How to Soothe a Crying Baby

Your baby’s cry means your baby needs your help. Sometimes it is difficult to know what your baby needs. Some of the reasons babies cry and suggestions for how to calm your baby’s crying are listed below. Studies show that mothers who responded quickly to their babies’ cries had babies who later cried less. Try to stay calm, because your baby can tell if you are upset. Remember never to shake or hit your baby.

WHY DOES A BABY CRY?

■ Hunger—Babies cry when they are hungry. Your baby may need to eat more often than you expect. If it has been an hour or more since your baby was last fed, he might be crying because he is hungry.

■ Loneliness—If your baby becomes calm as soon as you pick her up and stays calm, she missed you! Remember, your baby was in a snuggly womb hearing a heartbeat for 9 months. Your baby’s need for closeness is very real. You won’t spoil a baby by cuddling her when she needs it—or when you need it.

■ Wet diapers or soiled diapers—Some babies don’t mind being wet or soiled; others do. If your baby’s diaper is wet or soiled, change him.

■ Cold or hot—Feel your baby’s back or tummy to see if she is too cool or too hot. Adjust clothing to make her comfortable. Dress your baby like you would dress yourself, or with one extra layer in cold weather.

■ Sleepiness—Some babies fuss a bit before sleeping. Try to maintain a consistent routine before naps and bedtime, provide your baby with objects that comfort him (e.g., a small stuffed toy, a light blanket), and allow your baby a short time to settle before sleeping.

■ Overstimulation—Lots of people bouncing or talking to your baby may be too much for her. Give your baby some calm and quiet. Rocking her in a quiet, dimly lit room may help.

■ Undressed—Some babies don’t like to be undressed. Put a cloth on your baby’s tummy until you redress him.

■ Startled—Your baby may move suddenly, startle, and cry. Wrapping a blanket securely around her and holding her firmly may calm her.

■ Pain—Your baby may be uncomfortable because he is in pain. Perhaps a pin or a sharp tag or zipper is pricking him, or a thread or adult hair has become wrapped around one of his toes or fingers. Check for anything that might be causing your baby pain.

■ Colic—Some babies have colic and cry often for long periods of time. Talk to your primary care health professional about ways to comfort a baby with colic.

■ Illness—For some babies, crying may be one of the first signs of illness. A fever, infection, or some other illness can make your baby cry. If you cannot find a cause for your baby’s crying, and usual methods of soothing your baby do not work, contact your primary care health professional.
### WAYS TO SOOTHE A CRYING BABY

- **Rhythmic pat**—Pat your baby’s back or bottom. A heartbeat pattern or any other rhythmical pattern may be soothing.
- **Monotone hum**—Hum a monotone note over and over again. You might even find your baby humming it with you.
- **Gentle stroke**—Gently and repetitively stroke one of your baby’s body parts. Experiment with stroking directly against the skin and with stroking clothing on an arm, a leg, the neck, behind the ears, the bottoms of feet, or the back.
- **Neck cradle**—Cradle your baby’s face between your cheek and shoulder. Sway or rock your baby while you hold him this way. Walking with the baby will add a rocking motion.
- **Rhythmic motion**—Rocking your baby or walking her in a stroller may soothe her.
- **Skin contact**—Remove your baby’s shirt and lay him against your bare skin inside a robe or under a blanket.
- **Lying together**—Lie down with your baby on the couch, bed, or floor. Try positioning yourself and your baby both belly-to-belly and “spoon” style with baby’s back to your belly.
- **Swaddling**—Wrap your baby swaddle-style in a blanket. Experiment with having your baby’s arms inside and outside the blanket.
- **White noise**—Some babies are comforted by external monotonous noises such as vacuum cleaners, washing machines, dishwashers, or the sound of running water. If your baby is soothed by these types of white noise, try making a tape of the sound to cut down on your power bill.
- **Soothing bath**—Water is comforting to many babies. A warm bath might be just what it takes to help soothe your baby.
- **Infant slings and front-pack carriers**—Slings and front-pack carriers allow you to comfort your baby and keep her close to you while you go about some of your daily tasks.
- **Distraction**—Try refocusing your baby’s attention on a toy or other interesting object.

### SUGGESTED READING
Fostering Comfortable Sleep Patterns in Infancy

- Spend some time cuddling your baby or rocking him before putting him to bed. Put your baby down for sleep while he is still awake so he can practice calming or soothing himself with techniques such as finger sucking, body rocking, or fingering a blanket or a stuffed animal.

- Remain in the room when your baby is first trying to fall asleep on her own. If your baby is not settling down after 5 minutes, place your hand on her to see if your touch calms her. Try not to make eye contact, which is stimulating for babies.

- Spread daytime naps at regular intervals to promote nighttime sleep. Try to get some rest during your baby’s naps.

- Minimize social interaction with your baby during night feedings. This will help your baby be efficient about eating and get back to sleep.

- Provide reassurance when your baby wakes at night by making your presence known to him. If your baby is crying, try to soothe him. Attention to babies is not spoiling; it helps foster their sense of security.

- If your baby seems irritable, try sticking to a regular sleep routine, and try increasing her sleep by 1 hour a day to see if more sleep is needed.

Helping Siblings Adjust to the New Baby

A new baby in a family affects all family members. Older siblings, in particular, go through a period of adjustment in their new roles as older brothers or sisters. Consider the following suggestions to help siblings feel more involved and secure during this period of transition.

- Consider involving your children in prenatal visits as appropriate (e.g., meeting your obstetrician or midwife, looking at the ultrasound). Use children’s books to explain basic facts about conception, pregnancy, and birth.
- Discuss with your children what will happen when you go to the hospital for the birth. If you are adopting, talk to your children in advance about adoption and the adoption process.
- Consider visiting the hospital with your children.
- Let your children know who will take care of them when you are in the hospital or when you go to bring your adopted baby home.
- Include your children in planning for the baby’s homecoming. Consider helping your children pick out a new gift for the baby, involving them in decorating the baby’s room, and taking them with you while shopping for the new baby. While you are involving them in preparing for the new baby, think about ways to make them feel special, such as selecting a gift to give them when the baby comes home, asking them if they would like to make changes to their own bedroom space, and so forth.
- Discuss the long-term advantages of being a big sister or big brother, such as being looked up to by a younger sibling and having a playmate.
- When the baby comes home, expect that your children will return to some behaviors you thought they had outgrown (e.g., experiencing setbacks in toilet learning, using baby talk, wanting a pacifier). Anticipate that they will retest rules to see if they still apply. Assure them of your love. Keep their routines as consistent and predictable as possible. Continue to have consistent expectations for behavior.
- Praise any positive attention siblings give to the new baby.
- Provide siblings with a doll or stuffed animal that they can hold while you nurture the baby. Involve them in age-appropriate baby care.
- Assure your older children that they are still important to you. You can reinforce this by spending private time with them each day while the baby sleeps or while someone else cares for the baby.
- Allow older children to express their feelings about the baby and about changes in the family.

Stimulating Environments

Environments that are stimulating for babies and young children up to age 5 are filled with safe objects to explore, allow freedom of movement, and provide a variety of experiences. A stimulating environment can be created in one room of a home, in a home child care setting, or in a center-based environment.

The following suggestions may help you create a stimulating environment for your baby or young child and may help you evaluate other settings where your baby or young child spends time. The most important aspect of a stimulating environment is a caregiver (or caregivers) who can create inviting, challenging play spaces in which to interact with babies and young children, can set limits and be emotionally available to babies and young children, and can read babies’ and young children’s cues and support them when they become overstimulated, fatigued, or bored.

- Organize materials in some fashion (e.g., fill containers with blocks, provide babies with items to dump and fill, provide toddlers with boxes of toy vehicles or plastic animals, provide older children with items for dress-up and pretend play).
- Make containers accessible to babies and children so they are free to choose what they want to play with. Change some toy choices regularly so that babies and children are exposed to different objects from which to choose.
- Provide safe access to windows so babies and children can look out onto the world, unbreakable mirrors for them to look into, and brightly colored pictures at their eye level.
- Create varying floor surfaces for practicing crawling and walking (e.g., mats, carpets, smooth floor surfaces, carpet squares on tile floors).
- Design safe spaces for crawling in or climbing over, using sofa cushions, cardboard boxes, and sheets.
- Provide space where a baby or child can take a time out from the excitement of group activity.
- Try to read babies’ or children’s cues when they become overwhelmed by all the stimulation, get bored with a toy, or need to be moved to a new place to play in the room, such as from the infant seat to a safe place on the floor where they can have some “tummy time.” When babies or children begin to rub their eyes or ears, when they fuss or whine, when they wander around without interest, or when they become aroused and begin to play inappropriately, they are sending cues that they need help redirecting their activity.
- Plan spaces so that caregivers have a clear view of the babies’ or children’s activities and have multiple opportunities to interact with the babies and children.
- Provide developmentally appropriate toys for young children to give them chances to practice their new skills in movement, thinking, and interacting. The following is a list of activities and of the toys appropriate for learning skills associated with each activity:
  - **Movement:** Walker wagon or ride-on toy (with a push handle for early walkers); pull toy (string must be less than 12 inches long); big, bouncy balls.

(continued on next page)
Stimulating Environments (continued)

- **Using hands**: Blocks (made of wood, plastic, or recycled milk cartons or boxes); shape sorter, nesting cups, simple puzzles; dump-and-fill containers (use recycled plastic containers); scrap paper, old magazines, paper grocery bags, drawing paper; crayons; an old set of keys; a flashlight; nontoxic play dough.

- **Water play**: Squeeze bottles; sponges; plastic cups; soap crayons.

- **Pretend play**: Parent’s old clothes for dress-up; toy phone; plastic kitchen utensils, spoons, and empty cereal boxes and milk cartons; dolls, bottles, and blankets; mirror; toy tool set; toy vehicles.

- **Music**: Drum or old pots and pans; musical tapes; singalong videos; child’s audiotape player.

- **Language**: Sturdy, colorful board books.

The most important thing you can do to make sure that the environment is safe for babies and young children is get down on your hands and knees in each room of your home to look at it from your baby’s or young child’s perspective. Other guidelines include the following:

- Have Syrup of Ipecac on hand
- Have a fire extinguisher in your home
- Change smoke alarm batteries every 6 months
- Have emergency numbers and your address and phone numbers next to every phone
- Put covers on all electric sockets
- Use toy chests with lids that come off easily or stay up well
- Put gates on all stairs (both at top and at bottom)
- Have furnaces and fireplaces checked for carbon monoxide; install a carbon monoxide detector
- Lock cabinets in the kitchen and bathroom; install childproof latches
- Use back burners when cooking, and turn pot handles away from babies’ and children’s reach
- Keep chairs away from kitchen counters
- Take plastic covers off crib mattresses
- Use plastic guards for sharp corners on furniture
- Remove all cleaning supplies from low cabinets
- Never leave a baby unattended
- Do not put a baby’s crib near blinds, curtains, or anything with cords that hang down
- Do not use pillows in the baby’s crib
- Do not tie a pacifier around the baby’s neck
- Do not let the baby sleep wearing a necklace
- Do not drink hot beverages while holding the baby
- Do not let babies or children play in the bathroom
- Do not leave breakable items within reach of a baby or child
- Do not put high chairs close to counters

Safe, Quality Child Care

The following information has been developed by two federal agencies to help parents, health professionals, and child care providers ensure that babies and children have safe, quality child care.

SELECTING A CHILD CARE PROVIDER

The U.S. Department of Health and Human Services’ Administration for Children and Families (ACF) recommends the following steps for parents as they begin the process of selecting a child care provider.

1. Interview Caregivers
   ■ Contact the caregiver and ask the following questions:
   - Is there an opening for my child?
   - What hours and days are you open?
   - Where are you located?
   - How much does care cost? Is financial assistance available?
   - How many children are in your care?
   - What age groups do you serve?
   - Do you provide transportation?
   - Do you provide meals (breakfast, lunch, dinner, snacks)?
   - Do you have a license, accreditation, or other certification?
   - When can I come to visit?

2. Visit the Child Care Facility
   ■ Visit the child care facility or home child care setting; visit more than once, and stay as long as you can. Look for the following indicators of a healthy environment:
   - Responsive, nurturing, warm interactions between caregiver and children.
   - Children who are happily involved in daily activities and comfortable with their caregivers.
   - Clean, safe, and healthy indoor and outdoor environments, especially the napping, eating, and toileting areas.
   - A variety of toys and learning materials that your child will find interesting and that will contribute to his or her growth and development.
   - Children getting individual attention.
   ■ During your visit, ask the caregiver the following questions:
   - Can I visit at any time?
   - How do you handle discipline?
   - What do you do if a child is sick?
   - What would you do in case of an emergency?
   - What types of training have you (and other staff or substitutes) had?
   - Are all children and staff required to be immunized?
   - May I see a copy of your license or other certification?
   - Do you have a substitute or back-up caregiver?
   - May I have the names and phone numbers of parents who use or have used your care?
   - Where do the children nap? Do you know that babies should go to sleep on their backs?

3. Check References
   ■ Ask other parents who use the caregiver the following questions:
   - Was the caregiver reliable on a daily basis?
   - How did the caregiver discipline your child?
   - Did your child enjoy the child care experience?
   - How did the caregiver respond to you as a parent?
   - Was the caregiver respectful of your values and culture?
   - Would you recommend the caregiver without reservation?
   - If your child is no longer with the caregiver, why did you leave?
   ■ Ask the local child care resource and referral program or licensing office the following questions:
   - What regulations should child care providers meet in my area?
   - Is there a record of complaints about the child care provider I am considering, and how do I find out about it?

4. Make the Decision for Quality Care
   ■ From what you heard and saw, ask yourself the following questions:
   - Which child care setting should I choose so that my child will be happy and stimulated?
   - Which caregiver can meet the special needs of my child?

(continued on next page)
Safe, Quality Child Care (continued)

- Are the caregiver's values compatible with my family's values?
- Is the child care available and affordable according to my family's needs and resources?
- Do I feel good about my decision?

5. Stay Involved

■ Ask yourself the following questions about your child care arrangement:
  - How can I arrange my schedule so that I can talk to my caregiver every day, talk to my child every day about how the day went, visit and observe my child in care at different times of the day, and be involved in my child's activities?
  - How can I work with my caregiver to resolve issues and concerns that may arise?
  - How can I keep informed about my child's growth and development while in child care?
  - How can I promote good working conditions for my child care provider?
  - How can I network with other parents?

OBTAINING ADDITIONAL INFORMATION

ACF recommends gathering as much information as possible to help select the best child care provider. For more information, call Child Care Aware at (800) 424-2246 for the name of the Child Care Resource and Referral Program nearest you. For more complete guidelines on health and safety in child care, call the National Resource Center for Health and Safety in Child Care at (800) 598-KIDS (5437).

CHILD CARE SAFETY CHECKLIST FOR PARENTS AND CHILD CARE PROVIDERS

In 1998, the U.S. Consumer Product Safety Commission (CPSC) staff conducted a national study to identify potential safety hazards in 220 licensed child care facilities (federal, nonprofit, for-profit, and in-home settings). CPSC staff investigated eight product areas with potential safety hazards (see checklist below). Overall, two-thirds of the child care facilities had at least one safety hazard.

To increase injury prevention awareness and reduce injuries among young children, CPSC has developed the following safety checklist:

■ Cribs: To prevent strangulation and suffocation associated with older cribs and mattresses that are too small, make sure cribs meet current national safety standards and are in good condition. Look for a certification seal. Older cribs may not meet current standards. Crib slats should be no more than 2 3/8 inches apart, and mattresses should fit snugly.

■ Soft bedding: Do not put babies to sleep with pillows, soft bedding, or comforters. Babies should be put to sleep on their backs in a crib with a firm, flat mattress. These measures can help reduce sudden infant death syndrome (SIDS) and suffocation related to soft bedding.

■ Playground surfacing: Look for safe surfacing on outdoor playgrounds. At least 12 inches of wood chips, mulch, sand, or pea gravel or mats made of safety-tested rubber or rubberlike materials should be used.

■ Playground maintenance: Check playground surfacing and equipment regularly to make sure they are in good condition.

■ Safety gates: Be sure that safety gates are used to keep children away from potentially dangerous areas, especially stairs.

■ Window blinds and curtain cords: To prevent strangulation, be sure miniblinds and venetian blinds do not have looped cords. Check that vertical blinds, continuous-loop blinds, and drapery cords have tension or tie-down devices to hold the cords tight.

■ Clothing drawstrings: Be sure there are no drawstrings around the hood and neck of children’s outerwear; these can catch on playground and other equipment and strangle children. Other types of fasteners (like snaps, zippers, or Velcro) should be used.

■ Recalled products: Check that (1) no recalled products are being used and (2) a current list of recalled children’s products is readily visible to remind you and your child care providers to remove or repair potentially dangerous toys and products.

For more information about children's safety and recalls of children's toys and products, contact CPSC at

U.S. Consumer Product Safety Commission
Washington, DC 20207
Phone: (800) 638-2772
Web site: http://www.cpsc.gov (go to Recalls/News)


www.brightfutures.org
Fears in Early Childhood

Fears are common during early childhood, when children often blend what is imaginary and real. Because children have difficulty controlling impulses (like anger) at this age, they may worry that others do also. Think about whether some of the following suggestions may be helpful for your child’s fears.

- Listen to what your child says makes him afraid, and think about how it might reflect stress in his life, especially at child care or preschool, and ask about it.
- Play act some of your child’s fears, with your child acting as the scary thing and you playing the role of a scared child, or have your child act out her fears using dolls, puppets, or action figures. If she is afraid of loud noises, encourage her to make even louder noises in play.
- If your child is scared of something specific like airplanes, read about them, make a scrapbook of airplane pictures, go see some at an airport or museum, make up plays about them, tell jokes about them, and so on, to help him gain control and understanding.
- Offer positive reinforcement for any attempts to overcome fears by praising your child each time. Consider reinforcing attempts further with a small reward.
- Assess whether television violence may be contributing to your child’s fears. Television violence can make children scared, even if they want to watch it and they say it does not scare them.
- Violence, including arguing, in the home is often frightening. Children worry that their parents will get hurt or upset, or will even leave. If there is violence in your home, talk to your health professional or someone else you trust.
- Reduce pressure for toilet learning. Some children get very worried that they will have an accident. Do not punish or criticize your child if she has an accident.
- Provide clear and safe controls for your child’s aggression. Children get very worried if no one stops them from being rough, even if they complain when someone does. Spanking children can also make them frightened and angry, even if they do not show it at the time.
- Offer your child repeated brief explanations of what is real and what is not. Do not make your child ashamed that she is afraid. Think together with her about ways to feel safe. Ideas include spraying her bedroom with “monster spray” or waving a broom at the closets as part of your bedtime ritual to show that you are using your power to protect her.
- Avoid reassuring your child too much. This may alarm him or give him too much attention for reporting fears.
- Provide night lights and special objects like blankets or stuffed animals without criticizing your child for wanting them. Leave a light on at night if she wishes.
- Make a special trip to buy your child a flashlight that he can use to look around the room at night to see that things are all right. This gives him a sense of control over his fears.
- Read or tell your child stories or watch videotapes (such as those listed below) about children mastering their fears.

(continued on next page)
If your child is having scary dreams, talk with her about less scary ways the dream might end. Encourage her to think of her dreams ending in positive ways before she goes to sleep at night.

Learn together about relaxation exercises that your child can use when he is tense. There may be audiotapes at your library that demonstrate such exercises.

Have a bedtime routine in which you engage in soothing activities in your child’s room, such as reading stories or singing songs. Make this routine short enough so that you can do it the same way every night. Afterwards, stay with your child for a while until she feels relaxed. Promise to come back to check on her in 5 minutes and during the night.

If your child’s fears continue or start to get in the way of family activities, school functioning, or relationships with friends, ask your primary care health professional for more advice.

RESOURCES


# Sleep Diary

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<th>Comments</th>
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Ex. 

Key: ↑=out of bed  ↓=in bed  Filled in=asleep

Principles of Limit Setting

The most important thing to your child is your love and approval. Because of this need for your love, your child will want to respond to and meet your expectations. By keeping your expectations consistent, reasonable, and predictable you can help your child gain control over his or her behavior.

- Reasonable limits make your child feel protected by someone who understands the world better than he does. Knowing the rules helps him relax.
- Most children do not need an abundance of rules. Your child will understand and accept limits better when she helps make the rules through a process of discussion that includes the reasons for the rules (e.g., safety). If you are having to make rules all the time or having to discipline often, consult your primary care health professional.
- When you make a request, get your child’s attention, then only ask once. If he does not follow your instructions, take him with you while you complete the task.
- Praise any cooperation. This is called “One request and then move.”
- Although it is best when all caregivers use rules consistently, your child can also adapt to different rules used consistently by different people or in different settings. It is better to expect your child to adapt than to openly clash with others over differences.
- Sometimes rules should be enforced flexibly to meet the needs of a “special occasion” (e.g., staying up later for a special event). This is best done before your child demands such a change to avoid the appearance that you were manipulated. Instead of weakness, this demonstrates a desirable amount of flexibility.

Following through consistently, yet flexibly, on expectations for behavior is a difficult balance for any parent to achieve. The following factors can make this even harder:

- Feeling reluctant to enforce consistent rules or limits because of concerns about causing your child extra stress, or feeling uncomfortable handling your child’s anger when a limit is set
- Widely differing expectations for behavior among your child’s caregivers
- Stress in other areas of your life
- Too many or too rigid rules
- A history of being exposed to anger in your own life, which can make it more difficult to handle angry responses from your child
- Not having as much fun time together with your child as you would like

If you feel any of these factors are relevant to your family, consider discussing them with your child’s primary care health professional or another supportive professional (e.g., religious leader, social worker, counselor).

Guidelines for Special Time

Special time is priceless because it symbolizes the parent’s unconditional love for the child.

Special time works best when it is

■ Called a certain name that the child understands, such as “special time”
■ Given every day, whether the child has behaved well or badly
■ Never taken away as a punishment
■ Kept a consistent, short amount of time (e.g., 10–15 minutes)
■ Given at a time convenient for the parent, although a consistent time is desirable
■ Given separately by each parent to each child in the family each day
■ Used for a joint activity that the child chooses (within activities acceptable to the adult, e.g., coloring, reading a book, playing catch)
■ Not used for watching television or other passive activities
■ Not interrupted by taking telephone calls or turning attention away to something else
■ Ended on time to prevent begging
■ Not saved up and done at greater length another day
■ Separated from other play time that day by a break, which indicates that the rules are different
■ Shortened by any time out required for misbehavior that occurs during special time
■ Carried out by repeatedly trying to engage a child who refuses special time, in order to convey the parent’s sincere interest

Charting Positive Behavior

Some parents and children ages 2 and older find it helpful to post a chart that serves to praise and reinforce desired behaviors.

■ Make a short list of the behaviors you want to promote, and share it with your child.

■ Make a large chart with your child, using simple words or pictures to represent the behaviors you want to promote.

■ Place a mark or a sticker on the chart each time your child engages in a desired behavior, while thanking her or telling her what you like about that behavior.

■ Give marks for whatever period each day you can watch your child closely. Anything from 15 minutes to all day will work. At the end of the period, add up the marks and give a small reward (e.g., read your child an extra book, give her a special sticker, give her a penny).

■ Give extra marks or special stickers for especially good behaviors such as spontaneous helpful actions, even if they are not on the list.

■ If your child asks for a mark for something he did, give him one. His request reflects his understanding and his pride in cooperating.

■ Siblings may want to participate by receiving marks themselves. This method also works well in a class or child care group.

■ Continue this method for several weeks until praise alone is enough to maintain your child’s positive behaviors. You can begin using the chart again if your child’s behavior slips.

Here is an example of what a positive-behavior chart might look like.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Stars</th>
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</thead>
<tbody>
<tr>
<td>Picking up toys</td>
<td>✭✭✭✭✭</td>
</tr>
<tr>
<td>Saying thank you</td>
<td>✭✭✭✭✭✭</td>
</tr>
</tbody>
</table>

Communicating with Children

Children develop a sense of their own self-worth and of how you feel about them from how you communicate with them. This tool offers information and ideas that may help foster communication between you and your child.

LISTENING TO CHILDREN

■ Listen with your feelings and your eyes, not just your ears. Watch for and respond to your child's attempts to communicate.

■ Your child will often express himself indirectly, especially when he is experiencing strong emotions. His actions usually reflect feelings more effectively than words (e.g., he may slink away when ashamed or jump up and down when proud).

■ The best listening is silent listening. Keep your eyes on your child, and do not engage in other activities while you are listening.

■ During early childhood, children often express themselves through stories about other people, imaginary friends, or animals who do things that the children would like to do or are afraid of or feel guilty about doing.

■ If you sense that your child is feeling a certain emotion, she probably is. Ask her about it, or guess, and request feedback.

■ Rephrase what your child is saying to reflect both its content and its feelings without adding your own interpretation. Say something like,

“I hear you saying __________.
_________________________.”

“You seem to feel __________.
_________________________.”

Be aware that your posture and tone of voice can affect how your child communicates with you. You may need to help your child put words to the feelings that he is expressing through body language or actions. Pausing before immediately suggesting solutions or giving directives allows your child a chance to solve the problem on his own.

■ When listening to your child, try not to let your own emotions show to an extent that may limit your child’s sense of being free to express herself. Be nonjudgmental about your child’s expression of feelings, even when limits for her actions are needed.

TALKING TO CHILDREN

■ Keep praise, instructions, and corrections short, simple, and specific, even for very verbal children. This increases the chances that your child will get the message rather than get distracted.

(continued on next page)
Give praise or thanks for small, specific actions, rather than making generalizations that your child may not believe (e.g., “You combed your hair so well!” rather than, “You’re the best girl in the world!”).  
■ Ask a follow-up question to show you are really interested.  
■ Aim for praise to outnumber correction by 10 to 1.  
■ Provide comments to your child frequently to let him know you are thinking about him.  
■ Use plenty of nonverbal praise such as touches, hugs, winks, pats, or stickers.  
■ Praise your child’s actions to other adults when she can hear you to reinforce its impact.  
■ Correct your child in private when possible, especially away from peers or siblings.  

■ Praise your child for not misbehaving in a way he might have considered (e.g., “I am proud of you for staying calm,” “Thank you for not touching the plates at the store.”).  
■ Avoid diminishing praise by adding a complaint or criticism to it (e.g., “Thanks for cleaning up your room! Why don’t you do this every time I ask?”).  
■ Use statements that begin with “I” to show your own reaction and avoid being discounted (e.g., “I really like the way you were sharing your crayons with your sister.”).  
■ Share your own feelings both as a model and to let your child know she is not the cause of all your upsets.  
■ As your child gets older, work toward having her assess her own performance (e.g., “What do you think of your drawing?”).
Getting along with a sibling can be tough. Children can feel jealous of the time, attention, and toys their siblings receive. Your children probably also compare themselves, whether they admit it or not. They do not necessarily take age into account when they decide that they have more chores than their sibling or are not as good at something as their sibling. You may be especially worried about how your children are getting along if you planned your family in hope that your children would be lifelong friends. Here are some ideas about what you can do to help your children get along well now and in the future.

**PREPARE YOUR CHILDREN BEFORE YOUR BABY IS BORN OR ADOPTED**

- Tell your older children that you are going to have or adopt a baby early enough so that they do not find out first from someone else and feel that you were keeping it a secret.
- Explain why you are having or adopting a baby without making it your children’s responsibility. For example, say “We really love children so we wanted another one,” rather than, “We thought you would like a baby brother” (which will not be true every minute).
- Involve your children in preparing for the baby by picking out clothes, helping paint the nursery, and so on.
- Make sure your children know who will take care of them when you go to the hospital or birthing center or when you go to bring your adopted child home.
- Take your children to a sibling-preparation class at your local hospital if possible.
- Give your children a chance to see newborn infants and learn about what they can do (see, hear, feel, eat, sleep, cry) and cannot do (play, smile, crawl, walk, feed themselves).

**HELP YOUR CHILD ADJUST AFTER THE BABY COMES HOME**

- Avoid having your older children hear any details about the birth or adoption that describe your pain or anxiety, which they may blame on the baby.
- Encourage but do not force your older children to hold or be photographed with the baby.
- Describe your new baby’s needs and point of view to your older children to help them see the baby as a person.
- Provide opportunities for your older children to help care for the baby with close supervision, but do not require that they help.
- Praise any ways in which your older children help, make good observations about the baby, or are able to soothe or interest the baby.
- Show and say that you understand any angry feelings your older children have, but notice and limit aggressiveness promptly so that they know that you will protect the baby from their impulses.
- Be sure to spend at least 10 minutes of play time with each of your older children every day when

(continued on next page)
Helping Siblings Get Along (continued)

the baby is asleep or being watched by someone else. Call it special time or give it another special name, and keep it uninterrupted so that your older children feel valued.

HELP YOUR CHILDREN FEEL VALUED AS INDIVIDUALS AT EVERY AGE

- Keep your expectations for behavior, rules about household responsibilities, and privileges consistent with each child’s age and level of maturity.
- Help your children see the advantages that come with age and development (e.g., more time with parents for younger siblings, more privileges and freedom for older children).
- Praise and comment on your children’s individual strengths and skills.
- Avoid comparing your children.
- Spend special time with each of your children every day at every age (after age 10 do not call it special time any more, but do it anyway).

DEAL WITH FIGHTS ACCORDING TO SEVERITY

- Avoid trying to decide who started a fight; usually all children involved have some responsibility. Giving a consequence for all the children involved will encourage them to avoid fights in the future.
- Ignore minor squabbles to avoid reinforcing this behavior with your attention.
- Listen to all sides of louder squabbles, then encourage your children to resolve the situation themselves.
- For intense fights, hear all sides, and then separate your children or take away the object they are fighting about.
- For physical fights, hear all sides, and then give time outs or consequences for each child.
- If one sibling repeatedly hurts another, consult your primary care health professional.

BE PROACTIVE ABOUT BULLYING

- Do not allow one of your children to bully the others.
- Separate your children when bullying occurs.
- Recognize that close supervision of a child who chronically bullies may be needed.
- Arrange for your child to spend time with peers or siblings who can reinforce social skills by exhibiting positive behaviors.

RESOURCE


Young children respond best to praise for good behavior. However, sometimes they need to have limits set for them or a space to cool off. Time outs let you do this safely and effectively. A time out is a form of discipline that can be used when your child needs to calm down or when your child does something wrong on purpose.

Time out works best when
- You are calm but firm.
- Your child is taught about time out before it is needed.
- Your child understands the purpose of the time out.

When you decide to use a time out
- Warn your child once before initiating a time out.
- Place your child in a boring but safe and nonscary spot (e.g., a nearby chair or step where you can watch her). Toddlers may be placed on the floor or in a playpen.
- Briefly state the rule that was broken or the reason the child needs to take a time out (e.g., “No hitting. Hitting hurts people,” or “You are getting a little too excited. Why don’t you take a time out.”).
- The time out should begin as soon as the child understands the reason for it.
- Time outs should last approximately 1 minute per year of a child’s age to a maximum of 10 minutes. Some people find that a timer that ticks and has a bell can help signal the end of the time out. Children ages 6 and older may be able to decide for themselves when they feel calm enough to leave time out. Children ages 10 and older generally benefit more from discussion, logical consequences such as repayment for damages, or removal of privileges (including grounding), than from time out.
- If your child leaves time out before it is over, he or she should be put back without comment and held there with your hands or on your lap.
- After time out, your child should immediately be redirected to an acceptable activity.
- Discussion and/or role playing of the incident and alternatives should take place only after your child is calm again.

If “time outs” lead to increasing struggles or do not work, consult your child’s primary care health professional.

Portions of this tool were modeled on: Sege R. 2000. Time-out! In Sege R, ed., Violence Prevention for Children and Youth: Parent Education Cards (2nd ed.), Waltham, MA: Massachusetts Medical Society. Copies available from the Massachusetts Medical Society. Phone: (800) 322-2303; e-mail: dph@mms.org.

Parent’s Checklist for School Entry and After

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Preparing Your Child for School

GENERAL REMINDERS FOR THE YEARS PRIOR TO KINDERGARTEN

- **Provide your child with time, availability, and love.**

  You have many demands on your time and may live in a rushed and time-pressured world. It may be hard to turn off the pressures once at home. Yet your child’s self-confidence and motivation to succeed and to respond to challenges can be enhanced if he knows you are available for the moments when he feels fragile and needs comfort. He also needs to feel important enough to you to share his everyday accomplishments and wonder about the world. Availability, nurturing, and support take time and are ideally provided without other preoccupations.

- **Kind words are important.**

  Your child’s motivation is increased when her efforts are rewarded by kind, encouraging words, even if she did not succeed. Showing disappointment in a harsh way when your child’s efforts are unsuccessful may make her unwilling to try again.

- **Don’t push.**

  Introduce new skills naturally in small doses, making them fun through conversations and play. If learning a new skill is not fun for your child, it is likely that you are trying too hard or that the skill is too difficult for her to master at this point. Come back to it at a later time.

- **Small surprise rewards are helpful.**

  They reinforce learning. They are not bribes, because your child receives them after the accomplishment, not before.

- **We learn best by doing.**

  Your child learns best about concepts like the number five by counting five crayons or raisins rather than from a verbal explanation. Likewise, he will learn how to say “thank you” from reinforcement and reminders at the appropriate moments (e.g., when being given a cookie) rather than from a speech about manners.

- **Repetition works.**

  Skills are habits that take time to form and are acquired best through reasonable repetition.

- **Value questions.**

  Often, questions take more initiative and are more beneficial than answers. Praise your child for asking questions. It’s OK if you don’t know the answers. You can try to find the answer together with your child (e.g., by looking a word up in the dictionary).

- **Make learning a joy.**

  When your child knows that learning is a joy, she has received a gift that will last a lifetime.

Preparation for School Entry: Communication Skills

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Due to copyright permissions restrictions, this tool is not available on the Web. Please see print version of the publication.
Middle Childhood

5–10 Years
Assessing and Reinforcing Your Child’s Self-Esteem

Consider the following questions about your child’s self-esteem:

- **What does your child think he does well?**
  Identify and build on your child’s perceived strengths and talents.

- **How does your child respond to failure?**
  Help your child view mistakes as chances to learn. Teach her that mistakes are accepted and expected. Help her realistically assess her performance while emphasizing her strengths. Discuss strategies that could lead to success.

- **Does your child have close friends?**
  If your child is struggling to make friends, help him develop social skills by arranging nonstressful play dates that are supervised and structured and that incorporate cooperative activities (e.g., going to the movies, making cookies, bowling).

- **How does your child respond to new challenges?**
  Help your child develop a sense that she can affect the outcome of events in her life. Words of encouragement are important and provide energizing motivation. Children feel more effective if they think they are making a contribution. Provide your child with opportunities to make choices, solve problems, and develop responsibility (e.g., helping care for younger siblings, helping prepare meals together, raking an elderly neighbor’s leaves).

- **How does your own style (e.g., personality, patience, energy level, talents) compare with your child’s?**
  Recognize any differences between your style and abilities and your child’s. Take these differences into account when developing expectations for your child. Look for ways to support his unique personality.

- **Are you setting reasonable or attainable expectations for your child?**
  Unreasonable expectations can make your child feel like a failure even when she is consistently doing her best and performing at an appropriate level for her abilities. Even the expectation of “just do your best” can feel quite demanding, as few children or parents can consistently do “their best” all the time.

Six Rules for Making Responsible Decisions

“Dad, can I get my ear pierced like John?”

“Mom, can I go to Jane’s party Friday night?”

Testing rules is a part of growing up. If you have open lines of communication with your child, he may ask you permission for things to which you are opposed or for things you had not previously considered.

By discussing your child’s requests in a standard way each time, she can learn a good process for judging the appropriateness of choices. She will also be more likely to see that you are considering the requests carefully and not just saying “no” automatically. In addition, such a discussion gives you a chance to think before reacting. It is ideal to have both parents discuss important decisions together with the child.

Posing the following six questions as part of the decision-making process can help you and your child arrive at responsible decisions:

- Is it safe?
- Is it legal?
- Does it conflict with other responsibilities?
- Is it right for your child’s age?
  Will it help him learn and mature?
- Will it harm or inconvenience others?
- Could it harm your child’s self-confidence and happiness?


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Tips for Parenting the Anxious Child

Does your child:

■ Worry or feel frightened excessively or without a good reason?
■ Have many concerns about academic or social performance?
■ Need an excessive amount of reassurance?
■ Have physical complaints, such as headaches or stomachaches, when feeling stressed?
■ Become embarrassed easily?
■ Have difficulty relaxing in groups?

At certain ages all children experience fears. Some children may have more difficulty with anxiety than others. The following suggestions may be useful in addressing your child’s anxieties or fears:

■ Encourage and reward independent activities.
■ Your child may experience physical symptoms when he is stressed; don’t overreact to them.
■ To help your young child conquer her own fear, ask her to teach a doll or a stuffed animal how to be more confident.
■ Explain new situations in advance in a simple, friendly manner. Try role playing to prepare for upcoming situations.
■ Help with bedtime fears by buying your child a new and specific stuffed animal, a “special companion,” which can help him feel less scared at bedtime.

■ Establish clear and regular morning and bedtime routines, and stick with them. Let your child use a night light, if it helps her feel less scared. Children feel more secure with a well-structured and predictable, but not overly rigid, daily routine.
■ Assess whether television or video game violence may be contributing to your child’s fears. Television and video game violence can make your child scared even if he wants to watch it and says that it does not bother him. For more information on television and video game violence and how it affects children, read Cantor J. 1998. Mommy, I’m Scared: How TV and Movies Frighten Children and What We Can Do to Protect Them. New York, NY: Harcourt Brace.
■ Be aware that apparent daydreaming and concentration problems at school may be caused by your child’s preoccupation with fears and anxiety.
■ Ask a librarian to help you choose books to read to your child that address specific fearsome situations.
■ Don’t get involved in lengthy discussions about fears. Reassure your child that you are doing all you can to keep anything bad from happening. Role play upcoming situations that are likely to cause your child anxiety.
■ Be open about and explain stresses on the family (e.g., a parent out of work, an

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impending move, a sibling experiencing serious problems) to your child in simple terms, and reassure her that the adults in the family will take care of things. Children are sensitive to adult anxiety and may exaggerate situations that are not explained to them.

■ Try to avoid extremes (e.g., being too rigid, too permissive, or overprotective).

■ Be honest and objective about family problems that might make your child fearful. If the problems are too complex to address within the family (e.g., parental abuse of alcohol, abusive behavior, marital problems or parental illness [mental or physical]), seek counseling.

■ Be aware that the object or situation your child identifies as the cause of her fears may be a substitute for something she is hesitant to express (e.g., fear of “monsters” may really be fear of a person; fear of “the dark” may really be fear of the arguing she hears from another room). Consider whether there are “family secrets” your child may be afraid of or not allowed to discuss openly. Seek counseling if you find it too difficult to communicate with your child about her fears.

■ Suggest that your child write a story or draw a picture of scary things, and look for clues to help you understand his fears better. An older child might write a letter or keep a journal.

■ Preoccupation with death or dying or other morbid subjects may be a sign of depression. If your child is overly concerned with these things, have him evaluated by a health professional.

The following stories are fun to read and can also help children deal with specific issues.

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## FRIENDSHIPS

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## COMMUNITY

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About My Feelings

This is a sheet you can fill out and share with your parents and/or health professional. Your answers will help them learn more about you and how you respond to different situations.

Things that make me angry:

________________________________________________________________________
________________________________________________________________________

When I am angry, I . . .

________________________________________________________________________
________________________________________________________________________

Things that make me happy:

________________________________________________________________________
________________________________________________________________________

When I am happy, I . . .

________________________________________________________________________
________________________________________________________________________

Things that make me sad:

________________________________________________________________________
________________________________________________________________________

When I am sad, I . . .

________________________________________________________________________
________________________________________________________________________

(continued on next page)
About My Feelings (continued)

When I am picked on, I . . .

________________________________________________________________________

Things that make me feel hurt:

________________________________________________________________________

________________________________________________________________________

When I am afraid, I . . .

________________________________________________________________________

________________________________________________________________________

When I care about people, I . . .

________________________________________________________________________

________________________________________________________________________

Things that make me proud of myself:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

My name ___________________________ Date _______________________

How to Handle Anger

Whenever our body signals and behavior let us know we are feeling angry, we need to find a way to be angry without fighting or being mean to other people. What can we do?

When you notice you are getting angry, you might try one of the following:

☐ Say to yourself,

“I am starting to feel angry and I need to go to a place where I can calm down.”

Tell an adult that you are feeling angry and need a place to calm down. Think of a place ahead of time where you can go if you need to be by yourself. Arrange ahead of time to talk with a trusted friend or adult when you start to feel angry. Stay in this place or with this person until you feel you are in control and calm again.

☐ Do an activity that helps you relax and that gets the anger out in a safe way, such as throwing a ball or running in the gym. Continue doing this activity until you feel you are in control and calm again.

☐ Try some of the following actions you can do any time or in any place when you feel angry:

- Take some deep breaths
- Count to 10
- Rub your feet on the floor
- Think of a “calm” picture

Check in with your parent or another adult when you are feeling less angry, and let them know what it was that made you angry.

Bed-Wetting (Enuresis)

Medical problems such as recurrent urinary tract infections, abnormalities of the urinary tract, or diabetes can in some instances cause or contribute to bed-wetting. Your primary care health professional will evaluate your child for the possibility of medical causes of bed-wetting. However, medical causes of bed-wetting are uncommon.

If your child has difficulty with enuresis and does not have underlying medical concerns, reassure him that bed-wetting will pass with age. Punishment or pressure can delay a cure and cause secondary emotional problems. The following suggestions may help.

- Encourage your child to drink fluids in the morning and early afternoon. The more fluids your child drinks, the more urine she will produce, which will eventually increase her bladder capacity.
- Discourage drinking fluids in the evening following dinner. Limiting your child’s fluid intake to 2 oz or less in the 2 hours before bedtime will decrease the amount of urine he produces at night. Offer gentle reminders about excessive fluid intake, but don’t worry about a few extra swallows of water.
- Teach your child bladder-stretching exercises. Some children have a small bladder capacity, and such exercises may be helpful. Have your child practice holding her urine as long as possible during the day, when she has easy access to a toilet. When she feels the urge to urinate, encourage her to wait an additional few minutes.
- Protect the bed from urine. Children over 4 years of age should not wear diapers and plastic pants, but they can wear extra-thick underwear to bed in addition to pajamas or can sleep on a waterproof pad to keep sheets dry. Placing a plastic mattress cover on the mattress will keep urine from soaking through.
- Encourage your child to get up to urinate at night. Children with small bladders may need to urinate one or more times at night to stay dry. Coach your child to get up to go to the bathroom as soon as he feels the urge to urinate at night, instead of trying to hold his urine until morning. Initially, your child may find it useful to set an alarm clock to wake him up 3 to 4 hours after bedtime.
- Develop a routine that is not embarrassing for your child in handling wet clothes and sheets. Keep clean pajamas and towels on a chair near your child’s bed to make it easier for him to change out of wet clothes at night. Have your child shower regularly in the morning to ensure that he does not smell of urine during the day. Agree on a plan for how your child will take care of wet items (e.g., rinsing them out, putting them in the washing machine or another designated place) to decrease morning frustrations.
- Respond positively to dry nights and gently to wet nights. In addition to praising your child for dry nights, compliment her for any efforts made to go to the bathroom at night, even if she is wet in the morning. Do not allow siblings to tease your child.

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Place a night light in your child’s bedroom, in the hallway, and in the bathroom, so that your child is not afraid to go to the bathroom at night. Make sure your child understands that it is all right to get out of bed to go to the bathroom, even if he isn’t supposed to get up during the night otherwise.

Consider using a bed-wetting alarm device. If your child is 7 years old or older and is still having difficulty waking up to go to the bathroom at night, a small bed-wetting alarm that buzzes when it senses a few drops of urine may be useful in helping your child wake up at night.

There are medications available that may temporarily help your child stay dry at night. If you would like to learn more about the possible risks and benefits of these medications, consult your primary care health professional.

RESOURCES


Family Meetings

Your family can use family meetings to communicate and solve problems. Your children can be meaningfully included as early as the preschool years. These meetings will teach your child to respect you and will give you an opportunity to demonstrate respect for your child. Family meetings also ensure that you will have an opportunity to instruct your child about your expectations. Family meetings are a highly effective way of dealing with siblings’ complaints about one another.

Here are some suggestions for conducting effective family meetings:

■ Make meetings official.
■ Have meetings at a set time (ideally the same time every week), and end them on time.
■ Be sure everyone follows some basic rules:
  • Let the person who is speaking finish without being interrupted.
  • Do not make fun of or judge others’ ideas.
  • Promise not to use things others say during the meeting against them later.
■ Ask each person for his views and feelings on the topic or problem being discussed.
■ Discuss family activities as well as problems so the meetings include something positive.
■ Express appreciation for each other, perhaps as a formal part of each meeting.
■ Use a problem-solving strategy if necessary.
■ Write down conclusions from the meeting and post them in a place where everyone can see them.
■ Make the meetings fun. Consider serving dessert or pizza, or playing a game. Ask your children to suggest ideas for making the meetings a special time for the family.


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Problem-Solving Strategy

This problem-solving strategy is useful when there is an area of disagreement or a complicated problem whose solution requires several family members. It is the kind of strategy used by business “think tanks” to generate creative solutions. This strategy can help your family find solutions, too!

■ Have one person state the problem needing to be solved, and then ask each family member to share his or her view of it until everyone agrees on a single statement of the problem. Somebody should write down the problem statement that is agreed upon on a piece of paper, chalkboard, or the computer so that everyone can see it.

■ Have each family member say how he or she feels about the problem without being interrupted.

■ Have each family member contribute to a list of potential solutions without passing judgment on the feasibility of the suggestions. Be sure to include suggestions that seem outrageous, as these help with creativity.

■ Have each family member contribute to editing the list to eliminate impossible solutions.

■ Combine the remaining solutions into a written plan with assignments for each family member, as needed. The assignments should be specific, and it should be possible for family members to tell whether assignments have been completed.

■ Set a time to review the results as a family, usually in 2 to 3 weeks.

■ Revise the plan according to which parts of it helped solve the problem and which did not.

■ Repeat the process as needed.
Top TV Tips: Building a Balanced TV Diet

You are your child’s first and most influential teacher. The values and coping behaviors your child learns now will last a lifetime. Use TV to promote your child’s health by building a balanced TV diet.

WATCH WHAT THEY EAT AND WATCH WHAT THEY WATCH

How much and what your child eats has a big impact on his health; so does how much and what TV he watches.

■ Chart your family’s current TV intake by listing all TV shows watched in a week.

■ Discuss how much time your family spends watching TV, which programs are worthwhile, and which programs can be dropped in favor of other activities.

■ Be a good TV-viewer role model for your child.

The American Academy of Pediatrics recommends that parents limit their children’s TV viewing to 1 to 2 hours of quality programming a day. Parents should also take advantage of high-quality programs offered on videocassettes or from other sources.

KNOW WHAT’S INSIDE THE BOX

You carefully read the labels on the foods your child eats. Do the same with TV. Lots of sugary sweets are not good for children and adolescents. Neither are programs with violence, lewd language, and sexual overtones.

■ Read the TV listings and reviews.

■ Preview programs before your child sees them. Talk to teachers and your health professional to learn what programs they recommend.

ADD PLENTY OF NUTRITIOUS CONTENT

Look for TV “main dishes” with educational content and positive characters and values. Research has indicated that school readiness and verbal and math abilities were greater in children who watched Sesame Street and other educational programs than in those who did not (Wright and Huston, 1995).

SIT DOWN WITH A GOOD “TV MEAL”; DON’T JUST SNACK AWAY

Don’t let your child just “watch TV.” The next time your child asks, “Can I watch TV?” ask her what specific program she wants to watch. Help your child get in the habit of watching one TV program, then turning the TV off and doing something else. Involve your child in setting TV rules.

Some other ideas for healthy TV viewing are as follows:

■ Don’t let your child watch TV until after his homework or chores are done.

■ Make an extra effort to watch some shows with your child. By watching together, you are telling your child you care. “Co-viewing” (continued on next page)
and talking together about what you watch can lead to lasting educational benefits.

- Videotape quality shows and view them at a later time.

**PUT DOWN THE CLICKER AND GET SOME FAMILY EXERCISE**

TV should not replace active play. Your TV diet will be most successful when it includes lots of “family exercises,” such as family discussions and activities.

TV programs should be springboards that spur curiosity, discussion, and learning.

To help your child learn from the programs she watches, you can take the following steps:

- Talk with your child. Ask questions before or during a program—for example, “What do you think will happen next?” Or, after the program, ask, “What did you learn from that program?” or “Why do you like to watch that character?”

- When you see a portrayal that offends you, let your child know. Teach your child that programs that glorify violence or promiscuity or that present gender, racial, cultural, or other stereotypes are against your values.

- Weave “a web of learning” for your child. Good TV programs can spark interest in related books, conversations, and activities.

For further information on TV content ratings to help you supervise the TV watching of your child, contact

TV Parental Guidelines Monitoring Board
P.O. Box 14097
Washington, DC 20004
Phone: (202) 879-9364
Web site: http://www.tvguidelines.org

**REFERENCE**


www.brightfutures.org
Controlling the Video and Computer Game Playground

**Here are several suggestions for establishing or regaining control of video game playing in your home.**

**PLAYING GAMES IS A PRIVILEGE, NOT A RIGHT**

If you make it clear to your child on the day you set up the video game system that playing video games is a privilege you have allowed him, you will be well on your way to regulating game play in your home. This approach enables you to use the system as a reward for positive behavior.

**SET TIME LIMITS**

One way to avoid 5-hour playing stretches is to set a daily limit or establish a specific period each day when games can be played. Be flexible, though. A 1-hour limit for some games will make them unplayable.

**HOMEWORK COMES FIRST**

Make your priorities clear. If your child fails to complete her homework and chores, or does a slipshod job of them, restrict access to the game system. To offset this punitive approach, you can reward your child by extending playing time or by renting a new game when extra effort is put into homework or chores.

**CONTROL THE CONTROLLERS**

If your child insists on playing longer than you would like or plays in direct disobedience to your wishes, remove the controllers. Games cannot be played without the controllers.

**ENCourage Cooperative Play**

Video games frequently cause squabbles among siblings. Consider the following solutions to this problem:

- Look for two-player games that offer a “cooperative play mode.”
- In some two-player competitive games, it is possible to set different difficulty levels for each child. You can use this feature to balance their playing skills.

If the children really don't want to play together, schedule separate playing sessions for each child. Use a timer to signal when play stops for one child and starts for another.

**Encourage Other Activities**

It is easy for children to get hooked on video games, to the exclusion of almost everything else. Encourage and support the child’s participation in other activities. If your child does not seem to be interested in anything other than video games, try getting him interested in other activities that are related to one of his favorite games. If your child prefers fantasy role-playing games, for example, you might encourage him to read some books with a fantasy theme or, using inexpensive art or building materials, help him construct a miniature fantasy kingdom.

**Control Game-Related Spending**

Consider some of the following ideas to keep game-related expenses down:

- Rent rather than buy games.
- Swap games with friends.

(continued on next page)
Explore other avenues before granting your child permission to call a video game tip line. Other children in the neighborhood may have the game that is giving your child trouble. Game magazines and books can also provide the information needed to succeed at popular games.

**CHOOSE GAMES APPROPRIATE FOR YOUR CHILD’S AGE AND ABILITY**

The Entertainment Software Rating Board (ESRB) is an independent, voluntary board set up to classify and provide information for parents and consumers on the content of video and computer games.

The ESRB offers the following tips for consumers:

- Look for the ESRB ratings on the front of the game package and for the content description on the back. If the game has an ESRB rating, you will find the distinctive black and white ESRB icon on the front of the package. The ESRB content description, if applicable, can be found on the back of the package in a black and white box.
- If you can’t find a rating, call the ESRB’s toll-free number, (800) 771-ESRB (3772), to obtain rating information.
- Examine the package carefully to see if the publisher recommends the game for particular age groups. ESRB ratings assess the content of the game, not the skill level.
- Examine the pictures and text on the product’s packaging for clues to the game’s content.
- Ask the salesperson if you can try the product in the store before purchasing it or if someone at the store can demonstrate it for you.

Safety Tips for Surfing the Internet

PEOPLE YOUR CHILD MEETS ON THE INTERNET ARE STRANGERS
Remind your child that people she meets on the Internet are strangers. Just as she should not give out her address, her telephone number, her name, the location of her school, or any other information to a stranger, she should not give out personal information to people she meets on the Internet.

TALK WITH YOUR CHILD ABOUT WHAT HE SEES AND DOES ON THE INTERNET
Encourage your child to talk to you right away about anything on the Internet that makes him feel uncomfortable.

ASK YOUR CHILD ABOUT THE PEOPLE SHE MEETS ON THE INTERNET
Make sure that your child talks to you directly about anyone she has met on the Internet who wants to meet her in person.

MEETING “FRIENDS” FROM THE INTERNET IN PERSON REQUIRES ADULT SUPERVISION
Establish a firm rule that your child may not go to meet someone he met on the Internet unless a parent or other responsible adult goes with him.

E-MAILING PERSONAL INFORMATION SHOULD BE DONE ONLY WITH PERMISSION
Explain to your child that it is not safe to e-mail pictures of herself or any other personal information without first checking with you. Let her know that just as it is important that you know who her friends are and what she does with her friends, it is important that she talks with you before beginning an e-mail friendship with a new person.

HAVE FREQUENT DISCUSSIONS WITH YOUR CHILD ABOUT CONVERSATIONS AND MESSAGES HE RECEIVES THROUGH THE INTERNET
Encourage your child to talk to you about any messages that are mean or make him feel uncomfortable. Reassure your child that he is not to blame if he gets a message of that kind. Urge him to confide in you, reminding him that you are on his team.

SET CLEAR HOUSE RULES ABOUT INTERNET USE
As with all media, set limits on Internet use. Be clear about your rules and expectations, and let your child know that you want her to enjoy the Internet for the wonderful resource it is. Emphasize that the guidelines you have set up will enable her to enjoy the Internet safely.

Parents’ Roles in Teaching Respect

Showing respect is a sophisticated communication skill. It is based on a guiding belief in the importance of expressing consideration for others. Outlined below are tips for teaching respect. Parents need to be patient; learning respect takes time.

- Show respect to your growing child through all of your daily ups and downs together, even when setting a limit or giving a consequence for misbehavior.
- Begin early to teach your child about the feelings, ideas, and opinions of others; find opportunities every day to repeat these messages to your child as she grows.
- Meet respectful behavior with praise and recognition; privately express disappointment and disapproval to your child when you observe your child exhibiting disrespectful behavior.
- Talk with your child in advance about how to ask questions of a teacher; how to behave during church; how to act at a play, concert, or birthday party; and so forth. Help your child plan how to show respect in these and other situations.
- Help your child learn that everyone has different likes and dislikes. Fun ways to help your child learn about how people are different include going to museums, listening to a variety of music styles, and tasting foods from different cultures. Teach your child to show respect for individual differences and preferences.
- Be a good role model by showing respect in your daily interactions with others.

Successful Adaptation to Separation or Divorce

By using the following tips you can help your child adapt to separation or divorce.

- Emphasize that the divorce or separation is entirely a parental decision and not your child’s fault.
- Mention, if true, that every effort was made to preserve the marriage or family unit.
- Point out, if true, that the decision is irreversible.
- Be open to and encourage your child’s inevitable questions; if your child does not ask questions, do not assume that “everything is okay.” Be prepared to repeatedly offer answers to your child’s questions in the months following your announcement of the separation or divorce. Many young adults who were children when their parents divorced feel no one talked to them about the divorce.
- Reassure your child that her needs will be met. Explain where she will live and go to school, where the other parent will live, and when she will see the other parent.
- Try to avoid moving, if possible, so that your child can continue to attend the same school and maintain relationships with friends.
- Reassure your child that both parents love him and, if true, will continue to have a close relationship with him.
- When possible, offer adult support from other relatives, teachers, primary care health professionals, clergy, or family friends. Fewer than 10 percent of children of divorced families report additional nonfamily adult support.
- Try to spend individual time with each of your children every day.
- Avoid using your child as a messenger, “pawn,” or spy.
- Do not ask your child to take sides. Try to avoid saying negative things about the other parent in front of your child. Raise your child in an atmosphere where the conflict between separated or divorced parents is minimal or readily resolved.
- Be aware that many children do not know their parents’ marriage is troubled. Few children experience relief with the divorce decision; those who do are usually older and have witnessed open conflict between their parents. Watch for changes in behavior and school functioning, as this may be a symptom of psychological distress.
- Know that sleep disturbances among young children after a separation or divorce are common. The preoccupying worry is usually abandonment by both parents. Repeated reassurance may help.
- Try to establish a stable and predictable routine for meals, bedtime, and other regular activities.
- Keep promises to your child.
- Respect generational boundaries. Do not share adult concerns with your child. Refrain from treating your child as a peer, as this may overwhelm her with feeling responsible for taking care of you.

(continued on next page)
Maintain discipline. A diminished ability to parent is an expectable short-term (but not long-term) consequence of divorce. Take care of your own mental health needs.

Be aware that your child may be especially sensitive to worries about being alone. A child’s fear of abandonment at the time of the family breakup may be unintentionally reinforced by subtle changes in his parents’ attitudes and behaviors.

Demonstrate your skills in conflict resolution. Avoid needless provocation or name-calling, hear your child out, and work toward mutually satisfying solutions.

Develop a new relationship with your former partner in which you do not undermine his or her parental role.

Develop a new or altered concept of effective family functioning by taking classes, joining parenting groups, going to counseling, and finding new family role models.

Help your child resolve losses, anger, and self-blame; help her accept the breakup and achieve realistic hopes for relationships.

Always remember birthdays, holidays, and other special occasions.

Attend special activities in which your child is a participant.

Know that no single circumstance is associated with poor outcome. Protective factors that can help avoid a poor outcome include ongoing communication among family members, your child’s ability to remain separate from parental conflict and distress, and resuming customary pursuits.

Develop a new, meaningful life of your own.

If discord between you and your partner is ongoing, you have difficulty following through with the above recommendations, or your child is having problems doing the things he normally does, ask your primary care health professional for more advice or referral for counseling.

**RESOURCE**


**REFERENCES**


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How to Address Bullying

If your child has had problems with bullying or aggressive behavior or has been the victim of a bully, the following suggestions may be helpful.

**IF YOUR CHILD HAS BULLIED OTHERS**

- If you see your child bullying someone, put a stop to the behavior immediately, and have your child practice a more appropriate behavior instead. For example, if your child pushes his sister away from a toy so that he can play with it, have him practice several times asking for and receiving the toy.

- If your child has been bullying someone, and you do not find out until later, find a way that she can “make amends” (e.g., giving back something that was taken from another child with an apology).

- Try to supervise situations in which bullying may occur. If you cannot be present, try to find someone who can. If no one is available, consider not letting your child participate in that situation.

- Be aware of your own behavior, modeling for your child how you would like him to treat others.

- Avoid the use of physical punishment (e.g., spanking), which may give your child the message that physical aggression is OK. Instead, use removal of privileges, work tasks at home, or helping younger children at home or in the neighborhood as consequences for bullying behavior.

- Let your child’s school psychologist, teacher, or guidance counselor know about your concerns, and ask for their assistance in addressing the problem.

- Be sure that you are being as positive as possible with your child. Aim for 10 positive comments for every negative one that you make to your child. You may have to search very hard or be very creative in “catching your child being good.”

**IF YOUR CHILD HAS BEEN THE VICTIM OF BULLYING**

- Have your child practice straightforwardly and assertively telling the other child to “stop bothering me” and then moving away.

- Problem-solve with your child about what she can do to avoid situations in which she may be bullied, and what to do the next time she is bullied (e.g., walking to school with a parent, older sibling, or friend; telling a responsible adult if she is bullied).

(continued on next page)
How to Address Bullying (continued)

- Try to supervise situations in which bullying may occur. If you cannot be present, try to find someone who can. If no one is available, consider not letting your child participate in that situation.

- Be aware of the toll that bullying may be taking on your child’s self-esteem. Actively look for ways to boost your child’s self-image (e.g., supporting him in pursuing his skills or talents).

- Let your child’s school psychologist, teacher, or guidance counselor know about your concerns, and ask for their assistance in addressing the problem. Many schools have anti-bullying programs. If your school doesn’t, suggest that it start one.

IF YOUR CHILD IS A BYSTANDER

- Teach your child how to help without getting hurt. Your child might say, “Cool it! This isn’t going to solve anything.”

- Tell your child not to cheer on or even quietly watch a conflict; this only encourages the bully, who is trying to be the center of attention.

- Encourage your child to tell a trusted adult about the bullying. Talking to an adult is not “tattling”; it is an act of courage and promotes safety. Suggest to your child that she take a friend with her when she tells about bullying, to make it easier.

- Help your child support children who tend to be victims. Teach your child to try to include these children in activities.

Portions of this tool were modeled on: Slaby RG, Bernstein JY. 2000. Bullying—It’s not O.K. In Sege R, ed., Violence Prevention for Children and Youth: Parent Education Cards (2nd ed.). Waltham, MA: Massachusetts Medical Society. Phone: (800) 322-2303.


www.brightfutures.org
My School Sheet

This is a sheet that you can fill out with your parents, and share with your health professional. It will help your parents and your health professional learn more about what school is like for you and ways that they can help you feel good about school and learning.

FUN AND LEARNING OUTSIDE OF SCHOOL

Things I am good at doing:

_________________________________________________________________________________________

Things I would like to learn/read about with my family:

_________________________________________________________________________________________

Places I would like to visit with my family (ideas: parks, museums, libraries):

_________________________________________________________________________________________

MY FRIENDS

Friends who go to my school:

_________________________________________________________________________________________

Friends who live near me:

_________________________________________________________________________________________

Things I like to do with my friends in school:

_________________________________________________________________________________________

Things I like to do with my friends outside of school:

_________________________________________________________________________________________

GOALS FOR SCHOOL

Early Elementary School (K–3)

What I am learning to do:

_________________________________________________________________________________________

What I am good at:

_________________________________________________________________________________________

(continued on next page)
What is harder for me:

---

**Late Elementary School (4–6)**

My subjects:

---

Grades my parents expect me to get:

---

Grades I want to get:

---

Grades I think I’ll get:

---

**STUDY TIME**

Places that are comfortable for me to do homework:

---

Favorite times of the day to study:

---

Things that make it hard for me to study:

---

**ABOUT MY SCHOOL**

Activities I enjoy most at school:

---

How often my parents and teachers talk together:

---

Homework Tips

Parents have a strong influence on their child’s success in school. By supporting and praising your child’s academic efforts and creating an atmosphere at home that encourages learning and doing homework, you can help your child do well in school.

Children have a wide range of approaches to doing homework. The following hints can be adapted to your child’s homework style and pace.

- Respect your child’s need to “recharge” himself after school, before starting homework. Some children want to have a snack, whereas others prefer to draw, do something physically active, play with a friend, read, listen to music, or watch a videotape.
- Establish a regular time and place to begin homework.
  - Make family activities that precede or follow homework—such as playing a game, cooking, or making crafts—a regular part of the homework routine. Shared activities assure the child that she will have time with parents, making it less likely that she will seek their attention while she is doing her homework.
- During homework time, make sure siblings are not engaged in distracting activities (e.g., playing computer or video games, watching television).
- Recognize that an occasional break from steady concentration on homework helps some children stay on task.
- Be available to interpret assignments and questions, explain the meaning of unfamiliar words, review spelling or multiplication tables, or otherwise assist your child with his homework.
- Discuss topics for “show and tell,” and preview talks that your child is preparing. If your child asks you for ideas for a presentation or project, try to build on her interests. Support her ideas even if she decides not to accept your suggestions.
- Parents’ approaches to doing their own “homework” can serve as positive examples for their child. For example, do your own work reports, reading, bill paying, or letter writing while your child is doing his homework. This will demonstrate to your child the importance of responsibly completing work, while allowing him to enjoy your presence and turn to you with questions about his assignments if necessary.
- Help your child develop good organizational skills, such as keeping an assignment book and placing completed homework in a book bag ready to be taken to school each day.
- Comment on the schoolwork your child brings home, posting it on the refrigerator door, proudly telling other people about your child’s accomplishments, and praising your child for her effort and success.


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WHAT IS AN INDIVIDUALIZED EDUCATION PROGRAM (IEP)?
Children with disabilities, including learning disabilities, attention deficit hyperactivity disorder (ADHD), mental disorders, mental retardation, and pervasive developmental disorders, may be eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA). An Individualized Education Program (IEP) is required by IDEA for each eligible child. The IEP specifies the services needed to fulfill the child’s right to a Free and Appropriate Public Education (FAPE). An eligible child who has a disability and needs special education is entitled to the services set forth in the IEP.

The IEP is a written plan describing the special education and related services designed to meet the unique educational needs of a student with a disability. It contains goals and objectives based on the student’s present levels of educational performance, specifies the educational placement and setting, and describes the related services and supports necessary for the student to benefit from the special education program. A team composed of professionals, the child’s parents, and the child (where appropriate) meet to develop the IEP. The IEP team must discuss the following specific information about the child, including the child’s strengths, the parents’ ideas for enhancing the child’s education, the results of recent evaluations or reevaluations, and how the child has done on state and districtwide tests.

BEFORE THE IEP MEETING
1. Obtain and study all school records including private assessments, medical records, and so forth. Obtain copies of the following:
   □ Prior IEPs (if any)
   □ Progress notes, report cards, teachers’ notes, work samples, and so forth
   □ A draft copy of the new IEP if it has been developed
2. Talk with people who have worked with or evaluated your child to see how they think your child is progressing.
3. Inform your child’s health professionals that you are preparing for an IEP meeting. Talk to them about issues they feel should be discussed, the services they feel your child needs, and goals that are appropriate for your child. Ask them to submit written statements. You might also ask if they can attend the meeting or contact the school by phone.
4. Familiarize yourself with IDEA and the rules and regulations regarding the IEP process. See the U.S. Department of Education’s Office of Special Education Programs (http://www.ed.gov/offices/OSERS/OSEP) and the IDEA ‘97 (http://www.ed.gov/offices/OSERS/IDEA) Web sites for more information.
5. Review the present IEP (if there is one) to see if you think the goals have been met. If this is a first IEP, obtain a copy of a sample IEP form.
6. Make a list of your child’s present level of functioning based on your observations. Include an assessment of your child’s skills in the following areas:
   □ Academic (specify if skills vary by subject)
   □ Developmental (if pre-academic)
   □ Motor
   □ Speech/language
   □ Social
   □ Self-help
   □ Prevocational and vocational
   □ Other
7. Consider making an appointment with your child’s teacher to observe your child in the classroom.
8. Make a list of goals for your child, and consider how these goals can best be met.
9. List services your child may need, including:
   □ Special education services and related services (e.g., transportation, occupational therapy, speech-language pathology services, parent counseling and training, psychological services)
   □ Transition services
   □ Special considerations needed in the regular classroom and for homework
10. If you have questions to be resolved or issues of concern for one or two members of the IEP team or individua-
Individualized Education Program (IEP) Meeting Checklist (continued)

als who will have input into the IEP, try to work them out before the IEP meeting. You should maintain an ongoing dialogue with your child’s teacher and open communication all year long so issues can be resolved as they arise.

11. Arrange for someone to attend the meeting with you, if you like.

12. You are allowed to tape the meeting. Many parents find this helpful for future reference. If you plan to tape the meeting, it can be helpful to politely notify the school in advance that you are going to do so.

DURING THE IEP MEETING

1. Remember that you are an equal member of the IEP team.

2. Ask to review the current IEP (if there is one). Talk about which teaching methods and materials worked and which did not. Discuss what approaches you feel will assist your child in learning.

3. Be sure you understand the words used in the IEP and in the meeting, all the test results, and any new goals that are suggested. Compare the school’s goals with your goals. Ask for clarification if you need to, and ask about the implications of what is said in the meeting. Take notes, and read back your notes to other members of the IEP team on any critical issues to ensure mutual understanding.

4. Be prepared to listen to others’ points of view, and be sure your views are heard. Be assertive, but stay calm.

5. Remember that services are based on individual need, not availability. If needed services are not available, be sure that this is stated on the IEP form, as well as when the services will be made available. Services and assistive technology must be provided even if not currently available in your child’s school. Remember that services must be provided in the least restrictive setting appropriate for your child.

6. Discuss the amount of special education and regular education your child requires.

7. Write the IEP with goals that you understand and that a teacher and other staff can use to measure progress. How progress will be measured should be clearly stated in the IEP.

8. The IEP should include any accommodations and changes to your child’s regular education classes that may be needed, including both physical and academic accommodations (e.g., assistive technology, homework and testing accommodations).

AT THE END OF THE IEP MEETING

1. Make sure that all blanks and spaces in the IEP form are filled in.

2. Make sure that all the related services and the duration and amount that your child needs of each are listed.

3. Make sure the amount of time your child will spend in regular education is listed.

4. The law ensures a process for resolving differences. If you cannot come to an agreement, you may request another meeting. Do not feel pressured to make a decision immediately. You may write on the IEP form that you do not agree, or identify the portions with which you do not agree. You might wish to initial those areas with which you agree and request a 30-day interim IEP. If you feel it is necessary, you can also ask for mediation, request due process, or file a written complaint with the state education agency.

AFTER THE IEP MEETING

1. Ask for a copy of the IEP meeting minutes, and send back a copy of any corrections.

2. Obtain a copy of the IEP for your records.

3. Share a copy of the IEP with your child’s health professionals.

4. Observe your child’s program to ensure that your child receives the services contained in the IEP and that the school is working actively toward achieving the IEP goals. The school is required to report on your child’s progress as often as nondisabled children receive progress reports.

5. Remember that you can ask for a review of your child’s IEP at any time during the school year.

WHAT IS MY CHILD’S ROLE IN THE IEP PROCESS?

Your child should be involved in developing the IEP as appropriate. Involving the student can help increase his skills in self-advocacy, such as learning to discuss his strengths and weaknesses and any strategies and supports that may be needed. This will lead to increased independence and self-esteem. However, if the process is contentious, it may be best for your child not to be present.

Sources: Fairfax County Public Schools. 1998. Questions and Answers for Parents Prior to an IEP Meeting. Fairfax, VA: Fairfax County Public Schools.

IEP Meeting Checklist for Parents. Source unknown.


www.brightfutures.org
School Basic Information Form

As ________________________________’s health professional I am interested in his/her progress in school. To assist me in providing care, I would appreciate it if a school representative would complete the following form after obtaining appropriate permission from the family. Thank you for your assistance.

Child’s name: ______________________________________

Current grade: ______________________________________

School name, address, phone, and fax:

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

Contact people at school: Please circle preferred contact(s):

<table>
<thead>
<tr>
<th>Name (and phone if different from above)</th>
<th>Best times to call</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher</td>
<td></td>
</tr>
<tr>
<td>Principal</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Classroom type:

- Regular
- Learning disabilities (SLD)
- Developmental handicap
- Severe behavioral handicap (SBH/SED)
- Gifted and talented
- Other (please describe):

________________________________________________________________________________________________

(continued on next page)
What concerns does the school have about this child? (check all that apply)

- Possible attention deficit (ADHD)
- Possible neurological problems
- Possible medical causes of learning problems
- Possible psychological/emotional problems
- Other (please specify):

Is a learning disability or cognitive delay suspected?

- No learning disability/cognitive delay suspected
- Learning disability or low IQ suspected (please explain why):

Is this child’s behavior a problem?

- No
- Yes (please describe):

Does this child have a current Individualized Education Program (IEP) or Accommodation Plan (AP)?

- Yes, see attached copy (please include all psychological/educational assessments)
- Yes, but copy not available; IEP or AP was done on __________
- No current IEP or AP

To convey other information or to ask additional questions, please use the back of this form or attach additional sheets as necessary. Thank you very much for taking the time to complete this form. Please feel free to contact me with any questions. Following is my contact information:

Name: ____________________________________________________

Contact information: ____________________________________________________

____________________________________________________

____________________________________________________
Twenty Free Ways to Love Your Child

1. Set aside time just to talk with your child. No phones, no TV, just talk. Find out what happened during your child’s day.

2. In good weather, sit outside with your child and watch the world go by, even if it’s only for 10 minutes.

3. Make family routines and traditions. Try to share at least one meal as a family every day. If weekdays are impossible, then every weekend.

4. Talk to your child about school and friends.

5. Tell your child you love her.

6. Tell her again.

7. Go to the park. Walk around; swing on the swings.

8. Pay attention to what your child is doing. Things that seem mundane to parents can be very important to children. Share your child’s little victories.

9. Let your child help with what you are doing.

10. Show interest in your child’s thoughts and feelings so he will be more willing to come to you with his problems and concerns.

11. Respect your child’s thoughts and feelings. Her feelings are as real to her as yours are to you.

12. Tell your child you love him.

13. Tell him again.

14. Look at your child when you talk together. If she sees you reading a newspaper or watching TV while she is talking, she may believe that what she is saying is unimportant to you.

15. Catch your child being good, and praise him.

16. Make a bedtime routine that you try to stick to every night. Children like routines, and it can be a great time for sharing the day’s events.

17. Read a story together.

18. Make something with your child. Make brownies or a birdhouse.


20. Tell her again. Hug her again.

Source: Adapted, with permission, from The Crusade Against Child Abuse. 20 Free Ways to Love Your Child. Charlotte, NC: The Crusade Against Child Abuse. A project of Thompson Children’s Home. Phone: (704) 536-0375.

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Adolescence
11–21 Years
The following symptoms may indicate depression in adolescents, particularly when they last for more than 2 weeks:

- Poor performance in school
- Withdrawal from friends and activities
- Feelings of sadness and hopelessness
- Lack of enthusiasm, energy, or motivation
- Lack of pleasure in performance of acts that would normally be pleasurable
- Feelings of anger and rage
- Overreaction to criticism
- Feelings of being unable to satisfy ideals
- Low self-esteem
- Feelings of guilt
- Indecision, lack of concentration, or forgetfulness
- Restlessness and agitation
- Changes in eating or sleeping patterns
- Substance abuse
- Problems with authority
- Suicidal ideation (suicidal thoughts) or actions

If symptoms of depression are present, talk with your health professional. Get help. You don’t need to fight depression alone. Depression can get better with help.

Talking to Your Teen About Sex and Sexuality

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Due to copyright permissions restrictions, this tool is not available on the Web. Please see print version of the publication.
Where to Find Resources on Adolescent Sexuality

The following organizations offer guides, information regarding available training, recommended reading, Internet sites, and lists of other available resources on adolescent sexuality that are reviewed and updated regularly.

1. Advocates for Youth
   1025 Vermont Avenue, N.W.
   Suite 200
   Washington, DC 20005
   Phone: (202) 347-5700
   Web site: http://www.advocatesforyouth.org

2. American Social Health Association
   P.O. Box 13827
   Research Triangle Park, NC 27709
   Phone: (919) 361-8400
   Web site: http://www.iwannaknow.org

3. The National Campaign to Prevent Teen Pregnancy
   1776 Massachusetts Avenue, N.W.
   Suite 200
   Washington, DC 20036
   Phone: (202) 478-8500
   Web site: http://www.teenpregnancy.org

4. Planned Parenthood Federation of America
   810 Seventh Avenue
   New York, NY 10019
   Phone: (212) 541-7800
   Web site: http://www.plannedparenthood.org

5. The Sexuality Information and Education Council of the United States
   130 West 42nd Street
   Suite 350
   New York, NY 10036-7802
   Phone: (212) 819-9770
   Web site: http://www.siecus.org

Teen Dating Violence

Many teens begin to date and to experiment with different types of relationships. These are the years when it can be fun and exciting to meet someone new, and sad and difficult to break up. But violence and abuse have no place in a healthy relationship.

Dating violence can happen to young people from families of all cultures, income levels, and educational backgrounds. More than 1 in 10 teenagers experience physical violence in a dating relationship.

**FORMS OF DATING VIOLENCE**

Dating violence can take many forms:

- **Physical**: Shoving, hitting, punching
- **Verbal**: Yelling, screaming, put-downs
- **Emotional**: Spreading rumors, lying, possessiveness
- **Sexual**: Unwanted touching
- **Psychological**: Manipulation, mind games, guilt tripping, controlling

In its most extreme forms, dating violence can even lead to stalking, rape, and murder.

Teens often won’t tell their parents or friends that dating violence is occurring. They may be embarrassed, ashamed, and confused. It is important that teens know that a partner does not have the right to tell him or her whom to see, what to do, or what to wear. No one has the right to hit or control anyone else.

**WARNING SIGNS**

Warning signs of a partner who may become violent include a partner who

- Wants to get serious quickly
- Will not take “no” for an answer
- Is jealous and possessive, wants to pick his or her partner’s friends and activities
- Is controlling and bossy—makes all the decisions, does not take others’ opinions seriously, uses put-downs when alone or with friends
- Uses guilt trips (e.g., “If you really loved me, you would . . .”)
- Blames the victim for what is wrong (e.g., “It’s because of you that I get so mad”)
- Apologizes for violent behavior (e.g., “I promise I’ll never do it again”)

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AS A PARENT, IF YOU SUSPECT THAT YOUR TEENAGER IS INVOLVED IN AN ABUSIVE ROMANTIC RELATIONSHIP

- Give your teenager a chance to talk. Listen quietly to the whole story.
- Tell your teenager you are there to help, not to judge.
- If your teenager does not want to talk with you, help her find another trusted person to talk with.
- Focus on your teenager; do not put down the abusive partner. Point out how unhappy your teenager seems to be while with the partner.
- If your teenager wants to break up with an abusive partner, advise that the break be definite and final. Support your teenager’s decision and be ready to help.
- Take whatever safety measures are necessary. Have friends available so your teenager does not have to walk alone. Consider changing class schedules or getting help from the guidance counselor, school principal, or the police if necessary.
- Ask your teen’s school to offer teen dating violence prevention and intervention programs.

This tool was modeled on: Sousa C. 2000. Teen dating violence: What every parent needs to know. In Sege R, ed. Violence Prevention for Children and Youth: Parent Education Cards (2nd ed.). Waltham, MA: Massachusetts Medical Society. Available from the Massachusetts Medical Society, Department of Public Health and Education, P.O. Box 549080, Waltham, MA 02454-9080. Phone: (800) 843-6356; e-mail: dph@mms.org.


www.brightfutures.org
The article “Wit’s End” by syndicated humorist Dave Barry might be used in the following ways in a practice setting:

■ As a handout for young adolescents
  Give this article to young adolescents who seem to feel their parents do not relate to their generation. Perhaps include a note on the top about this feeling being common, and suggest that they share and discuss the article with their parents. The article might also be used to initiate conversation about family with the adolescent during the visit.

■ As a handout for parents
  Give this article to parents who seem overly concerned about their adolescent’s behavior and interactions with peers. Perhaps include a note on the top, such as, “Being a teen isn’t easy these days, but being a parent can be challenging, too!” Humor can be a nice way to help parents gain perspective on and understanding of their adolescent’s developmental needs.

■ As a handout in the waiting room
  Have copies of the article in the waiting room to encourage a lighter mood and perspective.

■ As a handout for staff
  Share the article with staff as a lighthearted reminder of the everyday realities of adolescent development.
Wit’s End

The Young and the Restroom

By Dave Barry

IF YOU DON’T HAVE ENOUGH DRAMA in your life, you need to chaperone a party for a group of seventh-graders. (“Chaperone” comes from the French words “chape” meaning “person” and “rone” meaning “who is aging very rapidly.”)

We recently had a party for our son’s 13th birthday. We rented a Holiday Inn function room on the theory that it was roomier and less flammable than our house. We hired two nice young deejays to play ugly music really loud so that the youngsters would enjoy it. We ordered a large quantity of cold cuts for the youngsters to ignore, as well as a nice fresh vegetable platter for them to actively avoid.

We stood near the door and greeted the guests and their parents as they arrived. There seemed like a LOT of guests, more than we recalled actually inviting. Apparently this party was giving off some kind of powerful airborne adolescent hormonal chemical attractant for 13-year-olds. People were streaming into the function room. The kids would melt instantly into the throbbing blob of youth that had formed in the middle of the dance floor. Their parents would look us over, trying to discern whether we were decent people or Branch Davidians or what. There was no way we could talk to them, because the sound system was cranked up to KILL ZONE, playing songs that consisted of angry men shouting things like:

This song is PAIN!
Makes you inSANE!
This song grows big warts!
On your BRAIN!

So we’d smile at the parents like Ward and June Cleaver and gesture to the vegetable platter as evidence that we were responsible. They’d nod and scurry out of the function room before their ears started to bleed.

Meanwhile, in the center of the room, things were getting very dramatic. Of course we had no clue what was going on, because we are grownups, and therefore way too stupid to grasp the complexities involved in being a seventh-grader. Later on our son gave us a much-simplified version, which was that this girl had been going with this boy, but then she dumped him, although she liked him and wanted to still be his friend, but the boy’s best friend got angry at the girl and called her a bad name, which caused her to become extremely upset and burst into tears, and she thought that the ex-boyfriend had put the best friend up to this, which he hadn’t, in fact he didn’t even KNOW the best friend had done this, and now he (the ex-boyfriend) was VERY upset because she thought HE was responsible, and he was also angry at the best friend, who was ALSO very upset because he was just trying to help out his friend and now EVERYBODY was mad at him, so EVERYBODY was upset, and everybody’s FRIENDS were upset, and things were just so dramatic and awful that it did not seem possible that life as we now know it could continue on the planet EARTH.

As I say, it was actually far more complex than this, with dramatic new developments occurring (continued on next page)
every few seconds. The central throbbing youth blob was constantly pulsating and mutating and splitting into smaller groups and subgroups to whisper, hug, discuss, commiserate or—if it was a group of boys—punch. Every few minutes a group of maybe 14 girls at least two of them crying, and at least two of them saying something like “I can’t stand it” would rush past us out the door and into the ladies’ restroom. Moments later a clot of boys would rush out and go into the men’s restroom. Then there would be tense diplomatic negotiations between restrooms, with a small party emerging from the men’s restroom to talk with a party from the ladies’ restroom. (“He just wants to talk to her!” “She’s VERY UPSET!”) Then everybody would surge back into the function room, and the throbbing blob would change form a few times, and then, suddenly, the Priority Code Red Alert Signal would go out again: BACK TO THE RESTROOMS!

At times nearly all the party guests were engaged in high-level restroom conferences, leaving us grownups virtually alone with the vegetable tray and the sound system, our eardrums torn to shreds, wondering if next year we should skip the function room and just rent two large restrooms.

At one point, as small groups of seventh-graders were streaming urgently past me in both directions, a young lady, clearly having been briefed by her parents on proper etiquette, stopped momentarily and said to me: “Hi I’m having a very nice time. So Far.”

The party lasted 3 1/2 hours, which is 46 years in chaperone time. Finally the parents came back and the music (thank God) stopped and the lights came back on and all these urgent dramatic figures turned back into seventh-graders, politely saying good night and leaving with their parents, going back to the boring old world.

Our son told us it was a good party. I kind of wished I had been there.

CALM: Listening Skills for Diffusing Anger

C CALM YOURSELF FIRST; DON’T GET DEFENSIVE
- Suspend all judgment.
- Commit yourself to calming the other person.
- Remember that resolution cannot happen as long as the individual is angry.
- Be as relaxed as possible.
- Display an open style of body language (e.g., keep your arms out at your sides rather than crossed on your chest, uncross your legs, use positive facial expressions).

A ACKNOWLEDGE THE IMPORTANCE OF WHAT THE OTHER PERSON IS SAYING
- Make eye contact.
- Ask the other person to tell you more about the situation.
- Show your concern for the other person’s needs.

L LISTEN, ACTIVELY
- Let the other person voice his feelings.
- Listen for information the other person is sharing.
- Do not interrupt.

M MAKE SURE YOU UNDERSTAND
- Clarify and summarize the other person’s concerns.
- Use feeling words (i.e., empathize) that demonstrate your desire to understand the angered person.
- After summarizing, ask the other person if you have understood her position.

The angered individual wants to be understood. By demonstrating your intention to suspend judgment and understand the angered person, without being angered yourself, you can help defuse his or her anger. The CALM technique requires a conscious effort on the part of the listener to momentarily set aside his or her needs and to attend to the angered person’s needs.

Safe School Plan

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Due to copyright permissions restrictions, this tool is not available on the Web. Please see print version of the publication.
Preventing Child Sexual Abuse

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Handling Anger and Countering Abuse in the Community

AT HOME

■ Establish house rules and consequences for misbehavior before there is a problem.
Establish house rules with your child or adolescent and discuss the consequences of breaking the rules ahead of time, so that discipline is not simply an angry response. If you are unsure about how to encourage positive behavior in your child or adolescent, consider taking a parenting class or speaking to a health professional about positive discipline techniques.

■ Take five.
When tensions and anger rise, take five. It is normal to feel angry at times about things your child or adolescent does, but you should not lash out at your child in anger. Take a deep breath and count to 20 before you act, or give yourself 5 minutes to cool down before responding.

■ Never strike your child in anger.
Hitting your child or adolescent when you are angry will not help, and almost always does more damage. Remember, it is never OK to shake, throw, or hit a child. Shaking a baby can lead to blindness or eye damage, brain damage, seizures, spinal cord damage, or death. Spanking is no more effective than other forms of punishment, and it can harm your child or adolescent. You may injure your child or adolescent and she may become more aggressive if spanked (American Academy of Pediatrics, Committee on Psychosocial Aspects of Child and Family Health, 1998).

■ No yelling allowed. Words hurt too.
Never yell at or insult your child or adolescent. If he breaks a rule, tell him what he did wrong and why that makes you angry. Be angry at what he did, not at who he is.

■ Get away.
When you feel frustrated, angry or overwhelmed, vent your feelings positively—away from your child or adolescent. You may want to
• Go to your bedroom. Hug a pillow.
• Turn on some music. Maybe even sing along.
• Take a hot bath or splash cold water on your face.
• Ask a friend to come over or leave your child with someone trustworthy.
• If someone can watch your child, go outside.

Exercise.
Do not stay alone with your child or adolescent when you are overwhelmed. Get help.

■ Seek mental health services.
Many people who abuse children or adolescents were once victims of abuse themselves and have never worked through their feelings about being abused. Have you ever been sexually or physically abused? If you have, talking to a mental health professional about it can help. If you need a referral for mental health services, talk to your health professional. The more you understand about yourself, the better you’ll be able to help your child or adolescent.

(continued on next page)
Handling Anger and Countering Abuse in the Community (continued)

- **Say “no” to drugs. Use alcohol responsibly.**
  Forbid the use of illegal substances in your home. Alcohol and drug abuse increases the risk of child abuse dramatically. If you, a relative, or a friend is dependent upon alcohol or any drug, seek help.

- **Interview your baby-sitters.**
  Check out all baby-sitters. Meet them before you hire them. Let your child meet them too. Always ask your child about what happened while the baby-sitter was there. If you are concerned about a baby-sitter, don’t hire that person. Set clear rules for bedtime and discipline. Avoid having baby-sitters bathe your children.

**IN YOUR COMMUNITY**

- **Help a friend, neighbor, or relative.**
  Someone you know may be struggling with his or her parenting responsibilities. Offer a sympathetic ear or a helping hand. Assisting occasionally with child care or offering to locate sources of community help can be a tremendous boost to someone under stress.

- **Advocate for services to help families.**
  Parenting programs, health care, and housing needs are all important to maintaining healthy children, adolescents, and families.

- **Report suspected abuse or neglect.**
  If you have a reasonable suspicion that children or adolescents are being harmed, your concern and action may mean that they are protected from an abusive environment.

- **Support child abuse programs and prevention efforts in your community.**
  Make a contribution to a child abuse prevention organization. Support activities that raise public awareness of child abuse. Volunteer at a local child abuse program.

- **Promote child abuse prevention programs in schools.**
  Teaching children and adolescents prevention strategies can help keep them safe.

**REFERENCES**


Learning Disabilities: Common Signs

Below is a checklist of difficulties your child or adolescent may be experiencing. Most people will, from time to time, see one or more of these warning signs in their child or adolescent. This is normal. If, however, your child or adolescent continues to struggle with these issues over a long period of time, you will want to discuss the possibility that your child or adolescent has a learning disorder with your health professional.

There are many different types of learning disorders. Some terms you may hear include the following:

- **Dyslexia.** A language and reading difficulty. Children and adolescents with dyslexia have difficulty understanding words, sentences, or paragraphs.

- **Dyscalculia.** A mathematics difficulty. Children and adolescents with dyscalculia have difficulty solving arithmetic problems and grasping math concepts.

- **Dysgraphia.** A writing difficulty. Children and adolescents with dysgraphia have difficulty with letter formation and writing within a defined space.

- **Auditory and visual processing disabilities.** An information-processing difficulty. Children and adolescents with auditory or visual processing disabilities have difficulty understanding language despite the fact that they have normal hearing and vision.

Recognizing an area of difficulty early and developing a plan to address it can make a world of difference for your child or adolescent. If your child or adolescent consistently experiences one or more of the following problems, consult your primary care health professional:

**PRESCHOOL**
- □ Speaks later than most children
- □ Has pronunciation problems
- □ Vocabulary grows slowly; is often unable to find the right word
- □ Has difficulty rhyming words
- □ Has trouble learning numbers, the alphabet, days of the week, colors, shapes
- □ Is extremely restless and easily distracted
- □ Has difficulty following directions or routines
- □ Has trouble interacting with peers

(continued on next page)
Learning Disabilities: Common Signs (continued)

GRADeS K–4

☐ Is slow to learn the connection between letters and sounds
☐ Confuses basic words (run, eat, want)
☐ Makes consistent reading and spelling errors including letter reversals (b/d), inversions (m/w), transpositions (felt/left), and substitutions (house/home)
☐ Transposes number sequences and confuses arithmetic signs (+, -, x, /, =)
☐ Is slow to remember facts
☐ Is slow to learn new skills; relies heavily on memorization
☐ Is impulsive; has difficulty planning
☐ Pencil grip is unstable
☐ Has trouble learning about time
☐ Has poor coordination; is unaware of physical surroundings; is prone to accidents

GRADeS 5–8

☐ Reverses letter sequences (soiled/solid, left/felt)
☐ Is slow to learn prefixes, suffixes, root words, and other spelling strategies
☐ Avoids reading aloud
☐ Has trouble with word problems
☐ Has difficulty with handwriting; has awkward pencil grip
☐ Avoids writing compositions
☐ Has slow or poor recall of facts
☐ Has difficulty making friends
☐ Has trouble understanding body language and facial expressions

HIGH SCHOOL STUDENT AND ADULT

☐ Continues to spell incorrectly; frequently spells the same word differently in a single piece of writing
☐ Avoids reading and writing tasks
☐ Has trouble summarizing
☐ Has trouble with open-ended questions on tests
☐ Has weak memory skills
☐ Has difficulty adjusting to new settings
☐ Works slowly
☐ Has poor grasp of abstract concepts
☐ Either pays too little attention to details or focuses on them too much
☐ Misreads information

Source: Adapted, with permission, from Schwab Learning, A Program of the Charles and Helen Schwab Foundation. 1999. 1 in 5 Children Struggles to Learn [educational pamphlet]. San Mateo, CA: Schwab for Learning.
Learning Disabilities: An Action Plan

If you believe your child or adolescent has a learning disability, following the plan below can help you get the services he needs. Recognizing an area of difficulty early and developing a plan to address it can make a world of difference for your child or adolescent.

TALK TO YOUR CHILD’S OR ADOLESCENT’S TEACHER
Discuss specifics about your child’s or adolescent’s academic performance to identify her abilities and skills.

HAVE YOUR CHILD OR ADOLESCENT ASSESSED
Ask school authorities to evaluate your child or adolescent to determine his strengths and weaknesses. Or, if you prefer, speak to your primary care health professional about an independent evaluation.

DEVELOP A SPECIALIZED PLAN WITH YOUR TEAM
Work with your child’s or adolescent’s school, your primary care health professional, and other professionals to design the best learning plan for your child or adolescent.

KNOW YOUR RIGHTS
Learn about special education rights and responsibilities in order to understand the full range of services provided by your school and government. Children and adolescents with learning disabilities may be eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act. An Individualized Education Program (IEP) is required by IDEA. The IEP documents your child’s or adolescent’s current level of functioning, establishes goals, and delineates the services needed to meet those goals. For further information about eligibility and services, consult your school’s special education coordinator, your local school district, your state department of education’s special education division, the U.S. Department of Education’s Office of Special Education Programs (http://www.ed.gov/offices/OSERS/OSEP), the IDEA ’97 Web site (http://www.ed.gov/offices/OSERS/IDEA), or the U.S. Justice Department’s Civil Rights Division (http://www.usdoj.gov/crt/edo).

FIND ACCOMMODATIONS TO HELP YOUR CHILD OR ADOLESCENT
Work with your child’s or adolescent’s teacher to find ways the classroom setting can work best for your child or adolescent.

KEEP UP YOUR CHILD’S OR ADOLESCENT’S SELF-ESTEEM
Your child’s or adolescent’s self-esteem is closely linked to her academic performance. It is important for you to be sensitive and empathic toward your child or adolescent and continue to help her feel competent, special, positive, and appreciated.

KNOW THAT THERE IS HELP FOR YOU AND YOUR CHILD OR ADOLESCENT
You are not alone! There is help, support, and hope for you and your child or adolescent from schools, professionals, specialized learning disability organizations, and other families going through similar experiences. The following are some resources to get you started.

(continued on next page)
## LEARNING DISABILITIES RESOURCES

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Phone</th>
<th>Web Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Disabilities Association of America</td>
<td>4156 Library Road, Pittsburgh, PA 15234-1349</td>
<td>(412) 341-1515</td>
<td><a href="http://www.ldanatl.org">http://www.ldanatl.org</a></td>
</tr>
<tr>
<td>LD OnLine</td>
<td></td>
<td></td>
<td><a href="http://www.ldononline.org">ldonline.org</a></td>
</tr>
<tr>
<td>LD OnLine is a service of the Learning Project at WETA, Washington, DC, in association with the Coordinated Campaign for Learning Disabilities.</td>
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</tr>
<tr>
<td>National Center for Learning Disabilities</td>
<td>381 Park Avenue South, Suite 1401, New York, NY 10016</td>
<td>(888) 575-7373</td>
<td><a href="http://www.interdys.org">interdys.org</a></td>
</tr>
<tr>
<td>The International Dyslexia Association</td>
<td>8600 LaSalle Road, Chester Building, Suite 382, Baltimore, MD 21286</td>
<td>(410) 296-0232</td>
<td><a href="http://www.interdys.org">interdys.org</a></td>
</tr>
<tr>
<td>Council for Exceptional Children (CEC)</td>
<td>1920 Association Drive, Reston, VA 22091-1589</td>
<td>(703) 620-3660</td>
<td><a href="http://www.dldcec.org">dldec.org</a></td>
</tr>
<tr>
<td>Council for Learning Disabilities</td>
<td>P.O. Box 40303, Overland Park, KS 66204</td>
<td></td>
<td><a href="http://coe.winthrop.edu/cld">coe.winthrop.edu/cld</a></td>
</tr>
<tr>
<td>The International Dyslexia Association</td>
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<td>(410) 296-0232</td>
<td><a href="http://www.interdys.org">interdys.org</a></td>
</tr>
<tr>
<td>National Information Center for Children and Youth with Disabilities (NICHCY)</td>
<td>P.O. Box 1492, Washington, DC 20013</td>
<td>(800) 695-0285; (650) 655-2410</td>
<td><a href="http://www.nichcy.org">nichcy.org</a></td>
</tr>
<tr>
<td>Schwab Learning</td>
<td>1650 South Amphlett Boulevard, Suite 300, San Mateo, CA 94402</td>
<td>(800) 230-0988; (650) 655-2410</td>
<td><a href="http://www.schwablearning.org">schwablearning.org</a></td>
</tr>
</tbody>
</table>

Common Signs of Depression in Children and Adolescents

■ BEHAVIOR CHANGES
Instead of looking sad, as adults do, children often become aggressive or prone to angry outbursts.

■ SLEEP CHANGES
Although an increase or decrease in sleep can occur with depression at any age, children and younger adolescents may sleep too much, refusing to get out of bed. Adults and older adolescents are more apt to have trouble sleeping.

■ APPETITE CHANGES
Although an increase or decrease in appetite can occur with depression at any age, older adolescents tend to lose weight, whereas children and younger adolescents may gain weight.

■ IRREGULAR BOWEL MOVEMENTS
Children old enough to control their bowels may withhold or have “accidents.”

■ PHYSICAL SYMPTOMS
Children and adolescents may complain of stomachaches, headaches, and more. They may show signs of decreased energy or fatigue.

■ SCHOOL PROBLEMS
Children’s and adolescents’ interest or performance in school may take a nosedive. Ability to concentrate may be diminished. Grades may drop; discipline problems may start.

■ EXTENDED BAD REACTIONS TO CRISES
Children and adolescents usually adapt to changes such as a new school in several weeks. Adapting to a death or parental divorce may take a year.

■ LOSS OF INTEREST IN OLD PLEASURES
Activities that made children and adolescents happy may no longer do so.

■ CHANGE OF FRIENDS
Children and adolescents may withdraw socially or switch their allegiance to friends whom parents see as less desirable.

■ EXPRESSIONS OF HOPELESSNESS OR FEELINGS OF WORTHLESSNESS

■ RECURRENT THOUGHTS OF DEATH AND SUICIDAL THOUGHTS


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How to Help Your Child or Adolescent Resist Drugs

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