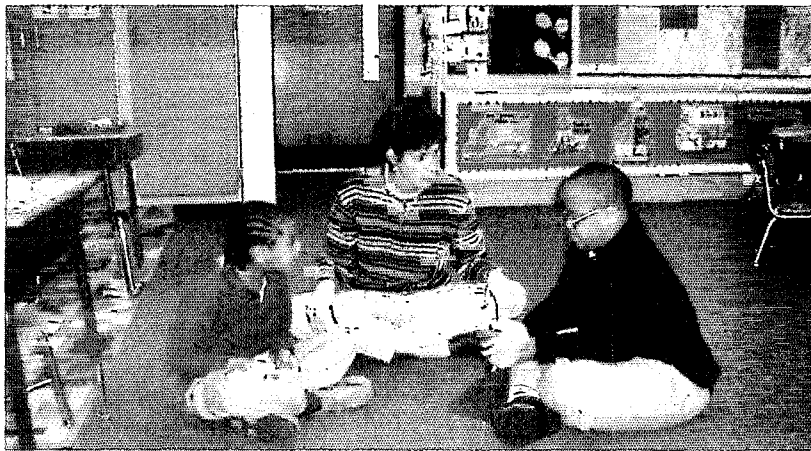


Communication
and Collaboration

Collaborating Successfully With Your School's Physical Therapist

Robin L. Dole



The physical therapist can work with small groups of children in the classroom.

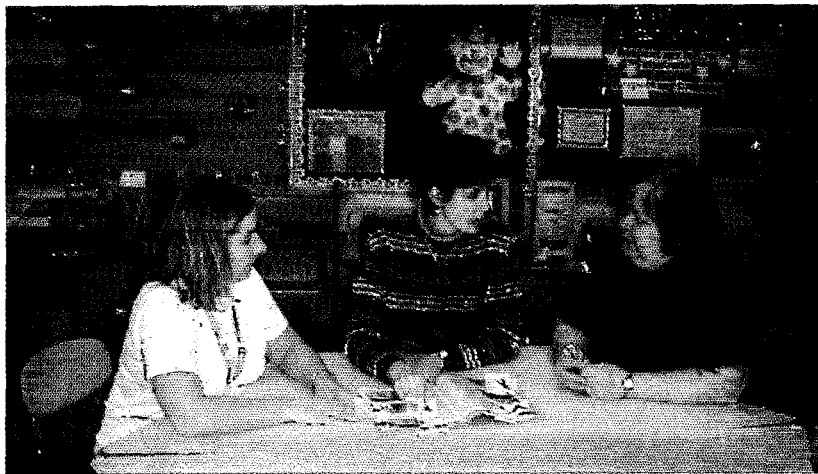
vidual children from class. They wonder where we go, what we do, and why one child receives therapy when another child does not. By understanding the role of the PT as a related service professional; knowing the three federal laws that make it possible for a PT to intervene on a child's behalf; and being familiar with a framework for deciding when it is appropriate for a child to be referred to a PT for screening, evaluation, or consultation, teachers can effec-

Helping all children benefit from and grow in their school experience may require the services and consultation of related service professionals. School teams regularly ask both general and special education teachers to interact with occupational therapists, physical therapists, nurses, psychologists, and speech-language pathologists in programs for children with disabilities. The Individuals with Disabilities Education Act (IDEA, 1997) has identified these therapists and other staff, who are traditionally seen as medical professionals, as able to provide services that may be

necessary for a child to receive a free and appropriate public education.

As a physical therapist (PT), I have received puzzled looks by some parents, teachers, and administrators when I say that one of my areas of practice is in the local school system. The picture that comes to mind is that of the traditional role of a physical therapist in a hospital or clinic setting. Even teachers who are familiar with the role of physical therapy in school and have worked with physical therapists have admitted to wondering about what goes on when the therapist comes and pulls out indi-

Even teachers who have worked with physical therapists in their schools have admitted to wondering about what goes on when the therapist comes and pulls out individual children from class.



The author and two other teachers are discussing and selecting adaptive equipment for children in their class.

tively collaborate with their school's physical therapist.

What Is a Related Service Professional?

Within the amended IDEA (1997), six main principles guide the provision of education to children with disabilities. Those six principles are as follows (Kupper, 1997):

- ◊ All children are entitled to a free and appropriate public education.
- ◊ This educational experience must be provided in the least restrictive environment.
- ◊ The child's program must be guided by an individualized education program (IEP).
- ◊ If necessary to achieve the goals and objectives of the IEP, the child must be provided with the appropriate related services to support his or her success.
- ◊ The child's parents or guardians, if in disagreement with the IEP, have the right to due process.
- ◊ Parents may also seek out an independent educational evaluation of their child if they deem it necessary to the planning of their child's education.

Each of these principles affects educational programming for children who are identified under IDEA as a child with a disability. The term *related services* as it is defined in IDEA, encompasses almost any service needed for a child with a disability to receive the appropriate education in the least

restrictive environment. IDEA specifically mentions professional disciplines that might be involved in the planning and implementing of the child's education plan (see box, "Definitions"). Physical therapy is included as one of those disciplines, and physical therapists have the potential to provide services to support all six of the identified principles of IDEA.

For example, for Timothy (see box, "Case Scenario: Timothy") to receive a free and appropriate public education, he should be attending the same school the children in his neighborhood attend (IDEA, 1997). His academic skills are on par with his same-aged peers, but his physical problems pose a challenge to Timothy and to his teacher. The least restrictive environment for Timothy would be the general education classroom in his neighborhood school. Because Timothy would qualify for services under IDEA on the basis of his diagnosis of cerebral palsy and its effect on his ability to gain a benefit from his educational placement, he has the right to receive the related services necessary to support his participation in the least restrictive environment. What can the physical therapist offer the teacher, the IEP team, and Timothy?

The physical therapist could

- ◊ Instruct the teacher on how Timothy can safely negotiate the environment of his classroom, the hallways, and other places in the school.

Definitions From IDEA

Child with a disability is "a child evaluated in accordance with Section 300.530—300.536 as having mental retardation, a hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, serious emotional disturbance (hereafter referred to as emotional disturbance), an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, multiple disabilities, and who, by reason thereof, needs special education and related services." (Section 300.7 (a) (1))

Related services include "transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech language pathology and audiology, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training." (Section 300.24 (a))

Special education is "specially designed instructions, at no cost to parents, to meet the unique needs of a child with a disability." (Section 300.26 (a) (1))

Source: Assistance to States for the Education of Children with Disabilities and the Early Intervention Program for Infants and Toddlers with Disabilities (1999).

Case Scenario: Timothy

Timothy is a 7-and-a-half-year-old boy who has just entered the second grade. Timothy has cerebral palsy and can walk short distances with his walker. To go from class to other places in his school, he needs to use his wheelchair—which he can do by himself. Timothy loves to read and to use the computer at home. Testing reveals his reading and comprehension are above the second-grade level, but he needs help with controlling the pages of the book. He had some trouble with his first-grade math facts, and his writing legibility is quite poor. Psychometric testing reveals his IQ is in the average range.

- ◆ Identify methods for helping Timothy become more independent in the classroom, including handling his books and papers and maintaining his position at his desk.
- ◆ Help Timothy and his teacher decide when it is best for him to use his walker and when it is best to use his wheelchair.
- ◆ If appropriate, assist Timothy in developing stronger skills with his walker so that he relies less on his wheelchair at school.
- ◆ Provide ideas and strategies for Timothy's participation in special parts of his school day (i.e., participating with his peers in recess, physical education, art class, the spring play; negotiating and safely obtaining his lunch in the cafeteria).
- ◆ In conjunction with the teacher and school administration, develop a safe evacuation plan in case of a fire.

The physical therapist can act as an important member of the IEP team.

The physical therapist can also act as an important member of the IEP team when planning and implementing the goals and objectives that are written for the IEP. The classroom teacher and the physical therapist can support each other in ensuring that the related services provided are educationally relevant to the needs of the child. One of the best ways to ensure this is collaborating on the writing of IEP goals and objectives rather than having them written separately by individual disciplines

(Giangreco, 1995). Considering the environment where therapy and therapeutic guidance or assistance is provided can be important in establishing the educational relevance of the service, as well as affecting the generalizability of the tasks practiced (Orr & Schkade, 1997). Children do better when they practice and learn tasks in the environments where they are, typically performed (Karnish, Bruder, & Rainforth, 1995). Including the parent and the child when appropriate in goal setting is also helpful in keeping the focus of related services on improving the overall participation of the child in the school environment (Kroeger, Leibold, & Ryan, 1999; MaGahee, Mason, Wallace, & Jones, 2001; Snyder & Shapiro, 1997).

When parents disagree with the recommendations of the IEP team regarding their child's program or placement, they may seek remedy through due process and may request an independent educational evaluation of their child. When an independent evaluation is sought regarding physical therapy services, it is important to consider the recommendations in light of the child's educational program and the educational relevance of any services that are recommended. Within IDEA, an independent evaluation must be completed by an individual who is a qualified professional and is not an employee of the educational agency in question. Such evaluations are to be conducted at no expense to the parents, are to occur when there is disagreement between the school and the parents about the child's education plan or placement, and must conform to the guidelines in place for all evaluations under IDEA (1997).

The right to due process and the many court decisions since the implementation of special education laws have helped to further define and delineate the role of related service professionals (Osborne, 1984). The courts have had to determine if certain medical or health-related services are to be considered related services that therefore must be provided for the child by the school at no cost to the parents. Reviewing the relevant case law (see Table 1, Influential Court Decisions) reveals that although few legal disputes have specifically involved therapy services, the precedents set by the cases involving services provided by physi-

A physical therapist could get involved to help adapt the physical education program.

cians, nurses, and psychiatrists could easily apply to physical therapy.

Why Is There a Physical Therapist in My School?

Although IDEA provides for physical therapists intervening on behalf of a child when that child has a disability, two other federal laws facilitate involvement of a physical therapist in the public school, as well. The Rehabilitation Act of 1973 is an antidiscrimination law that protects individuals with disabilities from being treated differently on the basis of their disability. In particular, Section 504 of this law includes language that has the potential to affect children who attend public schools. Although children who qualify for special education under IDEA must have a disability that interferes with their ability to learn, children who may qualify for support through Section 504 of the Rehabilitation Act qualify on the basis of having a disability alone.

For example, Amanda (see box, "Case Scenario: Amanda") would not necessarily qualify as a student with a disability under IDEA, but she does in fact have a physical disability that could

Table 1. Influential Court Decisions

Court Decisions That Have Influenced the Provision of Related Services Under IDEA		
Year	Name of Case	Summary
1980	<i>Rowley v. Hendrick Hudson Central School District</i>	U.S. Supreme Court ruled that a sign language interpreter, as a type of related service, should be provided to assist a child who was deaf in gaining benefit from special education. The decision was later overruled by the Supreme Court in <i>Board of Education of Hendrick Hudson Central School District v. Rowley, et al.</i>
1984	<i>Max M. v. Thompson</i>	Psychotherapy provided by a psychiatrist was deemed a related service and not a medical service, even though a medical doctor provided it.
1984	<i>Irving Independent School District v. Tatro</i>	Supreme Court ruled that clean intermittent catheterization was a "supportive service required to assist a handicapped child to benefit from special education." The service qualified as a related service and was distinguished from a "medical service" as defined by IDEA. Court developed a three-prong "bright-line test" to determine if services qualified as related services: (a) the child must qualify for special education under IDEA, (b) the service must be necessary to aid the child to benefit from special education, and (c) the service must be able to be provided by a qualified person other than a physician.
1987	<i>Detsel v. Board of Education of Auburn City School District</i>	Established the so-called "nature and extent" test. This case involved a child who was ventilator-dependent and required a licensed practical nurse to be with her at all times. The court ruled in favor of the school because the "nature and extent" of the services were "continuous, complex, and nontraditional nursing services." This was contrasted to the Tatro case, where the services were considered "periodic, simple, and akin to the traditional services provided by school nurses."
1987	<i>Bevin H. v. Wright</i>	The circuit court ruled, similarly to Detsel, that upholding complex and expensive full-time nursing services to be "medical" in nature and not diagnostic or evaluative and so were not considered related services under IDEA.
1988	<i>Holmes v. Sobel</i>	The court ruled in favor of providing physical therapy services for the full 12 months of the year, even though the school year was shorter. The courts came to this decision because it was determined that progress toward the child's IEP would be negatively effected if therapy was withdrawn through the summer.
1991	<i>Board of Education of Cheshire v. Connecticut Department of Education</i>	Connecticut Superior Court ruled that psychiatric therapy was a related service since it was necessary for the child to benefit from his educational plan. The court held that who provided the services (the title--because the provider was a doctor) was not an issue in deciding if the service was indeed a related service under IDEA.
1992	<i>Barnegat Township Board of Education</i>	Court ruled in favor of a girl with cerebral palsy who had undergone surgery and was placed in leg casts for 3-4 weeks and who needed frequent position changes during school. It was decided that this was a related service, important to her special education, and could be completed by a school nurse, physical therapist, or other school employee provided with the training to do so.

Table 1. (Continued)

Year	Name of Case	Summary
1992	<i>Granite School District v. Shannon M.</i>	District Court decided that full-time nursing care to provide nasogastric feedings and other health procedures was excluded from being a related service under IDEA because it was deemed to be "medical" in nature.
1999	<i>Cedar Rapids Community School District v. Garret F.</i>	The case involved a young boy who had sustained a spinal cord injury at the age of 4 and required the assistance of a ventilator to breathe. The U.S. Supreme Court rejected the "nature and extent" test from <i>Detsel v. Board of Education</i> and further clarified the three-prong test from <i>Irving Independent School District v. Tatro</i> .

affect her full participation in school. Consider the dilemma that Amanda and her teachers would face if the music room where she takes her lessons and practices for the jazz band was located in a portion of the school that was difficult for her to reach while she was learning to adjust to her new physical condition. Might she also have some difficulties participating in her physical education classes with her peers? What about getting on and off the bus and walking home from the bus stop? One solution might be to excuse her from gym class or to encourage her to take up some other extra-curricular activities. But would this be fair? Could it be considered a discriminatory practice?

Under Section 504, prohibiting Amanda from participating in these activities would be illegal and would be grounds for discrimination based on her physical ability. Section 504 makes it possible to develop a plan to help Amanda participate despite the limita-

tions presented by her new condition. A physical therapist could get involved to help adapt the physical education program, assist Amanda in developing skills for negotiating her school environment safely, and educate teachers and staff in methods of accommodation for Amanda's disability.

Another federal law that might influence Amanda's re-entrance to school would be the Americans with Disabilities Act (ADA). For instance, if Amanda does not attend the local public school, but a private school instead, the private school is not required to provide related services to children with disabilities and as private entities are not bound by IDEA or Section 504 of the Rehabilitation Act. The Americans With Disabilities Act, on the other hand, does have requirements that the private school would need to follow. Private schools are considered "public accommodations" under ADA and must ensure the accessibility of the school

and services so that they will not discriminate based on disability (Americans with Disabilities Act of 1990). A consultation between school personnel, Amanda's family, and the physical therapist directing her rehabilitation would be helpful in developing strategies and reasonable accommodations to meet Amanda's needs and allow her to safely access her school as necessary. A document that might be helpful in this situation is the *ADA Checklist for Readily Achievable Barrier Removal*, which is available from the U.S. Department of Justice (<http://www.usdoj.gov/crt/ada/checkweb.htm>).

Why Do Some Children Receive Physical Therapy and Others Do Not?

Many general and special education teachers may wonder why one child in their classroom might receive physical therapy services and another child does not—even if both of those children might be receiving other special education and related services or if both have the same diagnosis or disability. Although having a disability (whether that disability qualifies a child for intervention under IDEA, Section 504, or ADA) influences the potential to *qualify* for services, the child's individual educational needs determine if the services are *warranted*.

Children who qualify for special education services under IDEA are entitled to the related service interventions that are needed to aid the child in achieving the goals and objectives established in

Case Scenario: Amanda

Amanda is a 10-year-old fifth grader who at the end of the last school year was diagnosed with a rare form of cancer. Over the summer, she underwent a surgical procedure to remove a tumor that was located near her knee. Due to the extent of the tumor, her left leg had to be amputated just above her knee. She underwent chemotherapy and radiation and is now in remission. She missed the first 3 months of school while she underwent medical treatment for the cancer and rehabilitation to help her learn how to use a prosthetic device (artificial limb) but received homebound instruction so that she would not be behind her class. Amanda is a gifted student and participates in math and reading enrichment programs. She is also gifted musically and is looking forward to participating in the fifth-grade jazz band this year.



The author and a child who is receiving physical therapy.

the IEP, so it is possible that a child who has a physical disability and is able to successfully participate in and gain benefit from his or her educational placement without related services may not indeed need such services. It also may mean that the consultation of a therapist with the child, family, teachers, and administrators may be the level of intervention that best meets the child's needs (Hanft & Place, 1996).

For example, the physical education teacher sees Rachael and Richie (see box, "Case Scenario Rachael and Richie") in class each week and remembers having them both in class last year as well. This year the teacher has noticed that both children are having trouble keeping up with their peers, specifically with running and climbing steps, and they often bump into other children. Richie is also beginning to trip and fall in class. The physical education teacher solicits permission from the children's parents (who admit they have similar concerns) so that the school's physical therapist can do a screening assessment of their participation and performance in class. The twins' parents state that Rachael has always been "a little behind" in her physical skills, but they are surprised at Richie's current difficulties.

After screening Rachael, the physical therapist recommends a full evaluation

to further delineate areas in need. In the meantime, Rachael's teacher is also noticing problems of attention and specific learning issues. After the team reviews all the information, they decide to further explore Rachael's qualification for special education services for her problems of attention, learning, and poor motor coordination. They also seek a full examination by her pediatrician.

After consultation with Richie's classroom teacher and his parents, the therapist's concern grows. She notes that the common thread among the information received is that Richie's problems with running, walking, and getting around the school are new this year and appear to be getting worse. He is getting tired and needs to rest more. The recommendation of the physical therapist is for Richie's parents to schedule a visit with the pediatrician for him as well. Subsequent medical follow-up leads to a diagnosis of muscular dystrophy. In both Rachael and Richie's cases, having the team use the knowledge of the physical therapist is helpful in empowering the teachers and parents in getting the support needed by each child.

When Is It Appropriate to Refer a Child?

To help teachers and parents identify children who might benefit from a screening or evaluation by a physical therapist, keep the following things in mind:

- ◆ A screening may be done by a physical therapist to help gather information regarding the need for a full and extensive evaluation, but parental permission must be sought first. Some states may not permit a physical therapy screening or evaluation without a referral from the child's physician. Your school physical therapist should be familiar with the laws that affect the practice of physical therapy in your state.
- ◆ If a child has one of the 13 qualifying disabilities recognized by IDEA, he or she may not need special education

Case Scenario: Rachael and Richie

Rachael and Richie are twins who were born full term and without complication. A developmental pediatrician has followed them and their development has been quite normal. They entered kindergarten last year and are now in the first grade. Rachael and Richie have not previously qualified for special education services, nor do they have a recognized physical or educational disability.

instruction to qualify for physical therapy services (depending on your state's interpretation of IDEA, the need for a type of therapy may in itself be considered special education). Not all children with qualifying disabilities will have needs that warrant physical therapy intervention.

- ◆ If a child does not qualify for special education services, yet has a recognized disability that limits access to and participation in the school environment, he or she may be entitled to physical therapy evaluation and intervention based on the provisions of Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

In addition, the development of a checklist of "red flag" behaviors may be helpful to teachers, therapists, parents, and administrators in deciding when a referral to a physical therapist may be appropriate. The "Functional Performance and Participation Checklist" (see Table 2) is an example of such a checklist developed for this purpose. An affirmative answer to one or two of the questions in the checklist may be illustrative of typical behavior of children based on age and experience. On the other hand, a cluster of affirmative answers to checklist questions may be good evidence that the child in question has difficulties in the school environment. A referral to a physical therapist may provide great insights to the team and may result in the provision of services to support the child

Table 2. Functional Performance and Participation Checklist

❖ Does the child have difficulties in mobility or access to or within the environment (hallways, classroom, gym, cafeteria, transportation, bathroom, field trips)?	Y/N
❖ Does the child seem to be excessively fatigued (as compared to other children), and does this affect the child's attention or participation?	Y/N
❖ Does the child display a lack of willingness or interest in participating in physical activities (prefers to be or play alone at recess, tries to get out of physical activities)?	Y/N
❖ Does the child have difficulty with posture or balance (can't stay seated in chair, displays excess motion or seemingly unnecessary movements, leans on desk or wall)?	Y/N
❖ Does the child need more physical assistance than peers to perform activities (motor-planning issues, decreased ability to carry out physical tasks in sequence)?	Y/N
❖ Does the child have trouble keeping up with peers in physical activities (tires easily, isn't able to participate in physical tasks efficiently or completely)?	Y/N
❖ Does the child's decreased attention or inability to focus lead to behaviors of greatly increased or decreased physical activity (hyperactivity, repetitive movements, slumps in seat, leans on walls, furniture, or other people or objects)?	Y/N
❖ Does the child display significant clumsiness or awkwardness that is significantly greater than peers (lacks coordination and smoothness of movement)?	Y/N
❖ Is the child unsafe or potentially unsafe in a specific situation or setting (falls, is unable to control body movements, does not have awareness of body in space, bumps into others in line often and without awareness)?	Y/N
❖ Do the difficulties that you notice seem to be getting worse with time (over the last 6 months), or do they worsen under situations of stress or excitement (loud or complex environments, new situations, specific times of the day)?	Y/N
Additional comments and explanations for all "yes" answers:	

in gaining the most from his or her education.

References

Americans With Disabilities Act of 1990, Pub. L. No. 101-336, Title III, Part 36, Subpart A, 36.304.

Assistance to States for the Education of Children with Disabilities and the Early Intervention Program for Infants and Toddlers With Disabilities; Final Regulations, Appendix A to Part 300—Notice of Interpretation of IEPs, Fed. Reg. 64, 48: 12405-12454. (1999).

Barneget Township Board of Education, No. 93-5001E (1993). Individuals with disabilities education law report, 19 724.

Bevin H. v. Wright, EHLR 559:122 (W. D. Pa. 1987).

Board of Education of Cheshire v. Connecticut Department of Education, 17 EHLR 942 (Superior Ct. Cn. 1991).

Board of Education of Hendrick Hudson Central School District v. Rowley, et al. 458 U.S. 176 (1982).

Cedar Rapids Community School District v. Garret F., 119 S. Ct. 992 (1999).

Detsel v. Board of Education, EHLR 558:395 (2nd Cir. 1987).

Giagreco, M. F. (1995). Related services decision-making: A foundational component of effective education for students with disabilities. *Occupational and Physical Therapy in Educational Environment*, 15, 47-67.

Granite School District v. Shannon M., 18 IDELR 772 (D. Ut. 1992).

Hanft, B. E., & Place, P. A. (1996). *The consulting therapist: A guide for OTs and PTs in the schools*. San Antonio, TX: Therapy Skill Builders/The Psychological Corporation.

Individuals With Disabilities Education Act Amendments of 1997, Public Law No. 105-17. (1997).

Holmes v. Sobol, EHLR 559:463 (W.D. N.Y. 1988).

Irving Independent School District v. Tatro, 468 U.S. 883 (1984).

Karnish, K., Bruder, M. B., & Rainforth, B. (1995). A comparison of physical therapy in two school-based treatment contexts. *Physical and Occupational Therapy in Pediatrics*, 15, 1-25.

Kroeger, S. D., Leibold, C. K., & Ryan, B. (1999). Creating a sense of ownership in the IEP process. *TEACHING Exceptional Children*, 32(1), 4-9.

Kupper, L. (Ed.). (1997) *The Individuals with Disabilities Education Act Amendments of 1997: Curriculum*. Washington, DC: Office of Special Education Programs, U.S. Department of Education.

MaGahee, M., Mason, C., Wallace, T., & Jones, B. (2001). *Student-led IEPs: A guide for student involvement*. Arlington, VA: Council for Exceptional Children and Minneapolis, MN: Minnesota University, Institute on Community Integration. (ERIC Document Reproduction Service No. ED 455 623)

Max M. v. Thompson, EHLR 556:227 (N.D. Il. 1984).

Orr, C., & Schkade, J. (1997). The impact of the classroom environment on defining function in school-based practice. *The American Journal of Occupational Therapy*, 51, 64-69.

Osborne A. G. Jr., (1984). How the courts have interpreted the related services mandate. *Exceptional Children*, 51, 249-252.

Rehabilitation Act of 1973, Pub. L. No. 93-112, 504.

Rowley v. Hendrick Hudson Central School District, 632 F. 2d 945 (2d Cir, 1980).




Snyder, E. P., & Shapiro, E. S. (1997). Teaching students with emotional/behavioral disorders the skills to participate in the development of their own IEPs. *Behavioral Disorders*, 22, 246-259.

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TEACHING Exceptional Children, Vol. 36, No. 5, pp. 28-35.

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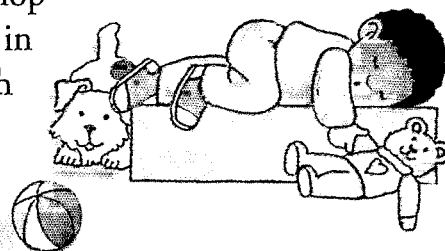
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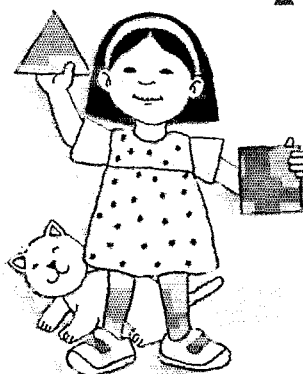
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WN: 0412500442005

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