with each set of "professional" partner players to help their child. As a parent, I really liked that analogy.
3. Parents need to learn to advocate positively for their child, but not in an adversarial role because that may increase feelings of isolation.
4. We all have to keep a sense of humor - our kids do really funny stuff!
5. Educators and family support partners have to encourage parents to take care of themselves, especially when they see they are totally devoted to their children. Their well will run dry eventually, and if they don't fill it from time

to time, they will hit rock bottom. It's inevitable.

6. Research tells us grandparents grieve twice, once for the baby/child with the disability and once for their own child who will raise the child with a disability. We should not forget that.
7. The Grief Process is NOT linear. It reoccurs every time a developmental milestone is missed, a life event does not happen, or a stage in life goes unchanged. When your child does not walk or potty train at the same time as others their age, or is never invited to a birthday party, or cannot drive, or does not have friends, or cannot work outside the home, or is dependent upon the parent for everything in their life (emotional well being, physical well being, transportation, etc.), parents run through the grief process again. The cycle may run faster or it may stagnate on a particular area once in a while, but the process is circular.
(Grief Cycle: Denial, Anxiety, Fear, Guilt, Shame, Depression, Anger, Hope, Acceptance)
8. Not every battle is worth fighting for. What may be a big deal to someone else, in the big picture, may not be a big deal to parents of children with disabilities. I'm reminded of a parent teacher conference where the teacher wanted our daughter to practice dribbling (with a basketball). This was not going to be a big deal to us - ever. Be careful how you judge.
9. Resilience is the key to survival for parents of children with disabilities. Small victories and developmental successes increase resilience so parents can deal with the bigger issues that will surface down the road. We are reminded to celebrate those small victories!
10. AND MY FAVORITE: Parents of children with disabilities tend to be "stress snobs." They don't get stressed out over the small things, the daily tribulations that their children present. So when another person tells them about something stressful their child has done, parents of children with disabilities may not feel a great deal of sympathy. Mr. Thompson's example was when a friend told him that their child was up all night teething - he thought, "Poor you. My child hasn't slept thru the night in 12 years!" He didn't say it, but he thought it. He thinks parents of children with disabilities "get" to be stress snobs - they've earned it!

There are many parent support groups in our community. Please reach out and build a support network for yourself. If you have questions about who to contact, please feel free to check with the LPS Special Education Supervisors at 436-1905 and we will be more than happy to help you get connected!

EXECUTIVE FUNCTIONS— SOMETHING TO THINK ABOUT

by Julie A. Daymut, M.A., CCC-SLP

Executive functions are thoughts that we carry out or “execute” as actions in order to reach a goal. Another name for executive functions is *critical-thinking skills*. Our brains control our executive functioning. Executive functions include skills such as “maintaining attention, controlling impulses, keeping free of distractions, engaging in mental planning and problem solving, maintaining flexibility, time management, setting priorities, organizing, and executing a task” (Geffner, 2007, slide 2). Difficulty with any of these abilities can cause academic problems as well as problems with everyday life tasks. Terms for such difficulties are *executive dysfunction* or *executive function disorders*.

Academic Difficulties Related to Executive Functions

Focus, attention, and memory help us to carry out executive functions. In the school setting, a child with executive-functioning problems may...not turn in assignments, miss parts of assignments, forget to take home books, forget to write down important information, not follow a logical order when completing a task, not finish work on time, not seek out needed information, have difficulty solving problems, delay initiating projects, not be able to monitor progress, not plan next steps, be unable to revise plans, not manage several tasks at a time, and more. The classroom teacher and any specialists, such as a speech-language pathologist, can work with the child to help him/her learn and use strategies to improve executive functioning.

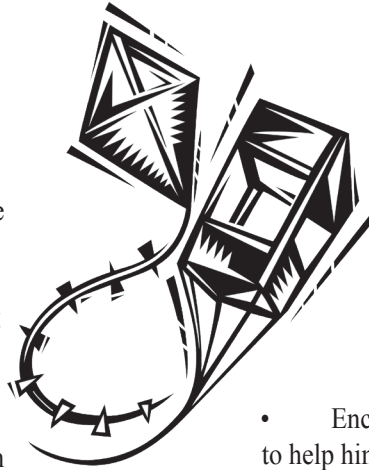
Strategies to Help a Child Who Has Difficulty with Executive Functions

Each child is unique with his/her own strengths and challenges, and certain teaching techniques and compensatory strategies may benefit one child more so than another. Provide support and assistance as the child needs it, and let him/her be increasingly responsible for organizing his/her thoughts and actions. Acknowledge a child’s attempts to initiate behaviors, complete tasks, and then self-evaluate performance. By recognizing these efforts, you are helping the child learn and grow as well as become more independent!

Below are some examples of strategies to help a child who has difficulty with executive functions.

In School:

- Use timers. Help a child monitor and manage time by having timers in the classroom. Sand timers or *Time Timers* are great ways to let a child “see” how much time is left to complete an assignment, task, or test. Audio timers can beep



when time is almost up (five minutes left, for example).

- Display to-do lists. Write a daily outline on the board to visually show the structure of the school day. Include subjects and times (e.g., Art – 10:15-11:15).
- Provide organizational tools. For example, have a child keep different colored homework folders together — *red* = due tomorrow, *yellow* = due this week, *green* = due in the future.

- Encourage self-responsibility. Ask questions to a child to help him/her focus on a task. Have the child generate his/her own questions to extend what you’ve already asked. Ask the child to come up with a plan and follow through with it. Use a checklist to do this.

At Home:

- Keep a “reminder” calendar. Mark important dates with specific times and places. You can color code the calendar (e.g., doctor’s appointments are *red*, sports practices are *blue*, etc.).
- Provide organized storage. Have labeled bins for keeping things in their places (e.g., *yellow* bins are for toys, *green* bins are for art supplies, *blue* bins are for sports equipment, etc.).
- Give praise and feedback. For example, when your child completes an executive-function task, like pre-planning, you can say: “I like how you put your homework in your homework folder” or “I like how you made yourself a note to put your homework folder in your book bag at the end of the school day.”
- Help your child “think through” a problem or project. Ask questions about the problem/project and have your child answer them. Then see if he/she can come up with questions on his/her own. For example, you could say, “What is your science project?” “When is it due?” “What supplies do you need to make it?” Then, you could say, “What other questions do we need to answer about your science project?” Make a list of all these questions and answers together. Refer to the list as your child completes the project. Add in new questions and answers that will help complete the project as you go along.

Resource

Geffner, D. (2007). *Managing executive function disorders*. Retrieved from http://search.asha.org/default.aspx?q=executive_function

WHAT'S NEW IN SPECIAL EDUCATION

IEPs- Developing Measurable IEPs

- Newly developed IEP Goals and progress monitoring tools addressing functional learning needs will be implemented.
- Procedures for measuring and monitoring as well as additional progress monitoring tools have been addressed during required district professional development sessions.
- Para-educators have been made available to support progress monitoring efforts at the secondary level. This project is ARRA supported.
- The department is developing goals and progress monitoring processes for Early Childhood, Hearing Impairments, Vision Impairments, and OT/PT programs.

Speech-Language Pathologists

- SLPs continue to study and implement evidence-based interventions for articulation, stuttering, and language/literacy instruction.
- SLPs continue to implement methods to increase student engagement and active participation in reading, speaking, and writing with the goal of facilitating the development of academic language in reading, speaking, and writing.
- SLPs have implemented the use of specific progress monitoring tools aligned with high use IEP goals for measuring the impact of intervention on students with speech and language verifications.
- SLPs have aligned speech-language therapy with state standards and the goals and objectives of the general education curriculum.
- Models for Response to Intervention (RTI) to address articulation, voice, fluency, language development, reading comprehension, and written language have been piloted in several schools. This systematic effort in RTI has yielded positive outcomes for participating students.
- SLPs continue to examine and pilot ways to increase student engagement and participation in guaranteed viable curriculum via the use of technology (e.g., ipods,

laptop computer applications).

- The SLP program has begun to shift from a caseload model to a workload model.
- Alternative service delivery models have been studied and implemented with the goal of increasing the intensity and focus of speech-language intervention and improving student outcomes. Several models were piloted in various schools including: the Intensive Articulation (Speedy Speech) Model; the ACTS Model (Assess, Consult, Team, and Serve); the Cyclical Scheduling Model; RTI Articulation; and RTI Reading-Language-Comprehension in elementary, middle, and high schools.
 - One speech technician and 3 speech paraeducators have been hired to assist with programming of assistive technology devices, development of curriculum aligned therapy materials, assistance with documentation of progress monitoring data, and the provision of extra practice activities for students with speech and language disabilities and students receiving RTI services.
 - Elementary SLPs have worked to develop K-2 Early Intervention/Prevention activities for use in general education classrooms and small groups.
 - Elementary SLPs are piloting the Reading-Language-Comprehension program with verified students in grades 2-5.
- Middle school SLPs have co-taught the RTI Reading-Language-Comprehension intervention class for sixth grade students who exhibited below level reading and writing skills.
- High school SLPs have co-taught the Reading-Language-Intervention class for high school students with SLI verifications who exhibited below level reading and writing skills.
- ELL Assessment and Intervention: SLPs received updated information regarding assessment guidelines and interventions for assessing and instructing ELL students.



PARENT ADVISORY MEETING NOTES

The Lincoln Public Schools Parent Advisory Committee met on February 3, 2011 at the Lincoln Public Schools District Office. One parent representative from each school serves on the committee which meets four times per year with members of the special education leadership team. Parents were surveyed at the first meeting of the year to indicate topics of interest. Parent participation on the committee is appreciated.

Meeting Notes February 3, 2011

Present: Kristen Pacas- West Lincoln; Kathy Zimmerman- Irving; Tonya Pierson- Humann; Sally Moon- North Star; Colleen Toalson- East; Andi Bishop- Randolph; Amy Sabatka- Lux; Tracy Mueller-Knecevic- ECSE; Tina Welty- Beattie; Brent Cejda- East; Deb Mintor- Eastridge; Gina Miller- Pound; Karen Dorsey- Saratoga

Support Programs in Lincoln Public Schools
Comprehensive special education programs are available to students in each of our schools. However, specialized student supports are available to buildings through district level support teams. Representatives from each of the support teams shared information about their programs.

Support Team Panel:

Jorja Brazda-Witters- Speech-Language Pathologist- Child Study Team
Rachel Schlueter- Speech-Language Pathologist- Inclusion Cadre
Bev White- Inclusion Cadre
Patty Daberkow- Speech-Language Pathologist- Assistive Technology Team
Deb Rauner- Behavior Specialist
Barb Fitzgerald- Yankee Hill Coordinator
Dave Marsh- Licensed Mental Health Practitioner- Behavior Skills Program
Sue Glissman- Supervisor- Behavior Skills Program
Toben Bunting- Teacher- Behavior Skills Program

Behavioral Programs- Susan Safarik- Supervisor Behavior Specialist - Deb Rauner

- This team serves students in all areas of disability.
- Support is offered to students from birth to 21 in their homes, daycares, and schools.
- Students are referred by parents or teachers who request support. Deb observes, problem solves with teams, and offers ideas. She offers modeling and coaching supports to paraeducators, parents, and teachers.
- The goal is to help students be successful and remain in their schools.

Behavioral Skills Program- K-9 Programming- Sue Glissman

- The Behavior skills program serves students in Kdg-5 teams and in grades 6 - 9 teams.
- On average, BSP serves 70 students per day, but numbers vary from time to time. The program serves 125-130 students throughout the year.
- The philosophy is that students belong in their home schools as much as possible. Students are proud to be members of their home schools.
- A student comes to BSP if the building team determines the student needs more support than their home school can offer. Students learn and practice skills, then return to their home school to apply their skills. Students may go to BSP because of severe depression, mental health issues, and/or behavioral needs. The goal is to help students return to their home schools as soon as possible.
- Transportation is provided for all students.
- A recreational therapist is on staff to plan and provide physical activities for students.

Dave Marsh- Licensed Mental Health Practitioner

- Each student is assigned an individual therapist who works with the student on the issues that brought him/her to the site and that require this level of educational service.
- The therapist is present with the child to observe the factors that are causing the behavior and then helps the student learn strategies to cope and respond appropriately.
- BSP has alternative learning environments where students can go to calm themselves.
- Dave is passionate about working with students and getting mental health services into the schools for the purpose of prevention.
- The motto is: "Never give up."

Toben Bunting- Teacher

- The role of the teacher at BSP is to collaborate with each students' home school teachers and provide academic instruction while the student is attending BSP.
- The teachers at BSP serve as academic advocates for the students. They teach social skills and give students opportunities to practice those skills in preparation for returning to their home schools.

Yankee Hill Program- Barb Fitzgerald- Coordinator

3 Programs at Yankee Hill: For students in grades 10 through age 21.

1. Program for students with mental handicaps and behavior disorders: This program teaches life skills and

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vocational skills. Students choose academic projects of interest, causing them to read, write, and do math without realizing that this is the focus. Students work on social skills, teen living skills, and life skills. Students also go into the community to practice vocational skills.

2. Program for students who have been suspended from their home schools: The goal of this program is to keep students up in their general curriculum work so they do not fall behind when they return to their home schools.
3. High school Behavioral Skills Program- Most of the students in this program transition from the Kdg-9 Behavioral Skills Program. Most students attend Yankee Hill half time and their home high school half time, with the goal of gradually transitioning back to their high schools full time. Yankee Hill shares the recreational therapist with the Behavior Skills Program.

Bryan Community- Mindy Roberts- Principal

- Bryan Community is an alternative high school for students who would be more successful in a smaller high school community.
- Students and their parents choose to attend.
- A comprehensive curriculum is offered at Bryan.
- Occasionally, students will transition to Bryan from BSP or Yankee Hill if the team agrees they would be most successful in a smaller high school setting. In these cases, out patient behavioral therapy may be offered.

Special Education Support Teams- Mary Ells- Supervisor

The following programs offers a wrap around approach to support students.

Instructional Coaches- Jorja Brazda-Witters

- The instructional coaches have received 500 referrals for students in Kdg-12 this year.
- Support is provided in early childhood so services can be offered with continuity as students grow.
- A team of specialists helps problem solve and develop individualized programming for students.
- Coaches also help new special education teachers learn about specialized programming and offer support in all aspects of their job.
- Coaching services are accessed when building teams complete a referral form and submit it to the district office. The district support team then sends a representative to the building based on the primary needs communicated in the referral. Services may include: setting up communication systems for students, preparing visual schedules, helping teachers develop modifications, training staff on new strategies, and modeling interventions with students. Coaches help set

up communication and coordination systems among all team members in the building.

- Support staff visit buildings weekly for a half day or whole day.
- Building teams find it very helpful to have a fresh set of eyes to step back and observe the student.

Assistive Technology Supports- Patty Daberkow

- Assistive technology supports for students may range from low tech to high tech to help students access the curriculum.
- If students have physical or vision disabilities, assistive technology can help them access the curriculum and complete their work.
- The AT support team also helps students find the best way to communicate with peers and adults.
- The team works hard to stay up to date on the latest technology and best practices.

Early Childhood Technician- Mary Phillips and Mary Ells

The district has developed a new program to provide early intervention services in the home for children with autism as young as 2 years of age. A highly trained technician serves as a model and coach to support parents.

Summary: We know that one of the most effective things we can do at the district level is to help staff in the buildings be the most effective they can be at what they do. Student needs continue to expand, so we need to keep expanding our knowledge base. The coaching model is the best model for helping to build the capacity of adult learners. The support teams take the learning into the classroom and help teachers build their professional practice. These supports help our staff help our students. Buildings truly appreciate these supports.

Parent Q & A

Q: How does the student's team decide when to move into an assistive writing programming when a student struggles with writing?

A: The primary goal is to help the student be successful in his/her classroom. A team member evaluates the student's abilities to determine what strategy will work best. A team member or a parent may initiate the referral. We expand students' opportunities to do things in a different way.

Q: What kind of behaviors do you see at BSP?

A: Students are referred when they are physically aggressive and create an unsafe environment for themselves or others. Most students do better when they are in their home

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schools with peers who model good behavior. However, some students need more supports for a period of time.

Support team members have a deep bag of tricks so they do not give up if one or two strategies do not work right away. Team members are very diagnostic, observing what is causing a behavior to occur over time. Students are seeking ways to meet their needs and we have to help them figure out positive, proactive ways to have their needs met. "What does the student need from us right now?"

When the team goes into a building, one of the first things they do is discover if everyone who works with a student is communicating. Is everyone on the same page?

At times, staff members need to have information about best practices. For some staff members, this is a shift in philosophy, so professional development is necessary. One part of the IEP is called "supports for personnel." There are times when staff members need new learning opportunities.

Q: Are parents included when a referral to a support team is made? If a parent feels a staff member is not being responsive or following through with IEP modifications or programming, what can they do?

A: First, share your concern with the teacher. If things do not improve, share your concerns with the principal.

Parents are important players when a support team becomes involved with a student. The parent is the expert on their child. Parents can request a team meeting so everyone is communicating and problem solving together.

Q: When students have significant disabilities, how important is the state and district wide assessment? (i.e., ITBS, CoGat, NeSA, etc.) A large amount valuable instructional time is spent getting the student through the tests. Might the time be better spent on instruction?

A: The assessments are required by the state and participation is required. Tests will always be a part of life. Hopefully the student will learn to manage the process better and be less anxious each time. Building principals do study the data to help guide instruction, so the assessments do have meaning for us.

PEP Conference Feedback- Sally Moon

The conference is very helpful. Registration is free.

This year's conference will be held in Grand Island on March 17-19. Flyers were made available.

The next Parent Advisory Committee meeting will be held on Thursday, March 3rd, at 7:00 p.m. at LPSDO in room E-111.

CAUSES AND TREATMENT OF STUTTERING IN YOUNG CHILDREN

by Dale Ducworth, M.C.D., CCC-SLP

How do I know if my child is stuttering?

It is not uncommon for young children to have disfluencies (pauses, repetitions, additions, or prolongations of words/sounds/phrases) in their speech. In fact, about 5% of all children are likely to stutter at some point in their development, usually during the preschool years. It is also very normal for a child to go back and forth between periods of fluency and disfluency. Sometimes, this can occur for no apparent reason, but often this happens when a child is excited, tired, or feels rushed to speak.

The number of disfluencies present in a child's speech is an important factor in determining if a child is stuttering. Generally speaking, stuttering on more than 10 words out of 100 may indicate that the child is having a problem. Other factors must be considered, as well, so only a speech pathologist trained in the diagnosis and treatment of stuttering is qualified to make this diagnosis.

What causes stuttering?

There is still a lot that is unknown about the cause of stuttering, but experts agree that it is probably caused by a combination of factors. First, genetics is believed to play a part because stuttering tends to run in families. Most children that stutter have a family member that also stutters or stuttered as a child.

Second, developmental factors are believed to be a contributing factor. During the preschool years, a child's physical, cognitive, social/emotional, and speech/language skills are developing at a very rapid rate. This rapid development can lead to stuttering in children who are predisposed to it. This is why stuttering often begins during the preschool years. Third, environmental factors can have an influence. Some examples of these factors include parental attitudes and expectations, the child's speech and language environment, and stressful life events. This does not mean that parents are doing anything wrong. Often

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CAUSES AND TREATMENT OF STUTTERING. . . CONTINUED FROM PAGE 8

these things are not harmful to a child that doesn't stutter, but can aggravate stuttering in a child that has a tendency to stutter. Finally, the child's fear and anxiety of stuttering can cause it to continue and even worsen.

How can stuttering be treated in children?

Treatment often focuses on having children produce fluent speech as they learn to self-monitor. This can be done by first having the child say single words in a slow, relaxed way. The number of words the child says may be slowly increased until the child is saying sentences. For example, "ball," "red ball," "a big red ball," "I have a big red ball." This process can take anywhere from a few weeks to six months or more. Another stuttering treatment technique focuses on helping children decrease secondary characteristics like twitching, blinking, and a closed or clamped jaw.

What can I do to help my child at home?

There are many things that you can do (and avoid doing) that will help your child. The most important thing that you can do is to use a smooth, relaxed rate when talking to him/

her. Speak to your child in simple, short sentences, pausing slightly before responding. While you are talking, be sure to listen to what your child is saying without interrupting or finishing sentences for him/her. It is very important that your child knows that he/she is being understood. Try to slow the pace of your household, minimizing the level of excitement. When he/she has difficulty speaking, it's OK to acknowledge it by saying, "You had a little trouble getting that out."

It is very important to inform all those who have contact with your child about the importance of using smooth, relaxed speech when talking to him/her. This would include all family members, teachers, etc. There are many materials available through the Stuttering Foundation (<http://www.stutteringhelp.org>) that are helpful for parents and teachers. As well, the American Speech-Language-Hearing Association (ASHA) recognizes board certified members in the area of fluency disorders. You can learn more at: <http://www.stutteringspecialists.org>

2011 JUNIOR WHEELCHAIR SPORTS AND RECREATION CAMP

Come join the fun this summer at the 2011 Junior Wheelchair Sports and Recreation Camp. This sports day camp is designed for youth with a primary physical disability diagnosis, ages 5 - graduation. Youth with mild cerebral palsy, spinal cord injury, spina bifida, lower leg amputation or other physical impairments qualify to participate. Participants do not need to be active wheelchair users, but sports will be played in a manual wheelchair. Participants must be able to propel a wheelchair throughout the activity and have sufficient range of motion, along with strength and endurance to participate, as some activities may be strenuous.

During the week, campers will enhance their coordination skills and wheelchair maneuvers, become acquainted with sports equipment, and improve athletic ability. The children are divided into age specific groups, as well as level of sport ability for the week. For those new to adaptive sports, they are introduced to the basic skills of the sport, along



with rules and equipment used. There is also the opportunity for those more advanced with the adaptive sports to continue with developing their skills. The overall goal is for campers to have a great time, make new friends, and improve their athletic skills. The camp is scheduled for July 25th - July 29th, 2011. The camp is hosted on the campus of Iowa School for the Deaf at the Lied Multipurpose Complex in Council Bluffs, Iowa. This camp is funded through grants and private donations. There is no fee to participate.

The camp has a nurse on staff to assist with nursing needs. The camp provides transportation to Omaha/Council Bluffs Metro, and also has one that transports children from Lincoln.

If you are interested in receiving additional information, please contact Jena Munson at Alegent Health Immanuel Rehabilitation Center at (402) 572-2276 or jena.munson@alegent.org



EASTERDAY RECREATION CENTER PROGRAMS FOR YOUTH WITH SPECIAL NEEDS SPRING 2011

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

January 24 – April 25 (13 weeks) - 7:00 p.m. - 8:30 p.m.

Everyone who attends club must pre-register. Registration fee for Winter/Spring Club Session is \$13.00.

Door-to-door transportation is available for an additional charge of \$45.50 for the Winter/Spring Session.

Additional charges for some activities. Activities are based out of Easterday Recreation Center, 6130 Adams. No Club March 21st during Spring Break.

Tuesday Fun Club (for grade school youth with special needs)

January 25 – April 26 (13 weeks) - 5:15 p.m. - 6:30 p.m.

Everyone who attends club must pre-register. Registration fee for Winter/Spring Club Session is \$13.00.

Door-to-door transportation is available for an additional charge of \$45.50 for the Winter/Spring Session.

Additional charges for some activities. Activities are based out of Easterday Recreation Center, 6130 Adams. No Club March 22nd during Spring Break.



Adaptive Recreation Ceramics – Ages 17+

Participants paint 2 -3 pieces of greenware with the assistance of instructors. Fee includes the cost of project supplies. Call 441-7877 for more information or to register. We have 2 sessions of classes each week.

Location: Calvert Recreation Center (4500 Stockwell)

Day: Saturday	Dates:		Session 1: 9:30-10:45 a.m.
	Jan 8, 15, 22	\$21.25	Session 2: 11:00 a.m.-12:15 p.m.
	Feb 5, 12, 19	\$21.25	
	Mar 5, 12, 19	\$21.25	
	Apr 2, 9, 16	\$21.25	
	May 4, 14, 21	\$21.25	



Developmental Play Group

The Developmental Play Group is a play night for children with special needs 6mos.-5 years old. It is a time for socializing, exploring, crafts, and networking. For more information and an application for one or all of the 9 week sessions call 441-8666.

Location: Ager Indoor Play Center (1300 S 27th St)

Day: Tuesdays Time: 6-8p Fee: \$65/9 wk session
Spring Session: Apr 19-June 14 Summer Session: June 28-Aug 23



Adaptive Recreation Creativity Camps

Art Extravaganza Camp

Held at Easterday Recreation Center (6130 Adams Street). Campers will receive instruction on painting, drawing, ceramics, and pottery.

Ages: 13 – young adults Meets: 1 week

Begins: July 18

M-F 1:15-4:15 pm *\$55 person

*Door to door transportation is available for \$17.50 for the session.

Drama Camp

Activities include beginning theater 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: 1 week

Begins: July 25 M-F 9:30 am – 3:30 pm *\$100/person

*Door to door transportation is available for \$17.50 for the session.



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EASTERDAY RECREATION . . . CONTINUED FROM PAGE 10

Adaptive Recreation SumFun 2011 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 with the exception of July 5 which is a 4 day camp.

Begins: June 20, June 27, July 5*, July 11

M-F 9:00 am-2:30 pm *\$70/person per session *T-F 9:00 am-2:30 pm *\$56/person for July 5 session

*Door to door transportation is available within Lincoln for an additional fee of \$17.50 per session.

*Door to door transportation is available within Lincoln for an additional fee of \$14.00 for July 5 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 2011 Summer Camps Application Form" with you. Call Monica at 441-7948, Kerry at 441-7877 or Debra at 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.

SPECIAL OLYMPICS



Special Olympics
Nebraska

Lincoln Parks and Recreation sponsors the Lincoln Shooting Stars team with competition in Basketball, Bocce, Bowling, Flag Football, Golf, Roller Skating, Swimming, Track & Field, and Volleyball. Our team is open to athletes from ages 8 on up. Call 441-7877 for more information and registration forms.

Spring Practice Schedules

Basketball:

- Location: Easterday
- Day: Saturday (Jan 22-Mar 19)
- Time:
 - 12:30-1:30 – Unified Full-Court
 - 1:30-2:15 – Individual Skills; Team Skills; & Level A
 - 2:00-3:30 – Half-Court
 - 3:30-5:00 - Regular Full-Court



Roller Skating:

- Location: SkateZone
- Length: February 14-April 18
- Day: Monday
- Time: 4-5 p.m.
- Fee: \$5/wk



Young Athletes Program

The Young Athletes Program is an innovative sports play program for children ages 2-7 with intellectual disabilities, designed to introduce them to the world of sports prior to Special Olympics eligibility at age eight. Children learn the basics of running, jumping, throwing, catching, striking and kicking through guided activities. Siblings and friends are encouraged to register and participate. Athletes may join mid-session.

- Location: Easterday
- Length: February 5 – April 16 (no program April 2nd)
- Day: Saturday
- Time: 9-9:30 a.m.
- Fee: Free

Golf:

- Location: Ager Junior Golf
- Length: ongoing April 1 – October 31
- Day: Tuesday
- Time: 4:00-5:30
- Fee: \$3/wk



Swimming: (call for updated information)

- Location: Lincoln East
- Length: March 7-May 2
- Day: Monday
- Time: 5:00-6:30
- Fee: Free



Volleyball

- Location: Easterday
- Length: February 5-May 7
- Day: Saturday
- Time: 10:30 a.m.-12 noon
- Fee: Free

Pre-registration is required for all classes, clubs, and Special Olympics. Scholarships and grants are available for all programs. Do not let cost defer you from calling.

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

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