



# CAPHI NEWSLETTER

California Association for Physical and Health Impairments

Editor: Sherwood J. Best

## ***Reflections on the CAPHI Conference: People Helping Individuals with Physical & Health Impairments***

Although February 18 was a rainy day, the CAPHI State Conference, People Helping Individuals with Physical & Health Impairments (PHI-PHI) got off to a great start with keynote speaker Dr. Ronald C. Savage. Dr. Savage is a renowned author and educator in the field of pediatric acquired/traumatic brain injury and ABI/TBI was the focus of the conference this year. He eloquently addressed *ABI-The Scope of the Issue*, as well as *Appropriate Individual Assessments for Students with ABI* with newly elected CAPHI president, Sharon Grandinette. Sharon also presented on *Educational Planning for Students with ABI*. A team from San Diego USD shared *Beyond School Re-Entry for Students with ABI*, and how their district has stepped up to the challenge to be the first district in the state to develop their own brain injury services program.

Saturday morning began with some wonderful guests: two young adults with disabilities from ExBound, a new social club in the Torrance/Long Beach area for individuals with disabilities, who performed songs for the CAPHI audience. Mike Steiner, a Life Care/Social Skills coach and the founder of ExBound, shared the mission statement and purpose of ExBound. Marc Mortimer, an individual with cerebral palsy, brought the audience to tears as he described what life has been like for him since leaving the safety and community of a school setting over 20 years ago and what life could have been like for him if a club like ExBound had been available to him as he transitioned from high school to the adult world. Mary Ann Abbott, CAPHI's resident AAC specialist and CAPHI Vice-President, presented *AT for Students with ABI and/or Multiple Disabilities*, and had a table full of great adaptive devices and AAC equipment that can be easily made with items found in the home and hardware store. Cheryl Wilkinson, RN, presented an informative program that focused on *Palliative Care for Students with Terminal Illness*, and our own Dr. Best shared *IDEA 2004, A Look to the Future*, to prepare us for the changes that took effect on July 1, 2005.

*Conference*, continued on page 2

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### Editor's Notes...

Sherwood J. Best

Welcome back to a new academic year and the fall edition of the *CAPHI Newsletter*! In her President's Message, Sharon Grandinette's described lots of activities and plans for professional growth and leadership. Contact Sharon if you are interested in working on any of the upcoming CAPHI projects.

Watch your land and email for registration materials for two CAPHI co-sponsored workshops on palliative care. Cheryl Wilkinson, CAPHI Hospital liaison, will conduct a Southern California workshop in February of 2006, and a Northern California workshop in March of 2006.

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*Conference*, continued from page 2

Most exciting were the luncheon guest speakers. Denise Sherer Jacobson, her husband Neil, and their son David talked about being a family. Denise is the author of *The Question of David*, in which she shares the story of how she and her husband, both physically disabled with cerebral palsy, struggled to adopt and raise their son David. Their most moving presentation and captivating book is a story all should read. It is available for purchase at Lash and Associates at: [www.lapublishing.com](http://www.lapublishing.com).

A good deal of networking went on and a raffle with great prizes provided closure for the conference. Members elected new officers and held an open forum where participants provided suggestions for the future of CAPHI. Sherry Best was recognized for her incredible contributions to the organization as she stepped down from her role as CAPHI President, including the organization of this wonderful and informative conference.

The faculty and staff at Fresno Pacific University provided a perfect room for CAPHI activities. They catered wonderful continental breakfasts and buffet lunches, assisted with local arrangements for overnight conference attendees, and were always available for assistance. Many thanks!

What is the value of the CAPHI conference? Is it the presentations? Is it the opportunity to meet other professionals who have similar interests in educating individuals with physical and health impairments? Is it the validation that comes from knowing that educators and related services professionals can make a difference as advocates and educators? What does CAPHI mean to you?



## President's Message

Sharon Grandinette, M.S.

I am delighted and honored to have been voted in as the new President of CAPHI for the 2005-2007 term. I believe that my over 25 years of working in the field of Special Education in both public and non-public schools as a classroom teacher, Program Specialist and Special Education Administrator, as well as serving as an adjunct instructor in the special education credentialing programs at both California State University Dominguez Hills and California State University, Los Angeles have allowed me to develop the necessary skills to carry out the duties this office requires. I am excited about the many innovative ideas CAPHI members have already shared to increase our organization's membership and expand the services CAPHI can offer to its members and to individuals with physical and health impairments.

CAPHI members also elected new officers who will also play an integral part in its advancement during the next two years. Please welcome Mary Ann Abbott as Vice President, Bradley Gammon as Secretary, and Jocelyn Gadiant as Treasurer. We owe them sincere thanks for giving their time and energy to the task of CAPHI leadership.

In February, CAPHI held its state conference at Fresno Pacific University, and it was a resounding success. Please refer to *Reflections on the CAPHI Conference* article on pages 1 & 2 for all of the details. At the conclusion of the conference, CAPHI held a member meeting to discuss future directions for the organization, and some ambitious ideas were shared. The Executive Committee met over the summer and agreed to plan and implement many of those ideas during my term as president. Some of the suggestions include:

- Writing and presenting CAPHI position papers on pertinent topics to school districts/SELPA Directors, legislators and relevant organizations. This activity will move CAPHI into a more visible position of educational advocacy.
- Filing for 501(c) 3 status to become a nonprofit organization. This will allow CAPHI to accept tax deductible donations.
- Improving/expanding the CAPHI website.
- Increasing membership by:
  1. Recruiting teachers who are working on or currently hold Moderate/Severe credentials. Many educate students with physical/health disabilities in their classrooms, yet their credential programs do not address students' needs.
  2. Recruiting SELPA Directors, Directors of Special Education and those who service our students in the DIS/related services arena
  3. Recruiting parents, consumers, and medical professionals.

*President's Message*, cont'n on page 3

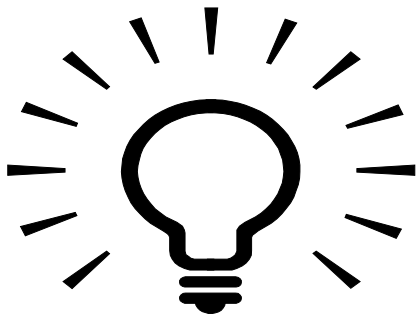
*President's Message*, con't from page 2

- Developing an e-mail tree
- Offering the *CAPHI Newsletter* either via e-mail or mailed hard copy.
- Developing a color tri-fold CAPHI pamphlet.
- Developing tip sheets for teachers.
- Expand the newsletter to include guest contributors in the DIS/Related Services fields.

Many ideas were also shared regarding topics for the 2007 CAPHI Conference. They included addressing social skills, legal issues, and AAC. Please refer to the Editor's Notes for ideas regarding CAPHI-sponsored workshops.

There is so much to achieve during this 2-year term of office, but I have confidence in the Executive Committee as well as the CAPHI members that together we will accomplish the above list and even more. Outgoing President, Dr. Sherry Best, is a tough act to follow, but I will try my best to follow in her footsteps and move CAPHI to the next level.

Sharon Grandinette, President



Refer a new member to CAPHI and get a free one-year CAPHI membership! Contact Sherry Best for details at [sbest@calstatela.edu](mailto:sbest@calstatela.edu).

*Editor's Notes*, continued from page 1

Two feature articles are contained in this edition of the *CAPHI Newsletter*. Sharon Grandinette discusses school reintegration following hospitalization, with many ideas for creating a smooth school transition for students. CAPHI officers are working on a publication can help you to develop and/or update school reintegration policy and procedures in your district or SELPA. The second feature article was originally developed for the Division for Physical and Health Disabilities for the Council for Exceptional Children. Appropriate teacher credentialing continues to be a critical issue in the field, at both state and national levels. CAPHI officers have identified professional advocacy as an area for development in upcoming months. Please contact either Sherry Best or Sharon Grandinette if you have a professional advocacy need regarding credentialing.

Check out the upcoming conferences on page 6 and visit the web sites described on page 9. Each edition of the *CAPHI Newsletter* will contain new web sites to explore. Finally, CAPHI has a re-designed membership form. If you have not received a membership reminder in a separate mailing, your membership status is current. Detach this form and share it with a colleague. Every current CAPHI member who brings in a new member to our organization will receive free membership for one year! That's hard to beat!

Let CAPHI work for you, and do some work for CAPHI! Services for individuals with physical and health impairments will remain strong in California if teachers, administrators, and university faculty commit their energy and efforts to this population.



**CAPHI to Co-sponsor  
Upcoming Workshop on  
Pediatric Palliative Care  
Cheryl Wilkinson, Outpatient  
Cancer Institute, Children's  
Hospital, Orange County**

Why should special educators know about palliative care? If you work with children with physical and health impairments, there is always the possibility that you could lose a student to their disease process. So, the answer to this query is all professionals who work with children with physical and health impairments should have a background that prepares them for this potential outcome.

You develop relationships, not only with your students, but also with their parents and entire family circle. As a trusted resource to that family group, you are in a unique position to provide support prior to, and after, the death of one of your students. This is a challenging dilemma for teachers and families alike, because it's hard to know what to do, when to do it, and how to do it to be of greatest support at a difficult time.

*Palliative Care*, continued on page 5

# School Reintegration Following Hospitalization

Sharon Grandinette, M.S.

“He was just a typical student at the local school, then he...”

- ... was paralyzed after a surfing accident
- ... was diagnosed with cancer
- ... was in an accident and suffered a brain injury
- ... contracted encephalitis
- ... was a near drowning victim
- ... needed heart surgery
- ... was shot in the neck

For many families, sending their child back to school following a medical illness or injury can be difficult. In a number of cases, the student may have received home/hospital instruction, and parents felt comfortable because they knew their child was supervised by medical personnel or, had their child at home where they were safe. The thought of having them return to school can, in many cases, cause anxiety in the parent, the student and the school staff who will be working with him. Too often, students are left on home instruction for extended periods of time due to parent anxiety, student reluctance and/or a lack of planning and training for the school staff. In short, there is no plan for school reintegration.

All too often, school re-entry is a bumpy process using the “drop and pray” method. While not all medical illnesses/injuries or conditions require hospitalization, those families who find themselves with a physician’s note allowing their child to return to school are caught off guard. In many cases, the families are so grateful that their son/daughter survived the accident or illness, they may not have considered what struggles might lie ahead in school or with regard to activities of daily living. Below are some general steps that should be followed to help facilitate a smooth transition back to school for students who are hospitalized.

1. Hospital instruction should be provided by the school district that the HOSPITAL is located in if the child resides there for more than 10 school days.
2. While the student is still in the hospital or rehabilitation setting, the medical social worker should help the family notify their HOME school district regarding the child’s illness and how it might affect his/her schooling.
3. Someone from the HOME school district should be assigned to visit the child while in the hospital (school nurse, psychologist, Program Specialist).
4. Any assessments completed at the hospital (Speech, OT, PT, Neuropsychological) should be shared with the home school district staff with parent written authorization/exchange of information forms so that HIPPA regulations are followed.
5. PRIOR to discharge, if appropriate, a referral to Special Education/504 committee needs to be made in writing to the home school district. (Be aware that not all students with medical issues have to go through the full assessment process).
6. PRIOR to discharge, medical/rehabilitation information about the severity of the student’s illness, injury, behavior, current medications, side effects and ongoing therapies MUST be shared with the school district.
7. Referrals should be made to appropriate outside agencies (Regional Center, CCS, Mental Health, Vocational Rehabilitation).
8. The HOSPITAL teacher should confer with a staff member from the home school district.
9. School staff should TAKE THE TIME to introduce the family to the new world of Special Education/504 accommodations in a simple and informative manner.

10. Hold an IEP/504 meeting that includes parents, student, school nurse, and relevant hospital and school staff
11. Develop an IEP/504 plan that addresses:
  - a. Program accommodations/modifications
  - b. Develop a plan that does not require student to “catch up” on missed work while hospitalized.
  - c. Appropriate placement in the LRE with appropriate supports and services
  - d. Related Services needs (APE, OT, PT, Speech, Vision, Hearing, Counseling)
  - e. Physical limitations
  - f. Adaptive devices
  - g. Toileting and personal care
  - h. Flexibility in schedule, extra time between classes
  - i. Behavioral/mental health issues
  - j. Transportation
  - k. How to deal with a high number of absences/tardies due to medical appointments and/or on-going treatment (ie: allow for home instruction any time student is going out be absent for more than 3 days vs. waiting for 2 weeks)
  - l. Student need for adult support, and at the same time help him develop independence
12. Identify resources within and outside the school who can provide consultation and training to school staff about the medical condition and its effects (do not forget Paraeducators, bus drivers, lunchroom & playground supervisors).
13. Provide information to classmates to reduce stares, inappropriate questions and fear regarding the illness or injury
14. Set up a plan for regular feedback and communication between the educational team and parents. Do not wait for problems to develop

Certainly, implementing a well-planned school re-entry for a student with a medical illness/accident will be beneficial for the student upon returning to school. However, even with a carefully developed and implemented plan, there is no guarantee that school re-entry will be easy. School reintegration is challenging for students as they enter back into a world where they have a difference sense of self, for they were once like all the other students, and now they are disabled. Some will have to adjust to different schools, special education classes, a gradual loss of friends, and difficulty acquiring knowledge and skills, as they once were able to. These student will require a great deal of support, especially in the counseling arena to help them adjust to attending schooling in a far different way than in the past.

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*Palliative Care*, continued from page 3

The National Association of Pediatric Oncology Nurses (APON) has developed a core curriculum training program titled "End-of-Life Nursing Education Consortium (ELNEC) Pediatric Palliative Care". This program was developed for professionals from various specialties who work with children with chronic and life-threatening medical conditions, and is not solely geared toward cancer patients. The program consists of 10 topical modules, the majority of which are very applicable to special educators and related services personnel in schools. Cheryl will coordinate presentation of 7 modules, including Introduction to Palliative Care, Communication, Cultural Considerations, Ethical/Legal Issues, Special Considerations, Loss, Grief, and Bereavement, and Models of Excellence.

Look for a flyer in October announcing the Saturday workshop to be held at Children's Hospital, Orange County in February of 2006. The schedule for the Northern California Saturday workshop will be in March 2006. The workshops will be available to CAPHI members, school nurses, and selected special educators and administrators. Lunch will be provided by CAPHI. Registration will be limited. Register for this important event in a timely manner and explore an important and often overlooked aspect of support for individuals with physical and health impairments.



## Mark Your Calendar

Check out the following conferences of interest to CAPHI members:

**October 27-29, 2005**

### **6th Annual Conference of the National Association for the Education of Children with Chronic Illness**

Children's Hospital Philadelphia (CHOP) will be the site for this conference, sponsored by AECMN. More information is available at 215/590-5263, or visit the AECMN web site at [www.aecmn.org](http://www.aecmn.org). This is a great place to network and meet interesting people.

**November 11-13, 2005**

### **9th Annual Conference on Autism & Disorders of Relating & Communicating**

Tysons Corner, Virginia hosts this conference with presents that include Stanley Greenspan and Ann Turnbull. Register on line at [www.icdl.com](http://www.icdl.com).

**January 6-9, 2006**

### **4th Annual Hawaii International Conference on Education**

Come to the Renaissance Waikiki Hotel in Honolulu for this conference with topics in the areas of Art Education, Curriculum, Research, & Development, Early Childhood Education, Special Education, and more. This is a FUN conference to attend and to present. Visit their web site and register at [www.hiceducation.org](http://www.hiceducation.org)

**Do you know about an upcoming local or state conference or workshop of interest to CAPHI members? Contact a CAPHI officer and we'll spread the word.**

## Reflections on the PHI Credential

Sherwood J. Best & Kathryn Wolff Heller

### The History

This article is the first in a series of four written in 1999-2001 by two members of the Executive and Critical Issues and Leadership Committees of the Division for Physical and Health Disabilities (DPHD) of the Council for Exceptional Children (CEC). Issues regarding teacher certification within states, research on national trends in teacher certification, and input from others in the field of physical and health disabilities prompted this writing. We undertook these articles because we believe there is an ongoing crisis in our field that will have a negative and lasting impact on students with physical and health disabilities. We also believe that these articles have as much relevance today as they did when they were first published. Language specific to DPHD and CEC has been omitted from this edition.

### The Articles

Each article addresses the issue of teacher certification from a different viewpoint. In the first article, we offer an "identity quiz" to provide a framework of concerns in teacher certification in physical/health disabilities. In the second article, we will discuss the problem encountered by many teachers who find that their roles have been obscured by related services (such as occupational, physical, and speech therapy). The third article examines state and local policies and practices that support or undermine disability specific certification. The final article articulates activities that can be undertaken to address the crisis in teacher certification.

### A Caveat

Not every reader will agree with the position of the authors. Since dialogue provides a healthy avenue for change, we encourage input from readers for publication in the *CAPHI Newsletter*. Be active and add your voice.

### Can You Identify?

We have all read those quizzes in popular magazines that uncover the key to our true temperamental natures, identify our work styles, or help us decide our path to personal fulfillment or the perfect relationship. The following "Identity Quiz" was developed to provide a framework for further discussion regarding disability-specific certification in the field of physical/health disabilities. Read the following questions and award yourself one point for every "Yes". Then check your total score with the descriptions at the end of the Identity Quiz.

1. Have you noticed that fewer educators, related services personnel, or professors are hired in your school district, county office, or institution of higher education with specific training in physical/health disabilities?
2. Are educational placements in your district/SELPA for students with physical/health disabilities restricted in scope, such as only general education, special day classes, or itinerant service options?

3. Does your school district/SELPA fail to provide home/hospital school services?
4. Does your district/SELPA fail to provide a clear policy for reintegration of students who have been hospitalized?
5. Are you unaware of how your district/SELPA provides services to the 0-3 population who are solely low incidence?
6. Do special educators who teach students with physical/health disabilities in your district lack the PHI credential?
7. Do you work with administrative personnel who confuse the roles of teachers who serve students with physical/health disabilities with the services offered by professionals in the related fields of occupational therapy, physical therapy, speech/language therapy, and adapted physical education?
8. Do you work with administrative personnel (local or district level) who are unaware of the PHI credential and/or who believe that this credential is irrelevant?
9. Are you unable to name your representative(s) at the California State Department of Education with expertise in the area of physical/health disabilities?
10. Do you have difficulty finding someone to answer questions at the state level or institution of higher education related to policy and procedures for serving individuals with physical/health disabilities?
11. Are you concerned that a greater number of teachers in your district and state will be asked to provide specialized health care procedures without adequate training and attention to universal precautions?
12. Did you know that current National Board Certification in “Exceptional Needs Specialist” is offered in the areas of Early Childhood, Mild/Moderate Impairments, Moderate/Severe Impairments, Visual Impairments, and Deaf/Hard of Hearing but NOT Physical/Health Disabilities?
13. Have you become the expert on physical/health disabilities at your school site or in your school district not only because you are incredibly talented and skilled, but also because you are the only one with disability-specific training?

Total Score:

0-4: Good news. You work in a school district and/or SELPA that recognizes the importance of disability-specific training and educational services for students with physical/health disabilities. You work with colleagues with similar and complimentary knowledge and skills, and you enjoy a multidisciplinary and collaboratively focused exchange with related services personnel. You may work as a special class, hospital, itinerant, or consultant teacher, because there is a range of educational options that meets the needs of the students you serve.

5-8: Losing focus. Students with physical/health disabilities may receive adequate services in your district/SELPA, but you wonder if their needs are getting a little “lost”. It is difficult to find other educators who have a knowledge base in physical/health disabilities because the required PHI credential may not be enforced at the district/SELPA level. It can be difficult to interact much with therapy and other related services personnel because they are not as available to you (and your students) as you would like. It is flattering to be the local expert in your field, but you wish you could turn to someone at a local college/university or at the state level with legal and policy questions.

9-13: It’s lonely out there. You have few (if any) colleagues with whom to share knowledge about instructional strat-

*Crisis*, continued from page 7

egies and adaptations for students with physical/health disabilities. The district/county office where you teach has probably dropped disability-specific training for more generic topics, and you wonder if other teachers in your district will know anything specific about physical/health disabilities when you retire. University/college professors are committed to generic special education training. You encounter administrators who believe that you can be replaced by related services personnel or more generically trained special educators because students with physical disabilities are “like any other kid, but in a wheelchair”. You are concerned about the disarticulation between school and hospital programs (what hospital programs?). You wonder whether your concerns are shared at your state or even the national level.

The point of this exercise was to highlight concerns regarding the loss of a specific knowledge base for teaching students with physical/health disabilities when there is decreasing local and state-level support for the PHI credential that provides the structure for ensuring that knowledge base. Teachers in states with generic certification **may** have received pre-service training at a college or university with professors who have an interest in physical/health disabilities. They **may** be lucky enough to work in school districts that provide specific in-service training. They **may** have expended the extra effort to acquire a support base of individuals and/or organizations to answer their questions and to whom they can refer parents and others. They **may** have maintained collaborative relationships with therapy and adaptive physical education personnel who are no longer immediately available. However, establishing a knowledge base that is individually constructed will not assure the uniformity that would come from a solid foundation of specific knowledge and skills. Furthermore, it shifts the creation of a knowledge base to teachers, who may not even know where to begin acquiring specialized skills. How can they know what they don't know? This deficiency in teacher knowledge has the greatest negative impact on students with physical/health disabilities. Continue the dialogue and work toward a stronger voice in physical/health disabilities through the following activities:

**Request specific training at your district/SELPA level on the following topics:**

- Adaptation of core curriculum for students with motor, speech, and cognitive impairments
- Specialized strategies for teaching reading and math to students with motor and speech impairments
- Assistive technology and software support for academic content learning
- Augmentative and alternative communication
- Feeding techniques
- Collaborative consultation
- Transition services and activities for students with physical/health disabilities
- Incorporation of therapy techniques in the classroom
- Psychosocial aspects of physical/health disabilities
- School/hospital interface
- Specialized health care and universal precautions

**Become informed.** Buy the latest edition of *What Every Special Educator Must Know: The International Standards for the Preparation and Licensure of Special Educators* from CEC. Read the specialized competencies in physical/health disabilities and address gaps in your knowledge base. Check out the standards for the California PHI Education Specialist credential and ask yourself if you feel competent to meet every standard.

**Serve on your school district employment committee.** When new teachers are hired to serve students with physical/health disabilities, insist that they have an appropriate credential and/or disability specific training. Make yourself available to provide mentor services.

**Contact your local college or university teacher preparation program** and inquire about whether they train teachers to serve students with physical/health disabilities. If not, check how instructional competencies are addressed in other their special education teacher preparation programs.

**Contact your State Department of Education or Commission on Teacher Credentialing** and become acquainted with the consultant(s) on staff who has specific expertise in physical/health disabilities. Introduce the parents of your students to these individuals. Ask them to investigate issues that trouble you regarding credentialing and/or services to individuals with physical and health impairments in your district/SELPA.

**Become active in CAPHI, AECMN, DPHD, CEC, and/or your local CEC chapter.** Attend CAPHI conferences and network with other interested professionals. If you attend CEC conferences, lobby for sessions of specific concern to individuals with physical/health disabilities and their service providers. Write for the *CAPHI Newsletter* and/or become involved in CAPHI leadership. Contact Sherry Best at [sbest@calstatela.edu](mailto:sbest@calstatela.edu) for information about CAPHI leadership activities.

**Pursue an active policy of school reintegration** for students who are hospitalized. Contact hospital teachers when your students are admitted for treatment and provide them with information about meeting educational needs. Visit the hospital program in your area and consider joining the Association for the Education of Children with Medical Needs (AECMN). Check to see if your district/SELPA has a well-articulated policy for school reintegration and make that a priority.

**Bring a new member into CAPHI.** We are stronger when our numbers are larger.

These are only a few of the steps that CAPHI members can take to add relevance to their careers and provide excellent educational services to infants, children, and youth with physical and health impairments. It is a lot of extra effort to become an active leader in your field, but the reward is high. **The field of physical and health impairments is low incidence, but not low importance!**

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## Focus on Technology

Sharon Grandinette and Sherwood J. Best

### **Brain Injury:** [www.neuroskills.com](http://www.neuroskills.com)

This is a complete brain injury resource guide for educators, other professionals, clients, and families. Created in 1995, this web site has 13,410 subscribers and is frequently modified. Their monthly electronic newsletter is free. Check out the CNS TBI Store for e-books, educational CDs, newsletters, article reprints, laminated cards, graphics, and assessment tools. This site also contains information about grants and scholarships, legislation, press releases, and continuing education opportunities - something for everyone! The Educational and Research News section contains links to an article database, a directory of clinical trials recruiting brain injury patients, a conference listing, a searchable database on prescription drugs, medical news, and links to other brain injury websites. This is a great site for broadening your knowledge or obtaining information for families.

### **Multisensory products:** [www.abilitations.com/multisensory](http://www.abilitations.com/multisensory)

The Abilitations Multisensory site states that it "brings fun and function together" to select and create products for physical, occupational, and speech therapy, special education, adapted physical education, the home, and school. Click on the Articles on Interest link and download information from the topical areas of Adapted Play, Advocacy, Assisted Living, Aquatics, Diagnosis, Fine Motor, Measuring, Movement and Balance, Seating, Sensory Processing, and Personal Stories. When we clicked on Adapted Play, we found a useful article for making a playground more accessible. There is a lot to love about this web site!

### **Sensory products:** [www.integrationscatalog.com](http://www.integrationscatalog.com)

Integrations is all about learning and processing. It includes links to discussion groups, conventions, bright ideas, and other special needs. Integrations publishes catalogs entitled Abilitations, SpaceKraft Solutions, Sportime, and Fitness and Sport. We checked out the Bright Ideas link and found a number of interesting articles, including What is Sensory Integration, Best Movement for Calming and Organizing, and Vision: A Learning Connection.