SUPPORT GROUPS

The Youth Transition Specialist and the District 186 Parent Mentor, Ms. Mary Wyman, continue to host the Support Groups for Teens/Young Adults and Parent 2 Parent (P2P), which are sponsored jointly by SCIL and District 186. With input from parents, the Springfield Center for Independent Living (SCIL) and District 186, we are here to address topics that are of interest to every teen/young adult with disabilities and their parents in Springfield and area wide school districts. Future topics will be determined by those teens/young adults and parents who attended the previous month’s meetings.

The Teen/Young Adult Support group continues to be for any teen/young adult with a disability between the ages of 14-21. P2P will be part of this support group meeting and is for any parent who has a student with a disability in Springfield and surrounding area school districts. These meetings are a good way to socialize, develop new friendships, share stories and connect with others. Meetings are for any teens/young adults and parents; family members interested in learning more are always welcome to attend. Light refreshments and child care will be provided (from 6:00 to 7:30 p.m.). Please watch your mail for announcements of the topics for future support group meetings.

Meetings will be conducted on the second Tuesday of each month at the Lawrence Adult Education Center from 6:00 to 7:30, unless otherwise announced. The next meeting is scheduled for October 14, 2014 at the Lawrence Adult Education Center located at 101 E. Laurel in Springfield.

Please contact Carolyn Thorpe, SCIL Youth Transition Specialist, at 523-2587 v/tty, or Mary Wyman, District 186 Parent Mentor, at 525-3060, at least two days in advance before attending any meetings so adequate refreshments can be provided. The next meetings are scheduled for November 11, 2014 and December 9, 2014. If you have any questions, please contact Carolyn at 523-2587 v/tty. I look forward to welcoming returning and new parents and teens to this group!

SCIL will be closed on the following dates:
October 13, 2014 for Columbus Day
November 11, 2014 for Veterans Day
November 27 & 28 for Thanksgiving
December 24 – January 1, 2015 for Holiday break
EDUCATIONAL WORKSHOP

The next free educational workshop will be conducted on Tuesday, October 21, 2014 from 6:30-8:30 p.m. at SCIL. The presenter, Ms. Stacy Yusim, Training Manager with Equip for Equality, Chicago office, will present the topic, “You Be the Guide.” This workshop, geared for high school students and their families, targets goals that teens want or need to work on before or after they exit high school. Other family members are also encouraged to attend this workshop. Activities include brainstorming and identifying strengths, defining career interests and work environments and prioritizing goals. Light refreshments will be provided. Please note that child care is not available. To register, call or e-mail Carolyn at 523-2587 v/tty or at cthorpe@scil.org. Please watch your mail for more information about this workshop.

SPECIAL EDUCATION ACRONYMS & DEFINITIONS A-P

This is the first of a two-part series on Special Education Acronyms and Definitions. As you participate in the special education process, you may encounter unfamiliar language and acronyms used by school staff members. During the IEP meeting, it is often presumed that everyone is familiar with the acronyms and their meanings. If you are at a meeting and do not understand these acronyms, you may need to ask, “What does that term mean?” The following acronyms and terms come from the booklet, 'An Educator and Parent Primer on Special Education Acronyms, Abbreviations and Definitions'. You may want to become familiar with these terms before attending your next IEP meeting.

ADA
American with Disabilities Act: A civil rights law that prohibits discrimination against persons with disabilities in the areas of accessibility, employment, public services, public accommodations, transportation, and communication.

ADD
Attention Deficit Disorder: A neurobiological disorder. Typically, children with ADD have developmentally inappropriate behavior, including poor attention skills and impulsivity. Those with Attention Deficit Hyperactivity Disorder have the same characteristics except that this has the hyperactivity component. These characteristics arise in early childhood, typically before age seven, are chronic, and last at least six months. Children with ADD may also experience difficulty in the areas of social skills and self-esteem.

APE
Adapted Physical Education: A component of the educational curriculum in which physical, recreational and other therapists work with children who exhibit delays in motor development and perceptual motor skills. It is a related service some children might need in addition to, or in place of, physical education.
**AT**  *Assistive Technology:* Any item, pieces of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. Public schools are required to consider the AT needs of students with disabilities.

**AYP**  *Adequate Yearly Progress:* The degree of progress for children in academic areas established by the State Education Agency.

**BA**  *Behavioral Assessment:* Gathering (through direct observation and by parent report) and analyzing information about a child’s behavior. The information may be used to plan ways to help the child change unwanted behaviors. Observations include when a behavior occurs as well as the frequency and duration of the behavior.

**BD**  *Behavior Disorders:* A term used by some States for children who exhibit difficulties with social interactions and inappropriate behavior that interferes with learning.

**BIP**  *Behavior Intervention Plan:* A plan that is put in place to teach a child proper behavior and social skills. It should be positive in nature, not punitive.

**CD**  *Cognitive Delay:* A disability where a child’s intellectual and adaptive behavior is below average and impacts the child’s education.

**CP**  *Cerebral Palsy:* CP is a disorder of movement and posture control resulting from non-progressive damage to the brain during fetal life, the newborn period or early childhood. Both genetic and acquired factors may be involved. It may be caused by a lack of normal fetal brain development or by injury to the brain. The extent and location of the brain damage determine the type of cerebral palsy and the associated symptoms.

**COTA**  *Certified Occupational Therapist Assistant:* An individual who has received special training and instruction in the area of occupational therapy.

**DD**  *Developmental Disability:* Any physical or mental condition that begins before the age of 18 years, causes the child to acquire skills at a slower rate than his/her peers, is expected to continue indefinitely, and impairs the child’s ability to function in society.

**ED**  *Emotional Disturbance:* A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance.
A) An inability to learn that cannot be explained by intellectual, sensory, or health factors;
B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
C) Inappropriate types of behaviors or feelings under normal circumstances;
D) A tendency to develop general pervasive mood of unhappiness or depression;
E) A tendency to develop physical symptoms or fears associated with personal or school problems.

**ESY**  
*Extended School Year.* The delivery of special education and related services during the summer vacation or other extended periods when school is not in session. The purpose for ESY is to prevent a child with a disability from losing previously learned skills. The IEP team must consider the need for ESY at each meeting and must describe those services specifically with goals and objectives. Not all special education students require an ESY. ESY services must be individually developed to meet the child’s unique needs.

**FAPE**  
*Free Appropriate Public Education.* An individualized educational program that is designed to meet the child’s unique needs and from which the child receives educational benefit.

**FBA**  
*Functional Behavioral Assessment.* A process that examines why a child behaves the way he or she does, given the nature of the child, and what is happening in the environment. It is a process for collecting data to determine the possible causes of problem behaviors and to identify strategies to address the behaviors.

**FERPA**  
*Family Education Rights and Privacy Act.* A federal law that protects the privacy and transfer of student education records.

**IDEA**  
*Individuals with Disabilities Education Act.* The federal law that provides the legal authority for early intervention and special educational services for children birth to age 21. Part B outlines services for children ages three to 21. Part C outlines services for children birth to age three.

**IEE**  
*Individual Education Evaluation.* An evaluation conducted by a qualified examiner, who is not employed by the school district, responsible for the education of a child.

**IEP**  
*Individual Education Program.* A written statement of a child’s current level of educational performance and an individualized plan of instruction, including the goals, specific services to be received, the staff who will carry out the services, the standards and timelines for
evaluating progress and the amount and degree to which the child will participate with typically developing peers (Inclusion/Least Restrictive Environment). The IEP is developed by the child’s parent and the professionals who evaluated the child and/or are providing the services. It is required by the IDEA for all children eligible for special education.

**IQ**  
*Intelligence Quotient*: The score of an intelligence test that is a form of psychological testing of an individual’s capacity to learn and deal effectively with his/her environment.

**LD**  
*Learning Disability*: A disorder ion one or more of the basic psychological processes involved in understanding or using spoken or written language that may manifest itself in an imperfect ability to listen, think, speak, read, write or spell or to do mathematical calculations.

**LEA**  
*Local Education Agency*: The public schools operating in accordance with statutes, regulations, and policies of the State Department of Education.

**LRE**  
*Least Restrictive Environment*: The placement for children with disabilities that is, to the maximum extent appropriate, including children in public or private institutions or other care facilities, where they are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with supplementary aids and services cannot be achieved satisfactorily.

**ODD**  
*Oppositional Defiant Disorder*: Children who exhibit defiant and anti-social behaviors over a long period of time and environment.

**OHI**  
*Other Health Impaired*: An educational classification that describes students who have chronic or acute health problems that cause limited strength, vitality or alertness that adversely affects a child’s educational performance.

**OT**  
*Occupational Therapist*: A professional who provides therapy services based on engagement in meaningful activities of daily life such as self-care skills, education, recreation, work or social interaction.

**PART B:**  
The section of the federal special education regulations that addresses school-aged children with disabilities.
PART C: The section of the federal special education regulations that addresses children birth through two years.

PDD-NOS Pervasive Developmental Disorder-Not Otherwise Specified: Refers to the overall category of PDD-NOS that includes autism, Rett Syndrome, Asperger’s Syndrome and Childhood Disintegrative Disorder.

PLOP Present Levels of Performance: Statements written in the IEP that accurately describe the student’s strengths, weaknesses and learning styles.

PT Physical Therapist: A professional who is devoted to improving a person's physical abilities through activities that strengthen muscular control and motor coordination.

PTIC Parent Training and Information Center: Each state has a Parent Training and Information Center to assist parents of children with disabilities to become more knowledgeable about special education and their child's disability. The local PTIC is Family Matters PTIC located in Effingham, IL. FMPTIC can be contacted at 1-866-436-7842 or at their website, www.fmptic.org/

PWN Prior Written Notice: PWN must inform parents of their rights. It is a form that the school must use to tell parents why they're doing what they're doing or why they're not doing what they're not doing – and must tell parents in writing.

HONEST ABE CARE FEST 2015

A care fest is an intensive one-week event where approximately 400 volunteers from around the country will form workcamps and assist qualified homeowners with needed home repairs. A single workcamp, made up of approximately five young adults and one adult leader, will perform hands-on home repair projects for the elderly, low-income and families with disabilities. All labor and materials are free to qualified/selected applicants. Home repair projects may include porch repair/construction, step repair, exterior and interior painting, weatherization, wheelchair ramp repair/construction and mobile home skirting. A care fest is scheduled to be in Springfield during the week of July 12, 2015. To learn more information about this or to complete an application, call 585-7800 or visit www.honestabecarefest.com/.

“The real secret of success is enthusiasm.”
~ Walter Chrysler, founder of the Chrysler Corporation
HOW A BILL BECOMES LAW IN ILLINOIS

1. **Bill Drafted**: When a lawmaker has an idea for a bill, often at the suggestion of a constituent, he or she passes the information on to the Legislative Reference Bureau to be written in proper technical form.

2. **Bill Introduced**: Every bill must be read in front of the legislative body on three separate occasions before it can be passed. When the bill is first filed with the Clerk, it is assigned a bill number and read before the body for the first time.

3. **Referred to Committee**: The Rules Committee, made up of three members from the majority party and two from the minority party, refers the bill to the appropriate committee for review.

4. **Committee Hearing**: The bill’s sponsor explains the legislation to committee members, who can then ask questions. Lobbyists, representatives of concerned groups and members of the public can voice support or opposition. Only if a majority of the committee votes in favor of the bill is it considered before the entire chamber.

5. **Second Reading**: The bill is read for a second time before the full legislative body. Changes, or “amendments”, can still be proposed at this stage.

6. **Third Reading**: The bill is read for a third and final time before the full chamber. After the sponsor explains the bill, members of the chamber can ask questions. When debate is completed, the chamber votes on the bill. A simple majority is needed - 60 in the House, 30 in the Senate - for the bill to pass. Bills that are approved on Third Reading move over to the other chamber where they go through the same process.

7. **Second Chamber**: If the second chamber approves the bill as it is written, it is sent directly to the Governor. If a bill is amended in the second chamber and then passed, it must return to the chamber in which it originated so the members can vote to “concur”, or agree with the change. If the vote to concur is successful, the bill is sent to the Governor.

8. **Governor’s Action**: The Governor may sign the bill into law, veto it with recommendations for changes, or veto it absolutely.

9. **New Law**: The bill becomes law when the Governor signs it. If a bill is vetoed, it can become law if both chambers of the General Assembly vote by two-third (2/3) majorities to override the Governor’s veto.

To reduce costs, SCIL would like to send all newsletters via e-mail. Please e-mail me at cthorpe@scil.org if you would like to receive this newsletter via e-mail.

Inside this Newsletter:

- Support Groups
- Educational Workshop
- Special Education Acronyms & Definitions A-P
- Honest Abe Care Fest 2015
- How A Bill Becomes Law in Illinois

If you have any questions or need this newsletter in an alternative format - Braille, large print, or audio-cassette - please call Carolyn at 523-2587 v/tty.

SCIL provides the following services:

- Independent Living Skills Training
- Personal Assistant Services
- Volunteer Opportunities
- Information & Referral
- Employment Resources
- Reintegration Services
- Access Coordination
- Youth Transition
- Support Groups
- Peer Counseling
- & Advocacy

SCIL does not discriminate against anyone on the basis of disability, race, age, sex, religion, national origin, marital status, sexual orientation, or veteran status.