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# Parent Focus

June 2007

## Parenting a Child With a Disability

By Rosie Scott, parent of a student at Lakeview Woods

As a parent of a child with a disability, I have picked up a few lessons along the way. Some of them came easy, and others I learned the hard way. Much like any other parent of any child, it was an adjustment. I prefer to use the term *adjustment* rather than *different*. Life is full of adjustments and changes; how we choose to handle them is what makes all the difference.

Let me begin by introducing myself. I am 30 years old, from Texas, married and a mother of two. When I gave birth to my first child, who was born with cerebral palsy, I was 23 years old, single and fresh out of college. As it would with most parents, the birth of my daughter would shape the rest of my life. I spent the first few years grieving, learning, accepting and supporting. After some depression, I chose to learn about my daughter's disability, and this learning proved to be the most important step of all. I found it easier to accept the situation after I informed myself and understood cerebral palsy. I was then able to support others in similar situations. This article contains what I've learned so far.

### Top 10 lessons for parenting a child with a disability

**#1) Advocacy:** All children need someone to watch over them, especially our children. They need somebody to stick up for them when they are not able to do so themselves. This means speaking for our children and being their voice. If you feel it is in your child's best interest, you must give voice to what you think your child would want. This means talking to doctors, teachers, therapists and anybody else who interacts with your child. I have found that people will respect you more if you do this.

Oftentimes, I view advocacy as putting myself in my daughter's shoes. If I were her, would I be cold with just a sweater, or would I need a jacket? Would I want to wear sweats everyday if I were 6 years old just because it is convenient? Would I be comfortable sitting in a wheelchair for five hours straight, or would I be more comfortable lying down for a while? Ask yourself these questions, and put yourself in your child's place.

**#2) Inclusion:** Take your child out to have new experiences. All children need different opportunities to learn, enjoy life and expand themselves. Exposing our children to as much as possible will promote development. Let your child interact with other children. The more people who see our children, the easier it will be for society to accept people with disabilities.

**#3) Patience:** Like any parent, we must be patient. Some children become frustrated if they have barriers to communication or difficulty in moving their bodies. Our kids might take time to adjust to medication changes and could feel uncomfortable. Surgery, therapy or dealing with the system might not always go our way. Having patience and a positive attitude will make a difference. Remember, a lesson is always learned even in what seems to be a really bad situation.

**#4) Organization:** I have found organization to be very important when dealing with my daughter. Managing medication is a good example – organization is the key to avoid running out of meds or making overdosing mistakes. I have a daily sheet posted on my daughter's bedroom door just in case somebody different is caring for her or if something happens. Organization makes life easier and more consistent for everybody.

**#5) Education:** Learning about your child's disability could help you understand how life feels for your child. You will also learn about what to expect in the future and practical ideas for dealing with the disability. It really helps to understand what the doctor is saying. Go to conferences to learn about resources such as Medicaid, SSI, assistive technology and other resources that will help you and your child.

**#6) Resources:** Utilizing resources relieves stress and makes life easier. Pick up pamphlets, and don't be afraid to call. You would be surprised at all the resources that are available. I have a difficult time entertaining my daughter, so anything that will hold her attention and keep her busy is a relief to me. She listens to books mailed to her from the Wolfner Library, a service for the blind and physically handicapped. Kids Assistive Technology provided us with a ramp, and she also has a care assistant when she returns home from school. I have bought recycled equipment and other items from ➔

the Coalition for Independence and from Collaboration Works at reduced prices. (These organizations will also take your donations.)

**#7) Creativity:** Sometimes we might not find or qualify for a needed resource. In this case, I say *be creative*. While out shopping, I have found interesting items that work well at home with a little modification.

**#8) Support:** Speaking with other parents who have children with disabilities is a blessing in disguise. I have learned so much from other moms – ideas for home modification, resources and just plain understanding. We often share equipment when something is outgrown, or we simply lend an ear when our kids are having a hard time.

**#9) Ask for help:** Don't be ashamed to ask others for help. People offer to help all the time. Letting others watch your children might be hard to do, but how will anybody be able to help if you never let them? I start off by bringing my daughter around people to see how they get along. Then I gradually let them interact with her while I am there. Eventually, I leave her alone with them and slowly increase their time alone.

**#10) Prepare for the future:** Always be prepared for what the future might hold. What will happen to my child when she is older? Who will watch her after I am gone? Be sure to have documentation in place to deal with circumstances that could change in the future.

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# Parent Focus

June 2007

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State Schools for  
Severely Handicapped  
P.O. Box 480  
Jefferson City, MO 65102-0480

**Charlie Taylor,**  
Superintendent



*The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 5th Floor, 205 Jefferson Street, Jefferson City, MO 65102-0480; telephone number 573-751-4212.*

*Information concerning other available resources, programs, etc., is not to be construed as an endorsement by State Schools for Severely Handicapped for any specific product, organization, or philosophy.*

## Resources Mentioned in This Article

### Coalition for Independence and Collaboration Works

- Coalition for Independence  
6724 Troost Ave., Suite 408  
Kansas City, MO 64131  
Phone: (816) 231-7166  
Web site: <http://www.cfi-kc.org>

- Collaboration Works  
1412 Iron St.  
Kansas City, MO 64116  
Phone: (816) 771-8350  
Web site: <http://www.collaborationworksonline.com>

Both organizations provide assistance to individuals with disabilities. Collaboration Works is a distribution service of medical supplies, goods and equipment for caregivers of individuals with special needs.

### Kids Assistive Technology (KAT) Program

Operated by Missouri Assistive Technology, this program can provide limited funding for:

- vehicular modifications needed for the transportation of a child (wheelchair lifts, etc.)
- adapted computer equipment
- switches and mounts
- augmentative communication devices
- mobility aids
- aids for daily living
- hearing aids and devices for the visually impaired
- home modifications (see the December 2006 issue of Parent Focus, which is available for download at [http://dese.mo.gov/divspeced/stateschools/PDF/ParentFocus\(DEC06\).pdf](http://dese.mo.gov/divspeced/stateschools/PDF/ParentFocus(DEC06).pdf).)

This program helps when no other funding sources are available or the other funding is inadequate to handle all the costs of the assistive technology. KAT covers children from birth to age 20. Families with adjusted gross incomes up to \$60,000 are eligible, but low-income families receive priority.

Contact Marty Exline at Missouri Assistive Technology, which is located at 4731 S. Cochise, Suite 114, Independence, MO 64055-6975. You can call (816) 373-5193, (816) 373-9315 (TTY) or toll-free at (800) 647-8557. Visit <http://www.at.mo.gov>.

# Time to Clean Up! Teaching Kids to Pick Up After Themselves

By Karen Wells, Central Office

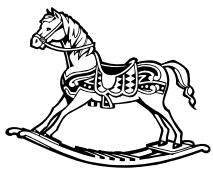
As a parent, do you dread asking your child to stop playing and put away the toys? Are there times when your child wants to keep playing and does not stop when asked? Does your child resist, or flat out refuse, to clean up after himself or herself?

If the answer to any of these questions is yes, then the following tips might help you and your child when it is time to stop playing and start tidying up.

## Establish routines

- Set clear expectations; all children thrive on structure and consistency. Expectations should be in simple terms with as few steps as possible.
- Limit the number of toys/activities available at a time. Once your child is finished playing with a toy/activity, he or she should put it away before getting out more. Too many things to put away at one time can be very overwhelming for some children.
- Establish a routine by setting the same time for putting away toys/activities every day. Daily routines are very important to our children. A visual schedule can remind your child of the routine. Include a reinforcer if necessary to increase your child's success as this responsibility is learned.

The following is an example of a visual schedule using a small snack as the reinforcer after the toys are put away.



Play



Put Away Toys



Snack

- Prepare your child when it is almost time to clean up. This could be done in several different ways:
  - ✓ Verbally tell your child that in five minutes it will be time to put the toys away. Then, give a gentle reminder a little later that he or she has two more minutes left before everything must be put away.
  - ✓ Use a timer. Set the timer, and tell your child that in 10 minutes it will be time to put things away. When the timer goes off, follow through on the expectation.
  - ✓ Use an activity as a cue. For example, say, "Let's read this book. Then it will be time to put things away." Or, your could say, "As soon as I finish setting the table for supper, it will be time to put things away."
- Model the expected behavior. The example set by others in the home is extremely important. If adults and siblings continually clean up after themselves, your child might imitate the behavior and put toys/activities away more readily. Sometimes actions speak louder than words.
- Assist your child with putting the toys away. Offer to help pick up when the time has arrived, encouraging your child to help you.



As time goes on, reduce this assistance as is appropriate.

- Designate a place for every toy/activity. Having a place for everything helps a child with learning to put away his or her things. Once again, an adult modeling this behavior will go a long way in teaching a child to put things away in the designated locations.
  - ✓ A simple adaptation to use when teaching a child where an item goes is to have a picture of the item in its exact location (on a shelf or in a closet, etc.)

## Be thankful and patient

- Praise your child for a job well done. Everyone likes to receive acknowledgement for doing a task well. Let your child know that you appreciate the effort. A simple "thank you" goes a long way.
  - ✓ Some children might require a more tangible reinforcer after putting toys away, particularly when first learning this responsibility. Examples of reinforcers include time to read a book, eating a small snack, listening to or singing a favorite song, or sitting in a special chair with a preferred person for a short period of time. As your child's ability to pick up his or her things increases, the tangible reinforcer should be decreased.
- Do not expect perfection every time. There might be days or situations when your child is not as helpful as expected. Instead of getting frustrated, simply remind him or her of the need to put things away, and provide more encouragement, assistance and time to follow your request.
- It could be beneficial on these days to remind your child that once the toys are put away, then he or she can do a preferred activity. This strategy, known as the Premack Principle, is effective in getting individuals to do a less preferred activity (putting away toys) if they are able to do a preferred activity afterwards (eating ice cream or watching a favorite TV show).

As you teach your child this behavior, you are teaching responsibility and laying the groundwork for other life skills and good habits. (You will also be making life easier for everyone in your home!)

# Play Equipment and P.E. Activities for the Home

*Equipment resources compiled from information provided by Shari Ream, Teacher, E.W. Thompson State School; activities adapted from ideas created by Scott Mulvaney, former Teacher, Gateway/Hubert Wheeler State School*

## PillowSonic Digital Stereo Pillow Speaker

- **Vendors:** Dream Essentials, Tools for Wellness
- **Price range:** \$24.95

This product offers the ability to listen to music, calming sounds or the radio through a pillow. This eliminates the need for headphones, and the sound is imperceptible to other people in the room. The PillowSonic is a flat speaker that lies underneath a pillow and is connected to a radio, compact disc player or television set.

This system:

- encourages relaxation.
- offers a calming effect for an overstimulated person.
- increases the ability for hypersensitive people to tolerate sounds.
- helps filter out noise that might disturb the listener.
- increases musical appreciation or the ability to listen to stories on tape.
- offers a leisure alternative especially for those unable to tolerate headphones.

At-home ideas:

- This system could be used in situations where sound would disturb other household members if played out loud.
- It could be used on road trips to give the listener access to his or her own musical choice.

## Musical instruments

- **Vendors:** Abilitations, Discount School Supply, FlagHouse
- **Price range:** \$1.39 and up

Most children respond enthusiastically to being included in musical activities. Some of the easier instruments played by students at State Schools include egg shakers, cluster or jingle bells, maracas, tongue drums, and double tone blocks. Jingle wraps are useful for children with limited grasping ability since the bells are mounted on a wrap that fits around the wrist or ankle. Sound is made whenever the arm or leg is moved. Children who are hearing-impaired are aware of the vibrations made by the instruments.

Using musical instruments can strengthen:

- hand-eye coordination (striking the drums and tone blocks)
- sense of rhythm
- grasping skills (egg shakers, maracas, bells)
- awareness of cause and effect (moving the hand makes the bells sound)
- sensory stimulation (auditory, visual and tactile).

At-home ideas:

- The child could play along with music on a stereo or TV.
- The family could create a band with a range of instruments allowing everyone to participate at his or her skill level.
- Child could learn turn-taking by only being allowed to play when pointed at.
- Hide and seek – child locates where people are hiding by listening to the sounds of musical instruments.

## Catch vest and balls

- **Vendor:** Abilitations (search using the term *catchvest*)
- **Price range:** \$10.29 for one vest (one size fits all); an accessory game pack sells for \$20.99

If your child has difficulty catching, he or she can still participate in games by wearing a catch vest. The vest features several Velcro strips across the front. Footballs or soft balls that stick to the vest can be purchased. The vest could be used when standing or sitting, and it is helpful for anyone with limited or delayed responses.

Catch vests could help with:

- hand-eye coordination (removing the balls from the vest)
- visual tracking (watching the ball when it is thrown)
- grasping (pulling the ball or other items off the vest)
- participation in group activities.

At-home ideas:

- Play catch with adults and/or siblings in the home or outside.
- Attach different sensory items to the vest; this allows the person to touch and/or practice grasping.
- Attach weighted items to the vest to increase sensory input.
- Sew Velcro onto favorite toys for attaching to the vest.
- Add Velcro to common items – this gives your child the ability to carry things from one room to another.

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The following are activity ideas and adaptations you can use at home to teach the concept of cause and effect.

## Blowing games

Blowing soap bubbles or pinwheels, or trying to blow a ping-pong ball across a tabletop or water, is usually a hit with children who have minimal use of their hands and arms. It is important to play activities like these to maintain and improve respiratory function as much as possible.

**Adaptation:** Blow whistles, party favors or bubbles in the bathtub. Create a house of playing cards, and have your child blow it down. ➔

### Scooter boards

Scooter boards come in many different sizes and shapes. Strap your child securely to the board. Children who are not medically fragile may be spun around. Oftentimes, the faster and more furious the spinning, the more they like it.

**Adaptation:** You could spin your child using a rug, a pillow or a soft blanket on a hardwood floor.

### Hanging noise

Suspend a rope or net between two poles. Hang pots, pans, bells or any items that will make noise when your child passes under/through either walking or in a wheelchair. Children love this activity; the more noise they can make, the prouder they are.

### Knock-it-off

Set balls of different sizes and colors on tee-ball stands or cones of varying heights. A toilet-bowl plunger could be placed upside down in a cone to accommodate larger balls that might roll off. Have your child try to knock off the balls using a bat of a comfortable size and weight. A string or leash could be attached to the balls to minimize the time required to set up and reload the activity. Tactile balls, beeper balls or any items that make noise are helpful for students who are visually impaired (and are much more fun for all involved).

**Adaptation:** Use upside-down two-liter bottles for tees.

### Vendor contact information

- Abilitations  
P.O. Box 922668; Norcross, GA 30010-2668  
Phone: (800) 850-8602  
Web site: <http://www.abilitations.com>
- Discount School Supply  
P.O. Box 60000; San Francisco, CA 94160-3847  
Phone: (800) 627-2829  
Web site: <http://www.discountsschoolsupply.com>
- Dream Essentials  
P.O. Box 922; Rainier, WA 98576-0922  
Phone: (866) 646-3249  
Web site: <http://www.dreamessentials.com>
- FlagHouse: Special Populations  
601 FlagHouse Drive; Hasbrouck Heights, NJ 07604-3116  
Phone: (800) 793-7900  
Web site: <http://www.flaghouse.com>
- Tools for Wellness  
8943-B Oso Ave.; Chatsworth, CA 91311-6246  
Phone: (800) 456-9887  
Web site: <http://www.toolsforwellness.com>

## Finding Dental Care for Your Child

*Compiled from information submitted by Tracy Allen, Chokaio Benton, Becky Brozovich, Sara Lewis and Nancy Simpson, Home School Coordinators*

School nurses and home school coordinators can provide information on the dentists, clinics and dental hospitals in your area that take children with developmental delays and accept Medicaid. Your child's case manager at the regional center also might know of local resources for dental care, and some local hospitals have information on dentists who are taking new patients.

The following is general information on programs throughout Missouri:

### Elks Mobile Dental Program

This program provides basic dental care for children and adults with developmental delays. The Elks Benevolent Trust, partnering with the Department of Hospital Dentistry at Truman Medical Center Lakewood in Kansas City and the Missouri Department of Health and Senior Services, provides three vans that serve western, central and eastern Missouri. All three vans have a dentist and a dental assistant. The vans are also self-contained and have a wheelchair lift for accessibility. Typical services include screenings, assessments and routine care (cleanings, fillings and referrals if necessary). The school nurse will notify you when the Elks van is visiting your county.

For more information, call (816) 404-6904. Or, you can visit <http://www.trumed.org>. (On the Web site, first click on *Enter TMC Lakewood*. Select *Your Medical Care* on the left-hand side. Click on *Health Services*, and then choose *Elks Mobile Dental Van*.)

### Missouri Dental Association

This organization's Web site contains a list of Missouri dental clinics/providers that serve low-income and uninsured individuals. This listing does not guarantee that the providers accept Medicaid. Visit <http://www.modental.org>, or call (573) 634-3436.

### Missouri Department of Social Services

The department's Web site gives the ability to search for providers that accept Medicaid or MC+. It does not guarantee that the providers accept new patients. Visit <https://dssapp.dss.mo.gov/ProviderList/sprovider.asp> to conduct a search. For more information, call the Family Support Division at (573) 751-3221.

### Missouri Primary Care Association

Go to <http://www.mo-pca.org/healthcenters.htm> for a list of community health centers, including dental centers, throughout Missouri. Call (573) 636-4222 for details.

### Hospitals offering dental services

- Kansas City: Truman Medical Center has an oral surgery clinic; call (816) 404-6885. Children's Mercy Hospital has a dental clinic; call (816) 234-3257.
- St. Louis: St. Louis Children's Hospital (the child's primary care physician must be located at the hospital and must make the referral to a dentist at the hospital.)



By Claudia Rampley, Central Office

Spring and summer bring warm temperatures that are just right for walking in the woods and other outdoor activities. Warm weather also means that ticks become active, which could lead to the spread of various illnesses.

### Tick facts

- The peak time for exposure to ticks occurs in late spring and early summer.
- Most people who are bitten do not become ill because very few ticks carry disease-causing organisms.
- Ticks must feed for four to 12 hours and be engorged before they can transfer infections.
- Tick-borne diseases usually respond positively to early treatment with antibiotics.

### Tick-bite prevention

- Avoid tick-infested areas such as tall grass and dense vegetation. Do not sit down on grass, logs or other places where the possibility for exposure increases.
- Walk in the middle of mowed trails to avoid brushing up against vegetation.
- Wear light-colored clothing so that ticks may be seen crawling. Tuck pant legs into socks and boots, and wear long-sleeved shirts buttoned at the wrists to reduce the chance of ticks crawling inside your clothes.
- Consider using a tick repellent. Repellents containing N,N-diethyl-m-toluamide (DEET) can be used on exposed skin and clothing. Another repellent, Permethrin, should not be applied to the skin, but it could help repel ticks if applied directly to clothing. Do not apply repellent to a child's face or hands or to cuts and scrapes. Promptly wash off the repellent once you return home. Follow the directions carefully, and do not overuse. Some tick repellents could cause toxic or allergic reactions.

### Check yourself and your family

- Check for ticks after being outdoors even if you stay in your own yard. All members of the family should check these parts of the body (parents should check children):
  - ✓ under the arm
  - ✓ in and around the hair and ears
  - ✓ inside the navel
  - ✓ between the legs
  - ✓ back of the knees
  - ✓ around the waist.
- Check family pets for ticks. Obtain information about tick-prevention products for pets from a veterinarian.

### Tick removal

The following is the recommended way to remove a tick:

1. Grasp the tick with tweezers as close to the skin as possible, and gently (but firmly) pull it straight out.
2. If tweezers are not available, protect your fingers with gloves, tissues or paper towels. Do not touch the tick with bare fingers.
3. After removing the tick, wash your hands with soap and water. (Use a waterless, alcohol-based hand sanitizer when soap is not available).
4. Clean the tick bite with an antiseptic. The tweezers used to remove the tick must also be disinfected.

If anyone in your family is bitten by a tick, watch for signs of illness. If you observe fever, muscle or joint aches, or a rash (including a bull's-eye rash), contact your health care provider.

# PARENT RESOURCES

## Parent Trainings

- **Aug. 3-5 – Show Me the Possibilities  
National Down Syndrome Congress 2007 Convention  
Westin Crown Center in Kansas City, Mo.**

This convention provides an opportunity for parents, young adults, educators and health professionals to benefit from educational sessions, social support and the latest news in medicine and research. In addition to the main conference on Saturday and Sunday, pre-conference sessions are offered on Friday. There are separate conferences for youth and adults with Down syndrome (ages 15 and older) and for brothers and sisters of individuals with Down syndrome (grades six through 12 at time of conference).

Main conference registration fees are \$130 for individuals and \$195 for families (excluding those attending the separate conferences for youth/adults and brothers/sisters). Fees for NDSC members are \$100/\$165. Pre-conference fees are \$60 (with main conference registration) or \$75 (pre-conference only). Fees for youth/adults with Down syndrome and

brothers/sisters are \$75.

Registration is due by June 25 for youth/adults with Down syndrome and July 16 for brothers/sisters and the main conference. For more information, call (800) 232-6372 or visit the Web site at <http://www.kcdsg.org>.

- **Aug. 10-12 – Destination: Inclusion!  
2007 Family-to-Family Conference  
Hilton Garden Inn in Independence, Mo.**

This workshop is for families of and individuals with developmental disabilities to expand their knowledge, gain technical assistance, connect and share with others, have fun, learn, and become invigorated.

Registration fees (approximate) are \$100 for professionals, \$50 for one family member, \$90 for two family members and \$15 each for additional family members. For more information, contact the Missouri Planning Council for Developmental Disabilities at (800) 500-7878.

## Other Resources

### MPACT

MPACT offers trainings throughout Missouri to assist parents with a wide range of special education topics. The organization's Web site offers:

- a newsletter
- fact sheets on various syndromes and educational processes
- sample letters to use when advocating for a student.

To find out about trainings in your area, call (800) 743-7634 or visit <http://www.ptimpact.com>.

### EFFECT – Encouraging Families with Exceptional Children Together

This nonprofit organization with 1,200 members offers:

- a bimonthly newsletter (available by mail and online)
- a Web site that publicizes ongoing activities, initiatives, parent resources, camp information, etc.
- support groups for parents and families in the greater Kansas City area
- an electronic mailing list allowing parents from anywhere to voice their needs and hear from others in similar situations
- ongoing activities in the greater Kansas City area for people with developmental disabilities and their families.

For more information about EFFECT, contact:

- EFFECT  
P.O. Box 2345  
Lee's Summit, MO 64063  
Phone: (816) 537-5951  
Web site: <http://www.effect.org>

### TEL-LINK

This is a toll-free, confidential phone line operated by the Missouri Department of Health and Senior Services that connects the public to information and referrals related to health services and similar topics. Callers are given referrals and are transferred to the appropriate agency.

TEL-LINK connects callers to local offices for children with special health care needs, child care resources, health centers/well-child clinics, prenatal clinics, regional centers, social service agencies and WIC agencies.

TEL-LINK also gives referrals to alcohol and drug abuse treatment centers, domestic violence and sexual assault resources, child-support enforcement agencies, and non-emergency medical transportation.

Call (800) 835-5465 from 8 a.m. to 5 p.m. Monday through Friday. Messages may be left on evenings, weekends and state holidays; calls will be returned during regular business hours.

# Planning for Next Year: What Forms Need to be Signed?

In early summer, you will receive a mailing from your child's school that includes various forms you are asked to complete and return before the start of the 2007-08 school year. During the summer, please visit your child's physician and have the medical forms signed.

The school will enclose all forms relevant to your child's needs, and you will receive all or most of the following items. If you have questions, please contact your school building administrator or school nurse.

## Doctor's Physical Examination Report

- It is important for the school to be kept up-to-date on your child's health so that staff can provide any necessary health care, as well as educational instruction, without any negative side-effects.

## Parent Authorization for Special Health Care/Physician's Order and Approval of Special Health Care Procedure and Special Health Care Procedure

- This information is necessary so that appropriate training can be provided to the staff responsible for conducting your child's special health care procedures. Since your child's health care needs can change, it is important that any changes in your child's special health care procedures be shared with the school so that appropriate care is given to your child as ordered by a physician.

## Medication Order

- Neither staff nor the school nurse will be allowed to give

prescription or over-the-counter medication to your child without a medication order. This order ensures that your child will receive the appropriate medication for his or her condition as deemed necessary by your child's physician.

## Therapy Authorization Form

- This form is required for any student whose Individualized Education Program (IEP) includes physical, occupational or speech therapy.

## Medical Statement for Students Requiring Special Meals

- The federal lunch program requires that any special diet is to be ordered by your child's physician.

## Emergency or Illness Form

- Having this information is vital should there be an emergency with your child while at school or during bus transportation.

## Bus Transportation Information Form

- This form is important for providing bus personnel and the school with alternate addresses where your child can be dropped off if you are unable to be home to meet the bus. You can update this form at any time during the year, and you may enter several alternate addresses of family members or friends. Phone numbers also should be updated if they change.

## Free Lunch Application Letter and Application

- This should be completed by families that are eligible for free or reduced-price lunches.



## STATE SCHOOLS FOR SEVERELY HANDICAPPED

Missouri Department of Elementary and Secondary Education

Web site: <http://dese.mo.gov/divspeced/stateschools>

**NOTE:** If you have items of interest for Parent Focus, please call (573) 751-0706 (Missouri Relay (800) 735-2966) or forward them to Stephanie Brooks, State Schools for Severely Handicapped, P.O. Box 480, Jefferson City, MO 65102-0480; e-mail: [stephanie.brooks@dese.mo.gov](mailto:stephanie.brooks@dese.mo.gov).