



DIRECTIONS

Technology in Special Education

Vol. 5 , No. 2

September 1998

Assistive Technology in Schools

Source: Real Times, #38 June-Aug, 1998

Assistive technology is any item that can increase, maintain, or improve the functional capabilities of individuals with disabilities. When a disability limits interaction with the physical world, switch-activated toys, mobility devices, and keyboard alternatives are some solutions. When there is a problem with expressive communication, a range of devices can assist. If handwriting is difficult, technology can make writing easier. A range of assistive and educational software that addresses physical, cognitive, and sensory limitations has been developed for use by students with disabilities. Assistive technology services are those that directly assist the individual with a disability in the selection, acquisition, or use of an assistive technology device. In schools, adapting curriculum and training relevant people in the use of technology are also considered adaptive technology services.

The 1997 Amendments to the Individuals with Disabilities Education Act (IDEA) state that as part of the Individualized Education Plan (IEP) process, the IEP team shall consider whether the child requires assistive devices and services. The IEP should describe the special education, related services, and supplementary aids that will allow that child to advance toward achieving annual goals, to be involved and progress in the general curriculum, to participate in extracurricular activities, and to be educated and participate with other children. This allows a broader application of technology than previous policy letters which indicated that assistive technology was necessary only to the extent that it allowed a student to receive a free and appropriate education.

An Office of Special Education Programs (OSEP) policy letter of December 4, 1995, addressed the responsibility of school Systems to pay for independent assistive technology evaluations. The evaluation should provide sufficient information to permit the IEP team to determine whether the student requires assistive technology devices or services. "If the school does not assess the functional capabilities of the child as they relate to the need for assistive technology, the parents have the right to seek, at public expense, an independent evaluation..."



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Accessible Learning

by Janet Hosmer

janet@dreamms.org

This month we've decided to list all of the web sites that Lorianne has spoken of in her columns over the last 5 months. She's done such a wonderful job of keeping us up to date on what's available in the public domain & shareware world. Sometimes we forget that really useful and helpful products don't have to cost hundreds of dollars! Thanks Lorianne!

Oh and by the way, I visited most of these sites, and there's lots more than what's listed here! Games, tutorials, educational software for all ages and for teachers & parents!! And most sites have both Macintosh and PC software. Be sure to take a look.....

If you have specific questions about education software, software tools for students, parents & teachers, please give Lorianne a holler at lorianne@erols.com; or write to: Lorianne Hoeninger, c/o Accessible Learning Technology Associates, P.O. Box 597, Shirley, NY 11967. §

DIRECTIONS

Technology in Special Education

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Vendors - We welcome product news. Please include pricing and contact name with press releases.

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Five Key Principles of Report Writing

Adapted from: Report Writing: Justifying the Need for Assistive Technology

Source: AT Advocate, Volume III, Issue 4

Funding sources generally require a report or letter of justification before approving funds for an Assistive Technology device. This report may come from a doctor, a physical therapist, an occupational therapist, a speech pathologist, a special education teacher, a vocational rehabilitation counselor, a parent, or any number of other professionals. This article gives you some tips for report writing.

- If the writer is a professional or works for an organization, the report should be written on appropriate letterhead
- Remember to date the report
- When in doubt, use white paper to maintain a professional appearance
- The report should be typed and proof read
- Be sure to include a signature
- The document should be neat in appearance and easy to read

Although many funding sources will require completion of an agency form, a supporting letter of justification is always a good idea. There is no one special format for writing a report, but there are some general rules to follow;

1. Prioritize information getting the important facts at the beginning of the report. Most readers pay more attention to the first sentence in a paragraph, to the first page of a document and so on. Present the most important pieces of information at the

beginning of the document and in the topic or lead sentences of each paragraph.

2. Stay focused on one issue at a time to avoid confusing the reader.

The writer often wants or needs to talk about several different issues in one report. Problems arise though when the writer jumps from topic to topic.

3. Strive for clarity. Use simple sentences and stay away from “\$5 words.” Avoid technical terms unless you must use them. The goal is to effectively communicate to a person who may not have the same professional background as the writer.

4. Educate the reader. Unless you know otherwise, assume the reader knows little about the individual’s disability or the requested equipment. Describe the person’s limitations in concrete functional terms and how the requested AT device will help to overcome those limitations.

5. Limit opinions to areas within the writer’s professional expertise. For example, if the writer is a vocational evaluator, he or she is qualified to give vocational opinions but not medical opinions. A writer who stays within his or her area of expertise will be more credible.

Consider this excerpt from a report written for a young man with cerebral palsy. Steve has used a manual wheelchair, but his physical therapist believes he now needs a power wheelchair and a new seating system. What is wrong with this excerpt?

“Steve, age 34, has a diagnosis of CP resulting from a TBI caused by an MVA when he was eight. He has a secondary diagnosis of scoliosis. He has used a manual chair all his life. He can no longer use his current chair because his seating system needs to be completely replaced. If Steve had a power chair it would be easier for him to ambulate.”

This excerpt presents several problems for the reader. Does the reader know what CP, TBI, and MVA all stand for? When the therapist uses the term “chair,” will the reader know she is referring to a wheelchair? Is the writer asking for a new manual wheelchair, a new seating system or both? What is the significance of the statement about a power wheelchair? The following revised excerpt gives the reader a clearer picture of Steve’s needs:

“Steve, age 34, needs a power wheelchair and a new seating system. He has a diagnosis of cerebral palsy that resulted from a traumatic brain injury, which he sustained in a motor vehicle accident at age eight. He also suffers from scoliosis. Historically, Steve has used a manual wheelchair, but it no longer meets his needs. Steve’s scoliosis makes it physically impossible for him to use his arms to push a manual wheelchair. Steve also needs a new seating system. His present system does not meet his medical needs since his scoliosis has worsened. Also, his current seating system will not fit in a power wheelchair.”

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SlideTalk

Lessening the Communication Gap

<<http://www.discribe.ca/crcd>>

New Brunswick Easter Seal March of Dimes

Communication is a key element in people's lives. The ability to communicate allows an individual to defend themselves, exchange ideas and pursue dreams. Thanks to the efforts of the New Brunswick Easter Seal March of Dimes' Rehabilitation Technology Program, a new computer software program is now available to assist persons with communication difficulties.

SlideTalk is a software program that has been developed to enable persons with severe disabilities to communicate with the help of a computer. The SlideTalk software operates similarly to a slide projector but it includes multimedia capabilities to react when the user selects a slide.

"Although other software programs exist that serve as a communication tool, SlideTalk stands alone for two very important reasons," explains Glen Hughes, Rehabilitation Technology Program Coordinator.

The major difference Hughes explains, with SlideTalk is that only one image is displayed on the screen at a time. This simple concept sets SlideTalk apart from most other picture based computer communication Systems.

"Other software programs scan various images for the user to select when the appropriate visual appears. However, this exercise can be too

complicated for some persons with severe disabilities who cannot react fast enough for a scanning device, or individuals who are unable to cope with the presentation of multiple images," says Hughes.

"Another important difference is the extreme affordability of SlideTalk. Before SlideTalk's arrival, the computer based communication systems on the market could easily exceed the \$2000.00 mark and require a separate speech synthesizers," states the Rehabilitation Technology Program Coordinator. "The requirements for the SlideTalk software are basically your average Multimedia Pentium computer with Window features. The cost of SlideTalk is about \$50.00.

The SlideTalk software was designed in consultation with various rehabilitation professionals and leaders in the education field. The program was the brainchild of Hughes and Bill Wallace, Director of Augmentative Communication Service at the Stan Cassidy Centre for Rehabilitation in Fredericton, New Brunswick. Funding for SlideTalk's development came from Industry Canada and the Department of Advanced Education and Labour of New Brunswick.

Hughes says that the need for an item like SlideTalk arose after he was approached on several occasions by Wallace who was searching, without success, for such a tool for his clients.

SlideTalk will benefit people with cognitive difficulties, with visual tracking restrictions and individuals who are non-verbal.

Users with low vision will benefit because of the large single slide and the auditory prompt to help the user to identify a given computer image.

Feedback for SlideTalk has been positive so far admits Hughes. An example of the early impact SlideTalk is having can be seen in a non-verbal boy with cerebral palsy from Miramichi. In order for him to access SlideTalk he uses switches mounted on his wheelchair laptray; one switch is used to flip through slides while the other switch selects a specified category. For instance, he could choose feelings as a Category, followed by a slide showing a glass. Once it appears the computer could be prompted to express the words "I'm thirsty". The trial period at the boy's school was so positive That his parents have arranged to get SlideTalk for him at home as well.

The NB Easter Seal March of Dimes agency is hoping to market SlideTalk internationally as a communication, development and entertainment tool.

Please see SLIDE on page 6

The Tech Act

By: Joel Mittler, TAM CAN Coordinator

Source: TAM Connector Volume 11, No 2, June 1998

Many of you recall the 1988 Technology Related Assistance Act for Persons with Disabilities, reauthorized in 1992. The Tech Act, as we came to call it, first provided the very comprehensive definition of assistive technology (AT) that was included in IDEA. In addition, it encouraged states to modify their governmental systems to better provide information, support, awareness, and more about assistive technology to those with disabilities (including adults).

The most recent law is set to expire in 1999 and Congress indicated that it would not simply reauthorize it at that time. The National Institute on Disability and Rehabilitation Research (NIDRR), a branch of the Department of Education, was given responsibility to implement the Tech Act. With the law set to expire, Congress asked NIDRR to hold a series of hearings about the current status of assistive technology in the country and make recommendations about a new Tech Act. NIDRR held a series of 5 one day hearings and, while the vast majority of the testimony concerned issues that relate to either the technology itself (e.g., universal access) or the needs of many adults (e.g., Medicaid reimbursement), TAM and The Council for Exceptional Children (CEC) represented the interests of students.

CEC Executive Director Nancy Safer testified at the hearings in Washington, D.C., Past TAM President Dave Edyburn testified in Kansas City, and I testified in Boston. In my testimony, I emphasized the

opportunity that we have to introduce assistive technology to those with disabilities while they were still children in schools, and that early use of AT would likely carry over into adulthood. I reported on the opportunity that IDEA '97 provides in requiring that all children be considered for AT. However, I strongly cautioned that the lack of school personnel knowledgeable about AT will weaken such consideration and that a new Tech Act provided an opportunity to encourage the states to see that school personnel receive the necessary training. I was particularly pleased that the Director of NIDRR asked that I forward to her those aspects of IDEA '97 that would relate to Assistive Technology. In addition, I met with our TAM Board in Minneapolis and I have forwarded some additional recommendations.

While it is premature to assume that there will even be a new Tech Act, I am hopeful that if one is drafted for Congressional consideration, it will significantly impact those of us with interest in assistive technology in the schools. I will, of course, keep you posted. If you have any thoughts, or want to be placed on a distribution list, e-mail me at Edt_Mittler@Eagle.liunet.edu.

TAM Connector is an official publication of the Technology and Media Division of the Council for Exceptional Children (CEC). You can reach them at: 1920 Association Dr., Reston, VA 20191; Phone: 703-620-3660, Fax: 703-264-9446, Web: www.cec.sped.org. §

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“SlideTalk is permitting our agency to greet the millennium with cutting edge technology that will reduce unreasonable barriers to persons with disabilities,” says June Hooper, New Brunswick Easter Seal March of Dimes Executive Director. “Although dollars remain tight for our agency, our organization’s Rehabilitation Technology Program has successfully managed to keep up with these quickly changing times to the benefit of the thousands of clients we assist yearly.” She adds that the non-profit organization is the principal New Brunswick agency working in partnership with people with physical disabilities so that they may attain independence and equality of opportunity generally available in the community.

SlideTalk offers a number of features that include 18 pre-made slide carousels, 46 text to speech text files, adjustable scan rate, 50 picture communication symbols, 40 recorded sounds, slide carousels can be easily created and customized, and English or French capabilities. The SlideTalk software can be accessed using a switch interface, keyboard, mouse, or TouchWindow. It can be operated using either two switches or one switch with scanning.

Additional information and a demo version of SlideTalk is available for download on the New Brunswick Easter Seal March of Dimes website at <http://www.discribe.ca/crcd>. Interested individuals can also contact the agency by telephoning (506) 458-8739. §

Medicaid Funding for Augmentative & Alternative Communication (AAC) Devices - Part 1

By Lewis Golinker, Esq.

Funding opportunities for augmentative and alternative communication (AAC) devices have been expanding consistently since at least the late 1970s. Both Medicaid and health insurance funding can be traced at least that far back in time; presently, Medicaid funding is established in at least 45 of the 50 states and among hundreds of insurance providers. Public education programs, pursuant to the Individual with Disabilities Education Act, vocational rehabilitation programs, the VA and CHAMPUS all cover and provide funding for AAC devices.

Continually omitted from this now-

familiar list of funding programs is Medicare, the largest of all health services payers in the United States. Although vast numbers of people who need and can benefit from AAC intervention are Medicare beneficiaries, Medicare has not willingly embraced AAC funding and it has largely escaped the intensive advocacy efforts that have been directed, for more than a decade, to making Medicaid and other programs responsive to AAC funding requests.

That Medicare has been so completely ignored is both

unnecessary and unfortunate. It can serve as a nation-wide case study of the effects of "learned helplessness," the belief that "it won't work, so why try?" The long-held general perception is that Medicare will not pay for AAC devices, and so, few have even filed claims.

This report challenges the prevailing "wisdom" about Medicare: its conclusion is that Medicare should be a routine source of AAC device funding. This report identifies the Medicare provisions that support coverage for AAC devices, and

Please see AAC on page 10

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Consider the Funding Source

Whether the funding source is an entitlement program like Medicaid or a private charity, there will be rules defining what AT is and what criteria must be met. Nearly all reports should address one of the following questions:

Medical necessity (e.g. Medicaid, Medicare, insurance): Is the equipment medical or remedial in nature, is it medically necessary and cost effective or the least costly medically appropriate alternative, is the request reasonable, and will it correct, cure and/or alleviate a medical problem?

Educational necessity (special education programs) Is the requested equipment necessary to ensure a free and appropriate education?

Vocational necessity (state vocational rehabilitation agency): Is the requested AT necessary to allow the person to achieve a vocational goal or complete a program of vocational rehabilitation?

Consider the statements made by a physical therapist who wants Medicaid to pay for her patient's wheelchair. Has the writer addressed the issue of "medical necessity?"

"John is a 14 year old boy in ninth grade, with a diagnosis of cerebral palsy and asthma. He needs a power wheelchair which will allow him to

conveniently travel to classes within his school. When John is at school, he is often late for classes because he cannot travel quickly in his manual wheelchair. With a power wheelchair, it would be much easier for him to get to his locker to exchange his books and go back to the cafeteria or other classes in a timely fashion. He would be better able to participate in school."

This writer has made two mistakes. First, by choice of language, the writer suggests that John's need for the power wheelchair is based on convenience, "quick" travel and "easier" movement around school. At no point does the writer state that the wheelchair is necessary for general mobility. Second, the writer is addressing "educational needs," not "medical needs." Although the ability to get around school and participate in school activities is relevant (note: the word "independence" appears in the federal Medicaid law), we recommend that this be referenced as supporting and not primary information. Finally, John's therapist offered no information about the affects of his cerebral palsy on his mobility and overlooked the potential medical problems associated with asthma. Compare the statements made by a physical therapist who knows her audience:

"Sharon is a 14 year old ninth grader with a diagnosis of

Duchenne's Dystrophy. According to her doctor, her condition is progressive and will get worse. Sharon is requesting a power wheelchair. She cannot ambulate due to the muscular atrophy affecting her legs. She suffers from partial subluxation of her shoulders making it impossible to safely use a manual wheelchair. Any pressure on Sharon's shoulders caused by her attempts to push her body weight in a manual wheelchair will cause further damage to the shoulder area. For example, one day when Sharon tried to participate in a school fire drill by pushing herself to the exit, she completely dislocated her shoulder and was unable to independently remove herself from harm. Sharon also reports that the strenuous exertion of pushing her manual wheelchair has often brought on asthma attacks."

The AT Advocate is printed monthly by the AT Advocacy Project in Buffalo, NY. This agency provides nationwide services to PAAT projects including technical assistance to advocates wanting to access funding for assistive technology for individuals with disabilities. §



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describes how to get to “yes” with Medicare funding requests.

The Medicare Program

The Medicare program was established by Congress in 1965. It provides government subsidized health insurance for:

- people age 65 and older who are entitled to Social Security retirement benefits;
- people who have received Social Security Disability Insurance benefits for 24 months
- people with end stage renal disease.

Medicare is now the largest payer for health care in the United States. It is divided into two parts: Part A, known as “hospital insurance,” covers inpatient hospital services, post-hospital care in skilled nursing homes, hospice care, and home health care. Home health care includes durable medical equipment, occupational and physical therapy and speech-language pathology (SLP) services. Part B, known as “supplemental medical insurance,” covers physician’s services, laboratory services, durable medical equipment, medical supplies, prosthetic devices, rehabilitation therapy services, including SLP services, and home health care for beneficiaries not covered by Part A.

How to Determine Medicare “Coverage” for AAC Devices

Determining whether Medicare must “cover” AAC devices will follow the same inquiry procedure as for

coverage by Medicaid and health insurance. The standard “coverage” investigation begins with an examination of the definitions of program terms, particularly the definitions of covered services. The goal is to determine whether the specific treatment — AAC devices — falls within the scope of one or more covered services. The next step is an examination whether any program exceptions apply.

The Medicare program covers durable medical equipment, speech-language pathology services under Parts A and B, and prosthetic devices under Part B. These are the three services under which AAC devices are most commonly classified under Medicaid and health insurance, and they are the services where it is reasonable to look for Medicare coverage of AAC devices as well.

Durable Medical Equipment

The Medicare statute does not define durable medical equipment by identifying either device characteristics or purposes. Rather, the statute provides a list of specific items including iron lungs, oxygen tents, hospital beds, wheelchairs, power operated vehicles that may be used as wheelchairs, and seat lift chairs. The only general characteristic stated is that the equipment is “used in the patient’s home.” 42 U.S.C. 1395x(n).

See next month’s edition of DIRECTIONS for a continuation of Mr. Golinker’s informative article. §

Conferences & Events

Date: September 25 - 27, 1998

Abilities Expo, Washington, DC
Contact: 203-256-4700, x 114 for general info and 203-256-4700 x 123 exhibitors.

Date: October 20 - 24, 1998

16th Annual Closing the Gap Conference, Minneapolis, MN
Contact: Phone: 507-248-3294, Fax: 507-248-3810, E-mail: info@closingthegap.com

Date: October 23 - 25, 1998

Abilities Expo, San Mateo, CA
Contact: 203-256-4700 x 114 for general info and 203-256-4700 x 123 exhibitors.

Date: December 6 - 9, 1998

14th Annual DEC International Early Childhood Conference on Children with Special Needs. Chicago, IL
Contact: 1-888-232-7733

Date: March 16 - 20, 1999

14th Annual CSUN Technology and Person’s with Disabilities, Los Angeles, CA
Contact: ltm@csun.edu

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Because you can't predict what will work or "prescribe" a device based on a disability, finding the right technology for a particular student usually requires trying out different options. Personal strengths and preferences play a large part in the success of a device or strategy. This can be very difficult within the public school context. Schools often lack simple and inexpensive choices, such as a talking word processor, that would be useful to many students. Some states have technology banks, so that particular items can be borrowed for evaluation purposes. The Center maintains a collection of core assistive technology that is drawn on for each evaluation,

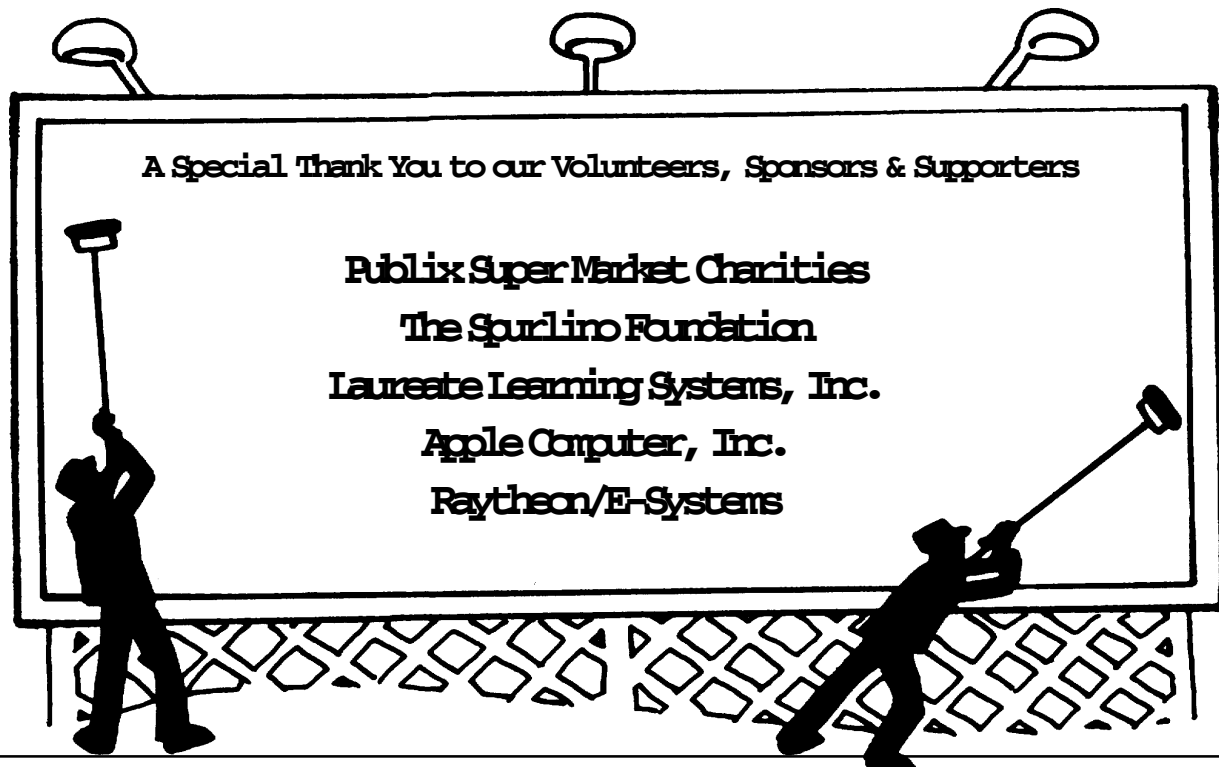
Each week parents call us at the Center to say that there are goals and

objectives related to assistive technology in their child's IEP that are not being met or that they feel an outside assessment is needed. They are hoping that the Center will send trained and qualified personnel into their child's classroom to ensure that technology is used to facilitate their child's access to the curriculum.

The Center has not had enough staff to meet all the requests we have received for the past year. Teachers well versed in the educational applications of assistive technology are rare. We imagine that schools have a similar need to find or create assistive technology specialists. The Center is very interested in transferring

our knowledge to school aids, teachers, and therapists, so that the use of assistive technology is a full-time option for students with disabilities. A consultant visiting a classroom for an hour every other week is not the same as trained school staff that work with a child on a daily basis- As we move into the coming academic year, we will be trying to work with schools to creatively address this issue.

Real Times is published by the Center for Accessible Technology, a non-profit organization providing computer-based technology support for children and adults with disabilities, their families, teacher, friends, and professionals. Contact them at: 510-841-3224, Fax: 510-841-7956, Mail: 2547 8th St. 12A, Berkeley, CA 94710, e-mail: CforAT@aol.com and Web: www.el.net/CAT. §



Education Leaders Use Technology to Get Parents Involved in Education

Source: Community Update, No. 57, May 1998, U.S. Department of Education

Editor's note: Member organizations in the Partnership for Family Involvement in Education are using technology to support family involvement in education. Below are two examples of ways that organizations are helping to link families and educators to promote a better understanding of the Internet and build parents' involvement in their children's education.

Everyday, young people across the country use the Internet to research subjects for school and for fun, communicate with their friends, visit chat rooms to discuss topics of interest, and play games for entertainment. Soon, millions more will have access at home, school or in their community. Following an "Internet Online Summit: Focus on Children," member organizations in the Partnership for Family Involvement in Education joined with

other family, school, community, and business groups to develop America Links Up: A National Teach-In. This effort includes a series of educational events designed to help parents, teachers and others learn how to use the Internet, understand the online issues relevant to them., and find out about existing tools that can help enrich their children's online experience.

The America Links Up Teach-In tutorials will demonstrate the uses of the Internet and how it works, and outline online issues about which every parent, teacher, librarian and child should know. The Teach-In week will take place as part of the 1998 *America Goes Back to School* effort this fall. Participating schools, libraries and community organizations across the country will open their doors so that adults and

children can learn the basics about the Internet and tools that promote safe, rewarding online experiences, information about good quality content and how to use it, and ways families can safely navigate their way around this new medium. For more information, visit www.kidsonline.org.

Family members and schools are increasingly using technology to strengthen family involvement in education. The National PTA, the American Association of School Administrators, and the Family Education Company have undertaken an effort to link families via the Internet to school districts, local schools and other community resources. For more information call toll-free, 1-888-881-3472, e-mail community@familyeducation.com, or visit www.familyeducation.com.§



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