Service	Who Provides it	Service Type	Funding Source
Applied Behavioral Analysis (ABA)	Board Certified Behavior Analyst (BCBA) typically leads a team of paraprofessionals working 1:1 with child in home Sometimes in schools	*Applied* behavior analysis (ABA) is the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree (Baer, Wolf & Risley, 1968/1987; Sulzer-Azaroff & Mayer, 1991). Specifically, ABA refers to a systematic approach to the assessment and evaluation of behavior, and the application of interventions that alter behavior. A program binder is created specifically for each child which includes teaching procedures and data collection sheets for the child's in-home program. ABA training is provided for therapy assistants and parents regarding teaching skills and behavior management. Ongoing program consultation is provided which includes recommendations and changes to in-home program based on child's progress.	Insurance (where available), School, Private Pay
Assistive Technology or Augmentative Communication	Various	Typically a highly trained speech therapist will assist your child with an augmentative communication device. Many schools and service agencies are now using Assistive Tech Specialists for augmentative communication. An augmentative communication device can be anything from a simple picture board to an extensive computer system. There are many ways to communicate besides verbal language. Augmentative communication devices can be the answer to helping your child communicate with you. Augmentative communication does not eliminate the use of verbal speech. Both can be worked on as goals for your child. Make sure that different augmentative communication devices are tried to find the best one for your child.	School, Medicaid, Medwaiver, Private Pay
Auditory Integration Therapy	Audiologist	A common secondary diagnosis for some children with autism is Auditory Processing disorder or Central Auditory Processing Disorder (CAPD.) As with any treatment or therapy for autism – it may not always work for every child. Testing requires a dedicated and educated audiologist that understands autism and the hearing disorder.	Health Insurance, Private Pay, School
Autism Diagnosis	Pediatrician, Developmental Pediatrician, Developmental Specialist, Psychologist, Psychiatrist, Neurologist, any MD	There are two types of Autism diagnosis: an educational diagnosis and a medical diagnosis. One is only for the school, provided by and paid for by the school. Since there is no medical test for autism, psychologists, psychiatrists, neurologists and developmental pediatricians do a battery of tests to determine the autism diagnosis. Medical diagnosis is necessary for state services, and trumps an education diagnosis (in case they are not the same). Medical diagnosis is paid for by private health insurance, Medicaid, private pay (while Medwaiver would pay, you would need this diagnosis before qualifying for Medwaiver).	Health Insurance, Medicaid, Private Pay
Baseline Testing	ENT (Otolaryngologist), Audiologist, Developmental Optometrist, Neurologist, Developmental Pediatrician or Specialist	Baseline testing is the start of testing for things like audiology (hearing), vision, neurological, and developmental profiles. www.covd.org	Health Insurance, Medicaid, Private Pay
Classroom Aide	Paraprofessional trained to work	Your child has a right to an education as close to home as possible in the school he/she would otherwise attend. Your child's LRE requirements may stipulate that a 1:1 aide is	School district pays if public school or

	with ASD children	necessary in the regular classroom in order to acquire appropriate pragmatic and social skills. This is particularly critical for a child who exhibits behavioral excesses such as noncompliance and negative language that impede overall functioning and can disrupt the classroom setting if not properly attended to. The purpose of this aide is to ensure appropriate levels of performance – i.e., independent task completion, group participation, staying-on-task, social interaction, etc.	placement by district in private school Private pay if you independently opt for private school
Consumable Supplies	Home Health Care Agency	Health Insurance, Medicaid, Medwaiver, Private Pay C Service Description: allowed "Consumables", this category can contain diapers, wipes, bed wetting sheets, and other non-autism things like diabetes supplies and oxygen.	Health Insurance, Medicaid, Medwaiver, Private Pay
Counseling (marital, family, individual)	MSW, MA Counseling, Psychologist, Psychiatrist	Families who have children with autism face serious and ongoing challenges for organizing family resources (time, finances, and education.) These challenges can exhaust couples, putting incredible stress on marriages. Seeking interpersonal, objective help from a paid professional can help situational issues – like stress, anxiety, and depression – that autism imposes on families.	Insurance, private pay, DD funds (some states)
Craniosacral Therapy	Physical therapists, massage therapists, naturopaths, chiropractors and osteopaths	Craniosacral therapy (CST), is reported to be a helpful therapy for some children with autism. The therapist gently massages the spine and the skull to treat mental stress, neck and back pain. Parents report the therapy can promote relaxation and can be beneficial when performed in conjunction with other traditional therapies (speech, OT, PT, etc.)	Insurance, Private Pay, DD (some states), school therapists
Dietary Foods	Various	If you can get your doctor to write you a prescription for dietary restrictions, you can write off a portion of all the specialty items on your taxes. Some Medwaiver programs give an allowance that can be used for dietary needs.	Private Pay, Medwaiver
Durable Medical Equipment	Home health supplier	This category is not generally used for people with autism as the items covered are geared towards physical incapacitation. Items include wheelchairs, hospital beds, patient lifts, suction machines, etc.	Medicaid, Insurance, Private Pay
Early Intervention	School/preschool, OT, PT, ST, ABA	Early Intervention means ALL services from birth to 3rd birthday children demonstrating developmental delays are eligible for a free assessment under (LAW). If eligible, services are provided – even without a diagnosis - when measurable delays are present. Services vary by state/community but may include therapies (speech, OT, PT), weekly play therapy groups, in-home support, etc. They will bill your private health insurance first before paying from Part C (EI funds).	Health Insurance, EI
Emergency Situations	Contracted Agency	If a disabled child's caretaker is incapacitated by an accident and cannot care for the child, or dies, the remaining caretaker(s) can apply for emergency status to get extra help for a period of time. This can include respite care, residential housing, in-home care and more.	Medicaid, Medwaiver, Private Pay
Environmental Adaptations	Contracted Agency	AKA home modifications - shower grab bars, widened doorways, wheelchair ramps, safety fences, vehicle modifications.	Medicaid, Medwaiver, Private Pay
Escort/Transport to therapy	Contracted Agency	Most Medicaid programs have transportation programs to therapy and doctors appointments. Check with your county's Dept. of Transportation too.	Medicaid, Medwaiver, Private

			pay, county transportation department
Extended School Year	Public School	IDEA requires school districts to provide Extended School Year (ESY) services if necessary to retain skills. Parents often have to prove there was a loss of skills in a prior pause in the school year to obtain ESY. Keep tabs on your child's progress and notify the district – in writing - any notable losses in academic or behavioral progress that occur during/following a break of 5 or more days in school services.	School District
Extras	Various	Hippotherapy, Water/Aquatic therapy, summer camp, parent training, SibShops, and music therapy, Service Description: Recreational opportunities in the community like skiing, gym, swimming lessons, day camps, etc. may be eligible for reimbursement through your state's DD plan. Very few of these are regularly covered in any state but some departments have a flex fund that would allow parents to choose and fund these – acquire preapproval in writing from your service provider prior to the activity. If not, they are all private pay.	DD funds, Private Pay
Guardianship	Lawyer	When your child turns 18, and cannot live on his/her own, you must file for guardianship of your child to continue to have decision making rights and custody of him/her. This usually costs about $1500. Most states have a Department of Disability Advocacy for Adults who can help with the process but the paperwork is done by a lawyer. Make sure you do a will and living will at the same time.	Private Pay
Independent Assessment	Private specialists	If you disagree with assessments provided by the school-funded specialists (OT, SLP, PT, etc.), it is your right – and in your child's best interest – to seek an independent assessment by a professional evaluator of YOUR choice. IDEA law states that the school district is responsible for the cost of the outside evaluation unless they exercise their due process rights and convince the hearing officer that their evaluation was appropriate. But, IDEA does not require the district to pay for the evaluation in advance or guarantee that it will pay. There are no cost limitations except that you must use a provider that charges an "industry standard" rate. It is NOT true that you must use any provider they choose, you can choose ANY provider. Typically, districts don't agree to this in advance, parents usually have to pay the evaluator out of pocket and then seek reimbursement from the district. If the evaluator is willing to bill the district directly that can expedite the process – if not, you'll need to submit the paid bill with a letter requiring the district to either invoke due process or pay the bill. http://www.wrightslaw.com/info/advo.disagree.heiten.htm	Private Pay,School Reimbursement
Itinerant (Related) Services	School Staff	This means for whatever reason your child does not attend the school itself for an educational program, but you still use the PT, OT and ST to deliver these services in an out-patient setting (on school campus but in a 1:1 situation).	School
Legal Intervention/Advocacy	Lawyer	This is a crucial service that any parent will need repeatedly when raising a child with autism. They can be worth their weight in gold and get your child what he/needs.	Private Pay
Nutritional Support:	Compounded	If you have a prescription for a compounded vitamin mixture, your health insurance may	Private Pay, some

Vitamins and Supplements	Pharmacy, Health Food Store, Vitamin Store	cover it. Some Medwaiver programs allow for coverage.	health insurance, some Medwaiver
Nutritionist	Nutritionist (CN)	If you have a condition that has a treatment that calls for a nutritionist, then your insurance will cover one.	Insurance, Medicaid, Medwaiver, Private pay
Occupational Therapy	Licensed Occupational Therapist	An occupational therapist works to improve your child's fine motor development. Fine motor means small movement, often it is how your child's hands manipulate an object. It is how they pick up an object, color or write, perform self-care activities, and perceive their environment through their senses. An occupational therapist assists your child to perform activities of daily living (ADL), such as manipulating toys in play, writing, dressing, feeding, bathing, and working. An occupational therapist will evaluate your child's trunk and upper body strength, joint range of motion, muscle tone, skin integrity, fine motor milestones, eye-hand coordination, manipulation of objects within their hands, sensory (sight, smell, hearing, touch, taste) awareness, and activities of daily living. The therapist, along with your input, will develop goals for your child and a plan of how to achieve these goals. Therapy sessions are typically geared towards functional activities that your child should be performing, such as playing, dressing, self-feeding, bathing, coloring, writing, craft projects, and work activities. Occupational therapists will sometimes use assistive devices to perform ADLs, big therapy ball, bolsters, wedges, and swings during therapy as a complimentary sensory integration strategy to reduce tactile defensiveness, sound sensitivity, photosensitivity, etc. The web site for the American Occupational Therapy Association can be found at www.aota.org	Schools, Insurance, Private Pay, Medwaiver, DD Funds
Physical Therapy	Licensed Physical Therapist	A physical therapist works to improve your child's gross motor development. Gross motor means large movement, such as rolling, crawling, standing, walking, running, and playing on a playground. Physical therapy deals with mobility, which is how your child moves from one place to another, or how your child reaches to obtain an object. A physical therapist facilitates your child to move. In order to achieve movement, the therapist will evaluate your child's strength, joint range of motion, muscle tone, balance reactions, gait (how your child walks), skeletal integrity, skin integrity, endurance, gross motor milestones and active movement. The therapist, along with your input, will develop goals for your child and a plan of how to achieve these goals. Therapy sessions are typically geared towards functional activities, which for children is typically play, to achieve the established goals. Physical therapists will sometimes use big therapy balls, bolsters, wedges, bicycles, treadmills, swimming pools, playground equipment, and other equipment to facilitate movement. A physical therapist is also very involved with adaptive equipment such as splints, braces, seating devices, car seats, strollers, and wheelchairs. The web site for the American Physical Therapy Association can be found at www.apta.org.	Schools, Insurance, Private Pay, Medwaiver, DD Funds

Prescription Medications	Pharmacy	Any prescriptions written by an MD should be billed through your health insurance first, then Medicaid. Medicaid also pays all co-pays. If Medicaid denies coverage because of cost, appeal and you will likely win. Check with your local retail or grocery store pharmacy for a list of items offered through their discount generic prescription programs (typically $4) and share this information with your doctor in advance of writing prescriptions to get the best price.	Health Insurance, Medicaid, Medwaiver, Private Pay
Respite Care	Contracted Agency	Respite care is similar to babysitting or child care except that it's meant to be an occasional need rather than a daily scheduled need.	Medwaiver, Private Pay
School (private)	Private pay, settlement from public school	Remember that if you choose to use a private school, they do not necessarily have to provide related services or deliver your full IEP as they are not subject to FAPE law. Make sure you have a lawyer go over all your needs before choosing any private school. You have a right to pursue placement in a private school on your child’s behalf if you can prove your school district is unable to provide an appropriate program. This typically requires families to go through due process and obtain a court ruling (with a lawyer’s support0 before the district will be required to pay. Your child can still receive Itinerant Services (see in this chart) from the district and the district may be required to provide consultation to the private school about how to administer the special education program in the private setting. If you strike out on your own, you can’t go back and bill the district.	Private pay, settlement from public school
School (public)	School staff	This means all education-related services including PT, OT, speech therapy, vision, assistive technology and anything else provided on school campus or by school personnel. This can include charter and cyber schools.	School
School Evaluations	School provided specialists	Schools evaluate for Occupational Therapy, Speech Therapy, Physical Therapy, educational placement, psychological, assistive technology, vision, hearing, behavioral in regards to their educational relevance.	School
Service Dogs	Various Agencies	No state currently considers autism a diagnosis for service dogs funding. These dogs can be $20,000 each and usually require the family to pay or fundraise half of the cost of the dog.	Grants, private pay, fundraising
Social Skills Training	Contracted Agency	Some Easter Seals or UCP branches offer Social Skills training. You can also incorporate Social Skills into your child's IEP. Some Medwaiver programs cover this too. There is no certification for this job.	School, Private Pay, Medwaiver
Special Olympics	Special Olympics	This is a sports and recreational program that is free to all participants and their families.	Special Olympics
Special/ Supplemental Needs Trusts	Lawyer	A person with a disability may need a variety of life-long community supports to optimize their quality of life. A Supplemental Needs Trust enables your child to have, held in Trust for his or her benefit, an unlimited amount of assets. In a properly-drafted Supplemental Needs Trust, those assets are not considered countable assets for purposes of qualification for certain governmental benefits. Money placed in the Trust is a nonaccountable asset – this allows the beneficiary to qualify for available benefits and programs like Supplemental Security Income (SSI), Medicaid, vocational rehabilitation, subsidized housing, etc.	Private Pay, sometimes subsidized by an outside agency

		A Supplemental Needs Trust provides for supplemental and extra care over and above that which the government provides. In addition to day-to-day needs, funds can be used for continuing education or community recreation opportunities. Check to see if your state offer support through subsidized developmental disabilities endowments or trust funds. A SNT plans for their care and can hold assets that would normally disqualify them for Medicaid. http://www.achieva.info/trustservices.php	
Speech Therapy	**Licensed Speech Language Pathologist**	A speech language pathologist works to improve your child's ability to communicate and to manipulate food and liquids involved with feeding. Language development begins at a very early age. There is receptive language, which is the ability to understand language. And there is expressive language, which is the ability to produce communication through verbalization, or sign language, or a communication device. A speech therapist is also concerned with your child's mouth mechanics, and, when possible, promotes the development of pragmatic language skills. A speech language pathologist evaluates your child's understanding of language and ability to communicate through non-verbal and verbal gestures. The therapist will also evaluate your child's cognitive status, which is the thought and learning process. A speech language pathologist also evaluates your child's ability to chew and swallow food and liquids. The therapist, along with your input, will develop goals for your child and a plan of how to achieve these goals. Children with autism tend to have difficulty communicating with people due to the thought process of communication more than due to articulation problems (the mechanics of how the mouth works). If your child is having problems with communication, then a total communication approach should be in place, which consists of the promotion of language development through spoken language, picture boards, sign language and/or augmentative devices. Speech therapy sessions are geared towards language development through pictures, books, singing, respiration activities, babbling, speaking and communication devices. Therapy can also focus on feeding skills and how to coordinate your child's mouth musculature to chew and swallow food and liquids. For children who are speaking, SLPs can assist in teaching reading non-verbal cues, developing conversation skills, promoting perspective-taking and other communication language skills.	Schools, Insurance, Private Pay, Medwaiver, DD Funds
Therapy Equipment	Various	Sensory equipment like swings, brushes, therapy balls, ball pits, Educational software, specialized bicycles, etc.	Medwaiver, Private Pay, DD funds (some states)
Tutor	Contracted Agency	Sometimes your child needs more educational help. Schools should provide them as a pull-out service for a mainstreamed child.	School, Private Pay
Utility Discounts	Gas, Electric and Phone Companies	Some states offer programs to those who either financially qualify or who get Medicaid for fuel, phone, electricity discounts.	
Vision Therapy	Optometric Physician (OD)	Some children with autism benefit from vision therapy offered by an OD specializing in developmental vision care. Strategies can include ongoing treatment using daily visual	Insurance, Private Pay

		exercises or Irlen lenses. These services may be paid by insurance if you have a qualified clinician in your plan.	
Vocational Rehab/Job training	Contracted Agency	This is a program that trains teens and adults with disabilities to work at jobs and most provide ongoing support.	Medicaid, Medwaiver, Private Pay, Dept of Adult Services//MR

Coverage Types

Understanding the different methods of paying for medical services takes some time. Social workers or case workers can be helpful in explaining some of your options, especially with Medicaid and Social Security. Your first step is to understand your private insurance. Children with disabilities can also be eligible for Medicaid or Social Security on top of your private insurance. Typically, Medicaid and Social Security are based on family income. But there are government programs that do supplement private insurance that are not based on income. These programs vary state to state. Ask your social worker, or case worker, or other families with children with special needs, if they know of any programs. These programs can be very helpful, but they sometimes have a long waiting list, so it is best to start looking now. The most common waiver through Social Security, not based on income, is the Katie Beckett waiver, however not every state offers it, and the exact details vary state to state. Be patient figuring out the ropes, it will be frustrating at times, but diligence and many questions typically pays off.

Funding Source	Description
Medicaid	Medicaid provides medical assistance for children and families with low income. It was established under Title XIX of the Social Security Act in 1965. It is jointly run by the federal and state government. Therefore, you will find differences from state to state and within the state. The states are responsible for determining the type, amount, duration, and scope of services; setting the rate of payment for services; and administering its own program. Some Medicaid programs are now paying managed care organizations or other insurance companies to provide health services to their participants. The participants are then required to follow that benefit contract. To learn more about Medicaid within your state and eligibility visit the website http://www.cms.hhs.gov/home/medicaid.asp. This site is an excellent resource. Another helpful resource in determining your eligibility is your social worker. If your child does not qualify for Medicaid, some states have programs under Social Security/Medicaid that provide medical assistance to children regardless of their parent's income. This waiver is typically called the Katie Beckett Waiver.
Medwaiver	aka Katie Beckett, Institutional Deeming Waiver, HCBS (Home and Community Based Service), Autism Waiver, Children's Medical Waiver. http://www.cms.hhs.gov/home/medicaid.asp Katie Beckett Waiver a.k.a Deeming Waiver a.k.a. Children's Medical Waiver a.k.a. Model 200 Medicaid Waiver The Katie Beckett Waiver is a federal waiver that is intended for children from birth to eighteen years of age with a chronic disability. It entitles children to Medicaid that would not otherwise qualify due to their parent's financial status. It originally was intended for children at risk of institutionalization. But do not be scared off by the word, institutionalization, it does not mean you are thinking about placing your child in an institution, it just means your child has life long medical needs. Each state can determine whether or not they want to administer this waiver, and how they want to administer it. Therefore, it varies greatly among the states and a few states do not choose to offer it. You will have to contact your state agency to determine if it is available in your state. The Katie Beckett Waiver can be extremely helpful to many families. Most families struggle to pay their child's medical bills and this waiver will cover these expenses. The medical bills can be physician, hospital, therapy, prescriptions, respite care, diapers, vision and dental care, whatever Medicaid covers in that state. In some states this Waiver entitles children to a life-time of unlimited therapy. So, it is worth the hassle of finding out if your state offers this program and how to apply for it. The general procedure to apply for the Katie Beckett Waiver (again, this varies from state to state) is as follows: 1. Apply for SSI and be denied. Ask them to send you a letter stating that you have been denied. 2. Ask for an application for a Katie Beckett Waiver by contacting your Social Service office, (a.k.a Department of Family and Children Services a.k.a. Department of Developmental Disabilities). You can also find the telephone number for your state's Medicaid office, on the web site: http://www.cms.hhs.gov/home/medicaid.asp, and ask them where to call about the Katie Beckett Waiver.

	3. Complete the application. Typically, you should provide only information about your child and not about your financial status. Typically, your child’s physician will need to complete paperwork called the DMA-6 or some type of form that states your child’s disability. 4. If you are denied, ask for an appeal. Often they change their decision, and grant the waiver. Sometimes, they put your child on a waiting list and years later they are approved. It is always helpful if you have a caseworker or social worker helping you through this process.
Insurance	Insurance companies intentionally present a complex web of rules and stipulations – you may get the distinct feeling you are just not supposed to find your way through it – but don’t give in to that impulse to quickly. Up to this point, you might not have had to rely on your insurance company for anything out of the unusual. And now you may be faced with large medical bills, or you might be anticipating what type of bills are in your future. In any case, it usually feels over-whelming. Your first step is to find out what your exact coverage is. Typically, you can contact your employer’s human resource department and ask them for a copy of the policy. The next step is to attempt to read the policy, which in many cases is like reading Latin. It might help to make an outline or a grid or highlight the important parts of your policy. After you have tried, and have hopefully been somewhat successful in reading your insurance policy, you should call a representative from the insurance company to discuss any of your questions. Often if you are informed about how your insurance policy works, you will be much more successful at making decisions and avoiding some unnecessary expenses. Unfortunately, all of this can be confusing, but hang in there and ask a lot of questions. And if you find a representative that is very informed, make sure you get their name, so you call them back when you have more questions. A little tip, is when you do find a representative that is helpful; send a thank you note, along with a picture of your child to the representative and their supervisor, being on a personal level helps you in the future. Remember that you have a contract with your insurance company. You are the beneficiary and you have to prove that the request you are making is covered in the contract. And the insurance provider has to prove that the request is not covered in order to deny a claim Get everything in writing! **What are some of the issues to be aware of when using your insurance policy?** Spending caps. There are different caps for different services. For example, you might have a million dollar cap on medical procedures per individual and a $1000 cap on medical equipment. There are also yearly and lifetime caps. Be aware of caps and spend the money wisely. Deductibles. Be aware of how your deductibles work. For example, one insurance policy might limit you to spending $1000 per year on equipment, and you know that your child needs two $1000 equipment items. If possible, it might be best to prioritize and purchase one piece of equipment this year, and purchase the other piece the following year. Or another insurance policy might have a $500 deductible per year on equipment. In this case, you would want to purchase both pieces of equipment in the same year, so that you only pay the deductible once. Your physician does not know your insurance policy. This includes physicians that are part of an HMO. They do not always know your exact coverage. There are different insurance policies within HMOs. So, when your physician makes any referrals, make sure it is covered under your insurance policy. How is your child referred to a specialist? Some insurance companies require your child to see their primary care physician before they are allowed to see a specialist. The primary care physician then makes a referral to a specific specialist. However, you should still make sure that specialist is covered under your insurance plan.

	How does your child receive a piece of durable medical equipment? Very often, you must have a prescription from your physician for a piece of equipment and the equipment must be purchase from a specific vendor. Contact your insurance company before making the purchase. Therapy Limits. Most insurance policies place different limits on therapies. Be aware of your plan's limits, so that you can use the therapy benefits wisely. For example, some insurance policies allow three months of consecutive therapy per diagnosis. In this case, you would not want to start your child in therapy for a specific problem if you know you are going miss a lot of the therapy sessions due to vacation, surgery, etc. Because this stipulation will not allow your child to "make-up" missed therapy sessions. Some insurance policies allow 30 sessions per year. In this scenario, you will want to space out the therapy sessions throughout the year and ask the therapist for home programs, so that you can carry out the program at home. Some insurance plans will allow for an extension of therapy with written documentation of progress from the therapist.
CHIP "Children's Health Insurance Program (CHIP)	Your children may be eligible for free or low-cost health insurance through the U.S. Department of Health and Human Services! You work hard to provide for your children and want to make sure they grow up strong, smart and healthy. But like many parents whose children don't have health insurance, you worry about taking care of them. Now, you may have one less thing to worry about. Your state, and every state in the nation, has a health insurance program for infants, children and teens. For little or no cost, this insurance pays for doctor visits, prescription medicines, hospitalizations, and much more. Kids that do not currently have health insurance are likely to be eligible, even if you are working. The states have different eligibility rules, but in most states, uninsured children 18 years old and younger, whose families earn up to $34,100 a year (for a family of four) are eligible (however the requirements vary state to state, so it is best to investigate your state). Children that receive Medicaid do not qualify for this program. To learn more, go to Your State's Program at www.insurekidsnow.gov or make a free call to 1-877-KIDS-NOW for more information.
SSI (Social Security Income)	http://www.ssa.gov/notices/supplemental-security-income/text-child-ussi.htm The information provided in this section is taken directly from the U.S Department of Health and Human Services, Social Security Administration, SSA Publication No. 05-10026, January 1993, ICN 455360. Who is eligible for Social Security benefits (SSI)? Children under 18 years old with a disability who have limited income and resources, or who come from homes with limited income and resources. Children under 18 years old on the record of a parent who is collecting retirement or disability benefits from Social Security, or survivors benefits payable to children under the age of 18 on the record of a parent who has died. Benefits can continue to be paid into adulthood if the child is disabled prior to age 22. Social Security Insurance Benefits for Children with Disabilities Non-Medical Rules SSI is a program that pays monthly benefits to people with low incomes and limited assets who are 65 or older, blind, or have a disability. Children can qualify if they meet Social Security's definition of disability and if their income and assets fall within the eligibility limits. As its name implies, Supplemental Security Income supplements a person's income up to a certain level. The level varies from one State to another and can go up every year based on cost-of-living increases. Check with your local Social Security office to

find out more about the SSI benefit levels in your State.

Rules For Children Under 18
Most children do not have their own income and do not have many assets. However, when children under age 18 live at home (or are away at school but return home occasionally and are subject to parental control), we consider the parent’s income and assets when we decide if the child qualifies. We refer to this process as ""deeming"" of income and assets.

Check with your Social Security office for information about your child’s specific situation and for a full explanation of the "deeming" process.

Rules for Children 18 and Older
When a child turns 18, we no longer consider a parent’s income and assets when we decide if he or she can get SSI. A child who was not eligible for SSI before his or her 18th birthday because a parent’s income or assets were too high may become eligible at 18.

On the other hand, if a child with a disability who is getting SSI turns 18, continues to live with his or her parent(s), but does not pay for food or shelter, a lower payment rate may apply.

How We Decide if a Child is Disabled for SSI
While your local Social Security office decides if your child’s income and assets are within the SSI limits, all documents and evidence pertaining to the disability are sent to a State office, usually called the Disability Determination Service (DDS). There, a team comprised of a disability evaluation specialist and a doctor reviews your child’s case to decide if he or she meets our definition of disability.

If the available records are not thorough enough for the DDS team to make a decision, you may be asked to take your child to a special examination that Social Security will pay for. It is very important that you do this.

Defining "Disability":
To understand how Social Security evaluates disabilities in children, you must first understand how Social Security defines disability in general.

To qualify for a Social Security or SSI disability benefit, a person must have a physical or mental impairment that is expected to keep him or her from doing an "substantial" work for at least a year. (Generally, a job that pays $500 or more a month is considered "substantial" work.) Or a person must have a condition that is expected to result in his or her death.

Deciding SSI Disability for Children Under 18
Of course, a child’s disability cannot be evaluated using these work-related adult criteria. The law states that a child will be considered disabled if he or she is not working and has an impairment that is as severe as one that would disable an adult. This means the condition must limit the child’s ability to function like other children of the same age to such a degree that the impairment is comparable to one which would make an adult disabled.

To make this decision, the disability evaluation specialist first checks to see if the child’s disability can be found in a specific listing if impairments that is contained in Social Security’s regulations, or if the condition is equal to an impairment that is on the list. These listing are descriptions of symptoms, signs, or laboratory findings of physical and mental problems, such as cerebral palsy, mental retardation, or muscular dystrophy, that are severe enough to disable a child. If the symptoms, signs, or laboratory findings of the child’s condition are the same as, or equal to, the listing, he or she is considered disabled for SSI purposes.

If the disability cannot be established using the "listing" criteria, then the disability evaluation team will assess the child’s ability to function in everyday life. Children are considered "disabled" for SSI purposes if their impairment substantially reduces their ability to do the things and behave in the ways that children of similar age normally do.

A Special Message to Parents of Children with Severe Disabilities
The disability evaluation process generally takes several months. But the law includes special provisions for people (including children) signing up for SSI disability whose condition is so severe that they are presumed to be disabled. In these cases, SSI benefits are paid for up to 6 months while the formal disability decision is being made. (Of course, these payments can only be made if the child meets the other eligibility factors.)

Following are some of the disability categories in which we can presume the child is disabled and make immediate SSI payments:

HIV
Blindness
Deafness (in some cases)
Cerebral Palsy (in some cases)
Down Syndrome
Muscular Dystrophy (in some cases)
Significant mental deficiency
Diabetes (with amputation of one foot)
Amputation of two limbs
Amputation of leg at the hip
If we make these special payments and we later decide that the child’s disability is not severe enough to qualify for SSI, the benefits do not have to be paid back.

Social Security Benefits for Older Children with Disabilities and for Adults Disabled Since Childhood
Non-Medical Rules
As indicated earlier, a child under the age of 18, including a child with disability, qualifies for Social Security benefits simply because he or she is a minor child of a retired, disabled, or deceased worker. In other words, we don’t consider a child’s disability when deciding if he or she can get Social Security dependent’s or survivor’s benefits.

However, when a child who is getting a dependent’s or survivor’s benefit from Social Security reaches 18, those benefits generally stop unless one of the following conditions is met:

The child is a full-time student in an elementary of high school. In this case, benefits continue until age 19; or
The child is disabled. In this case benefits can continue as long as the child remains disabled, even into his or her adult years.
Many times, an individual doesn’t become eligible for Social Security until later in life. Here’s an example: John Jones starts collecting Social Security retirement benefits at the age of 62. He has a 38 year old son, Ben who has had cerebral palsy since birth. Ben will start collecting a disabled ""child’s"" benefit on his father’s Social Security record.

How We Decide if an "Adult Child" is Disabled
We will evaluate the disability of an adult child (age 18 or older) who is applying for Social Security for the first time, or who is being converted from a Social Security dependent child’s benefit, by using adult disability criteria. Briefly, to qualify for disability, an adult must have a physical or mental impairment or combination of impairment, that is expected to keep him or her from doing "substantial" work for at least a year or is expect to result in death. (Generally, a job that pays $500 or more per month is

considered substantial.)

The individual’s condition is compared to a listing of impairments that are considered to be severe enough to prevent an individual from working for a year or more. If the individual is not working and has an impairment that meets or is equal to a condition on the list, then he or she is considered disabled for Social Security purposes.

If we cannot match the person’s impairment with one of the listings, then we assess his or her ability to perform the same type of work he or she did in the past (if any). If the person cannot do that work or does not have any past work history, then we consider his or ability to do any kind of work he or she is suited for (based on age, education, and experience). If, considering all these factors, a person is found to be unable to do any substantial work, then he or she would qualify for disability benefits from Social Security.

Applying for Social Security or SSI Benefits…And How To Expedite the Process

You can apply for Social Security or SSI benefits for your child by calling or visiting your local Social Security office. You can help expedite the claims process if you have the child’s Social Security number and birth certificate viable when you apply. If you’re signing up your child for SSI, you also will need to provide records that show your income and your assets, as well as those of the child.

The medical evaluation specialists at the DDS needs thorough and detailed medical records to help them decide if your child is disabled. When you file, you will be asked to provide names, addresses, and telephone numbers of all doctors, hospitals, clinics, and other specialists your child has visited.

In addition, if your child is under age 18 and applying for SSI, you will be asked to describe how your child’s disability affects his or ability to function as a child of similar age normally would. Therefore, we will ask you to provide the names of teachers, day care providers, and family members who can give us information about how our child functions in his or her day-to-day activities.

Please be as specific and thorough as possible when you answer these questions. This means that you should give us the dates of visits to doctors or hospitals, the account numbers and any other information that will help us to get your child’s medical records as soon as possible. If you do not have this information, tell the interviewer as much as you know. If you have any school records, bring them with you to the interview.

In many communities, special arrangements have been made with medical providers, social service agencies, and schools to help us get the evidence we need to process your child’s claim. Most DDS’s have Professional Relations Officers who work directly with these organizations to facilitate this process. However, your additional cooperation in obtaining records and evidence would be helpful.

Other Health Care Services

If we decide a child is disabled and eligible for SSI, we refer him or her for health care services under the Children with Special Health Care Needs (CSHCN) provisions of the Social Security Act. These programs are generally administered though State health agencies.

Although there are differences, most CSHCN programs help provide specialized services through arrangements with clinics, private offices, hospital-based out-and in-patient treatment centers, or community agencies.

CSHCN programs are known in the States by a variety of names, including Children’s Special Health Services, Children’s Medical Services, and Handicapped Children’s Program. Even if your child is not eligible for SSI, a CSHCN program may be

	able to help you. Local health departments, social services offices, or hospitals should be able to help you contact your CSHCN program. **Checklist for application** As an aside note, applying for SSI is a tedious process and often your child is denied the first time around because all the information is not given. So, I have provided you with a checklist below to help you at the application process. Checklist • Child's Social Security Card • Child's Birth Certificate • Records that show your income and assets, as well as those of the child. o Income Tax Statements, Mortgage or Rent cancelled checks, Utilities cancelled checks • Detailed Medical Records o Name, address, and telephone numbers of all doctors, hospitals, clinics and other specialists your child has visited. It is also helpful if you have your child's medical numbers. Give the dates as to when your child visited these medical professionals or facilities. o Letter of how your child's disability affects his or her ability to function as a child of similar age normally would. o Name of teachers, day care providers and family members who can give information about how your child functions in his or her day-to-day activities. • School records o IFSP, IEP, Any record that indicates a disability How to contact the Social Security Office Website: http://www.ssa.gov Telephone number: 1-800-772-1213
Department of Disability Funds (state)	Programs and Services available to each state's DD clients vary. See your state's Department of Disabilities web site for information.
Flexible Spending Account (Cafeteria Plan)	If your employer a planned benefit (cafeteria) plan, you can set aside up to $5,000 in pre-tax funds annually to pay for medical costs, therapies, special diet foods, copays, prescriptions, etc. This can save you hundreds of dollars in medical costs over the course of the year. NOTE: Not all services are automatically covered – ABA consultation, for example, may require a statement of medical necessity from your medical doctor. Some services may require a statement of medical necessity from your child's doctor. Funds are taken from each paycheck but can be used at any time during the play year – you do not have to wait for the funds to accrue to spend them. However, if you leave your employer before the plan year is complete, you will have to pay off any funds you used in excess of what you have accrued.

Early Intervention

Early Intervention is a service provided in combination by the state and the federal government. It provides therapy to children ages birth to three years of age. All of the services are provided free of charge. This program is mandated under IDEA (Individuals with Disabilities Education Act) Part H.

Who qualifies?	Each state sets up its own criteria. However, any child with a diagnosis generally qualifies, if they are showing any amount of developmental delay. If your child does not immediately qualify for early intervention because he is not showing a delay, then set-up an appointment for a re-evaluation. It is not based on income.
How does it work?	Anyone associated with the child - such as the parents, caregivers, a physician, a nurse, a relative - can call an early intervention program to request services. Every state and agency is slightly different, so it will depend on the agency you are working with.
STEPS TO INITIATE EARLY INTEVENTION EVALUATION AND SERVICES	
1. Find your early intervention specialists	• Ask a professional who is working with you and your child for contact information • Go to: www.nichcy.org/index.html, select **Search for Organizations** > State Resource Sheet > State, > Programs for Infants and Toddlers with Disabilities: Ages Birth through 2 • Check the telephone book's government section for 'Early Intervention or Child and Family Services or Special Education', every telephone book is different. If you call what you think should be early intervention and it is not, ask them if they know of an early intervention program, for children birth-to-3 with special needs, and do they have a contact number. In most states, grants are given to different agencies to provide early intervention. And the common way to find the name of these agencies is to call around until someone knows what you are talking about it. This is very frustrating, so hopefully your primary care physician can give you a contact number or call another primary care physician or look at the suggested website.
2. Initial contact	It is best that the service coordinator at the early intervention agency speak with the child's primary caregiver (usually the parent) to set up an appointment. An appointment for an interview and/or evaluation is then arranged. Sometimes an interview is done with a service coordinator and the primary caregiver(s) before the child is formally evaluated. Therefore, it is helpful to the agency and to the therapists that you provide information about RTS. Some agencies will have quick access to this information and others will not. Therefore, if you provide the information it will help your child receive the services that he needs.
3. Evaluation	An evaluating team, of typically two therapists either a speech therapist, a physical therapist, an occupational therapist, or an educator complete what is called an arena evaluation. For children with RTS, you should request for a speech therapist to be at the evaluation, since speech is usually an area that needs assistance to develop. An arena evaluation means the therapists will play with your child and watch what she does and ask you questions about what she does. In order for the therapists to have a complete picture of your child, it is important that you provide information about what your child is able to do. The therapists are evaluating your child to find at what developmental level your child is functioning at, to better help your child achieve her developmental milestones. It is helpful that you provide your input as to how and what your child is doing and what your concerns are. After the evaluation, either the day of the evaluation or at a scheduled meeting, the therapists will explain to you the results of the evaluation and whether or not your child qualifies for services.
4. Individualized Family Service Plan	An Individualized Family Service Plan (IFSP) is developed. This document states the parents' goals for their child, it is a good idea to think about what goals you would like your child to achieve in the next six to twelve months and write them down before the meeting. The therapists will also help to express the goals in measurable terms and help direct you in determining appropriate goals for your child. This document is updated every six months and a re-evaluation is completed every year.
5. Therapy	Your child will receive therapy according to what is stated in the IFSP. If your child is demonstrating gross motor delays, he will be seen by a physical therapist. If your child is demonstrating fine motor delays, he will be seen by an occupational

	therapist. If your child is demonstrating speech delays, he will be seen by speech therapist. If your child is demonstrating cognitive delays, a speech therapist or an educator will see him. Your child can be seen by one or more of these therapists according to your child's needs. There is also the transdisciplinary approach, which is a popular approach in Early Intervention programs. The transdisciplinary approach means a therapist will treat your child for more than one need. For example, if your child has gross and fine motor needs a physical therapist might treat your child, not a physical and an occupational therapist. In some cases, this is okay due to the overlap in training of the professionals. However, if you feel your child has very specific needs in one area then a therapist with specialized training in that area should be treating your child. Children with RTS typically have strong speech needs, therefore they should be seen by a speech therapist. In some cases, group therapy is recommended. If your child works well in a group and is learning from his peers then this is an excellent approach. However, some children work better on an individual basis. You and your child's therapist need to determine what is the best approach for your child.
6. Transition	At age three years, your child is no longer eligible for early intervention services. A transition meeting is set-up with your school district. You should remind your early intervention service coordinator six months before your child's third birthday, that your child will be turning three. Sometimes the service coordinator will set-up the transition meeting with your school district and sometimes this is your responsibility. At the transition meeting, the school district will typically provide their own therapists that will evaluate your child to determine if your child qualifies for therapy services through the school system. It can be helpful if you bring reports from your child's current therapists. Refer to school based therapy on this web page for further information.

School School USA (3-21 years old)

At age three, your child begins to receive services through the school system. The school system is responsible for educating your child according to the Individuals with Disabilities Education Act (IDEA). Refer to You as an advocate for more details.

Transition	You and your child will participate in two transition periods in the school system. The first transition happens at age three and the second transition happens when your child graduates from high school. These transitions are directed under the Individuals with Disabilities Education Act (IDEA) Part H and Part B. Part H provides therapy and other services to the child from birth to 36 months and the family in the "natural setting". Typically, the program is called Early Intervention, or EI, or EIP, or Birth to Three. The goals and the objectives to achieve these goals for your child are covered under the Individualized Family Service Plan (IFSP). A few months before your child turns three, a transition meeting with your school district should be arranged. This arrangement is usually done in cooperation between you and your Early Intervention Program. However, it is always a good idea to remind your child's Early Intervention Program that your child will be turning three in the next 4-6 months. You will want your child's services arranged before they turn three, because on the day they turn three, they are no longer eligible for early intervention. Do not forget the school districts are often on vacation during the summer months, and will not always make arrangements for transition meetings or services, so plan ahead. When your child turns three years of age a transition takes places from early intervention to the school system. If your child was not receiving therapy through early intervention, then you should arrange for an evaluation by the school district. Your child in now covered under the law IDEA Part B. Your school system is now responsible for delivering educational services. The goals and the objectives to achieve your child's educational goals are found in the Individualized Education Plan (IEP). The services are based on the educational needs, that is, what services are needed to help your child learn and participate in the school setting? The second transition happens when your child graduates from high school between the ages of 16 and 21. At this point, the school district is no longer responsible for delivering services and they should assist you in finding the next step for your adult-child. The transition planning should begin when your child is fourteen.
Individualized Education Plan (IEP)	The Individualized Education Plan (IEP) is an extremely important document. This is the document that states the services your child will receive through the school system. This is a legal document. Your child will first receive an evaluation by a team of professionals, which can be any combination of an educator, psychologist, physical therapist, occupational therapist, speech therapist, or other professionals. The next step is a meeting is scheduled to review the results of the evaluation and set educational goals. You and your child will be invited to this meeting. I strongly advise you to attend the meeting. If your child is participating in making decisions about his services and needs, then he should attend also. The professionals that administered the evaluation may or may not be present; however, they do have to provide written documentation. The first topic to be discussed should be the results of the evaluation. The next objective is to set goals for the school year, along with short-term goals leading to the annual goal. You should give your opinion as to what you think the goals should be. It is a good idea, to think about the goals you would like your child to achieve in the school year and write them down before the meeting and then bring them to the meeting. It is important that you are realistic in setting goals for your child; think about your child's abilities and what can truly be achieved in one year. Don't forget you want your child to be happy. You do not want to set goals that are too high that will set your child up for failure and yourself for disappointment. And you also do not want to set goals that do not allow your child to reach his true potential. You of course will be working with the team to set the appropriate goals, but it is always

	helpful to think ahead. This is a good time to work together as a team in making sure your child will receive what he needs. It is also a good time to develop a positive rapport with the members of the team and let them know you are concerned and want to be a part of the educational process. Make it clear that you want to work as a team, that you love your child and want what is best for him. This is not the time to make it look like you are a troublemaker. Try to stay calm and work with everyone. Sometimes bringing donuts or cookies helps everyone work better together. The third step of the meeting is to decide who will provide the special education and the related services needed and where they will be provided; along with to what extent your child will participate in regular school programs. The forth criteria stated in the IEP is when the services will begin and possibly end and the frequency of the services. And the last criteria is to determine how often your child will be re-evaluated to determine if the goals are being achieved, which cannot be longer than a year. By law, these five criteria must be written in the IEP. If at the end of the meeting, you do not agree with the statements in the IEP, then do not sign the document. This document is the agreement between you and the school district and must be followed. If you sign it, then you are agreeing to what is stated in the document. You can request to take a copy of the document home and think it over. You can have someone else read it, such as an outside therapist or a previous educator or a physician or us, and one or all of them can give you their opinion before you sign it. Re-cap of the IEP objectives: • Discuss the results of the evaluation. • Set goals. • Decide who will provide the special education and where. • Determine when the services will start and possibly end and the frequency of the services. • Decide how often your child will be re-evaluated. Under Ed 1107.04 Costs Associated with Evaluations, a parent may request an independent educational evaluation at public expense if the parent disagrees with an evaluation obtained by the local education agency. However, the local education agency may initiate a hearing, as outlined in Ed 1128 to show that its evaluation is appropriate. If the final decision is that the evaluation is appropriate, then the parent may still have an independent evaluation but not at public expense." Occupational and Physical Therapy in Educational Environments edited by Irene R. Mewed. The Haworth Press, Inc. Binghamton, New York. 1995.
IEP Goals	It is important for parents and children to give their input as to what the IEP goals should be. It is extremely helpful to think about your child's goals for the year, before the IEP meeting. The goals need to be educationally based, that is they have to address learning and meaningful participation by your child in the educational setting. To help you think about goals, first think about what your child is having difficultly performing within the educational setting? What do you want your child to be able to do? How can your child achieve these goals? Of course, the professionals your child is working with will help you make these decisions, but it is a good idea to be thinking of them in advance. Write out goals that you think are appropriate for your child by following the advice of Peter Wright,

	www.wrightslaw.com. Write SMART IEP goals: S: Specific M: Measurable A: Action words R: Realistic T: Time specific
IDEA Law Individuals with Disabilities Education Act (IDEA) *	IDEA is extremely influent piece of U.S. Federal Legislation. IDEA has Part B for children birth to three and Part H for children three to 21. IDEA provides: Small amount of money from the federal government to the school district to provide special education and related services. Guarantees the rights of due process to children with disabilities and their families. "Provides a free, appropriate public education (FAPE), including special education and related services, to all eligible children with disabilities regardless of the nature and severity of the disability. Children with disabilities are defined as those having a disability that adversely affects educational performance and who otherwise meet the existing definitions for one of the 13 disability categories (autism, deaf-blindness, deafness, hearing impairment, mental retardation, multiple disabilities, orthopedic impairment, other health impairment, serious emotional disturbance, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment)." IDEA mandates Individualized Education Program (IEP) and the delivery of services. The written document regarding special services for the child. Details are provided under IEP in this website. Special education is defined as "specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability." The federal statutes do not specify what the minimal instruction is, just that some type of instruction should be given. Therefore, it is the states that decide what type of services will be provided. IDEA mandates least restrictive environment. "Education in the least restrictive environment requires that children with disabilities be educated in the regular classroom with nondisabled peers to the maximum extent appropriate and may include the use of supplemental aids and services to achieve this goal." IDEA mandates transition. Details provided under Transition in this web page. Assistive Technology Services. "Assistive technology devices and services are available to a child with a disability if required as part of the child's special education program, as a related service to assist a child to benefit from their special education program, or as supplementary aids and services in the regular classroom." *Laws that Shape Therapy Services in Educational Environments by Mary Jane K. Rapport. Occupational and Physical Therapy in Educational Environments edited by Irene R. McEwen. The Haworth Press, Inc. Binghamton, New York. 1995. ISBN 1-56024-777-0
504 plans Section 504 of the Rehabilitation Act of 1973*	"Children who qualify as individuals with disabilities under Section 504 of the Rehabilitation Act of 1973 may be entitled to reasonable accommodations in the educational program by nature of the protection guaranteed them as a protected class under basic civil rights laws." Under Section 504, "an individual with disabilities (a) has a physical or mental impairment that substantially limits one or more major life activities; (b) has a record of having a physical or mental impairment that substantially limits one or more major life activities; or (c) is not impaired but is regarded as having such an impairment." Therefore, a child who does not meet the criteria under IDEA for special education

	because the disability does not affect his educational learning may be eligible to receive special accommodations under Section 504. The school district does not receive federal funding if a child receives services under Section 504.
The Rights of Parents and Children with Disabilities	Early identification of all children with disabilities, birth through 21 • Evaluation to determine the nature and extent of the child's disability and the special education and related service needs, taking into account the child's participation in the general curriculum. • Participation in the development of an Individualized Education Plan (IEP) and to have the meeting at a time and place convenient for both the parents and the school. • Measurable annual goals and benchmarks/objectives for each need that results from the disability. • Supplemental Services of: adapted physical education, driver education, behavior management training, self-help skills, teacher aides, oral testing and other services as needed. • Related aids and services including: counseling, occupational, physical, and speech therapy, transportation, large print books, assistive technology, evaluations, classroom aides/personnel and other services to enable the child to benefit from regular or special education. • Vocational education/transition from school to adult life. • Placement in the least restrictive environment (LRE). • Equal participation in planning the child's educational program. • Confidentiality and the right to review and receive copies of the child's educational records. • Written notice before the school proposes or refuses to change the child's educational program and to have that notice in their native language. The opportunity to agree or disagree with the change. This includes actions such as suspension and expulsion. • Non-discrimination, including equal access to school facilities, programs, and services. • Free appropriate public education (FAPE) even when suspended or expelled. • Access to impartial due process hearing, mediation and other complaint procedures. • The right to participate in all meetings with respect to the identification, evaluation, and educational placement of the child, and the provision of a free appropriate public education to such child. • The right to an independent education evaluation (IEE). • The right to have a copy of the procedural safeguards (parent rights) provided by the school, upon each notice of an IEP meeting, upon notification of reevaluation and upon filing of a complaint. • The student's placement will be maintained during due process hearings, i.e. the student has the right to be educated during the hearing process. • To be notified of the procedures related to students who are placed in the interim additional setting. • To be informed about your child's progress at least as often as parents of children who do not have disabilities.
Disagreements with the School System	If you disagree with your school system, the first step is to write a letter. Remember the letter should be professionally written; an emotional letter is not going to get you anywhere. To look an examples of letters, refer to the website The Art of Writing Letters. If the disagreement cannot be resolved between the existing people involved, the next step is to set up mediation. Mediation involves a third party who will listen to both sides and give suggestions. The parents are also entitled to a child advocate provided by the school system, to help decide on the best plan for the child. The last resort is to hire a lawyer and decide if the disagreement should become a lawsuit. Refer to the website for protection and advocacy organizations.
Inclusion Model with	Inclusion vs. segregation can be a difficult decision. Inclusion means your child will be educated with his “normal”

Identified Supports vs. Segregated Special Education Classes	peers. In this setting, your child is given the support that is needed in order for him to participate in the learning process. This type of education can be done in many different ways, such as receiving educational instruction with an aide. Segregation means your child will only associate with children with special needs. This sets up a controversy between two "schools of thought". The Individuals that support inclusion say that best way to educate a child is to have him with his peers and provide him with whatever he needs in order to learn, which is a wonderful philosophy. The advantage is, that it is "real life" and training for adulthood. It is helpful for your child to interact with "typical" children, in that children learn from their peers. Your child will be challenged by his peers and will try to copy them, as all children do, which can lead to better learning and socialization. However, there are times when the school says that it will provide additional help for your child and then it does not work that way. Or, your child does not feel successful when placed against his peers. So, it is important that you are aware of what is taking place in an inclusion setting and that your child is learning, and not being passed along. The another group of people believe that segregation is the best way to educate your child. Segregated programs are designed and staffed by professionals that are trained to work with children with special needs, which typically means they are better trained to teach your child. Therapies are usually an integrated part of the system. However, there are downsides to segregation. Children that are segregated do not always have the challenge of learning with their peers, which can sometimes facilitate better learning and skills. Also, children that are segregated are not learning how to function in the community in hopes of becoming integrated into society. There are many educational environments that do not offer "pure" segregated special education classes. It is important that you think about your individual child. You should listen to other people's advice, especially the professionals within the school system that are working with your child, but then you need to really look at your child and decide what is best for your child. If your child is in an inclusion classroom, you will have to think about what assistance your child needs in order to learn. There are programs that combine inclusion and segregation, where the child might spend part of the day in a segregated program and the other part of the day in an inclusion program or he might spend the day in an inclusion program and receive remedial assistance and therapy. There are many different combinations. Trust your "gut" and do what you think is best for your child, you might be surprised at how well he does in an inclusion program with his peers. Or you might decide this is not the right program for your child and enroll him in a segregated program.
IEP Plans	IEP stands for Individualized Education Plan (alternatively called an "Individualized Education Program," "Individual Education Plan," or some combination thereof). This is a legally binding document that spells out exactly what special education services your child will receive and why. It will include your child's classification, placement, services such as a one-on-one aide and therapies, academic and behavioral goals, a behavior plan if needed, percentage of time in regular education, and progress reports from teachers and therapists. The IEP is planned at an IEP meeting. The individualized part of IEP means that the plan has to be tailored specifically to your child's special needs -- not to the needs of the teacher, or the school, or the district. Goals, modifications, accommodations, personnel, placement, all should be selected, enforced and maintained with the particular needs of your child in mind. ""We don't do that,"" for example, is not an individualized response. If your school has never had a child like yours (and since your child is an individual, they haven't), and now they do, and a service is appropriate to his or her needs, then they do do that now."
IFSP Plans	Your Individualized Family Service Plan (IFSP) will be your roadmap through the Birth to Three System. It will show you where you are starting from and where you plan to go. You and your service coordinator will check it every so often to make sure that you and your child are still on course. You have valuable information and insight about your child's strengths, needs, likes and dislikes. That, along with information from the assessment and medical

	information from your child's doctor, will define the starting point. Where you want to go and how you want to get there will depend on your family's priorities, concerns, lifestyles, and routines. You may want to complete the "Hopes and Dreams" exercise to prepare to write down the IFSP "outcomes" section. Outcomes are the changes you want to work toward for your child and family and can relate to any area of your child's development and daily or weekly routines (such as eating, dressing, making friends) or your family's life (such as training a baby-sitter or making time for play activities). After the outcomes are written, including the many locations and people that will need to be involved, it is time to look at one or more of the following Birth to Three services and supports that would help you to achieve those outcomes: • service coordination • specialized instruction • speech and language services • physical therapy (P.T.) • occupational therapy (O.T.) • family training and counseling • assistive technology devices and services • audiological services • health services necessary to benefit from other early intervention services • medical services for Birth to Three diagnostic or evaluation purposes only • nutrition services • nursing services • psychological services • social work services • vision and mobility services • transportation necessary to receive other services that are included in the IFSP • other services and supports The services of the IFSP will describe who will be providing any of these services, where, how often, and for how long. Depending upon what you prefer, services can be delivered in many different natural environments. these may include various places in your home, your child's day care, a neighborhood play group, or other places where your child spends his days so that it is a comfortable place for you and your child. Within all these locations, there are a variety of activities that can be designed for your child and lots that he or she can learn through those activities. The IFSP will be reviewed every six months (or sooner, if you request it) to evaluate your child's progress and continued need for services. You will be given a copy of your IFSP each time it is written or changed by you and your team. Each IFSP will also be sent to your child's doctor to sign. This helps keep your child's doctor involved and allows your Birth to Three program to collect reimbursement from your health insurance plan as required under Connecticut law.