



## Chapter Three: Education of Exceptional Family Members

*Of all the challenges faced by military parents with special needs children, many find none more difficult than trying to ensure their children receive the education they are entitled to under the law. All parents of special needs children are subject to frustration and confusion as they move through the complex education process from initial identification of their child's disability, to implementation and years of reviews/revisions of the individualized education program (IEP), and finally to his or her transition out of special education and into adulthood. For military families, the process is even more complex when the mobile lifestyle takes them from one school system to another and requires them to repeat steps in the process and reestablish important relationships. This section gives providers of services to military families with special needs an overview of the educational requirements, processes, and issues that affect these families. In addition, it identifies resources available to assist parents in their vital role as advocate for the educational needs of their exceptional family members.*

### 3.1 Early Intervention from Birth to Three Years of Age

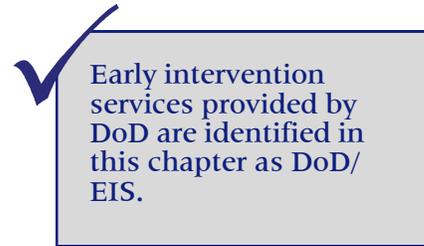
The Education for All Handicapped Children Act of 1975 did not cover infants and toddlers, yet teachers and other professionals have long recognized the importance of early intervention to a developmentally delayed child's future success in school. Congress amended the act in 1986 to ensure services for these children that would enhance their development and their family's capacity to meet their needs. Today, the Individuals with Disabilities Education Act (IDEA), Part C, requires all 50 states and jurisdictions to have a family-centered, coordinated, interagency system of early intervention for all children with disabilities from birth through age two.

#### 3.1.1 Responsibility for Early Intervention Programs

States and participating territories designate an agency (not necessarily the same agency) to be responsible for finding, evaluating, and coordinating services for infants and toddlers with special needs and their families. Early intervention services (EIS) provided by the 50 states and territories are commonly referred to as EIS/Part C.

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The Department of Defense also has an early intervention program that meets the requirements of IDEA Part C for children who, but for their age, would be eligible to attend a DoD school. Military Medical Departments for each branch of service have been designated as responsible for EIS in locations served by the two DoD school systems, the Department of Defense Dependent Schools (DODDS) overseas and the Domestic Dependent Elementary and Secondary Schools (DDESS). The Military Medical Departments provide multidisciplinary assessment and direct services through Educational and Developmental Intervention Service (EDIS) programs. Early intervention services provided by DoD are identified in this chapter as DoD/EIS.



### 3.1.2 Eligibility for Early Intervention Services

Children from birth through age two (third birthday) may receive EIS if they

- have a diagnosed mental or physical condition that has a high probability of resulting in a developmental delay (e.g., Down’s Syndrome, spina bifida, hearing or vision loss, cerebral palsy)
- are experiencing developmental delays, as defined by the state or DoD, in one or more developmental areas (cognitive, physical including vision and hearing, communication, social, emotional, adaptive)
- at state or DoD discretion, are at risk of having substantial developmental delays if early intervention services are not provided

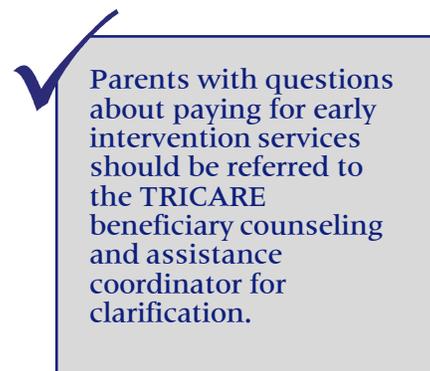
**EIS/Part C:** Eligibility for early intervention varies from state to state due to differences in both definitions of developmental delay and lists of conditions that are likely to result in developmental delay. Therefore, children who are eligible for services in one state may not be eligible in another state. The National Early Childhood Technical Assistance Center (NECTAC) maintains a listing of each state’s criteria for Part C services.

**DoD/EIS:** Military departments and DoD Educational Activities use a standard definition for developmental delay and uniform criteria for conditions likely to result in developmental delay. DoD Instruction 1342.12 is the source for specific guidance on eligibility.

### 3.1.3 Funding for Early Intervention

IDEA requires that no family be denied services because it cannot afford them. All states and DoD provide child identification, evaluation, on-going assessment, and service planning/coordination at no cost to families. However, direct services such as speech therapy may or may not be fully funded under individual state programs.

**EIS/Part C:** States use a variety of methods to pay for direct services including sliding scale fees and public (Medicaid/TRICARE) or private insurance in addition to federal and state IDEA funding. TRICARE will share the cost of early identification services not covered by the state if they are deemed medically and psychologically necessary. Parents with questions about paying for early intervention services should be referred to the TRICARE beneficiary counseling and assistance coordinator for clarification.



**DoD/EIS:** When DoD is the provider of EIS through the EDIS programs within military Medical Departments, there is no cost to the parents and TRICARE is not a factor.

### 3.1.4 Screening and Referral for EIS

An IDEA requirement for organized efforts to identify and screen children who might be eligible for EIS has been implemented nationwide and at all military installations. Usually called Child Find or Family Find, it involves communities, hospitals, schools, or other entities conducting free screening clinics combined with educational awareness campaigns about EIS. Screening may also be provided upon request by personal physicians, military hospitals and health departments. Some developmentally delayed children are identified through screening for overseas assignments.

Referrals for EIS are usually made by a child's parents or physician, but they can be made by anyone on behalf of a family. Sometimes a child care provider or agency staff member who recognizes a developmental problem will be the one to make a referral. It is important that all DoD personnel who regularly come in contact with parents and their young children know that they can initiate referrals for EIS if they suspect a child is in need of services.

**EIS/Part C:** Referrals should be made to the local agency designated as having responsibility for EIS. SITES, the web-based relocation database that provides information on all military installations worldwide ([www.dmdc.osd.mil/appj/sites](http://www.dmdc.osd.mil/appj/sites)) should provide the local point of contact for the EIS program. Additionally, the National Early Childhood Technical Assistance Center (NECTAC) maintains a listing of state contacts for Part C services on its website: [www.nectac.org](http://www.nectac.org).

**DoD/EIS:** Referrals are made to the EDIS program at the medical treatment facility (MTF) that serves the family's installation or overseas location. The Special Needs section of Military HOMEFRONT ([www.militaryhomefront.dod.mil](http://www.militaryhomefront.dod.mil)) maintains a listing of EDIS programs worldwide.

### 3.1.5 Service Coordination

Once a child is referred for EIS, it takes a significant amount of planning and coordination to ensure an evaluation is completed, an individual family service plan (IFSP) is developed and services are provided as required by IDEA. The process involves

- coordinating the evaluation and assessments that are needed
- coordinating activities related to the development, review and evaluation of an IFSP
- accessing and coordinating services listed on the IFSP

**EIS/Part C:** A service coordinator or case manager is assigned to each eligible family to gather information from the family, arrange for assessments and evaluations to be completed, and manage the process of developing/reviewing the IFSP. This person works with the family to ensure all of the services on the IFSP are carried out as planned and assists them in planning for transition to an appropriate setting when the child reaches age three.

**DoD/EIS:** The Military Medical Department's EDIS to which the family is referred coordinates EIS overseas and at CONUS installations with DoD schools.

### 3.1.6 Evaluation Process

The process of evaluation for EIS eligibility is similar for both DoD/EIS and EIS/Part C. Usually, the first step in the process is a review of all medical, developmental or other records related to the child's current health and medical status. Then a multidisciplinary team assesses the child's level of functioning using a variety of possible methods including observations, tests, and interviews. Developmental areas assessed by the team include

- communication
- physical development
- cognitive development
- social development
- adaptive development

EIS evaluations also include a voluntary family assessment to determine their resources and concerns as well as the necessary supports and services. Except in certain circumstances, EIS/Part C and DoD/EIS evaluations must be completed within 45 days from the date of referral.

### 3.1.7 Individualized Family Service Plan (IFSP)

IDEA Part C requires that every child found eligible for EIS will have an IFSP, a written document that must include these components:

- information about the child's current development
- information about the family's resources, priorities, and concerns
- goals of the plan and outcomes expected
- services needed to help child and family achieve identified outcomes including who will provide services, when and how they will be provided, and how they will be paid for
- a statement about the natural environment in which services will be provided
- dates services will begin and end
- a plan for transitioning the child to special education preschool or other type of program at age three

The IFSP is a collaborative document developed in a meeting that includes parents of the child, the assigned service coordinator, and professionals directly involved in conducting the multidisciplinary evaluation. It is reviewed at six months and revised at one year based on new developmental assessments.

The IFSP is intentionally family focused. Services must go beyond addressing the specific developmental needs of the child and include the needs of the family to encourage and support the child's progress.



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### 3.1.8 IFSP Services

Early intervention services identified in the IFSP may be prescribed for the child, the parents or the entire family. IFSP services required to be available to eligible families by IDEA Part C include

- assistive technology
- audiology
- health services
- medical services
- nursing services
- nutrition services
- occupational therapy
- family training, counseling and home visits
- physical therapy
- psychological services
- service coordination
- social work services
- special instruction
- speech-language pathology
- transportation and related costs
- vision services

### 3.1.9 Early Intervention Obstacles

Parents of a developmentally delayed child may encounter obstacles, including their own perceptions, that can delay early intervention and unnecessarily cost a child months and even years of progress toward developmental goals.

**From acceptance to advocacy:** When developmental delay is initially suspected, some parents may be unable or unwilling to accept that their child is having difficulties. These parents may not seek out screening or reveal problems to their physicians. Other parents have difficulty assuming the role of advocate for their child. These parents may be hesitant to ask questions or make demands and may leave it to others to initiate actions on behalf of their child. Many parents have learned from their initial experiences dealing with a disability how to collaborate with professional service providers without feeling intimidated, guilty, frustrated, angry, or helpless. Providers of services to military families can have a significant impact on outcomes when they are able to support parents with empathy, information and encouragement as they come to accept a child's special needs and learn how to be his or her best advocate.

**Military moves:** Perhaps the greatest obstacle to early intervention for military families is the disruption of evaluation, planning, and services caused by relocation. A permanent change of station (PCS) move before, during, or after a family has been evaluated for EIS can significantly delay the child's progress. Starting over in a new location means that families must anticipate waiting lists and gaps in service delivery. Too often they must demonstrate proof of residency before they can even apply for services. Because all EIS/Part C programs are not created equally, a family may no longer be eligible for the same services in the new location.

### 3.1.10 Support for Military Families of Infants and Toddlers with Special Needs

In addition to neonatal care providers, pediatricians, Part C Service Coordinators and EDIS providers, there are several programs that serve infants and toddlers with special needs and their families. The staffs of these programs are in a position to recognize a need for early intervention, make referrals, and provide support, encouragement, and education to parents.



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#### **New parent support programs (NPSP):**

Available through each of the military Services, NPSP supports expectant and new parents of children from birth to three years of age by enhancing the knowledge and skills the parents need to form healthy relationships and provide safe, nurturing environments for their children. Services include prenatal information, parenting education, referral services, family life education, respite care, and supervised playtime. Parents screened for high risk of child maltreatment receive more intensive services including home visitation, mentoring and counseling.

**Child development programs:** Available at all military installations where families accompany sponsors, programs include full-day, part-day, hourly and extended-hours child care. Children with special needs must be provided reasonable accommodation in developmental care settings, and may not be excluded solely on the basis of a disability.

**Family centers:** Installation family service programs, through relocation assistance, information and referral, or exceptional family member programs (EFMP), can assist parents dealing with their child's newly discovered developmental difficulty. These services should be able to connect families with support groups or counseling, respite

care, advocacy groups for their child’s specific disability, community agencies and other information resources, as well as provide support in all aspects of EFMP enrollment and planning for a future in the military as a special needs family.

## 3.2 Special Education for Exceptional Family Members 3 to 21 Years of Age

Thirty years have passed since the Education for All Handicapped Children Act (Public Law 94-142) guaranteed a free and appropriate education to each child with a disability in every state and locality across the country. Prior to its enactment, more than one million children with disabilities were excluded entirely from the education system, and at least that many more children had only limited access and were thus denied an appropriate education. Amended and reauthorized numerous times over the years (most recently in 2004), the Individuals with Disabilities Education Improvement Act or IDEA is the special education legislation that guides school systems today. IDEA Part B establishes requirements for education of children with disabilities from age 3 to 21, including those who attend DoD schools.



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All public school systems in the United States and its territories and the DoD Educational Activity (DoDEA) must meet the six major principles of IDEA (detailed in Chapter One). They must also have policies and procedures for implementing each essential component of the special education process required under IDEA. However, there is no standardization between public agencies and DoD on the methods used, timelines followed, and documentation required for their implementation. In the descriptions of each component in the special education process, any differences between state agencies and DoDEA will be highlighted.

### 3.2.1 Referral for Evaluation

A referral for evaluation can be made to the school by any person at any time. Normally, it is a parent, teacher, doctor or friend who notices that a child is not making progress or is showing signs of physical/behavioral difficulties that interfere with learning. Early childhood education programs offered through military or civilian child development programs and Head Start or Sure Start are in a position to

identify problems and make referrals. Requests for evaluation should be made in writing since the referral is the first point on a timeline set by the state agency or DoD for completing evaluations. When the referral is made by someone other than the parents of the child, the school system must notify the parents and request permission to evaluate their child. An evaluation cannot begin until parents give their permission.

### 3.2.2 Evaluation

All school systems use a multidisciplinary team of professionals to evaluate a student's abilities, strengths and weaknesses. Team members will include school personnel who are credentialed in different areas of expertise such as psychology, social work, nursing, special education and regular education. Within DoDEA, teams are consistently called case study committees. In state school systems, they may be given other names.



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**Evaluation methods:** The evaluation is a series of formal tests to gain information about the student's development in movement, communication, social relationships, behavior, independence and self concept, senses and perception, thinking skills and learning style. Tests must be administered by qualified persons and in the students primary language or method of communicating. Information gathered about the student's educational needs is used to determine whether a special education program is necessary.

**Responsibility to parents:** The law requires that parents be included in every step of the evaluation process and notified of the time and place of any meeting where their child's evaluation or eligibility is being discussed. Upon completion of the evaluation, a written summary must be provided to the parents. It identifies what tests were given, the results and their implications for programming, and the team's recommendations. Should the parents not agree with the results of the evaluation or feel that it is not complete, they may negotiate informally with the school system to

- undertake additional evaluations
- include information provided by the parents
- delete disputed information from the record

If the informal approach does not bring satisfaction, then the parents may request an independent evaluation at public expense. State school systems and DoDEA have differing processes for obtaining independent evaluations, but neither can deny a request for one.

### 3.2.3 Eligibility Determination

IDEA defines five disability categories:

- physical impairment
- emotional impairment
- communication impairment
- learning impairment
- developmental delay

**Eligibility criteria:** Each state and DoD are responsible for defining the criteria to be used to decide whether or not a student's condition fits into one of these categories. All DoD schools in the United States and overseas use standardized eligibility criteria for each disability category, but states have variations in eligibility criteria for each category. To learn more about eligibility criteria for DoD schools and individual states, parents may be directed to DoDEA and state education agency websites.



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**Eligibility decisions:** Special education eligibility decisions are made by a committee of school officials that compares the results of the evaluation to the criteria it is required to use in defining disabling conditions. Depending on the policies of the school system, parents may or may not be invited to participate in the eligibility meeting. However, all school systems have policies in place for reviewing or mediating eligibility decisions that are disputed by the parents. The law requires school systems to conduct a new evaluation and make a new eligibility decision at least every three years.

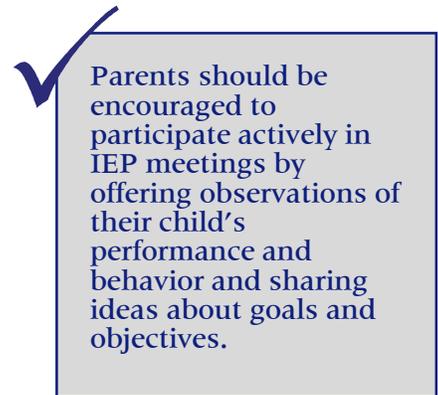
### 3.2.4 Individualized Education Program (IEP)

When a child has been determined eligible for special education, school systems are required to develop an individualized education program (IEP) in collaboration with

the parents. The IEP is a written statement describing a specially designed program for the student and it has five parts:

- student description including educational and behavioral performance, interests, talents, physical and emotional development and learning style
- annual goals that are measurable and specific objectives for reaching goals
- specific educational and related services the student will receive including the extent to which will he/she will/will not participate in the regular education program
- time and duration of services including dates for beginning and ending of each service and location of related services
- criteria, methods, and timelines for evaluating achievement of short-term objectives

**IEP meetings:** Developing the IEP is a joint effort by school personnel and parents. By law, parents must be involved in the process of deciding on the goals and objectives, educational program and services for their disabled child, as well as evaluating progress. Parents should be encouraged to participate actively in IEP meetings by offering observations of their child's performance and behavior and sharing ideas about goals and objectives. The IEP is supposed to reflect a student's strengths as well as needs, and parents often ensure a complete picture of their child is presented. IEP meetings are required at least once a year to review progress and set new goals or objectives. However, an IEP meeting may be requested by the parent at any time.



**IEP document:** The IEP is the focal point of each student's special education program. It articulates the details of the program as agreed upon by both parents and school personnel and commits the resources necessary to complete the program. It also serves as a management tool for school systems to ensure appropriate education and related services. School systems, parents, and individual students all have a stake in having a well-written, comprehensive, and accurate IEP that is revised at least annually to reflect a student's most current needs and progress. All DoD schools use a standardized form for the IEP, but individual state agencies have their own formats for documenting the required components of the IEP. Parents may be referred to the Department of Education's IEP website for more information on IEP format, contents, and samples – [www.ed.gov/parents/needs/speced/iepguide](http://www.ed.gov/parents/needs/speced/iepguide).

### 3.2.5 Placement

A student's individualized education program must be delivered in the least restrictive environment that is able to accommodate the child's needs without jeopardizing the educational needs of other students. In other words, children should be removed from the regular classroom only when the nature and severity of their disability makes it necessary to do so. If the regular classroom along with appropriate supportive/related services is not possible, the IEP must be carried out at public expense in one of these settings as appropriate for the child's needs:

- a special class in a public school with appropriate supportive/related services
- a special public school
- a special education program in private day or residential school which meets specific standards
- a special home or hospital program

**Inclusion:** "Inclusion" is the term used to describe a school's intent to educate students with disabilities in the regular classroom to the greatest degree possible. An inclusive program requires that the child benefit from being in the classroom and not that he or she keep up with the other students. State agencies and DoD school systems must provide a full continuum of services for children with disabilities and ensure their inclusion in the general education program.



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**Preschool placement:** Although the law requires early childhood special education services to be available beginning on the child's third birthday, it is the family's decision whether or not to enroll their child in these school programs. For preschool-age children, the least restrictive environment may be the installation or community child development program, preschool, Head Start/Sure Start, or other program where 3-5 years olds spend part of the day.

**Instruction:** Once a child has been placed in the appropriate school setting, the instructional program begins. Parents play an important role in monitoring their child's progress, and in working collaboratively with school personnel to make the placement work for the child.

### 3.2.6 Related Services

“Related services” is the term IDEA uses to describe services that are not specifically educational but are necessary for a student to benefit from special education. Related services include, but are not limited to

- occupational therapy
- physical therapy
- adaptive physical education
- vocational evaluation
- medical diagnosis/evaluation
- social work services
- speech/language therapy
- recreation
- counseling/parent training
- audiology
- psychological services
- transportation
- school health services

Related services that a student needs are normally identified in the evaluation and must be included in the IEP. Parents, through their participation in IEP meetings, have a role in determining how often and by whom they will be provided. For school systems operated by state agencies, related services that are not available from the school must be procured through contracts or other arrangements. For schools operated by DoD, related services are provided through the Educational and Development Intervention Service (EDIS) serving the school attended by the special needs student.

### 3.2.7 Transition Planning

When a special education student reaches age 14, schools must include in the IEP a statement of the services that the student will require to transition out of the school system and into the adult community. At age 16, the IEP must have specific transition goals and objectives that address the student’s vocational aspirations as well as plans for living arrangements, financial support and continued training/education. At this point, school, student, and parents together may develop a separate individualized transition plan. When schools have a dedicated transition-planning team that is fully engaged with the student and parents in developing an individualized transition plan, it can mean the difference between a future of uncertainty and fear or one of confidence and triumph. The Parent Advocacy Coalition for Educational Rights (PACER) website [www.pacer.org](http://www.pacer.org), has additional information and resources for transitioning students, in addition to many other topics related to educational rights.

**Graduation issues:** Federal law requires that special education services be available through age 21. For students who remain in school until their eligibility ends, the last years focus on career planning and skills necessary for independent living or employment. Others may graduate and continue to receive some services in community or college settings. New graduation requirements of the No Child Left Behind Act have limited the opportunity for many special education students to receive a regular high school diploma. Thus, students and their parents should become familiar with diploma options offered by the school for students who are not able to take certain advanced courses now required for graduation.

**Age-of-majority rights:** At least one year prior to the age of majority (18 in the DoD schools overseas and in most but not all states), the school system must inform special education students and their families of the legal rights that will transfer to the student as an adult. This information must be in writing in the parent’s native language.

### 3.2.8 Special Education Hurdles for Relocating Families

Relocation is a fact of military life. Every military family deals with disruptions and the stress of moving, and over time becomes more adept at planning and organizing moves. For military families with special needs, being adept at planning and organizing is essential for a smooth transition to a new school. Regardless of how well they have planned their move, these families inevitably experience gaps in special education and related service delivery that can extend for months.

**Preparation for change of school:** Parents can reduce educational lag time by being proactive with the losing and gaining school systems. Relocating special needs families should be reminded to

- request losing school to provide them with copies of the child’s records
- verify that IEP, evaluation, and eligibility determination are current
- get teachers’ recommendations in writing, if possible
- hand carry IEP and other school records—do not ship them in hold baggage
- contact gaining school to enroll upon arrival or in advance of arrival if the child has a very specific need or hard-to-serve disability

**School-system policy differences:** Even with the most careful advance preparation, many parents are not prepared for differences between losing and gaining school systems in how they implement the essential components of IDEA. The new school may

- accept the student’s current IEP or require a new evaluation and IEP (IEPs are accepted by DoD school systems)
- use different methods, timelines, and documentation procedures
- determine that the child is not eligible for services he or she had been receiving

**Information resources:** Parents can ease the transition to a new school by gathering as much information as possible about its special education program in advance. The websites of state and local education agencies and DoDEA ([www.dodea.edu](http://www.dodea.edu)) are good places to start. Additional online resources for special education information include

- National Dissemination Center for Children and Youth with Disabilities (NICHCY) [www.nichcy.org](http://www.nichcy.org)
- National Association of State Directors of Special Education [www.nasdse.org](http://www.nasdse.org)
- Office of Special Education and Rehabilitative Services (OSERS) [www.ed.gov/about/offices/list/osers](http://www.ed.gov/about/offices/list/osers)
- Technical Assistance Alliance for Parent Centers [www.taalliance.org](http://www.taalliance.org)
- Parent Advocacy Coalition for Educational Rights [www.pacer.org](http://www.pacer.org)
- Parent Educational Advocacy Training Center [www.peatc.org](http://www.peatc.org)

### 3.2.9 Special Education Rights and Responsibilities

One of the six principles that guides special education under IDEA is “Procedural Safeguards.” Safeguards are built into the law to protect the rights of parents and their child with a disability. Procedural safeguards provide families and schools a mechanism for resolving disputes. IDEA guarantees parents the right to

- inspect and review all of their child’s educational records
- obtain an independent educational evaluation of their child
- receive written prior notice on matters regarding the identification, evaluation or educational placement of their child, or the provision of free and appropriate education to their child
- request a due process hearing on these matters, which must be conducted by an impartial hearing officer
- appeal the initial hearing decision to the state educational agency (or DoDEA) if it did not conduct the hearing
- have their child remain in the current educational placement, unless the parent and the agency agree otherwise, while administrative or judicial proceedings are pending
- bring civil action in an appropriate state or federal court to appeal a final hearing decision

- request reasonable attorney’s fees from a court for actions or proceedings brought under IDEA (under certain circumstances)
- give or refuse consent before their child is initially evaluated or placed in a special education program for the first time

**Conflict resolution:** When parents and the school are in disagreement over decisions or action taken in any aspect of the special education program, it can lead to a breakdown in the partnership essential for the education of children with disabilities. The rights of parents to question actions, seek outside opinions, and pursue legal redress through due process proceedings are clearly stated in the law. However, parents should be encouraged to try resolving conflicts through informal communication or negotiation with school officials at the local or higher levels before taking legal steps. Those who have exhausted all avenues of communication with the school system, consulted outside experts and advocacy groups, and kept accurate records of their efforts will be in a better position if it becomes necessary to seek a legal hearing. School systems must provide the parties in a dispute that could be subject to a due process hearing the opportunity to resolve those disputes through mediation. Mediation is voluntary and conducted by a qualified and impartial mediator at no cost to parents.



Parents should be encouraged to try resolving conflicts through informal communication or negotiation with school officials at the local or higher levels before taking legal steps.

**Parent’s advocacy role:** Despite legal guarantees and the sincere efforts of most teachers, special education coordinators, and school administrators, parents soon discover that they must become their child’s primary advocate in negotiating for his or her needs throughout the school years. Being a successful advocate means becoming

- an expert in special education laws, processes and resources
- an astute observer of their child’s strengths, weaknesses, and personality
- a confident and articulate spokesperson for his or her needs

Everyone who provides services and support to parents has an obligation to help empower parents in their role as advocate and principal spokesperson for their child without assuming their responsibilities.

### 3.2.10 Support for Military Families with Special Education Students

Resources outside the school system are available to parents in military families to help them become stronger advocates for the education of their special needs children. The special needs section of the DoD Military HOMEFRONT website ([www.militaryhomefront.dod.mil](http://www.militaryhomefront.dod.mil)) is a comprehensive resource that identifies a wide range of support services in addition to those mentioned here.

**Specialized Training of Military Parents (STOMP):** STOMP is a federally funded parent training and information center established to assist military families who have children with special education or health needs. STOMP provides military parents with individual assistance, training workshops, and educational materials about a full range of issues for education, medical care and support. Publications include

- [“IEP Primer-Things to Consider”](#)
- [“PCSing-Pointers for Families of Children with Disabilities”](#)
- [“Communication: How to be an Effective Communicator”](#)

Parents may be referred to STOMP at its main office: 6316 So. 12th St. Tacoma, WA 98465 (253) 565-2266 (v/tty) 1-800-5-PARENT (v/tty), or may visit its website [www.stompproject.org](http://www.stompproject.org).

**School liaison officer:** Many installations now have a school liaison officer (SLO) to serve as a bridge and facilitator between schools and military families. SLOs have a special role working with schools to minimize the negative consequences of transitions and informing school personnel as well as the installation command about issues related to the education of military youth, including special education. Parents who are having difficulties working in partnership with school personnel should be referred to the installation SLO.

**Installation family center:** Family service programs on the installation, through their EFMP or information and referral service, may connect parents with local groups and organizations that offer information and support in the area of special education. Opportunities for parents may include participation in support groups, parent training sessions or information sessions on the installation or in the local community.

## 3.3 Education and Training for Disabled Adults

When young adults with disabilities leave school, they have a number of options for further educational and work opportunities depending on the services available in their communities. With a good transition plan developed over time by the student, parents, teachers, vocational counselors and representatives of community programs, the student will be prepared to move to the next level of formal or on-the-job training. Options include

- competitive employment—full or part-time regular jobs, paying at least minimum wage
- postsecondary education—enrollment in a college or university, community college, or vocational school or through an apprenticeship program
- transitional job training (TJT)—short-term programs (under two years) designed to provide vocational skills necessary to help an individual obtain competitive employment
- supported employment—paid employment for persons with severe disabilities who need ongoing support to get and keep jobs
- sheltered employment—a work environment in a supervised setting where disabled workers are paid a “piece rate” for roughly half the productivity of an average workforce
- adult day programs—settings in which staff members assist clients in personal care, community living, and vocational skill development

### 3.3.1 Vocational Rehabilitation

Young adults who have an impediment to employment caused by a physical or mental disability may be eligible to receive vocational rehabilitation assistance from their state. Vocational rehabilitation is a federal/state funded program designed to obtain, maintain, and improve employment for people with disabilities. Services provided to disabled adults may include personal adjustment training, vocational training, counseling and guidance, rehabilitation technology services and medical services/treatment. Job placement is an essential component of vocational rehabilitation programs, and they work with employers and other partners to increase job opportunities for disabled persons. Military families may be referred to their state vocational rehabilitation agency to learn about the services available, eligibility requirements, and the nearest vocational rehabilitation center.

### 3.3.2 Post-Secondary Education

The state vocational rehabilitation agency can provide financial assistance to eligible persons with a disability whose individual written rehabilitation plan (IWRP) includes college or technical school training as a means of achieving a vocational goal leading to competitive employment. However, agencies will require college-bound clients to apply for financial aid from the school or college they plan to attend. Colleges and universities must provide reasonable accommodations to students with disabilities in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Most institutions of higher education have a disability support services (DSS) office with counselors to help disabled students determine what accommodations they will need and how they can best be met. Students accepted to a school should be advised to get in touch with this office in advance and be prepared to provide a recent assessment of their disability.

