



CAPHI NEWSLETTER

California Association for Physical and Health Impairments

Editor: Sherwood J. Best

CAPHI Collaborates with Local Hospitals to Explore Palliative Care



Cheryl Wilkinson Heads the Presentation Team for the March 25th CAPHI Workshop

On Saturday, March 25, CAPHI will collaborate with **Children's Hospital Orange County (CHOC)** and **Shriners Hosital of Los Angeles** to sponsor a workshop on pediatric palliative care. Cheryl Wilkinson (BSN, RN, CPON), CAPHI's hospital liasion and Nurse Manager for the Pediatric Oncology Outpatient Clinic at CHOC, will lead the presentation team. She will be joined by Julene Schenk (BSN, RN, CPON), also of CHOC. Both are members of California Association of Pediatric Oncology Nurses. The workshop will begin at 8:30AM, and continue until 3:30PM.

The National Association of Pediatric Oncology Nurses (APON) has developed a core curriculum training program entitled "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 4 workshop modules, including Introduction to Palliative Care, Communication, Loss, Grief, and Bereavement, and Cultural Considerations. The workshop will include a tour of Shriners Hospital.

This workshop was originally planned for presentation to CAPHI members in February at CHOC. However, space availability necessitated a change of venue, and the CAPHI Executive Board is delighted to announce that the workshop will be conducted at Shriners Hospital of Los Angeles. CAPHI Executive Board members are continuing to work on a venue for a repeat workshop for Northern California. If you have recommendations for a Northern California workshop site, please contact CAPHI President Sharon Grandinette immediately at shargrand@aol.com.

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Editor's Notes...

Sherwood J. Best

March will be a busy professional month for CAPHI members. Besides our workshop, the CSUN Technology conference is a "must go" for anyone interested in AT and AAC. Mary Ann Abbott, CAPHI Vice President and author of the Technology Corner article, will be presenting at CSUN. Don't miss these excellent professional opportunities!

Check out CAPHI President Sharon Grandinatte's message and article on CCS in this edition of the *CAPHI Newsletter*.

Editor's Notes, continued on page 2



President's Message

Sharon Grandinette, M.S.

Since taking office in July of 2005, your CAPHI Executive Committee has been busy making plans to expand the membership and offerings of this small but mighty organization. During our last board meeting we discussed future newsletters and the topics that should be addressed by CAPHI. We are researching how to become a non-profit organization, are looking at expanding the offerings on the CAPHI website, and are already planning the state conference for 2007.

The Executive Committee is always open to member ideas, and would gladly take suggestions for conferences and newsletters, but also articles written by CAPHI members. It would be a treat to have student art, stories, or poems submitted for publication. Please send any submissions to shargrand@aol.com

We have had an increase in membership of teachers who are working toward their Moderate/Severe credential. More and more children with physical and/or medical disabilities are being placed in M/S classes, and the M/S credential programs are not addressing the needs of many of the children being placed in those settings. CAPHI is working on providing news

letters and conferences that can address some of the needs of these educators.

The March 25th Workshop that Shriners Hospital and Children's Hospital, Orange County so graciously agreed to host will also include a tour of their facility. Did you know that Shriners Hospital provides orthopedic and burn reconstructive surgery at no cost, regardless of the child's residency? Besides orthopedic and burn reconstruction, Shriners Hospital provides services to children with a variety of conditions, including spina bifida, scoliosis, leg length discrepancy, clubfoot and dislocated hip, osteogenesis imperfecta, orthopedic problems resulting from cerebral palsy, neuromuscular disorders, Legg-Perthes disease, ricketts, JRA, and hand and back problems. They also have a special program called CAPP (Child Amputee Prosthetics Project) that provides a comprehensive program for children with congenital limb deficiencies or acquired limb amputations.

Be sure attend this conference on a topic about which few educators have an opportunity for much training, and join other CAPHI members on a tour of this very special hospital.

Directions to Shriners Hospital are located on page 10 of this newsletter. Please complete your registration early, as seating is limited.

Editor's Notes, con't from page 1

The CCS article is designed to provide basic information about valuable services to individuals with physical and health impairments. Finally, the second in a series of four articles about the state of the PHI credential is offered for your consideration.



Mark
Your
Calendar

The CSUN-California State University Northridge Center on Disabilities 21st Annual International Technology and Persons with Disabilities Conference is scheduled for March 20-25 near the Los Angeles International Airport. There are student and CSU faculty/staff discounts available. For more information, go to their website at csun.edu/cod.

CCS: California Children's Services

Sharon Grandinette, MS

What is CCS?

CCS is a statewide, tax-supported program under the California Department of Health Services. It offers specialized medical care providing medical case management, physical/occupational therapy services and financial assistance for children with qualifying health conditions including children with certain physical limitations and chronic health conditions and diseases. The program has been in continuous operation since it was established in 1927 by the state legislature.

CCS covers medical conditions that are physical or require medical, surgical or rehabilitative services. There also may be certain criteria that determine if a medical condition is eligible. Examples include:

CCS, continued on page 7

Assistive Technology Corner

Mary Ann Abbott, S.L.P.D.

How many times have you found yourself telling a colleague “I have this kid who . . .”? Fill in the blank with the disability area or academic problem of your choice. This on-going column will focus on assistive technology (AT) from consideration and evaluation through purchase of the recommended equipment. This month’s edition will concentrate on how to approach AT considerations.

All students with IEPs must receive consideration for AT. But which students need assistive technology? What kind of technology is needed? Who is involved in making these decisions? What sort of data should be gathered to aid in the decision-making process? Consideration for AT is not matching the student to the equipment, it is a process of determining what features are needed by the student based on the question: “What does the student need to do that he/she is unable to do because of his/her disability?” AT solutions should be designed to remove the barriers that prevent students from effectively and independently participating within their curriculum. Documentation is needed to answer the following questions:

- Does the student have functional access to the curriculum?
- Is the student able to see, hear, manipulate, and respond to materials within the curriculum?
- Is the student able to physically access the school environment?
- Is the student able to keep up with assignments in the classroom?
- What accommodations and modifications have been attempted, and what are the results?

There are a wealth of web sites that contain information about the AT assessment process. The Wisconsin Assistive Technology Initiative has free downloadable articles and guidelines in English and Spanish (<http://www.wati.org/Products/freematerials.html>). Another great source for information, including a PowerPoint and video, is the Georgia Project for Assistive Technology (<http://www.gpat.org/Resources%20Main.htm>).

Now that you have all of this information about your student, what do you do with it? My favorite tool is the SETT Framework. SETT is an acronym for Student, Environments, Tasks, and Tools. The SETT Framework is a tool that helps teams gather and organize information that can be used to guide collaborative decisions about services that foster the educational success of students with disabilities. The SETT Framework is built on the premise that in order to develop an appropriate system of assistive technology devices and services, teams must first gather information about the student, the customary environments in which the student spends his/her time, and the tasks that are required for the student to be an active participant in the teaching/learning processes that lead to educational success. The SETT Framework as well as other pertinent forms and guidelines may be found at <http://sweb.uky.edu/~jszaba0/JoyZabala.html> and <http://www.otap-oregon.org/ATForms.htm>.

The SETT Framework organizes student information under the following headings:

The Student

- What is (are) the functional area(s) of concern? *What does the student need to be able to do that is difficult or impossible to do independently at this time?*
- Special needs (related to area of concern)
- Current abilities (related to area of concern)
- Expectations and concerns
- Interests and preferences

Reflections on the PHI Credential

Sherwood J. Best & Kathryn Wolff Heller

This article is the second in a series that was written in 1999 by two members of the DPHD Critical Issues and Leadership Committee. In this article Drs. Best and Heller explore role confusion as a major contributory factor to the loss of disability specific certification in physical/health disabilities

Who Are You Today?

Two popular phrases in special education today are "role release" and "thinking out of the box". "I am practicing role release" says the teacher as s/he positions a child for an academic activity, reinforces communication skills using an AAC device, performs clean intermittent catheterization, etc. "Think out of the box" says the administrator when the teacher questions whether instructional duties have been subsumed by other activities. We recognize that the duties and roles of special educators today are increasing varied and complex, and believe that collaborative consultation and integration of activities from a variety of disciplines represent best practices in service provision for students with physical/health disabilities. However, role release becomes role confusion when: 1) *integrating activities from disciplines other than education into classroom or community activities supplants the need for professional services from members of those disciplines and 2) teachers of students with physical/health disabilities become less responsible for teaching than for implementing a variety of therapy and other related services programs.* Examination of these two false perceptions suggests why they contribute to the dilution of disability specific teacher certification in physical/health disabilities.

In addition to their training to deliver varied curricula through appropriate adaptations, most teachers who serve students with physical/health disabilities knowledge and skills that have their genesis in other professional disciplines. They learn to assist students to manage their orthotic devices (*physical and occupational therapy*), practice gait training exercises (*physical therapy*), become independent in eating (*occupational therapy*), assist or become self-sufficient in self-catheterization (*nursing*), incorporate exercises during recess (*adapted physical education*), use AAC devices (*speech/language therapy*), and acquire many other skills *in addition to teaching*. These skills are vital to mastery, maturity, and self-determination. Indeed, we are pleased that federal law, guided by litigation, has mandated the provision of supplemental supports and services, and has clarified the differences between "related" and "medical services". However, teachers cannot replace the related services personnel whose goals they work so hard to reinforce. Years of training culminated in certification in physical or occupational therapy, adapted physical education, speech/language therapy, nursing, social work, and the other professions that enrich the lives of individuals with physical/health disabilities.

While teachers may acquire many skills in the professions that supplement special education, they cannot replace these professionals. Indeed, acting from this confused position can result in inadequate service provision at best and physical danger or injury at worst. How many of you know a teacher who has a bad back from improper lifting, or a student who choked while being improperly fed?

The primary role of teachers is instruction, which means that they cannot be supplanted by other professionals. Years of training also culminated in certification in special education for teachers who serve students with physical/health disabilities. These teachers have specialized knowledge and skills that include careful adaptation of core curriculum and specific instructional strategies. Teachers are trained in error analysis, task analysis, and specific instructional strategies. They must be particularly mindful of these strategies if a cognitive or learning disability impacts student functioning. For example, a related services professional might provide catheterization. A teacher of students with physical/health impairments would teach the student to perform or partially participate in this health care procedure.

Too many teachers spend the majority of their time implementing therapy and self-care programs, escorting students to a variety of locations, assisting in the bathroom, etc., without perceiving the instructional aspect of these tasks. Another problem arises when these very important and necessary activities take a back seat to academic instruction, and the teacher is relegated to the position of coordinator of related services schedules. The particular skills provided by teachers are then lost to students.

We believe these false perceptions originate when: 1) inadequate teacher certification fails to address disability specific educational needs; 2) lack of professional clarity leads to role confusion; and 3) lack of appropriately trained personnel results in role "cross over" as a means of providing necessary services. The problem is intensified when these practices are justified based on the perception that there is not much "special" about "special education".

We are not in favor of a return to rigidly enforced roles that lead to fragmented service delivery. We believe in the recognition of the expertise brought by many professional disciplines to the arena of special education. We believe in true collaboration, which necessitates respect for the skills of colleagues in education and related services and the desire to consult and implement across disciplines. We believe in service delivery that is fully articulated and not a matter of "patching together" a program while waiting to hire someone with the desired expertise. We suggest the following:

1. **Interact with therapists.** Read therapy reports, ask about the goals/outcomes therapists have established for your students, and how aspects of these goals/outcomes might be implemented in classroom and community environments.
2. **Invite therapists into the realms of classroom and community.** You can observe their techniques, which reinforces programming consistency. They can learn instructional strategies and come to a better understanding about the unique educational needs of students with physical/health disabilities.
3. **Clearly communicate about block time for uninterrupted instruction.** Establishing block times for out-of-class related services leads to more efficient and controlled educational planning, reduces the sensation that your classroom is the hub or switching station for related services coordination, and gives you specific times when some students will be out and you can devote intensive time to other students.
4. **Try to incorporate therapy within classroom and/or community contexts.** This has the advantage of cross training (mentioned above) and is efficient if the therapist has several of your students on his/her caseload.
5. **Be open to learning and teaching.** Reinforcing the complimentary processes of communication and collaborative consultation is in the best interest of students.

In her President's Message, Sharon Grandinette comments on the situation in which increasing numbers of teachers who serve students with physical and health impairments are doing so through completion of the credential in Moderate/Severe Disabilities. In the experience of Sherwood Best, one of the authors of this article, many school district administrators are ignorant of the breadth and depth of the PHI credential in California, believing it only allows teachers to serve students with orthopedic disabilities. In addition, because institutions of higher education can more easily sustain a credential program in Moderate/Severe Disabilities, more teachers with this credential become available for hire. As a result, intentionally or otherwise, district administrative personnel frequently hire teachers who do not have the PHI credential. In fact, they may even believe that the PHI credential is no longer necessary or even available in California! You can be active by reminding administrators and district personnel who are involved with teacher hiring that the PHI credential encompasses orthopedic impairments, health impairments, traumatic brain injury, and multiple disabilities. The PHI credential allows educators to serve children birth-22 years, not just Kindergarten-22 years, as the Moderate/Severe credential does. The PHI credential is worthwhile, alive, and, with your support, better than ever.

Assistive Technology Corner, continued from page 3

The Environments

- Arrangement (instructional, physical)
- Support (available to both the student and the staff)
- Materials and Equipment (commonly used by others in the environments)
- Access Issues (technological, physical, instructional)
- Attitudes and Expectations (staff, family, others)

The Tasks

- What SPECIFIC tasks occur in the student's natural environments that enable progress toward mastery of IEP goals and objectives?
- What SPECIFIC tasks are required for active involvement in identified environments? (related to communication, instruction, participation, productivity, environmental control)

The Tools

In the SETT Framework, Tools include devices, services, strategies, training, accommodations, and modifications - everything that is needed to help the student succeed. Some parts of the Tool system address the specific needs of the student, while parts of the Tool system may more specifically address issues in the Environments, such as access to the classroom, accessibility of instructional materials, and support for staff. The SETT may be used to help the team develop and sustain learning environments that are inviting, challenging, and productive for ALL students, including those with the full range of abilities and special needs.

The information gathered on the Student, the Environments, and the Tasks should be analyzed to address the following questions and activities.

- Is it expected that the student will *not* be able to make reasonable progress toward educational goals without assistive technology devices and services?
- If yes, *describe* what a useful system of supports, devices, and services for the student would be like if there were such a system of Tools.
- Brainstorm specific Tools that could be included in a system that addresses student needs.
- Select the most promising Tools for trials in the natural environments.
- Plan the specifics of the trial (expected changes, when/how tools will be used, cues, etc.)
- Collect data on effectiveness.

It is expected that the SETT Framework will be useful during all phases of assistive technology service delivery. With that in mind, it is important to revisit the SETT Framework information periodically to determine if the information that is guiding decision-making and implementation is accurate, up to date, and clearly reflects the shared knowledge of all involved. The SETT Framework supports a thorough yet simple approach to assistive technology assessment and intervention. When data is gathered and organized with simplicity, a team's ability to effectively generate a range of Tools that can be used to support student achievement is greatly enhanced.

Gaps in academic performance may manifest in the classroom as difficulty communicating and/or performing reading, writing, or computing tasks. We will explore low/no-tech through high-tech solutions in the coming articles. In the meantime, check out the "What's New" section of the Wisconsin Assistive Technology Initiative (<http://www.wati.org/news/whatsnew.html>). The following links may be of interest: Writing Measurable IEP Goals and Objectives, Aligning IEPs to Academic Standards, Implementing Ongoing Transition Plans for the IEP, Using AT to Meet Literacy Standards - Grades K-3, Using AT to Meet Literacy Standards - Grades 4-6, and The IEP Team and AT Decisions Video.

Mary Ann Abbott is an Assistive Technology Specialist in the Los Angeles Unified School District and a Lecturer for the Department of Communication Disorders at California State University, Los Angeles. She is Vice-President of CAPHI.

CCS, continued from page 2

- Conditions involving the heart (congenital heart disease)
- Neoplasms (cancers, tumors)
- Disorders of the blood (hemophilia, sickle cell anemia)
- Endocrine nutritional & metabolic diseases (thyroid problems, PKU, diabetes)
- Disorders of the genito-urinary system (serious chronic kidney problems)
- Disorders of the gastrointestinal system (chronic inflammatory disease, diseases of the liver)
- Serious birth defects (cleft/lip palate; spina bifida)
- Disorders of the nervous system (CP, uncontrolled seizures)
- Disorders of the sense organs (hearing loss, glaucoma, cataracts)
- Disorders of the musculoskeletal system & connective tissues (rheumatoid arthritis)
- Severe disorders of the immune system (HIV infection)
- Disabling conditions of poisonings requiring intensive care or rehabilitation (severe head injuries, severe burns)
- Complications of premature birth requiring an intensive level of care
- Disorders of the skin & subcutaneous tissue
- Medical handicapping malocclusion (severely crooked teeth)

What are the Goals of CCS?

CCS has four main goals that include: 1) to locate children who may need the specialized medical care and rehabilitation program benefits; 2) to prevent disabling conditions in children through early diagnosis and treatment; 3) to help families obtain quality medical care and financial assistance to enable the maximum development in their children and, 4) to maximize function for children with severe physically disabling conditions.

Who Can Refer a Child for CCS Services?

Referrals can be made to the CCS agency in the county where a child lives by anyone, including the family, school or public health nurse, family doctor or physician specialist. It is important that the referral be made as soon as possible since CCS does not pay for any medical care that is provided before the date of referral.

Who Qualifies for CCS?

The program is open to anyone who is:

- Under 21 year of age
- Has or may have a medical condition that is covered by CCS
- Is a resident of California
- Has a family adjusted gross income that is less than \$40,000 per year or the child has Healthy Family Coverage
- Has a family adjusted gross income that is more than \$40,000 per year with out of pocket expenses expected to exceed 20% of family income

Family income is NOT a factor for children who:

- Need a diagnostic service to confirm an eligible medical condition
- Were adopted with a known CCS eligible medical condition; or
- Are applying only for services through the MTP-Medical Therapy Program; or
- Are Medi-Cal beneficiaries, full scope, no share of cost; or
- Are Healthy Family subscribers

Can a Child Qualify for CCS even with Private Insurance?

Yes, a child can have both private insurance and CCS coverage, but insurance coverage is primary. However, children with HMO/PHP/EPO/POS coverage are not eligible for CCS diagnostic treatment services related to the CCS eligible conditions unless a valid exclusion letter is received from the administrative office of the insurance company. The child must meet residency and financial eligibility before CCS can authorize services.

What Services are Provided?

Treatment such as doctor services, hospital and surgical care, physical therapy and occupational therapy tests, X-rays, orthopedic appliances and medical equipment are commonly provided to children who are eligible. In addition, medical case management is offered to help obtain services from medical specialists and care for a child when medically referred to other agencies, including public health nursing and regional centers; or to a Medical Therapy Program (MTP) which can provide physical therapy and/or occupational therapy through schools for children who are medically eligible.

What is the Medical Therapy Program (MTP)?

The MTP is a special program within California Children's Services that includes Occupational Therapy (OT) and Physical Therapy (PT) for children with eligible conditions. Therapy services are provided at rehabilitation units located in public schools. These units are called "Medical Therapy Units" (MTU).

Eligible conditions which would qualify for CCS and the MTP include, but are not limited to: cerebral palsy, spina bifida, muscular dystrophy, rheumatoid arthritis, spinal cord injuries, arthrogyrosis, and osteogenesis imperfecta. The MTP is available to children from birth to 21 years old with eligible conditions.

What is the Difference Between the therapy provided by CCS at the MTU and the therapy provided by school based occupational and physical therapists?

CCS provides **medically** relevant occupational and physical therapy while schools provide **educationally** necessary occupational and physical therapy. Students can receive both CCS and school based therapies provided there is no duplication in service. Goals written in an IEP needs to reflect those differences.

Medically relevant Occupational Therapy (OT) provided at an MTU is therapy provided for the main purpose of improving self-help skills or Activities of Daily Living (ADL). OT uses many ways to improve the dysfunction that causes impairment in ADLs, such as playing with play dough to increase finger strength to allow a child to be able to manage pants snaps.

Medically relevant Physical Therapy (PT) provided at an MTU is therapy provided for the main purpose of improving mobility and ambulation. PT may provide exercises on a large ball to increase trunk control and overall strength to allow a child to walk either unassisted or with crutches.

School based therapy is designed to enhance a student's ability to fully access and be successful in the learning environment. In OT, this could include working on handwriting or fine motor skills so that the student can complete written assignments, help the child organize himself in the environment, work with the teacher to modify the classroom and/or adapt learning materials to facilitate successful participation. School based PT might address gait training with a walker in empty and crowded hallways, motor planning and motor control activities for timely exchange of books and class supplies from the locker, as well as collaboration with the physical education teacher to improve strength and balance for safe movement through the cafeteria lunch line.

For more information on CCS go to: www.dhs.ca.gov/pcfh/cms/ccs

Directions to the Los Angeles Shriners Hospital

Shriners Hospitals for Children Los Angeles
3160 Geneva St.
Los Angeles, CA 90020
Telephone 213-388-3151
Fax 213-387-7528

Just minutes from downtown Los Angeles, the Los Angeles Shriners Hospital is conveniently located near both the 101 and 10 freeways.

Directions from the East:

- Take the 10 freeway West to the 101 freeway North
- Exit the 101 freeway at Vermont Avenue
- Turn Left on Vermont Avenue
- Travel south on Vermont Avenue until you reach 4th Street
- Turn Left onto 4th Street
- Travel 3 blocks
- At Virgil Avenue there is a traffic light, stay on 4th Street, go through the light
- The entrance to the hospital parking garage is on the left side

Directions from the North:

- Take the 101 freeway South
- Exit the 101 freeway at Vermont Avenue
- Turn Right on Vermont Avenue
- Travel South on Vermont Avenue till you reach 4th Street
- Make a Left onto 4th Street
- Travel 3 blocks
- At Virgil Avenue there is a traffic light, stay on 4th Street, go through the light
- The entrance to the hospital parking garage is on the left side

Directions from West LA:

- Take 10 freeway East
- Exit at Vermont Avenue
- Make a left onto Vermont Avenue and travel north
- Continue on Vermont Avenue until you reach 4th Street
- Make a right onto 4th Street
- Travel 3 blocks
- At Virgil Avenue there is a traffic light, stay on 4th Street, go through the light
- The entrance to the hospital parking garage is on the left side

Directions from the South:

- Take the 405 North to the 10 East
- Follow above directions from West LA
- or
- Take the 110 North to the 101 North
- Follow the above directions from the East

Patient and visitor parking is available free of charge in the underground parking garage. The garage entrance is located on 4th Street. **Once you arrive:** Press the red security button and say you are here for an event, tour, etc., find a parking space, take the elevator to the lobby and check-in at the Security/Operator Station. **Note:** *When you are leaving the parking garage, the garage door will open automatically once your car is close enough to it.*



CAPHI Workshop Registration Form

California Association for Physical & Health Impairments

The California Association for Physical and Health Impairments (CAPHI) is collaborating with **Children's Hospital, Orange County (CHOC)** and **Los Angeles Shriners Hospital** to present a workshop on the topic of Pediatric Palliative Care. This workshop is designed for educators and others who provide services to children with life-threatening conditions in schools, hospitals, and home settings. Cheryl Wilkinson, Nurse Manager at the Pediatric Oncology Outpatient Clinic at Children's Hospital, Orange County (CHOC) is collaborating with Julene Schenk to offer this training to CAPHI members and other interested participants.

The workshop will begin at 8:30AM and continue until 3:30PM. All materials will be furnished by CAPHI. If you are a CAPHI member, there is a workshop fee of \$15.00. Non-CAPHI members must pay a \$25.00 fee. The workshop fees will help to cover duplication costs. All participants will receive a copy of training materials, Power Point presentation slides, and other relevant materials in a hardcover binder.

Be at the training site at least ten minutes early to ensure a timely start. A map is enclosed to Shriners Hospital. If you have questions about the workshop, please contact CAPHI President Sharon Grandinette at shargrand@aol.com. Registration is limited, so send your response early.

.....
return this portion with your check

Name: _____

Professional Affiliation: _____

Return Address: _____

Street Address

City

State

Zip

Please register me for the March 25th workshop on
Pediatric Palliative Care

Mail registration and your check to:
Sharon Grandinette, CAPHI President
326 Via San Sebastian
Redondo Beach, CA 90277
Make checks payable to "CAPHI"

If you are not already a CAPHI member, join CAPHI today and register for the March 25th palliative care workshop at the reduced rate!

**CALIFORNIA ASSOCIATION FOR PHYSICAL & HEALTH IMPAIRMENTS
Membership Application**

Name Last, First

Home Address Street City/State Zip

Place of Work Job Title

Work Address Street City/State Zip

Home Phone Work Phone Email Address

CAPHI MEMBERSHIP DUES:

Regular Member: \$25

Teacher___ Administrator___ Supervisor___ Other___ \$_____

Associate Member: \$15

Paraeducator___ Student*___ Consumer___ &/or Parent___ \$_____

Donation to Richard Outland Memorial Scholarship Fund:

\$_____

Your donation provides you with an opportunity drawing to win a conference fee

Please make check payable to: CAPHI

\$

Total

Mail to CAPHI c/o Sharon Grandinette

326 Via San Sebastian Redondo Beach, CA 90277

*** Faculty signature required for students:**

I am interested in serving CAPHI on the following:

Conference Committee () Executive Board ()

Newsletter () Membership Committee ()

Visit our website at www.caphi.org