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*Her journey with
Neurofibromatosis*

Private Schools

Invisible Disability
Awareness

Autism-Friendly
Halloween

Choosing a
Special Ed School

Special
Section:
Disability
Resource Guide
Page 21



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OCTOBER 2022



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Building Inclusive Communities

It's Halloween season, and there's a lot to think about — what costume to get, where to go for trick-or-treating and whether there are any haunted houses to visit as a family (pg. 10). But there should also be considerations for neurodiverse children who might not have as much fun with these traditional October activities. Contributing writer Eleanor Linafelt explores what parents can do to plan an autism-friendly Halloween for their child — and their friends!

With that in mind, there's things we can be doing as community members every day to make children and families with different abilities feel welcome. In this issue, we learn more about disabilities that can feel invisible to most but are very real for the child experiencing them. Our spotlight on Ehlers-Danlos syndrome (pg 28) provides one examples and raises awareness for the Invisible Disabilities Association's Invisible Disabilities Week, Oct. 16-22.

We also know that disabilities come in all shapes and sizes — visible and invisible, physical and developmental, well-known and rare. Our special Inclusive

Family section provides resources for families, and friends of families, with disabilities of all kinds, including helpful terms and a directory of local services.

This season we are taking a closer look at private schools as well. Explore our inclusive section for a breakdown from staff writer Heather M. Ross on what to consider when thinking about a special education private school or program (pg. 34) and on page 12, contributing writer Megan Conway covers helpful steps in choosing a private school for all needs.

Weighing all these considerations can put a lot of pressure on parents, so it's important to remember your health. Our Healthy Family feature explores skin conditions to look out for during pregnancy, and contributing writer Emily Rose Barr tackles mammogram myths (pg. 18).

Finally, find more Halloween fun with books (pg. 33) and our DIY craft (pg. 11) Happy haunting!

Lindsay C. VanAsdalan



Washington FAMILY

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BY ELENA EPSTEIN,
DIRECTOR OF THE NATIONAL
PARENTING PRODUCT AWARDS



NTL STUDIO / ADOBESTOCK



Silence

A wordless picture book where endless narrations are possible. A silent journey through nature and different landscapes allows kids to create their own adventure. \$18.95, ages 4-10, cuentodeluz.com

Scribble Scrubbie Dinosaur Pets Waterfall

Travel back in time to the age of dinosaurs and create unique designs with color drops and markers. Pour water down the waterfall, scrub the dinos in the pool and play again. \$19.99, ages 3+, crayola.com



Readyland

An immersive, magical reading experience that encourages kids' love of reading. Printed books come alive with innovative voice technology, allowing readers to talk to characters, respond to questions, choose songs, play games and much more. \$14.99, ages 4+, readyland.com

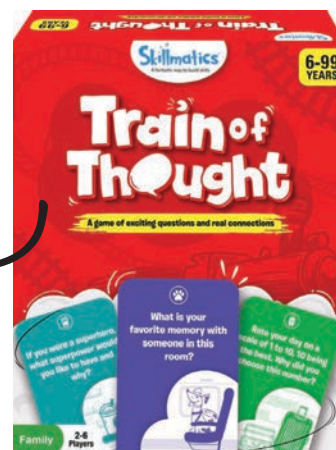


Learning Kindness Activity Set

Blends write-on wipe-off pages and an activity pad that helps preschoolers and kindergartners build social-emotional learning skills with writing practice, puzzles, drawing and more. Focuses on kindness, empathy, friendship and cooperation. \$14.99, ages 3-6, shop.highlights.com

CoComelon Boo Boo JJ Plush

J.J. expresses where he's hurt and when he's healed. Kids can come to the rescue with themed bandages. Says phrases and plays songs. \$34.99, ages 2+, jazzwares.com



Train of Thought

A card game that inspires real connections and meaningful conversations. Learn more about the ones you love through thoughtful questions and fun challenges. \$16.97, amazon.com



Marvel Eye Found It! Board Game

Search for hundreds of hidden illustrations in the Marvel Cinematic Universe while visiting Wakanda, Asgard and everywhere in between on a huge, beautifully illustrated game board. \$24.99, ages 4+, amazon.com



Star Wars Micro Galaxy Millennium Falcon

Loaded with features: opening cockpit, rotating cannons, retractable landing gear, light-up thrusters, motion-activated sounds and more. Also includes articulated 1-inch Han Solo, Chewbacca, Princess Leia and Obi-Wan Kenobi micro figures, compatible with any Star Wars Micro Galaxy Squadron craft. \$44.99, ages 8+, jazzwares.com



Springfree Large Oval Trampoline

With its springless design, flexible net, soft-edge mat and hidden frame, this trampoline gives kids the opportunity to be kids with fun outdoor play. Great for families to have fun together. \$1,799, ages 6+, springfreetrampoline.com.

Superspace

A life-sized modular magnetic play space set that connects as if by magic, facilitating imaginative and cooperative play. The panels are made from recycled plastic bottles, and the patented magnetic locking system allows children to create almost any structure they can dream up and then play in their own creation. Easily packs away for storage. \$299, ages 2+, getsuperspace.com

For more product reviews, visit nappaawards.com



Family Events for October

Explore these fun fall activities
in the DMV

BY HEATHER M. ROSS

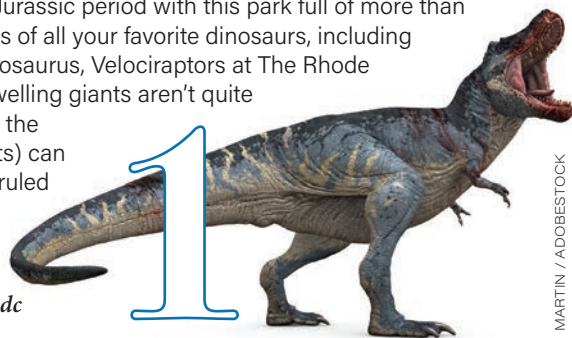


THROUGHOUT THE MONTH

DINOS ALIVE: AN IMMERSIVE EXPERIENCE

Travel back in time to the Jurassic period with this park full of more than 80 life-sized moving replicas of all your favorite dinosaurs, including the T-rex, Stegosaurus, Ankylosaurus, Velociraptors at The Rhode Island Center. If ancient land-dwelling giants aren't quite your cup of tea don't worry! With the virtual aquarium kids (and parents) can meet the massive creatures that ruled the Jurassic seas.

TICKETS ARE \$16-28;
FAMILY BUNDLE \$17
dinosaliveexhibit.com/washington-dc



MARTIN / ADOBESTOCK

OCT. 1-2

10TH ANNUAL WEINER 500 DACHSHUND DASH

Families love The Wharf for its fresh seafood, entertainment and music, but join Oktoberfest celebrants for a special event supporting Rural Dog Rescue. Watch these dedicated Dachshunds race on the District Pier race track from 2-5 p.m. each day or register your family pup to race!

FREE
wharfdc.com



OLGAOVCHARENKO / ADOBESTOCK

OCT. 3

FAMILY STORY TIME AT CAPITOL VIEW NEIGHBORHOOD LIBRARY

3

Encourage the growth of your child's language and literacy skills while promoting a lifelong positive relationship with reading by participating in Capitol View

Library's 30-40 minute story time, starting at 10:30 a.m. Your child will enjoy books and activities as well as the company of their peers.

FREE
dclibrary.libnet.info

OCT. 8

FAMILYFEST AT SHIPGARTEN

Enjoy a Saturday filled with family fun! This festival from 1-6 p.m. features face paint, balloon twisting, crafts, cake and other activities. Some events include the Parent & Me 3-legged race, Parent & Me water balloon toss, an egg run relay, a petting zoo, a children's pie eating contest and more!

FREE
Shipgarten.com

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OCT. 12

CRAFT KIT TO GO: HISPANIC HERITAGE MONTH

Celebrate Hispanic Heritage Month with this craft kit for children ages 5-12 with books, resources and materials for a papel picado banner and a marigold. Kits are available on a first-come-first-serve basis at the children's reference desk at the Martin Luther King Jr. Memorial Library in Washington, D.C.

FREE
dclibrary.libnet.info

OCT. 15

2022 KINGMAN ISLAND FAMILY DAY

Bring your family and explore Kingman and Heritage Islands! Family Day includes fun island activities like paddling, nature walks, fishing, scavenger hunts and more! This event will include opportunities to learn about the plans for the exciting future of these islands.

FREE
kingmanisland.com/family-day

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OCT. 15

UNICORN KIDS CLUB: NEW KIDS ON THE BLOCK DAY

The Smithsonian's Anacostia Community Museum invites kids to an opportunity to find other unique kids! On third Saturdays from 11 a.m. to noon, join the museum for stories, crafts and other activities for children ages 5-12.

FREE
anacostia.si.edu

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OCT. 15

BEST KIDS SUPERHERO 5K & FUN RUN

Model a healthy lifestyle and promote fitness as a family by participating in BEST Kids' 5k, Youth 5k or Kids Fun Run at Hains Point. The Kids Fun Run is free, and proceeds from registration for the 5ks go to BEST Kids' program, working to empower youth in D.C.'s foster care system. Register online.

TICKETS FOR YOUTH 5K (AGES 12 AND YOUNGER) ARE \$20; ADULT 5K IS \$40
bestkids.org/superhero-5k--fun-run.html

8

OCT. 22

TRUNK OR TREAT AT PREMIER MARTIAL ARTS

Looking to avoid crowds on Halloween night? Try a Trunk or Treat. From 5-7 p.m., Premier Martial Arts Manassas is hosting a Halloween event to remember with candy, games and spooktastic decorations! Admission is free but registration is preferred to prepare for the number of attendees.

FREE; REGISTRATION THROUGH EVENTBRITE
premiermartialarts.com/manassas

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OCT. 30

HALLOWEEN FAMILY MOVIE NIGHT

Enjoy a family-friendly Halloween experience at Wildberry Farm and Market in Crownsville from 5-7:30 p.m. Reminisce with Halloween classic, "The Nightmare Before Christmas," and enjoy local flavors from food trucks like MMPanadas! Each child will receive a Halloween-themed goodie bag. Costumes are encouraged!

TICKETS ARE \$5;
AVAILABLE UNTIL OCT. 23.
wildberryfarmmarket.com

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It's officially spooky season. So get ready for jack-o-lanterns, cobwebs, cauldrons and hauntings! Kids can enjoy the scares too with these local and family-friendly haunted experiences.

CARNIVAL GAMES AT FIELD OF SCREAMS MARYLAND

OCT. 1-31

Head out to the Halloween-themed carnival for some frightening games: bloody axe throwing, a zombie brain smash, a crypt ring toss onto skeleton arms and a bean bag toss into scary jack-o-lanterns while the teens of the crew ages 14 and older explore two terrifying haunts. screams.org

LAUREL'S HOUSE OF HORROR

OCT. 1 – NOV. 5

Laurel's House of Horror boasts being Maryland, D.C. and Virginia's largest indoor haunted house. Kids 10 and older will be comfortable in the main scare, and there are two

less-scary escape rooms for younger siblings. The haunted house experience promises new, chilling and unique exhibits, and is not recommended for children who have sensory difficulties.

laurelhaunt.com/haunted-house

HAUNTED NIGHTMARES HAUNTED HOUSE

OCT. 1– 31

Wekends during October, this haunted house in Winchester, Va., just 40 minutes from Leesburg, is open from 1-5 p.m. for a younger audience with fewer scares. Haunted Nightmares also has five different family-friendly escape rooms. After the haunt, pick a small pumpkin on the non-haunted moonlit hayride or explore one of the area's largest corn mazes. hauntednightmares.net

LEGENDS OF THE FOG

OCT. 7 - NOV. 5

There's a scare for everyone at Legends of the Fog. Explore their world of scares including a haunted hayride, haunted hotel, haunted maze and their newest attraction, the walkthrough slaughterhouse. Children under 14 must have an adult chaperone and this experience is not recommended for children under 10 years old.

legendsofthefog.com

D.C. GHOSTS TOUR YEAR-ROUND

Visit up to 12 spooky landmarks across a 1.5-mile walk over the course of 90 minutes. This family-friendly experience is the perfect way to experience the history of the capital city this Halloween season. dcghosts.com

D.I.Y. HALLOWEEN MASKS

Dinosaurs and fairies and scaries, oh my!

BY HEATHER M. ROSS



HALLOWEEN IS COMING

and costumes line the shelves of every supermarket and Halloween store, but sometimes the best costumes need a personal touch. Here are our instructions for how you can make a spectacular and captivating Halloween mask with your child.

YOU'LL NEED:

- A child-sized plain masquerade mask
- Paint (tempera)
- Solid tempera paint markers (the washable kind!) or a permanent marker
- A foam brush or sponge
- Optional: Stick-on gems or glitter.

STEP 1:

Choose a design. For ours, we chose dinosaur and fairy themes, but these steps will work for any simple design.

Tip: Be sure to involve your child in this process! Children tend to enjoy things much more when they feel they have a part in it.

STEP 2:

Remove the thread from the mask before you begin decorating. This will make the mask easier to handle and keep the elastic in good shape.

STEP 3:

Apply the paint and create texture. Simply painting it on with the foam brush like a traditional paintbrush will leave streaks that might look unnatural. Instead, gently dab the paint on. For the dinosaur mask, we used a plastic grocery bag dipped in paint to create a rough texture for the base of the mask. We used swooping brush strokes with the foam brush for the fairy mask, making layered curves. Wait for this layer to dry.

Note: The textured look will take longer to dry, but it will be worth it!

Tip: Don't check for dryness with your fingers. Wait until the paint no longer looks shiny or wet.

STEP 4:

Next, we'll create highlights on the masks using the tempera paint markers. We used

pink around the eyes for the fairy mask and speckled in the upper right and left corners. For the dinosaur mask, we created blocky, natural shapes to look like dinosaur skin. Wait for these marks to dry.

STEP 5: (FAIRY MASK ONLY)

Make little dots of glue around the speckles of paint in the upper right and left corners. Then, apply glitter of your choice generously. After a minute or two, shake the excess glitter off and allow the glue to dry fully.

STEP 6: (FAIRY MASK ONLY)

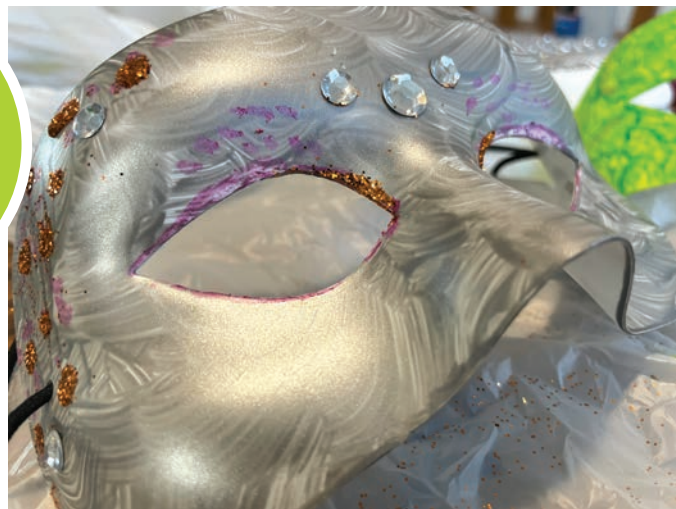
Apply the stick-on gems to the center of the forehead area. We used three but feel free to do as many or as few as you'd like. Then, add a few around the eyes.

STEP 7:

Re-thread the masks.

Tip: You can allow your child to apply the glitter, but supervise them closely to ensure glitter doesn't end up on everything else.

Enjoy your masks! ■



PHOTOS BY HEATHER M. ROSS



CHOOSING A PRIVATE SCHOOL FOR YOUR CHILD?



*Here's what to consider
in your search*

BY MEGAN CONWAY

Children spend a significant portion of their lives in some form of schooling. It's often where humans make many important social connections, build emotional intelligence, learn about themselves and explore possibilities for the future – making the hours spent within school walls an important slice of who we ultimately end up becoming. Decisions surrounding a child's schooling are deeply personal to individual families, and can cause stress for those mulling over several options – public or private? Religious or secular? Where will my child thrive?

For those who have chosen the private school route, the considerations run as wide as one can imagine. With the help of Alissa J. McGriskin, associate director of enrollment & financial aid and director of family engagement at The Tatnall School in Wilmington, Delaware, we've outlined some key decision steps and considerations that caregivers should be aware of when determining what private school may be best for their child.

McGriskin helps break down the decision-making process for exploring private school options, with examples of options from schools in the Delaware Valley, DMV, Frederick County and Baltimore County.

Initial Research – Ask Around & Utilize Online Resources

“Usually, I would say the biggest driving force behind where to look is word of mouth – 80% of admissions is word of mouth, so it's usually a family member or a friend or someone in the community [who recommends schools],” explains McGriskin. We're a social species, after all, and having a personal connection to someone

with a school recommendation is an easy place to begin. If this doesn't necessarily work for your family, or you'd like to dig deeper, McGriskin recommends niche.com, where curious families can search schools by zip code and distance from their home. “A lot of these families, especially [within] the generation they are, are absorbing most of the schools through an online platform,” McGriskin adds.

It's All About Your Values

Much of the decision-making process should be based on a matching of core values, explains McGriskin, “to make sure that what we're about is what the family is also about.” This helps eliminate future friction.

Although all private schools aim to educate their child, methodology and core focuses can differ, creating opportunities for families to find their perfect, unique match. Embedded in the Tatnall School mission, for example, is “a caring faculty [that] creates an environment which nurtures curiosity and encourages students to grow in maturity and self-esteem,” and the school's “outdoor classroom” allows access to a 110-acre campus (with additional acres of natural habitats).

Elsewhere, The Park School in Baltimore allows children agency over their education, with faculty that nurture students by providing physical materials and resources to support their interests and open them up to diverse worldviews. Oneness-Family Montessori School, in Chevy Chase, focuses on family and community-building, “offering celebration in triumph, compassion in sadness [and] guidance and wisdom for every semester.” Students are guided to develop emotionally and inwardly alongside their academic pursuits. And, Lucy School, in Middletown, approaches education through a



“student-centered, arts enriched program” that focuses on community and environmental care on a 17-acre farm setting.

Some families might consider religious schools as a good fit, while others might be drawn to independent or secular settings.

“It is a big investment,” notes McGriskin. “Find where your family fits. It’s not only about the child, it’s also about the family – this will become their community too.”

Other Important Considerations

Value-matching is essential, but so is meeting individual family needs. “So, for instance...[if] a student has a learning difference, making sure that [schools] have the resources to support that” is important, notes McGriskin. Other key factors for caregivers to explore as they compare schools include “experience of faculty, diversity, equity and community...are we doing the work? What are our efforts? Are we honest about where we can go?” she says. Honesty is essential to fostering a successful school match. “And, at the end of the day, it’s a feel. If all those things are in place, would my kid be comfortable here? Seeing the kids in the hallway – do they look happy? Are they engaged?” asks McGriskin.

Sports and extracurricular offerings could impact decisions as well, whether athletic enthusiasts are drawn to Tatnall School’s 37 interscholastic sports teams or creatives can see themselves in Park School’s 44,000 square foot Wyman Arts Center (both schools, of course, offer options for students of various interests).

Your Child’s Opinion Matters

“It is a very interesting time,” observes McGriskin. “I would say more and more, the student is actually picking the school – particularly at the upper school level.”

It may go without saying that your child is, after all, the one who will be spending crucial developmental hours at their school. Taking your child’s opinion into consideration is, however, an important part of the decision-making process. McGriskin recalls an instance in



CONSIDERATIONS WHEN CHOOSING A PRIVATE SCHOOL

Positive recommendations
Ask Around & Utilize
Online Resources

Do their methodology and
core focuses match yours?

Does the school meet your
individual family needs?

Resources to support your
child’s learning differences.

What sports and
extracurricular offerings
do they have?

Have you taken your child’s
opinion into consideration?

Is financial aid in the form
of scholarship opportunities
and financial assistance
available?





with a child with two mothers was registered at one school but experienced an uncomfortable situation early on that compelled the child and their family to change schools.

“A lot of schools have a version of a shadow program, no matter the grade level,” McGriskin explains. “That can be a super important experience for [children] to feel – did they mesh with the faculty? Did they mesh with the student body? Did they have a good day?”

“

... Look beyond the price tag, because a lot of schools want to make it work for your family and where you are financially.”

— ALISSA J. MCGRISKIN

After applying to Lucy School, for example, children are invited to a shadow experience that allows them to observe a typical learning day and gives them the opportunity to interact with potential future teachers and fellow students. Grade-placement information may be gathered in the form of a writing sample and math assessment. Similarly, Oneness-Family Montessori School has its applicants schedule both a parent meeting and a classroom visit for prospective students, which differ in length depending on age.

And Finally, Know That Financial Aid is Often Available

The price of a private school education can be daunting for families exploring various options for their children. However, this is not necessarily a reason to shy away. “For me, that would be my biggest piece of advice to parents who are not content where they are – look beyond the price tag, because a lot of schools want to make it work for your family and where you are financially,” McGriskin emphasizes. Financial aid in the form of scholarship opportunities and financial assistance are often available, and prospective families should be sure to keep their options open and ask. ■

PERFORMANCES FOR YOUNG AUDIENCES

Ages 5+



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NATIONAL SYMPHONY ORCHESTRA FAMILY CONCERT

Sleepover at the Museum

Imagine spending your birthday at the museum!

The Museum of Natural History is Mason's favorite place to visit and he can't wait to celebrate his birthday with a sleepover there. Join Mason and his friends for a musical and scientific scavenger hunt through the museum in this concert with music, projections, and story by **Karen LeFrak** based on her book of the same name.

Oct. 15, 2022 at 2 & 4 p.m. | Concert Hall

Saturday, October 15 at 2 p.m. is a sensory-friendly performance.

Ages 5+



Tickets from \$20

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Nysmith.com
703-713-3332

Open House/ Private School Directory

BY WF STAFF

AIDAN MONTESSORI SCHOOL

aidanschool.org
admissions@aidanschool.org
202-387-2700
2700 27th Street, NW, Washington, DC 20008
Open Houses: 9:15 a.m. Oct. 14 & Nov. 4; 7:30 p.m. Nov. 16 (virtual) and 9:15 a.m. Dec. 2.
Aidan Montessori School is a co-ed, independent private school for children ages 18 months through grade 6 located in Woodley Park, DC. Founded in 1961, Aidan prepares children to learn confidently, think independently, and succeed wherever they go.

BASIS INDEPENDENT MCLEAN

mclean.basisindependent.com
stephanie.cancienne@basisindependent.com (admissions)
571.789.2256 (admissions)
8000 Jones Branch Dr., McLean, VA 22102
Information sessions: Virtual sessions at 12:15 p.m. Sept. 8 & 16; in-person session 9 a.m. Sept. 17.
Grades: Preschool (age 2) - Grade 12 • Year
Founded: 2016 • Coed • Enrollment: 470 • Student-Teacher Ratio 8:1 • Entrance Exam • Foreign Languages: Mandarin, Latin, Spanish, and French beginning in PK1 • Tuition Range: \$25,500 - \$30,000 • AP Classes • Enrichment Activities • Sports • Transportation • Extended Day • Summer Program Students, age 2-grade 12, receive a well-rounded, liberal arts curriculum with a STEM focus.

(THE) BETHESDA MONTESSORI SCHOOL

bethesdamontessori.com
admissions@bethesdamontessori.com
301-986-1260

7611 Clarendon Road, Bethesda, MD 20814
Ages: 3-6

Open House: Tours by appointment; typically scheduled for 9:45am
BMS, established in 1983, is located in the heart of Bethesda, offering two years of preschool and a kindergarten year. Open 8 a.m.-6 p.m., AMI trained teachers, art, French & computer offered, and after school activities.

BROOKSFIELD SCHOOL

brooksfieldschool.org
sarah@brooksfieldschool.org
703-356-5437
1830 Kirby Road, McLean, VA 22101
Ages Served: 2-6
Open House: Call or submit a form online to schedule a tour.

Mindfulness, nutrition, Spanish, dance, music & art, outdoor adventure program, extracurricular activities and summer camp.

CHESTERBROOK ACADEMY

chesterbrookacademy.com
866-267-5685

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Spring Education Group
1615 West Chester Pike, Suite 200
West Chester, PA 19382
484-947-2000

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CELEBREE SCHOOL OF GERMANTOWN

Montgomery County
20409 Seneca Meadows Prkwy
Germantown, MD 20876
301-540-4600
Celebree.com/Germantown-md/
Ages/Grades: 6 weeks to 12 years
Transportation: Gibbs, Snowden Farm, Germantown Elementary, Lake Seneca, Waters Landing, Ronald Menare

CONGRESSIONAL SCHOOL

congressionalschool.org
gherbst@congressionalschool.org
703-533-1064
3229 Sleepy Hollow Road
Falls Church, VA 22042
Ages 6 weeks - 3 years
Open Houses: 9 a.m. Oct. 13 and Nov. 16;
submit a form for an early childhood tour online and contact rdouglass@congressionalschool.org to schedule a tour for pre-K to grade 8.

A co-ed independent day school for infants to eighth graders in Falls Church, Va. Congressional School prepares young learners for future success, inspiring them to question, collaborate, create, and lead.

FEYNMAN SCHOOL

feynmanschool.org
admissions@feynmanschool.org
(301) 770-4370 (ask for admissions)
11810 Falls Road, Potomac, MD 20854
Grades: Preschool-Grade 8

Open House: October 13, November 16
The area's leader in educating academically-gifted children, Feynman School features extraordinary programs in science, math, language arts, theater and music designed to maximize your child's potential.

GLENBROOK COOPERATIVE NURSERY SCHOOL

glenbrookschool.org
membership@glenbrookschool.org
301-365-3190
10010 Fernwood Road, Bethesda, MD 20817

Hours: 9:30 a.m.-12:30 p.m.

Open House: Call or email to schedule a tour.

At Glenbrook, we nurture our children in the early, formative years so they can define themselves as individuals. We strive for this through spontaneous play in a controlled and time structured environment. We believe that children can feel secure only when they understand and trust a set of limits. Their imagination, curiosity and interests need time to wander, expand and develop within these limits. Cooperative nursery schools are administered and maintained by the parents, allowing everyone to grow and learn together. The special nature of Glenbrook is the close working relationship between parents and teachers. Our approach builds a sense of community and togetherness for parents and children.

GUIDEPOST MONTESSORI

guidepostmontessori.com/northern-virginia
866-202-8593
24328 Marrwood Drive, Aldie, VA
42945 Waxpool Road, Ashburn, VA
4550 Walney Road, Chantilly, VA
13251 Woodland Park Road, Herndon, VA
Ages: Infant to elementary
Guidepost Montessori in Loudoun and Fairfax counties is among a growing, worldwide network of schools that offer language immersion for ages infant through elementary.

HOLLY BROOK MONTESSORI SCHOOL

preschoolmontessori.com
info@hollybrookmontessori.com
703 573-7800
2455 Gallows Road, Dunn Loring, VA 22027
Tours available by appointment
Children learn in an intimate and unpretentious atmosphere, where they respect themselves and others and care for the environment around them. We offer a complete educational and social environment and utilize the discoveries and methods of Dr. Montessori to help the child develop more fully the potential within him. The school provides a program specially suited to the needs of the child and offers individual attention to his whole development.

(THE) LANGLEY SCHOOL

langleyschool.org
admission@langleyschool.org
703-356-1920
1411 Balls Hill Rd. McLean, VA 22101
Hours: 8 a.m. - 4 p.m.
Preschool through Grade 8
We offer a carefully designed preschool through grade 8 program that deeply respects your child's earliest years as a time of profound, complex, joyful, and critical learning. Information Sessions: 9 a.m. Oct. 27 (Virtual), 9 a.m. Nov. 9 (On Campus), 9 a.m. Dec. 6 (On Campus)

HUNTER MILL MONTESSORI SCHOOL

preschoolmontessori.com
info@huntermillmontessori.com
703-938-7755

2709 Hunter Mill Road, Oakton, VA 22124

Tours available by appointment

Hunter Mill Montessori School provides an intimate and nurturing environment for 2.75 - 6 year olds to develop their independence through the Montessori experience. We offer a complete educational and social environment and utilize the discoveries and methods of Dr. Montessori to help the child develop more fully the potential within him. The school provides a program specially suited to the needs of the child and offers individual attention to his whole development.

(THE) MANOR MONTESSORI SCHOOL

10500 Oaklyn Drive, Potomac, MD 20854
5450 Massachusetts Ave.
Bethesda, MD 20816
11200 Old Georgetown Road
Rockville, MD 20852
301-299-7400
manormontessori.com

Ages: 2-9

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(THE) MONTESSORI SCHOOL AT GOOSE CREEK PRESERVE

goosecreekmontessori.com
info@goosecreekmontessori.com
571 417-3999

42470 Rosalind Street, Ashburn, VA 20148

Tours available by appointment
A brand new Montessori School in the Broadlands area of Ashburn. All of the classrooms are spacious with an abundance of natural lighting. The classrooms open to the playground with patios allowing children to freely work inside and outside. Goose Creek offers a complete educational and social environment and utilizes the discoveries and methods of Dr. Montessori to help the child develop more fully the potential within him.

MONTESSORI SCHOOL OF CEDAR LANE

preschoolmontessori.com
info@cedarlanemontessori.com
703-560-4379

3035 Cedar Lane, Fairfax, VA 22031

Tours available by appointment
Montessori School of Cedar Lane has been providing over 40 years of Montessori tradition to Northern Virginia. We offer a complete educational and social environment and utilize the discoveries and methods of Dr. Montessori to help the child develop more fully the potential within him.

MONTESSORI SCHOOL OF MCLEAN

mcleanmontessori.org
703-790-1049
1711 Kirby Road, McLean, VA 22101
Ages: 2-12

Open House: Call to schedule a tour.
Preschool and elementary classes. Spanish, French, science, drama, music, P.E., computer, art, summer school, transportation available.

OPEN HOUSE/PRIVATE SCHOOL DIRECTORY



NYSMITH SCHOOL

nysmith.com; ebalberde@nysmith.com
703-713-3332

13625 EDS Drive, Herndon, VA 20171

Ages Served: 3 yrs.-8th Grade

Hours: 7 a.m.-6:30 p.m.

Virtual live tour/info session 10 a.m. daily;
Contact Kmeadows@nysmith.com to
schedule an in-person tour.

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child learn to their potential. Our 1:9 ratio allows
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OLDFIELDS SCHOOL

oldfieldschool.org
admission@oldfieldschool.org
410-472-4800

1500 Glencoe Road, Sparks, Glencoe, MD 21152

Grade Range: 8-12; Type: Girls

Average Class Size: 7

Teacher-Student Ratio: 1 to 5

Before-School Care: Yes

After-School Care: Yes

Open House: Saturday, October 15.

Personal information sessions and tours
offered weekly by contacting admissions office

ONENESS-FAMILY

MONTESSORI HIGH SCHOOL
onenessfamily.org/

admissions@onenessfamily.org

240-426-2614

9411 Connecticut Ave.

Kensington, MD 20895

9:00 AM - 5:30 PM; Serving students from 2

years through grade 12

Virtual Tours for high school on Thursdays
at 11:00 AM

For 30 years, Oneness-Family School's award
winning Montessori program has served
families of students 2 years - grade 12. OFS
features highly trained, supportive teachers
and a diverse, engaged parent community. We
create a collaborative learning environment
where everyone feels successful. We foster
students who are prepared to lead and succeed
in a changing, challenging world by balancing
college prep academics with a focus on well-
being and shared values such as empathy,
inclusion and equity.

ONENESS-FAMILY MONTESSORI SCHOOL

onenessfamily.org

admissions@onenessfamily.org

6701 Wisconsin Ave., Chevy Chase, MD 20815

Admissions: 301-652-7751

Ages 2 - Grade 8

Virtual tours for Lower School on Tuesdays

and Fridays at 9:30 AM

For 30 years, Oneness-Family School has served
families who value student-centered learning

and personal growth alongside a rigorous and
award-winning Montessori curriculum.

(THE) SIENA SCHOOL

thesienaschool.org

info@thesienaschool.org

Silver Spring Campus

1300 Forest Glen Road

Silver Spring, MD 20901

301-244-3600

Oakton Campus

2705 Hunter Mill Road, Oakton, VA 22124

703-745-5900

Virtual tours of Oakton at 9:30 a.m.

Tuesdays and of Silver Spring at 9:30 a.m.

Wednesdays.

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acquire the tools and strategies needed to
become successful and independent learners
who are prepared for college.

SPRING BILINGUAL MONTESSORI ACADEMY

spring-bilingual.org

admissions@spring-bilingual.org

301-962-7262

3514 Pylers Mill Road

Kensington, MD 20895

Ages: 2-6; Hours: 7:30 a.m.-6:30 p.m.

Open House: Dates every November

and January; Submit an online form and

admissions will contact you in the fall.

Montessori preschool with Foreign Language
programs.

SPRINGWELL SCHOOL

springwell.school

info@springwell.school

(301) 338-8273

9525 Colesville Road, Silver Spring, MD 20901

Grades: K-4

A progressive school offering a unique blend of
Waldorf, Montessori, and Reggio Emilia.

WESTMINSTER SCHOOL

westminsterschool.com

admissions@westminsterschool.com

703-256-3620

Preschool (3 and 4-year-olds) - Grade 8

3819 Gallows Road, Annandale, VA 22003

Open House: Virtual open house 4 p.m. Oct.

6; in-person at 8:30 a.m. Oct. 19; virtual 4

p.m. Dec. 6 and in-person at 8:30 a.m. Jan.

24. Schedule a tour by emailing admissions

or calling Admissions Director Jori Sapper at

703-256-3620 ext. 17.

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Mammogram Myths

BY EMILY ROSE BARR

This past July, I got my first mammogram. At the ripe age of 34, I'm not your typical candidate. For most women, annual mammograms are recommended beginning at age 40-45. In all likelihood, the lump I'd found that prompted the visit was a cyst. I'd had a couple before, both of which were benign, and while there's no rhyme or reason for why some women develop them and others don't, this felt like familiar territory to me.

Even so, the ambiguity that accompanied my probable diagnosis was enough to leave me feeling anxious and afraid. After all, I'd heard that mammograms were akin to medieval torture, and I was not envious of the women who'd undergone them.

Where did this rumor come from? Did I have good reason to dread entry into my fourth decade? I'm here to debunk some of the myths surrounding this potentially life-saving procedure that so often evokes doom and gloom, and spread the word about the importance of receiving annual screenings.

Myth #1: Mammograms are incredibly painful.

While many women will feel pain or discomfort during their mammogram, in my

experience, the pain was negligible, and far from the agony I'd prepared for. The discomfort was mild and lasted only as long as the procedure itself (about 10 minutes.) According to the CDC, the skill of the technologist, the size of your breasts, and how much they need to be pressed all influence what you feel. In addition, your breasts may be more sensitive if you are about to get or have your period, so it's recommended to avoid scheduling your appointment during this week or the week before.

Myth #2: My breasts are too small for a mammogram.

Some women worry that their breasts are too small to have a mammogram, but the truth is, if you have breast tissue, you can have a mammogram. In other words, whatever your cup size may be, every woman has enough breast tissue for the procedure.

Myth #3: I don't need to get annual mammograms if I'm not in the high-risk group.

According to the American Cancer Society, beginning at age 40, women should have the choice to start yearly breast cancer screening

with a mammography if they wish to do so. By age 45, women should get an annual mammogram regardless of their risk status. Women who may be at greater risk include those who have a BRCA1 or BRCA2 mutation; who are an untested family member of someone who has a BRCA1 or BRCA2 mutation; who have a history of mantle or chest radiation which occurred before age 30; or have a lifetime breast cancer risk of 20% or greater based on their family history.

About 1 in 8 U.S. women (13%) will develop invasive breast cancer during her lifetime. Getting annual mammograms can help doctors detect breast cancer early, sometimes up to three years before it can be felt. Studies have shown that screening mammography can reduce breast cancer deaths in women ages 40 to 74 years at average risk of breast cancer, with the benefit being most pronounced in women ages 50 to 69 years. No studies, however, have shown a benefit from regular screening mammography in women under age 40 or from baseline screening mammography (mammograms taken for comparison) before age 40.

Other early detection practices include having an annual physical exam by your doctor; ultrasound imaging (used to help diagnose breast lumps or other abnormalities found

during a physical exam;) and completing breast self-examinations, or regularly examining your breasts on your own.

Most importantly, if you notice a lump or any suspicious changes in your breasts, don't postpone seeking medical advice or treatment out of fear of what it might entail. Here are some tips if the M-word still makes you want to run and hide:

- Ask a trusted friend or family member to go with you to your appointment. Offer to return the favor or take them out to lunch as a thank you!
- Tell the technician that you're nervous, especially if it's your first time. My tech put me at ease within minutes and kept me laughing for most of the visit, and it made all the difference.
- If you're concerned about pain, ask your doctor about taking a painkiller beforehand. He or she will know what to recommend based on your medical record and history.
- Do some relaxation exercises while you wait. Take deep breaths, do a guided meditation, stretch, listen to music, read, or watch something that makes you laugh.

I hope you feel at ease whether you're a first-timer or are BFFs with your tech. As for my mammogram? I'm pleased to report that the results were benign, and I don't need to begin regular screenings until I'm 40. Instead of dreading this rite of passage, I feel grateful for a way to look after my health and take care of a body that continues to take care of me. ■

Helpful Links and Resources:

NIH National Cancer Institute:

cancer.gov/types/breast/mammograms-fact-sheet

CDC:

cdc.gov/cancer/breast/basic_info/mammograms.htm

cdc.gov/cancer/breast/pdf/breast-cancer-screening-guidelines-508.pdf

cdc.gov/cancer/breast/index.htm

Health Images: How Are Mammo-grams Done on Small Breasts?

healthimages.com/how-are-mammograms-done-on-small-breasts/

Breastcancer.org:

breastcancer.org/facts-statistics

breastcancer.org/screening-testing/breast-self-exam-bse

Radiologyinfo.org:

Breast Ultrasound

<https://www.radiologyinfo.org/en/info/breastus>

Cancer.org

cancer.org/cancer/breast-cancer.html



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How to Have an Autism-Friendly Halloween

BY ELEANOR LINA FELT

EXPERTS WEIGH IN ON CHALLENGES AND SOLUTIONS



FOR MANY FAMILIES, HALLOWEEN IS A HOLIDAY TO UNWIND AND HAVE FUN. But for children on the autism spectrum who rely on predictability to maintain a sense of order, the deviations from normalcy that are part of Halloween celebrations can present challenges for them.

“Although it is important to remember every child is different, people with autism spectrum disorders generally tend to prefer structure and predictability, and it may be difficult to participate in activities that are not a part of their regular routine,” says Caitlin Shapiro, a clinical social worker at Silver Psychotherapy in Ijamsville, Maryland.

Many elements of Halloween can be particularly challenging for kids on the autism spectrum.

“Halloween can be scary for some kids on the spectrum due to the darkness, noise levels, masks and costumes,” says Jamila Tucker-Mulero, founder of Autism R.E.C., a Philadelphia-based organization that provides education programs and resources to families with autistic children. Her 13-year-old son has autism, and the scary sounds of Halloween displays frighten him the most.

The interactions with strangers that are part of trick-or-treating may also be uncomfortable for some kids with autism. “Children may feel less comfortable interacting with neighbors and people whom they are less familiar with. Therefore, ringing a doorbell and saying ‘trick or treat’ feels like a big deal,” says Meagan Wills, a licensed clinical psychologist at the Center for Autism Spectrum Disorders at Children’s National Hospital in Washington, D.C. “Moreover, language impairments may interfere with a child’s ability to say ‘trick or treat.’”

Costumes can also present issues. “Store-bought costumes may have itchy material that makes it difficult for those who have sensory sensitivities,” Wills says.

WAYS TO MAKE HALLOWEEN A FUN AND COMFORTABLE EXPERIENCE FOR YOUR CHILD

Matt Edelstein—a licensed psychologist and licensed behavior analyst at the Behavior Management Clinic in the Department of Behavior Psychology at Kennedy Krieger Institute in Baltimore, Maryland—recognizes that it can be hard for parents to push their kids to try new things while wanting to protect them from distressing experiences.

For parents of kids on the autism spectrum who find Halloween a challenging time, the best step parents can take is “prepare them the best that you can and have an easy escape plan.”

Edelstein recommends that parents consider the following questions before trick-or-treating begins:

- ▶ Will it be helpful to preview the trick-or-treat route with my child before it turns dark?
- ▶ Should I allow my child to wear a costume before Halloween so that he or she can get accustomed to the fit?
- ▶ Should we practice the steps of knocking on a new person’s door and waiting appropriately so that my child knows what trick-or-treating involves?
- ▶ What are the components of the celebration to avoid entirely given my child’s functioning level?

It’s also helpful to plan an easy way out of the trick-or-treating if something comes up that is too overwhelming for the child and ruins the experience. “Having a friend or a partner following along a trick-or-treat

route in a car, or bringing a stroller with a tablet and earphones are both good options for a quick extraction,” Edelstein says.

Parents can also plan alternatives to trick-or-treating that might make their kids feel more comfortable while still participating in Halloween celebrations.

IDENTIFY AUTISM-FRIENDLY ACTIVITIES AND EVENTS

“Fortunately, as much the world seeks to become more inclusive, there are more opportunities for individuals with autism to participate in Halloween festivities. Many communities have movie theaters or live events advertised as ‘sensory friendly,’” Edelstein says. “These activities tend to lighten the sensory load for children by reducing the volume of loud noises and minimizing bright, flashing lights.”

Every year, Autism R.E.C. hosts an autism-friendly Halloween party in Philadelphia. This year’s event will be held Saturday, Oct. 29.

And, of course, staying home and planning small family festivities is always an option if going out for trick-or-treating or parties feels too overwhelming.

“If staying home is preferred, you can also consider a scavenger hunt in your home or backyard and hide candy for your child to find,” Shapiro says. “Individual activities such as pumpkin painting, movie night or baking festive treats may also be fun.”

Ultimately, parents know their children best and what specific elements of Halloween might present challenges, as well as what they will most enjoy.

“Every child is unique,” Shapiro says. “You can help them navigate how they will be able to participate in the holiday by exploring these ideas beforehand so they feel prepared and equipped to celebrate in whatever way they can.” ■

There are myriad appointments, specialists, terms and considerations for parents of children with disabilities. Washington Family wants families to breathe deep and have all this information in one place as an easy reference and helpful guide.

In addition to resources and terms, we are also sharing stories of local teens with Ehlers-Danlos syndrome for invisible disabilities awareness and looking at how parents can best determine if private schooling is best for their child's special education.

Inclusive Family



SPECIAL EDUCATION: Are Private Schools the Answer?

BY HEATHER M. ROSS

PUBLIC OR PRIVATE? THERE IS NO ONE CORRECT ANSWER WHEN IT COMES TO WHICH EDUCATION SETTING IS RIGHT FOR YOUR CHILD. WHEN PARENTS HAVE TO CONSIDER OPTIONS FOR CHILDREN WITH UNIQUE SUPPORT NEEDS, THE WATER ONLY GETS MUDDIER.

Public schools have definite benefits for children seeking special education, as do private schools, but the answer often depends on what's best for your individual child—and it's up to you to make the final decision.

Here we take a look at public and private education models, using private special education programs or schools in Baltimore, the DMV, Frederick County and the Delaware Valley to illustrate key factors you should evaluate when choosing a private special education option for your child.

But first, we need to clarify what we mean by private education.

WHAT DEFINES A PRIVATE SCHOOL?

When talking about private schools—especially within the context of special education—it's important to note the distinction between private and nonpublic schools.

Nonpublic schools are not part of the public school system but can provide student services through state and federal programs in the public school district where the school is located, according to the New Jersey Department of Education, serving parts of the Delaware Valley region.

So special education students in these schools would go through the same process as public school students to receive an individualized education program (IEP) plan or 504 plan.

Private schools, however, are privately funded and charge tuition. They provide their own services and are not required to accept all students.

Nonpublic schools can be independent or private, but independent schools have their own board of trustees overseeing operations, while private schools can be part of another entity, such as a church, synagogue or corporation.

ADVANTAGES AND DISADVANTAGES

CLASS SIZE

Private schools can be a worthwhile option for students with disabilities because of their flexibility to support smaller class sizes. Specialized instruction can be administered as directly as 1:1 or programs can be tailored to your child's unique learning experience.

According to a study on class size reduction published in the International Journal of Special Education, however, class size is not the most important factor. Students with disabilities benefit most when teachers have specific inclusion training for children with additional needs.

The Auburn School, serving Fairfax, Va., Silver Spring, Md. And Washington D.C., has a special focus on challenges with communication and language, and operates in a “highly personalized learning environment for children through small class sizes, individualized learning plans and a supportive school setting,” according to the school.

This allows teachers to devote more attention to each student, and for students with disabilities, that interaction can make

a world of difference in how much they get from their time in the classroom.

However, the biggest indicator of success in the classroom when it comes to students with disabilities is the training given to teachers, the International Journal of Special Education reiterates.

There are benefits to larger class sizes, too. While public school classes can be larger than private school classes, they are also made up of a more diverse pool of students whom each bring their own experiences, cultures and personalities to the classroom.

So, your child might thrive with a more well-rounded and diverse peer group.

COST AND FUNDING

One of the biggest concerns parents have when choosing a private school over a public school is cost of tuition. However, private schools geared toward supporting students with disabilities often have financial aid programs or scholarships, and in some situations costs are covered by insurance.

Some religious schools, such as Chapelgate Christian Academy in Marriottsville, offer discounts to families who are members of their associated church. Chapelgate also offers tuition payment plans that can be spread out over 10 months.

Public schools do not charge tuition, but resources available for students with disabilities and the quality of education can vary widely between school districts. Call your local public school and ask about what support services they can provide and compare with the private schools you're considering.

Schools with high academic achievement thresholds may have more flexibility for students applying specifically to their disability support programs.

TEACHER TRAINING

Teacher training is one area where private schools geared toward students with disabilities have an advantage over public schools. With teachers who are familiar with how to interact with students who have unique learning styles, students who might otherwise fall through the cracks can get the support they need to learn and grow in their own way.

The Odyssey School, in Lutherville,

serving students with dyslexia and other learning disabilities that affect study habits and language comprehension, for example, notes how it's helpful for students to be in an environment in which their learning style is not only accommodated but is part of the teaching style.

"Mainstream schools expect students to be increasingly independent in study habits, organization, and time management skills. Without explicit instruction and support in these skills, students who are in other schools may experience frustration and apathy," reads a statement on the school's website.

To find out what needs-specific resources private schools have, first check their websites and then call the school with a clear explanation of your child's needs and any past deficiencies in their previous educational environment.

Private schools that are focused on one type of support provide teachers with extensive training and resources designed with your child in mind. If your child isn't thriving in either setting—whether it be general education or special education—it might be time for a change.

RESOURCES

The right school for your child won't be the right school for everyone's child. That's why when you are selecting a school, communication about your needs with school administration is vital.

Before beginning your search, talk with any physical therapists, occupational therapists, speech therapists or other medical professionals who know your child and their needs well. They will likely also be familiar with schools that may offer additional support.

Some of these schools may have new

approaches or uniquely helpful methods.

In addition to its academic programs, the Delaware Valley School for Exceptional Children also offers social emotional programming that works with students on self-esteem enhancement, social skills, anger management, coping skills, healthy relationships and lifestyle behaviors.

To find out more about what services your local public school can provide, you can contact your school district and request copies of their Section 504 plan. A 504 plan provides the accommodations some students need to thrive in a general education setting.

SPECIAL CONSIDERATIONS

When considering a private school, there is no one-size-fits-all model. Here are some additional questions to consider.

DOES MY SCHOOL HAVE A MULTIDISCIPLINARY TEAM?

Auburn's education model has a social element, so to provide comprehensive social emotional learning, each student works with a social learning specialist, a behavior support specialist, a curriculum and instructional specialist and an occupational therapist as needed.

If your child needs specific coaching, or thrives with attention to multiple areas, it's important to make sure these services will be available at your school.

DOES MY SCHOOL HAVE A BEHAVIOR MODEL?

Some students thrive on positive reinforcement, a key focus at the Delaware Valley School for Exceptional Children, which has a behavior modification program with a built-in reward system.

So if you feel this method is right for your child, you might want to look for other schools that incorporate it into their teaching. Other students might also benefit from working with a counselor.

The Delaware Valley school's counselors are trained to address topics such as behavioral responsibility, responsible decision making and character education (respect, responsibility, trustworthiness, caring, fairness and citizenship).

Above all, don't forget to loop your child into these decisions—they will know their needs best. ■



THE RIGHT SCHOOL

for your child won't be the right school for everyone's child.

That's why when you are selecting a school, communication about your needs with school administration is vital.

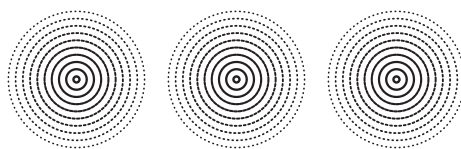


Wow, You're Really Flexible

**WHAT EHLERS DANLOS
SYNDROME IS (AND ISN'T)**

BY LINDSAY VANASDALAN





FLEXIBILITY IS USUALLY DESCRIBED AS A POSITIVE TRAIT IN CHILDREN. THEY MIGHT BE ABLE TO DO PARTY TRICKS LIKE BEND THEIR PINKY BACKWARDS OR ALWAYS HIT A SPLIT IN GYMNASTICS. BUT, IF THOSE SKILLS COME WITH CHRONIC PAIN, YOUR CHILD COULD BE LIVING WITH A DISABILITY WITHOUT EVEN KNOWING IT.

Ehlers-Danlos syndrome (or syndromes) (EDS)—which affects the range of mobility in the joints—is often underdiagnosed in children, leaving many navigating multiple specialists and chronic pain for years—sometimes even into adulthood.

Yet with the ebb and flow of symptoms, it's a condition that can be misunderstood by peers—leading many to wonder, “Is it even real?” Children with invisible disabilities face the same questions every day.

For the Invisible Disabilities Association's Invisible Disabilities Week, Oct. 16-22, we talk to local teens about what it's like to experience a disability the world cannot always see.

WHAT IS EDS?

Ehlers-Danlos Syndrome (EDS) has three main types, but the most common is hypermobile EDS (hEDS) in which there is a greater range of mobility in the joints.

Dislocations, abnormal skin issues related to weakened connective tissue—stretch marks, abnormal wound healing and scarring—and loose and sensitive skin, are all typical, says Dr. Mahim Jain, co-director of the connective tissue multi-disciplinary clinic at Kennedy Krieger Institute.

Without strong connections, “ultimately it leads to a lot of instability in the body, which can cause all sorts of osteopathic, orthopedic and muscular dysfunctions,” adds Jennifer Berman, of Pikesville, who co-founder of the Ehlers-Danlos Research Foundation with Dr. Elizabeth Zingman, of Silver Spring.

Sometimes injuries can occur even just getting bumped hard enough in the hallway on the way to class.

Because connective tissue disorders affect all parts of the body, it's often tricky to recognize the bigger picture—unless you know what to look for—which is why many patients, especially children, can go decades without a diagnosis.

'IT'S JUST GROWING PAINS'

Ren Marrill, 16, first noticed symptoms around age 7, but doctors didn't start to suspect anything until age 11 when a sprained ankle turned into complex regional pain syn-

drome.

“I was getting a lot of pain in my ankles and back and, you know, like any other person I went to my primary care doctor—my pediatrician—and he said, ‘oh, it's just growing pains.’ Yeah, it really wasn't,” Ren says.

Because the criteria for determining joint flexibility starts in the teenage years, it can be hard to diagnose children, but if the pain persists and interferes with daily activities, likely it's EDS, Jain says.

Ren was finally diagnosed with EDS a little over a year ago.

Others have had similar stories with hEDS. Zachary Kushner, 15, was diagnosed in 2021, nine years after first noticing symptoms of small fiber neuropathy and pain. Sixteen-year-old Andy, of New Market, received a diagnosis in 2021 after 8 years of symptoms.

Both were treated by Dr. Jain.

Andy recalls they got injured a lot more than their fellow dancers but didn't know why. There was never a cause from doctors. “They would just give individual diagnoses for each acute problem,” Andy says.

The onset of EDS can be gradual or more sudden, as in the case of a physical trauma, Jain adds.

That's what happened to Zach. The Hyattsville teen first started developing health issues after an allergic reaction at age 5. First came the neuropathy pain and then concussions from small incidents that wouldn't normally concuss—since he was more prone to these injuries with EDS.

His doctors prioritized treating his acute concussions rather than trying to piece together a connection with other developing symptoms.

When it comes to diagnosing EDS, doctors also tend to more often recognize the symptoms of two of its most common comorbidities—the dizziness associated with POTS (a form of disautonomia) or the characteristic rashes of mass cell activation syndrome, Jain says.

UNDERDIAGNOSED, NOT RARE

Though most types of EDS are “rare to ultra-rare,” hEDS is not. Experts say prevalence figures are underestimates based on underdiagnoses and misdiagnoses, which is important for healthcare professionals to know because common conditions are given more priority and resources.

“For too many in our community, this is not an imagi-



nary state; it is a lived experience (Halverson et al., 2021)," notes the Ehlers Danlos Society.

A lack of information on the disorder has led many patients to do their own research—including a research team of students with EDS who might have identified a gene mutation associated with hEDS at the Norris Lab in South Carolina.

Though the genetic link is not definitive, it's common to see hEDS run in families. Some EDS patients, such as Zach's mother Debbie—who is managing director at the research foundation—found out later in life.

Debbie Kushner recalls finding out her pain was not regular when her question, "You know like when you run down stairs and every step just hurts your body?" was met with shock.

If you have pain as your baseline, you might think everyone else does, too.

"For the longest time, until I was 11, I had no idea what was normal," Ren says. "I played competitive soccer, and I always thought I was a wimp because I ran a lot slower than the other kids, and I was in a lot of pain."

Andy says there's a common phrase in the medical community that trains doctors not to ignore commonplace causes in favor of more unique conditions. The problem: they tend to assume the more common "horse" over the unusual "zebra."

The EDS community has reconfigured the phrase: "Well, sometimes it is a zebra, and no two stripes are same," Andy says.

LIFE AS A ZEBRA

Living with EDS is a challenge, but there are many accommodations both at home and in the classroom that can help children better navigate daily life.

At school, Andy reduces stress on their back with digital book options, and teachers provide extended time on work and flexible seating so they can get up and move around as needed.

Ren used to wake up with more dislocated joints, but strategic placement of pillows and blankets helps.

Jain also recommends using good health practices — going to bed at a



regular time, good nutrition and hygiene can keep body working smoothly.

Common treatments that help with EDS include regular physical therapy, pain medications for symptomatic relief and mental health services, he says.

And one of the most important things is being active.

Some might be surprised to learn what you can and can't do with EDS. Dr. Kristen Kouvel, physical therapist at Children's Hospital of Philadelphia, has worked with EDS patients for 10 years. Being active when young lessens risk for comorbidities, she says.

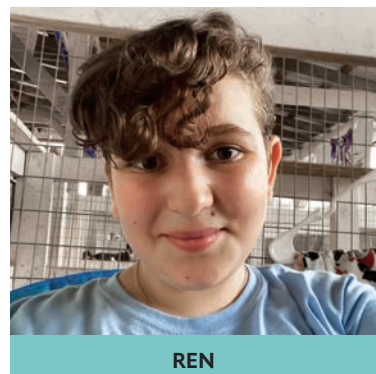
When Andy stopped dancing in prep for a hip surgery, they noticed an immediate difference. Though 15 or more hours per week was too much, having some dance alongside PT provides the best result.

Many kids and teens with EDS have active hobbies, too. Zach still continues with sports such as rock climbing and swimming, and though Berman's daughter Abby (who also has symptoms of EDS) can't participate in gym class, horseback riding is a favorite.

It's not as scary as it might seem. It's scarier not knowing what you have," Zach says. "There are more things you can do once you know."

Even with appropriate treatments, there's no easy fix that prevents all the bad days. But Ren found local and international support groups, and even a close childhood friend who was later diagnosed with EDS.

"It's helpful knowing there are so many other teens like you out there," Ren says. ■



REN



ZACH



ANDY

(As pictured) Zach enjoys sports, music and professional acting and hopes to study medicine or law. Ren loves showing dairy goats and wants to be a child life specialist. Andy loves musicals, dance and crocheting stuffed animals.

THE ABC'S OF SPECIAL NEEDS

ABA	Applied Behavior Analysis	LRE	Least Restrictive Environment
ADA	Americans with Disabilities Act	LSS	Local School System
ADHD	Attention Deficit Hyperactivity Disorder	MA	Medical Assistance or Mental Age
ADL	Activities of Daily Living	MANSEF	Maryland Association of Nonpublic Special Education Facilities
ALJ	Administrative Law Judge	MD	Muscular Dystrophy
ALT-MSA	Alternative Maryland School Assessment	MDH	Maryland Department of Health
APE	Adaptive Physical Education	MDLC	Maryland Disability Law Center
ASD	Autism Spectrum Disorder	MITP	Maryland Infants and Toddlers Program
AT	Assistive Technology	M-PAC	Maryland's Parent Advisory Council
AYP	Annual Yearly Progress	MR	Mental Retardation
BIP	Behavior Intervention Plan	MSA	Maryland School Assessment
BMP	Behavior Management Plan	MSDE	Maryland State Department of Education
CAPD	Central Auditory Processing Disorder	NICU	Neonatal Intensive Care Unit
CFR	Code of Federal Regulations	NLD/NVLD	Nonverbal Learning Disability
CME	Care Management Entity	OAH	Office of Administrative Hearings
COMAR	Code of Maryland Regulations	OCD	Obsessive-Compulsive Disorder
CP	Cerebral Palsy	OCR	Office for Civil Rights, U.S. Department of Education
DB	Deaf Blind	OGCSHCN	Office for Genetics and Children with Special Health Care Needs, Maryland Department of Health
DD	Developmental Disability or Developmental Delay	OHI	Other Health Impairment
DDA	Developmental Disabilities Administration, Maryland Department of Health	OT	Occupational Therapy
DDC	Developmental Disabilities Council	P&A	Protection and Advocacy Agency
DORS	Division of Rehabilitation Services, Maryland State Department of Education	PBIS	Positive Behavioral Interventions and Supports
ED	Emotional Disturbance	PBS	Positive Behavioral Support
EI	Early Intervention	PLOP	Present Level of Performance
ESY	Extended School Year services	PT	Physical Therapy
FAPE	Free Appropriate Public Education	RTI	Response to Intervention
FBA	Functional Behavioral Assessment	SCC	State Coordinating Council
FERPA	Family Educational Rights and Privacy Act	SEA	State Education Agency
FSS	Family Support Services	SECAC	Special Education Citizens' Advisory Committee
HFA	High Functioning Autism	SICC	State Interagency Coordinating Council
HSA	(Maryland) High School Assessments	SLD	Specific Learning Disability
IAES	Interim Alternative Educational Setting	SPD	Sensory Processing Disorder
IDEA	Individuals with Disabilities Education Act	SSA	Social Security Administration
IEP	Individualized Education Program	SSI	Supplemental Security Income
IFSP	Individualized Family Service Plan	SST	Student Support Team
IPE	Individualized Plan for Employment	ST	Speech Therapy
ISS	Individual Support Services	TBI	Traumatic Brain Injury
LCC	Local Coordinating Council	TDD	Telecommunications Device for the Deaf
LD	Learning Disabilities	TS	Tourette Syndrome
LEA	Local Educational Agency	TTY	Teletypewriter (for the hearing or speech impaired)
LEP	Limited English Proficiency		
LISS	Low-Intensity Support Services		
LITP	Local Infants and Toddlers Program		
LMB	Local Management Board		

TEAR OUT AND
USE THIS SHEET
FOR SCHOOL
AND CAMP
VISITS, BOTH
VIRTUAL AND
IN-PERSON.

What to Ask When You Search for a ...

School



- ☐ Which staff members will be working with my child?
- ☐ Can I visit and meet the staff members ahead of time?
- ☐ What type of medical assistance is available on-site?
- ☐ How can I best reach staff members with questions about my child's overall progress?
- ☐ What is a typical day like?
- ☐ Would my child be a good fit for inclusion?
- ☐ What support will my child need — from the school and at home — to be successful?
- ☐ Does the school provide any transportation modifications?
- ☐ Are there scholarship opportunities?
- ☐ What other resources in the community are available for my child's specific disability or medical condition?

Camp



- ☐ Is the camp inclusive to all members of the community or does it focus on one group?
- ☐ Can the camp provide the necessary accommodations for my child (specialty staffing and sensory and dietary provisions, for example)?
- ☐ What is an average day at camp like?
- ☐ How is staff recruited and trained?
- ☐ What kind of medical assistance is available on-site?
- ☐ If there is swimming, what safety measures are taken around the pool?
- ☐ Can I visit the camp ahead of time and meet with my child's counselor?
- ☐ Is transportation assistance available for families?
- ☐ Are there scholarship opportunities?

COURTESY OF GETTY IMAGES

Word FOR Word

Activities of Daily Living

Everyday skills a person needs to learn to function, such as dressing, bathing, hygiene skills and communication.

Adapted Physical Education

Physical education that has been modified to meet the needs of children with disabilities.

Adaptive Equipment

Equipment or additions to equipment that better enhance the ability of an individual with special needs to function. See entry for "Assistive Technology Device."

Adequate Yearly Progress (AYP)

The minimum levels of improvement, measurable in terms of student performance, that schools must achieve within time frames specified in the No Child Left Behind Act.

Administrative Law Judge (ALJ)

An impartial hearing officer who presides over due process hearings in appeals under the IDEA. May also mediate disagreements under the IDEA when the parties have agreed to mediation.

Americans with Disabilities Act (ADA)

A federal civil rights law that prohibits discrimination against people with disabilities in employment and public services as well as public accommodations.

Annual Evaluation

The meeting conducted each year to evaluate the Individualized Family Service Plan (IFSP) for a child and the child's family and, as appropriate, to revise its provisions.

Annual Goal

Statement in an IEP that describes the anticipated measurable progress that the child reasonably can be expected to achieve in one year in each area of identified need.

Annual Review

Yearly meeting of the IEP team to review a child's progress toward the goals and objectives in the child's current IEP, and to revise the IEP, as appropriate, for the next year.

Appeal

A written request for a change in a decision or to make such a request.

Assessment

1. The process of collecting information to be used by an IEP team to determine a child's need for special education and related services.
2. The procedures used to determine the early intervention services needed by an eligible infant or toddler and the child's family.

Assistive Technology (AT)

The application of technology, engineering or scientific principles to meet the needs of, and address the barriers confronted by, individuals with special needs.

Assistive Technology Device

An item, piece of equipment or product system, whether acquired commercially, modified or customized, that is used to increase, maintain or improve functional capabilities of a person with a disability.

Assistive Technology (AT) Services

A service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device.

Behavioral Intervention Plan

A proactive plan developed by the IEP team to address a student's behavior using positive behavioral interventions, strategies and supports.

Case Manager

The person designated to coordinate all services for a student with an IEP or for an infant or toddler receiving early intervention services and that child's family. Also known as a service coordinator.

Child Find

A program to identify, locate and evaluate children ages birth through 21 with disabilities who are in need of early intervention or special education and related services.

Code of Federal Regulations (CFR)

The published regulations developed by U.S. governmental agencies under federal statutes such as the IDEA and ADA.

Developmental Delay

The presence of a condition or disability that prevents a child from acquiring or demonstrating skills within the expected age range.

Due Process Hearing

A formal legal proceeding before an administrative law judge who listens to both sides of a dispute involving the IDEA and renders a decision based upon the law, or a similar proceeding before an impartial third party in disputes involving Section 504 (a part of the Rehabilitation Act of 1973 that prohibits discrimination based upon disability.)

Early Intervention (EI)

A system of services provided by public and private agencies to support eligible children, birth to age 3, and their families, to enhance a child's potential, growth and development.

Evaluation

The process of reviewing information from parents, data and assessment results to

determine if a child has a disability and the type of early intervention or special education and related services the child needs.

Extended School Year (ESY) Services

An individualized extension of specific education and related services to a child with a disability that is provided beyond the normal school year at no cost to the parents. These services are determined by the child's IEP team as being needed to provide Free Appropriate Public Education (FAPE).

Family Education Rights and Privacy Act (FERPA)

A federal law that sets rules about the privacy and confidentiality of educational records, parent access to educational records, parent amendment of educational records and the destruction of educational records.

Functional Behavioral Assessment

A process that examines a student's behavior and determines how to address the behavior through the development of a specific Behavioral Intervention Plan.

High School Assessment (HSA)

Academic exams required to be taken by public high school students. Passing the HSA is a requirement for receiving a Diploma.

Home and Hospital Teaching

Educational services provided to a child who cannot attend school because of a temporary physical or emotional condition as certified by a physician, psychiatrist or certified school or licensed psychologist.

IEP Meeting

A prearranged meeting of the IEP team during which members of the team discuss matters related to the identification, evaluation, educational placement and the provision of FAPE for a child with a disability.

IEP Team

The group of people, which includes a child's caregiver, responsible for identifying and evaluating children ages 3-21 with disabilities; developing, reviewing or revising IEPs and determining the placement of students with a disability in what's called the least restrictive environment (LRE.)

Inclusion

Placing individuals with disabilities in age- or grade-appropriate school or community settings and activities with individuals without disabilities.

Independent Educational Evaluation

An assessment conducted by a qualified professional who is not employed by the school system responsible for the student's education.

Individualized Education Program (IEP)

A written statement of, and plan for, the special education and related services to be provided to students who have a disability identified under IDEA. Developed by the IEP team, the IEP describes the student's present levels of performance, annual goals with benchmarks or short-term objectives, and describes specific special education and related services and supplementary aids that will be provided. The plan must specifically address the frequency, duration and location of services, and the methods that will be used to measure student progress.

Individualized Family Service Plan (IFSP)

A written plan for providing early intervention and other services to an eligible infant or toddler and to the child's family.

Individualized Plan for Employment (IPE)

A written plan outlining the rehabilitation, vocational and employment services needed by a person with a disability or serious health condition to reach an employment goal. This plan is developed by the Department of Rehabilitative Services (DORS) for post-secondary use.

Individuals with Disabilities Education Act (IDEA)

The federal law requiring states to provide a FAPE to identified students with disabilities in the least restrictive environment. The IDEA also requires states to provide early intervention services to infants and toddlers with disabilities, birth to age 3, and their families.

Least Restrictive Environment (LRE)

The IDEA requirement to educate students with disabilities to the maximum extent appropriate with peers who do not have disabilities.

Local Care Team (LCT)

LCTs are intended to support families in accessing services and supports. Local Care Teams include representatives of the local and regional child- and family-serving agencies, and serve as a place where families can get information from government agencies to help identify community resources, services or supports for their child.

Local Lead Agency

The local agency in each county and Baltimore City responsible for the planning, supervision, monitoring and technical assistance for implementing early intervention services for infants and toddlers with disabilities.

Local Management Board (LMB)

Board in each county and Baltimore City responsible for making decisions about local family and child service needs and implementing an interagency service delivery system to meet those needs.

Local School System (LSS)

The local public school system responsible for educating a child.

Manifestation Determination

The IEP or 504 team's decision as to whether there is a connection between a student's disability and any behavior that led to disciplinary action.

Mediation

The process of having a trained professional help families and representatives from a local school system or local lead agency reach an agreement about a child's special education or early intervention services.

Mediator

A qualified individual selected by the Office of Administrative Hearings (OAH) to mediate a disagreement under the IDEA.

Medical Assistance

Department of Health programs that provide access to health care services for low-income residents, including the Maryland Medicaid Program.

Natural Environment

The home or community settings that are natural or typical for a child's peers who have no disability.

No Child Left Behind Act of 2001 (NCLB)

A federal educational reform law designed to improve student achievement by establishing curriculum content and school performance standards for public school systems.

Nonpublic Placement

Placement of a student with a disability in an accredited, private, special education school at public expense.

Nonpublic School

An accredited, private, special education school.

Periodic Review

A review of the IFSP conducted every six months, or at another specified interval, or at a family's request.

Placement

The school services determined appropriate by the IEP team to meet the needs of a student with a disability in the least restrictive environment.

Preschool Partners

Preschool Partners support families when children transition from the Infants and Toddlers Program (ITP) to the local school system (LSS) preschool special education program or other community-based early childhood setting.

Procedural Safeguards

Standards and procedures to protect the rights of children, their parents and surrogate parents under the IDEA.

Protection and Advocacy Agency (P&A)

A nationwide system to protect and advocate for the rights of people with developmental disabilities.

Reevaluation

An evaluation conducted after an initial evaluation occurs.

Referral

The written request asking an IEP team to evaluate a child to determine if the child has a disability and is in need of receiving special education services.

Related Services

Developmental, corrective or supportive services needed by a student with a disability to benefit from special education.

Residential Placement

Placement of a child with a disability in an approved, specialized educational program provided in a facility that the child attends 24 hours a day.

Respite

Temporary child care provided to give a parent or caregiver time away from caregiving.

Response to Intervention (RTI)

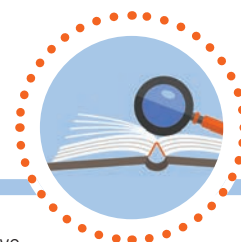
A set of teaching procedures, or processes, used by educators to help students learn a skill or a lesson.

Screening

Review of existing information about a child to determine if the child has a disability and needs special education services.

Section 504

Refers to Section 504 of the Rehabilitation Act of 1973, a federal law prohibiting discrimination on the basis of disability in programs and activities, public and private, that receive federal financial assistance. The 504 Plan is a written plan in compliance with Section 504 of the Rehabilitation



Act of 1973, specifying the accommodations and modifications necessary to prevent disability-based discrimination by schools, programs or agencies that receive federal funds. Sometimes called an Individual Accommodation Plan.

Service Coordinator

The individual selected by an early intervention team and designated in an IFSP to coordinate and facilitate early intervention services and integrate the family into the process. Also called a case manager.

Service Provider

An individual who provides special education or related services to students with disabilities.

Special Education

Specially designed instruction meeting the unique needs of a child with an educational disability under the IDEA.

Speech and Language Pathology

Services provided by a speech-language pathologist to improve or correct speech and language or communication disorders. In early intervention, services to support a child and the family and caregivers for enhancing the child's

production of speech and communication skills.

State Education Agency (SEA)

The state agency responsible for the supervision of public elementary and secondary schools.

State Lead Agency

The state agency responsible for the planning, supervision, monitoring and technical assistance for implementing early intervention services for infants and toddlers with disabilities.

Supplementary Aids and Services

Aids, services and other supports provided in regular education classes or other education-related settings to enable a student with a disability to be educated in the least restrictive environment.

Supplemental Security Income (SSI)

A federal income maintenance program administered by the Social Security Administration for individuals who meet certain financial and income requirements and are age 65 or older, or have a disability.

Transition

1. For toddlers receiving early intervention

services, a collaborative process involving families, the local Infants and Toddlers program, the public school system and, as appropriate, other community-based preschool programs to ensure uninterrupted provision of appropriate services when the child reaches age 3.
2. For students with disabilities, the process of moving from the school setting to post-school life.

Transition Plan

A statement of the transition services that will be needed by a student with a disability upon leaving the school setting and the responsibilities of the school and other agencies in providing these services to the student.

Transition Services

For students with disabilities, a coordinated set of services that promote movement from school to post-school life.

Travel Training

Instruction to enable students with disabilities to navigate the environment in which they live and learn skills necessary to move safely from place to place within that environment. ■

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301-781-7387

General Disability RESOURCES

ADVOCACY

AUTISM SOCIETY OF NORTHERN VIRGINIA

asn.v.org
571-328-5792
10467 White Granite Drive, #324
Oakton, VA 22124

For more than 50 years, the Autism Society of Northern Virginia has led the way, advocating at the local, state and national levels to improve the quality of life for those in the disability community.

DREAMS FOR KIDS DC

dreamsforkidsdc.org
Dreams for Kids DC, a nonprofit children's charity, provides life-changing activities that empower children with physical and developmental disabilities to unite with their peers and realize their potential. Dreams for Kids DC provides life-changing experiences to more than 800 children with these disabilities for free while serving residents of Washington, Maryland and Virginia.

LEGAL RESOURCES

SHEFTER LAW, P.A.

shefterlaw.com
301-605-7303
110 N. Washington St., Suite 350
Rockville, MD 20850

Frances Shefter is an education attorney and advocate committed to helping clients have a Stress-Free IEP experience. Shefter Law, P.A. serves families of children with special needs. Employing her education background to IEP matters, Shefter offers strategy sessions,

mediation services and due process responses.

THE STEEDMAN LAW GROUP

steadmanlaw.net
admin@steadmanlaw.net
410-645-0625
260 Gateway Drive, Suite 11-12B
Bel Air, MD 21014

Experienced, compassionate, and effective legal representation and advocacy for children and adults with special needs.

FAMILY SUPPORT & TRAINING

AUTISM SPEAKS

autismspeaks.org
help@autismspeaks.org
888-AUTISM2

The Autism Speaks Response Team (ART) is an information line for the autism community. Team members are specially trained to provide personalized information and resources to people with autism and their families.

CARE CONNECTION FOR CHILDREN

inova.org/about-inova/inova-your-community/community-access-care/care-connection-children
703-698-2450
2700 Prosperity Ave., #295
Fairfax, VA 22031

Care Connection for Children is part of the Virginia Department of Health's statewide network of excellence serving children and youth with disabilities. Their family-centered services help families apply for community programs and resources, communicate with schools and

medical providers and more.

FORMED FAMILIES FORWARD

formedfamiliesforward.org
703-539-2904
4031 University Drive, Suite 100
Fairfax, VA 22030

Formed Families Forward is a nonprofit organization dedicated to supporting foster, kinship and adoptive families of children and youth with disabilities and other special needs. The organization serves families, educators and child welfare professionals in the Northern Virginia region. The organization improves the developmental, educational, social, emotional and post-secondary outcomes for children and youth with disabilities and other needs.

MARYLAND FAMILY NETWORK

marylandfamilynetwork.org
410-659-7701

1001 Eastern Ave., Second Floor
Baltimore, MD 21202
Formed in 2009 from the merger of two leading nonprofit organizations—the Maryland Committee for Children and Friends of the Family, the Maryland Family Network operates a statewide network of Family Support Centers that help hundreds of families with infants and toddlers to become stronger and self-sufficient.

The organization's Child Care Resource Centers offer state-of-the-art training, mentoring, coaching and other supports to Maryland's dedicated child care workforce. Maryland Family Network's LOCATE Child Care Special Needs Service is a free service available to any family who has a child with an IEP or an IFSP from birth through age 21.

PATHWAYS EDUCATIONAL CONSULTING

pathwayseducationalconsulting.com/
educational-consultant-montgomery-county-md-educational-advocate-montgomery-county-md
301-926-1081

Pathways Educational Consulting is an academic advisory service that helps parents navigate the public school system of Montgomery County, Maryland.

The organization works with parents of students with learning disabilities and mental health challenges to connect them to the services their children need to put them on the path to educational success. Founder Janet Lee works with parents to prepare them for Montgomery County Public Schools meetings and assists at these meetings to secure accommodations and, when necessary, appropriate school placements.

SPEECH THERAPISTS

DISTRICT SPEECH AND LANGUAGE THERAPY

districtspeech.com
202-579-4448
1300 I St. N.W. #400E, Washington, D.C. 20005

District Speech offers support for many areas of speech difficulty including early intervention, transgender vocal training, stutter avoidance and reduction, orofacial myofunctional disorders, reading and learning impairments, and support for children with cleft lip & palate.

CAPITOL KIDS SPEECH THERAPY

capitolkidstherapy.com
202-544-5469
201 Massachusetts Ave. NE C-9, Washington, D.C. 20002

Capitol Kids Therapy offers comprehensive evaluations to assess speech and language



strengths and weaknesses. Their treatment services include individual therapy sessions, co-treatment sessions, group sessions, feeding therapy, classroom observation, in-services as well as camp and summer groups.

PHYSICAL THERAPISTS

SENSATIONAL KIDS THERAPY

sensationalkids-therapy.com
202-244-8089
2113, 4400 Jennifer St. NW #280, Washington, D.C. 20015

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Frights for Your Bookshelf

9 Halloween Tales for October

BY ERIKA KERR AND JOANNA HARRIS, DC PUBLIC LIBRARY

No matter what reading level you are, the library has a book to get you in the Halloween spirit. Check out our recommendations for some spooky, or not-so-spooky, reads.

PICTURE BOOKS

"Frankenstein Doesn't Wear Earmuffs!"

by John Loren

On a stormy Halloween night, a young boy struggles to keep his costume scary while his parents keep him warm and dry. Perfect for family read-aloud, this hilarious and heartwarming book is a good reminder that bad weather can't dampen Halloween spirit.

"The Ghosts Went Floating"

by Kim Norman

A lightly spooky twist on a classic song, this book will have toddlers and preschoolers marching and singing along while building early math concepts.

EARLY READERS

"Chicken on a Broom"

by Adam Lehrhaupt

When a friend's mask goes missing in the haunted barn just before the Halloween party, can Zoey the Chicken show her pals that there's nothing to be afraid of? This book is perfect for younger kids who are starting to read on their own and might not be ready for scarier stories.

"Battle of the Bad-Breath Bats"

by David Bowles

Three cousins accidentally step onto 13th Street, a mysterious other world filled with creepy beasts! Will they manage to get back home? Filled with fun art, progress markers and encouraging affirmations, books in this series are designed to smooth the transition to chapter books.

MIDDLE GRADE

"The Graveyard Book"

by Neil Gaiman



Left in a graveyard when he was a baby, Nobody "Bod" Owens is being raised by ghosts. Through a series of tales, we see Bod grow up and encounter spirits and supernatural beings, both fearful and friendly. But maybe none of these are as scary as his first day at school. Bod's adventures cover a lot of supernatural territory and have as much charm as they do chills.

"Jumbies"

by Tracey Baptiste

Corinne never believed stories about the "jumbies", monsters that live in the woods. Then, one fateful Hallow's Eve she runs into the woods and does not come back alone. A gripping tale based on Haitian folklore for an adventure-seeking reader who doesn't mind a scare or two.

YOUNG ADULT

"White Smoke"

by Tiffany D. Jackson

Mari is set on forgetting her past when her family moves into an old house in a rundown town. Strange things begin happening around the house, but no one believes her because of her past mistakes

and her neurodivergence. A thriller that combines classic haunted house elements with the equally chilling issues of gentrification and systemic racism.

"Through the Woods"

by Emily Carroll

Two brothers go into the woods, but only one comes back. A girl moves in with her brother and his fiancé, but something isn't quite right. Three sisters are visited by a man in a wide-brimmed hat. No one wields the power of suggestion quite like Emily Carroll, though there are several fantastically scary images in this graphic novel of short, creepy tales.

"Hell Followed With Us"

by Andrew Joseph White:

Teenage trans boy Benji finds shelter from the apocalypse with the survivors from an LGBT Youth Center. Their leader Nick, who is autistic, knows the truth: Benji is an escapee of the cult that unleashed the bioweapon now devastating humanity; the bioweapon that's mutating Benji from within. An escatological nightmare of a story, contrasted by the resiliency of queer youth. ■

Protect Your Skin During Pregnancy

Common prenatal skin conditions and how to treat them

BY HEATHER M. ROSS

With any pregnancy comes changes to a mother's skin—a growing belly stretches the skin—but beyond that there are other skin changes brought about by hormones.

“Because of (hormones), we see changes to our skin, hair and nails,” says Jamie Goldberg, who has been a dermatologist for 10 years and is currently working with Kaiser Permanente in Halethorpe.

Pregnancy-related skin conditions can occur at any stage in the pregnancy, though most are most intense during the third trimester.

According to Goldberg, most of these changes are normal and many of them go away—or are significantly reduced after your pregnancy—but it's helpful to know what they are and how to treat them.

What kinds of skin conditions can occur with pregnancy?

HYPERPIGMENTATION

One of the most common changes that can occur during pregnancy is a change in the pigmentation of your skin, Goldberg says. Nearly all women experience some hyperpigmentation during pregnancy, but this doesn't always look the same.

Melasma is a condition in which women see dark patches on the face, cheeks, forehead or temples. It's usually related to hormones and can be triggered by sunlight. For Melasma, Goldberg usually advises the use of hats and daily use of sunscreen.

Linea nigra, also called the “pregnancy line,” is another form of hyperpigmentation—a dark vertical line over the lower abdomen, and it can fade completely after pregnancy.

RASHES

Saurabh Singh, who cares for patients in Rockville and Silver Spring at U.S. Dermatology Partners, adds that among the most common pregnancy-related skin conditions he sees are PUPPP (pruritic urticarial papules and plaques of pregnancy), pemphigoid gestationis and different types of itching, including prurigo of pregnancy and



cholestasis of pregnancy.

Singh, co-founder of nation-wide online skincare service, Skintap, has been practicing medical, surgical and cosmetic dermatology for adult and pediatric patients in the D.C. metro area since 2011.

PUPPP typically appears first on the abdomen, sometimes involves the extremities and rarely involves the face, he says. PUPPP rashes can look and feel a lot like hives and there are some things doctors can do to provide relief, such as providing an oral antihistamine or other medications.

“I recommend fragrance-free products or moisturizers anytime moisture is needed, a lot of people are actually sensitive or allergic to fragrance. So that can make itching or dry skin or eczema even worse,” Goldberg says.

Prurigo of pregnancy often looks like small pimples or acne. This rash typically shares a color palette with stretch marks. Some women report that the bumps feel itchy or uncomfortable, but the rash is typically nothing to be too concerned over for mother or baby.

A fairly common condition, it occurs in

approximately 1 out of every 300 pregnancies, according to an article published in the *American Family Physician*, and it isn't uncommon for it to last weeks—or even months—postpartum.

Some people who have acne experience relief while pregnant, Goldberg says. Others develop acne, or their acne gets worse with the hormonal changes that come with pregnancy. However, while there are many acne products that are safe to use during pregnancy there are some that aren't.

“You should always check with your doctor [first] to ensure safety,” Goldberg says.

“Delivery is often the treatment for most of the aforementioned conditions,” Singh says.

STRETCH MARKS

Another common change to the skin during pregnancy is the appearance of stretch marks. Stretch marks look like red, pink or purplish lines in areas that stretch. According to Goldberg these are most common on the belly, thighs and breasts. Most of the time stretch marks fade after pregnancy but not always completely.

"There are many creams marketed to reduce stretch marks but most studies don't report significant changes," Goldberg says. However, she notes that plain, fragrance-free moisturizer helps.

When should you be concerned?

There are some conditions that may warrant further supervision or evaluation by a dermatologist or your OB/GYN.

"If you have a severe rash, see your doctor, particularly one where you have blisters or intractable itching. [Intractable] itching is itching that keeps you awake at night and doesn't go away with the dry skincare methods I mentioned," Goldberg says.

Of course, most expectant mothers' number one concern is for their baby, so if you are worried, seeing a doctor may help put your mind at ease.

"The only two conditions (discussed here) that could harm the baby are cholestasis of pregnancy and pemphigoid gestationis," Singh says.

Cholestasis of pregnancy is a liver condition

that can occur late in pregnancy, according to Mayo Clinic, a nonprofit that serves patients worldwide and is based in Arizona, Florida and Minnesota.

This condition causes intense itching but presents without a rash. The itching typically occurs in the hands and feet but has been known to affect other parts of the body. Sometimes, due to the risk of complications with this condition doctors can recommend early delivery, according to the nonprofit.

Complications can include preterm birth, lung problems in the infant, or even stillbirth. There is no known way to prevent cholestasis of pregnancy, and doctors aren't certain what causes it.

Pemphigoid gestationis is not as common as cholestasis of pregnancy. Also known as herpes gestationis, it occurs in 1 out of every 50 thousand mid-to late-term pregnancies, according to the American Family Physician. The American Osteopathic College of Dermatology (AOCD) notes that it usually presents during the second trimester of pregnancy, but can occur at any time.

Despite its name, PG is not related to the herpes virus. It is an autoimmune condition where the body attacks proteins found in the skin.

PG presents as a red, itchy rash that forms plaques and papules around and sometimes including the belly button. Initially, the lesions resemble hives but after a couple of weeks, blisters may form. PG typically flares shortly after delivery and then resolves within three months, according to the AOCD.

PG data does not suggest an increased risk of death for the baby, however AOCD notes the baby may be small for its gestational age.

The More You Know

It's important to know the risks of any changes you notice during pregnancy, but remember that most changes are common, temporary and nothing to be embarrassed about. For more details on these and other dermatological conditions, talk to your doctor. ■



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Megan Christie's Journey in Alexandria with Neurofibromatosis

BY GIANNA GRONOWSKI



When Megan Christie found out her son Logan was diagnosed with Neurofibromatosis-Type 1 (NF-1), a genetic disorder, she was fearful. A Speech-Language Pathologist (SLP) in Fairfax County, she was no stranger to neurological disorders, but seeing tumors grow on her then-2-year-old was scary.

Ten years later, Christie is now an advocate for NF as the NOVA/DC representative for the Volunteer Leadership Council at the Children's Tumor Foundation, an organization that provides education, advocacy, research and patient/family support for NF.

She now resides in Culpeper, Va. with her husband Ryan and her children Parker (13) and Logan (12) and works as an SLP at Culpeper Health and Rehabilitation, specializing in adults with acquired cognitive, communication and swallowing deficits.

How do you balance (your career/job) and family life, and what makes it easier?

When Logan entered school, we knew he would need IEP support and I was able to draw on my special education background to help guide the conversation and advocate for his needs. (Then), having extra doctor's appointments and weekly chemotherapy, it was clear that flexibility was the only way to survive. I had to have open communication with my employers

and adjust my work expectations. None of this would have been possible without my husband helping to carry the parenting load.

What do you love about parenting?

My kids always joke that the only reason we had kids is so that they could do all the chores! In reality, I always knew I wanted to have kids, but couldn't tell you why. Seeing our children grow- physically, mentally, (emotionally),

has to be one of the best parts. Watching them persevere through their challenges, develop their own interests and become more independent is all I can ask for!

How has raising a child with NF affected your parenting choices?

The hardest part about raising a child with NF is that we also have a child WITHOUT NF. Sometimes it's almost easier to parent your medically involved child because their needs are so much more apparent, but what about the sibling? I find it hard, at times, to find those ways to make sure that he feels cared for, loved and attended to, when all he sees is how much time and attention his brother gets.

What's the best piece of advice you've received?

STAY OFF OF GOOGLE! Don't get me wrong, the internet can be a fantastic resource if used correctly. It's actually the way we discovered Logan's diagnosis before the doctors did. That said, it's easy to get caught up in the "worst case scenarios" and most extreme cases I don't know what Logan's NF will look like 5 years from now, 10 years from now, but google doesn't know either. All I know is what he needs now, and that's all I have to focus on.

What do you hope your child (ren) learn from your career?

I hope my children can see that care and compassion can make a difference. The boys have been able to visit me at work with our puppy (hopeful future therapy dog) and see first-hand the joy that they can bring to people in very painful, scary or sad situations. I hope that this will help them develop their sense of compassion for others and to remember that even a small act of kindness can go a long way to change someone's day.

PROVIDED PHOTO

Family Favorites:

Favorite Family Meal

Burgers and fries. Everyone knows I love the extra crispy fries, so everyone passes their crispiest fries to me and in turn I share my pickles with them.

Favorite Way to Recharge

We love to play board games and watch movies. There is also always a jigsaw puzzle on the table.

Favorite Family Vacation

We love any time that we can be with family, whether that's visiting family in New Jersey or heading to the beach in North Carolina. As long as we are

with our families, it doesn't matter where we are.

Favorite Place to Visit in Alexandria

Our favorite place/event is the annual Scottish Walk parade in Old Town. Bagpipes, Kilts, Dogs and even Santa. Something for everyone!

Favorite Disability Advocacy Org.

We support the Children's Tumor Foundation by fundraising and spreading awareness. It's because of the research and advocacy of CTF that we are seeing better treatment options for Neurofibromatosis.

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5 Ways to Help a Friend Who Parents a Child with Special Needs

BY JACQUELINE RENFROW



Jacqueline Renfrow is a freelance journalist of more than 20 years. She is a frequent contributor to Washington FAMILY, MetroKids and other publications in the national-capital area. When she's not writing, editing or raising three kids, she is pursuing a master's certificate at Johns Hopkins School of Education to bring awareness in the education system for neurodiverse learners.

Parents of young kids are perpetually drained—that goes without saying. But if you've never parented a child with special needs, you don't understand the mental and physical exhaustion that these individuals face. I had no knowledge of this divide either until I had a special needs child of my own. Now I've learned not to judge a screaming child in the supermarket or one who bites another in the preschool class. And I don't think twice about a parent who gives a child a tablet at the dinner table or at 9 p.m. when mom or dad needs some peace.

What do I want parents of neurotypical children to know?

When you tell me you are tired because your son didn't sleep well last night, I hold back from reminding you that my child has been sleeping next to me since he was 18 months old and could climb out of his crib. When you complain about driving your daughter to soccer practice twice a week, I think of how many hours and how much money I've wasted trying to get my son to try a new sport, only to have him quit after one practice. When you say you were embarrassed when your child didn't say thank you at the end of a playdate, I want to hide in shame remembering the meltdown that my son had at your home.

I get it. We all need to vent about parenting sometimes. And you are well-meaning in assuming that my parenting struggles are similar to your own. But instead of trying to connect with me, try one of these five actions that we, parents of children with special needs, want more.

1 Take my other children, please. You know that my special needs child takes up a good portion of my day, leaving me less time to attend to his siblings. This leaves me with extreme mom guilt for seemingly

ignoring the other two. It will ease my stress and that of my neurotypical children if you take them out for some much-needed fun.

2 Leave your advice at the door. Yes, we believe in discipline (lucky you if it works). Yes, he has a bedtime (it changes based on his medications). Yes, we have tried reward charts, incentives and bribes. Go ahead and assume we've tried it all and know we are working with licensed professionals—doctors, psychiatrists, occupational therapists and tutors.

3 Invite me out as a friend. Navigating school, home life and appointments feels like full-time work. Going out for coffee or a walk, or anything that involves two friends hanging out, is an exciting prospect and anything but the norm. Let us be human beings, adults with dreams and a sense of humor, for a few hours.

4 We don't want more attention. Everywhere we go, we draw attention, whether from a child meltdown or a frustrated parent's outburst. We don't want you to offer help or to look at us with sympathetic eyes. We are handling it and knowing others are in the audience only makes the situation harder. Leave us alone to deal with the situation as we see fit.

5 Don't lower your expectations. Yes, at some point we've had to adjust our expectations to meet the realities of our child with special needs. However, we still want our son, and those around him, to reach for greatness. Friends and grandparents should continue to support the child's interests and hobbies. And please, only offer valid praise that he has earned: Like a child, he has strengths and weaknesses. Don't treat him as special. Treat him as his unique self. ■



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