



NEWSLETTER – EDUCATION EDITION

August, 2003

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New Video, Great Resources, Other Important

Product Order Forms

TSA-RMR and Jim Eisenreich

Jim Eisenreich was a World Series baseball player with the Marlins in 1997, and other franchises before and after. Jim was also diagnosed with Tourette Syndrome years before and struggled with his baseball career and his disorder. Since his retirement, Jim has diligently worked to help children with Tourette Syndrome through The Jim Eisenreich Foundation.

Jim has offered to come to Denver on August 8th and meet with local children and families who are affected by Tourette Syndrome. The Colorado Rockies organization will also participate in this special event, providing us with a special meeting area for the families where Jim will present on his personal experiences of living with TS and his baseball career. Those that were around a few years ago will remember the fun and special insight when we had this same event. There was an on field announcement and pictures with Jim and some of the children. Many of the players shared personal memories and renewed old friendships with Jim. It was a great day for all and especially for the children with TS. We would like to give that opportunity to TS kids again on Friday August 8th.

There are a limited number of free tickets available that include a special meeting with Jim Eisenreich, and admission to the game (Colorado vs. Pittsburgh).

To reserve tickets, please provide your name, contact information (day and night), and the number of tickets you require.



Tickets are on a first-come, first-serve basis, and TSA-RMR has the right to restrict the number of tickets given to any individual. Although these tickets are available at no cost, we appreciate any donation you are comfortable with. Funding through individual donations is the primary source of revenue for TSA-RMR, and only through your generosity can we continue to provide information, services, and special events of this nature. We prefer to have your information via email (tsarmr@att.net), but you may also leave your message at 303-832-4166.

**Come and join us for a late afternoon & evening
of fun and inspiration!**

For more information about Jim Eisenreich and the Jim Eisenreich Foundation, visit their website at: <http://www.tourettes.org/>

**September 20, 2003 - ROCKY MOUNTAIN REGION
MOVEMENT DISORDERS SYMPOSIUM**
“Hope & Progress”

The 2003 Rocky Mountain Movement Disorders Symposium is fast approaching. This year's symposium will be held at the Mile High Church of Religious Science in Lakewood on Saturday, September 20th. This is the 10th biannual symposium of its kind and the only successful symposium including different disorders (Parkinson's, Huntington's, Tourette's, Dystonia, Essential Tremor, and Restless Legs Syndrome) in the U.S.

The attendees are patients, caregivers, family members, doctors, nurses, and other health care professionals.

The first half of the day will include two keynote speakers on current research and developments including stem cell progress. The second half of the day will involve breakout sessions by subject such as; Depression & Grief, Integrating Alternative Therapies with Traditional Medical Care, Intimacy, Sexuality & Relationships, Behavioral Issues, Speech & Swallowing, and Discrimination - Workplace & Housing; followed by final breakouts for the four sponsoring disorder groups; Parkinson's, Tourette's, Huntington's, Dystonia. It is a full day of information and networking.



Dystonia Medical Research Foundation Denver Area Support Group



Huntington's Disease Society of America Rocky Mountain Chapter

Tickets are \$30 per person, include lunch, a full day filled with new and important information, plus terrific silent auction items! Reserve your tickets now by calling or e-mailing TSA-RMR.

If you know of an organization that may be interested in a display table at the event, have them contact TSA-RMR. It is a great place to showcase products and services. In addition to the sales and marketing opportunity, participation will help to support this event and hopefully, make it the most successful yet.

For those interested in participating at a higher level, we have the following opportunities: A Diamond Sponsorship of \$5,000 or more places company logo on all advertising and program material, signage, and verbal acknowledgements. Gold Level sponsorship of \$2,000 places company logo on all advertising and program material. A Silver Level sponsorship of \$1,000 places your name in the program of sponsors. All sponsors will be provided a table at the event for distribution of literature and giveaways.

Please contact us if you have any questions and we look forward to making the 2003 Rocky Mountain Movement Disorder Symposium a huge success.



Parkinson Association
of the Rockies

For more information: Contact Loree Vanderhye at 303-832-4166 or tsarmr@att.net

From the President

This Newsletter is dedicated to educational issues, please share it with anyone who works with your children with TS. It is also available on our website, as are previous issues. This year and perhaps future years, will be critical for children with TS. Legislatively, services are being cut or reduced and it seems to me that there is an emphasis to force children with differences out of the system. The strides we have made in the past to gain services for our children are being whittled away. It is now more important than ever to be actively involved in your children's school(s). Be there, help in the classrooms, e-mail, call, observe, do whatever you can to help your children succeed this political financial draught. Let your voice and opinion be heard – contact Snow White-Wardell, TSA-RMR Legislative Chair for current information. (303) 774-9657.

Mark you calendars for the Jim Eisenriech event and the Movement Disorders Conference, two very important activities for this Chapter, we hope you will participate. Not only are they valuable and worthwhile activities, but also they are great opportunities to see old friends and network with other TS families. Hope to see you there!

Loree Vanderhye



Oppositional Defiant Disorder

(From an article by James Keim: "The Strategic Therapy of Oppositional Behavior")

Many of our kids with TS have symptoms of oppositional defiant disorder, and for us as parents, this can be more of an issue than the tics. Symptoms include chronic anger, defiance, blaming others for mistakes, being touchy or easily annoyed, annoying others, and swearing or using obscene language. We feel that we are always battling with our kids, and conventional discipline strategies often fail. We feel isolated and powerless, blame ourselves, and feel confused because often our kids are model citizens away from home! It helps to realize that these kids are handicapped in their ability to be flexible and handle frustration; the only thing harder than living with them is BEING them.

Some thoughts:

The oppositional child or teenager often behaves as if they have the authority of adults, not kids, and tend to argue with adults as if arguing with peers. Sometimes, in response, the adult begins to behave less like a parent and more like a peer vying for power. What the parent doesn't know is that the power struggle is the payoff for the kid, not the outcome! The person with the power in a confrontation is the person who:

- 1) Determines the TIMING of the confrontation;
- 2) Decides the CONTENT AND DIRECTION of the communication during the confrontation;
- 3) Determines the MOOD of the confrontation; and
- 4) Decides the OUTCOME of the confrontation.

As the argument progresses and tension mounts, the child increasingly focuses on the PROCESS, while the adult is increasingly focused on the OUTCOME.

The job of the adult is to choose the TIMING of the confrontation when he/she (and the child) are calm, not angry; this may mean physically leaving the situation if the child follows you around insisting you talk to them. Deciding the CONTENT AND DIRECTION of the discussion is easier if you have set limits, rules, and consequences (and put them down on paper for the child to see) BEFOREHAND; nonverbally handing the child this list can de-escalate the situation. Monitor your own MOOD at the onset of (and during) the confrontation. And finally, what do you want the OUTCOME to be?

Remember, for the oppositional child, the ARGUMENT is the payoff, not the outcome. If you refuse to join the fight, you win; if you get into it, the child wins.

Our job as parents is to set the limits and make decisions on rules and consequences, but equally important is also to reward, reassure, soothe, protect, spend positive time with them, and let them know that we know that sometimes, just putting one foot in front of the other is a major feat!

WHAT DOES A CHILD WITH TS LOOK LIKE?

Cute as bugs ear, smart as a whip, a great vocabulary, incredible imagination, creative, funny, clever, and pretty much like most kids! Except, you may notice a twitch or tic, a noise, repeating of words or phrases, smelling and/or touching objects, socially out of step, highly sensitive physically and emotionally, extremely disorganized even though they always have to have things "just right". Very often, TS kids are verbally above average, and below average in written skills (or completing tasks). These kids may be struggling every day to keep looking like everyone else, but on the inside, are frantically out of control and greatly in need of help and understanding. Take the time to be a friend and mentor to a child with TS – you will get back much more than you give, you will gain a friend for life, and you will be the person who will forever make a difference in the life of a child with TS!

Back to School

**Reprinted from: Getting Ready to Go Back to School -in June????
(An Organizational Guide for the Harried Parent)**

Source: **Leslie E. Packer, Ph.D.** www link: <http://www.tourettesyndrome.net/BackToSchool.htm>

Teachers come in to school before school re-opens to set up their classes, etc. If you can get a letter to the school during August, it will give them a chance to read it when they are less under pressure, so write to your child's new teacher(s) in mid-August. In your letter, mention that your child has Tourette Syndrome, but also include any other diagnoses (such as ADHD or OCD). While a general definition of TS is helpful to include (involuntary movements and sounds), it is generally more helpful to identify specific tics or symptoms that your child has had and currently has so that the teacher(s) will recognize them as tics. Similarly, describe any repetitive intrusive or obsessive thoughts your child has or any rituals. If there are specific interventions or strategies that past teachers have reported to be helpful, be sure to include them too. It can be very helpful to the new teachers to know what does work as well as what was tried and definitely hasn't worked. If your child has had peer problems, can you briefly describe them for the teacher? If you have a young child who seems to really struggle in particular settings (such as unstructured recess or in gym), be sure to mention that, too, along with any helpful suggestions. Keep the letter up-beat, but emphasize that because symptoms can change quickly and because the child's symptoms often vary dramatically between the home and school settings, ongoing communication and mutual support are the cornerstones of helping your child succeed in school.

Whenever I wrote to my son's new teachers in August, I always made them a promise: that I wouldn't believe everything he told me about them if they wouldn't believe everything he told them about me! Start to see yourself as the teacher's partner in the effort of educating your child.

1. If you are planning to send the teacher(s) any literature, attach it to this letter. If you reside in Colorado, you might also mention the *Reaching and Teaching Program* - a training CD that TSA-RMR provided each Director of Special Education in each Colorado School District. It is a nationally recognized tool with information for use in training and providing services to educators and families of children with Tourette Syndrome Spectrum Disorders. Check it out!
2. If your child is changing schools and the new school's personnel have never had a staff development on TS, write to the building principal and request that they contact TSA-RMR to arrange for a staff development presentation.
3. If your child is changing schools or if you know your child will be on a new medication when school resumes in September, take a moment to send information on the medication to the school nurse. Nurses in Colorado School Districts have received information on TS and can request more.
 - If your child is continuing on an established medication, you can tell the nurse what, if any, side effects your child experiences from the medication(s).
 - If it is a brand-new medication for your child, inform the nurse that you have no idea what to expect and hope that the school will keep you or the physician apprised if any possible side effects are observed. If you have literature on the medication that lists common side effects, it is helpful to pass it along; not all school buildings have current Physician Desk References and you cannot assume that the school nurse will have information on your child's medication if it's newly FDA-approved.
 - Also remember that if your child will be taking medication during school hours, you will need to provide the medication in a labeled prescription bottle and you will need a signed note from the physician asking the school to administer it. Since many physicians take vacation in August, leave yourself sufficient time to get any prescriptions you might need for when school re-opens.
 - Ask the school nurse to alert all building personnel who will have contact with your child about any medication side effects or medication-related problems as the school year progresses. Inform the nurse as to whether you wish to be contacted directly about any observed side effects, or if you wish the nurse to contact the prescribing physician directly.

NOTE: *keeping the school nurse informed of all medications and changes is really important, even if medications are not being administered in school. Throughout the year, keep the nurse apprised of all changes, and ask her or him to notify the other school staff. This is especially important if your child becomes sleepy or irritable from medication or is having difficulty concentrating from medication.*

4. Set up a daily routine and start using it during the last two weeks or so of August and into September. Too many parents let the kids continue to stay up late or run a bit wild and then have difficulty getting them into a better routine when school re-opens. Figure out a schedule of responsibilities and leisure time that will work for your family, have a family meeting to discuss it and modify it as needed, and then start following it. The schedule should incorporate a reasonable bedtime and wake-up time for Mondays through Fridays, to ease the transition back into a school schedule.

5. If you're going to implement a behavior management plan, now is the time to do it. Establish behavioral goals for the child in terms of their responsibilities. Develop some agreed-upon reinforcers for successfully meeting goals. While young children tend to focus on material reinforcers (rewards), do not overlook opportunities to use activities as reinforcers. For example, you can contract with the child that if he cleans his room (to some agreed-upon standard), you will spend 20 minutes reading to him one-on-one in the evening. For an older child, you might have a reinforcer be the opportunity for the two of you to just do something together that the child wants to do. Remember that it is the child who really determines what is a 'reinforcer.' If they're not motivated to obtain it, your behavioral plan isn't going to work. Also keep in mind that such plans should have goals that require some effort but are reasonably achievable, and that the plans are not static - as the child masters the goal and is able to sustain some level, the goal or expectation can be gradually increased.

6. Try to avoid last-minute shopping for school supplies and clothes. The kids will be nervous enough as opening day draws closer. The more you can do in advance and at a leisurely pace (a bit at a time), the better. Spend a day with each child, if you can, organizing dresser drawers with their school clothes and organizing their desk or area where they will do their homework each day.

7. Reminder: If your child was off medication for the summer, is it time to resume medications?

Important Note: *Many parents don't know this, but a district's Committee on Special Education (CSE) actually works a 12-month year. If something comes up and you need to convene the CSE over the summer, you can. Some people may be away on vacation, but they do still have a responsibility to convene if you send a formal written request.*

1. Write to the teacher(s). Tell them that you'd like to hear from them after the first two weeks of school so that you can find out how your child is doing and talk to the physician if any changes or adjustments might be needed. If there has been any change since you wrote to them a few weeks earlier, provide a brief update.

2. Maintain a daily routine at home. Keep to the schedule you established in August about homework and responsibilities. And whenever possible, try to keep in touch with reality: if you know that your child will need short breaks between assignments, plan on them and have your child plan on them. The more you've planned out and agreed upon in advance, the less stressful things will be. A chart on the refrigerator that the kids can consult may save you thousands of repetitions of what they're supposed to do next. Do not overlook mentioning the obvious on such refrigerator schedules/plans: in our house, I literally listed "have breakfast, get dressed, brush teeth, brush hair," etc. on the chart so that I could avoid the interminable, "Mom, I forget - what am I supposed to do now?" At each step, the children were told to check off the task they had just completed and go to the next task. Successful completion and checking was rewarded on a pre-arranged schedule. And it worked: I no longer had to repeat the same directions like a shrillish drill instructor every morning!

One additional piece of advice about scheduling: do not over-schedule for the first few weeks: try to keep the stress levels down and remember that even positive events or outings can be stress-exacerbating. Estimate how much time you think a task or activity will require, then multiply it by 2 and allow that much time on the schedule. If the child completes the activity ahead of schedule, they can feel good about themselves and go on to the next activity or take a short break: they get to choose.

3. Plan some one-on-one time with each child. For younger children, it might be scheduled time that you can read to them or play with them. For older children, it might be shopping together (just the two of you) or some other activity.

4. Plan some adult leisure time away from the kids during September - an evening out with some friends, a movie, special dinner - it can be anything, but it should be something that gives you a break and a reward for all the hard work you've done.

5. Don't forget about TSA! If you're stressed out or struggling, contact us. We're here to help.

Dr. Leslie H. Packer is a NYS-licensed psychologist who specializes in Tourette's Syndrome and the associated conditions. She has a doctoral degree in experimental psychology, and after working in academia, left to do applied work at NYU Medical Center/Bellevue Hospital in the Dept. of Rehabilitation Medicine, using therapeutic modalities that integrated neurology and behavioral approaches.

Please be sure to visit her award-winning, and very informative website:
<http://www.tourettesyndrome.net/index.htm>

Special Services for Students with Tourette Syndrome

Judith F. Harrigan, RN, MSN
School Health Services Consultant
Colorado Department of Education

Pursuant to federal and state laws and regulations school districts must provide services for students with disabilities that enable them to receive educational services in the least restrictive environment. The two laws that are most likely to impact students with Tourette Syndrome are the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act.

Individuals with Disabilities Education Act (IDEA) defines that eligible students are those with certain specified types of disabilities who need specially designed instruction in school because the disability negatively impacts their ability to learn. To meet the unique needs of the child services must be provided by the child's school district, at no cost to the parent. If these students require related services such as physical therapy, nursing services, behavioral interventions, etc. in order to benefit from their educational program, then these services must also be provided.

Section 504 of the Rehabilitation Act guarantees equal access to educational services for students with disabilities. It upholds the rights of students to receive the services they need to attend school safely and successfully, even if they do not qualify for special education services under IDEA. Under Section 504, children can obtain related services for special health needs that do not affect their cognitive abilities, such as asthma, diabetes, or Tourette Syndrome. Children who qualify for services under Section 504 are defined as those having a physical or mental impairment that substantially limits one or more major life activities. "Major life activities" means primary functions such as caring for oneself, speaking, learning, working, interacting with others, etc.

Each school district must have procedures for identifying and evaluating all children, ages birth to 21, who may have a disability. Once a child has been identified as potentially in need of special education or related services, the school district must have procedures that include referring a child for assessment to determine whether or not there is a disability. The referral process must be accessible to any person (i.e. parent, health care provider, teacher) or agency (i.e. day care center, social services, school) having an interest in the education of the child.

Within 45 school days from the date the referral was initiated the school must complete an assessment, determination of disability, and, if disabled, develop an Individualized Education Plan (IEP). The determination of what services are needed must be made by a group of persons knowledgeable about the student. The group should review the nature of the handicap, how it affects the student's education, whether specialized services are needed, and if so, which services are to be provided. Meetings to review, discuss, and revise each child's IEP must be conducted at least once a year. A complete evaluation must be provided every three years.

Numerous procedural safeguards have been established to protect student and parent rights:

- Parents must be notified in writing before any evaluation of their child is performed. Parents must provide written consent for the evaluation.
- Tests must be conducted in the child's native language or use a mode of communication the child understands (i.e. sign language or augmentative communication device).
- Parents must have an opportunity to review evaluation information and to request additional information before placement decisions are made.
- Parents and student, if appropriate, must be part of the team that reviews the evaluation, makes decisions about the child's program, and develops the IEP.
- Re-evaluations must be done if teachers or parents request them and at least every three years.
- If parents disagree with the evaluation done by the school, an independent evaluation may be requested at the parents' expense. If parents request an independent evaluation at the district's expense, the district must either perform the evaluation or schedule a hearing to determine who should pay for the evaluation.
- Transition services promote moving students from school to post-school activities. Such services must be included in the IEP for students 16 years of age and older, and must be considered in a student's course of study beginning at age 14.

Informal and formal dispute resolution procedures have been established to address conflict or concerns among parents and educators. These procedures include conferences, mediation, and due process hearings. More information about dispute resolution can be obtained at <http://www.cde.state.co.us/spedlaw/index.htm>.

The IEP team should also be involved in developing a Behavior Support Plan for students who experience behavioral problems in school. IDEA requires the consideration of positive behavior support for students whose behavior may impede his/her own learning or the learning of others. The IEP team should consider the instruction students need to learn new, more acceptable behaviors. Students with disabilities may be disciplined, suspended, or expelled for misbehavior. However, students with disabilities may not be suspended or expelled for behavior that is related to their disability. If a student is expelled for more than 10 consecutive school days, the school must continue to provide educational services in an out-of-school setting.

Definitions:

1. **Free Appropriate Public Education (FAPE)** – Schools must provide students with disabilities the special education and/or related services needed to benefit from the education program. This must be done without charge, at public expense for preschool, elementary, or secondary school education and must conform with the student's IEP or 504 plan.
2. **Least Restrictive Environment (LRE)** – To the extent practical, in light of a student's limitations, schools should educate students with disabilities in the same classroom settings as students without disabilities. This may require the use of supplementary aids and services. LRE not only applies to the student's academic curriculum, but also applies to the provision of nonacademic and extra curricular services and activities. These services can include meals, recess, field trips, after school activities, transportation, etc.
3. **Related Services** – These are the services needed to ensure that the child is able to benefit from the educational program and include transportation, speech-language pathology, psychological services, counseling, orientation and mobility services, medical services for diagnosis and evaluation, nursing services, parent counseling, etc.
4. **Individualized Education Plan (IEP)** – The IEP is the process and the document that outlines and communicates the educational program for a particular child, determines the LRE for that child, and identifies the supplementary aids and services needed to allow full participation in the regular education environment as well as the related services necessary to benefit from the special education program.
5. **504 Plan** – Is a document similar to the IEP developed for students that qualify for services under Section 504.
6. **IEP Team** – Members of the team that work together to develop the IEP must include the student, *if appropriate*, the student's parents, administrators, and teachers. Other school personnel should serve on the team if they have knowledge about the student's functioning, achievement, and performance, understand the results and meaning of the assessment information, or have the authority to make decisions regarding service delivery.

Resources

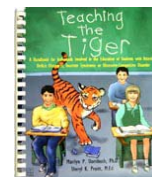
1. Chapman, R. (2000). *The New Handbook for Special Education Rights*. The Legal Center: Denver, CO.
2. Colorado Department of Education (2003). *Behavior Supports for Students*. http://www.cde.state.co.us/cdesped/Behavior_Resources.htm
3. Colorado Department of Education (2003). *Section 504 Information* <http://www.cde.state.co.us/cdesped/504Info.htm>
4. ECEA Rules (2000). *Rules for the Administration of the Exceptional Children's Educational Act*. Colorado Department of Education: Denver, CO.



Recommended Reading: *Teaching The Tiger*

A handbook for Individuals Involved In the Education of Students with Attention Deficit Disorders, Tourette Syndrome, or Obsessive-Compulsive Disorder

Order today from TSA-RMR – in stock and ready for delivery before school starts!



What Else is New?

Actress and playwright Polly Draper, best known for her role on the television series *Thirtysomething*, and longtime supporter of TSA, filmed both the introduction to TSA's newest educational video as well as three 15-second public service announcements today in New York City.

The video, available in hour and half-hour versions, features internationally known speaker Susan Conners, M. Ed., Education Specialist for TSA. Aimed at special education teachers, social workers, psychologists, guidance counselors, school nurses, and other related professionals, the video is edited from a full-day presentation by Conners to over 300 New York-based educators.

The video will be available in the Fall of 2003 from TSA-RMR, watch for information!!!!



Need Help Educating Your Child's Classmates or Teachers and School Administrators About TS?

Call TSA-RMR for presentations, video's
and assistance! (303) 832-4166

Newsletter Schedule

May & Feb: General Information Issues
Aug: Education Issue
Nov: Medical Issue

Board Meeting Schedule

2nd Monday Of Each Month
Swedish Medical Center



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*The returns from Albertson have
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If you are not an advocate for your child, who will be???

**New On the TSA National Website:
Education & Advocacy
The ABC's of Special Education (check it out)**

Sample School Letter

Sample letter for parent to address to either the school principal or the coordinator of the Special Education Department.

Dear _____,

My child, _____, has recently been diagnosed with Tourette Syndrome by Dr. _____. Tourette Syndrome is a neurological spectrum disorder which is almost always accompanied by other neurological disorders. He/She has thus also been diagnosed with _____ (ex: Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder). I have observed the impact that all of these disorders are having on his/her academic performance and social emotional well-being. I have also learned from TS literature that a very large number of children with TS also exhibit learning disabilities especially in the area of non-verbal learning. These disabilities very often include central auditory processing difficulties and fine motor/visual motor impairment.

I am therefore requesting that my child be observed and tested by the school psychologist (full series of tests) as the first step in seeking from the Committee on Special Education a classification of Other Health Impaired. Given the high percentage of children with TS who do have these accompanying disorders, I am also requesting both an occupational therapy and speech evaluation. I understand that once this written request has been received, these evaluations must be started within thirty school days.

I am including a letter of diagnosis from the treating physician which also discusses the urgent need for the completion of all of the above requested evaluations and educational pamphlets from the Tourette Syndrome Association to be shared with my child's teachers and the school psychologist. In the interim, I will be more than happy to meet with school personnel working with my child to discuss what behaviors he/she may be exhibiting in the classroom as a result of this diagnosis and what educators can do to assist.

Thank you for your prompt attention to this matter. I look forward to hearing from you soon, and to working together with school personnel to provide an optimum learning environment for my child.

Sincerely,

Disability Classifications on IEP's

LD: Learning Disabled
 ED: Emotionally Disturbed
**OHI: Other Health Impaired
 (most appropriate for TS)**
 MH: Multiple Disabilities
 SI: Speech/Language/Hearing/Visually/
 Orthopedically Impaired
 MR: Mental Retardation
 TBI: Traumatic Brain Injury

TSA-RMR website:

<http://www.sensiblenet.com/tsa/home.htm>

TSA – National website:

www.tsa-usa.org

Legislative Information:

www.ourchildrenleftbehind.com

PUBLICATION ORDER FORM

**Please return complete page with your check to:
TSA-RMR – 2020 South Oneida #19, Denver, CO 80224**

Dysinhibition Syndrome (Wood & Comings) (Rage in adults/children)	\$25 x _____ =	\$ _____
Tourette Syndrome & Human Behavior (Comings) softback	\$40 x _____ =	\$ _____
Search for the TS & Human Behavior Genes (Comings)	\$30 x _____ =	\$ _____
ADD Kaleidoscope-The Many Faces of Adult ADD (Comings)	\$25 x _____ =	\$ _____
From Emotions to Advocacy (Roadmap to services at schools)	\$30 x _____ =	\$ _____
Ryan, A Mother's Story of Her Hyperactive/TS Child (Hughes)	\$10 x _____ =	\$ _____
Hi, I'm Adam: A Child's Book of TS (Buehrens)	\$ 5 x _____ =	\$ _____
Echolalia: An Adult's Story of TS (Seligman)	\$12 x _____ =	\$ _____
Don't Think About Monkeys: Stories by People w/TS	\$13 x _____ =	\$ _____
Adam & The Magic Marble (Buehrens)	\$ 7 x _____ =	\$ _____
What Makes Ryan Tic? A Family's Triumph over TS & ADHD	\$15 x _____ =	\$ _____
The Gene Bomb	\$25 x _____ =	\$ _____
**Teaching The Tiger (TS/ADHD/OCD teaching techniques)	\$35 x _____ =	\$ _____
Video - Twitch & Shout Documentary with TSA-RMR Panel	\$35 x _____ =	\$ _____
Video - Bending the Rules - Parent's Guide-	\$10 x _____ =	\$ _____
TS Identification Card	\$ 1 x _____ =	\$ _____

2003 Subscription to TSA-RMR Newsletter (includes one TSA-RMR T-Shirt Size _____) **\$ 25.00**
 Other Contribution Toward _____ \$ _____

Add Postage & Handling (under \$25 = \$5.00, over \$25 = \$7.00) \$ _____

Total Enclosed: \$ _____



Rocky Mountain Region
 2020 S. Oneida St. # 19
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Phone: (303) 832-4166
 Fax: (303) 861-0515
 E-Mail: tsarmr@att.net
 Website: <http://www.sensiblenet.com/tsa/home.htm>

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