

Department of the Army  
Pamphlet 608-38

Personal Affairs

**Army  
Community  
Service (ACS)  
Staff Handbook  
for Assisting  
Families with  
Exceptional  
Children**

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Department of the Army  
Washington, DC  
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# ***SUMMARY of CHANGE***

DA PAM 608-38

Army Community Service (ACS) Staff Handbook for Assisting Families with  
Exceptional Children

Personal Affairs

**Army Community Service (ACS) Staff Handbook  
for Assisting Families with Exceptional Children\***

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\*This handbook is adapted from Handbook on Special Education for Navy Family Service Centers (November 1981) developed under contract by the Navy Family Support Program.

**RESERVED**

## Chapter 1 Introduction

### 1-1. Purpose of Handbook

This handbook has been developed to help staff of Army Community Service (ACS) better understand and respond to the needs of families with exceptional children. It is primarily intended to introduce the staff to the problems and services associated with this particular type of client. Some examples of situations an ASC staff person might encounter are given below.

*a.* A sponsor from a local command requests information on local programs for the visually handicapped to send to a new arrival.

*b.* A spouse drops in as a new arrival to the area and requests a point of contact to place his or her child in a school which has a special program to help a mentally retarded child.

*c.* An individual in receipt of orders to your area calls to ask if there is a specific area or county to which he or she should try to relocate because it would offer better programs for his or her child who has a learning disability.

*d.* A couple that is very interested in obtaining the best education for their handicapped child wants to prepare for the Individualized Education Program (IEP) meeting with the teacher. They wonder if you have some information on their rights as parents.

*e.* An Army wife calls to say she has to talk with someone about her feelings concerning the planned mainstreaming program for her daughter. Her husband is deployed and she is frustrated and confused in dealing with the conflicting recommendations from doctors and school personnel. She asks if you can provide some assistance.

### 1-2. Definition of Exceptional Child

For purposes of this handbook the definition of exceptional child is limited only to the handicapped child.

## Chapter 2 Initial Suggestions to Assist Families with Exceptional Children

### 2-1. General

*a.* In order to serve families with handicapped children, Army Community Service center staff need to develop an understanding of who exceptional children are and what their legal rights are. Before discussing handicapping conditions, it is important to appreciate the impact that certain key legislation has had on the education of handicapped children and how all educational institutions, including those operated by the military, have been affected.

*b.* Two pieces of legislation, The Education for All Handicapped Children's Act of 1975, Public Law 94-142, Volume 89, US Statute at Large and Section 504, Rehabilitation Act of 1973, Public Law 93-112, Volume 87, US Statute at Large have had an immense impact on the lives of handicapped persons. These laws are the foundation for their legal rights to a public education and provide the opportunity to pursue a fulfilling life in our society. In addition, the laws have created a due process procedure by which parents can advocate for the welfare of their children.

*c.* Initially, Department of Defense Dependents Schools (DoDDS) were exempt from the influence of these laws. However, with the passage of the Defense Dependents' Education Act of 1978, Public Law 95-561, Volume 92, US Statute at Large, DoDDS has expanded the special education services they provide for exceptional children. The DOD implementing instruction governing this program is DODI 1342.12.

*d.* It is important that ACS center staff be aware of these laws, the due process procedures, and their influence in the education of exceptional children. The above legislation is discussed in detail in the following paragraphs. A brief description of handicapping conditions generally associated with exceptional children follows the legislative discussion.

### 2-2. Legislation Affecting Exceptional Children

There are two basic pieces of legislation affecting exceptional children: Public Law 94-142 and Section 504, Public Law 93-112.

*a. Public Law 94-142.* The Education for All Handicapped Children's Act has had a profound impact on services for exceptional children. This landmark legislation made it possible for states and localities to receive federal funds to assist in the education of physically, mentally and emotionally handicapped children. To receive their share of Public Law 94-142 funds, states must ensure:

(1) A free and appropriate public education based on the specific needs of the child.

(2) An individualized education program that includes parents in the decision making process.

(3) Existence of a due process procedure that allows parents to challenge and appeal any decision related to identification, evaluation and placement of their children.

(4) Education in least restrictive environment, i.e., with nonhandicapped peers to maximum extent possible.

*b. Section 504, Public Law 93-112.* A second piece of legislation, Section 504, Public Law 93-112, has been called the civil rights law for handicapped persons in the United States. It protects the rights of handicapped people and prohibits discrimination against disabled persons by any agency, organization or program receiving federal funds. Regulations written for Section 504 specify that:

(1) Handicapped persons must have opportunities to participate in or benefit from services that are equal to those provided to others.

(2) No handicapped child may be excluded from public education.

(3) Programs must be made accessible.

(4) Auxiliary aids, services and program modifications must be made so handicapped individuals can participate in post secondary education.

*c. Department of Defense Dependents (DoDDS) Schools.*

(1) Among the many services provided through the DoDDS system are programs for handicapped students. Programs for students requiring special education exist in many locations. The majority of these programs are designed for students who are mildly mentally handicapped or learning disabled. Fewer programs are offered for preschool handicapped, hearing impaired, physically or sensory handicapped, and moderate to severely mentally handicapped. Speech and remedial reading specialists are assigned to many schools to assist teachers in improving student communication skills. Sponsors anticipating an overseas assignment who have family members requiring special education services should work closely with the personnel assignment office which is directed to go through DoDDS officials to ensure that appropriate educational services are available at the proposed duty station. In overseas areas when DoDDS does not operate schools, it is often possible to make arrangements, through the cognizant DoDDS regional office, for the payment of tuition to allow eligible DoD dependents to attend other schools offering an acceptable instructional program. In remote locations where there are no approved educational institutions available, correspondence courses can be provided to facilitate home study. Correspondence courses should be requested through the nearest DoD dependents school (if one is available). In the absence of a local DoD dependents school, correspondence courses may be requested through the cognizant DoDDS regional office. Home instruction courses are available for students living in remote locations when needed.

(2) Army Community Service center staff in the United States may contact the DoDDS headquarters for more information about these special education programs and how they operate in each of the five DoDDS regional areas. In overseas areas, ACS center staff may contact the regional office which serves the area in which they are located.

Addresses for the DoDDS offices are shown below.

- (a) Director, DoDDS Headquarters  
2461 Eisenhower Avenue  
Alexandria, Virginia 22331
- (b) Director of Dependents Schools, Atlantic  
Department of Defense  
APO New York 09241
- (c) Director of Dependents Schools,  
Germany Region  
Department of Defense  
APO New York 09633
- (d) Director of Dependents School, Mediterranean  
Department of Defense  
APO New York 09283
- (e) Director of Dependents Schools, Panama  
Department of Defense  
APO Miami 34002
- (f) Director of Dependents Schools, Pacific  
Department of Defense  
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### 2-3. Understanding Handicapping Conditions

Below is a brief description of the handicapping conditions which may be encountered by Army Community Service center staff.

*a. Communication and Language Disorders.* It is estimated that between two and twelve percent of the population has some degree of noticeable communication or language disorder. Of the two to twelve percent, most will not be serious enough to be considered handicapped because the condition does not adversely affect the education of the student. Observable characteristics include distortion and substitution of sounds, excessive pauses during speech, stuttering and prolonged or unnecessary sounds. In addition, individuals with unique medical or neurological problems may be unable to understand the spoken word or express themselves adequately.

*b. Crippling and Chronic Medical Conditions.* Children with the most difficulty in obtaining educational services are those with crippling and chronic medical conditions. As a result of consistently poor health, these children may not be able to attend school on a regular basis and have the additional stress of painful treatments, frequent need for medication or extended hospitalizations. They may have health problems resulting from neurological impairment (cerebral palsy or epilepsy); orthopedic conditions (juvenile rheumatoid arthritis or congenital amputations); skin conditions (burns); respiratory problems tuberculosis, cystic fibrosis or asthma); specific organ malfunctions (kidney, liver, pancreas); tumors or a number of any progressively debilitating health problems.

*c. Emotional Disturbance.* It is difficult to approximate the percentage of children needing special services to remediate the causes of emotional disturbances. These children are often very aggressive, physically and verbally abusive, and exhibit a number of unusual behaviors. It should be noted, however, that just as many problems related to emotional disturbance are also found in children who are very passive or withdrawn.

*d. Hearing Impaired.* Hearing-impaired persons constitute about five percent of the population and include those whose impairment ranges from slight to profound loss. These conditions occur for a number of reasons including the mother having contracted German measles during pregnancy, a chronic ear infection in the child as a result of an accident, or they may be associated with such physical problems as cleft palate.

*e. Learning Disabled.*

(1) Individuals with learning disabilities comprise about fifteen percent of the population and generally possess average and above

average intelligence. Basically, these individuals have difficulty with verbal and nonverbal learning associated with perceptual disorders; that is, they are not able to effectively use information received through seeing, hearing, touching or moving. When learning-disabled persons have difficulty with written language, they may be unable to spell correctly or to write logically. When they have math disabilities, they may be unable to count sequentially, to remember the steps used in mathematical operations, to read maps and graphs or to show a number of other mathematical skills normally mastered at various levels from childhood through adulthood.

(2) Learning-disabled individuals may also have problems in spatial orientation, time orientation or social perception, and they often have low self-images. They may be hyperactive and are often unable to attend to one task for more than a few minutes. Parents frequently think their children are repeatedly disobedient when, in fact, these children often cannot remember a set of three directions or have such poor coordination that they are unable to walk across the room without knocking something over.

*f. Mentally Retarded.* Individuals considered mentally retarded have a wide range of capabilities that depend on the extent and nature of their handicap. Some people are minimally limited in their functioning ability and require only part-time special education services, while others are unable to master basic self-help skills and require life-long support and assistance.

*g. Visually Impaired.* There are two major classifications of visual handicaps—partially sighted and blind. Those who are considered "legally blind" for purposes of state and federal funding must have visual acuity of 20/200 or less with corrective lenses in the better eye. Children classified as "partially sighted" have better vision than the blind child, but may be dependent on corrective lenses or optical aids to function and normally require large print materials and special magnifying equipment.

### 2-4. Information and Referral Network

*a.* The major way Army Community Service center staff can serve their Army families with exceptional children is to create an information and referral network. When such a network is in operation, center staff can effectively guide parents to appropriate services and resources.

*b.* The following five basic activities are proposed to assist ACS staff in establishing this fundamental service.

(1) *Appointment of Exceptional Family Member Program Coordinator.* The first requirement for establishing an information and referral network is to select an Exceptional Family Member Program Coordinator to plan, develop, and implement the required services. The duties of this position should be established according to paragraph 3-2, AR 608-1, and local requirements.

(2) *Identification of Resources.* The second activity for developing the network is the identification of resources in the community, in the state and at the national level. Beginning at the local level, it is useful to contact advocacy organizations, such as Epilepsy Foundation of America and the Association for Retarded Citizens that support services for exceptional children and their families.

(a) *State and National Organizations.* Each state has an Office of Special Education. Among some of the major services that state agencies can provide are information about eligibility for existing programs, identification of competent specialists, up-to-date information on state regulations pertaining to special education and advocacy assistance. Appendix A contains a directory of state directors of special education. On the national level, the National Information Center for Handicapped Children and Youth can provide the following resources.

1. Publications about specific disabilities or areas of interest.
2. Addresses of parent organizations—local, state, and national.
3. Ideas on how to work with school and other agencies to create the best programs possible.
4. Newsletters.

These resources may be obtained by writing to the National Information Center for Handicapped Children and Youth, P.O. Box 1492, Washington, DC 20013.

(b) *Community Organizations.* Other good sources of information

about resources in your community are the local United Way organization, knowledgeable individuals in other military services, e.g., the 'Children Have a Potential' (CHAP) officer at the local Air Force base, the Special Education Department of the public school in the local community, and the social service agencies. The initial contact with these sources will provide you with an understanding of their services and direct you to more fruitful areas.

(c) *Educational Resources Information Center (ERIC)* Another important resource is the Educational Resources Information Center (ERIC). This is one of a number of clearinghouses located throughout the United States that provide information about research and development in the field of education and offer a fascinating array of materials pertaining to education of exceptional children. Appendix E of the Army Parent Handbook contains six ERIC fact sheets on a variety of issues associated with the education of exceptional children. These fact sheets are designed to define the issue, discuss its implication for exceptional children, and recommend other sources of information or activities that parents might pursue.

(d) *Resource Access Project (RAP) Network.* A major resource for parents of exceptional preschool children is the Resource Access Project (RAP) Network initiated by Head Start to facilitate individualization for all children, including those with handicaps. Head Start has been instrumental in spearheading a national thrust of mainstreaming children with exceptional needs in a setting with nonhandicapped youngsters. Head Start's effort to serve exceptional children, including the severely handicapped, has placed increased responsibility on local Head Start grantees to locate and provide specialized services and staff training. In support of the Head Start mainstreaming movement, the Administration for Children, Youth and Families (ACYF) has established a network of fifteen Resource Access Projects (RAPs) to serve a designated number of Head Start grantees in each ACYF region throughout the nation. Each RAP is responsible for:

1. Identifying local, regional, and national resources.
2. Determining local Head Start needs and matching these needs with available resources.
3. Coordinating the delivery of services to Head Start programs.
4. Providing training and technical assistance.
5. Promoting and facilitating collaborative efforts between Head Start and other agencies.
6. Providing resource materials to Head Start grantees.

Although these centers are funded to serve Head Start programs, they can provide useful information and referral to the Army Community Service centers in their effort to assist and support parents of handicapped children. Appendix B identifies the existing RAPs presently in operation by name, address, and telephone number. The key to effectively identifying resources is to tap the knowledge of people already in the service field for exceptional children. Use their expertise and knowledge to expand your own and, at the same time, build upon that to discover additional resources. It is also important that the person responsible for coordinating exceptional family member services assemble this information into a reference list which can be easily updated and distributed to parents, or other interested persons, and advertise its existence.

(3) *Establishment of Working Relationships.* The third activity in developing an effective information and referral network focuses on establishing working relationships with the individuals staffing the resources you have identified in the previous activity. This process is directed at two groups—the people referring clients to the Army Community Service Center and the people to whom you will be referring your client for services.

(a) The first group with whom you should establish working relationships includes physicians, social workers, Army personnel and other persons who are in a position to recognize families in need of your program. Contact these individuals, introduce them to the Army Community Service Center concept and your staff, and to the type of services you can offer families with exceptional children. Maintain the relationship by calling these people after they refer a client to you (or vice versa) and discuss the support and guidance your program is providing the client.

(b) The second important group with whom Army Community Service center staff should establish good working relationships includes the staff persons of the agencies, schools and organizations that provide direct services to exceptional children. You should publicize the ACS program by visiting these people and describing the purposes and resources of your center. In addition, you should learn the purposes of these groups. A working relationship implies an exchange of service, and being sensitive to their needs will only enhance your efforts. You might ask these individuals the following questions.

1. What services are provided, particularly those that apply to exceptional children and their families?
2. What are the advantages, weaknesses and restrictions associated with these services?
3. What is your philosophy regarding the provision of services to exceptional children?
4. How can we, the Army Community Service center staff, best prepare our clients before making contact with you?
5. How can our staff assist you in the delivery of your services to our clients?

(4) *Development of an Information Library.* The fourth activity is the creation of a small library containing program literature, publications, manuals, and other material describing services and resources for exceptional children. When visiting the agencies and organizations in your community and state, you should collect their brochures and program literature to add to your library. You should also write the federal and state governments, the local school system, social service agencies and other service providers for literature on their programs. You should collect newspaper and magazine articles, reports and other items relevant to is exceptional children. It would also be useful to publish a list of your library's holdings so that your staff and parents could take advantage of them. It is essential that the information be kept current.

(5) *Creation of a Parent Support Network and Card File.*

(a) The fifth activity consists of the creation and maintenance of a parent support card file. The Army Community Service center staff should assist parent-to-parent support by asking parents if they are willing to contact, or be contacted by, other parents with exceptional children. These contacts could serve as a basis of support and shared experience that are extremely beneficial to parents.

(b) Your staff could facilitate this activity by developing a card file on participating families that includes basic information on the exceptional child and their family. Appendix C of this handbook describes how to plan and implement such a card file system.

(c) It is important that an effort be made by your Army Community Service center staff to publicize the parent support card file. Articles describing the purpose and organization of this service can be printed in your Army newspapers, your local community paper, group newsletter, and posted in areas frequented by Army parents. An introductory letter could also be sent to newly arriving parents who might be in need of such contact or able to offer support.

## **Chapter 3 Additional Suggestions to Assist Families with Exceptional Children**

### **3-1. Introduction**

This chapter focuses on activities beneficial to parents of exceptional children which require a greater commitment of Army Community Service center staff resources than the activities described in Chapter 2. They are primarily designed to enhance the independence of parents and to encourage their development as advocates for their children.

### **3-2. Parents as Advocates**

a. Many situations faced by parents of exceptional children require the support of human service personnel. This is particularly true for Army families who often deal with the added burdens of extended separations and frequent moves to new locations. During

the process of serving these families, it is important that ACS center staff avoid becoming substitutes for the parents but, instead, encourage them to serve as primary advocates for their children.

*b.* Army Community Service center staff can encourage the independence of Army parents with exceptional children by introducing them to established organizations which support parental power. In cases where such groups do not exist, the ACS center staff can assist parents in establishing their own support groups.

### **3-3. Established Parent Groups**

*a.* The nationwide support for the rights and education of exceptional children was inspired by the effective advocacy of parents. Numerous groups and organizations exist, and they differ considerably in sophistication and scope of service. In general, these services include some of the following.

(1) Support services for the emotional and informational needs of parents.

(2) Activities to educate and train parents in meeting their child's unique needs.

(3) Activities and support which enhance a handicapped child's educational opportunity.

(4) Activities which increase parental political influence with legislators, bureaucrats, and members of the executive branch of government.

*b.* Army Community Service center staff, when identifying community and state resources, should add parent support groups and advocacy organizations to their list of appropriate services. ACS staff should contact these groups, learn about their programs, and draw upon their services as a vital part of the ACS strategy for serving Army parents. Most importantly ACS centers should make parents aware of and assist them in using these services.

### **3-4. Development of Parent Advocacy Groups**

*a.* The Army Community Service center staff is in a unique position to help Army parents develop their own advocacy group. To do this effectively, ACS center staff should be aware of the needs of exceptional children, the type of community services available to meet these needs, and the unusual situations experienced by Army families. In addition, the Army Community Service center's commitment to families make it the most appropriate Army facility for encouraging the development of such groups.

*b.* Army Community Service center staff can facilitate the development of parent advocacy groups by:

(1) Introducing parents to each other and helping them become aware of their mutual concerns. An ideal way of achieving this objective is through the use of parent seminars or programs. For example, the ACS center staff can help parents identify community agencies that organize parent support groups for parents of exceptional children. If no such opportunities exist, the ACS center staff can help parents plan and initiate a series of programs featuring experts on appropriate and practical subjects. Included in the program should be an extended period for audience participation. At this time, parents will be able to share their own experiences with experts and, more importantly, with other parents in the audience.

(2) Identifying those parents who have the ability and the energy to assume a leadership role. This requires sharp observations by center staff and a sensitivity to the ability and capacity of the parents.

(3) Suggesting to those parents the idea of an advocacy group (if it has not occurred to them already) and offering assistance to organize it.

(4) Encouraging the development of the parent advocacy group by providing meeting space, suggestions for agendas, information on community resources and contacts with other successful parent groups.

### **3-5. Meetings and Discussion Groups**

Once a core of parents is identified, you can help facilitate two types of meetings: informational and discussion/support groups. For each type of meeting, it is important that the parent organizers be

aware of certain important activities that usually enhance the success of any meeting. Some useful suggestions about planning and organizing meetings are discussed in the following paragraphs.

#### *a. Informational Meetings.*

(1) The purpose of an informational meeting is to provide participants with useful information. Two critical aspects of this type of meeting are determining the informational needs of the participants and finding resources to address these needs. ACS center staff might suggest that a survey form with a list of possible topic areas be circulated among interested parents to solicit their preferences and ideas. This would help identify the type of informational meetings that would be of greatest interest and attract the largest audience. The second task requires taking advantage of your contacts in the special education services community. Request names of individuals having the relevant knowledge and good reputation for working with parent groups.

(2) Once the informational needs are identified and the guest speaker has been contacted, ACS center staff could help parents prepare an agenda for the meeting. The following agenda format might be used by your parent organizers.

*(a)* Arrival period—greet parents with name tags, coffee and refreshments (15 minutes).

*(b)* Welcome and introduction by ACS center staff and parent leaders (5 minutes).

*(c)* Guest speaker (45–50 minutes).

*(d)* Questions and answer session (30 minutes).

*(e)* Conclusion—wrap up, reopen refreshments, allow parents to talk to each other, the guest speaker and the Army Community Service center staff in an informal manner (optional time allotment).

#### *b. Discussion/Support Meetings.*

(1) The purpose of the discussion/support meeting is to offer parents the opportunity to discuss their needs and experiences in a supportive environment with other parents. The crucial organizational aspect of this type of meeting is monitoring the audience to assure that all parents have an opportunity to respond and that the focus of the discussion remains on topic. Areas of discussion are probably best identified by the parent organizers who have had the experience of raising an exceptional child.

(2) The structure of the discussion/support meeting is much more casual than the informational meetings and the emphasis should be on informality, sensitivity and support. One possible agenda for a discussion/support meeting is suggested below.

*(a)* Arrival period—greet parents with name tags, coffee and refreshments (15 minutes).

*(b)* Welcome and introduction by ACS center staff and parent leaders (5 minutes).

*(c)* Facilitator (a parent leader with good group skills and an awareness of the role of facilitator) initiates discussions by presenting the topics and soliciting responses from audience in an effort to facilitate the discussion (60 minutes).

*(d)* Conclusion—facilitator solicits summaries or reports from groups, asks for future discussion topics from audience, parents continue to talk among themselves as the meeting ends (30 minutes).

(3) A simple evaluation form for participants to complete before they leave should be provided. This will help identify how the group feels about the meeting and will provide valuable insight for planning future meetings. Refer to the Army Parent Handbook for other ideas about meetings and discussion groups.

**Appendix A**  
**State Directors of Special Education**

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**State Directors of Special Education**


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**State Directors of Special Education—Continued**

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Gary Sherman Special Education Section State Dept. of Education Box 94987 Centennial Mall Lincoln, Nebraska 68509 (402) 471-2471	Gary Gronberg Special Education State Dept. of Public Instruction State Capital Bismarck, North Dakota 5850 (701) 224-2277	Robert S. Black Office of Programs for the Handicapped State Dept. of Education Room 309, Rutledge Bldg. Columbia, South Carolina 29201 (803) 758-7432	Grant Tubbs Div. of Special Education State Dept. of Education P.O. Box 6Q Richmond, Virginia 23216 (804) 225-2065
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Paul B. Winkler, Dpty. Assoc. Comm. State Dept. of Education, PPS 225 W. State Street Trenton, New Jersey 08625 (609) 292-8616	Patricia Ellis Div. of Special Education State Dept. of Education 700 Parkway Plaza - Church Street Salem, Oregon 973 (503) 378-3598	Donna Livingston Div. of Special Education Texas Education Agency 201 E. Eleventh Street Austin, Texas 78701 (512) 8344496	Dr. Victor Contrucci Div. for Handicapped Children GEF 11, 4th Floor, B93 125 S. Webster Madison, Wisconsin 53702 (608) 266-1649
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**State Directors of Special Education—Continued**

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## Appendix B Resource Access Project (RAP) Network

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Joanne Brady, Director  
Kirsten Hansen, Coordinator

Region I: Connecticut, Maine,  
Massachusetts, New Hampshire, Rhode  
Island, Vermont,  
New England RAP  
EDC – 55 Chapel Street  
Newton, MA 02160  
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Judith Rothschild, Director  
Dinah Heller, Coordinator

Region II: New York New Jersey,  
Puerto Rico, Virgin Islands  
NYU RAP  
New York University  
School of Continuing Education  
3 Washington Square Village, Suite 1M  
New York, NY 10012  
(212) 598–2144

Phyllis Magrab, Director  
Virginia Williams, Associate Director  
Stanley L. Pryor, Coordinator  
Roxanne Kaufmann, Assistant Coordinator

Region III: Delaware, Maryland,  
Pennsylvania, Virginia, Washington, DC,  
West Virginia  
Georgetown University RAP  
Georgetown University Child Development  
Center, CG–52, Bles Building  
3800 Reservoir Road, N.W.  
Washington, DC 20007  
(202) 625–3642

Anne Sanford, Director  
Trish Mengel, Coordinator  
Brenda Bowen, Associate Coordinator  
Sheeley Heekin, Associate Coordinator

Region IV: Florida, Georgia, North  
Carolina, South Carolina  
Chapel Hill RAP  
Chapel Hill Training–Outreach Project  
Lincoln Center, Merritt Mill Road  
Chapel Hill, NC 27514  
(919) 967–8295

Joseph Cunningham, Director  
Jeniece Nelson, Coordinator  
Gillian Hadley, Trainer

Region IV: Alabama, Kentucky, Tennessee  
Nashville RAP  
Peabody College of Vanderbilt University  
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Nashville, TN 37203  
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Anne Sanford, Director  
Valerie R. Campbell, Coordinator  
Carolyn Cagnolatti, Assistant Coordinator

Region IV: Mississippi  
Mississippi RAP  
Friends of children of Mississippi, Inc.  
119 Mayes Street  
Jackson, MS 39213  
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Merle B. Karnes, Director  
Carol Kretschmer, Coordinator  
Deborah Herron, Education Specialist  
Rex Roberts, Education Specialist

Region I: Illinois, Indiana  
University of Illinois RAP  
Colonel Wolfe School  
403 East Healey Street  
Champaign, IL 61820  
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Neal Schortinghuis, Director  
Mary Egan, Resource Specialist  
Linda Loftin, Resource Specialist  
Linda Young, Resource Specialist

Region V: Michigan, Minnesota, Wisconsin  
Portage Project RAP  
Portage Project  
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Margaret Luera, Training Coordinator  
James Mitchell, Technical Coordinator  
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Region VI: Arkansas, Louisiana, New  
Mexico, Oklahoma,  
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**Resource Access Project (RAP) Network—Continued**

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Carol Dermeyer, Coordinator  
Bethann Smith, Coordinator

Region VII: Iowa, Kansas, Missouri, Nebraska  
Region VII Head Start RAP  
University of Kansas Medical Center  
39th and Rainbow Blvd., CRU-Rm. 26  
Kansas City, KS 66103  
(913) 588-5961

Phil Fox, Director  
Jane L. Amundson, co-Director  
Becky Cook, Coordinator  
Carol Jones, Resource Specialist

Region VIII: Colorado, Montana, North  
Dakota, South Dakota, Utah, Wyoming  
University of Denver RAP  
Denver Research Institute-SSRE  
University of Denver  
Denver, CO 80208  
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Bea Gold, Director  
Chris Drouin, Co-Director  
Barbara Robbin, Training Coordinator

Region IX: Arizona, California, Nevada  
CYFS RAP  
Child, Youth and Family Services  
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Los Angeles, CA 90026  
(213) 664-2937

Setsu Furuno, Director  
Vivian Halverson, Co-Director  
Shirley Salomon, Field Trainer

Region IX: American Samoa, Commonwealth  
of Northern Marianas Islands, Federated  
States of Micronesia (Ponape, Truk, Yap),  
Guam, Hawaii, Marshall Islands, Palau  
Resource Access Project of the Pacific  
University of Hawaii  
Castle Memorial Hall UHS 114  
1776 University Avenue  
Honolulu, HI 96822  
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Carillon J. Olmstead, Director  
Mary L. Perkins, Coordinator  
Geri Rowe, Family Service Specialist

Region X: Idaho, Oregon, Washington  
Portland State University RAP  
P.O. Box 1491  
Portland, OR 97201  
(503) 229-4815

Marion D. Bowles, Director  
Sharon Fortier, Coordinator  
Linda Brown, Coordinator

Region X: Alaska  
Alaska Special Services  
Resource Access Project  
1345 West 9th, Suite 202  
Anchorage, AK 99501  
(907) 274-1665

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**Appendix C**  
**How to Plan and Implement a Parent Support Card**  
**File**

**C-1.**

As family members find answers to some of the many questions associated with having an exceptional child, they are better able to cope themselves and to offer support to others. Army Community Service center staff can assist in parent-to-parent communication by

asking parents with exceptional children if they are willing to contact, or be contacted by, other parents to share experiences and helpful suggestions.

**C-2.**

One way to facilitate this activity is by establishing a card file containing background information on parents of exceptional children. The type of information that could be collected is shown on the sample card below.

**PARENT SUPPORT CARD FILE**

Parents' Names: \_\_\_\_\_

Tele. No: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Handicapping Condition: \_\_\_\_\_

Where else have you lived when your child needed service?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Front of Card)

List the names of contacts (families, agencies, professionals) at the places identified on the reverse of this card

Location:	Contact:
_____	_____
_____	_____
_____	_____

List some topics that you would be willing to discuss with other parents (e.g., dealing with siblings, reactions of friends, babysitting ideas, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

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**AUTHORITY:** TITLE 5, United States Code, Section 301

**PRINCIPAL PURPOSE:** To provide background information to establish a support system for parents of exceptional children.

**ROUTINE USES:** To link parents of exceptional children so experiences and suggestions can be shared.

**DISCLOSURE:** Providing information is voluntary. No adverse effect if information is not provided.

(Back of Card)

**C-3.**

If ACS center staff feel that a parent of an exceptional child would benefit from talking to other parents of exceptional children, they could refer to the card file to identify a family (or families) who has had similar experiences. ACS could then make initial contact and, perhaps, facilitate a meeting between the two families. In acting as the liaison, ACS center staff should be sensitive to the fact that most newly arriving parents and new parents find it painful to discuss

their children's handicapping condition. Staff members should not push this effort. In all cases, parents should have the option to participate in this or any other suggested activity.

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