SPECIAL NEEDS
Parent Tool Kit  ■  Birth to 18
Foreword

The Office of Community Support for Military Families with Special Needs is pleased to provide the Department of Defense (DoD) Special Needs Parent Tool Kit — Birth to Eighteen. This tool kit provides information and resources that will help you improve your quality of life and teaches you how to advocate for your child with special needs. Each of the six modules addresses issues you are likely to encounter throughout your child’s life. Whether your child has been recently diagnosed with a special need, or if you are a parent for whom the diagnosis is not new, this tool kit has something for you. The six modules of this tool kit include the following information:

- Module 1 — Birth to Age Three
- Module 2 — Special Education
- Module 3 — TRICARE® Health Benefits
- Module 4 — Families in Transition
- Module 5 — Advocating for Your Child
- Module 6 — Resources and Support

This tool kit would not have been possible without the support and encouragement of many individuals throughout the military special needs community. We are grateful to the product development team, content contributors, and reviewers who provided their insight and suggestions for content and reviewed the tool kit for accuracy.

No one knows your child better than you do. It is our hope that this tool kit will empower you to keep moving forward by providing the tools you need to help your child be successful.
# Contents

Foreword ........................................................................................................... i

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**Module 1: Birth to Age Three**

- Introduction to Module 1 ............................................................................. 1:1
- You Think that Your Child Has a Delay or Disability ............................. 1:1
- Early Intervention ......................................................................................... 1:4
  - What Are Early Intervention Services? .................................................. 1:4
  - How Do I Get a Referral to Early Intervention Services? .................. 1:4
  - Service Coordinators and the Evaluation Process ............................... 1:5
  - Who Is Eligible for Early Intervention Services? ................................. 1:6
- The Eligibility Meeting ............................................................................... 1:6
  - What if My Child is Not Eligible for Early Intervention Services? ...... 1:6
- Individualized Family Service Plan ............................................................... 1:7
  - How Long Does it Take to Get EIS Started? .......................................... 1:8
- Types of Services .......................................................................................... 1:8
- How Are Services Provided? ...................................................................... 1:9
  - Transition Planning: What Happens ..................................................... 1:9
  - When My Child Turns Three? ................................................................. 1:9
  - What if My Child is Not Eligible for School ......................................... 1:10
  - Special Education Services? ................................................................. 1:10
  - Your Role as Advocate .......................................................................... 1:10
- Support .......................................................................................................... 1:10
- For More Information .................................................................................. 1:10
  - HOMFRONTConnections .................................................................... 1:11
  - Parent Training and Information Centers ............................................. 1:11
  - National Dissemination Center for Children with Disabilities .......... 1:11
  - Specialized Training for Military Parents Project ............................... 1:11

---

**Module 2: Special Education**

- Introduction to Module 2 ............................................................................. 2:1
  - Individuals with Disabilities Education Act .......................................... 2:1
  - Key Components of the Special Education Process ............................ 2:2
  - Child Find ................................................................................................ 2:2
  - Pre-referral Interventions/School Intervention Team .......................... 2:3
Procedural Safeguards .................................................. 2:3
Referral ........................................................................ 2:4
Evaluation ...................................................................... 2:4
Eligibility ........................................................................ 2:5
Individualized Education Program .................................. 2:6
  Who Attends the Meeting? ........................................... 2:7
  Preparing for the Meeting ............................................ 2:8
  Managing Emotions .................................................... 2:9
  Writing an Effective Plan — Focus on Your Child’s Needs 2:9
  Modifications and Accommodations ......................... 2:10
  Related Services ....................................................... 2:10
Placement and the Least
Restrictive Environment .............................................. 2:11
  Placement Options .................................................... 2:12
  Are You Satisfied with the Individualized Education Program? 2:12
  Finally, You Have a Plan ............................................ 2:13
Annual Review .............................................................. 2:13
Triennial Review ............................................................ 2:14
  What if You Disagree? ................................................ 2:14
  Moving with an Individualized Education Program .......... 2:14
  Children Who Transfer Within the Same State ............... 2:14
  Children Who Transfer Outside of the State .................. 2:15
  Records ..................................................................... 2:15
For More Information ................................................... 2:15
  Department of Defense Education Activity .................... 2:16
  Parenting Advice ....................................................... 2:16
  Your Rights/Advocacy Information ............................... 2:16

Module 3: TRICARE® Health Benefits
Introduction to Module 3 .................................................. 3:1
TRICARE® ....................................................................... 3:1
TRICARE® Options for Active Duty Family Members .......... 3:2
  TRICARE® Prime .......................................................... 3:2
  TRICARE® Prime Remote .............................................. 3:2
Tell the Children .................................................. 4:5
Packing ................................................................. 4:7
Going Overseas: Know Before You Go .................. 4:7
Traveling with Children ......................................... 4:8
Air Travel ............................................................... 4:8
Traveling by Train .................................................... 4:9
Traveling by Car ....................................................... 4:10
Temporary Lodging .................................................. 4:10
Housing ................................................................. 4:10
Schools ................................................................. 4:10
Child Care .............................................................. 4:11
Moving In ............................................................... 4:11
Safety in a New Home and Neighborhood ............ 4:13
Spouse Employment ............................................... 4:14
  Employment Assistance Program .......................... 4:14
  Military OneSource .............................................. 4:15
Deployment ............................................................ 4:15
  Help is Available ................................................ 4:16
  Coming Home ..................................................... 4:17
Disaster Preparedness ........................................... 4:17
  Service Animals .................................................. 4:18
  Power Loss: Plan Ahead ....................................... 4:19
Transition to Adulthood ........................................ 4:19
  Independent Living ............................................. 4:20
  Caring for Your Adult Child ................................. 4:21
  Supplemental Security Income and Medicaid .......... 4:21
  The Special Needs Trust ..................................... 4:21
  Letter of Intent .................................................. 4:22
  Special Care Organizational Record for Children with
    Special Health Care Needs ................................ 4:22
    Guardianship and Declaration of Incapacitation ...... 4:22
    Identification Cards for Adult Children .............. 4:22
    Hospice Care .................................................. 4:23
For More Information ........................................... 4:23
# Module 5: Advocating for Your Child

**Introduction to Module 5** ................................................................. 5:1
**Effective Communication** ............................................................... 5:1
  * Stay Cool, Communicate Clearly .................................................... 5:1
  * Letter Writing .............................................................................. 5:2
**Getting Organized** .......................................................................... 5:3
  * The Special Care Organizational Record ......................................... 5:3
  * Medical Records .......................................................................... 5:4
  * Education File ............................................................................. 5:4
**Medical Advocacy** ........................................................................... 5:5
  * Getting the Referral You Need ....................................................... 5:5
  * Appealing TRICARE® Decisions .................................................... 5:5
  * Early Intervention Services .......................................................... 5:6
**Educational Advocacy** ..................................................................... 5:7
  * Legislation .................................................................................. 5:7
  * The School System ....................................................................... 5:8
  * Parental Responsibilities ............................................................. 5:9
**Problem Solving** ............................................................................ 5:10
  * Informal Problem Solving ............................................................. 5:10
  * Formal Problem Solving ............................................................... 5:11
  * Due Process Hearing ................................................................... 5:12
  * State Complaint ........................................................................... 5:12
  * Independent Education Evaluation .............................................. 5:12
  * Revocation of Consent for Services ............................................. 5:13
**Helping Your Child Be a Successful Learner** .................................. 5:13
  * Take an Active Interest in Your Child’s Daily Life ....................... 5:14
  * Review Schoolwork ..................................................................... 5:14
  * Encourage Curiosity and Motivation ........................................... 5:14
  * Promote Understanding ............................................................. 5:14
  * Be Prepared ................................................................................ 5:14
  * Teaching Your Child to Self-Advocate ....................................... 5:15
**Benefits Advocacy** .......................................................................... 5:15
  * Supplemental Security Income ..................................................... 5:15
  * Medicaid .................................................................................... 5:15
  * Influencing Public Law ............................................................... 5:16
For More Information ........................................... 5:16
Seek Other Parents of Children with Disabilities .... 5:17
HOMEFRONTConnections .................................. 5:17
Find Your State Parent Training and Information Center 5:17
The National Center on Dispute Resolution in Special Education ........................................... 5:17
Books .............................................................. 5:17

Module 6: Resources and Support
Introduction to Module 6 .......................................... 6:1
Military Community Resources ............................... 6:1
   Family Centers .................................................. 6:1
   New Parent Support Program ................................. 6:2
   Family Advocacy Program ................................... 6:2
   Child, Youth, and Teen Programs .......................... 6:2
   School Liaison .................................................... 6:3
   Relief Societies ................................................... 6:3
   Service-sponsored Websites ................................. 6:4
Additional Military Resources ................................. 6:5
   MilitaryHOMEFRONT’s Special Needs/ Exceptional Family Member Program Section 6:5
   Military OneSource ............................................. 6:5
   Military Youth on the Move .................................. 6:5
   Plan My Move ...................................................... 6:6
   MilitaryINSTALLATIONS .................................... 6:6
   TRICARE® ........................................................... 6:6
Federal, State, and Community Resources .................. 6:6
   The American Red Cross ...................................... 6:6
   Disability.gov ...................................................... 6:6
   The National Center on Dispute Resolution in Special Education ........................................... 6:7
   The Supplemental Nutrition Assistance Program and Family Subsistence Supplemental Allowance 6:7
   Medicaid ............................................................ 6:7
   Medicaid Waivers ................................................ 6:8
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>6:9</td>
</tr>
<tr>
<td>The National Center on Education, Disability, and Juvenile Justice</td>
<td>6:9</td>
</tr>
<tr>
<td>The National Dissemination Center for Children with Disabilities</td>
<td>6:10</td>
</tr>
<tr>
<td>Specialized Training of Military Parents</td>
<td>6:10</td>
</tr>
<tr>
<td>Supplemental Security Income</td>
<td>6:10</td>
</tr>
<tr>
<td>Women, Infants and Children</td>
<td>6:10</td>
</tr>
</tbody>
</table>
Introduction to Module 1

Many parents wish their children came with instruction booklets. For parents of a child with a special need, this feeling may be magnified. As you learn about your child’s disability and interact with medical and educational professionals, remember that you are the expert on your child. Although you may feel overwhelmed by the challenges you face and may have many questions, no one knows your child as well as you do. Use this module as a guide to help find solutions for your problems and answers to your questions. You are not alone.

You Think that Your Child Has a Delay or Disability

Sometimes, you may wonder if your child is developing like other children. If this is your first child, you may think that he or she should be smiling at you or starting to sit up or walk. Maybe your friend’s child is already babbling and pointing at things. If you have other children, you may have a concern that this child is not developing like an older brother or sister.

Although some parents may suspect their child has a delay, sometimes they hesitate to ask for help, perhaps hoping that their child will ‘catch up.’ If you have any questions or worries about your infant or toddler’s development, it is a good idea to make an appointment to talk with your child’s doctor. Be sure to share your observations and concerns. Your child may have a disability or developmental delay, or may be at risk of having a disability or delay.

A developmental delay means that an infant or young child is developing at a slower pace than other children of the same age. For example, he or she may not be walking or talking like most other children. At risk means that a child’s development may be delayed if extra help or guidance is not provided. If your infant or toddler is suspected of having a delay or disability, additional evaluations or tests may be needed. Your doctor may refer you to a medical specialist or consultant. When there is a concern about development, it is also possible to find out if your child is eligible for Early Intervention Services (EIS).
Some Parents Feel …

**Denial**

Denial is a natural reaction to any loss. Like other new parents just learning that they have a child with a disability or serious illness, there is an initial sense of loss when you consider that your dream of having a normal, healthy child may be unattainable. When you receive your child’s diagnosis, you may feel you need to get a second opinion.

**Guilt**

It is not unusual for parents to blame themselves for having done or not done something that caused their child’s impairment. This can be especially difficult for mothers who may look back on their pregnancy and wonder if something they did caused their child’s disability or illness.

**Anger**

When you find out that the healthy child you had planned for has a disability, you may experience anger as another natural reaction. While you are entitled to feel angry—and may be asking, “Why me? Why my child?”—keep in mind that many parents are able to use their anger to energize themselves to get the best possible services for their child.

**Sorrow**

Sadness and disappointment are inevitable as you realize that the future you had envisioned for your child might never materialize. Grief is a natural reaction.

**Anxiety and Fear**

Coping with a child who has a disability or is chronically ill can be exhausting and confusing. Worries about the future and your own ability to be a good parent are common.

**Acceptance and Hope**

The roller coaster ride starts to level out eventually. Your child still has special needs, but you have a greater understanding of his or her condition and you realize that you can take good and loving care of your child. You realize that while your child may not be typical, he or she is loving and lovable.

“*The first few years after the diagnosis, I was struggling with the dire predictions, but I can see now that we are going to be fine.*”

Louise, mom to son with autism, Quantico, VA
### What Can I Do?

#### Learn about Your Child’s Condition
- Search your library and the Internet for information on your child’s condition.
- Ask your doctor any questions you have about your child’s condition.
- Write down questions you have as you go through your day.
- If you do not understand something, do not be embarrassed to say so.
- Visit the Military OneSource online library for disability-specific books at [www.militaryonesource.com](http://www.militaryonesource.com).

#### Connect with Other Parents
Realize that you are not alone. The installation’s Exceptional Family Member Program (EFMP) can help you connect with military families who have faced similar challenges.

To find the closest EFMP, go to [www.militaryinstallations.dod.mil](http://www.militaryinstallations.dod.mil).

#### Contact The STOMP Project
The Specialized Training of Military Parents (STOMP) Project is a valuable resource for military families. You will find support and advice regardless of the special challenges your child may face.

Join the discussion boards and correspond with other parents of children with special needs at [www.stompproject.org](http://www.stompproject.org) or call (800) 5-PARENT.

#### Seek Out Your State Parent Training and Information Center
Every state has Parent Training and Information (PTI) Centers. PTI Centers serve families with children with all disabilities and can help you obtain appropriate educational services for your child. PTI Centers train parents and professionals and can help resolve problems between schools and families.

To find a PTI Center in your state, go to [www.militaryhomefront.dod.mil/tf/efmp/resources](http://www.militaryhomefront.dod.mil/tf/efmp/resources). Click on “State Resources” and choose the link for your state.
Early Intervention

What Are Early Intervention Services?

Early Intervention Services (EIS) are usually described as special services to meet the needs of infants and toddlers, from birth through age two, who have a developmental delay or disability, and their families. These special services and supports help a child grow and develop, and are provided in the ‘natural environment,’ where the child and family lives and learns.

In 1986, Congress recognized the importance of getting help for young children with special needs and their families, and amended the Education for All Handicapped Children Act of 1975. This amendment ensures that children with an eligible disability or developmental delay will not have to wait until they are school-age to receive needed services and family supports. Today, Part C of the Individuals with Disabilities Education Act (IDEA) requires that all fifty states and jurisdictions, as well as the Department of Defense (DoD), have a system of EIS for all children with disabilities from birth until they turn three years of age.

State systems use the term “Part C” when referring to EIS. “Part C” refers to a specific section of the IDEA related to EIS. Each state has one agency, or lead agent, in charge of the early intervention system. The lead agent may be the state department of education, the health department, or another designated agency. For more information about the IDEA, go to http://idea.ed.gov. A list of state lead agencies can be found at www.nectac.org/contact/Ptccoord.asp.

Usually, military families receive EIS from state-based agencies. However, at military locations in the United States served by Department of Defense Education Activity (DoDEA) schools, the military medical departments provide EIS through Educational and Developmental Intervention Services (EDIS).

EDIS program locations can be found on the MilitaryINSTALLATIONS website at www.militaryinstallations.dod.mil.

How Do I Get a Referral to Early Intervention Services?

If your doctor has concerns about your child’s development, you may be referred to an EIS point of contact in your community. EIS is responsible for conducting developmental screenings and evaluations to determine if a child is eligible for services. These developmental screenings are part of Child Find activities.

Child Find is a coordinated process of public awareness activities, developmental screenings, and evaluations. These community activities are
designed to locate, identify, and refer babies or young children with a delay or disability, and their families, who are in need of EIS as early as possible. This Child Find screening, or evaluation, to determine if your child may be eligible for EIS is provided at no cost to you. For information about Child Find, visit www.childfindidea.org.

Even if your doctor does not refer you to an EIS program, you can contact EIS yourself and explain that you are concerned about your child’s development. State points of contact can be found at www.nectac.org/contact/Ptccoord.asp.

Additional parent resources are available at www.taalliance.org.

If you are located overseas or living at a military installation served by a DoDEA school, you may contact the EDIS program or local Exceptional Family Member Program (EFMP) for assistance.

**Service Coordinators and the Evaluation Process**

Once you have contacted your EIS program and your child is referred for services, a service coordinator is assigned to assist you. Usually, your child will receive a developmental screening to determine if a comprehensive evaluation is needed. Your service coordinator is your point of contact to discuss results and to begin planning services if your child is found eligible.

A comprehensive multidisciplinary evaluation is completed in order to find out about your child’s strengths, delays, or challenges, and whether your child is eligible for EIS. Multidisciplinary means that qualified professionals who have different areas of training and experience are involved in completing your child’s evaluation. The evaluation of your child’s abilities usually consists of an interview with the parent or caregiver to discuss concerns about your child’s development, as well as their likes and dislikes. A review of your child’s medical and developmental history, current health status, and developmental assessments are also discussed. In order to determine your child’s developmental status, five areas are evaluated:

- adaptive/self-help, such as eating, dressing, and toileting
- social/emotional development, such as playing and relating to others
- communication, such as talking, listening, and understanding
- physical development, such as reaching, rolling, crawling, and walking
- cognitive development, such as thinking, learning, and solving problems

Your family’s resources, priorities, and concerns are also identified. This information helps determine which supports and services will meet your child’s developmental needs.
Your service coordinator will work with your family to ensure that the proper assessments are performed and that the services in the IFSP are carried out. He or she will also assist you with the transition out of EIS when your child reaches the age of three.

Who Is Eligible for Early Intervention Services?

In order to participate in EIS, children must meet IDEA eligibility guidelines for services to infants and toddlers. An infant or toddler, from birth through age two, may be eligible for services if he or she meets the following criteria:

- has a diagnosed condition, which is likely to result in a developmental delay
- has a developmental delay in one or more of the following areas: adaptive/self-help skills, social/emotional development, communication, physical development (including vision and hearing), or cognitive development as measured by appropriate assessments, procedures, and criteria
- is considered to be at high risk of developing a delay if EIS are not provided

Each state sets EIS eligibility guidelines to meet IDEA standards. Eligibility for EIS varies from state to state due to differences in state definitions of developmental delay and lists of conditions that are likely to result in developmental delay. Children who are eligible for services in one state may not be eligible in another state. Additionally, some states provide EIS for infants and toddlers who are at risk of developmental delay and for their families. For information on the definition of disability under the IDEA and eligibility criteria for early intervention in your state, contact your state’s Part C coordinator at www.nectac.org/contact/Ptccoord.asp.

The Eligibility Meeting

After assessments are complete and all of the additional information is gathered, an eligibility meeting is held. You and your service coordinator will determine the timing of this meeting. This meeting allows you to discuss the evaluation results with the professionals involved in your child’s evaluation. The evaluation results are compared with the eligibility criteria to determine if your child is eligible for EIS. You will have an opportunity to ask questions and voice your concerns.

What if My Child is Not Eligible for Early Intervention Services?

If your child is not eligible to receive EIS and you still have concerns about his or her development, it is important that you make an appointment with your child’s doctor to discuss your continuing worries. There may be other resources available for support and assistance.
Individualized Family Service Plan

If your child is found eligible to receive EIS, you, your service coordinator, and other members of your support team will meet to develop an Individualized Family Service Plan (IFSP). This plan will identify your child’s current developmental levels, results that you would like to see your child achieve, and services and other supports that will assist you and your child in achieving those outcomes.

It is important for the early intervention service providers and family to understand that the best way to meet a young child’s needs is to support and build upon the strengths of the family. EIS supports the family’s needs relative to their child’s functioning within day-to-day routines and activities (i.e., their natural environment).

The IFSP includes the following:

- information about your family resources, priorities, and concerns
- outcomes, or results, that your child and family are expected to achieve
- what service is needed
- how often the service will be provided
- number of sessions and how long each session will last
- where the sessions will take place
- how the service will be delivered (e.g., individual, consultation)
- a statement about the natural environment where the services will be provided
- the name of the service coordinator who will help coordinate and obtain the services
- a transition plan for moving out of EIS as your child approaches age three

The IFSP is a family plan with the parents as key contributors in its development.

The involvement of other EIS team members depends on what the child and family need to support the child’s growth and development.

Families will review this document with their child’s service coordinator regularly to be sure that there is progress towards meeting IFSP outcomes and to revise or update the plan as needed.
How Long Does it Take to Get EIS Started?

The IDEA mandates timely access to EIS. Your child’s IFSP should be developed within forty-five days of your first contact with the EIS program. This means that the comprehensive evaluation is complete, the eligibility meeting is held, and the IFSP is developed within forty-five calendar days.

Types of Services

The IFSP defines what type of services will best support your child’s and family’s needs. It may include services and support related to the following:

- service coordination (refers to the on-going activities carried out by a service coordinator to assist and enable the family to receive information regarding their rights, procedural safeguards, and EIS)
- family training, counseling, and home visits
- special instruction
- speech-language pathology services (i.e., speech therapy)
- audiology services (i.e., hearing impairment services)
- occupational therapy
- physical therapy
- psychological services
- medical services (only for diagnostic or evaluation purposes)
- health services (needed to enable your child to benefit from the other EIS)
- social work services
- vision services
- assistive technology devices and services
- transportation
- nutrition services

*Child development research shows that the rate of human learning and development is most rapid in the preschool years. If the most teachable moments or stages of greatest readiness are not taken advantage of, a child may have difficulty learning a particular skill at a later time.*
How Are Services Provided?

EIS are required by law and are available throughout the fifty states, United States territories, and DoD locations where there is a DoD school. EIS providers may include therapists, child development specialists, social workers, or other professionals from a variety of agencies. The providers work together with families on IFSP outcomes to meet the needs of your child and your family. EIS may be provided by a single provider, supported by a team of specialists, or by varied providers coordinating their services so that you and your child are not overwhelmed. To the maximum extent possible, the services are to be provided where your child lives and learns, meaning with his or her family and caregivers in the home, day care, at the park, or maybe even at the store.

Transition Planning: What Happens When My Child Turns Three?

Usually six months before your child turns three, your service coordinator and EIS providers will begin to talk with you about options for services that may be available for your child after his or her third birthday. For some children, EIS is all that is needed and no further services or supports will be provided.

Before your child began EIS, your child had to be eligible to receive those services. Your child had to meet state/program eligibility criteria consistent with the IDEA. The same holds true once your child turns three and is being considered for school special education services. Your child must meet the state criteria in order to be eligible for services and support.

Some children may need continued services during their preschool years and beyond and will transition to school special education services as regulated by Part B of the IDEA. If your child is eligible for special education services provided by the local education agency, you will be part of the special education team, which determines the services provided based on your child’s individual needs and abilities.

When you are involved in planning your child’s transition out of EIS, there are often many forms to complete, evaluations to arrange, and meetings to attend. As a result, you may have many questions about your child’s eligibility, options, future needs, or possible services. Your service coordinator may be able to answer some of your questions or put you in contact with those who can address your concerns. For additional information, visit www.nichcy.org/babies/transition.

Parents may choose the natural environment in which the child will receive services. This may be at home, in a preschool setting, or at another location.
What if My Child is Not Eligible for School Special Education Services?

If your child does not meet the eligibility criteria for school special education services, it means that your child’s growth and development is now more like other children his or her age. If you still have concerns about your child’s progress or development, or would like additional information and support, your EIS service coordinator can provide you with information about additional resources in your community.

Your Role as Advocate

The law gives parents the right to participate as part of the IFSP team to determine which early intervention and educational services and supports will allow their child to grow and learn. How can these rights be used to benefit your child? For detailed information about how to become an advocate for your child, see Module 5, Advocating for Your Child.

Support

Service members and families have many groups and agencies to turn to for help with their child. Take advantage of available resources. Remember you are not alone and knowledgeable people are ready and waiting to help. Module 6, Resources and Support, provides lists of contacts, ways to connect with support groups, and other sources of help and information.

For More Information

For information about infant and toddler development and developmental milestones, visit the following websites:

- [www.aap.org](http://www.aap.org)
Read or download the other modules of this Parent Tool Kit at www.militaryhomefront.dod.mil/tf/efmp:

- Module 2, Special Education
- Module 3, TRICARE® Health Benefits
- Module 4, Families in Transition
- Module 5, Advocating for Your Child
- Module 6, Resources and Support

For parents of babies and toddlers with a developmental delay or disability, the following resources are especially helpful.

**HOMEFRONTConnections**

HOMEFRONTConnections, a DoD social networking site, provides a secure place where military family members with special needs can meet and interact online to share experiences, post pictures and videos, write blogs, and create discussion boards. Join an existing group or create your own. Visit HOMEFRONTConnections at https://apps.mhf.dod.mil/homefrontconnections.

**Parent Training and Information Centers**

Each state has a minimum of one PTI Center designed to serve families of children and young adults from birth to age twenty-two with disabilities. Centers may provide information, training, referrals, and advocacy services to assist parents in obtaining needed resources within their communities. To locate the PTI Center in your state, visit www.militaryhomefront.dod.mil/tf/efmp/resources. Click on “State Resources” and choose the link for your state.

**National Dissemination Center for Children with Disabilities**

The National Dissemination Center for Children with Disabilities (NICHCY) is funded by the Department of Education and offers a wealth of information, in both English and Spanish, on disabilities in children and youth. To learn more about EIS for infants and toddlers and specific disabilities, visit their website at www.nichcy.org.

**Specialized Training for Military Parents Project**

The STOMP Project is a PTI Center dedicated to educating and training military parents of children who have special education or health care needs. STOMP assists military families by providing information, support, and advice. Visit STOMP at www.stompproject.org.
Introduction to Module 2

Your child may have an identified disability, or you may suspect your child has a learning disability and are unsure of what to do next. Learning how to navigate the special education system can be difficult for any family but can be an even greater challenge for military families whose educational environments are constantly changing. For a child in a military family where homes, schools, and neighborhoods frequently change, parents are the constant factor. As you learn the system and interact with professionals, remember that you are the expert on your child and that no one else has greater knowledge of or interest in your child.

Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA) is the special education legislation that guides school systems throughout the United States, its territories, and the Department of Defense (DoD) in educating children with special needs. Part B of the IDEA establishes the educational requirements for children with a disability from ages three to twenty-one, and defines six principles school systems must meet:

1. Free and appropriate public education (FAPE) — providing an education at public expense, under public supervision and direction
2. Appropriate evaluation — gathering the information necessary to help determine the child’s educational needs and to guide decision making about appropriate educational programming for the child
3. Individualized Education Program (IEP) — creating a written statement of the educational program designed to meet the individual needs of a child with a disability
4. Least restrictive environment (LRE) — providing a setting where a child with a disability can receive an appropriate education designed to meet his or her special needs while ensuring the child is only separated from his or her non-disabled peers when the nature of the disability is such that the child cannot achieve satisfactory progress in a general education classroom, even with supplementary aids and supports
5. Opportunities for meaningful participation — providing opportunities for parents and students, when appropriate, throughout the special education process

6. Procedural safeguards — ensuring the rights of the child and of the child’s parents are protected, and establishing clear steps to address disputes

The IDEA ensures that all children with special needs have access to a FAPE; that the rights of the child and of the child’s parents are protected; and that teachers and parents have the necessary tools to help the child meet his or her educational goals and to assess the child’s progress. For more information about the IDEA, go to http://idea.ed.gov.

**Key Components of the Special Education Process**

When a child is having trouble in school, it is important to find out why. The special education process, depicted in Figure 2-1, is the process by which children are identified as having a disability and in need of special education and related services. Each key component of the process is discussed in more detail beginning on page 2:4.

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**Child Find**

Child Find is the on-going process used by states and the DoD to identify children and youth from birth through twenty-one who may be eligible to receive special education and related services because they have developmental delays or disabilities. All schools must conduct an awareness campaign as part of Child Find to inform the public that every child with a disability is entitled to a FAPE designed to meet the child’s individual needs.

If you are concerned about your child, contact your child’s school to request information about Child Find and, if needed, to schedule a screening. The Child Find screening may lead to a formal referral of your child to the school’s special education committee for evaluation of a suspected disability.
Pre-referral Interventions/
School Intervention Team

If you feel your child is having trouble reaching his or her educational goals, you should contact and then meet with your child’s teacher to discuss your concerns. Meeting with the teacher provides an opportunity to explore strategies to help your child be more successful in school. In addition, an intervention team at your child’s school may be asked to review your concerns and make additional suggestions about procedures and practices your child’s teacher can implement to address any difficulties he or she is having in the classroom.

School intervention teams have many names such as School Assistance Team, Student/Staff Support Team, Student Intervention Team, or Problem-Solving Team. The focus of the team is to provide support for struggling students by working with the teacher and other providers to identify the child’s areas of weakness, and design interventions to increase his or her chances for success. If these interventions are successful, a formal referral for special education is not needed; a referral to the school’s special education committee may be made if the child does not progress.

Procedural Safeguards

Procedural safeguards are a set of requirements included in the IDEA establishing the educational rights and responsibilities for children with disabilities and their parents. The safeguards are the foundation for ensuring the provision of a FAPE to children with disabilities.

The IDEA requires that parents be included in every step of the special education process. Procedural safeguards must be in place to ensure that parents

- participate in meetings related to the child’s evaluation and educational placement;
- provide written consent before the child is evaluated;
- have access to evaluation results;
- provide input about their child’s growth and development;

Every state has a Parent Training and Information Center and a Protection and Advocacy Agency. These two organizations will help you learn how to advocate for your child within the public school system. If you have a concern, do not hesitate to contact these agencies. To locate your state agencies, visit www.militaryhomefront.dod.mil/tf/efmp/resources and www.napas.org.
Prior to the evaluation, you may want to talk to a trusted friend about how you feel about the evaluation process. Write down any questions or concerns you have and contact the evaluator, or ask at the evaluation conference.

- have access to school representatives so they can question any results they may disagree with;
- provide consent for the provision of special education and related services;
- have an opportunity to examine the child’s records; and
- are provided prior written notice before the school takes or refuses a specific action.

**Referral**

A referral to the special education committee is the formal first step in the special education process. A parent, the child’s teacher, another teacher, a health care provider, or other provider familiar with the child who notices a lack of progress or signs of physical or behavioral challenges that interfere with learning can initiate a referral. Generally, the referral is submitted in writing and most schools have a specific referral form.

After a referral is made, a special education committee meets to determine if the child needs a full and comprehensive evaluation. If the special education committee decides an evaluation is needed, the school will request the parent’s permission, in writing, to evaluate the child. A child cannot be evaluated without written parental consent.

**Evaluation**

The evaluation is a series of tests and procedures the school system uses to identify a child’s areas of strength and weakness, and to determine a child’s eligibility for special education services. The evaluation must use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parents. When conducting an initial evaluation, providers complete a comprehensive assessment of the suspected disability and the child’s educational performance and needs. The evaluation provides insight into the factors that may be interfering with the child’s educational success.

A child’s functioning in the following areas may be assessed:

- academic — current level of performance in the areas of reading, mathematics, language arts, and general information
- cognitive — intellect (ability to reason, remember, and understand)
- behavioral — ability to pay attention, the quality of the child’s relationships with children and adults, and the child’s behavior at home, school, and in other settings
- physical — vision and hearing acuity
developmental — progress in areas such as understanding and responding to language, social and emotional levels, mobility, and ability to organize

speech and language — receptive language (understanding what is heard) and expressive language (making oneself understood by others)

A review of existing data is another source of information used during the evaluation process to help the team understand the child’s strengths and needs. The review of existing data includes the child’s classroom work, performance on state and district assessments, information provided by the parents, observations by the teacher, and data from other sources.

The IDEA requires that the school system have procedures in place that ensure

- the evaluation is appropriate for the child and the child’s suspected disability, and is without cultural bias, and that
- the assessment is given in the language the child is most comfortable with, whenever possible.

You know your child and it is important that you share your insight about your child. In fact, without your input, the school cannot have a complete picture of your child’s personality and capabilities. Sometimes talking to teachers and professionals about your child’s areas of weakness may be uncomfortable; however, without your perspective, the school system cannot fully understand your child and help him or her overcome or minimize areas of delay.

Remember, parental consent for an evaluation is not consent for a child to receive special education services. The school must have an informed consent before providing services.

**Eligibility**

After the evaluation is completed, a meeting with the parents and members of the special education committee is scheduled. The purpose of the meeting is to review the results of the assessment, to compare the evaluation results with the definitions of various disabilities defined in the IDEA, and to determine if your child has a disability that qualifies him or her for special education and related services.

The initial evaluation for special education must be completed within sixty days of parental consent, unless your state has established a different time frame.

- Assessments are selected to measure the child’s specific educational needs and strengths.

The evaluation must consist of a variety of tools. No single measure can determine if a child is eligible for special education.
A child’s eligibility for special education and related services is based on established criteria. The IDEA identifies thirteen disability categories under which a child may be determined to be a child with a disability. The following disabilities qualify children who, because of their disability, require special education to benefit from their educational program:

- intellectual disability
- hearing impairments (including deafness)
- visual impairments (including blindness)
- deaf/blindness
- speech-language impairments
- emotional disturbance
- autism spectrum disorders
- traumatic brain injury
- orthopedic impairments
- specific learning disabilities
- developmental delays (typically for children between three and nine years of age)
- other health impairments
- multiple disabilities

Although each state, as well as the DoD, has its own categories and definitions for these disabilities, they must all follow IDEA regulations.

**Individualized Education Program**

If your child is determined to be a child with a disability under the IDEA and needs special education and related services, you and the school will develop an IEP. The IEP is a written plan outlining the specially designed instruction, including related services, required for your child to succeed in his or her education program. Although some states may have different timelines, IEPs are typically developed within thirty calendar days after it is determined that your child has a disability requiring special education and related services as listed in the IDEA.
Be actively involved in the IEP meeting to identify your child’s annual needs, services and goals.

**What Is in an Individualized Education Program?**

By law, the IEP must include the following information about the child and the educational program designed to meet his or her unique needs:

- a description of the child’s current level of academic achievement and educational performance
- annual goals that the child can reasonably accomplish in a year
- special education and related services to be provided to the child
- the extent to which your child will participate with children in general education classes or school activities
- what modifications, if any, will be made in state- and district-wide tests; if it is determined that your child’s participation in these tests is inappropriate, the IEP must explain why and must describe an alternate form of testing
- dates for when services will begin and end, and where services will be provided
- transition services needs for children over sixteen years of age (or younger, if appropriate), outlining the courses he or she needs to take to reach his or her post-secondary goals
- a description of how the child’s progress will be measured and how progress will be reported to the parents

In addition, your child must be informed of any rights that may transfer to him or her one year before reaching the age of majority at eighteen.

**Who Attends the Meeting?**

The following people must attend the IEP meeting: the parent, a teacher from the child’s general education class (if the child is or will be in a general education classroom), a special education teacher, and an administrator who is knowledgeable about special education and the general curriculum and who can also commit school resources. Sometimes, specialists and other educators attend. It may be appropriate

<table>
<thead>
<tr>
<th>Checklist for Eligibility and IEP Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓  A list of questions you have developed over time</td>
</tr>
<tr>
<td>✓  Copies of prior evaluations</td>
</tr>
<tr>
<td>✓  Records from Early Intervention Services, if your child participated</td>
</tr>
<tr>
<td>✓  Pertinent medical reports, if appropriate</td>
</tr>
<tr>
<td>✓  Paper and pen to take notes</td>
</tr>
<tr>
<td>✓  A friend or family member for moral support if needed</td>
</tr>
</tbody>
</table>
As a parent, you bring a very important perspective to the IEP meeting. You know your child and your knowledge helps the school create an IEP that will work best for your child. You may bring a family member or a friend to the meeting. It is a good idea to explain this person’s role during the meeting (e.g., another viewpoint on the child, moral support, and/or another set of eyes and ears).

### Preparing for the Meeting

At your child’s IEP meeting, the school will discuss areas of concern and develop annual goals based on your child’s identified strengths and current skills. The IEP will include strategies the school will use to determine whether your child has made progress in reaching those goals.

### did you know?

The Individualized Education Program cannot be a general statement about what your child should accomplish in a year. It must be a detailed document that identifies your child’s areas of need and describes how the school will meet these needs, the time frame involved, and the method that will be used to measure your child’s progress.
To prepare for this IEP meeting and future meetings, it is a good idea to take a little time to organize your child’s school records. Many parents create an IEP notebook, which is kept up to date with copies of past evaluations, past IEPs, and correspondence with the school. If creating a notebook seems overwhelming right now, be sure to have a designated folder for all special education paperwork until you have time to create a notebook.

If the school presents you with a completed IEP before the meeting, consider it a draft and refer to it during the meeting. Keep in mind that you have the right to participate in the development of your child’s IEP.

**Managing Emotions**

All parents want the best possible education for their children and it can be distressing to realize a child needs special education services to progress in the education program.

As you walk into the meeting that determines your child’s eligibility for special education services, be aware of your emotions. You may be feeling worried, nervous, or even defensive. Try to put these feelings aside in this and subsequent meetings.

Focus on goals you have for your child. Be a good listener and let the other meeting participants know you understand their perspective. Acknowledging their perspective does not mean you agree with them.

If someone says something you do not understand, either about your child or the procedures used to determine eligibility for special education services, do not hesitate to ask for clarification. You are absorbing so much and it can be overwhelming. If you still do not understand, ask again.

Write down your thoughts about your child before going into the meeting. Include what you know about your child’s learning style and other information that may be helpful to the team. The information you provide about your child will be included in the evaluation record.

**Writing an Effective Plan — Focus on Your Child’s Needs**

This is another time when emotions can run high because your child’s education is so important. Remember to keep the focus on your child’s needs. When possible, have educational options for your child already in mind. If you feel resistance to your ideas, suggest trying a new idea for eight weeks to see how it works. Look for common ground and be sure the others in the room know you are trying to understand their point of view. Remember that a pleasant attitude often makes the meeting more productive. Be sure to thank those who have been helpful.
“I never go in there alone. The most productive IEP meetings have been the ones where I have had the necessary moral support.”

Isabel, mom to son with autism, Quantico, VA

**Modifications and Accommodations**

For many children with a disability, appropriate accommodations and modifications made to his or her instruction and other classroom activities can make the learning experience more successful. Accommodations and modifications are based on the individual needs, learning style, and interests of the child. They provide the child with the tools necessary to access the general curriculum and other learning materials and activities, and to demonstrate what he or she has learned.

Modification is a change in what is being taught to or expected from the child. Making an assignment easier so the child is not doing the same level of work as other children is an example of modification.

Accommodation is a change that helps a child overcome or work around the disability. Allowing a child who has trouble writing to give his or her answers orally is an example of an accommodation. The child is still expected to know the same material and answer the same questions as fully as the other children, but he or she does not have to write answers to show he or she knows the information.

**Related Services**

To help your child benefit from special education, he or she may receive related services. Related services are specific support services provided to children with disabilities to help them be successful in their instructional programs. A child’s need for these related services is assessed through the evaluation process and involves providers who have specialized knowledge in a specific area. The special education committee determines whether your child needs a related service based on the evaluation results. Any such services will be included in the IEP.

Related services are provided at no cost to you and may include, but are not limited to, the following:

- assistive technology device — any piece of equipment that improves a child’s ability to communicate, to be independent, and to learn (e.g., an augmentative communication board or computer software)
- assistive technology service — any service that directly assists the child in the selection, acquisition, or use of an assistive technology device
- audiology — services to identify children with hearing loss and to help with language improvement, speech, lip reading, conversation, or the appropriate use of hearing aids

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**did you know?**

The school may bring a draft Individualized Education Program to the meeting. The draft is the starting point for discussions about the school’s plan to provide services to help your child.
Inclusion refers to the schools intent to educate students with disabilities in a regular classroom whenever possible.

- counseling — to improve a child’s behavior, self-control, and self-esteem
- medical — evaluative, diagnostic, therapeutic, and supervisory services provided by a licensed and/or credentialed physician
- occupational therapy — activities focused on fine motor skills, such as writing, sorting, eating, and other skills that assist in improving daily life
- orientation and mobility — services provided to blind or visually impaired children to enable them to attain orientation to and safe movement within their environments in school, at home, and in the community
- parent counseling and training — services to help parents understand how their child is developing
- physical therapy — activities focused on gross motor functioning (i.e., large body movements like sitting, standing, and moving)
- psychological — services to assist children and adolescents in their learning, growth, and development by providing supportive services to help them meet academic and emotional changes
- rehabilitative counseling — independence training, employment preparation, vocational training, and integration into the workplace
- school health services — nursing services necessary to assist a child in benefiting from his or her educational plan (e.g., administering medication, providing assistance with catheterization, or breathing therapy)
- social work — provides group or individual therapy and helps with problems in the child’s home that may affect the child’s adjustment in school
- speech and language — diagnoses speech and language disorders, provides therapy, and counsels parents and teachers regarding speech problems
- transportation — services necessary to enable a child with a disability to receive special education and related services when prescribed by the child’s IEP

Placement and the Least Restrictive Environment

Placement refers to the setting in which a child will be educated, including the school, classroom, and related services, and how much time the child will spend with children who are not disabled. The details of your child’s placement should be clearly defined in the IEP. An integral part of the IDEA is the concept of the least restrictive environment (LRE). This means that a child with a disability should be removed from the general education classroom only when the child’s disability makes it necessary to do so.
Placement Options

School systems are required to provide a range of placement options to ensure differing needs can be met. This spectrum of placement starts with the general education classroom, moving to time in a resource room or “pull out” classes for certain subjects, self-contained classrooms with only special education students, a private school, and finally to residential placement. Figure 2-2 depicts the placement options within the special education system. Once you know which specific services your child will need, you can address the question of where these services should be provided. The focus is on how to best educate your child in the LRE. LRE also indicates that, whenever possible, your child should be educated in the neighborhood school he or she would normally attend unless the IEP requires another arrangement. When appropriate placement cannot be provided by the public school system, a private day or residential school must be paid for at public expense.

Are You Satisfied with the Individualized Education Program?

If you agree with the IEP, sign it to show you accept the plan and give your consent for the provision of services. If you have questions and are not yet comfortable signing the IEP, you can ask for additional time to consider the plan. You may want more information about the services and should request another meeting. At this meeting, you have the following options:

- You can sign the IEP as written, giving your consent for the school to provide the agreed upon services.
You can identify and give consent for services for which you agree and indicate those services which you do not support. Your child will begin to receive the agreed upon services. You and the school may decide on a period of time to observe and gather more information about your child’s progress to determine if he or she is receiving a FAPE without providing the service. After this time period, you will meet with the IEP team to discuss your child’s program and the services you did not agree to at the initial IEP meeting. The IEP team may agree to provide the service and then implement the IEP as written, or the IEP team may modify the IEP and remove the service. If there is a disagreement between you and the school about the need for the services, you may pursue resolution strategies described in Module 5, *Advocating for Your Child*.

You can decide not to sign the IEP and request informal or formal collaborative strategies to resolve disagreements. These strategies are described in Module 5, *Advocating for Your Child*.

**Finally, You Have a Plan**

Now that you have a written plan and a comfortable routine for your child, it is a good idea to give your child’s teachers a little time to implement your child’s program. Once the program is running smoothly, you may want to establish a collaborative system between yourself and the teacher for communicating about your child’s academic, behavioral, and social activity in the classroom. Some parents and teachers stay in touch by way of a notebook passed back and forth everyday or weekly, by telephone, by email, or by frequent conferences. Some combination of the above is probably best. Be as positive as you can be and let the teacher know you appreciate the work done on your child’s behalf.

**Annual Review**

Once a year, the school system is required to review your child’s IEP. This is called the annual review. Your school system is required to notify you in writing of this meeting and who will attend. At least three people should attend the annual meeting: the parent, the teacher, and a representative of the school system who is authorized to commit school resources. If your child spends time in general education classrooms, at least one general education teacher must attend. In addition, specialists such as the school psychologist, an occupational therapist, or the school nurse may attend. The meeting should be at a time and place that is convenient for you.

As with the evaluation conference and the eligibility meeting, have your thoughts, ideas, and questions written down before the meeting begins. You may want to bring a family member or friend who has seen your child progress.
Triennial Review

The IDEA requires that a child with a disability be reevaluated every three years, or more frequently if necessary, to determine if he or she continues to meet the criteria for a child with a disability under the IDEA and continues to need special education and related services. The emphasis of the reevaluation is to measure the effectiveness of your child’s IEP and to evaluate the child’s progress and instructional needs. The reevaluation answers the following questions:

■ What are the child’s present levels of performance and educational needs?
■ What, if any, additions or modifications are needed to help the child meet his or her IEP annual goals and to participate, as appropriate, in general education curriculum?
■ Does the child continue to be a child with a disability as determined by the IDEA?
■ Does the child continue to need special education and related services?

If the parent or the school suspects any new areas of disability other than the one under which the child was originally found eligible for special education, the school will develop an evaluation plan to assess the child for eligibility under the new, suspected disability.

What if You Disagree?

Module 5, *Advocating for Your Child*, provides more detailed strategies for taking action if you do not agree with your child’s identification, eligibility, or IEP.

Moving with an Individualized Education Program

The IDEA requires schools to provide comparable services to children with an IEP when they transfer within the same state or to another state. Comparable services are services that are similar or equivalent to the services outlined in the incoming IEP.

Children Who Transfer Within the Same State

When a child with a disability transfers school districts within the same academic year, enrolls in a new school, and has an active IEP from
another school in the same state, the school will provide a FAPE including services comparable to those described in the incoming IEP. Services will be provided until such time that the school adopts the incoming IEP or develops, adopts, and implements a new IEP that is consistent with federal and state law.

**Children Who Transfer Outside of the State**

When a child with a disability transfers school districts within the same academic year, enrolls in a new school, and has an active IEP from another state, the school will provide a FAPE including services comparable to those described in the incoming IEP. Services will be provided until such time as the school conducts an evaluation to determine the child’s eligibility for special education according to local criteria, and develops and implements a new IEP that is consistent with federal and state law.

**Records**

Many school systems keep two types of records:

- cumulative file — contains report cards, standardized test scores, teacher reports; you can get a copy of this through your school office

  *Note that privacy restrictions prohibit DoD schools from including a child’s IEP in their cumulative file.*

- confidential file — includes all written reports about your child’s evaluation, including the IEP, if your child is already in special education, and summaries of evaluation team meetings and a record of correspondence with the school; this may be kept at the school or in an administrative office.

Ask your school system about the procedure for receiving copies of any of these files. If you request copies of your child’s records, the school must provide them, but there may be a charge for copying them. You must request a copy of your child’s records in writing. A sample School Records Request form is provided at the end of this module.

**For More Information**

Read or download the other modules of this Parent Tool Kit at [www.militaryhomefront.dod.mil/tf/efmp/toolbox](http://www.militaryhomefront.dod.mil/tf/efmp/toolbox):

- Module 1, *Birth to Age Three*
- Module 3, *TRICARE® Health Benefits*
- Module 4, *Families in Transition*
Module 5, *Advocating for Your Child*

Module 6, *Resources and Support*

**Department of Defense Education Activity**

The Department of Defense Education Activity (DoDEA) plans, directs, coordinates, and manages education programs for children who attend DoD schools. DoDEA consists of the dependents schools (DoDDS) located overseas, and the domestic dependent elementary and secondary schools (DDESS) located in the United States and its territories. DoDEA provides education to eligible DoD military and civilian dependents from pre-kindergarten through twelfth grade. For more information, visit [www.dodea.edu](http://www.dodea.edu).

**Parenting Advice**

The National Dissemination Center for Children with Disabilities (NICHCY) offers a wealth of information in both English and Spanish. To learn more about special education services for children with special needs, visit their website at [www.nichcy.org](http://www.nichcy.org).

HOMEFRONTConnections, a DoD social networking site, provides a secure place where military family members with special needs can meet and interact online to share experiences, post pictures and videos, write blogs, and create discussion boards. Join an existing group or create your own. Visit [https://apps.mhf.dod.mil/homefrontconnections](https://apps.mhf.dod.mil/homefrontconnections).

**Your Rights/Advocacy Information**

You can access a state by state list of protection and advocacy agencies, as well as information on advocacy strategies, through MilitaryHOMEFRONT at [www.militaryhomefront.dod.mil/tf/efmp/resources](http://www.militaryhomefront.dod.mil/tf/efmp/resources). Click on “State Resources” and choose the link for your state.

Another resource is your state’s Parent Training and Information (PTI) Center. Each state has a minimum of one PTI Center designed to serve families of children and young adults from birth to age twenty-two with all disabilities. Centers may provide information, training, referrals, and advocacy services to assist parents in obtaining needed resources within their communities. To locate the PTI Center in your state, visit [www.militaryhomefront.dod.mil/tf/efmp/resources](http://www.militaryhomefront.dod.mil/tf/efmp/resources). Click on “State Resources” and choose the link for your state.

For more information about the IDEA, go to [http://idea.ed.gov](http://idea.ed.gov).
Sample | Request for Special Education Evaluation

Date: _______________________________

Director of Special Education/Principal

School District

School

Re: (Child’s Name) _______________________________

Date of Birth: _______________________________

Dear ________________________________:

Director of Special Education/Principal

I am writing to refer my child to the committee on special education. I am requesting a special education assessment in all areas of suspected disability and specifically in the following areas: ______________________________

____________________________

Some of my concerns are based on ______________________________

____________________________

If the school district agrees to evaluate my child, I understand I will be presented with a written evaluation plan within fifteen days and that the plan will identify for me the tests to be given, dates for the tests, the names of the persons who will administer the tests, and explanations of the tests and their purposes.

Sincerely,

____________________________

Parent/Guardian Signature

____________________________

Parent/Guardian Printed Name

____________________________

Address

____________________________

City, State, Zip Code

____________________________

Telephone Number

Received by: _______________________________ Date: _______________________________
Sample | Request for Independent Education Evaluation

Date: ____________________________

Director of Special Education/Principal

School District

School

Re: (Child’s Name) ____________________

Date of Birth: ______________________

Dear ____________________________:

   Director of Special Education/Principal

I am requesting an Independent Education Evaluation because I believe the results of my child’s School District Assessments are inaccurate or incomplete. I do not believe they are sufficient to guide the Individualized Education Program process to an appropriate identification of disability, services, or placement.

On my child’s current assessments, I disagree with ____________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

Sincerely,

Parent/Guardian Signature

Parent/Guardian Printed Name

Address

City, State, Zip Code

Telephone Number

Received by: ____________________________ Date: ____________________________
Sample | Request for Records

Date: _________________________________

_____________________________
Director of Special Education/Principal

_____________________________
School District

_____________________________
School

Re: (Child’s Name) _______________________________

Date of Birth: _________________________________

Dear _______________________________

   Director of Special Education/Principal

I am developing a personal home file for my child’s special education information. I am requesting a complete copy of all school records (cumulative and confidential) within the school district that contain my child’s name, _______________________________.

Please include copies of all evaluations and actual test scores, the cumulative record, health record, discipline record, psychological record, confidential record, assessments, Individualized Education Program, and Teacher Record.

If the school district charges a fee for this service, please alert me as soon as possible. If you have any questions about my request, contact me at ________________________________.

Sincerely,

_____________________________
Parent/Guardian Signature

_____________________________
Parent/Guardian Printed Name

_____________________________
Address

_____________________________
City, State, Zip Code

_____________________________
Telephone Number

Received by: ________________________________ Date: ________________________________
Introduction to Module 3

Caring for your child with special needs can be physically, emotionally, and financially exhausting. Your family may incur expenses, such as, ongoing medical treatment, assistive technology, and skilled nursing, but less obvious expenses also take their toll (e.g., time off from work to attend frequent medical appointments, special diets, and more time lost due to sick days). Your family members may participate in the Department of Defense’s (DoD) health care plan, known as TRICARE.

TRICARE®

TRICARE is the worldwide health care program available to eligible beneficiaries of the seven uniformed services and certain National Guard and Reserve members (“beneficiary” refers to individuals who are entitled to benefits based on law). TRICARE is a major component of America’s Military Health System (MHS). The MHS brings together the health care resources of the uniformed services and supplements them with civilian health care professionals, institutions, pharmacies, and suppliers. For additional information on MHS, visit www.health.mil.

When seeking services under TRICARE, families must use TRICARE-authorized, civilian health care providers that include:

- network providers who have contractual agreements with TRICARE’s regional contractors (required use for Prime enrollees);
- participating providers who are not part of the TRICARE network but who agree to accept the TRICARE allowable charge as payment in full; and
- nonparticipating providers who do not accept the TRICARE allowable charge as payment in full.

Note: Beneficiaries are responsible for paying all charges up to fifteen percent more than the TRICARE allowable charge; they may also have to file their own claims.

TRICARE is organized into four geographic regions: North, South, West, and Overseas. Visit the TRICARE website, www.tricare.mil, to find links to the TRICARE regional websites and more information about TRICARE programs and benefits.
Go to the TRICARE website, at www.tricare.mil, and choose the “Use the Plan Finder” to get more information about your family’s TRICARE options.

TRICARE® Options for Active Duty Family Members

To meet the needs of active duty families, TRICARE offers several health care options. TRICARE beneficiaries also include families of activated members of the National Guard or Reserve on federally funded orders for more than thirty consecutive days. The sponsor’s Service is responsible for determining TRICARE eligibility, not TRICARE.

TRICARE® Prime

TRICARE Prime is TRICARE’s managed care option, similar to a civilian health maintenance organization. Active duty family members may choose to enroll in Prime; service members are required to enroll in TRICARE Prime or Prime Remote (see below).

Prime enrollees receive their health care from a local military treatment facility (MTF) or civilian network provider. Enrollees must follow some well-defined rules and procedures, such as seeking routine care and getting referrals for specialty care from their Primary Care Manager (PCM), and obtaining an authorization from the regional contractor before seeking specialty care from a civilian provider. Failure to follow these steps may result in more costly point of service (POS) charges.

Prime coverage is available overseas through the TRICARE Overseas Program (TOP) Prime option. Note: Family members must be command-sponsored to enroll in TOP Prime. The overseas regional contractor must authorize all civilian specialty care.

In all military treatment facilities (MTFs), active duty service members have first priority for care, followed by active duty family members enrolled in Prime.

TRICARE® Prime Remote

Family members who live with their active duty sponsor and are either at least fifty miles or a one hour drive from the closest MTF, may enroll in TRICARE Prime Remote. Enrollment is required and enrollees must select a local civilian network primary care manager if there is one available in the local area. If one is not available, family

did you know?

Certain service members and their families may qualify for the Transitional Assistance Management Program, which provides 180 days of transitional health care benefits beginning on the day after loss of eligibility for military health care. Visit http://tricare.mil/tamp to find out who is eligible and for more information on transitional health care benefits.
members may use any TRICARE-authorized provider for their primary care needs. Contact your TRICARE regional contractor for help locating a provider.

Prime Remote coverage is available overseas through the TOP Prime Remote option. Family members must be command-sponsored to enroll. The overseas regional contractor has to authorize all civilian specialty care.

**TRICARE® Standard**

TRICARE Standard is a fee-for-service option allowing eligible family members to see any TRICARE-authorized provider (e.g., doctor, nurse practitioner, lab, or clinic) without a referral. Please note that there are some services that require prior authorization; check your regional contractor’s website or contact them for information about this requirement as it varies from region to region. Eligible family members, whose records are up to date in the Defense Enrollment Eligibility Reporting System (DEERS), are covered under TRICARE Standard until they enroll in TRICARE Prime or Prime Remote. Standard offers greater flexibility and choice of providers. Beneficiaries must pay an annual deductible and ongoing cost shares for TRICARE-covered services. Standard beneficiaries may have to file their own claims.

Standard is not available for active duty service members but in some instances may be the only option for family members (e.g., when the family member does not live with the sponsor as required for Prime Remote, or when the family member is overseas but not command-sponsored).

**TRICARE® Extra**

TRICARE Extra is a preferred-provider option allowing Standard beneficiaries to seek care from network providers with lower out-of-pocket costs (the beneficiary cost share is 5% less than under Standard).

With TRICARE Extra, there are no claims to file but choice of providers is limited to those in the network. TRICARE Extra is not available to active duty members and is not available overseas.

For a comparison of TRICARE’s benefit options, visit www.tricare.mil/mybenefit/home/overview/WhatIsTRICARE/TRICAREBenefitAtAGlance.

TRICARE Online is the Department of Defense’s portal for beneficiaries receiving care within military treatment facilities. The portal provides secure, interactive access to a host of unique and exciting services, tools, and resources. You can make appointments for primary care, access a medical library, and find links to information about health and wellness, facilities, and providers. Visit www.tricareonline.com.
**Pharmacy Benefit**

The TRICARE Pharmacy Program offers multiple options for filling prescriptions. The least costly option is to get your prescriptions filled at a MTF. You also have three other options: (1) Pharmacy Home Delivery, (2) TRICARE retail network pharmacies, and (3) non-network pharmacies.

For more information on how to save costs and make the most of this benefit, visit www.tricare.mil/mybenefit/home/Prescriptions/PharmacyProgram.

**TRICARE® Benefits for Families with Special Needs**

To help eligible uniformed services families facing the extra challenges that come with caring for a family member with special needs, TRICARE offers additional benefits.

**Case Management**

Case management is a system for organizing and integrating the many services that are often required to manage complex physical or emotional illnesses. It is designed to improve the quality of care, control costs, and support patients throughout catastrophic medical situations by providing a bridge between acute care and long-term care services. TRICARE offers case management to beneficiaries who have significant chronic or high-risk health issues. Beneficiaries with catastrophic or terminal illnesses may also qualify for case management. Family members may be referred for case management services by their providers. Parents may also ask for case management services for their special needs child through their Regional Contractor.

**Mental Health Care**

Unless the beneficiary has a serious mental illness that qualifies for care under the Extended Care Health Option (ECHO) (discussed on 3:5), mental health care benefits can be confusing. Your regional contractor can assist you.

To find out more about what conditions and treatments are covered by TRICARE, please visit the following websites:

**Conditions:** www.tricare.mil/mybenefit/home/MentalHealthAndBehavior/Conditions?

**Treatments:** www.tricare.mil/mybenefit/home/MentalHealthAndBehavior/TypesOfTreatments
Call your regional contractor if you need help finding a mental health provider for your child.

**Hospice Care**

Hospice care is designed to comfort terminally ill individuals and their families once it is determined that the individual is not expected to live more than six months. The hospice care goal is to provide dignity and comfort to the terminally ill. The vast majority of hospice care is provided at home or in nursing homes. TRICARE covers most hospice care costs, and TRICARE does not have limits on custodial care or personal comfort items under hospice rules. Beneficiaries must choose to be covered under the hospice benefit versus basic TRICARE benefits.

**Extended Care Health Option (ECHO)**

TRICARE’s ECHO supplements basic TRICARE coverage. The ECHO provides financial assistance for certain services and supplies to qualified active duty family members (including eligible family members of activated National Guard or Reserve). For a detailed ECHO pamphlet that includes how to enroll, visit [www.tricare.mil/mybenefit/home/overview/SpecialPrograms/ECHO](http://www.tricare.mil/mybenefit/home/overview/SpecialPrograms/ECHO).

**Who is Eligible for ECHO?**

The ECHO is available to the following beneficiaries with a qualifying condition:

- active duty family members, including family members of activated members of the National Guard or Reserve on federally funded orders for more than thirty consecutive days
- family members eligible for continued TRICARE coverage through the Transitional Assistance Management Program (TAMP)
- children or spouses of former service members who were victims of physical or emotional abuse
- family members of deceased active duty sponsors during transitional survivor status

*Note: You must enroll in the Exceptional Family Member Program (EFMP) to be eligible for ECHO benefits.*

**Qualifying Conditions**

The following conditions qualify family members for TRICARE’s ECHO:

- moderate or severe intellectual disability
- serious physical disability

“Talking to other moms with children with special needs is really important to me and it helps me be a better mom. When I talk to moms with similar challenges we blow off steam, share ideas, and know that we aren’t alone.”

Marcie, mom to twin girls with Down syndrome, Fort Lewis, WA
For more information about ECHO benefits, visit the TRICARE website, www.tricare.mil, or call your TRICARE regional contractor.

- extraordinary physical or psychological condition causing the beneficiary to be homebound
- diagnosis of neuromuscular developmental condition or other condition in an infant or toddler expected to lead to a diagnosis of moderate or severe intellectual disability or serious physical disability
- multiple disabilities may qualify if there are two or more disabilities affecting different body systems

If the family or family member’s provider believes a qualifying condition exists, he or she should call the regional contractor to find out how to determine if the family member qualifies for coverage. If overseas, the family should contact the nearest MTF or TRICARE Area Office (TAO). Go to www.tricare.mil/contactus for contact information.

Children may remain eligible for ECHO benefits beyond the usual TRICARE eligibility age limit as long as the sponsor remains on active duty, the child is incapable of self-support because of mental or physical incapacity that occurs before reaching the age limit of twenty-one, or twenty-three if a full-time student, and the sponsor is responsible for more than one-half of the child’s support.

Ongoing TRICARE eligibility is determined by the sponsor’s Service. The regional contractor determines ECHO eligibility. Prior authorization must be obtained from the regional contractor or overseas TAO before the child receives ECHO services.

If the sponsor is reassigned, the family member must get new ECHO benefit authorizations before receiving services at the new location. Families should contact their regional contractor, local MTF, overseas TAO, or ECHO case manager before they move to ensure a smooth transition.

**ECHO Benefits**

The ECHO provides benefits not available through the basic TRICARE program, including the following:

- medical and rehabilitative services
- training to use assistive technology devices
- special education (which can include Applied Behavior Analysis (ABA))
- institutional care when a residential environment is required
- transportation under certain limited circumstances (includes the cost of a medical attendant when needed to safely transport the beneficiary)
■ assistive services (e.g., those from a qualified interpreter or translator)
■ durable equipment, including adaptation and maintenance
■ in-home respite care services (up to sixteen hours in the month if another ECHO benefit is received)

**ECHO Costs**
Active duty sponsors pay a cost share that is based on their grade and is separate from other TRICARE program cost shares. The sponsor pays one cost share per month an ECHO benefit is received by the family member(s), regardless of the number of family members receiving an ECHO benefit that month. For more information, visit www.tricare.mil/mybenefit/home/overview/SpecialPrograms/ECHO/Costs.

**ECHO Home Health Care (EHHC)**
EHHC provides medically necessary skilled services to registered ECHO beneficiaries who are homebound and generally require more than twenty-eight to thirty-five hours per week of home health services or respite care. In general, family members are considered homebound if they cannot leave home regularly for therapeutic, psychosocial, or medical treatment, or to attend an accredited, certified adult daycare program. The family member’s PCM or attending physician determines eligibility for this home health care and will develop a care plan reflecting the home health care services the family member needs. This plan is reviewed by the physician, case manager, regional contractor and/or TAO staff every ninety days or when there is a change in the family member’s condition. The EHHC benefit is only available in the United States, Puerto Rico, the United States Virgin Islands, and Guam. Please contact your ECHO case manager for more information.

**EHHC Benefits**
The following services may be covered when provided by a TRICARE-authorized home health agency in the beneficiary’s home:

■ skilled nursing care by a registered nurse, or by a licensed or vocational nurse under direct supervision of a registered nurse
■ services provided by a home health aide under direct supervision of a registered nurse
■ physical therapy, occupational therapy, and speech-language pathology services
■ medical social services under the direction of a physician
■ teaching and training activities
■ medical supplies
The sixteen-hour respite benefit available under ECHO cannot be used at the same time as the forty hours a week available under EHHC.

**EHHC Respite Care**
EHHC respite care is designed to provide temporary relief or rest for the primary caregiver of a homebound beneficiary who requires frequent care. Beneficiaries eligible for EHHC respite care may receive eight hours of respite care, five days per calendar week. This benefit is different from the sixteen hours of respite care available through the ECHO. The EHHC respite care and the ECHO respite care cannot be used during the same month. Respite care cannot be used for babysitting/child care services, sibling care, or when the primary caregiver is deployed, seeking employment, or pursuing education. Unused respite care hours are not cumulative.

**TRICARE® Help and Information**
You can find program information regarding TRICARE eligibility, Prime/Prime Remote enrollment, benefit and cost information, claims filing, and more by visiting the TRICARE website at [www.tricare.mil](http://www.tricare.mil).

**TRICARE Services Map**
Questions related to plan options, enrollment, referrals and authorizations, claims, collection, and TRICARE benefit, can be answered by the regional contractor office. Contractor contact information and links to their web pages can be found at [www.tricare.mil/contactus](http://www.tricare.mil/contactus). Call the regional contractor when you have a question. They have the most current information regarding benefits specific to your region. When contacting TRICARE, have information on hand,
such as referrals, authorizations, medical/dental bills, denial letters, and debt collection notices, to assist staff in determining how best to proceed.

Go to www.tricare.mil/contactus to find contact information for the following:

**TRICARE® Service Centers**

TRICARE Service Centers (TSC) are located in or around most MTFs and are staffed with customer service representatives to provide help on a walk-in basis.

**Beneficiary Counseling and Assistance Coordinators/Health Benefits Advisors**

Regional offices and most MTFs are staffed with beneficiary counselors/benefit advisors (BCAC) whose job it is to provide information on accessing care within the MTF, as well as providing or referring you to the right office for more information on benefit options, enrollment questions, claims, referrals, authorizations, and appointments. The BCAC can facilitate communication between families, the MTF, and the TRICARE contractor.

**Debt Collection Assistance**

Regional contractor staff and Debt Collection and Assistance Officers (DCAO) at MTFs help beneficiaries with TRICARE debt collection issues. If a family receives a notice from a collection agency about a medical bill or is disputing a medical bill, contact the regional contractor or closest DCAO. When seeking assistance, bring any documentation related to the claim and the collection action or billing dispute.

Staff can help you understand the claim’s issue and the debt collection process but cannot provide legal advice or fix a credit rating. For assistance with a collection action, contact your regional contractor or find the nearest DCAO online at www.tricare.mil/bcacdcao.

**Individuals with Disabilities Education Act and TRICARE®**

The Individuals with Disabilities Education Act (IDEA) ensures that all children with disabilities are provided with a free and appropriate public education (FAPE). This includes services necessary to meet the educational goals described in their Individualized Education Program (IEP). Infants and toddlers who are or may become delayed due to impairment may receive Early Intervention Services (EIS). These children often receive medical, diagnostic, or therapeutic services provided by health care professionals. These services must be identified in an Individualized Family Service Plan (IFSP) or an IEP. The IDEA allows these services to be provided at little or no cost to families.
If you lose your TRICARE coverage because of military separation, divorce, or because a dependent child reaches the age of twenty-one or twenty-three, you will be issued a Certificate of Creditable Coverage. This is proof for your next health care plan that you had previous health care and it limits the amount of time your new health care plan can exclude your participation because of pre-existing conditions.

Legislation stipulates that TRICARE will pay its share of EIS that are medically or psychologically necessary and would otherwise be considered a TRICARE benefit. Cost sharing decisions are made on a case-by-case basis. Services identified in an IEP for special education students between the ages of three and twenty-one are paid for by state educational agencies, and TRICARE is involved only when it can be shown that the necessary services are not available or adequate to meet the child’s needs.

For More Information

Read or download the other modules of this Parent Tool Kit at www.militaryhomefront.dod.mil/tf/efmp/toolbox:

- Module 1, Birth to Age Three
- Module 2, Special Education
- Module 4, Families in Transition
- Module 5, Advocating for Your Child
- Module 6, Resources and Support

Extended Care Health Option and Home Health Care

For further information regarding ECHO and EHHC, visit www.tricare.mil/echo or call your TRICARE regional office (see page 3:8 for phone numbers).

TRICARE® Benefits

For more details about TRICARE health benefits, go to www.tricare.mil.

USA.GOV

Federal, state, and local governments offer programs such as Medicare, Medicaid, Supplemental Nutrition Assistance Program, and Women Infants and Children designed to aid children with special needs. More information about these benefits is provided in Module 6, Federal and State Programs, and at www.USA.gov, an official government website search engine that links to government agencies, programs, and services.

MilitaryHOMEFRONT

For information on a variety of topics, visit the special needs section of MilitaryHOMEFRONT at www.militaryhomefront.dod.mil/tf/efmp.
**Plan My Move**

Military life involves moving — there is no way around it. That is why MilitaryHOMEFRONT has introduced Plan My Move, a powerful set of tools to help you and your family make your next move a smooth one. Through Plan My Move, you can access a customizable calendar, to-do lists, checklists, community information, installation overviews, and information specific to moving with a special needs family member. Visit the Plan My Move website at http://planmymove.mhf.dod.mil.

**MilitaryINSTALLATIONS**

To locate your nearest installation EFMP, as well as other installation resources, visit the MilitaryINSTALLATIONS website at www.militaryinstallations.dod.mil.

**HOMEFRONTConnections**

HOMEFRONTConnections, a DoD social networking site, provides a secure place where military family members with special needs can meet and interact online to share experiences, post pictures and videos, write blogs, and create discussion boards. Join an existing group or create your own. Visit HOMEFRONTConnections at https://apps.mhf.dod.mil/homefrontconnections.
All families want to make the changes associated with relocating, deploying, or separating from the military as easy as they can for their children. Families whose children have special needs must work even harder to help their children weather the changes with as little stress as possible.

**Exceptional Family Member Program**

**Enrollment**

The Exceptional Family Member Program (EFMP) includes a variety of personnel and family support functions. Enrollment is a component of the program and is mandatory for all military personnel who have a family member with a medical and/or educational disability. Being enrolled means medical and/or educational needs are considered as a duty station is being selected. Service members will be assigned to an area where their family member’s educational and medical needs can be met, provided a valid personnel requirement for the service member’s grade and specialty exists.

By submitting a completed DD2792, Family Member Medical Summary, and/or the DD2792-1, Special Education/Early Intervention Summary, the military member identifies that a family member has a special need. Information about the family member’s condition, including diagnosis, type of providers, frequency of care, medication, and special accommodations, is documented on the forms. This allows medical and educational personnel to review the availability of medical and educational resources in a projected assignment location.

Although each of the Military Services handles enrollment somewhat differently, there are some commonalities:

- Each Service uses the Department of Defense (DoD) forms (DD2792 and DD2792-1).
- Medical and educational personnel are consulted about availability of resources.
- The DD2792 medical form is reviewed by medical personnel.
- The DD2792-1 educational form is reviewed by educational personnel.
- All of the information is confidential and private, and maintained on a need to know basis.
To enroll in the EFMP, contact the nearest installation EFMP, which you can locate by visiting the MilitaryINSTALLATIONS website at www.militaryinstallations.dod.mil. Military personnel or family members, depending upon the Service, can also pick up the necessary forms and receive help completing them at the following locations:

- **Army** — At the military treatment facility (MTF), ask for the EFMP.
- **Marine Corps** — At Marine Corps Community Services, ask for the EFMP Caseworker.
- **Navy** — At the MTF, ask for the EFMP Coordinators’ Office.
- **Air Force** — At the MTF, ask for the Special Needs Coordinator.

To download a copy of DD2792 and DD2792-1, visit www.militaryhomefront.dod.mil and enter the form number in the search field.

**Family Support**

EFMP family support assists families with special needs by helping them identify and access programs and services. It includes, but is not limited to, the following:

- information and referral for military and community services
- education and training about issues related to the special need
- referral to other Family Center providers
- local school and Early Intervention Services (EIS) information
- warm hand-offs to the EFMP at the next location
- non-clinical case management, including individualized Services Plans

The following are points of access for the Family Centers:

- **Army** — Army Community Service, EFMP Manager
- **Marine Corps** — Marine Corps Community Services, EFMP Caseworker
- **Navy** — Fleet and Family Support Center, EFMP Liaisons
- **Air Force** — Airman and Family Readiness Center, EFMP Coordinators

Military families with special needs who are not located near a military installation can find a listing of installation Exceptional Family Member Program offices by visiting the MilitaryINSTALLATIONS website at www.militaryinstallations.dod.mil.
Service members have the option to accept assignments where services for their family members with special needs are not available. Choosing the option usually means that the service member must live apart from the family so that the child can continue to have his or her needs met.

Before you move, inform the installation EFMP (family support) office at the losing duty station of your pending move and your family’s needs. They can connect you with the receiving duty station EFMP and assist you with any information and resources you may need before, during, and after your move. Many programs and services differ from state to state and the EFMP can assist you with identifying and accessing them when you get to the duty station.

Relocating

Moving is an integral part of life as a military family. You pack your belongings, plan a move, track expenses, and find a new home. When a family has a child with special needs, these experiences can be more complicated and emotional. The military community offers assistance for the move and, if desired, a sponsor can assist you at the new duty station. Taking advantage of these resources will benefit the entire family.

Relocation Assistance Program

The Relocation Assistance Program (RAP) offers a wealth of services to make your next move as smooth as possible. Specifically, the installation RAP can provide the following:

- destination area information, preparation and settling-in services, with emphasis on information regarding moving costs, housing options and home-finding assistance, child care, services for family members with special needs, spouse employment opportunities, schools, cultural adaptation, and community orientation
- counseling about relocation-related challenges such as home buying, selling, renting, property management, and shipment and storage of household goods
- sponsorship training services, with emphasis on connecting unit sponsors and family members, including youth through youth sponsorship programs, to facilitate a cost-effective and efficient transition to a new community and unit
**Family Centers**

Family Centers are located on military installations and are specially equipped to assist with relocation. They can offer a variety of free services and support services such as: relocation information, lending lockers, employment, and financial management. This is also a good place to look for resources to help meet your child’s needs. The Family Center can connect you to the installation EFMP and to available respite care programs. To find a Family Center near you, visit MilitaryINSTALLATIONS at www.militaryinstallations.dod.mil.

**MilitaryINSTALLATIONS**

MilitaryINSTALLATIONS is a searchable directory of worldwide installation and state-related military information, programs, and services. It provides easy access to fast facts, articles, website resource directories, photos, contact information, major units, weather, and maps. With this resource, you can quickly find relevant information about any installation or military resources in your state or a state you are moving to. Visit MilitaryINSTALLATIONS at www.militaryinstallations.dod.mil.

**Schools**

The Military Services and the Department of Defense Education Activity (DoDEA) want to ensure that your child receives appropriate special education services following your family’s move to a new location, whether stateside or overseas. Before you move, ask your child’s current teacher to write a letter introducing your child to the new teacher. An overview of what the teacher sees as strengths and challenges, as well as a description of what works well with your child, will help the new teacher.

Hand-carry a copy of your child’s Individualized Education Program (IEP) paperwork as well as any assessment information used by the school. Meet with the school to review the progress your child has made since the last IEP was developed or ask for written progress reports. Also, gather information about adaptive equipment or assistive technology used by your child. Prior to your move, be sure to return any assistive technology that was provided by the school.

When going overseas to a DoD school, make sure you provide a copy of your child’s IEP to the Case Study Committee (CSC). The CSC guides the special education process at stateside and overseas DoD schools. Also, provide the CSC with information about assistive technology requirements included in the IEP. Let them know if your child has his or her own assistive technology that is used in the classroom.
Medical Concerns

Before moving, check to see what medical services are available at the new installation. TRICARE’s Provider Directory, located on the TRICARE website, can help you locate specialty services. Phone numbers are included, so you can contact providers in advance to ensure they are still network providers and are currently accepting new patients. You can also work with your child’s medical case manager if he or she has one.

Once you are moved in, you may want to make an appointment with your new health care provider so your child will have a chance to become familiar with him or her before an illness occurs.

Ask your medical providers (both military and private) to provide you with a copy of your child’s medical records and hand-carry them to your next duty station. There may be a small fee charged for copies.

Tell the Children

For some families, moving news is best presented in a family meeting. You know your child best. If you think it might be easier on him or her to learn about the move one-on-one, set aside some time to talk about it before the family meeting. This will allow you a chance to really hear your child’s concerns and may keep his or her feelings from negatively influencing the other children at the family meeting.

Before telling the children about the move, arm yourself with some of the positive aspects of your new home. Consider the following:

- Is it closer to friends or family?
- Will you be near beaches or an amusement park?
- Are your children old enough to help plan the trip? Show them your new home on a map and begin planning your journey to your new home.
- Does your child have some special interests? Try to locate a point of interest along your route that your child would not be able to experience otherwise.

Consider your child’s developmental level. Will a visual aid help your child keep track of the plan for your move? A count down on the calendar might help, along with a picture of boxes on the day the packers come, or a truck on the day the movers come.

<table>
<thead>
<tr>
<th>Moving with Special Needs Checklist</th>
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<tbody>
<tr>
<td>✓ Copies of important records, such as Individualized Family Service Plan (IFSP), Individualized Education Program (IEP), letters from doctors, birth certificates, and passports; plan on hand-carrying them</td>
</tr>
<tr>
<td>✓ Prescription refills</td>
</tr>
<tr>
<td>✓ Contact information for medical connections in the new location</td>
</tr>
<tr>
<td>✓ Contact information for your child’s current doctor, in case you need advice from someone who already knows your child</td>
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</tbody>
</table>
Decide the best way to present the move and give thought to how you will handle various emotional responses. The following actions can help to prepare your child for the move:

- Discuss ways your children can keep in touch with friends or have a visit planned before you move away so the goodbye will not feel so final.
- Be positive. If you are upbeat about your move, your children will be reassured.
- Empathize with your child. If your child has concerns or is grieving for his or her old home before you even leave, explain that his or her feelings are normal. You might share some of your own feelings of sadness or loss and also talk about some things that you are looking forward to in your new home or community.
- Remind him or her that the present home, school or daycare were once new and that he or she made friends and settled in.
- Make a calendar or timeline with pictures of things that will be happening leading up to, during, and after the move to calm the fears of children who rely on daily reminders to help them prepare for what each day will bring.
- Find time during daily rituals, like meal preparation or bedtime, to allow your children a chance to share their thoughts and feelings about the move.
- Plan a farewell party. Take lots of photos and collect addresses, email addresses, and phone numbers.
- Help children over the age of thirteen to set up a social networking page to stay connected with his or her friends.
- Provide a scrapbook for the child to assemble.

Moving away from the familiar and into the unknown can be scary. Give your children opportunities to express their feelings.

Happy and excited feelings are much easier to accept and deal with, but negative feelings, like sorrow or anger, are just as valid. Your child needs

The Military Youth on the Move website reaches out to youth with creative ways to cope with issues that arise in the face of a move, such as transitioning to a new school, saying goodbye to friends, and getting involved in a new community. The website is divided into three primary target audiences: elementary school, middle school, and high school. It also includes information specifically designed to help parents help their children navigate challenges such as a move, a new school, or making decisions about life after high school. Visit Military Youth on the Move at http://apps.mhf.dod.mil/myom.
to know it is alright to talk about those feelings as well. Talking honestly and openly might help address concerns and calm fears about the move.

Moving day can be hectic and children are not immune to the excitement and nervousness that may come with it. Consider asking a friend to keep your children for the day.

**Packing**

Before the movers arrive, set aside items you plan to hand-carry to your next duty station. Clearly mark a room or another large area in your home with a sign asking the movers not to pack items stored in those areas. The following items should be included in your hand-carried items:

- important documents such as school records, dental records, medical records, birth certificates, insurance policies, copies of permanent change of station (PCS) orders, and a copy of the household inventory form
- medicine and medical equipment that will travel with you
- comfort items, like a pillow, favorite music, or movies

**Going Overseas: Know Before You Go**

Before being assigned overseas or to a remote duty location, all families are screened for overseas suitability. The screening is mandatory and determines if family members have any special needs that may require special medical and/or educational attention at the location or preclude the successful completion of an overseas or remote duty assignment. The screening process involves the personnel and medical commands and the DoD overseas educational system. Contact your local MTF to learn more about your Military Service’s overseas screening process.

Each Service has a system to screen families so that any special needs will be identified and taken into consideration as the service member is assigned to a new duty station:

- **Army** — Family Member Deployment Screening
- **Marine Corps** — Suitability Screening
- **Navy** — Suitability Screening
- **Air Force** — Family Member Relocation Clearance Process

Medically required equipment can be shipped in the same manner as the sponsor’s professional papers and books and does not count against your household weight allowance. Visit your travel office for more information. You will need a letter from your physician stating that the equipment is medically necessary.
Traveling with Children

It is important to be aware of any medical or psychological reasons that would make a particular mode of transportation difficult for your child and require some prior arrangements. For example, a child with epilepsy may need extra rests during a long trip to minimize fatigue or stress that can lower the child’s seizure threshold. Also work with your child’s physician to address medication needs, especially when you are traveling to different time zones that may affect the medication and sleep schedule. Ask about required vaccinations that may interact with prescribed medications. Consider lodging-related needs when traveling with your child (e.g., a wheelchair accessible room and shower stall or a TTY/TDD telephone).

Whether traveling by plane, train, or automobile, traveling with children takes some planning. The following tips are especially helpful:

- Keep comfort items within reach.
- Carry healthy snacks with you.
- Bring plastic bags for trash.
- Bring activities for your child to help pass the time. A few new items may hold a child’s attention longer than an old favorite.
- Allow your child to be in charge of his or her own travel bag; however, regulate how much is put into this bag so that it does not get too heavy.
- Use an inexpensive umbrella stroller; these can be especially helpful in airports and train stations.
- Tape emergency contact information in your child’s clothing and/or have him or her wear a medical alert bracelet.
- Take a portable media player if possible, along with your child’s favorite movies and comforting music for bedtime.
- Keep hand sanitizer and wipes ready for frequent hand cleaning after stops and before eating.

Air Travel

The Air Carrier Access Act prohibits airlines from excluding passengers on the basis of disability and requires United States air carriers to accommodate passengers with special needs. For more information, contact www.disability.gov.

As you prepare for the trip, remember the following tips:

- Contact the airline forty-eight hours in advance of the flight if special services, such as a respirator hook up or transportation of an electric wheelchair, will be needed for the flight.
Ask if the bathrooms are wheelchair accessible if flying on an older or small aircraft.

Bring assistive devices, which do not count toward carry-on and luggage limits. Wheelchairs (including collapsible, battery-powered wheelchairs) and other assistive devices have priority for in-cabin storage space as long as you preboard.

Ask your physician about the safety of flying if a family member suffers from seizures. Get the physician’s recommendation in writing and carry it with you as part of your family’s medical records.

Consider bringing a stroller to the gate, as you may have to cover a lot of ground inside the airport.

Use a backpack instead of a diaper bag to free up your hands to hold on to your children.

Decide if preboarding is the best choice for your family.

Be sure your car seat is compatible with airline seats. Check the airline’s website for car seat information.

If your child requires oxygen and is traveling by air, you must arrange to have oxygen provided by the airline. You will not be allowed to use your own.

**Traveling by Train**

If you are traveling by train, Amtrak will assist those in wheelchairs in the case of high or low platforms or bi-level trains. Your child may remain in the wheelchair en route or the chair may be stowed. Should your child require oxygen, you must make reservations. You must also provide at least twelve hours advance notice (prior to boarding) if you will be bringing oxygen aboard. Call (800) USA-RAIL ((800) 872-7245) for more information on bringing oxygen on an Amtrak train and on station accessibility.

Train travel means that more interaction with children is possible than in a car, especially if there is only one adult. Be sure to bring activities your child enjoys, such as favorite stories and card games, and pack healthy snacks.
If your child is likely to run or wander off, be sure you have a copy of the child’s identifying information with you at all times. If your child is not verbal, you may want to put identifying information on the child. Remember to use a phone number other than the home phone.

**Traveling by Car**

Traveling in a car gives a family greater flexibility than in a plane or a train. You can stop and explore or stretch your legs on your own schedule. To make the most of the journey, plan a route with points of interest to explore along the way. Provide older children with a map showing the route to the new home and clearly marked stops along the way. Car games will help pass the time.

**Temporary Lodging**

For information on temporary lodging, visit MilitaryINSTALLATIONS at www.militaryinstallations.dod.mil. Make reservations as far in advance as possible and ask if a military discount is offered. Mention that your family needs special accommodations. Be sure to ask if they have wheelchair accessible rooms or rooms with TTY phones for the deaf or hearing impaired, if necessary.

**Housing**

There are several factors to consider when deciding to live on or off the installation. Five percent of installation housing has wheelchair accessibility, a feature that can be hard to find in the civilian community. Life on the installation has the added advantage of having other military families close by. Becoming part of a supportive community may be easier on the installation where neighbors really understand the military lifestyle. However, the wait for installation housing can be a big factor in this decision. Some Services offer priority housing to eligible EFMP-enrolled families on a case-by-case basis.

**Schools**

Schools are another important factor in your housing decision. Investigate schools located both on and off the installation. Contact these schools well in advance of moving to discuss how your child’s unique needs will be met. Contact your new installation’s School Liaison and your child’s new school to assist with the transition. More information on the School Liaison is provided in Module 6, Resources and Support.

The gaining school must provide services comparable to those described in the previous school’s IEP until the new school conducts an evaluation and develops a new IEP.

For state education resources and information, visit MilitaryHOMEFRONT at www.militaryhomefront.dod.mil/tf/efmp.
Child Care

For working parents, finding high-quality child care is a high priority. As a military parent of a child with special needs, finding child care that can accommodate shift work, extended hours, and weekend duty and meet the child’s unique needs may be challenging.

Look for child care that is inclusive. Every child deserves the same opportunity to interact with other children. Inclusive child care allows children to learn together in an educational atmosphere that supports and nurtures the individual strengths of each child. Inclusive child care encourages each child to participate in daily routines and activities regardless of cognitive or physical impairments.

Most military installations have inclusion teams to help parents of children with special needs determine the best placement supports and accommodations needed to provide appropriate care. These teams may be comprised of child care specialists, an EFMP staff member, a public health nurse, and the parents. The team explores child and youth activities for children with certain special needs who are involved in installation child or youth programs. The team identifies the options that best meet the child’s needs and considers any reasonable accommodations that may be required.

For more information about child care, check with the installation’s Resource and Referral Office. A resource and referral specialist can guide you through registration, accreditation, and fees, and help you explore on-and off-installation child care options. Installations have different names for the office that manages the child care programs. Start with the installation’s Child Development Center (CDC). Ask which office provides local child care resource and referral services. To locate CDCs and school-age programs, visit MilitaryINSTALLATIONS at www.militaryinstallations.dod.mil.

Moving In

Move-in day is exciting. The new house starts to feel like home, and everyone is relieved to have familiar objects back. Because of the excitement, pay special attention to children who may wander or find danger in unfamiliar surroundings.

Every military child care program has a Parent Advisory Board through which parents are able to voice concerns and offer recommendations for improving service.

Plan My Move is a comprehensive tool that includes information for military families with special needs. You can create customized moving tools such as calendars, to-do lists, and arrival checklists, which are intended to help you stay organized and make your next move as smooth as possible. Visit Plan My Move at www.militaryhomefront.dod.mil/tf/movingandrelocation.
Questions You May Want to Ask About Child Care

- What are the priorities for placement on the list at this installation?
- I have more than one child. What is your policy on placing siblings?
- What process do you use for keeping my information up to date?
- Will you get in touch with me, or will I be responsible for periodically updating you?
- What is the range of time that I might have to wait for a space to open up in my child’s age group?
- I will need child care in the interim. Will you help me find it?
- What is your child/provider ratio?
- Will the center adapt the physical environment to meet my child’s needs with the goal of increasing his or her participation?
- Will the providers adapt materials and curriculum to promote independence and capitalize on my child’s favorite activities?
- Do the providers have experience working with adaptive devices?
- What types of training have the providers had?
- Will the center allow me to work with the care providers to show proper positioning, use of equipment, medication administration, etc.?
- Will therapists have a quiet area to work with my child?
- How will the center facilitate diapering? (Sometimes centers will not have changing tables in rooms for three- and four-year-old children.)
- Do you have staff members who know American Sign Language (ASL) or have experience working with augmentative communication devices?
- What are your emergency medical procedures? How close are you to a medical facility? Do you have a nurse on staff?
- Does the center have a discipline policy? (Ask for a copy.)
- Does the center have a method for filing complaints? With whom would I speak if I had a complaint?
- Do you provide emergency respite care?
Safety in a New Home and Neighborhood

Look over a new home with an eye for hazards such as busy roads or creeks nearby. Hold a family meeting to discuss these hazards with children and establish firm boundaries defining where they are allowed to go.

If a child is likely to wander away from the house, inform the local or military law enforcement agency, as well as the fire department or local emergency response services. Provide them with a current photo and a description of the child. Explain how your child might react if confronted. Be sure to include all contact information. Remember to update the photo and contact information as necessary.

You may want to make several copies of this information to have on hand in case of an emergency and to take with you when you travel. If you are concerned that, despite your best efforts, a child may leave the house unobserved, consider installing extra locks or an alarm system. Ask your physician for a letter explaining the medical necessity for these modifications and bring it, along with a written request, to the installation housing office or landlord when asking permission to install extra locks.

Talk to neighbors about your concerns. Give them your phone number and ask them to call if they spot your child leaving the house alone. If a child is deaf or blind, contact the installation or local authorities and ask for a sign alerting drivers to the presence of a deaf or blind child.

This is our son Michael.

We work very hard to keep him safe, but sometimes he gets out of the house without our knowledge. If you see him, please call us, as he should never be out alone. He is autistic and may not respond if you talk to him. He may run away from you if he is scared. He has asthma and is allergic to peanuts and peanut oils. If he is having trouble breathing, call 911 and do not offer him snacks that contain peanuts or peanut products.

Name: Michael Smith
Medical conditions: autism, asthma, and peanut allergy

CONTACT INFORMATION
Home phone:
Mother: Mary Smith
Work phone:
Cell phone:

Father: Joe Smith
Work phone:
Cell phone:

Thank you very much.
If oxygen tanks are in the home, the local fire department needs to know about them. You should also tell the fire department if a child is likely to hide in an emergency. If a child is not verbal or has difficulty communicating, consider keeping identification and contact information on the child, perhaps on a bracelet or sewn into clothing.

**Spouse Employment**

Whether you want to work out of financial necessity or to fulfill personal career goals, frequent relocation, extended deployments, and other unique challenges associated with the military lifestyle can create significant career and employment obstacles for military spouses. Having a child with special needs brings even greater challenges.

The DoD has created programs to help. The two main resources are the Employment Assistance Program and Military OneSource. These resources are designed to offer military spouses assistance in reaching their employment and career goals. They also provide tools to help address the unique challenges military spouses face when beginning a job search.

**Employment Assistance Program**

This program, which has a slightly different name in each of the Services, provides spouses with the tools and skills necessary to identify and actively pursue employment that matches well with their needs and skills. Some of the services provided include the following:

- personalized job skill assessment and career counseling
- résumé and cover letter preparation
- Internet and printer access
- information on local employment opportunities
- career seminars
- assistance with identifying career goals and conducting job searches
- information on the impact of relocation on employment and coping strategies
- support and encouragement

Military OneSource

In an effort to support military spouses in meeting their personal, education, and career goals and finding portable careers, Military OneSource offers the following education, career, and financial resources:

- MyCareer Exploration — assistance in exploring career interests and aptitudes, projected portable career high demand-high growth occupations, education and training requirements, and salary projections
- MyEducation and Training — assistance with making education and training choices and programs of study; identifying federal, state, and private sources of financial assistance, scholarships, and tuition discounts; and identifying licenses, credentials, and testing resources required by high growth, high demand portable careers
- MyCareer Readiness — assistance with development of interview skills, résumé writing, job applications, and identification of work environment requirements (e.g., virtual, part-time or full-time, child care, and transportation)
- MyCareer Connections — assistance with connecting to employment to include unique military spouse federal noncompetitive appointment authorities, priority placement within the DoD, local and virtual job fairs, and corporate partnerships with military friendly employers
- MyCAA Program — assistance with the DoD-funded financial assistance program designed to support spouses pursuing education, training, licenses, or credentials required for a portable career. Military spouses married to active duty service members in the pay grades E1-E5, W1-W2, and O1-O2 are eligible for the program, as are spouses of National Guard and Reserve Component members, if the service member is serving on active duty on Title 10 orders

Spouses may obtain services by calling (800) 342-9647 or by visiting Military OneSource online at www.militaryonesource.com.

Deployment

Waiting for a loved one to deploy is hard on children as well as spouses. Children may not understand why a parent must leave and may fear the parent is leaving forever. Because children cannot always express their worries verbally, they tend to express them behaviorally. Be sure your children have many chances to express how they are feeling. Consider the following to help your family prepare for and get through a deployment:

- Use your own words to help children find theirs. For example, “I don’t want Daddy to leave, and waiting for him to leave makes me feel sort of sad and worried. Do you ever feel that way?”
Talk to your children about the deployment before it occurs. Children are quick to sense when something is about to happen and will worry more when information is withheld.

- Explain that although many things will be different, many routines will be the same.
- Use imaginary play to encourage your children to express their feelings. If the children play with dolls or animals, try to introduce the idea of one member of the doll family leaving. Let the other dolls talk about how they feel.
- Use a map or a globe to show where the service member parent will be.
- Use a calendar to show children when the deployment will take place; they may not understand what three weeks means.
- Have a family meeting about ways to keep in touch during the deployment. Letters, pictures, tapes, and movies are all good ways to stay connected.
- Take advantage of social networking sites and voice over Internet protocol programs, such as Skype, to video conference.
- Find the best way for children to mark the end of the deployment. This may be making Xs on the calendar or ripping links off a paper chain.
- Remember that a child may not express his or her feelings. A child may act out as a result of unexpressed emotions. Help name these feelings.
- Conceal strong emotions from children, as seeing extreme behavior in a parent can be scary to a child.
- Remind children that they are still safe, and their deployed parent is still a member of the family.
- Be sure that the departing parent has time with each child before deploying. Hug often. Take photos of them together.
- Make sure the teacher knows about the change in the family dynamics.
- Remember to occasionally send children their own letters. Children enjoy receiving their own mail! A letter to the family pet will also bring a smile to a child’s face.

Help is Available

If you or your children are having a particularly difficult time adjusting to the deployment, counseling is readily available through several sources. Military OneSource offers twelve free, in-person counseling sessions per person. Sessions are short-term, problem focused, and address a variety of issues that are non-medical in nature. Telephone consultations and online consultations can be arranged for those unable to attend face-to-face counseling. For more information on Military OneSource’s counseling options, visit their website at www.militaryonesource.com. TRICARE offers eight counseling sessions without a referral from your primary care manager (PCM); more sessions can be authorized if necessary. Chaplains can also be a great source of support to assist with handling deployment-related issues.
The parent at home has a heavy load to carry. As a parent of a child with special needs, things can be difficult enough when both parents are available, but now it may seem overwhelming. Taking care of yourself has never been more important. Do not hesitate to contact your installation EFMP to ask for respite care. Also, review the information on respite care options in Module 3, *TRICARE® Health Benefits*. The entire family will benefit if the parent at home has the chance to recharge his or her batteries.

**Coming Home**

When the deployed parent returns, children may feel worried and stressed, as well as happy and excited. Depending on the child’s developmental level, he or she may feel uncomfortable around the returning parent, almost as if he or she is a stranger. For some children, even good change is unsettling. Help your returning spouse understand that the child’s behavior is a reaction to change and not a rejection of him or her.

Make sure children have time to let their excitement out with the returned parent before having quiet time with your spouse; however, once the excitement has subsided, schedule time to reconnect. Maintaining a strong marriage is one of the best things parents can do for their children.

**Disaster Preparedness**

As a military family, you may live in places that are prone to natural disasters. As a family with special needs, you must be prepared for evacuation or other emergencies. Careful preparation will reduce stress and hardship. Remember that you may need more time to evacuate than most families.

If you are experiencing financial difficulty because of a natural disaster or other crisis, your military aid society or the American Red Cross may be able to help.

- **Army Emergency Relief Society**
  
  (866) 878-6378

- **Navy-Marine Corps Relief Society**
  
  (703) 696-4904

- **Air Force Aid Society**
  
  (800) 769-8951

- **The American Red Cross**
  
  (202) 303-4498
Consider including the following when packing for an evacuation:

- thirty-day medication supply
- important documents (e.g., medical records, insurance papers, and birth certificates)
- enough diapers and clothing for seven days
- a bed rail
- special eating utensils
- special food
- activities for children (e.g., games, cards, and books)
- comfort items
- battery-operated flashlight and radio
- a current photo and a physical, behavioral, and medical description of your child including a list of necessary medications
- contact information for your child’s physician

In case of an evacuation, have a plan in place for your family pets and be sure your extended family knows where to find you. Mobile phones may not work as networks may be overwhelmed. Try sending a text message if you cannot make a call.

**Service Animals**

Federal law allows guide dogs into emergency shelters. In your packet of important papers, be sure to include the dog’s rabies tag and license. Remember that in a disaster, the guide dog may become confused and need more attention than usual.

Bring the following when evacuating with a service animal:

- food
- bowls
- records of licensure and rabies shots
- disposable bags

Many respiratory illnesses can be aggravated by stress. Plan to have breathing aids, such as inhalers, nebulizers, or oxygen tanks, within reach.
Power Loss: Plan Ahead

In times of disaster, extended power outages may last for weeks. If you live in military housing and require electricity for vital medical equipment, contact the installation EFMP or the housing manager. If generators are not available, contact your PCM to discuss if your child should be moved to a hospital or other facility where power is available during a disaster.

Transition to Adulthood

If your child has been in the special education system for several years, you have a good understanding of the IEP process. Transitioning out of school and into post-school activities, such as employment, has a different focus. Instead of identifying and working to minimize your child’s challenges, you are looking toward the future and exploring what it will take for your child to learn a job or live independently.

Once a child graduates or leaves the school system, there is no guaranteed program to pick up where the Individuals with Disabilities Education Act (IDEA) leaves off; however, starting between the ages of fourteen and sixteen, your child’s IEP will begin to address the transition process. Transition services are a coordinated set of activities that will aid a child with a disability as he or she moves from school to post-school activities. These activities should be based on the child’s needs, taking into account his or her strengths and interests.

Your child should be assisted in developing post-school living objectives concerning employment, daily living and social skills. Time in school might be spent with an emphasis on practical life matters, like reading job applications or menus and learning money skills. Ask your child what kind of work he or she would like to do. Is it realistic? Is there a compromise that can be made so that your child’s desires can be met? Perhaps a child who wants to be a veterinarian could work in a veterinarian’s office.

These transition services should start no later than the first IEP to be in effect when the child turns sixteen, and should be updated annually thereafter. Also, no later than one year before reaching the age of majority under state law, your child must be informed of his or her rights under the IDEA, including any that will transfer to him or her upon reaching the age of majority.
Consider the following options for your child:

- **College** — Whether two or four year, colleges offer opportunities for students with disabilities to continue their education. The Americans with Disabilities Act (ADA) prohibits colleges from discriminating against otherwise qualified students with disabilities.

- **Continuing and adult education** — These courses range from computer skills to cooking and offer a way to expand your child’s horizons.

- **Vocational training** — Trade schools typically prepare students for specific occupations, such as beautician or electrician, and require a high school diploma to attend.

- **On-the-job training** — This short-term training allows a child to learn a job while working on site. Many vocational rehabilitation agencies, disability organizations, and large companies provide this type of training and placement.

- **Competitive employment** — These are mainstream jobs for which your child would be paid the going rate. The ADA prohibits discrimination and requires the employer to make reasonable accommodations if a person with a disability qualifies for the job.

- **Supported employment** — This is paid employment for people with severe disabilities, who have a job coach who provides guidance by helping the employee improve job skills or meet any other job-related needs. The coach is heavily involved at the beginning of employment but is less involved as the employee gains skill and comfort.

- **Adult day programs** — These programs provide a work environment in a supervised setting with other workers with disabilities. Your child will usually receive training in life skills and recreation.

**Independent Living**

As a parent, you began teaching your child self-help skills very early in your child’s life. Self-advocacy skills are also important. Whenever possible, let the child speak for him or herself. Encourage a child to order his or her own food in a restaurant, or to explain to a new teacher his or her need to tape record lessons or have extra time for assignments.

One of the most important programs for adults, Vocational Rehabilitation Services, is available in most states. Vocational Rehabilitation Services include planning, assistance, support, and training that help a person prepare for finding a job. Contact your state’s Parent Training and Information (PTI) Center and ask about public or private programs that help with transition. Contact information can be found at [www.taalliance.org](http://www.taalliance.org).
It is important to remember that unlike the special education system, a person with disabilities is not entitled to free vocational rehabilitation services. A person must meet certain criteria, and some agencies also charge fees for their services. Because there is no central system of adult services like there is for special education, a student and his or her family may need to deal with a complicated assortment of adult services and government programs.

**Caring for Your Adult Child**

Parents of healthy children can usually plan on their children living independently and becoming financially independent. If your child has a life-long disability, you will need to plan for both childhood and adult care. Will the child be able to make decisions about health care or finances? For an adult child to qualify to receive Supplemental Security Income (SSI) or Medicaid, he or she cannot have more than $2,000 in assets. How can you ensure a child’s well-being and financial security?

**Supplemental Security Income and Medicaid**

The SSI program is a minimum monthly cash payment for the categorically aged, blind, and disabled. Eligibility is based on the limitation of assets and should not be confused with other Social Security benefits.

Medicaid provides health care for certain low-income individuals or families with disabilities and is frequently tied to SSI approval. Medicaid is not distributed in cash; instead, payments are sent directly to health care providers. Some states require you to pay a small part of the cost (co-payment) for some medical services. Many states have Medicaid programs for people with disabilities, and not all are income-based.

**The Special Needs Trust**

Special needs trusts are discretionary trusts created for people with disabilities to supplement, but not replace, public benefits. This type of trust allows an individual with a disability to continue to receive SSI, Medicaid, Section 8 housing, and other public programs while benefiting from trust fund money. SSI is designed to pay for food, clothing, and shelter. Medicaid will pay for medical bills. The trust fund can be used for all other needs identified in the trust document. The money from this trust can be used to purchase special wheelchairs, handicap accessible vans, as well as to pay for vacations, a personal attendant, or recreational and cultural experiences. Contact Military OneSource for a list of attorneys who are qualified to handle special needs trusts. Do not hesitate to act because of concerns about paying for the service. Make some calls and explain your situation. Many lawyers will consider reducing their fees or allowing payment on a monthly basis for their services. If you think you do not have the assets needed to fill a trust, remember that life insurance is an asset, as is a home if you own it.
While children of retirees are still entitled to health care under TRICARE, they are not currently entitled to ECHO or EHHC benefits. These benefits are reserved for active duty service members, and National Guard and Reserve members activated for more than thirty days in support of a contingency or a federally funded initiative.

**Letter of Intent**

Although a letter of intent is not legally binding, it enables parents to share a variety of information with the person designated to care and make decisions for their child after they have passed away. This may be the trustee for the special needs trust. You may want to include your child’s story in the letter, including a medical history and educational background. Describe the child’s favorite activities, foods, and people. Include places he or she has gone and places he or she would like to visit.

**Special Care Organizational Record for Children with Special Health Care Needs**

A tool to help you with your Letter of Intent is the Special Care Organizational Record (SCOR) for Children with Special Health Care Needs. Within the SCOR, parents can also specify estate information, including financial information, advanced directives, life insurance policy information, and guardianship. You can download the SCOR from MilitaryHOMEFRONT at [www.militaryhomefront.dod.mil/tf/efmp/toolbox](http://www.militaryhomefront.dod.mil/tf/efmp/toolbox) or order a hardcopy from Military OneSource at [www.militaryonesource.com](http://www.militaryonesource.com).

**Guardianship and Declaration of Incapacitation**

When a child reaches the age of majority, eighteen in most states, it is assumed that he or she will be able to make decisions about health, finances, and the future. For some children, this is not the case. Once your child reaches the age of majority, you will have no control over educational, financial, or health-related decisions your child might make. If you are concerned that your child will not be capable of making these decisions responsibly, consider petitioning your local court for guardianship. Visit MilitaryHOMEFRONT at [www.militaryhomefront.dod.mil/tf/efmp](http://www.militaryhomefront.dod.mil/tf/efmp) to find information about guardianship.

Guardianship is a court-approved relationship between a legal guardian and the person with a disability. The court will define the guardian’s degree of legal authority on behalf of the person with the disability. Detailed documentation from a physician will be needed to show that your child is not mentally capable of becoming independent.

Laws concerning guardianship vary from state to state. If you move to another state, you may have to reapply for guardianship in the new state. Call Military OneSource or stop by your installation legal office to see if they are aware of any attorneys willing to do pro bono work.

**Identification Cards for Adult Children**

Service member’s unmarried children who are age twenty-one and over, severely disabled, and who are disabled due to a condition that existed prior to the child’s twenty-first birthday are entitled to TRICARE benefits and are eligible
If you are considering obtaining guardianship for your child, you should begin the process before your child turns eighteen.

**Hospice Care**

Hospice care is available for patients and their families when the patient has been given a terminal, life-limiting prognosis. Hospice care provides dignity and comfort to the dying. If you live on an installation and your child is in hospice care, ask your EFMP manager to arrange a meeting with local law enforcement, your unit or installation chaplain, an MTF representative, and hospice service coordinator to ensure all parties understand your wishes for your child. Without this meeting, military law enforcement or emergency responders may unknowingly try to resuscitate your child against your wishes. Module 3, *TRICARE® Health Benefits*, contains detailed information about hospice and long-term care.

**For More Information**

Read or download the other modules of this Parent Tool Kit at www.militaryhomefront.dod.mil/tf/efmp/toolbox:

- Module 1, *Birth to Age Three*
- Module 2, *Special Education*
- Module 3, *TRICARE® Health Benefits*
- Module 5, *Advocating for Your Child*
- Module 6, *Resources and Support*

For more information about wills, guardianship, and Special Needs Trusts, contact The Specialized Training of Military Parents (STOMP) Project at (800) 5-PARENT.
Introduction to Module 5

As the parent of a child with special needs, you have been working to understand your child’s special needs. You may not realize it, but you are probably already advocating for your child. Advocacy is learning about your child and his or her condition, keeping track of records and correspondence, and making sure your child receives the health care and education to which he or she is entitled.

Remember as you advocate for your child that you are the best person to decide what your child may need. Talk to other parents, but trust yourself. Keep a positive perspective. Understand that while your child may not be entitled to every intervention that he or she could benefit from, the health care and educational professionals you interact with can help you create positive outcomes for your child.

Effective Communication

Whether you are interacting with your child’s health care provider or the school system, effective communication is the cornerstone of successful advocacy. Speak clearly, smile when you can, and remember that a pleasant attitude is much more productive than a negative one.

Stay Cool, Communicate Clearly

Good communication includes direct eye contact, an even and modulated voice, and open body language. When interacting with medical professionals and school personnel, be aware of your emotions. You may be anxious or worried. Keep your demeanor as positive as you can. If you are pleasant to work with, you will draw more people to your way of thinking. There is a difference between being polite to someone and agreeing with him or her. Remaining calm, pleasant, and focused can be a challenge for parents who are working hard on their child’s behalf.

If you do not understand or agree with what someone has said, politely ask, “Did I understand you to say that _______ _______?” This can clear up a misunderstanding early on or help define an area of disagreement. Do not be embarrassed to ask for further explanation. It is a parent’s
Whenever possible, address your letter to a specific recipient, rather than “To Whom It May Concern.” This may require a few phone calls ahead of time.

job to understand as much as possible about his or her child’s education and medical condition. Look for common ground and be sure others know you are trying to understand their point of view. Thank those who have been helpful.

Despite the frustration and anger you may feel if a situation concerning your child is not being resolved as you had hoped, remain calm. You do not want to be seen as unreasonable, inconsistent, or volatile. Angry outbursts will undermine your credibility and your ability to advocate well.

**Letter Writing**

You may need to write letters for several reasons, such as to request copies of school records, to request a meeting, or to document a problem. Some people are very comfortable writing, but if you are not, the following tips can help you write an effective letter:

- use clear, everyday language
- keep it brief
- state your purpose in the first paragraph
- explain what action you would like to see
- finish the letter politely
- include contact information

Remember that once the letter is mailed, you cannot take it back. If you write the letter when you are angry, wait several days before mailing it. You may be rightfully upset, but the expression of your anger may hurt your cause (i.e., furthering your child’s education or ensuring appropriate health care).

If you do not receive a reply after two weeks, write again and include a copy of the first letter. If this letter brings no response, go higher up the chain of command.

**did you know?**

When you need clarification on the information provided by health care providers and professionals, do not hesitate to ask any questions you may have to ensure that you understand the information.

Advocacy is a thoughtful activity. Parenting is an active and emotional activity. Blending the two can be difficult. When done well, educated, organized, and loving parents become formidable advocates.
Getting Organized

Corresponding with health care agencies and school systems generates a lot of paper. To complicate things further, military families relocate every few years, which means you must often navigate through a new school system. Each move brings the possibility of lost paperwork. You will need a system for organizing this paperwork because it is a crucial component of effectively advocating for your child.

For those with only a few papers, this might be as simple as a folder to keep letters from the school. Other people might have multiple binders. With well-organized records, you will be empowered as you go into meetings concerning your child’s health or education.

Before you begin to organize these files, give thought to your child’s needs. Are they primarily physical or educational? How many agencies have individual records for your child? Make a list of people and agencies to contact for records if needed. If you have a child with special educational needs as well as frequent medical needs, consider starting files in two separate binders: medical and educational.

The Special Care Organizational Record

The Department of Defense (DoD) Special Care Organizational Record (SCOR) for Children with Special Health Care Needs is a tool for caregivers, providing a central repository for recording and tracking information about their family member’s ongoing support and health needs. Families can use their SCOR in a number of ways:

- track changes in medicines or treatments
- list telephone numbers for health care providers and community organizations
- prepare for appointments
- file information about health history
- share information with primary care doctors, school nurses, day care staff, and other caregivers
Each SCOR can be tailored to the unique needs of your family member. For example, the SCOR includes sections for copies of a child’s Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) paperwork.

Military families can order a hard copy of the SCOR for Children with Special Health Care Needs from Military OneSource by calling (800) 342-9647. The hard copy of the SCOR also comes with a CD that has the SCOR and the DoD Special Needs Parent Tool Kit files included. The SCOR comes in a professionally designed binder that has pockets for business cards, receipts, and other important items. You can also download a copy of the SCOR from MilitaryHOMEFRONT at www.militaryhomefront.dod.mil/tf/toolsforfamilies/scor.

**Medical Records**

Medical records can be requested from the military treatment facility (MTF). The first copy should be provided free of charge. The policy for receiving copies of records varies among facilities, but always make your request for records in writing. You may be asked to wait as long as six weeks to receive copies of your records.

**Education File**

The education file should contain your child’s education history. Module 2, Special Education, contains a sample letter for requesting your child’s education records. You may want to start a photo record of your child on or in the binder, adding a school picture for each year. When creating the file, consider the following sections for organizing information:

- phone log
- assessments/evaluations
- IEP
- discipline reports
- report cards/interim reports
- correspondence to the school system
- correspondence from the school system
- immunizations and pertinent health records
- contact information for service providers and agencies

Remember to copy all letters you send to the school and include them in your file. Consider using certified mail when corresponding with the school system.

*The phone log is an important component of your education file. The phone log is where you will keep notes regarding when and with whom you have spoken about appointments and health care coverage. A few notes jotted here will help you keep an accurate record.*
so there will be no question regarding if and when the school received your mail. Do not underestimate the value of an accurate phone log. Follow up important conversations with a note thanking the school staff for speaking with you. For example, “Thank you for talking with me today about my daughter’s education. I understand that you have agreed to [action to be taken] by [date]. Please let me know if my understanding is not accurate.” Keep your notes from IEP meetings in this file, as well as any in-school suspension slips or notes from the school. Keep all documents in chronological order.

Medical Advocacy

As you adjust to the news that your child has a physical or educational diagnosis, you may feel overwhelmed. Many parents react by learning all they can about their child’s disability. Talk to your child’s health care provider and other professionals who know your child. Write down questions as they occur to you during the day, then ask them at the next appointment. Understanding your child’s condition may help you know what you can expect.

It may be empowering to learn all you can, but do not become overwhelmed with new information. Take time to adjust to the emotional impact of a new diagnosis. Remember that the diagnosis does not define your child.

Getting the Referral You Need

You and your health care provider can effectively request the equipment or specific therapy your child needs. For example, if you need durable equipment for your child, work with your health care provider to write a thorough and complete description of how the equipment is going to lessen the functional loss caused by the disability.

 Appealing TRICARE® Decisions

If an application for Extended Care Health Option (ECHO) or ECHO Home Health Care (EHHC) is denied, the denial letter will include the specific information you need to determine eligibility for appeal. If eligible, information on where to send the letter of appeal and time limitations will also be included. The appeal process varies depending on the reason for the denial. Even if the letter states the decision is not eligible for appeal, you may want to question it anyway. Does the letter state the reason for the denial? Is it accurate? Can your child’s circumstances be explained more clearly to TRICARE? Ask your TRICARE regional contractor why you have been denied.

Your TRICARE regional contractor can assist you with appeals. You can also contact the Beneficiary Counseling and Assistance Coordinator (BCAC) at the TRICARE regional office or at your installation MTF. For more information, visit www.tricare.mil.
**Early Intervention Services**

Families have legal rights when they participate in Early Intervention Services (EIS) provided in accordance with the Individuals with Disabilities Education Act (IDEA). These procedural safeguards and due process rights are intended to protect the interests of families and children with special needs, as well as the early intervention systems. Procedural safeguards are not a separate system but part of the provision of EIS. Each right and safeguard relates to your family’s experience with EIS and communicates the law’s principles of your role as informed members of the early intervention team. Your EIS procedural safeguards include the following rights:

- **Right to confidentiality and release of information** — The early intervention program cannot share information related to you and your child with anyone, unless you give your permission. In addition, your permission is needed for the early intervention program to obtain information and records from other programs or professionals.

- **Right to examine records** — You have the right to see anything in the early intervention program records about you and your child.

- **Right to prior written notice** — You must receive written notice, in advance, whenever EIS proposes to begin or change any services.

- **Right to understand** — You have the right to understand information about all EIS activities and written records. The early intervention program will provide the information in another language or way of communicating, if at all possible, so that you can be an informed team member.

- **Right to accept or decline services** — All EIS are voluntary. Before evaluation or services, you will be asked to give your consent in writing. You can accept or decline any or all EIS. If you do not choose to participate in one service, it will not affect services you choose to accept.

- **Right to disagree** — You have the right to disagree about any aspect of EIS your child and family receive. You also have the right to timely resolution of your complaints.

- **Right to continued services during dispute** — You and your child will continue to receive the EIS currently being provided during any type of dispute resolution.

Sometimes, parents and providers have different ideas about a child’s EIS. If you find that you have a concern or a question, discuss it with your service coordinator or provider right away. You can ask to have an IFSP meeting at any time to talk about what is working or what may need to change. Talking together can solve most disagreements.
When a disagreement continues, all states and jurisdiction, as well as military Educational and Developmental Intervention Services (EDIS) programs, have a dispute resolution process or due process procedure. Mediation is generally offered as a voluntary first step to help you and the early intervention program reach an agreement that satisfies you both. When informal discussions do not work, you may submit a written request for a due process hearing. For specific information about state EIS procedural safeguards and due process procedures, visit [www.nectac.org/topics/procsafe/stateonlinec.asp](http://www.nectac.org/topics/procsafe/stateonlinec.asp).

For information about military EDIS procedural safeguards and due process procedures, visit [www.edis.army.mil/safeguards.htm](http://www.edis.army.mil/safeguards.htm).

Visit [www.militaryinstallations.dod.mil](http://www.militaryinstallations.dod.mil) for specific information about your local EDIS program.

**Educational Advocacy**

It is especially important to be aware of the legislation that affects how your children with special needs are educated.

**Legislation**

*Module 2, Special Education*, provides detailed information about the IDEA, the guiding special education legislation for school systems throughout the United States, its territories, and DoD schools. The IDEA ensures that all children with special needs have access to a free and appropriate public education (FAPE), that the rights of the child and of the child’s parents are protected, and that teachers and parents have the necessary tools to help the child meet his or her educational goals.

Section 504 of the Rehabilitation Act is a civil rights law that protects qualified individuals from discrimination based on their disability. It prohibits organizations and employees from excluding or denying individuals with disabilities an equal opportunity to receive program benefits and services. The non-discrimination requirements of the law apply to public schools as well as employers or organizations receiving financial assistance from federal departments or agencies. These organizations and employers include many hospitals, nursing homes, mental health centers, and human service programs.
Some children who do not qualify for special education under the Individuals with Disabilities Education Act may qualify for help under Section 504.

Under this law, individuals with disabilities are defined as the following:

- persons with a physical or mental impairment which substantially limits one or more major life activities
- people who have a history of, or who are regarded as having, a physical or mental impairment that substantially limits one or more major life, such as include caring for one's self, walking, seeing, hearing, speaking, breathing, working, performing manual tasks, and learning

Because Section 504’s definition of disability is broader than the IDEA’s definition, some children who do not qualify for special education under the IDEA may qualify for special help under Section 504. This can be especially useful for children with invisible conditions, such as learning disabilities or attention deficit hyperactivity disorder. For more information about Section 504 of the Rehabilitation Act, visit www.militaryhomefront.dod.mil/tf/efmp.

The Americans with Disabilities Act (ADA) gives civil rights protection to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services, and telecommunications. For more information about the ADA, visit www.militaryhomefront.dod.mil/tf/efmp.

(DoD) Directive 1020.1, “Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense,” prohibits discrimination based on disability in programs and activities receiving federal funds through DoD. For more information about this Directive, visit www.dtic.mil.

For further information or assistance, contact your state’s Protection and Advocacy Agency. The National Disability Rights Network lists state agencies at www.napas.org.

The School System

One of the basic principles of the IDEA is that procedural safeguards must be in place to ensure the rights of children and their parents are protected and that clear steps are in place if there is a disagreement regarding the child’s evaluation, eligibility, and instructional program. As a parent, you have the right to be a fully participating member of the school team throughout the special education process. You are encouraged to play an active role in your child’s education and to know your rights within the special education process.
Parental Responsibilities

Along with your rights as a parent come responsibilities. By being actively involved in the education planning process, you can ensure your child receives the services he or she needs to succeed in school and at home:

- participate in meetings regarding your child and be prepared to discuss issues of concern
- ask questions to ensure you understand what is happening
- provide all relevant information needed for planning and program development
- let the school personnel know about any changes in your child’s life, both positive and negative, including areas of growth, changes in health and medication, and difficulties your child is having
- educate yourself regarding the rules and regulations governing special education services

If you have any concerns related to your child’s special education program, or at some point you disagree with a recommendation made by the school, several options exist to help you work effectively with the school to reach a resolution. The first step is to talk with your child’s teachers. The school administrator is also available to assist in resolving issues at the school level. It is often easiest if you can resolve any concerns in the least formal setting. Strategies to assist you in facilitating an early resolution before moving to more formal steps in the dispute process include the following:

- **Organize your thoughts.** Before going into a meeting, ask yourself questions about the big picture. What is my perspective or point of view about the actual concern or potential dispute? How does this concern or dispute affect my child? What can be done that will improve the situation? How can I clarify the points of agreement and disagreement?

- **Consider the other side’s perspective.** Listen carefully and try to consider the situation from the perspective of the teacher or the school. Give them an opportunity to explain their position and be sure you understand what they are saying. What is causing the school or teacher to take this position? What is getting in the way of resolution?

- **Reframe the issues.** Ask yourself how you can restate the problem in a way that does not place blame. How can this issue become more manageable? How can everyone share responsibility and credit for success?
Problem Solving

When the family and school do not agree on some issue affecting the child’s education, it is important that both sides discuss their concerns and try to compromise. There are several informal approaches parents and school staff can use to help resolve the concern. The first option is to review the child’s IEP and the second is to hold a facilitated IEP meeting.

Informal Problem Solving

Individualized Education Program Review
If you have concerns about your child’s rate of progress, services provided, or your child’s educational placement, you have the right to request an IEP meeting at any time. At this meeting, you can discuss your concerns with the school and, as collaborative members of the IEP team, work toward a solution that is agreeable to everyone.

The solution reached at the IEP review meeting does not have to be permanent. It is not uncommon for IEP teams to agree on a temporary compromise, such as to try out a particular plan of instruction or classroom placement, for a certain period of time. During that time period, you and the school can see how well the temporary compromise addresses your concern. This trial period will help you and the school come to an agreement that is comfortable for everyone and still meets your child’s needs.

Facilitated Individualized Education Program Meeting
A facilitated IEP meeting is used to help IEP teams reach agreements. This meeting includes an impartial facilitator who is not a member of the IEP team, but rather is there to keep the team focused on developing the child’s program while addressing concerns as they arise. The facilitator helps promote communication among the team members and helps support full participation of the parent and the school in working towards a solution to the stated concern. The facilitator does not impose a decision on the team. He or she clarifies points of agreement and disagreement, and models effective communication and listening skills for the team members. When disagreements arise, the facilitator encourages you and the school to look at new options. Most importantly, the impartial facilitator ensures that the meeting stays focused on the child.

When preparing for either IEP meeting, it is important to think about how concerns can be addressed. Ask yourself if there are assumptions that do not seem appropriate in this situation, how you and the school can build on each other’s
goals and priorities, and what benefits for your child you can anticipate from working in partnership with the school.

In the event that concerns are not resolved through these informal approaches, you can take further steps to address them, including a formal conference, requesting mediation or a due process hearing, and filing a state complaint. Contact your school or the local education agency (district office) for information on your due process procedures. You can also contact your state Parent Training and Information (PTI) Center or your Community Parent Resource Center for information on the process for resolving disputes.

**Formal Problem Solving**

**Conference**

A conference provides you an opportunity to address your issues or concerns with a school administrator and your child’s teachers or service providers. These conferences and other communications with the school are most productive when you can clearly explain your concerns and the changes you are requesting. You should work closely with school personnel to clearly define the areas of disagreement and possible solutions. When a conference produces mutually agreeable solutions, the school will prepare a memorandum for the record outlining the disagreements and explaining how the disagreements were amicably resolved. If the conference fails to produce a mutually agreeable solution, either you or school personnel may request mediation. You may also waive mediation and request a formal due process hearing.

**Mediation**

Mediation allows a dispute to be resolved without litigation. When you mediate, you have two goals: to resolve the dispute and to protect your relationship with the school system. You may request formal mediation with the assistance of a neutral third person to help you and the school reach agreement over disputes regarding your child’s special education services. Mediation is voluntary and conducted at no cost to you. Discussions that occur during the mediation process are confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings.

The National Center on Dispute Resolution (CADRE) encourages the use of mediation and other collaborative strategies to resolve disagreements. Visit CADRE at [www.directionservice.org/cadre](http://www.directionservice.org/cadre).

**Due Process Complaint**

A due process complaint is a written complaint filed by a parent or a school district involving any issue relating to the identification, evaluation, educational placement, or provision of a FAPE to a student with a disability. Due process complaints must be filed within two years of the issue in dispute, unless the state has set a different time limit.
Resolution Session (Meeting)
The IDEA gives you the opportunity to meet with the school to explain your due process complaint and gives the school the opportunity to resolve your complaint. Within fifteen business days of receiving your petition requesting due process (also known as a complaint notice) a school must hold a resolution session. This session is a meeting involving you, relevant members of your child’s special education team who have specific knowledge of the facts identified in the complaint, and a representative of the school system who has authority to make a decision concerning your complaint. The resolution session must occur unless both you and the school agree, in writing, to waive the resolution session or to participate in mediation instead of the resolution session.

Due Process Hearing
When conferencing and mediation have failed to satisfactorily resolve a disagreement involving your child’s identification, evaluation, placement, IEP, or right to a FAPE, you or the school may request a due process hearing.

State Complaint
A state complaint is a written complaint that can be filed by any organization or individual claiming that a school district within the state has either violated a requirement of Part B of the IDEA (the part that includes all requirements regarding the delivery of special education services) or the state’s special education laws or regulations. State complaints must be filed within one year of the alleged violation.

Independent Education Evaluation
If you disagree with the results of your child’s evaluation, you have the right to request an independent education evaluation (IEE) at public expense. An IEE is an evaluation conducted by a qualified examiner who is not employed by the school responsible for your child’s education. If you ask for an IEE, the school must provide you with, among other things, information about where an IEE may be obtained. Module 2, Special Education, contains a sample Request for Independent Education Evaluation.

The school may grant your request and pay for the IEE, or it may initiate a hearing to show that its own evaluation was appropriate. If the school initiates a hearing and the final decision of the hearing officer is that the school’s evaluation was appropriate, then you still have the right to an IEE but not at public expense. If you obtain an independent evaluation at public or your own expense, the school will consider that evaluation in any decision made concerning your child’s FAPE. However, obtaining an IEE does not mean that the school must make
a decision consistent with the findings of your IEE. The school must consider all available information in making a decision affecting a child’s eligibility, placement, IEP, services, or FAPE.

**Revocation of Consent for Services**

Parents may unilaterally withdraw their children from special education and related services by revoking their consent for the continued provision of all services or of a particular service. Your revocation of consent must be in writing. Discontinuing services is a change in the child’s educational placement. When the school receives the revocation notice, they must notify you in writing before ceasing the provision of special education and related services. The notice will advise you of the following:

- changes in placement and services that will result from the revocation of consent
- whether the school believes that the withdrawal of services is inconsistent with the best interest of the child

*Note: In order to modify the IEP, the special education committee must determine the removal of the service will not inhibit the child’s right to a FAPE. If there is no agreement, the parent may use the due process procedure to seek a different ruling.*

- the date on which the school will terminate the child’s special education and related services
- the child may be disciplined as a general education student and will not be entitled to IDEA discipline protections
- parents maintain the right to subsequently request an initial evaluation to determine if the child has a disability and needs special education and related services; the child will not receive special education and related services until eligibility has been determined
- the school will not challenge, through mediation or a due process hearing, the revocation of consent to the provision of special education or related services

**Helping Your Child Be a Successful Learner**

Children enter school with a natural curiosity for learning and exploring their world. Learning experiences should be meaningful and relevant, helping children make connections between what is being taught and their own life and experiences. You can guide your child in exploring and drawing from educational experiences and applying this knowledge to daily life outside of the classroom.
Take an Active Interest in Your Child’s Daily Life

Your child will be excited when he or she comes home from school each day. Take time to talk with your child about school experiences. Make it obvious that what he or she has to say is important. Ask yourself how you can help your child make these daily activities meaningful. Ask questions about activities and let your child explain what he or she did and how activities were completed. Your enthusiasm and interest will result in a positive attitude towards school.

Review Schoolwork

Your child will be proud of his or her schoolwork. Take time to look at it and to ask questions about how he or she went about completing it. Praise your child and emphasize that he or she should be proud of the work. If the work is unacceptable, guide him or her through considering how to make it better. Let your child know that making mistakes is normal, and that we should learn from our mistakes so that we can do a better job next time. Your child will be thrilled when you display his or her work in your home (e.g., hanging papers on the refrigerator).

Encourage Curiosity and Motivation

Your child will continue to explore the world and will have questions about daily discoveries. Encourage natural curiosity by helping your child find answers to his or her questions. Make learning fun and meaningful. If your child sees purpose in learning, he or she will be more likely to leap ahead and discover new interests.

Promote Understanding

For your child to fully understand the purpose of learning, he or she needs to realize how it applies to his or her own life. Help your child make this connection by providing experiences with clocks, money, calendars, following directions, reading signs or directions, writing short notes or lists, and word games.

Read, read, and read some more each day!

Be Prepared

Children who are organized are better equipped to learn. Develop clear homework habits and provide structure for your child. Set up a daily homework schedule. Be sure the work area is well lit and quiet. Having materials readily available maximizes learning time. Let your child take responsibility for completing homework. If he or she forgets the routine, a reminder is appropriate.
**Teaching Your Child to Self-Advocate**

As a parent you know how important it is to teach your child as much as possible about taking care of him or herself. This may mean teaching personal hygiene, how to safely cross a street, or how to avoid a classmate who always causes trouble. Teaching self-advocacy is not very different. If we expect our children to grow as people, we must give them the chance to speak for themselves and to make their own decisions.

Self-advocacy begins with teaching your child to ask for help and to accept responsibility for his or her own actions. Part of this is being an active participant in planning his or her life. It means helping your child feel confident enough to speak out when something is bothering him or her. This can be practiced at home or at school. Self-advocacy can take many forms, such as explaining to a new teacher the need to tape record the lesson, informing the waiter that he made a mistake on the order, or learning to use public transportation. It can begin with letting your child pay for purchases or plan a birthday party. It is very important for children with disabilities to develop or improve self-advocacy skills because they will need these skills in all life settings.

**Benefits Advocacy**

In addition to military benefits, your child may be eligible for federal and state benefits.

**Supplemental Security Income**

Supplemental Security Income (SSI) is a monthly payment for those with low incomes and few resources who are sixty-five or older, blind, or disabled. Children may qualify. If you think you or your child might qualify, visit your nearest Social Security Office or call the Social Security Administration at (800) 772-1213. If your application is denied, you should consider appealing the decision. Keep in mind that the appeal should be timely, no later than thirty days from the date of the notice, or ten days if you are requesting benefits during the appeal. This is referred to as “aid paid pending.” Be aware that you may be asked to repay the benefits if the outcome is not in your favor. As you move from state to state, keep in mind that eligibility requirements vary.

**Medicaid**

Medicaid pays for health care for some individuals and families with low income and few resources. It is a national program with broad

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_“The reality is that our children are likely to outlive us. If we don’t give them the skills to survive when we are gone, what are we doing?”_  

Heather, mom to two sons, one with Down syndrome and one with learning disabilities, Ft. Lewis, WA
guidelines, but each state sets its own eligibility rules and decides what services to provide. Keep this in mind as you move from state to state. States can also choose to cover other groups of children under the age of nineteen or those who live in higher income families.

Many states qualify children under the Tax Equity and Fiscal Responsibility Act of 1982, also known as the Katie Beckett Waiver or the Home and Community-Based Services (HCBS) Waiver. This allows children to qualify without considering their parents’ income. To find information on Medicaid and Medicaid waivers in your state, visit www.militaryhomefront.dod.mil/tf/efmp/resources.

Military families struggling with the cost of care for a family member with a disability should consider applying for Medicaid and the Home and Community-Based Services Waiver. Benefits may exceed those offered by TRICARE.

**Influencing Public Law**

With day-to-day life as full as it is, keeping track of new and proposed legislation may be low on your list of things to do. You, however, have the power to influence the legislation that will impact your child’s education, health, and quality of life.

What can a busy parent do? The first step is to be informed. Many parents find online discussion boards to be an invaluable resource for both sharing tips on how to get through the day and for becoming informed about public issues that may affect their child. Your state PTI Center can also be a great resource for current information on issues relevant to you and your family.

When an important issue surfaces, a quick phone call or a one-page letter to an elected official is all it takes to express your opinions and concerns. Elected officials pay attention to communications from constituents. Tell your family’s story. If you are sending a letter or an email, include a picture of your family. This will put a face on the issue for your representative who may know the details of the legislation but may need to hear about how it will affect the lives of his or her constituents.

You can share personal stories about what public education and other government services have done for your family. In addition, you can explain your child’s need for additional services and funding.

**For More Information**

Read or download the other modules of this Parent Tool Kit at www.militaryhomefront.dod.mil/tf/efmp/toolbox:

- Module 1, *Birth to Age Three*
- Module 2, *Special Education*
Many parents find discussion boards to be an invaluable resource for both sharing tips on how to get through the day and for becoming informed about public issues that may affect their child.

**Seek Other Parents of Children with Disabilities**

The installation Exceptional Family Member Program (EFMP) can help you find other families who have faced similar challenges. Knowing you are not alone can be a great comfort. Find contact information for your EFMP by visiting MilitaryINSTALLATIONS at www.militaryinstallations.dod.mil.

**HOMEFRONTConnections**

HOMEFRONTConnections, a DoD social networking site, provides a secure place where military family members with special needs can meet and interact online to share experiences, post pictures and videos, write blogs, and create discussion boards. Join an existing group or create your own. Visit HOMEFRONTConnections at https://apps.mhf.dod.mil/homefrontconnections.

**Find Your State Parent Training and Information Center**

Each state is home to at least one PTI Center. They serve families of children and young adults from birth to age twenty-two with all disabilities: physical, cognitive, emotional, and learning. They help families obtain appropriate education and services for their children; work to improve education results for all children; train and inform parents and professionals on a variety of topics; resolve problems between families and schools or other agencies; and connect children with disabilities to community resources that address their needs. For more information, visit www.militaryhomefront.dod.mil/tf/efmp/resources.

**The National Center on Dispute Resolution in Special Education**

The National Center on Dispute Resolution in Special Education uses mediation and other collaborative strategies to resolve disagreements about special education and early intervention programs. To contact CADRE, go to www.directionservice.org/cadre or call (541) 686-5060 or (541)284-4740 (TTY).

**Books**

Military OneSource offers a number of books on advocacy. These books are free and can be accessed through their resource library. For more information, visit Military OneSource at www.militaryonesource.com.
Introduction to Module 6

Life in the military is challenging. When you have a child with special needs it can be even more so. Families in the military have an array of resources available to them, from within and beyond the military community. Help yourself and your family by becoming educated about the support services and resources that are available.

Military Community Resources

**Family Centers**

Family Centers, which are located on military installations, offer a variety of free services and supports designed to assist service members and families with the unique challenges of military life. Services may vary according to the installation’s size and mission. Services offered may include the following:

- relocation counseling and lending lockers
- information and referral services
- employment workshops
- volunteer coordination
- parenting classes
- individual and family counseling
- personal financial management
- spouse education and support programs
- deployment support
- family life education and workshops
- exceptional family member support

The Exceptional Family Member Program (EFMP) offers information about local organizations, support groups, referrals, resource assistance, and non-clinical case management services for families with multiple, complex needs. For more information about the EFMP, refer to Module 4, *Families in Transition*. To find your nearest installation EFMP, visit www.militaryinstallations.dod.mil.
There are resources and referrals available from the Child Development Center to help parents find child care when arrangements cannot be met on the installation.

New Parent Support Program

The New Parent Support Program (NPSP) assists expectant and new parents who are feeling challenged by the transition into parenthood and may need additional support. Services are matched to the individual family’s needs and may include home visits, education, counseling, and referrals to other resources on and off the installation, including special needs organizations. The NPSP is offered at all installations where there are command-sponsored families, but services may vary depending on the location. Many NPSPs offer classes on newborn baby care and positive parenting/behavior management for both moms and dads. Educational materials, such as books and pamphlets, are often available and some programs may also have a lending library of various parenting and family life media. For more information, contact your installation Family Center or military treatment facility (MTF).

Family Advocacy Program

The military community is not immune to personal or family issues. These concerns can range from minor stressors and challenges related to the unique demands of military life to major difficulties that may place a family at risk for domestic abuse or child abuse and neglect. Services and supports are available to assist with these issues. The Family Advocacy Program (FAP) sponsors activities and services including public awareness briefings, individual and couples counseling, crisis intervention, victim advocacy, support groups, and stress management and other well-being workshops. FAP services may be found at MTF or installation Family Centers.

Child, Youth, and Teen Programs

Military families face shifting work schedules that are often longer than the typical eight-hour day and must be ready to deploy worldwide at a moment’s notice. These challenges, coupled with caring for a child with special needs, can possibly make finding quality child care very difficult. The Department of Defense (DoD) child development system is flexible, yet maintains high standards, and includes the following services:

- Child Development Centers (CDC) provide care for children six weeks to twelve years of age. Some of the Services have inclusion teams to determine the appropriate accommodations and services for your child, and help

**did you know?**

When you receive orders to a new duty station, you can request and be assigned a sponsor before you move. Ask your installation Exceptional Family Member Program at your new duty station for a sponsoring family with similar special needs.
ensure that your child’s needs can be met in the daycare setting. To locate the nearest CDC, visit MilitaryINSTALLATIONS at www.militaryinstallations.dod.mil.

- Family child care homes providing services on the installation are certified by the military child development program. These providers deliver critical services to service members on shift work, working extended hours or weekends, and for those who prefer a home-based environment for their children. A family child care home may be the best option for a child with special needs who needs the consistency of a single caregiver.

- Family Centers offer an array of programs that will help your child become involved and make friends. Installations often offer sports leagues and a center where your child can play ping-pong, video games, or other recreational activities.

- Several installations offer special needs camps and activities. For example, Camp Lejeune offers Camp Special Time several weekends a year, giving parents some well-deserved time off. Fort Campbell offers Camp We Can. Visit your installation Family Center and ask about camps available at your installation or in your community.

**School Liaison**

School Liaisons network, educate, and work in partnership with local schools to advise military parents of school-aged children on educational issues and needs. The School Liaison may also assist in solving education-related problems. The goals of the program are to identify barriers to academic success and develop solutions; promote parental involvement in their children’s education; develop and coordinate partnerships in education; provide parents with the tools they need to overcome obstacles to education that stem from the military lifestyle; and to promote and educate local communities and schools regarding the needs of military children. To locate your installation School Liaison, visit www.militaryinstallations.dod.mil.

**Relief Societies**

Military communities pride themselves on taking care of their own. Relief societies exist to help families with unexpected problems or financial emergencies. Relief societies provide assistance for the following needs:

- emergency transportation
- funeral expenses
- disaster relief assistance
- child care expenses
- essential vehicle repairs
- unforeseen family emergencies
- food, rent, and utilities
- medical/dental bills (patient’s share)
Each Military Service is supported by a private nonprofit charitable organization which provides emergency financial assistance to active and retired service members and their families:

- **Army Emergency Relief Society**  
  [www.aerhq.org](http://www.aerhq.org)  
  (866) 878-6378

- **Navy-Marine Corps Relief Society**  
  [www.nmcrs.org/intfreeloan.html](http://www.nmcrs.org/intfreeloan.html)  
  (703) 696-4904

- **Air Force Aid Society**  
  [www.afas.org](http://www.afas.org)  
  (800) 769-8951

**Service-sponsored Websites**

Each Service sponsors a website that provides information on military family quality of life programs. These websites also provide news articles, information related to the military lifestyle, and online tutorials:

- **Army OneSource**  
  [www.myarmyonesource.com](http://www.myarmyonesource.com)

- **Marine Corps Community Services**  
  [www.usmc-mccs.org](http://www.usmc-mccs.org)

- **Fleet and Family Support Program**  
  [www.cnic.navy.mil/CNIC_HQ_Site](http://www.cnic.navy.mil/CNIC_HQ_Site)

- **Air Force Community**  
  [www.afcommunity.af.mil](http://www.afcommunity.af.mil)

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**Did you know?**

Military OneSource is available to you twenty-four hours a day.
- From the United States  
  (800) 342-9647
- International Toll Free  
  (800) 342-9647
- International Collect  
  (484) 530-5908
Additional Military Resources

MilitaryHOMEFRONT’s Special Needs/Exceptional Family Member Program Section

MilitaryHOMEFRONT’s Special Needs/EFMP section is the DoD’s official website to help service members and their family members who have special needs. This site is packed with information on benefits, allowances, and eligibility, and on military and civilian resources. Visit www.militaryhomefront.dod.mil/tf/efmp/resources to find resources to support the following:

- child care
- counseling
- deployment
- education for family members
- legal assistance
- moving and relocation
- new parent support
- personal financial management
- spouse employment
- transition assistance

Military OneSource

Military OneSource provides information, referrals, and assistance to the military community. Accessed by telephone or the Internet, Military OneSource provides special needs consultations, research, resources, and materials intended to enhance current military services available to families with special needs.

A Military Education Specialist is available to assist you with issues related to educating your children. Services are provided on a scheduled appointment basis via telephone and are focused on children with special needs, ages birth to twenty-one. Specialty services can be accessed through the main telephone number for Military OneSource. All services are free of charge. For more information, visit Military OneSource at www.militaryonesource.com.

Military Youth on the Move

Military Youth on the Move reaches out to youth with creative ways to cope with issues that arise in the face of a move, such as transitioning to a new school, saying goodbye to friends, and getting involved in a new community. The website is divided into three primary target audiences: elementary school, middle school, and high school. It also includes information specifically

“The Military OneSource consultant spoke to me calmly and with a good sense of humor, and helped me find my sense of humor. If it weren’t for them, I probably would still be stressing.”

Navy parent of child with behavioral challenges.
designed to help parents help their children navigate challenges such as a move, a new school, or making decisions about life after high school. Visit Military Youth on the Move at http://apps.mhf.dod.mil/myom.

**Plan My Move**

Plan My Move is a set of online organizational tools designed to make frequent moves easier and less disruptive for service members and families. Available tools include a customizable calendar, to-do lists, departure and arrival checklists, installation overviews, and installation-specific information on a number of topics, such as education, transportation, child care, and employment. To use this tool visit MilitaryHOMEFRONT at www.militaryhomefront.dod.mil/tf/movingandrelocation.

**MilitaryINSTALLATIONS**

MilitaryINSTALLATIONS is the DoD’s official source for installation and state resources available to service members and their families. Here, you can find articles, photos, major unit listings and contacts for programs and services worldwide. Visit MilitaryINSTALLATIONS at www.militaryinstallations.dod.mil.

**TRICARE®**

TRICARE offers several programs to assist families with special needs. Extended Health Care Option (ECHO) offers services, equipment, or supplies beyond those available through TRICARE Prime, Extra, or Standard. ECHO Home Health Care (EHHC) is also available. EHHC provides homebound family members with intensive home health care services. For more information, go to www.tricare.mil or see Module 3, *TRICARE® Health Benefits*.

**Federal, State, and Community Resources**

**The American Red Cross**

Today’s American Red Cross is keeping pace with the changing military. The American Red Cross sends communications on behalf of family members, who are facing emergencies or other important events, to members of the Military Services serving all over the world. Active duty and community-based military can count on the American Red Cross to provide access to financial assistance, counseling and assistance to veterans, and emergency communications that link them with their families back home. Contact the American Red Cross at www.redcross.org or (202) 303-4498.

**Disability.gov**

This website connects people with disabilities to the information and resources needed to pursue their personal and professional ambitions. Individuals with
disabilities can look here for information about travel, work place support, and fair housing.

**The National Center on Dispute Resolution in Special Education**

The National Center on Dispute Resolution in Special Education (CADRE) encourages using mediation and other collaborative strategies to resolve disagreements about special education and early intervention programs. The CADRE also offers a spectrum of services including promoting ways to prevent conflict and help with early dispute assistance, education about conflict resolution options, mediation, resolution sessions, and due process hearings. To contact CADRE, visit [www.directionservice.org/cadre](http://www.directionservice.org/cadre), call (541) 686-5060 or (541) 284-4740 (TTY), or fax to (541) 686-5063.

**The Supplemental Nutrition Assistance Program and Family Subsistence Supplemental Allowance**

The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, is a federally funded, state-administered cash benefit program. This program enables low-income families to buy nutritious food with Electronic Benefits Transfer cards. SNAP recipients spend their benefits to buy eligible food in authorized retail food stores, including the commissary.

The SNAP is not available for military families stationed overseas; however, service members and their families can apply for Family Subsistence Supplemental Allowance (FSSA). FSSA is a DoD program intended to replace the family’s need for SNAP benefits by increasing a service member’s Basic Allowance for Subsistence. Although this allowance targets SNAP families, all service members and their families living overseas and stateside may apply. The FSSA program is based on household income and family size. Nothing in the law prohibits service members from receiving both FSSA and SNAP benefits at the same time; however, SNAP will count any FSSA benefits as income when determining eligibility and allotment amounts. For more information, visit [www.militaryhomefront.dod.mil/tf/efmp](http://www.militaryhomefront.dod.mil/tf/efmp).

**Medicaid**

Medicaid is a program that pays for health care for some individuals and families with low income and
few resources. Medicaid is a national program with broad guidelines, but each state sets its own eligibility rules and decides what services to provide. This is something to remember when moving from state to state. In most states, children who qualify for Supplemental Security Income (SSI) will also qualify for Medicaid. States can also choose to cover other groups of children under the age of nineteen or those who live in higher income families.

Many states qualify children through programs that allow children with special needs to qualify without considering their parent’s income. To find information on Medicaid and Medicaid waivers in your state visit www.militaryhomefront.dod.mil/tf/efmp/benefits. Click on “Federal” for information on Medicaid.

**Medicaid Waivers**

Under Medicaid, the Department of Health and Human Services can waive certain federal statutory and regulatory requirements to allow states to adopt special “waiver” programs, allowing states to offer home and community-based services. These are known as “waiver programs.” There are three types of waivers:

- freedom of choice
- home and community-based
- demonstration

Home and Community-Based Services (HCBS) waivers are those most commonly sought after by military families. These waiver programs enable eligible individuals to live, work, and participate in communities of their choice, avoid institutionalization, and direct some of their services. Although a person with a disability may be eligible, the person may not receive services immediately. In fact, the majority of states have waiting lists because the demand for services exceeds state and federal funding levels. States are not limited in the number of Medicaid waivers services they provide. HCBS waiver programs typically cover a broad range of services, to include the following:

- personal care and assistance — activities of daily living, such as bathing, toileting, maintaining continence, light housework, laundry, transportation, and money management
- health-related services — skilled and unskilled nursing services, such as tube feeding, catheterization, and range of motion exercises

**STOMP**

STOMP offers workshops addressing an array of topics. Contact them at www.stompproject.org or (800) 5-PARENT (V/TTY).
specialty services — assistive technology, medical equipment and supplies, prevocational services, educational services, and supported employment services

adaptive services — home modifications including ramps, widening doorways, retrofitting bathrooms and kitchens, and vehicle modifications, such as steering and pedal adaptations

family and caregiver supports — respite services, training for caregivers, and home health services

social supports — support which enables the individual with a disability to take part in family and community activities

case management and service coordination — access to, and coordination of services and supports within and across public and private agencies

If you are receiving Medicaid waiver services, do your research before you relocate to see if there is a waiting list for waiver services and how the services differ from state to state. You can do this by calling Military OneSource and speaking with a Special Needs Specialty Consultant or connecting with other parents or disability organizations in the state you are moving to.

**Medicare**

Medicare is a basic health insurance program for Americans over the age of sixty-five and for those with disabilities. Qualification for Medicare is based on the Medicare tax paid through employment; however, a worker’s spouse, minor children, and adult children with disabilities may also qualify. To learn more, visit www.militaryhomefront.dod.mil/tf/efmp/benefits then click on “Federal” for information on Medicare.

**The National Center on Education, Disability, and Juvenile Justice**

The National Center on Education, Disability, and Juvenile Justice (EDJJ) is concerned by the number of youth with disabilities at risk for contact with the courts or already involved in the juvenile delinquency system. EDJJ provides assistance, conducts research, and disseminates resources in three areas: prevention of school failure and delinquency, education and special education for detained and committed youth, and transition services for youth returning to schools and communities. For more information, visit www.edjj.org or call (301) 405-6462.
The National Dissemination Center for Children with Disabilities

The National Dissemination Center for Children with Disabilities (NICHCY) is funded by the Department of Education and offers a wealth of information in both English and Spanish. The NICHCY serves as a central source of information on the following:

- disabilities in infants, toddlers, children, and youth
- the Individuals with Disabilities Education Act (IDEA), which is the law authorizing special education
- the No Child Left Behind Act (as it relates to children with disabilities)
- research-based information on effective educational practices

The center is a valuable resource for all parents of children with special needs and is linked to the BrowseAloud text reader. This means all the information on this site can be read to you. For more information, visit www.nichcy.org.

Specialized Training of Military Parents

The Specialized Training for Military Parents (STOMP) Project is a Parent Training and Information (PTI) Center funded by the Department of Education and dedicated to educating and training military parents of children who have special education or health care needs. STOMP assists military families by providing information, support, and advice.

Supplemental Security Income

SSI is a federal supplement program that can provide a monthly payment to those with low incomes and few resources who are sixty-five or older, blind, or disabled. Children may qualify. If you think you or your child might qualify, visit the nearest Social Security Administration Office or call (800) 772-1213.

Women, Infants and Children

Women, Infants, and Children (WIC) offers nutritional help to women and children who are low-income and nutritionally at risk. This includes women who are pregnant, postpartum, or breast-feeding and infants and children up to their fifth birthday. WIC provides nutrition education, nutritious foods, and screening and referrals to other health, welfare, and social services.

Service members living overseas may be eligible to participate in the WIC Overseas program. For more information about this program, visit www.tricare.mil/mybenefit/home/overview/SpecialPrograms/WICOverses.