

Providing support and information for families of children with disabilities, chronic illness and other special needs

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TxP2P Program Update By Laura J. Warren, TxP2P

What a year! 2005 has certainly been the year (so far) for Texas Parent to Parent!

In June, we received a DSHS grant through Children with Special Health Care Needs to provide parent-to-parent support in the Rio Grande Valley. This grant allowed us to hire more staff, including Leticia Padilla, a Supporting Parent volunteer with us for many years and former Board member from the Valley.

In July, we presented our annual conference with over 100 parents and professionals attending at University of Mary Hardin-Baylor. We had great speakers and everyone seemed to enjoy themselves as well as learn new information. Next year, we plan to have the conference in Austin so start watching for information around the first of the year!



In October, we had our first public fundraiser - Vine to Wine at the Lady Bird Johnson Wildflower Center in Austin. The catering for the event was donated by Central Market - Westgate and wine was donated by Republic Distributing Company. It was a beautiful setting and a lovely evening, complete with awesome food and wine, music by Django's Moustache, and a silent auction with some great items such as weekends at resorts, golf clubs, golf with a former State Representative, and large format wine. It was quite magical, beyond our wildest dreams, and raised money for us as well!

Finally, we received word that we got the Center for Medicare/Medicaid Real Choice grant for the Family to Family Health Care Information and Education Center for the state of Texas. Only one grant is awarded per state and we are one of several statewide parent-to-parent programs that received the grant in the past couple of years. We are honored to be chosen for this work! We have hired Jeanine Pinner, another former Board member, who will travel around the state to provide trainings on health care for parents and professionals.

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Help TxP2P by using our Randall's Good Neighbor' Remarkable Card Number 10043!

What's New with IDEA? (Individuals with Disabilities Education Act)

Compiled from It's a New IDEA! Created by Advocacy, Inc. & The Arc of Texas

What follows is taken directly from the updated manual, It's a New IDEA! from Advocacy, Inc. and The Arc of Texas. The entire manual can be found on their websites: www.advocacyinc.org or www.thearcoftexas.org

Referral: IDEA 2004 made changes in the referral process for a student suspected of having a learning disability. Now, prior to or as a part of the referral process, the school must assure the student has been provided appropriate, high-quality research-based instruction in a regular classroom, delivered by qualified personnel. Data-based documentation of the student's pro-

gress must also have been reported to the parents. Once the student has been referred, however, the timelines for conducting the evaluation still apply. The new considerations were added by Congress because of concerns that too many students were being referred to special education, and labeled as "learning disabled," who had not been provided with good instruction in the classroom.

Thanks to Kay Lambert from Advocacy, Inc. and Rona Statman from The Arc of Texas for updating this document!!

Is the Student Eligible for Special Education Under IDEA?: IDEA 2004 changed the way a student is determined to have a learning disability. A local school district can

not be *required* to first determine that the student has a severe discrepancy between his intellectual ability and his level of achievement. IDEA also now allows a local school district to consider whether the student has received a method of instruction known as a response-to-intervention (RTI). Once there are

final federal regulations (probably in December of 2005), Texas Education Agency (TEA) will need to revise its criteria for determining that a student has a learning disability. You will want to watch for information from TEA or from an

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organization such as the Learning Disabilities Association of Texas.

Excusing Members of the ARD Committee: As of July 1, 2005, an ARD committee member can be excused from all or part of the meeting if the parent and the school agree that person's attendance is not required because that person's area of the curriculum or related services is not being modified or discussed. However, the parent must agree in writing to excuse a required member of the ARD committee for any or all of the meeting. A member of the team may also be excused from all or part of the meeting even when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the parent and the school agree in writing and the member provides written input to the parent and the ARD committee prior to the meeting.

Parents should not feel pressured to agree to excuse someone they believe should be there.

Note: Even if the parent agrees to excusing a particular regular education teacher from the ARD meeting, the law still requires that "at least one" regular education teacher be at the meeting.

Services Provided must be based on Peer-Reviewed Research: The IEP you develop must end with a clear statement of the special education and related services, as well as the supplementary aids and services that must be provided to the student. IDEA 2004 adds an important new requirement that the services provided to a special education student must be "based on peer-reviewed research to the extent practicable."

Though the term "peer-reviewed research" is not defined in IDEA, it is assumed to be similar to the requirement in No Child Left Behind that instruction be based on "scientifically-based research." (Remember, NCLB also applies to special education programs.) The intent is clearly to require schools to have credible research behind the choices they make on how to instruct students. If you are told the school intends to use a particular

teaching strategy, ask them to describe the peer-reviewed scientifically-based research that supports this particular technique. In the past, ARD committees often refused to discuss "methodology" by saying that how the student was taught was solely at the discretion of the school district. Under this new requirement, ARD committees will have to discuss methodology in order to determine whether the instruction the school is proposing meets the standard of peer-reviewed scientific research. To learn more about scientifically-based research, go to: <http://www.ed.gov/nclb/methods/hatworks/research/index.html>. For information about sound research-supported practices, go to the website of the What Works Clearinghouse at <http://www.whatworks.ed.gov>

What Happened to Objectives? If your child has previously received special education, you are used to IEPs that contain both goals and objectives. Short term objectives (sometimes called "benchmarks") are small, measurable steps leading to reaching each IEP goal.

When Congress reauthorized the IDEA in 2004, they eliminated the requirement for short term objectives for the majority of students receiving special education. Most IEPs are now required to have only annual goals. Short term objectives must only be written for those students who take an alternative assessment rather than the TAKS test.

Just because short term objectives are no longer *required* for some students, this does not mean they cannot be written if the ARD committee thinks they are needed. If you think one of your child's IEP goals should contain short term objectives as a way to help your better monitor progress, you should certainly ask the ARD committee to write them.

Since short term objectives are no longer required for all students, annual goals must be more comprehensive than many have been in the past. IEP goals must be measurable and include both academic and func-

tional goals. They can no longer be just broad statements of what a student will accomplish during the school year.

Statewide Assessments: In the 2005-06 school year, a new test has been added for some subjects and some grade levels. The new test, TAKS-Inclusive or TAKS-I is for students on or near grade level who need accommodations (documented in their IEP) that would invalidate the TAKS. TAKS-I must be taken at the grade level the student is enrolled in. TAKS and TAKS-I meet the IDEA 2004 requirements.

Individual Discretion: School administrators are now allowed under IDEA to use discretion on whether or not to change the placement of a student with a disability who violates the student Code of Conduct. This means the principal (or other administrator) no longer must apply a local "zero tolerance" policy to a student with a disability, but can use discretion because of the impact of the student's disability. This will hopefully decrease the number of students with disabilities sent to Disciplinary Alternative Education Programs because the administrator says he has "no choice."

Manifestation Determination: It is now more difficult to find a student's misbehavior was a manifestation of his disability. The new standard is that the misbehavior must have been "caused by" or had a "direct and substantial relationship" to the child's disability, or was the "direct result" of a school district's failure to implement the IEP. Manifestation determinations are still not required for removals of less than 10 consecutive school days.

Removals for up to 45 days: Previously removals were allowed for up to 45 days for offenses involving drugs and weapons, regardless of whether the offense was a manifestation of the student's disability. IDEA 2004 adds the infliction of "serious bodily injury to another person" as an additional offense for which a student can be removed for up to 45 days. Also, 45 days now refers to "school days" rather than "calendar days."

"Stay Put": When a parent files for a due process hearing to challenge a disciplinary action, the student will remain in the disciplinary setting pending the hearing decision, or the end of his disciplinary placement. Previously, "stay put" left the student in the placement he was in before the disciplinary removal. This new definition of "stay put" is only applicable to disciplinary removals.

Expedited Hearings: In discipline cases, the student is entitled to an "expedited" hearing within 20 school days after the hearing is requested. The hearing officer must issue a decision within 10 school days after the hearing.

Changes without an ARD meeting: IDEA 2004 now allows some changes in the IEP to be made without an ARD meeting. Changes outside the ARD process are intended for changes that are not controversial and do not need to be discussed. The only requirements for amendments to the IEP without an ARD meeting are that the school and the parent agree and that the amendments be in writing. If you are asked to agree to a change you don't agree with, or don't understand, you should ask for an ARD meeting. If the IEP is changed without an ARD meeting, the school must provide you with a copy of the revised IEP at your request.

Requesting a Hearing: IDEA 2004 expands the information that must be included when requesting a due process hearing. The party request-

ing due process (typically a parent or the parent's attorney) must provide what is called "due process complaint notice" to the other party (typically the school district) and to TEA. This notice must include: the name of the child, the address of the child, and the name of the school district; a description of the problem in dispute, including relevant facts; and a proposed resolution to the problem.

Resolution Session: This is another, and very important, requirement of IDEA 2004. Before conducting a due process hearing the school must convene a meeting with the parents and the relevant members of the ARD committee who have knowledge of the facts in the due process hearing complaint. The meeting must include a school representative who has decision-making authority and must be held within 15 days of receiving the complaint. The school may not bring an attorney to the meeting unless the parent is bringing an attorney.

The purpose of the resolution session meeting is to give the parents the opportunity to discuss their complaint and the school is given the opportunity to resolve the complaint. The resolution session meeting is required unless both the parent and school agree in writing to waive the meeting or they agree to mediation. If the school has not resolved the complaint within 30 days of receiving it, the due process hearing will proceed. Unless an ex-

tension of time has been ordered, the hearing officer's decision is due 45 days from the date of your request for a hearing, *even if the parties choose to use the resolution process first.*

If a resolution is reached, the parents and the school must sign a legally binding agreement. The agreement is enforceable in state or federal court. Either the school or the parent can withdraw their agreement within three days of signing it.

Attorney's Fees: New provisions in IDEA 2004 allow the hearing officer to require the parent or the parent's attorney to pay attorney's fees to the school district award if the parent's complaint was frivolous, unreasonable or without foundation and/or if the complaint was presented for an improper purpose, such as to harass, cause unnecessary delay or needlessly increase the cost of litigation.

Placement During Due Process Hearings and Court Appeals: In discipline cases where a student has already been removed from the classroom for an interim period, the "stay put" provisions do not apply. You also may be entitled to an expedited hearing.

Final IDEA regulations should be adopted in December 2005. The final regulations may be different than the ones listed here. We will again post the changes from the final regulations.

Book Review: Reflections from a Different Journey - What

Adults with Disabilities Wish All Parents Knew, By Stanley D. Klein & John D. Kemp

I just finished a great book of articles written by adults with disabilities for parents of children with disabilities. I was nervous about starting it because I was not sure that I would like what I was about to read but I was greatly surprised to find that the articles mimicked a lot of what we tell parents through TxP2P:

*Trust your gut feelings when you disagree with professionals - most of the time you are right!

*Acknowledge and accept your feelings of grief and loss,

*Acknowledge that what breaks your

heart may not break your child's, *Acknowledge your child's strengths and abilities and accept their limitations only when they prove they have any,

*Integrate your child into their community as fully as possible,

*Learn about your child's rights and learn to advocate for your child,

*Talk to your children about their feelings, needs, and desires,

*Acknowledge that your child is an individual and has their own life to lead - help them prepare for that life,

*Connect with other parents for sup-

port and fun,

*And, find something to do for yourself - just for you - and do it on a regular basis.

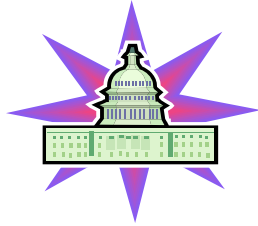
I highly recommend that all parents read this book - these writers say in many different ways how to help your child and your whole family. I found that several of the writers spoke directly to me and I think you will too! Laura J. Warren, TxP2P

If you have read a good book on disabilities issues, consider writing a review of it for this newsletter.

Send your review to

Laura@txp2p.org

During the past several months, much of the activity in Austin's health and humans services arena has been focused on implementation of the various legislation passed during the 79th Legislative Session. Many bills that were passed required implementation of certain provisions by September 1st. Advocacy groups have been involved in the development of many of the current efforts and will continue to follow the implementation of new rules and policies affecting children and adults with disabilities. Additionally, the Children's Policy Council has met several times and is working on encouraging the agencies to implement many of the recommendations included in their last report. (The report can be found at www.hhsc.state.tx.gov.) Finally, the Promoting Independence Advisory Committee continues to push state efforts to allow individuals with disabilities, both adults and children, residing in institutions to obtain community-based services. All this work was keeping agency staff and advocates alike very busy, and then, Katrina hit. In Austin, as throughout most of Texas, people have responded to the crisis and have gone into over-drive to do whatever needs to be done.



Hurricane Relief Efforts for People with Disabilities

As you all can imagine, due to the recent catastrophic events in the Gulf Coast Region, and the large number of evacuees coming to Texas, the Texas health and human service agencies have been extremely busy trying to manage the immediate crisis as well as plan for future needs. It's an extraordinary task. Executive Commissioner Hawkins (Texas Health and Human Ser-

vices Commission) has directed Commissioner Sanchez (Texas Department of State Health Services (DSHS)) to develop both short and long term plans to address the health and human service needs of these individuals. The Department has solicited input from a wide variety of stakeholders and is working with the Department on Aging and Disability Services (DADS) to ensure that children and adults with disabilities get critically needed services. At the same time, the Governor's office and the Health and Human Services Commission are working closely with the federal government to ensure that Texas receives 100% reimbursement for the services provided to hurricane evacuees.

Additionally, the Administration on Developmental Disabilities (U.S. Department of Health and Human Services) is working with The Center for Disability Studies, Advocacy, Inc., and the Texas Council for Developmental Disabilities to find ways to assist evacuees with disabilities. The needs will be great, not only in the immediate future, but also for the long term. Staff from all of these agencies have been busy working in various shelters assisting individuals with disabilities and their families find housing and obtain needed medical and support services. These agencies are also working with state offices to help identify current and future needs and develop recommendations on how to accomplish what needs to be done.

Many families have asked if this crisis will affect the rollout of the 9,360 new Medicaid waiver slots appropriated by the legislature. DADS has assured us the waiver slots will not be used for hurricane relief and that families can expect that process to continue as planned. With that said, it is reasonable to

expect some minor delays in some areas due to the amount of time case coordinators are spending on the relief efforts.

Other Updates

As mentioned above, the Department on Aging and Disability Services is working extremely hard to ensure that the newly available waiver services are made available to people on the various waiting lists as soon as possible. Slots for each of the waivers will be offered in phases, with the first phase being six months and the subsequent phases being every quarter. During each new phase, individuals and families will be notified of their eligibility. *There are fairly strict timelines in which families must respond to the offer of waiver services. If these timelines are not met, the names will be removed from the waiting list. It is extremely important to respond quickly when a notification is received.*

While the process can seem overwhelming at times, there are plenty of people who can assist with information gathering. Texas Parent to Parent can be one of your primary sources. Talk to other parents about provider agencies and case coordination agencies that they have used. The experience of other families is often the best gauge of quality. You should also talk to the various providers to find out which ones have the most experience in working with children who have disabilities similar to those of your child. Providers do sometimes "specialize" and are better at understanding and supporting people with certain types disabilities. Get as much information as you can before making your decision.

As always, if you need additional information, you can contact me at colleen.horton@mail.utexas.edu.

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Steps to Becoming a Parent Partner in Your Physician's Office

By Tammy Mann, CSHCN Medical Home Learning Collaborative

Hopefully, you already have a doctor who you feel provides family-centered care! But if not, your first step will be to locate a new doctor! If you need assistance with locating one in your area, "The American Academy of Pediatrics Pediatrician Referral Service (herein after called AAP Pediatrician Referral Service) is intended for use by the general public to allow them quick access to information on pediatricians." If you are looking for a pediatrician who specializes in the care of children with disabilities and/or children with developmental or behavioral issues, you can use the Pediatrician Referral Service to search for a pediatrician by specialty. You can also search on a website for a pediatrician by last name, city, state, zip code or area code at www.aap.org/referral/ Another option, and my favorite, is to contact Texas Parent to Parent (www.txp2p.org) and see if they have any physician referrals from parents in your area of Texas. The important thing to remember is that just because a doctor is on someone's referral list does not mean that you will approve of them.

Okay, so you have a doctor; it does not have to be the pediatrician, it could be the sub-specialist (neurologist, orthopedist, cardiologist, dermatologist, etc.) that you feel is the doctor who coordinates your child's care, the one who keeps up with all the other things going on with your child in order to make sure that he/she receives *continuous, comprehensive, and coordinated care*. If it is a physician you have been working with for a while, you may feel comfortable giving him/her the Medical Home Brochure and asking what you can do to help his office become more involved. Of course, this is after you have expressed your appreciation for all the wonderful care your child has received over the years. However, just like everything else in our lives, it is easier if you have ideas of ways you can "help" the office become more family friendly, provide families with much needed information, help the office run smoother, and even SAVE the office \$\$\$\$\$. The latter being a very important point because cost is usually one of the first responses on why things cannot be changed from the office manager or physician. However, the American Academy of

Pediatrics believes in the philosophy of Medical Homes for all children because not only does it enhance the quality of care a family receives, it also enhances the overall effectiveness of the practice. The AAP has developed a link on their website that covers the reimbursement arena for practices.

So, the following is a list of a few ideas to help you get started.

1. Simply ask your child's doctor if some of the family-centered things he/she does could become more general practice. Suggest that the office organize a meeting of parents, staff, and providers to talk about how to improve services for families like yours. Sometimes, it is difficult to say negative things to professionals but if it is done in a positive manner to people who are really interested, it could make a BIG difference for everyone. Some of the things that have been discussed in meetings are accessibility, how easy is it for you to get to your appointment? What could make it easier? When you get to the office is parking available? Can you put a wheel chair lift down and get a person in a wheelchair out of the vehicle in the space provided? Are the doors electric? Does a staff member help you get in? Is there ample space in the office for a person in a wheelchair? How long is the wait time? How difficult is the wait time for you and your child? Is there enough time during the actual visit? Is there some sort of code to alert the appointment desk to schedule extra time during the visits of patients with special needs? A simple sticker works. In the past year, we have been working with several physicians' offices through the CSHCN Medical Home Learning Collaborative and have watched them make changes to some of these things and more, so there is hope!

2. Offer to set up a Parent Resource and Networking Bulletin Board in the office. This may sound like a lot of (free) work and it can be but it does not have to be! Texas Parent to Parent has a Resource Directory on their website that is regularly updated and printable in complete or by specific area. Are there meetings in your area? If so, put it on the board too! But remember to keep the board current.

3. If there are parent meetings in

your area, maybe some of the information would be helpful to the office staff - invite them to attend the meetings.

4. Invite the physician to speak at one of the meetings or maybe the office would like to host a "Parents Night". There are numerous topics that could be a possibility (disability specific topics, potty training, behavior, transitions, **resources**, etc.)

5. Does your child have a Care Plan? How about an Emergency Room Information Sheet? A positive point to stress is that if the patient goes into the ER with an Emergency Care Plan, they will not have to contact the physician in the middle of the night when their patient shows up! So, if you have a care plan, discuss it with your doctor, let them help you make sure the information on it is really what a stranger would need to know about your child to provide the proper care. Then offer to share your plan with other "patients" in the office; this could also be another topic for a parent meeting. You may even be able to get your local emergency department to host or sponsor such a meeting because of the valuable information the plan would provide them. If you do not have a care plan, you can search the internet or go to the AAP website at www.medicalhomeinfo.org/tools/care_notebook.html, contact Texas Parent to Parent, or contact the CSHCN (Children with Special Health Care Needs) office at Department of State Health Services, 1100 West 49th St., Room 442, Austin, TX 78756, www.dshs.state.tx.us/cshcn/default.shtm They can also be contacted at the **CSHCN Inquiry Line at 1-800-252-8023**

This is a major start!

The fact that this whole Medical Home philosophy was created by the American Academy for Pediatrics should be enough to put it in action but the truth of the matter is IT IS NOT! The definition came about around 1992 out of the AAP and here it is 2005 and this is as far as it has come! So please, help us make a difference and we'll help you in any way we can!

Tammy Mann, Parent Representative
CSHCN Medical Home Learning Collaborative
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Transition: Getting Jason Graduated

By Laura J. Warren, TxP2P

As your child transitions through ECI, PPCD or Early Childhood classes, and Elementary school, you gradually learn what accommodations your child needs. Around third or fourth grade you might start noticing that the other kids are not as friendly with your child as they were - he no longer fits in as easily. If this happens in elementary school, what will happen when puberty hits?!? Middle school, high school, transition services, graduation - the words that strike fear in the hearts of parents of children who receive special education services. Middle school for my son, Jason, looked like a disaster waiting to happen - 1,500 students in a fairly new school that had to use "port-a-potties" because the school just was not big enough to accommodate the growth in southwest Austin. I looked into private schools and found one close to home that would accept Jason. There were only 30 kids - what could go wrong!! Well, just about everything - the only good that came out of the experience was that the anxiety Jason experienced in elementary school disappeared. He learned to live with kids teasing, thumping, and/or ignoring him, a teacher that had no clue how to motivate him and no desire to protect him, and left after 3 years with no close friends and maybe 3 phone calls from kids from his school.

This did not bode well for high school and my visit with his home school was a nightmare - they wanted him in a unit for kids with emotional disturbances "to keep him safe." I explained he had been in regular classes since first grade to no avail - I left in tears (my typical reaction to shock).

I called on all my resources, we worked hard to find the right school, met with lots of school administrators, and got a transfer to the smallest and only one-story high school in Austin, had pre-ARD and ARD meetings, first day plans for

arriving and arranging help for Jason to navigate the school. We arrived on the first day of school to the loudest mass of teenagers in a hallway that either of us had ever seen, definitely not where a kid with sensory issues wants to be. Jason looked at me with pure horror in his face as I was lead away in tears (again, shock) by an aide.

From this scenario, who would ever believe what followed. By the third day of school, Jason had been recruited into the orchestra to play the double bass. I met with the orchestra teacher and asked him if he understood that Jason had cerebral palsy and weak fine motor skills. He assured me it would be fine. And it was - partly due to orchestra, partly due to a very involved Life Skills teacher who got Jason involved with the PALS Program - high school was the best four years Jason spent in school. He had friends, participated in after-school activities, and was accepted for who he is.

I could end the story here but we learned so much the last two years of Jason's high school experience that I feel compelled to pass it on so it might benefit someone else. For instance, in Austin ISD, resource classes do not count toward graduation. Jason has the cognitive abilities to succeed in academics but getting the information out and on paper is not always easy. To make the transition to high school and the world of 7 classes a day, Jason started in a Resource Math, English and Science classes his freshman year. We quickly realized that the science class was too remedial and moved him into Biology but he remained in Math and English. We moved him out of resource English the next year and Math the following. We found out at the end of Jason's junior year that the English resource class did not count toward graduation.

After a little research, it was determined he could test out of English I, just as a student would to skip classes to get into more advanced ones. We paid the fees and Jason passed English I during his senior year! Problem solved.

Physical Education - it was determined that Jason was too functional to be exempt from P.E. He had to take it - 3 semesters! We solved 2 semesters with bowling (that story occurs in a previous newsletter). The one-semester class, Fundamentals of Physical Education, is a required course for all Texas students. The ARD committee proposed all kinds of accommodations that Jason and I still didn't find acceptable but I remembered a different way - a friend's son had taken the course on-line. Sure enough, it was still available. Jason enrolled in Texas Tech extension classes, bought his book, and followed the instructions from his on-line teacher. It was an interesting time what with testing his flexibility, stamina, etc. and was stretched out to April of his senior year. P.E. problem solved.



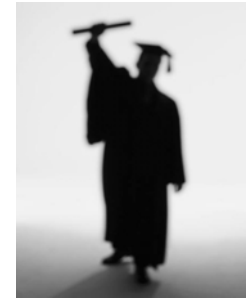
Last but not least, the dreaded TAKS test. Jason passed his English TAKS test and received a commendation in his Social Studies TAKS during his junior year. We got the study guide for the Science TAKS test from TEA, studied for 3 days, and he passed the test during the summer. Math TAKS - just the word gave him an anxiety attack. Math is not his strong suit and math tests for him are disastrous. He and his dad studied using the TEA study guide for 6 weeks before taking the test in October. When we had his graduation ARD, we still did not know if he had passed or not. In the graduation ARD paperwork, there was a place that could be selected that said he

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THANKS TO PARKLAND COMMUNITY HEALTH PLAN FOR FUNDING THIS NEWSLETTER!

could receive the Recommended Graduation Plan (he took 2 years of Latin, struggled through Algebra II, and science through Chemistry to receive the Recommended Plan) without passing the Math TAKS. Why it is there? I do not know. Is it real? Seems to be - no one has come to tell us he did not really graduate. We asked Jason if he wanted to try to pass the Math TAKS one more time -

he quickly said "no!" Before I would say yes to this strange turn of events, I had to know if the school Registrar would approve it. She did! We were done with his final ARD. Then someone arrived to say that Jason did not pass the TAKS. Oh, well... Graduation came on May 28th - the whole Warren/Alworth/Wimbiscus family arrived for quite a celebration, lasting almost a week. Jason walked



across the stage and everyone screamed for him. I cried - with joy this time.

Forgiven

By Lindie Hunt, TxP2P Volunteer

Michael was a planned home birth. It seemed to go well until he delivered, purple and lifeless! The midwife successfully resuscitated him and he spent the next 5 weeks in neonatal intensive care. If you've been through that, you know that the neonatologist has frequent conferences with the family about the baby's condition. Ours was very conscientious about keeping us informed on Michael's condition. From the start, it was clear to the doctors that he had massive brain damage. Every time we met with the doctor, he would start with Michael's birth and relate everything to that point in time. We knew all about his birth...after all, we were there! We knew what had happened subsequent to his birth. We really didn't want to hear it over and over again. We wanted to hear any new pertinent information...we were hungry for that. (Now I realize the doctor probably ached almost as much as we did because he could do so little to help Michael...this was his way of trying to

prepare us.) I began to resent the meetings with the doctor. Back then, I was much more in awe of doctors (the God syndrome) and wouldn't think of telling him how I wanted my conferences to be handled. Of course, over time, we learned that a partnership between parents and professionals is a successful model, but this was in the beginning. I remember one time when the doctor's back was turned, I put two fingers up behind his head to represent him having horns because I was so frustrated with him. Over time, that frustration waned. Long after Michael's discharge, the day came when I was ready to forgive the doctor for taking us through the birth time after time. I wrote him a letter on my computer. This was back in the days of DOS and I wanted to save the file name as "forgiveness". Unfortunately (later I realized it was actually fortunate), DOS would only save the first eight letters of the file

name ... "forgiven". I sat and looked at that file name and realized that part of the forgiveness process I had to go through was to forgive myself. For any role I may have unknowingly played in Michael's condition. For any anger or hurt I felt because of his condition. For anything I felt towards the professionals. And probably much more. Michael left us 10 years ago. I don't have to forgive myself very often anymore but I will never forget that lesson. Forgiveness is not a one way street. It is not just the other person who we are forgiving. It is often ourselves that we need to forgive as much or more than the other person. For allowing ourselves to be judgmental or angry or just being human. There is a saying that we are spiritual beings having a human experience. Forgiving ourselves and others is part of that human experience.

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VSA arts Arts Corner: Apple Tree

By Emily Cicchini, VSA arts

October is National Apple Month so in honor we've selected this fun apple tree project for the month. Art is a wonderful way to keep connected with your child, whatever their ability. Remember to encourage them to participate by allowing them to make choices: yellow apples, or red apples? High or low?



APPLE TREE

Materials Needed:

- *brown paper lunch bag
- *rubber band
- *construction paper for what colored apples you want your tree to be
- *newspaper or something to wad up to fluff up the middle of the bag
- *Cellophane tape

1. Cut slits down about 1/3 of the way from the top end of the bag.
2. Open up bag and stuff with newspaper or other filler. Close up bag and rubber band it to create a trunk.
3. Twist the cut pieces of brown bag into branches.

4. Add green leaves and your favorite color apples. (you could cut leaves and apples or tear them)
5. You have your finished tree. You can use it as a centerpiece for the table, or make a whole orchard just for fun.
6. When the leaves change color, you could do another tree with different colored leaves.

For more ideas about the arts, visit www.vsatx.org

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Serving children with disabilities,
 chronic illness and other special needs
 by providing support and information to
 their families through peer support,
 resource referral and public awareness.

Conference Schedule

Date	Conference Title	Location	Registration Information
Saturday, October 22 nd 2005	There's No Place Like Home The Children's Special Needs Network & The Children's Hospital at Scott & White	Scott & White Hospital TAMU Building Temple, TX	For more information, call 254- 778-6412 or 800-600-3940 or email mklentzman@special- children.org
Saturday, October 22 nd 2005	Fiesta Familiar 2005 Arc of Texas Rio Grande Valley	Nikki Rowe High School McAllen, TX	For more information, call 888- 857-8688 or check out the website www.thearcoftexas.org
Thursday, October 27 th to Saturday, October 29 th ,	Hope, Resiliency, & Success: ADHD Interventions for a Lifetime CHADD	Hyatt Regency Dallas, TX	For more information, call 800- 233-4050 or check on the web- site www.chadd.org
Saturday, October 29 th , 2005	Walk Now Houston Cure Autism Now	Reliant Park Astrodome	For more information, call 323- 549-0500 or check out the website www.cureautismnow.org
Thursday, Nov. 3 rd to Saturday, Nov. 5 th , 2005	Parental Involvement: A Capital Investment Region 16 Education Service Center	DoubleTree Hotel Austin, TX	For more information, call 806- 677-5126 or check on the web- site www.esc16.net
Wednesday, Nov. 9 th to Saturday, Nov. 12 th	TX 41 st Annual LDAT State Conference The Learning Disabilities Association of Texas	Renaissance Hotel Austin, TX	For more information, call 512- 458-8234 or email con- tact@ldat.org or check on the website www.ldat.org
Saturday, Nov. 12 th 2005	Inclusion: Connecting Students to Curriculum, Classmates, and Learning with Doug Fisher, Ph.D. Down Syndrome Guild of Dallas	Presbyterian Hospital of Dallas - Fogelson Forum 8200 Walnut Hill Lane Dallas, TX	For more information, call Katy Arbour at 972-930-0117 or email her at kmar- bour@swbell.net
Saturday, Nov. 29 th 2005	Recognizing & Helping Children with Sensory Processing Disorder Carol Kranowitz & Paula Aquilla	Hilton Austin Airport Austin, TX	For more information, call 888- 357-5867 or check on the web- site www.SensoryResources.com
Friday, Nov. 12 th to Saturday, Nov. 13 th	Going to the Heart of Autism, Asperger's syndrome & PDD with Dr. Steven Gutstein	Sheraton Houston Brookhollow Houston, TX	For more information, call 866- 378-6405, ext. 119 or check on the website www.rdiconnect.com