

SHARED PLAN OF CARE



GUAM MEMORIAL
HOSPITAL AUTHORITY



sagua mañagu



JOURNAL

This book belongs to

If lost please call

“
DO
What Is
RIGHT

NOT
What Is
EASY”

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EMERGENCY



NUMBERS

FOR EMERGENCIES

CALL 911
TEXT 322



911 is capable of
answering a TTY/
TDD

For Persons who
are Deaf/Hearing
Impaired:
(671) 475-9080

Telephone Relay
Service:
711



MY EMERGENCY CONTACTS

Name

Mobile Phone

Work Phone

Relationship

Name

Mobile Phone

Work Phone

Relationship

Name

Mobile Phone

Work Phone

Relationship



MY EMERGENCY CONTACTS



Police Precincts

- Main Office (671) 472-8911
- Dededo (Northern) (671) 632-9808/11
- Hagåtña (Central) (671) 475-8541
- Tamuning (Central) (671) 649-6330
- Agat (Southern) (671) 475-8642
- Text for Speech/ Impaired 322
- Crime Stoppers Hotline..... (671) 472-HELP (4357)



Fire Dispatch

- Main Office (671) 475-9082/3
- Agat (671) 565-2700
- Astumbo (671) 633-6626
- Barrigada (671) 734-2264
- Dededo (671) 632-5197
- Inarajan..... (671) 828-8177
- Piti..... (671) 472-8139
- Sinajaña (671) 472-6342
- Talofofo (671) 789-3473
- Tamuning (671) 646-8801/2
- Umatac/Merizo (671) 828-8572
- Yigo (671) 653-3473
- Yoña..... (671) 789-2231
- Rescue Base 2 (Agat Marina)..... (671) 565-4118



Guam Memorial Hospital Authority

- Hospital (671) 647-2555
- Ambulance (671) 475-9082/3
- Emergency Room (671) 648-7908/9
- Poison Control Telephone Advice.....1-800-222-1222



JCIH Joint Committee on Infant Hearing

1-3-6 Plan

- screening of all infants born on Guam by 1 month
- complete a Diagnostic Audiological Evaluation (DAE) for infants who refer at follow-up screening by 3 months
- enrollment in early intervention services for infants with a hearing loss by 6 months

Purpose

The purpose of this Early Hearing Detection and Intervention (EHDI) Shared Plan of Care (SPoC) Journal is to help families navigate through the hearing screening process with ease, to assist parent(s)/caregiver(s) track and monitor their child's growth and development, to provide families with the tools to become advocates for their child, and to easily find the appropriate services for the child identified with a hearing loss. The EHDI Journal provides families with contact information of agencies, service providers, nonprofit family support groups, and activities to encourage language and speech development.

These are a few tips to help guide you through the process when your child is identified with a hearing loss:

- Get fitted with hearing aids,
- Get connected with family support services for families with Deaf or Hard of Hearing (DHH) children by connecting to Guam's Positive Parents Together (GPPT)
- Get connected with DHH Adults who serve as role models and provide insight to Deaf Culture.

MAYORAL CONTACT

Agaña Heights

Tel: (671) 472-6393/8285/8286
Fax: (671) 472-6124

Agat

Tel: (671) 565-2524/4335/2531
Fax: (671) 565-4826

Asan-Maina

Tel: (671) 472-6581,479-2726
Fax: (671) 472-6446

Barrigada

Tel: (671) 734-3737/3859
Fax: (671) 734-1988

Chalan Pago - Ordot

Tel: (671) 472-8302/8303/7173
Fax: (671) 477-7131

Dededo

Tel: (671) 632-5203/5019, 637-9014
Fax: (671) 632-1129

Hagåtña

Tel: (671) 477-8045/472-6379
Fax: (671) 477-6686

Inarajan

Tel: (671) 475-2509/2510/2511
Fax: (671) 828-2543

Mangilao

Tel: (671) 734-2163/5731
Fax: (671) 734-4130

Merizo

Tel: (671) 828-8312/2941
Fax: (671) 828-2429

Mongmong-Toto-Maite

Tel: (671) 477-6758/9090, 479-6800/6801
Fax: (671) 472-6494

Piti

Tel: (671) 472-1232/1233
Fax: (671) 477-2674

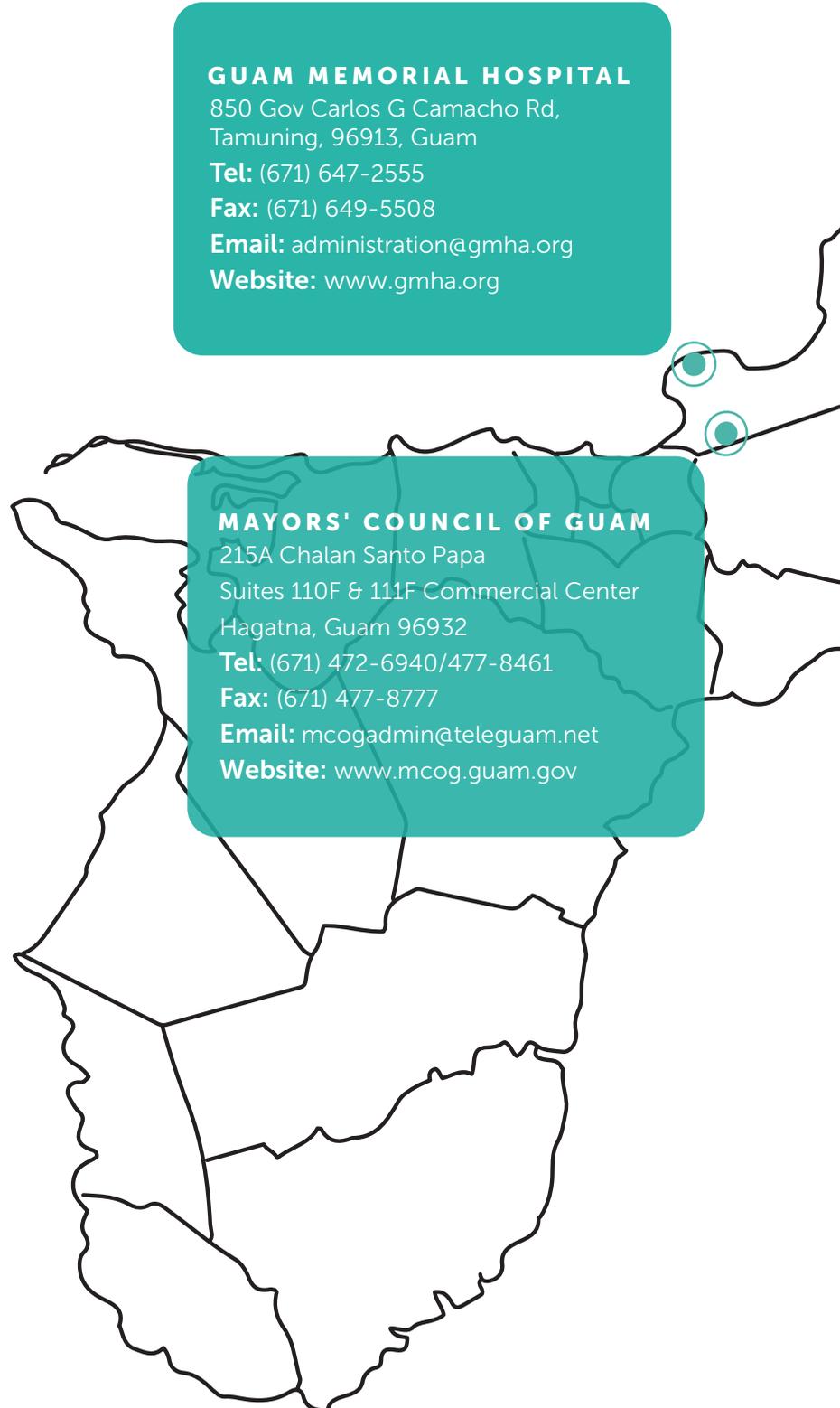
Santa Rita

Tel: (671) 565-4337/4302/4304/2514
Fax: (671) 565-3222

Sinajaña

Tel: (671) 472-6707, 477-3323/9229
Fax: (671) 472-5084

VILLAGE MAP



EMERGENCY PREPARATION

PREPARE BASIC SUPPLIES

In the event of an emergency, you should be prepared to be self-sufficient for up to 7 days. Preparing and maintaining an emergency supply of essential items can help you ensure that you have adequate supplies to meet you and your family's needs until help arrives.

Basic emergency supplies include:

- One week supply of canned and dried food items
- Drinking water – at least one gallon per person per day
- Flashlights and extra batteries
- Battery operated radio
- First Aid kit
- Whistle
- 10 - 30 day supply of medications
- Toilet tissue and personal hygiene supplies
- Water for flushing toilet in the event water is shut off
- Trash bags, gloves, duct tape or masking tape, and plastic containers for storing items
- Chlorine bleach for sanitizing
- Propane stove and extra propane gas

MAKE A PLAN

Emergency preparedness also means making a plan.

Your plan should:

- Designate a place to meet if you and your family are separated from each other.
- Pick a primary and alternate contact number for you and your family to call if you are separated from each other.
- Establish a buddy system with other family members, friends, neighbors, or co-workers, and develop a plan on how you can help each other.
- Share your plan and your emergency contact list with members in your buddy system.
- Make a plan on how to secure your house in case you are not home or you are otherwise unable to secure your home.
- Identify another place to go to in case you need to evacuate.
- Establish your primary and alternate evacuation routes.
- If you use mobility aids, plan on how to take them with you and how to store extra aids at your alternate shelter, if possible.

EMERGENCY PREPARATION

PREPARE A GO-KIT (DISASTER SUPPLY KIT)

You should prepare a bag with your most essential items which you can grab if an emergency situation occurs, and you need to evacuate right away. Be sure the bag is not too heavy for you or someone to carry.

Your emergency go-kit should include:

- List of contact numbers
- Dried foods and bottled water
- Flashlight and extra batteries
- Whistle
- Small portable radio and extra batteries
- Basic toiletries and sanitary items
- Medications
- Important documents, including medical information
- Place your bag near an entry or exit way so it can easily be carried out.
- Put reminder notices in your calendar or appointment book to check and replace items in your bag at least every 6 months.
- Let people in your buddy system know where your GO-KIT is located.

COMMUNICATING WITH INDIVIDUALS WHO ARE DEAF/HARD OF HEARING IN EMERGENCY SITUATIONS

- Ask deaf individual preferred mode of communication.
- Book appropriate service provider to match communication mode (e.g. sign language interpreter or CART).
- Talk directly to the deaf individual.
- Make sure you have deaf individual's full attention before talking.
- Maintain eye contact while communicating.
- Separate talk from doing. Example, show paperwork to patient before asking questions.
- Speak at a normal volume. Shouting can make communication more difficult.
- Make sure the room is well lit so that the deaf individual can see your face clearly.
- Offer quiet room or area to minimize impact of background noise.
- Use written notes or diagrams to assist.
- Use gestures and facial expressions.
- Keep checking to make sure there are no misunderstandings.

MEDICAL

The Medical section provides an overview of Guam EHDI's hearing screening process and communication choices.

01

GUAM EHDI PARTNERS



Department of Public Health and Social Services (DPHSS)

Address: Northern Region Community Health Center
520 Santa Monica Avenue, Dededo, Guam 96929

Phone: (671) 635-4410

TTY: (671) 734-6531

Fax: (671) 635-4413

Address 2: Southern Region Community Health Center
162 Apman Drive, Inarajan, Guam 96917

Phone: (671) 828-7516-18/ 7604/ 7501/ 7605

Fax: (671) 828-7533 / 7504



Guam Department of Education, Division of Special Education, Guam Early Intervention System (GDOE-GEIS)

Address: 501 Mariner Avenue, Barrigada, Guam 96913

Phone: (671) 300-5776/ 5816



Guam Hearing Doctors (GHD)

Address: 341 S. Marine Corps Dr., Tamuning, GU 96913

Phone: (671) 989-8378



Guam Memorial Hospital Authority (GMHA)

Address: 850 Governor Carlos Camacho Road, Tamuning, Guam 96913

Phone: (671) 647-2330/2552

Fax: (671) 649-5508



Guam's Positive Parents Together, Inc. (GPPT)

Phone: (671) 777-7991



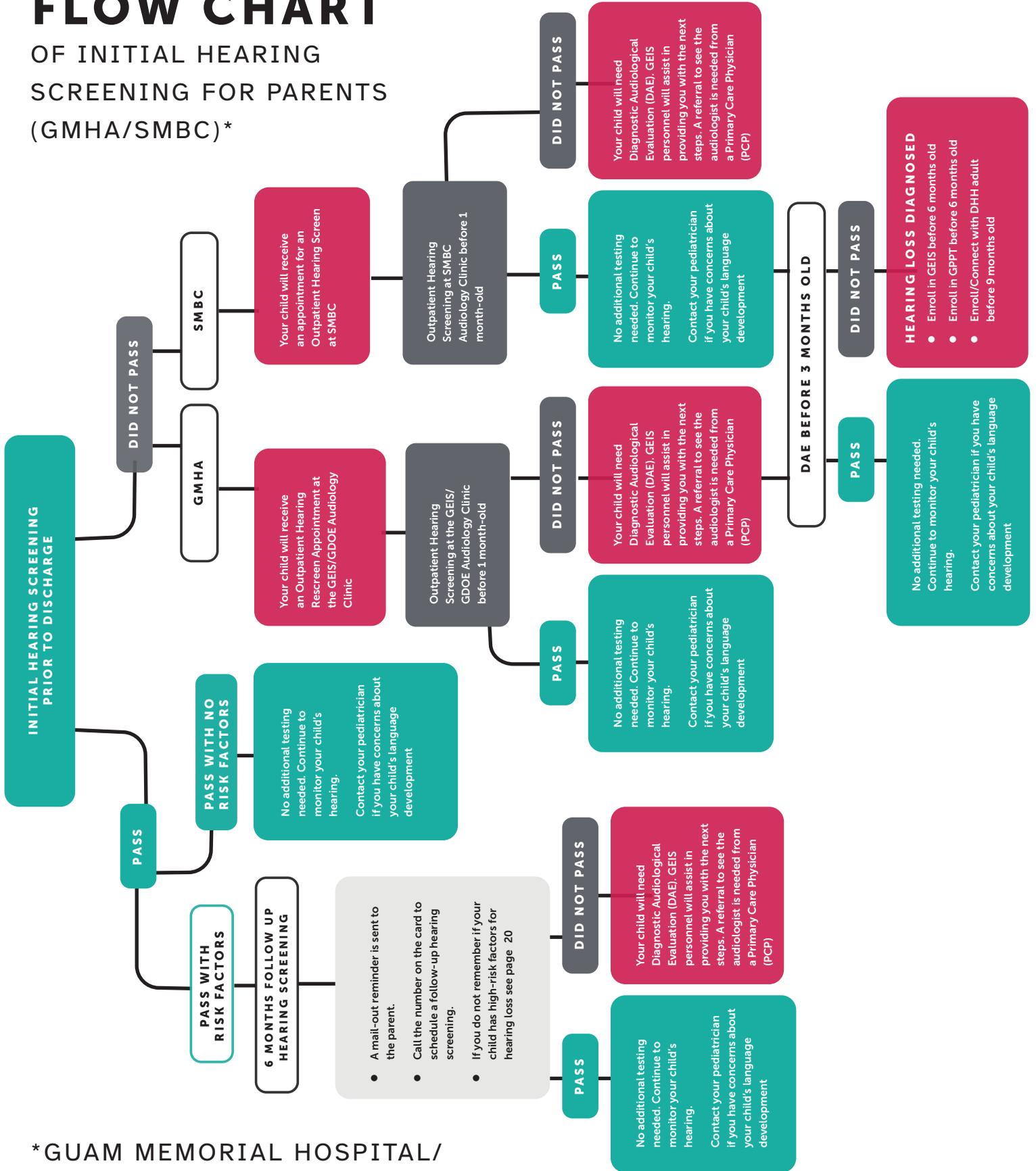
Sagua Mañagu Birthing Center

Address: PeMar Place, 472 Chalan San Antonio, Tamuning, Guam 96913

Phone: (671) 647-1417

FLOW CHART

OF INITIAL HEARING SCREENING FOR PARENTS (GMHA/SMBC)*



* GUAM MEMORIAL HOSPITAL/
SAGUA MANAGU BIRTHING
CENTER

TIPS FOR DIAGNOSTIC AUDIOLOGICAL SERVICES (DAE)

MY BABY DID NOT PASS THE HEARING SCREENING, WHAT DO I DO NEXT?

Please don't panic. Not passing the hearing screening does not mean that your baby is deaf or hard-of-hearing. We won't know for sure without further testing. Your baby needs a Diagnostic Audiological Evaluation (DAE).

The DAE is performed by an audiologist, who is a special doctor trained to diagnose and manage hearing loss in infants, children, and adults.

Don't miss the DAE appointment. Only the DAE can determine the presence or absence of hearing loss. Early diagnosis and treatment of hearing loss will help your baby's speech, communication, and learning.

WHAT TO EXPECT BEFORE YOUR APPOINTMENT...

- Guam Early Intervention System (GEIS) will contact you. GEIS will assist you in scheduling an appointment for your baby with the audiologist.
- If you have medical insurance, you will need a referral from your Primary Care Physician (PCP) or Pediatrician to see the audiologist. GEIS will help you figure this out, too.

HOW TO PREPARE FOR THE APPOINTMENT...

- Don't feed your baby 2 hours before the appointment time.
- Keep your baby AWAKE 2 hours before the appointment. Try not to let your baby sleep on the car ride to the appointment.
- Bring a bottle or pacifier for your baby in the event he/she awakes before or during the DAE.
- Bring anything you need to keep your baby happy and asleep once you get to the appointment.
- Breastfeeding mothers are welcome to nurse their baby. We will have a private room for you.
- It's best if you do not bring other children to the appointment. You will be too busy to watch other kids and the room must be quiet during testing.



AUDIOLOGICAL SERVICES

Department of Education, Division of Special Education ensures that all students with permanent or temporary hearing impairments are identified and provided with comprehensive audiological services (i.e. hearing screening and diagnostic evaluation), medical referrals, and counseling services for families and other related professionals.

COMMUNICATION APPROACHES

Language Development

Language development begins in the womb. The first three years are critical to a child's growth and development. All children need to have access to language as soon as they are born to ensure they are able to communicate their needs. For deaf and hard of hearing children, receiving a diagnosis is essential by three months of age to ensure communication options are decided upon early on to assist the family to communicate with the child. A parent knows what will work best for the child and the family. It is the family's choice to make, with guidance from professionals, the DHH Parent Mentors/Parent Support Group, and DHH Adults/Mentors providing the most accurate information for communication choices/options.

As you decide which communication option is best for your child and your family, always remember as your child grows older, you may find out that the communication option chosen early on no longer works for you and it is okay to revisit and change those options to meet the current needs of your child and family.

Cued Speech

Cued Speech is a system of eight handshapes that represent the consonants and is used with four distinct placements near the mouth to represent the vowels. Cued Speech supplements spoken sounds so that people with severe hearing loss can still understand and "see" spoken English.

Cued Speech is not sign language. It was designed to teach deaf children how to read.

Cued Speech can be used by both children and adults, it relies on the primary or traditional spoken language and can help strengthen abilities in that language. This method can improve the child's speech, help in learning the written language, and help in learning other languages. Cued Speech can be used with the auditory-oral method and the bilingual-bicultural method.

The bilingual-bicultural method means the child speaks two languages and is part of two cultures. The child's first language is American Sign Language (ASL) and English is a second language used mainly for reading and writing. They may also learn spoken language.

The children learn about and become part of Deaf culture and the Deaf community and are also still part of their family's culture and community.

American Sign Language (ASL)

American Sign Language (ASL) uses the eyes to hear. Hand movements, as well as facial expressions and body movements, are used to communicate. ASL users ask a question by raising their eyebrows, widening their eyes, and tilting their bodies forward. Fingerspelling is part of ASL and is used to spell out words. ASL is widely used in the U.S. and Canada.

COMMUNICATION APPROACHES

Listening and Spoken Language

The Listening and Spoken Language approach to communication is an option available for infants, toddlers and young children with a hearing loss and their families.

Children are taught language through listening. This approach relies on early identification of a hearing loss, the use of hearing devices, such as hearing aids, cochlear implants, and assistive listening devices (such as an FM system) to help a child learn language by listening.

Parents are provided support and instruction by an early interventionist to provide them with the skills needed to teach their child with a hearing loss how to listen. Instruction is provided through an Auditory-Oral (AO) or Auditory-Verbal (AV) approach.

Both the auditory-oral (AO) and auditory-verbal (AV) methods of teaching spoken language calls for children to use their remaining hearing with the use of hearing aids, cochlear implant/s or an FM system and both do not encourage the use of sign language. The main difference between the two methods is the auditory-oral (AO) method encourages the use of speech reading (watching the movements of the mouth, face, and body to understand speech) and the auditory-verbal (AV) approach places emphasis on the child's listening abilities to learn spoken language.

For Additional Resources, Visit Link

<https://www.babyhearing.org/parenting/communication-approach>



Total Communication (TC)

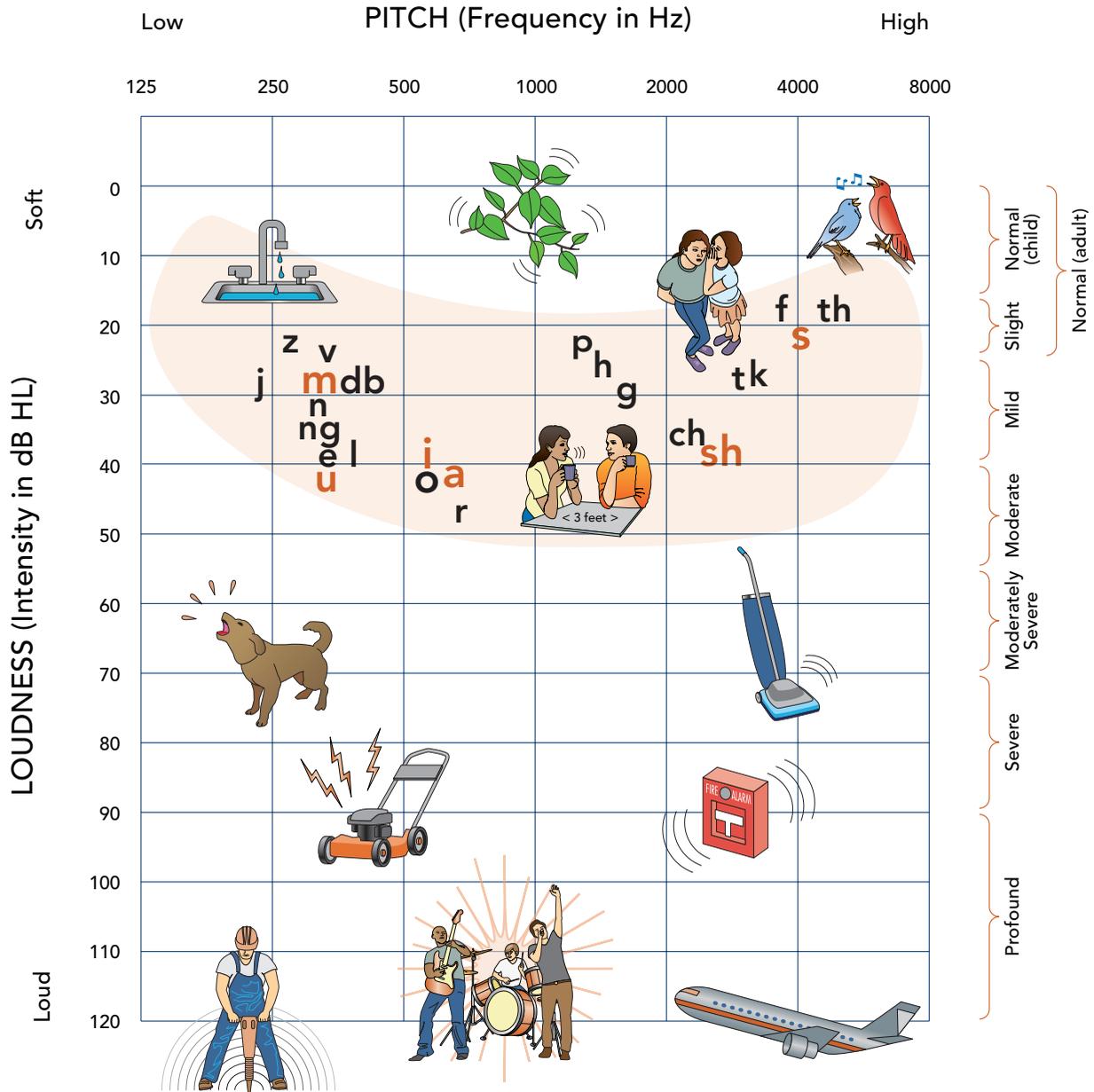
Total Communication uses both seeing and hearing to teach children with hearing loss and to encourage children with hearing loss to communicate with people who can hear and with those with hearing loss.

Total communication teaches children to:

- Use what hearing he/she has left
- Use sign language
- Use speech
- Use body language and gestures to express their ideas
- Use speech reading, listening, and/or sign language to understand others
- Learn cued speech

As children grow, they may switch from one way of communicating to another so that others may understand them better. TC also makes communicating less frustrating and helps give them language.

familiar sounds AUDIOGRAM



Adapted from Northern, J. and Downs, M. (2002).
Hearing in Children (5th ed.). Lippincott Williams and Wilkins, Baltimore, Maryland.

Discussed in the CID online self-study course "Pediatric Audiology: The Basics"

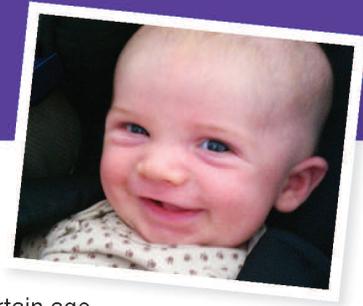
CHILD DEVELOPMENT

The Child Development section includes information pertaining to the CDC Milestones and Shared Plan of Care.

02



Your Baby at 2 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- Begins to smile at people
- Can briefly calm himself
(may bring hands to mouth and suck on hand)
- Tries to look at parent

Language/Communication

- Coos, makes gurgling sounds
- Turns head toward sounds

Cognitive (learning, thinking, problem-solving)

- Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- Begins to act bored (cries, fussy) if activity doesn't change

Movement/Physical Development

- Can hold head up and begins to push up when lying on tummy
- Makes smoother movements with arms and legs

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't respond to loud sounds
- Doesn't watch things as they move
- Doesn't smile at people
- Doesn't bring hands to mouth
- Can't hold head up when pushing up when on tummy

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO (1-800-232-4636).

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Materials developed by CDC

Help Your Baby Learn and Grow



You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 2-month-old baby today.

What You Can Do for Your 2-Month-Old:

- Cuddle, talk, and play with your baby during feeding, dressing, and bathing.
- Help your baby learn to calm herself. It's okay for her to suck on her fingers.
- Begin to help your baby get into a routine, such as sleeping at night more than in the day, and have regular schedules.
- Getting in tune with your baby's likes and dislikes can help you feel more comfortable and confident.
- Act excited and smile when your baby makes sounds.
- Copy your baby's sounds sometimes, but also use clear language.
- Pay attention to your baby's different cries so that you learn to know what he wants.
- Talk, read, and sing to your baby.
- Play peek-a-boo. Help your baby play peek-a-boo, too.
- Place a baby-safe mirror in your baby's crib so she can look at herself.
- Look at pictures with your baby and talk about them.
- Lay your baby on his tummy when he is awake and put toys near him.
- Encourage your baby to lift his head by holding toys at eye level in front of him.
- Hold a toy or rattle above your baby's head and encourage her to reach for it.
- Hold your baby upright with his feet on the floor. Sing or talk to your baby as he is upright.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Your Baby at 4 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 4 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- Smiles spontaneously, especially at people
- Likes to play with people and might cry when playing stops
- Copies some movements and facial expressions, like smiling or frowning

Language/Communication

- Begins to babble
- Babbles with expression and copies sounds he hears
- Cries in different ways to show hunger, pain, or being tired

Cognitive (learning, thinking, problem-solving)

- Lets you know if she is happy or sad
- Responds to affection
- Reaches for toy with one hand
- Uses hands and eyes together, such as seeing a toy and reaching for it
- Follows moving things with eyes from side to side
- Watches faces closely
- Recognizes familiar people and things at a distance

Movement/Physical Development

- Holds head steady, unsupported
- Pushes down on legs when feet are on a hard surface
- May be able to roll over from tummy to back
- Can hold a toy and shake it and swing at dangling toys
- Brings hands to mouth
- When lying on stomach, pushes up to elbows

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't watch things as they move
- Doesn't smile at people
- Can't hold head steady
- Doesn't coo or make sounds
- Doesn't bring things to mouth
- Doesn't push down with legs when feet are placed on a hard surface
- Has trouble moving one or both eyes in all directions

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO (1-800-232-4636).

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www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Help Your Baby Learn and Grow



You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 4-month-old baby today.

What You Can Do for Your 4-Month-Old:

- Hold and talk to your baby; smile and be cheerful while you do.
- Set steady routines for sleeping and feeding.
- Pay close attention to what your baby likes and doesn't like; you will know how best to meet his needs and what you can do to make your baby happy.
- Copy your baby's sounds.
- Act excited and smile when your baby makes sounds.
- Have quiet play times when you read or sing to your baby.
- Give age-appropriate toys to play with, such as rattles or colorful pictures.
- Play games such as peek-a-boo.
- Provide safe opportunities for your baby to reach for toys and explore his surroundings.
- Put toys near your baby so that she can reach for them or kick her feet.
- Put toys or rattles in your baby's hand and help him to hold them.
- Hold your baby upright with feet on the floor, and sing or talk to your baby as she "stands" with support.

www.cdc.gov/ActEarly

1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Your Baby at 6 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 6 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- Knows familiar faces and begins to know if someone is a stranger
- Likes to play with others, especially parents
- Responds to other people's emotions and often seems happy
- Likes to look at self in a mirror

Language/Communication

- Responds to sounds by making sounds
- Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- Responds to own name
- Makes sounds to show joy and displeasure
- Begins to say consonant sounds (jabbering with "m," "b")

Cognitive (learning, thinking, problem-solving)

- Looks around at things nearby
- Brings things to mouth
- Shows curiosity about things and tries to get things that are out of reach
- Begins to pass things from one hand to the other

Movement/Physical Development

- Rolls over in both directions (front to back, back to front)
- Begins to sit without support
- When standing, supports weight on legs and might bounce
- Rocks back and forth, sometimes crawling backward before moving forward

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't try to get things that are in reach
- Shows no affection for caregivers
- Doesn't respond to sounds around him
- Has difficulty getting things to mouth
- Doesn't make vowel sounds ("ah," "eh," "oh")
- Doesn't roll over in either direction
- Doesn't laugh or make squealing sounds
- Seems very stiff, with tight muscles
- Seems very floppy, like a rag doll

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO (1-800-232-4636).

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Learn the Signs. Act Early.

Help Your Baby Learn and Grow



You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 6-month-old baby today.

What You Can Do for Your 6-Month-Old:

- Play on the floor with your baby every day.
- Learn to read your baby's moods. If he's happy, keep doing what you are doing. If he's upset, take a break and comfort your baby.
- Show your baby how to comfort herself when she's upset. She may suck on her fingers to self soothe.
- Use "reciprocal" play—when he smiles, you smile; when he makes sounds, you copy them.
- Repeat your child's sounds and say simple words with those sounds. For example, if your child says "bah," say "bottle" or "book."
- Read books to your child every day. Praise her when she babbles and "reads" too.
- When your baby looks at something, point to it and talk about it.
- When he drops a toy on the floor, pick it up and give it back. This game helps him learn cause and effect.
- Read colorful picture books to your baby.
- Point out new things to your baby and name them.
- Show your baby bright pictures in a magazine and name them.
- Hold your baby up while she sits or support her with pillows. Let her look around and give her toys to look at while she balances.
- Put your baby on his tummy or back and put toys just out of reach. Encourage him to roll over to reach the toys.

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Learn the Signs. Act Early.

Your Baby at 9 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 9 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- May be afraid of strangers
- May be clingy with familiar adults
- Has favorite toys

Language/Communication

- Understands "no"
- Makes a lot of different sounds like "mamamama" and "bababababa"
- Copies sounds and gestures of others
- Uses fingers to point at things

Cognitive (learning, thinking, problem-solving)

- Watches the path of something as it falls
- Looks for things he sees you hide
- Plays peek-a-boo
- Puts things in her mouth
- Moves things smoothly from one hand to the other
- Picks up things like cereal o's between thumb and index finger

Movement/Physical Development

- Stands, holding on
- Can get into sitting position
- Sits without support
- Pulls to stand
- Crawls

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't bear weight on legs with support
- Doesn't sit with help
- Doesn't babble ("mama", "baba", "dada")
- Doesn't play any games involving back-and-forth play
- Doesn't respond to own name
- Doesn't seem to recognize familiar people
- Doesn't look where you point
- Doesn't transfer toys from one hand to the other

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call **1-800-CDC-INFO (1-800-232-4636)**.

The American Academy of Pediatrics recommends that children be screened for general development at the 9-month visit. Ask your child's doctor about your child's developmental screening.

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Learn the Signs. Act Early.

Help Your Baby Learn and Grow



You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 9-month-old baby today.

What You Can Do for Your 9-Month-Old:

- Pay attention to the way he reacts to new situations and people; try to continue to do things that make your baby happy and comfortable.
- As she moves around more, stay close so she knows that you are near.
- Continue with routines; they are especially important now.
- Play games with “my turn, your turn.”
- Say what you think your baby is feeling. For example, say, “You are so sad, let’s see if we can make you feel better.”
- Describe what your baby is looking at; for example, “red, round ball.”
- Talk about what your baby wants when he points at something.
- Copy your baby’s sounds and words.
- Ask for behaviors that you want. For example, instead of saying “don’t stand,” say “time to sit.”
- Teach cause-and-effect by rolling balls back and forth, pushing toy cars and trucks, and putting blocks in and out of a container.
- Play peek-a-boo and hide-and-seek.
- Read and talk to your baby.
- Provide lots of room for your baby to move and explore in a safe area.
- Put your baby close to things that she can pull up on safely.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Your Child at 1 Year



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 1st birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Is shy or nervous with strangers
- Cries when mom or dad leaves
- Has favorite things and people
- Shows fear in some situations
- Hands you a book when he wants to hear a story
- Repeats sounds or actions to get attention
- Puts out arm or leg to help with dressing
- Plays games such as "peek-a-boo" and "pat-a-cake"

Language/Communication

- Responds to simple spoken requests
- Uses simple gestures, like shaking head "no" or waving "bye-bye"
- Makes sounds with changes in tone (sounds more like speech)
- Says "mama" and "dada" and exclamations like "uh-oh!"
- Tries to say words you say

Cognitive (learning, thinking, problem-solving)

- Explores things in different ways, like shaking, banging, throwing
- Finds hidden things easily
- Looks at the right picture or thing when it's named
- Copies gestures
- Starts to use things correctly; for example, drinks from a cup, brushes hair
- Bangs two things together
- Puts things in a container, takes things out of a container
- Lets things go without help
- Pokes with index (pointer) finger
- Follows simple directions like "pick up the toy"

Movement/Physical Development

- Gets to a sitting position without help
- Pulls up to stand, walks holding on to furniture ("cruising")
- May take a few steps without holding on
- May stand alone

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't crawl
- Can't stand when supported
- Doesn't search for things that she sees you hide.
- Doesn't say single words like "mama" or "dada"
- Doesn't learn gestures like waving or shaking head
- Doesn't point to things
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO (1-800-232-4636).

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www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Help Your Child Learn and Grow



You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 1-year-old child today.

What You Can Do for Your 1-Year-Old:

- Give your child time to get to know a new caregiver. Bring a favorite toy, stuffed animal, or blanket to help comfort your child.
- In response to unwanted behaviors, say “no” firmly. Do not yell, spank, or give long explanations. A time out for 30 seconds to 1 minute might help redirect your child.
- Give your child lots of hugs, kisses, and praise for good behavior.
- Spend a lot more time encouraging wanted behaviors than punishing unwanted behaviors (4 times as much encouragement for wanted behaviors as redirection for unwanted behaviors).
- Talk to your child about what you’re doing. For example, “Mommy is washing your hands with a washcloth.”
- Read with your child every day. Have your child turn the pages. Take turns labeling pictures with your child.
- Build on what your child says or tries to say, or what he points to. If he points to a truck and says “t” or “truck,” say, “Yes, that’s a big, blue truck.”
- Give your child crayons and paper, and let your child draw freely. Show your child how to draw lines up and down and across the page. Praise your child when she tries to copy them.
- Play with blocks, shape sorters, and other toys that encourage your child to use his hands.
- Hide small toys and other things and have your child find them.
- Ask your child to label body parts or things you see while driving in the car.
- Sing songs with actions, like “The Itsy Bitsy Spider” and “Wheels on the Bus.” Help your child do the actions with you.
- Give your child pots and pans or a small musical instrument like a drum or cymbals. Encourage your child to make noise.
- Provide lots of safe places for your toddler to explore. (Toddler-proof your home. Lock away products for cleaning, laundry, lawn care, and car care. Use a safety gate and lock doors to the outside and the basement.)
- Give your child push toys like a wagon or “kiddie push car.”

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Learn the Signs. Act Early.

Your Child at 18 Months (1½ Yrs)



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 18 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Likes to hand things to others as play
- May have temper tantrums
- May be afraid of strangers
- Shows affection to familiar people
- Plays simple pretend, such as feeding a doll
- May cling to caregivers in new situations
- Points to show others something interesting
- Explores alone but with parent close by

Language/Communication

- Says several single words
- Says and shakes head "no"
- Points to show someone what he wants

Cognitive (learning, thinking, problem-solving)

- Knows what ordinary things are for; for example, telephone, brush, spoon
- Points to get the attention of others
- Shows interest in a doll or stuffed animal by pretending to feed
- Points to one body part
- Scribbles on his own
- Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

Movement/Physical Development

- Walks alone
- May walk up steps and run
- Pulls toys while walking
- Can help undress herself
- Drinks from a cup
- Eats with a spoon

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't point to show things to others
- Can't walk
- Doesn't know what familiar things are for
- Doesn't copy others
- Doesn't gain new words
- Doesn't have at least 6 words
- Doesn't notice or mind when a caregiver leaves or returns
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call **1-800-CDC-INFO (1-800-232-4636)**.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 18-month visit. Ask your child's doctor about your child's developmental screening.

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www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Help Your Child Learn and Grow



You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 18-month-old child today.

What You Can Do for Your 18-Month-Old:

- Provide a safe, loving environment. It's important to be consistent and predictable.
- Praise good behaviors more than you punish bad behaviors (use only very brief time outs).
- Describe her emotions. For example, say, "You are happy when we read this book."
- Encourage pretend play.
- Encourage empathy. For example, when he sees a child who is sad, encourage him to hug or pat the other child.
- Read books and talk about the pictures using simple words.
- Copy your child's words.
- Use words that describe feelings and emotions.
- Use simple, clear phrases.
- Ask simple questions.
- Hide things under blankets and pillows and encourage him to find them.
- Play with blocks, balls, puzzles, books, and toys that teach cause and effect and problem solving.
- Name pictures in books and body parts.
- Provide toys that encourage pretend play; for example, dolls, play telephones.
- Provide safe areas for your child to walk and move around in.
- Provide toys that she can push or pull safely.
- Provide balls for her to kick, roll, and throw.
- Encourage him to drink from his cup and use a spoon, no matter how messy.
- Blow bubbles and let your child pop them.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Your Child at 2 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 2nd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Copies others, especially adults and older children
- Gets excited when with other children
- Shows more and more independence
- Shows defiant behavior
(doing what he has been told not to)
- Plays mainly beside other children, but is beginning to include other children, such as in chase games

Language/Communication

- Points to things or pictures when they are named
- Knows names of familiar people and body parts
- Says sentences with 2 to 4 words
- Follows simple instructions
- Repeats words overheard in conversation
- Points to things in a book

Cognitive (learning, thinking, problem-solving)

- Finds things even when hidden under two or three covers
- Begins to sort shapes and colors
- Completes sentences and rhymes in familiar books
- Plays simple make-believe games
- Builds towers of 4 or more blocks
- Might use one hand more than the other
- Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- Names items in a picture book such as a cat, bird, or dog

Movement/Physical Development

- Stands on tiptoe
- Kicks a ball
- Begins to run

- Climbs onto and down from furniture without help
- Walks up and down stairs holding on
- Throws ball overhand
- Makes or copies straight lines and circles

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't use 2-word phrases (for example, "drink milk")
- Doesn't know what to do with common things, like a brush, phone, fork, spoon
- Doesn't copy actions and words
- Doesn't follow simple instructions
- Doesn't walk steadily
- Loses skills she once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO (1-800-232-4636).

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 24-month visit. Ask your child's doctor about your child's developmental screening.

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www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Help Your Child Learn and Grow



You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 2-year-old child today.

What You Can Do for Your 2-Year-Old:

- Encourage your child to help with simple chores at home, like sweeping and making dinner. Praise your child for being a good helper.
- At this age, children still play next to (not with) each other and don't share well. For play dates, give the children lots of toys to play with. Watch the children closely and step in if they fight or argue.
- Give your child attention and praise when he follows instructions. Limit attention for defiant behavior. Spend a lot more time praising good behaviors than punishing bad ones.
- Teach your child to identify and say body parts, animals, and other common things.
- Do not correct your child when he says words incorrectly. Rather, say it correctly. For example, "That is a ball."
- Encourage your child to say a word instead of pointing. If your child can't say the whole word ("milk"), give her the first sound ("m") to help. Over time, you can prompt your child to say the whole sentence — "I want milk."
- Hide your child's toys around the room and let him find them.
- Help your child do puzzles with shapes, colors, or farm animals. Name each piece when your child puts it in place.
- Encourage your child to play with blocks. Take turns building towers and knocking them down.
- Do art projects with your child using crayons, paint, and paper. Describe what your child makes and hang it on the wall or refrigerator.
- Ask your child to help you open doors and drawers and turn pages in a book or magazine.
- Once your child walks well, ask her to carry small things for you.
- Kick a ball back and forth with your child. When your child is good at that, encourage him to run and kick.
- Take your child to the park to run and climb on equipment or walk on nature trails. Watch your child closely.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Your Child at 3 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 3rd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Copies adults and friends
- Shows affection for friends without prompting
- Takes turns in games
- Shows concern for a crying friend
- Understands the idea of "mine" and "his" or "hers"
- Shows a wide range of emotions
- Separates easily from mom and dad
- May get upset with major changes in routine
- Dresses and undresses self

Language/Communication

- Follows instructions with 2 or 3 steps
- Can name most familiar things
- Understands words like "in," "on," and "under"
- Says first name, age, and sex
- Names a friend
- Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats)
- Talks well enough for strangers to understand most of the time
- Carries on a conversation using 2 to 3 sentences

Cognitive (learning, thinking, problem-solving)

- Can work toys with buttons, levers, and moving parts
- Plays make-believe with dolls, animals, and people
- Does puzzles with 3 or 4 pieces
- Understands what "two" means
- Copies a circle with pencil or crayon
- Turns book pages one at a time
- Builds towers of more than 6 blocks
- Screws and unscrews jar lids or turns door handle

Movement/Physical Development

- Climbs well
- Runs easily
- Pedals a tricycle (3-wheel bike)
- Walks up and down stairs, one foot on each step

Act Early by Talking to Your Child's Doctor if Your Child:

- Falls down a lot or has trouble with stairs
- Drools or has very unclear speech
- Can't work simple toys (such as peg boards, simple puzzles, turning handle)
- Doesn't speak in sentences
- Doesn't understand simple instructions
- Doesn't play pretend or make-believe
- Doesn't want to play with other children or with toys
- Doesn't make eye contact
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO (1-800-232-4636).

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www.cdc.gov/ActEarly

1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Help Your Child Learn and Grow



You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 3-year-old child today.

What You Can Do for Your 3-Year-Old:

- Go to play groups with your child or other places where there are other children, to encourage getting along with others.
- Work with your child to solve the problem when he is upset.
- Talk about your child's emotions. For example, say, "I can tell you feel mad because you threw the puzzle piece." Encourage your child to identify feelings in books.
- Set rules and limits for your child, and stick to them. If your child breaks a rule, give him a time out for 30 seconds to 1 minute in a chair or in his room. Praise your child for following the rules.
- Give your child instructions with 2 or 3 steps. For example, "Go to your room and get your shoes and coat."
- Read to your child every day. Ask your child to point to things in the pictures and repeat words after you.
- Give your child an "activity box" with paper, crayons, and coloring books. Color and draw lines and shapes with your child.
- Play matching games. Ask your child to find objects in books or around the house that are the same.
- Play counting games. Count body parts, stairs, and other things you use or see every day.
- Hold your child's hand going up and down stairs. When she can go up and down easily, encourage her to use the railing.
- Play outside with your child. Go to the park or hiking trail. Allow your child to play freely and without structured activities.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Your Child at 4 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 4th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Enjoys doing new things
- Plays "Mom" and "Dad"
- Is more and more creative with make-believe play
- Would rather play with other children than by himself
- Cooperates with other children
- Often can't tell what's real and what's make-believe
- Talks about what she likes and what she is interested in

Language/Communication

- Knows some basic rules of grammar, such as correctly using "he" and "she"
- Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
- Tells stories
- Can say first and last name

Cognitive (learning, thinking, problem-solving)

- Names some colors and some numbers
- Understands the idea of counting
- Starts to understand time
- Remembers parts of a story
- Understands the idea of "same" and "different"
- Draws a person with 2 to 4 body parts
- Uses scissors
- Starts to copy some capital letters
- Plays board or card games
- Tells you what he thinks is going to happen next in a book

Movement/Physical Development

- Hops and stands on one foot up to 2 seconds
- Catches a bounced ball most of the time
- Pours, cuts with supervision, and mashes own food

Act Early by Talking to Your Child's Doctor if Your Child:

- Can't jump in place
- Has trouble scribbling
- Shows no interest in interactive games or make-believe
- Ignores other children or doesn't respond to people outside the family
- Resists dressing, sleeping, and using the toilet
- Can't retell a favorite story
- Doesn't follow 3-part commands
- Doesn't understand "same" and "different"
- Doesn't use "me" and "you" correctly
- Speaks unclearly
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call **1-800-CDC-INFO (1-800-232-4636)**.

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www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Help Your Child Learn and Grow



You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 4-year-old child today.

What You Can Do for Your 4-Year-Old:

- Play make-believe with your child. Let her be the leader and copy what she is doing.
- Suggest your child pretend play an upcoming event that might make him nervous, like going to preschool or staying overnight at a grandparent's house.
- Give your child simple choices whenever you can. Let your child choose what to wear, play, or eat for a snack. Limit choices to 2 or 3.
- During play dates, let your child solve her own problems with friends, but be nearby to help out if needed.
- Encourage your child to use words, share toys, and take turns playing games of one another's choice.
- Give your child toys to build imagination, like dress-up clothes, kitchen sets, and blocks.
- Use good grammar when speaking to your child. Instead of "Mommy wants you to come here," say, "I want you to come here."
- Use words like "first," "second," and "finally" when talking about everyday activities. This will help your child learn about sequence of events.
- Take time to answer your child's "why" questions. If you don't know the answer, say "I don't know," or help your child find the answer in a book, on the Internet, or from another adult.
- When you read with your child, ask him to tell you what happened in the story as you go.
- Say colors in books, pictures, and things at home. Count common items, like the number of snack crackers, stairs, or toy trains.
- Teach your child to play outdoor games like tag, follow the leader, and duck, duck, goose.
- Play your child's favorite music and dance with your child. Take turns copying each other's moves.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Your Child at 5 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 5th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Wants to please friends
- Wants to be like friends
- More likely to agree with rules
- Likes to sing, dance, and act
- Is aware of gender
- Can tell what's real and what's make-believe
- Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- Is sometimes demanding and sometimes very cooperative

Language/Communication

- Speaks very clearly
- Tells a simple story using full sentences
- Uses future tense; for example, "Grandma will be here."
- Says name and address

Cognitive (learning, thinking, problem-solving)

- Counts 10 or more things
- Can draw a person with at least 6 body parts
- Can print some letters or numbers
- Copies a triangle and other geometric shapes
- Knows about things used every day, like money and food

Movement/Physical Development

- Stands on one foot for 10 seconds or longer
- Hops; may be able to skip
- Can do a somersault
- Uses a fork and spoon and sometimes a table knife
- Can use the toilet on her own
- Swings and climbs

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't show a wide range of emotions
- Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- Unusually withdrawn and not active
- Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- Doesn't respond to people, or responds only superficially
- Can't tell what's real and what's make-believe
- Doesn't play a variety of games and activities
- Can't give first and last name
- Doesn't use plurals or past tense properly
- Doesn't talk about daily activities or experiences
- Doesn't draw pictures
- Can't brush teeth, wash and dry hands, or get undressed without help
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO (1-800-232-4636).

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

www.cdc.gov/ActEarly

1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

Help Your Child Learn and Grow



You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 5-year-old child today.

What You Can Do for Your 5-Year-Old:

- Continue to arrange play dates, trips to the park, or play groups. Give your child more freedom to choose activities to play with friends, and let your child work out problems on her own.
- Your child might start to talk back or use profanity (swear words) as a way to feel independent. Do not give a lot of attention to this talk, other than a brief time out. Instead, praise your child when he asks for things nicely and calmly takes “no” for an answer.
- This is a good time to talk to your child about safe touch. No one should touch “private parts” except doctors or nurses during an exam or parents when they are trying to keep the child clean.
- Teach your child her address and phone number.
- When reading to your child, ask him to predict what will happen next in the story.
- Encourage your child to “read” by looking at the pictures and telling the story.
- Teach your child time concepts like morning, afternoon, evening, today, tomorrow, and yesterday. Start teaching the days of the week.
- Explore your child's interests in your community. For example, if your child loves animals, visit the zoo or petting farm. Go to the library or look on the Internet to learn about these topics.
- Keep a handy box of crayons, paper, paint, child scissors, and paste. Encourage your child to draw and make art projects with different supplies.
- Play with toys that encourage your child to put things together.
- Teach your child how to pump her legs back and forth on a swing.
- Help your child climb on the monkey bars.
- Go on walks with your child, do a scavenger hunt in your neighborhood or park, help him ride a bike with training wheels (wearing a helmet).

www.cdc.gov/ActEarly

1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.

SHARED PLAN OF CARE

—

Child's Name: _____

DOB: _____ **Sex:** ___ **Male** ___ **Female**

Mother/Guardian: _____

Home Address: _____

Mailing Address: _____

Village: _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Father/Guardian: _____

Home Address: _____

Mailing Address: _____

City: _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Preferred Method of Communication: _____
Email _____ **Home Phone** _____ **Cell Phone/Text** _____

Primary Language(s) used at home: _____

IS AN INTERPRETER NEEDED?

If yes, please provide the following:

Name (Interpreter)

Relationship

Contact number

Email

Emergency Contact

Relationship

Contact number

SHARED PLAN OF CARE

—

DATE:

MEDICATIONS
Prescribed/Over the Counter

Medication/Dosage	Reason

Physician's Name: _____ Clinic: _____

Signature: _____ Date: _____

—

FOLLOW-UP

—

Date	Name of Provider	Reason

SHARED PLAN OF CARE

-

Hearing Health History

Communication Strategies

FILL IN ALL THAT APPLY



American Sign Language (ASL)



Auditory Oral/Auditory Verbal



Cued Speech



Total Communication



Hearing Aid(s)



Cochlear Implant



Glasses



Other strategies or technologies used (if any)

SHARED PLAN OF CARE

—

DATE: _____

DEVICES

Hearing Aid
Cochlear Implant
Speech Processor
Bone Conduction Device

Assistive Technologies

Type of Device: _____

Manufacturer: _____ Right Ear: _____ Left Ear: _____ Both: _____

Model: _____

Serial Number: _____

Warranty: _____ Expiration Date: _____

Are molds needed? _____ Date of Visit: _____

Has the aid been ordered? _____ Date of Order: _____

Other Assistive Technology: _____ Date Fitted: _____

—

FOLLOW-UP

—

Date	Name of Provider	Reason

SHARED PLAN OF CARE

-

DATE:

CURRENT LEVEL OF DEVELOPMENT

Development Category	Date	Findings
Hearing		
Vision		
General Health		
Cognition		
Language		
Communication Skills:		
Language		
Social Emotional Skills		
Behavioral Skills		
Mental Health		
Mobility		
Gross Motor		
Fine Motor		
Self-Care/Self-Help		
Other Concerns		

Family Structure

Date	Name of Provider

SHARED PLAN OF CARE

—

DATE:

PATIENT/FAMILY PREFERENCES

Patient Strengths:

Patient Challenges/Dislikes:

Patient Stressors:

Parent/Guardian Strengths:

Parent/Guardian Challenges:

Please provide me with important information about my child in the following ways:

- Reading Instruction
- Spoken Instruction
- Hands-on Demonstration
- Video or interactive media (e.g. websites, apps)

Family Stressors

SHARED PLAN OF CARE

—

Is there a person who provides you with support and guidance regarding your child's diagnosis as deaf or hard of hearing?

YES

NO

Who is that person?

What is their role for your family?

What other supports do I/we have? Who should this plan be shared with?

Social Worker:

Phone:

Parent Advocate:

Phone:

Family Counselor:

Phone:

Peer Support:

Phone:

Childcare Provider:

Phone:

Deaf/HH Adult/mentor/role model:

Phone:

Other (relation and name):

Phone:

Connected Family with Support Program

YES

NO

Name of organization:

Phone:

Describe type of support provided:

Connect with local Parent Support Program (GPPT, Other) _____

Connect with Deaf/Hard of Hearing Adults/programs

Care Navigator

State EHDI Resource Guide

Other (explain):

SHARED PLAN OF CARE

—

Do you feel that you are aware of all the communication options available to you?

YES

NO

Do you feel that you have someone to talk to that can provide more information?

YES

NO

Our greatest concern regarding communication options and choices

What would you like us to know about you and your family?

Primary concern(s):

Day-to-day Concern(s):

Approaches Tried/Not Tried: :

Emergency Plan:

Other documents available (IEP, 504 plan, IFSP, etc.)

SHARED PLAN OF CARE

—

School:

Address:

Grade:

Teacher:

Phone:

Education Services Coordinator:

Phone:

DATE:

GOALS

	Goals	Action/Strategy	Timeframe
Patient			
Family			
Family			
Provider			
Provider			

Possible challenges to meeting goals:

Plans to address those challenges:

SHARED PLAN OF CARE

—

FOLLOW-UP

Date	Name of Provider	Reason

DATE:

TRANSITION PLAN

What actions will be taken:

Who is responsible?

Timeline:

SIGNATURES

Parent/Guardian

Relationship

Date

Care Team Member

Relationship

Date

Care Team Member

Relationship

Date

SHARED PLAN OF CARE

—

DATE:

MEDICATIONS
Prescribed/Over the Counter

Medication/Dosage	Reason

Physician's Name: _____ Clinic: _____

Signature: _____ Date: _____

—

FOLLOW-UP

—

Date	Name of Provider	Reason

SHARED PLAN OF CARE

-

Hearing Health History

Communication Strategies

FILL IN ALL THAT APPLY



American Sign Language (ASL)



Auditory Oral/Auditory Verbal



Cued Speech



Total Communication



Hearing Aid(s)



Cochlear Implant



Glasses



Other strategies or technologies used (if any)

SHARED PLAN OF CARE

-

DATE: _____

DEVICES

- Hearing Aid
- Cochlear Implant
- Speech Processor
- Bone Conduction Device

Assistive Technologies

Type of Device: _____

Manufacturer: _____ **Right Ear:** ____ **Left Ear:** ____ **Both:** ____

Model: _____

Serial Number: _____

Warranty: _____ **Expiration Date:** _____

Are molds needed? _____ **Date of Visit:** _____

Has the aid been ordered? _____ **Date of Order:** _____

Other Assistive Technology: _____ **Date Fitted:** _____

-

FOLLOW-UP

-

Date	Name of Provider	Reason

SHARED PLAN OF CARE

-

DATE:

CURRENT LEVEL OF DEVELOPMENT

Development Category	Date	Findings
Hearing		
Vision		
General Health		
Cognition		
Language		
Communication Skills:		
Language		
Social Emotional Skills		
Behavioral Skills		
Mental Health		
Mobility		
Gross Motor		
Fine Motor		
Self-Care/Self-Help		
Other Concerns		

Family Structure

Date	Name of Provider

SHARED PLAN OF CARE

—

DATE:

PATIENT/FAMILY PREFERENCES

Patient Strengths:

Patient Challenges/Dislikes:

Patient Stressors:

Parent/Guardian Strengths:

Parent/Guardian Challenges:

Please provide me with important information about my child in the following ways:

- Reading Instruction
- Spoken Instruction
- Hands-on Demonstration
- Video or interactive media (e.g. websites, apps)

Family Stressors

SHARED PLAN OF CARE

—

Is there a person who provides you with support and guidance regarding your child's diagnosis as deaf or hard of hearing?

YES

NO

Who is that person?

What is their role for your family?

What other supports do I/we have? Who should this plan be shared with?

Social Worker:

Phone:

Parent Advocate:

Phone:

Family Counselor:

Phone:

Peer Support:

Phone:

Childcare Provider:

Phone:

Deaf/HH Adult/mentor/role model:

Phone:

Other (relation and name):

Phone:

Connected Family with Support Program

YES

NO

Name of organization:

Phone:

Describe type of support provided:

- Connect with local Parent Support Program (GPPT, Other) _____
- Connect with Deaf/Hard of Hearing Adults/programs
- Care Navigator
- State EHDI Resource Guide
- Other (explain):

SHARED PLAN OF CARE

—

Do you feel that you are aware of all the communication options available to you?

YES

NO

Do you feel that you have someone to talk to that can provide more information?

YES

NO

Our greatest concern regarding communication options and choices

What would you like us to know about you and your family?

Primary concern(s):

Day-to-day Concern(s):

Approaches Tried/Not Tried: :

Emergency Plan:

Other documents available (IEP, 504 plan, IFSP, etc.)

SHARED PLAN OF CARE

—

School:

Address:

Grade:

Teacher:

Phone:

Education Services Coordinator:

Phone:

DATE:

GOALS

	Goals	Action/Strategy	Timeframe
Patient			
Family			
Family			
Provider			
Provider			

Possible challenges to meeting goals:

Plans to address those challenges:

SHARED PLAN OF CARE

-

FOLLOW-UP

Date	Name of Provider	Reason

DATE:

TRANSITION PLAN

What actions will be taken:

Who is responsible?

Timeline:

SIGNATURES

Parent/Guardian

Relationship

Date

Care Team Member

Relationship

Date

Care Team Member

Relationship

Date

SHARED PLAN OF CARE

—

DATE:

MEDICATIONS
Prescribed/Over the Counter

Medication/Dosage	Reason

Physician's Name: _____ Clinic: _____

Signature: _____ Date: _____

—

FOLLOW-UP

—

Date	Name of Provider	Reason

SHARED PLAN OF CARE

-

Hearing Health History

Communication Strategies

FILL IN ALL THAT APPLY



American Sign Language (ASL)



Auditory Oral/Auditory Verbal



Cued Speech



Total Communication



Hearing Aid(s)



Cochlear Implant



Glasses



Other strategies or technologies used (if any)

SHARED PLAN OF CARE

—

DATE:

DEVICES

Hearing Aid
Cochlear Implant
Speech Processor
Bone Conduction Device

Assistive Technologies

Type of Device: _____

Manufacturer: _____ Right Ear: _____ Left Ear: _____ Both: _____

Model: _____

Serial Number: _____

Warranty: _____ Expiration Date: _____

Are molds needed? _____ Date of Visit: _____

Has the aid been ordered? _____ Date of Order: _____

Other Assistive Technology: _____ Date Fitted: _____

—

FOLLOW-UP

—

Date	Name of Provider	Reason

SHARED PLAN OF CARE

-

DATE:

CURRENT LEVEL OF DEVELOPMENT

Development Category	Date	Findings
Hearing		
Vision		
General Health		
Cognition		
Language		
Communication Skills:		
Language		
Social Emotional Skills		
Behavioral Skills		
Mental Health		
Mobility		
Gross Motor		
Fine Motor		
Self-Care/Self-Help		
Other Concerns		

Family Structure

Date	Name of Provider

SHARED PLAN OF CARE

—

DATE:

PATIENT/FAMILY PREFERENCES

Patient Strengths:

Patient Challenges/Dislikes:

Patient Stressors:

Parent/Guardian Strengths:

Parent/Guardian Challenges:

Please provide me with important information about my child in the following ways:

- Reading Instruction
- Spoken Instruction
- Hands-on Demonstration
- Video or interactive media (e.g. websites, apps)

Family Stressors

SHARED PLAN OF CARE

—

Is there a person who provides you with support and guidance regarding your child's diagnosis as deaf or hard of hearing?

YES

NO

Who is that person?

What is their role for your family?

What other supports do I/we have? Who should this plan be shared with?

Social Worker:

Phone:

Parent Advocate:

Phone:

Family Counselor:

Phone:

Peer Support:

Phone:

Childcare Provider:

Phone:

Deaf/HH Adult/mentor/role model:

Phone:

Other (relation and name):

Phone:

Connected Family with Support Program

YES

NO

Name of organization:

Phone:

Describe type of support provided:

Connect with local Parent Support Program (GPPT, Other) _____

Connect with Deaf/Hard of Hearing Adults/programs

Care Navigator

State EHDI Resource Guide

Other (explain):

SHARED PLAN OF CARE

—

Do you feel that you are aware of all the communication options available to you?

YES

NO

Do you feel that you have someone to talk to that can provide more information?

YES

NO

Our greatest concern regarding communication options and choices

What would you like us to know about you and your family?

Primary concern(s):

Day-to-day Concern(s):

Approaches Tried/Not Tried: :

Emergency Plan:

Other documents available (IEP, 504 plan, IFSP, etc.)

SHARED PLAN OF CARE

—

School:

Address:

Grade:

Teacher:

Phone:

Education Services Coordinator:

Phone:

DATE:

GOALS

	Goals	Action/Strategy	Timeframe
Patient			
Family			
Family			
Provider			
Provider			

Possible challenges to meeting goals:

Plans to address those challenges:

SHARED PLAN OF CARE

-

FOLLOW-UP

Date	Name of Provider	Reason

DATE:

TRANSITION PLAN

What actions will be taken:

Who is responsible?

Timeline:

SIGNATURES

Parent/Guardian

Relationship

Date

Care Team Member

Relationship

Date

Care Team Member

Relationship

Date



FAMILIES PLAY AN IMPORTANT ROLE IN THEIR CHILD'S DEVELOPMENT

To schedule a Free
Developmental Screening
or for more information on
early childhood development
call (671) 300-5776/5816



Guam
Early
Intervention
System

FAMILY SUPPORT

The Family Support section provides information for organizations and programs that aid individuals with disabilities and their families.

03

ARE YOU A PARENT WITH A CHILD WHO IS DEAF/HARD OF HEARING?

YOU ARE NOT ALONE...
WE UNDERSTAND...



For more information, please contact
Guam's Positive Parents Together, Inc. at (671) 777-7991
gpptguam@gmail.com

GUAM'S POSITIVE PARENTS TOGETHER, INC. (GPPT)

In early 2007, a group of parents who have children with differing disabilities came together and started Guam's Positive Parents Together, Inc. GPPT is a tax exempt, FOR IMPACT organization whose mission is to support and empower families who have children with disabilities.

GPPT parent volunteers are here for parents and families who may just need to talk to someone who is walking in similar shoes. Raising a child is not easy and even more challenging to raise one with a disability. We know! And we are here to listen, share our experiences and provide available resources to you that may help make it just a little easier.

In early 2018, we formed a Parent Support Group for parents of Deaf or Hard of Hearing (DHH) children. The primary purpose is to give parents of a newly identified DHH child support from another parent who has been there and understands the emotional challenges; provide information and resources; engage and encourage our new parents to join our Parent Support Group; empower parents to advocate for their DHH child, and educate parents on how to navigate the early intervention and educational system. We also work closely with other Guam DHH providers to assist our parents.

CONTACT

PHONE:
(671) 777-7991

EMAIL:
gpptguam@gmail.com





HUNTERSPEAKS ORGANIZATION

HunterSpeaks is a 501(c)(3) nonprofit organization aimed at providing medically necessary autism treatment to affected children on Guam. Our autism programs and trainings are based on the principles of Applied Behavior Analysis (ABA).

HunterSpeaks Organization offers evidence based therapy for individuals with autism and related disorders in a variety of settings: center, home, and community.

ABA is proven to be the most effective method of teaching children on the spectrum, and has been endorsed by the Surgeon General, the American Academy of Pediatrics, and the Association for Science in Autism Research.

Our compassionate staff received extensive training to ensure your child gets the personalized and effective treatment they need to develop age appropriate language, social, and independent living skills.

ABA

ABA is short for applied behavior analysis and is often described as the "gold standard" for autism treatment. ABA is a science that uses research based interventions to look at how behavior is affected by the environment and how it impacts learning. ABA therapy focuses on improving functional skills for real world application such as communication, social skills, self-care, and play while also reducing behaviors that can interfere with learning.

DOWN SYNDROME ASSOCIATION OF GUAM

CONTACT

Juan & Vicky Arriola
Tel: (671) 472-6114

Josie & Vince Guerrero
Tel: (671) 888-5792

Helen & Mike Middlebrook
Tel: (671) 477-6706

Nacrina Mendiola
Tel: (671) 789-7610

David & Maruxa Atienza
Tel: (671) 789-9887

Chris Walke & Kerry Cutting
Tel: (671) 734-9633

If your doctor has said your baby may have Down Syndrome you have many reasons to be sad, depressed, or scared. Having a baby is hard enough, but having a baby with Down Syndrome can be overwhelming.



**WE KNOW. WE'VE BEEN THERE.
WE'RE DOING IT. WE'RE THE DOWN
SYNDROME ASSOCIATION OF GUAM.**

DSAG is a group of parents who have children with Down Syndrome and we know the difficulties and joys of caring for a child with Down Syndrome on Guam.

- Down Syndrome is the most common genetic disease. Approximately 1 in every 1000 babies is born with Down Syndrome.
- Down Syndrome is also called Trisomy 21 because the condition occurs when there are three 21st chromosomes in the cells of the body.
- Down Syndrome is a developmental disability. Having an extra chromosome in each cell changes the way the cell, and the whole body works. It changes the way a person can use the information around him, which makes learning a challenge for children with the condition.

GUAM SYSTEM FOR ASSISTIVE TECHNOLOGY

GSAT SERVICES/PROGRAMS

GSAT Demonstration & Resource Center

GSAT is a center, available to the community, where visitors can visit, learn, and make an informative decision in selecting the best AT to meet their needs.

- AT Device Demonstrations
- Equipment Displays
- Annual Assistive Technology Conference & Fair

AT Device 30-day Lending Library

The GSAT center allows the community an opportunity to test and try any device available at the center. In addition, devices can be taken home, to school, or even to the workplace for a 30-day period, free of charge.

- Information and Referral
- Training on AT Devices & Software
- Database Library of Products & Services

AT Recycling & Equipment Exchange

GSAT, with the help of community partners, attempts to repair and refurbish old or used AT devices which are later available to the community for purchase.

- Collection of used AT equipment
- Listing of AT devices for sale or exchange

Alternative Funding Programs

GSAT's loan programs provide the community a means to purchase AT or pursue home-based employment.

- Low interest rates and flexible payment terms
- No credit history required

CONTACT

Leah Abelon
AT Center Coordinator

(V) Phone: (671) 735-2490/1
TDD: (671) 735-2491
Fax: (671) 734-8378
Email: leah.abelon@guamcedders.org
Website: www.gsatcedders.org

Address: House #19, Dean Circle,
University of Guam

**8 REASONS TO SAY YES TO
EARLY INTERVENTION
FOR YOUR CHILD
WHO IS DEAF/HARD OF
HEARING (D/HH)
...WHAT ARE YOU
WAITING FOR?**

Adapted with permission from the Hands & Voices Family
Leadership in Language and Learning (FL3) Center

<http://handsandvoices.org/fl3/resources/8reasons-ehdi.html>

Link to original document

<https://www.handsandvoices.org/fl3/resources/pdfs/SayYestoEI.pdf>

01

Early Intervention is worth the time

Early Intervention (EI) will help you incorporate language development and needed supports for your child into your daily routines. Research shows early involvement can help you and your child on the path to future success.



02

We are in this together

Feeling overwhelmed or isolated? Professionals and other parents of D/HH kids can share this journey with you and support you. A whole community is ready to embrace you. Hearing other families' experiences can help you think ahead through your own journey.



03

Early Involvement will help your other family members

As you understand your own child's needs through EI, your child's siblings, extended family, friends and neighbors can learn to better communicate with and include your child. If your circle of support is small, EI helps build a larger circle to surround your family.



04

There is more to this than just 'google it'

With a seemingly endless world of resources, articles, videos, online support, podcasts, and more, where is the wisdom? A personal connection to EI providers can help you process the information available at your fingertips with what you know and can try with your own child.



05

Facing your fears will bring freedom

You may feel like you don't know anything about what being D/HH might mean for your child. You may not see your family as part of this world. A "new normal" can be a life of joy, and better than imagined.



06

You will ask better questions

You don't know what you don't know. Having support through EI helps you learn important questions to ask and how to find answers in what works for your child. You will be able to answer the questions most pressing to your child's needs.

07

You can do this in the context of your own family's values

You can adapt services to be in line with your family's values and goals for your child's future, provided in your language and cultural context. A system is in place to ensure that EI providers and programs are a match to your family and child's needs.



08

You will gain confidence that you are your child's best advocate

You will become your child's best advocate in the school years by learning about deafness, language and development through EI. Your advocacy will light the path for your child's success.



THE IMPORTANCE OF EARLY INTERVENTION (EI) FOR CHILDREN WITH A HEARING LOSS

Language is the foundation of learning. Hearing loss can affect an infant's speech, language and social skills. It is important for infants identified with a hearing loss to receive early intervention (EI) services as early as six months of age or sooner! The earlier your child receives EI services the sooner you, your child, and family can communicate with each other.

Early intervention services for infants and families vary, however, each intervention service plays an important role in the growth and development of your child. The more services your child and family receive, the better the outcomes will be for your child. Research shows that children who receive early intervention services before six months of age can greatly improve the child's development.



Early Intervention Services

Professional Services - Guam Early Intervention System (GEIS), Guam Department of Education (GDOE), Division of Special Education

- Newborn Developmental Screening
- Developmental Evaluation
- Hearing Evaluation
- Speech/Language Evaluation Services
- Physical/Occupational Therapy
- Transition Services
- Family training, counseling, and Home Visits
- Medical, Nursing, and Nutritional Services
- Vision Services
- Special Instruction
- Social Work Services
- Transportation
- Assistive Technology
- Play-based Therapy

Hearing Devices (Hearing Aids, Cochlear Implants, etc.)

Join a Parent Support Group (See page 80-84)

Meet Deaf and Hard of Hearing Adults

CHILD ADVOCACY

This section gives an overview on different laws in the area of disabilities and personal experiences by individuals with disabilities or their parents.

04



504

The Vocational Rehabilitation Act of 1973, Title V, was passed to prevent discrimination against people with disabilities in the United States. This law protects any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. Students can receive related services under Section 504 even if they are not receiving special education.

IDEA

First passed in 1975, IDEA was originally called, "The Education of All Handicapped Children Act". Congress passed the bill which provides federal financial assistance to state and local education agencies to ensure special education and related services are provided to eligible children with disabilities, including free appropriate public education (FAPE) to children with disabilities with an emphasis on special education and related services aimed to meet their unique needs. Schools are required to find and evaluate students suspected of having disabilities, at no cost to families. This is called Child Find. Child Find is a legal obligation for schools to find all children ages 0-21, who may have disabilities and who may be entitled to special education services. So that parents or legal guardians have a voice in their child's education, the law provides specific rights and protections for families at every point of the process. Parents and legal guardians have a say in the decisions the school makes for your child, and the school must get your consent before providing services to your child. IDEA provides early intervention services for infants up to age three and special education services for children ages 4 through graduation or age 21, whichever comes first.

ADA

The Americans with Disabilities Act (ADA) became law in 1990. The ADA is a civil rights law that allows access for all persons with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else. The ADA gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion.

In 2008, the Americans with Disabilities Act Amendments Act (ADAAA) was signed into law and became effective on January 1, 2009. The ADAAA made a significant number of changes to the definition of "disability." The Act stresses that the definition of disability should be understood to be in favor of wide coverage of individuals to the greatest degree allowed by the terms of the ADA and in general, shall not require wide-range evaluation.



Comparison of Pertinent Areas of Section IDEA PART B, 504 & ADA

Areas	IDEA	Section 504	ADA
Type	Education Act	Civil Rights Law	Civil Rights Law
Title	The Individuals with Disabilities Education Act (IDEA) (2004)	The Rehabilitation Act of 1973	Americans with Disability Act of 1990 (ADA) & ADA Amendments Act, 2008
Responsible Entity	Special Education	General Education	Public and Private Schools
Funding	State, local, and federal funding (IDEA funds cannot be used with students who are only eligible under 504)	No federal funding-state and local school responsibility	No federal funding-Public and private responsibility
Administrator	Special Education Director or designee	Section 504 Coordinator (for entities with 15 employees or more)	504 Coordinator may oversee ADA responsibilities
Service Tool	Individualized Education Program	<ul style="list-style-type: none"> ● Appropriate Academic Adjustments ● Accommodations and/or Services 	Reasonable Accommodations and Legal Employment Practices
Purpose	To provide educational rights and benefits for children with disabilities including the right to a free appropriate public education, an IEP designed to meet the child's unique needs, and procedural safeguards.	<ul style="list-style-type: none"> ● To protect the rights of individuals with disabilities from discrimination in programs and activities that receive Federal financial assistance from the U.S. Department of Education; ● To empower individuals with disabilities to maximize employment, economic self-sufficiency, independence, and inclusion and integration into society. 	<ul style="list-style-type: none"> ● To provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities; ● To prohibit discrimination on the basis of disability by state and local governments.

COMPARISON OF PERTINENT AREAS

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Areas	IDEA	Section 504	ADA
Population	<ul style="list-style-type: none"> ● Identifies 13 categories of qualifying conditions: ● Autism ● Deaf Blindness ● Deafness ● Emotional disturbance ● Hearing Impairment ● Mental Retardation ● Multiple disability ● Orthopedically impairment ● Other health impaired ● Specific learning disability ● Speech or language impairment ● Traumatic Brain Injury ● Visually impaired including blindness 	<ul style="list-style-type: none"> ● Identifies students as disabled so long as she/he meets the definition of qualified persons with disabilities (e.g., “has a physical or mental impairment; has a history of impairment; or is believed to have a disability that substantially limits a major life activity such as caring for one’s self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working”). ● Determination must be made without considerations for “mitigating measures”. ● Applies to all employers, schools and educational programs, nursing homes, mental health centers, and human service programs that receive or benefit from Federal financial assistance. 	
Free Appropriate Public Education (FAPE)	<p>Both require the provision of a free appropriate public education to eligible students, including individually designed instruction.</p>	<p>Americans with Disability Act of 1990 (ADA) & ADA Amendments Act, 2008</p>	
	<p>Requires the school to provide an IEP designed to meet the child’s unique needs and from which the child receives educational benefit (i.e. “appropriate education”).</p>	<ul style="list-style-type: none"> ● Requires the provision of regular or special education and related aids and services that are designed to meet individual educational needs as adequately as the needs of persons without disabilities are met. ● “Appropriate” means an education comparable to the education provided to nondisabled students. 	<ul style="list-style-type: none"> ● Addresses education in terms of accessibility requirements but does not require individual entitlement for FAPE. ● Public entities cannot use employment practices that discriminate on the basis of a disability.

COMPARISON OF PERTINENT AREAS

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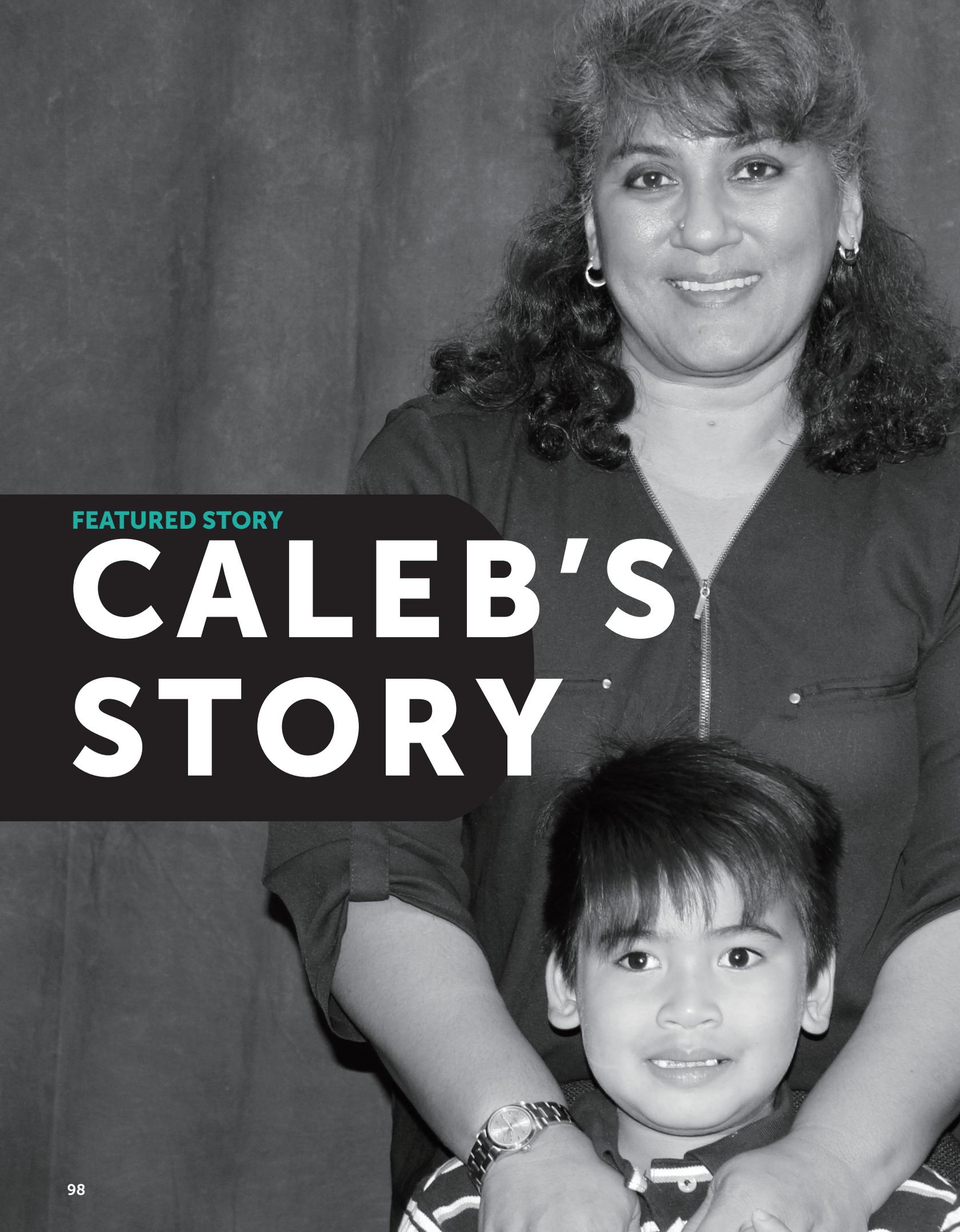
Areas	IDEA	Section 504	ADA
Eligibility	A student is only eligible to receive special education and/ or related services if the multidisciplinary team determines that the student has a disability under one of the thirteen qualifying conditions and requires specially designed instruction to receive FAPE.	<ul style="list-style-type: none"> ● A student is eligible so long as she/he meets the definitions of qualified person with disabilities, i.e., currently has or has had a physical or mental impairment which substantially limits a major life activity, or is regarded as disabled by others. ● The student is not required to need specially designed instruction in order to be protected. ● Mitigating measures cannot be used to exclude students. 	<ul style="list-style-type: none"> ● A person is eligible so long as she/he meets the definition of qualified person with disabilities, i.e., currently has or has had a physical or mental impairment which substantially limits a major life activity, or is regarded by others as having a disability. ● Mitigating measures cannot be used to exclude a person. ● ADA (2008) aligned ADA and 504 definitions of disabilities.
Accessibility	Requires that accommodations and modifications must be made to provide access to FAPE; IEP students automatically protected under 504.		Requires that public and private programs be accessible to individuals with disabilities and that “reasonable accommodations” are provided to students with disabilities.
Undue Hardship	Size of the program and its budget, type of operation, nature and cost of accommodation.	Consideration is given for the size of the program, extent of accommodation, and cost relative to school budget.	Size of the business and its budget, type of operation, nature and cost of accommodation.
Procedural Safeguards	Comprehensive system of safeguards including written notice prior to any change in placement and the right to an independent evaluation at public expense.	No written notice requirement for placement change.	Makes provisions for public notice, hearings, and awarding attorney fees.

COMPARISON OF PERTINENT AREAS

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Areas	IDEA	Section 504	ADA
Consent	Requires written consent before initial evaluation and placement.	Does not require consent but a school district would be wise to do so.	Consent not required.
Due Process	Both statutes require schools to provide impartial hearings for parents or guardians who disagree with the identification, evaluation, records or placement of students with disabilities.		Due process hearing can be initiated by either party. The court may allow the prevailing party, other than the United States, a reasonable attorney's fee.
	Delineates specific requirements.	Requires that the parent have an opportunity to participate and be represented by counsel. Other details are left to the discretion of the school district. Policy statements should clarify specific details.	
Enforcement	Enforced by the U.S. Office of Special Education Programs, U. S. Department of Education, Office of Special Education Programs, with oversight by the U.S. Department of Education.	<ul style="list-style-type: none"> ● Enforced by the U.S. Office for Civil Rights. ● State Department of Education has no monitoring, complaint resolution, or funding involvement. 	In education, enforced by the U.S. Office for Civil Rights (each Federal agency has its own 504 regulations that apply to its programs).

Adapted with permission from the Hands & Voices Educational Advocacy Guidebook
<https://www.handsandvoices.org/resources/products.htm#astra>



FEATURED STORY

CALEB'S STORY

My son, Caleb Suzuki, fell ill with meningitis and was hospitalized in ICU for two to three weeks. This was a trying time for my family and me. While in the hospital, Caleb required a regiment of antibiotics, which led to a recommendation from his physician for further testing of his vision and hearing. My husband and I followed up with the recommendation for a hearing screening and had Caleb screened at Chief Brodie Audiology Office. At this screening, I found out that Caleb would require a sedated Auto-acoustic Brainstem Response (ABR), which Guam did not have at the time. We then went off-island to have Caleb's vision, and hearing screened. The evaluation revealed that Caleb had a profound hearing loss. I had a mixture of emotions when I received the news of Caleb's profound hearing loss. The thought of him never hearing my voice was overwhelming news. I remember purchasing a sign program shortly after learning of Caleb's hearing loss. I was determined to provide Caleb with as many resources available for children to develop language skills for effective communication. When we returned home, bags of different sign language resources were delivered, and I felt so excited and a bit worried. I didn't know where to begin. The Early Intervention Program and Special Education Program really have assisted in the little man he is today.

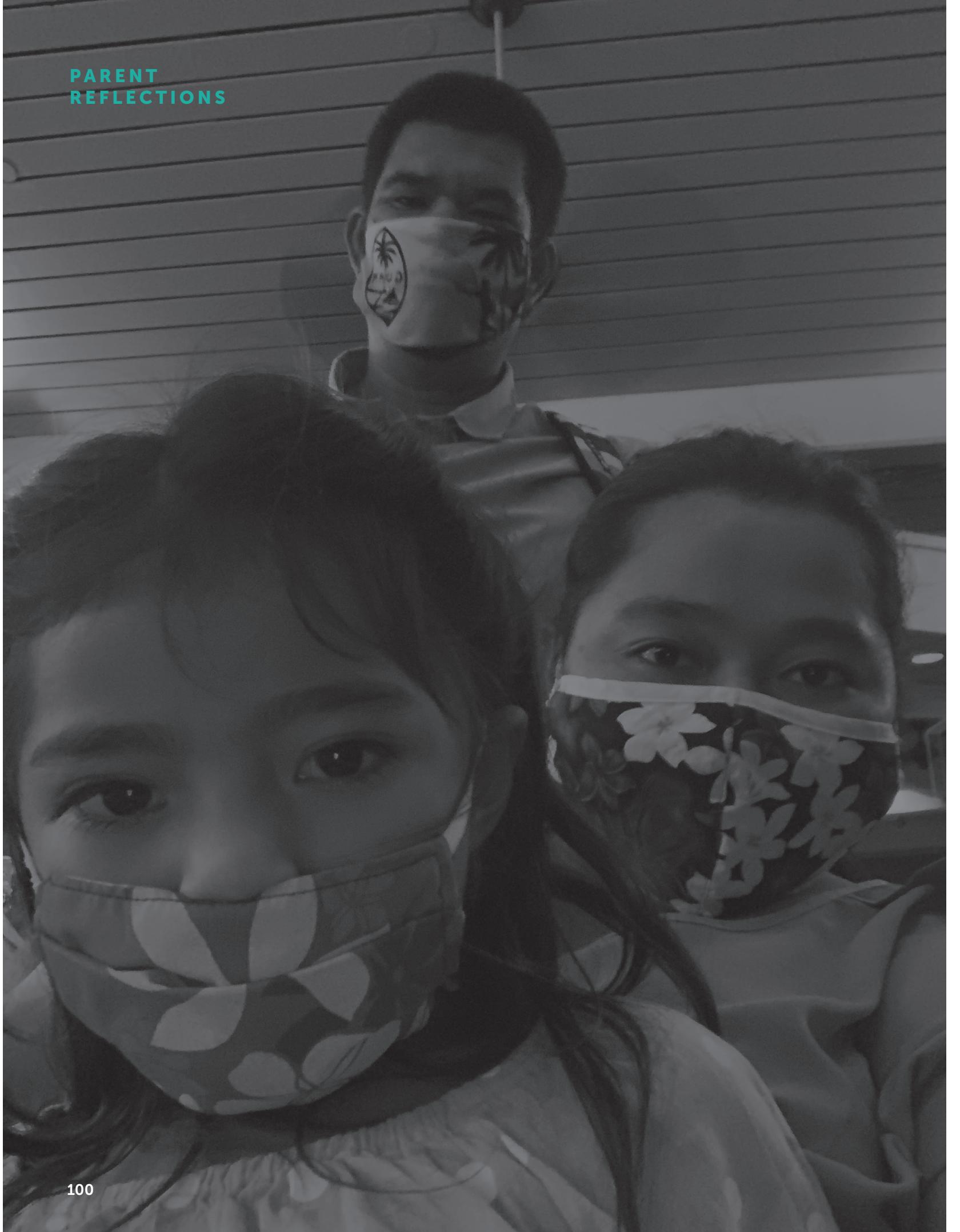
He entered the Special Education Preschool Program at three years of age and is currently a fifth-grader at P.C. Lujan Elementary School. He is proficient in American Sign Language (ASL). He has excellent teachers! He is currently mainstreamed into the fifth-grade class and has an interpreter.

My goal for Caleb is to have him attend Gallaudet University in Washington D.C. I am doing my best to set a strong foundation for him to reach this goal. He is a fearless young man who is ready to take on the world.

I would like to see more parents of children with hearing loss be active in the community and expose their children to more experiences. There is a whole wide world out there that I want Caleb to be a part of. Caleb is a very social person, and he thinks everyone knows how to sign. I believe the more interactions Caleb has with the Deaf Community and the community at large, the more confident he will be, which will enable him to accomplish his dreams!



PARENT
REFLECTIONS



AS A FAMILY

WITH JAMAE QUENGA (JQ)

Q. What is it like parenting a deaf or hard of hearing child?

JQ Challenging

Q. What has been the most challenging part of your family's journey?

JQ The challenging part is communicating with our daughter. She can't let us know how she feels if she's hurting, or what she wants and needs.

Q. What is the most rewarding part of your family's journey?

JQ The most rewarding part is that we love our daughter unconditionally no matter what. Her father and I were always doing things that came our way. We did things for just us. Then, we had our daughter. She was the most precious beautiful little human being we could've imagined. We do things as a family of three. We experience things as a family and we are stronger as a family.

Q. Joyful moments...

JQ Joyful moments are with our daughter. She may not hear or talk, but she gave us the meaning of life and she gave us the meaning of love. Her dad and I didn't know we can love such an amazing little human...until we had her.



Q. What do you want your child to know?

JQ He and I would love for her to know that anything is possible if you set your mind on it.

Q. What would you like to tell parents who have just been told their child is deaf or hard of hearing?

JQ I would tell them that it will be a challenge but in the end nothing else matters than loving your child and protecting them, and teaching them that they can do anything even though they may be deaf or hard of hearing.

Q. Final thoughts...

JQ Every day we learn something new from her and for her. Just be patient and in time you will learn to find a way to communicate with your child your own way.

THE LANGUAGE OF LOVE

WITH ANN MARIE D. CRUZ
(AMC) AND JOHN CRUZ (JC)

Q . What is it like parenting a deaf or hard of hearing child?

AMC Jescilla has other disabilities which is sometimes referred to as Deaf Plus. She is profoundly deaf, intellectually and physically challenged, so for me, I think it's a bit more challenging. Although already an adult, Jescilla's vocabulary is still more like a toddler.

So, although not easy, there are still many joys she brings to our lives every day. I feel that she is a gift from God and that she has brought so much love and affection to our family because we see that she loves life even if she is not able to do what everyone else gets to do.

Oh! there are the hard times. She has her tantrums and there are extremely hard times and I still, every now and then wonder why. But when all is said and done, I feel extremely blessed for being given such a beautiful soul to be mom to.

Q . What has been the most challenging part of your family's journey?

AMC The lack of services. In order to get a proper diagnosis for Jescilla, we had to travel off island. In order to be active in her education and because planning her education requires more interaction with the school, I've had to miss work. In order to provide a safe place for her after aging out of school, we've turned to family to care for her while I work because there are not enough programs for our adults with disabilities.

Specifically, for her deafness, it's the lack of free and effective learning environments to learn ASL for the families.



Q . What is the most rewarding part of your family's journey?

AMC I think I touched on it earlier, that she is a gift from God and has brought so much love and affection to our family. She has also taught us patience and understanding. To be more accepting of the challenges we are given in life, to know that we can get through the toughest times and to be more accepting and open with others.

PARENTAL REFLECTIONS

Q. Joyful moments...

AMC The first moment when we noticed she loves music and dancing. It was at a party and there was a DJ with lights and a dance floor. She communicated that she wanted to go to the dance floor by pointing to the dance floor and so we took her onto the dance floor and she started to dance. We realized that she probably felt the vibration from the large speakers.

That was exciting but my most joyful moments are when she is laughing, giving me hugs and kisses which happens very often.



NOTE
Anna Marie Cruz (AMC)

Q. What would you like to tell parents who have just been told their child is deaf or hard of hearing?

AMC YOU DIDN'T DO ANYTHING WRONG!

Acceptance is harder than most people think but the sooner you do, the better for your child. Get your child enrolled in all the services possible and learn as much as you can. Connect with other parents who have a deaf or hard of hearing child, service providers and advocates.

It's so very important for your baby to start experiencing language, whether it's hearing it or through sign, on their first day of life outside the womb. If I could go back in time, that would be the one thing I would change... focus on talking to Jescilla a lot more than I did.

There are going to be hard times and you're going to feel like you've failed but there are more good times, than bad and as long as you are an advocate for them, are patient and understanding but most of all, love them, you will not fail.

Q. What do you want your child to know?

AMC That I did everything I could to make sure she was happy and healthy. But most of all, that I love her.

Q. Final thoughts...

AMC Love, love, love your child. Play with them, laugh with them, dance with them and don't stop talking to them, even if they can't hear you. Be animated when you talk by using a lot of facial expressions and gestures.

PARENTAL REFLECTIONS

Q . **What is it like parenting a deaf or hard of hearing child?**

J C Challenging because we must learn a new language to communicate with our child. Of course, in the beginning, it will take a lot of work both for the child and the parent to establish the best method of how to communicate with your child. Lots of effort is put into seeing if the child will be able to utilize hearing aids to see if they would be able to hear to be able to understand what is said, even if it was a little. Learning Sign Language either ASL or SEE Sign takes more time to learn. More so if your child has more disabilities than just being deaf. In our case, deafness is only one of our child's disabilities along with mental and physical disabilities. The level of learning is also dependent on how much your child's cognitive abilities are. We are a bit more challenged because our child has multiple disabilities which makes her deafness not the primary disability.

But with doing things daily to reinforce what your child is learning in school, helps tremendously. Once you start seeing the communication start working, it is so rewarding.



Q . **What is the most rewarding part of your family's journey?**

J C Seeing your child's development and results from all the hard work. We've really learned to appreciate all the people that provided services in so many disciplines and how much they affect in improving our child's development. Seeing the growth and being able to communicate with our child is very rewarding.

Q . **What do you want your child to know?**

J C That she will always be loved through all the good and bad times. Her being a child with Special Needs just makes us so humble and appreciative of what is important in life. She taught us this with how much she loves to live life regardless of her disabilities.

Q . **Joyful moments...**

J C There are so many. First time we were able to start communicating, seeing her learn how to feed herself, taking long unassisted walks, and participating in Special Olympics are just a few.

Q . **Final thoughts...**

J C I hope that some of this would help other parents that are new to caring for a child with Special Needs be more prepared to what's ahead.

BLESSED

WIL AND EVELYN TOPASNA (W & ET)



Q. **What is it like parenting a deaf or hard of hearing child?**

W & ET The first word that comes to mind is blessing. Gatbo is the first in both our families to be hard of hearing. We did not know what to expect, but we were always ready for any challenges. Although we experienced many challenges along the way, Gatbo has shown such a strong sense of perseverance. We as his parents simply took his lead and encouraged him to do his best.

Q. **What is the most rewarding part of your family's journey?**

W & ET Many rewards!

Gatbo is a wonderful young man, who shows good confidence and perseverance. Our family all encourage and support Gatbo in every way possible. Maybe it is because we are his parents but, many people tell us that Gatbo has a special spark that makes them feel a sense of happiness.

We are fortunate to have found a supportive family support group that we can always rely on for emotional support, educational support and more (GPPT) Guam Positive Parents Together.

Q. **What has been the most challenging part of your family's journey?**

W & ET The hardest part was at the beginning. We knew early on that Gatbo was having hearing issues. At that time (2007), there were no audiologist that were knowledgeable of infant hearing assessments. The ones that were available were not helpful, they tried, but we did not make the progress needed to for an infant. Gatbo received hearing aids late in life (in our opinion) because of this delay (3-4 years old). We were very fortunate that we could afford to pay for it ourselves. I worry about the children and families that are not able to afford needed hearing aids.

As Gatbo started school, a new challenge was seeing that sometimes people would judge him before getting to know him. We can recall clearly, one of his early teachers, kept assuming Gatbo was not "smart". We would have to remind her often that he may have not have heard her or other factors. It took years after he left her class that she realized that he was a smart and talented boy. This experience shaped how we respectfully prepare teachers for the challenges Gatbo faces.

PARENTAL REFLECTIONS

Q. **Joyful moments...**

W & ET Again many joyful moments! We would say we are just happy when people see Gatbo for who he is. When they do not judge him before they get to know him. It is joyful when people recognize Gatbo the way we see him. He really is quick witted, funny, respectful, and athletic person.

Q. **What would you like to tell parents who have just been told their child is deaf or hard of hearing?**

W & ET We would say your child is a blessing, love them, seek what makes them happy. Encourage your child to always do their best in all that they do. Seek help when needed because we can not do it alone and that is okay.



Q. **What do you want your child to know?**

W & ET We want what many parents want their child to know, strive to be happy with yourself in the most respectful of ways.





TASHA CRUZ

UNSTOPPABLE

Tell us about yourself.

I was born in rainy Seattle, Washington. I am bilaterally profoundly Deaf and was diagnosed at six months old. Both of my parents sign and my mother is actually an ASL interpreter now! Both of my parents began learning sign when they found out I was Deaf. I attended an all-Deaf classroom from preschool to 5th grade. Then, I went into the mainstream out of my own choice. (I didn't feel school was challenging enough for me.) I was the only Deaf student at my high school. It was a bit lonely and looking back, I do wish I was more involved with the Deaf community. But I had great friends and my parents were very supportive. I then went on to attend University of

Washington and graduate with a bachelor's degree in psychology. I was attending graduate school at Gallaudet (the world's only university that is entirely ASL-based) for a Master's in international development but due to a variety of reasons, decided to come to Guam to be with my then-fiancé.

My now-husband is a Navy submariner and is stationed in Guam for the next 2.5 years. Our wedding was postponed due to the current world events, so we decided to just get married at Gov. Flores Beach in Tumon October 2020. We originally met in high school.

What do you do for fun?

Normally, I'd travel. I've visited almost all the states, most of them alone. My dream is to visit many countries. I love meeting new people and experiencing different cultures. It's especially fun to meet Deaf people in a new country because then I get to learn some of their sign language and learn about their experiences living there. Flights are limited now though, so I've been fostering and rescuing some of Guam's 60,000+ stray dogs! I also love (attempting) to surf, although to people on the shore watching, it probably looks more like falling off the board repeatedly ;) I also have the Guam Trails book and it is my goal to make it through the whole book. I also just hang out at home being lazy scrolling through social media.

What is the most challenging thing in your life and why?

This is too broad for me to answer! Some days it feels like it's finding the missing socks the laundry ate and other days it's somebody who walks away from me because they realize I'm Deaf and don't want to take the time to talk to me.

On a very general scale, it's the unfair systemic oppressions and low expectations facing Deaf people. Things like.... the Governor's broadcasts not being captioned (but they now provide transcripts so that's a big improvement), applying to a job only to be told I can't apply (illegal, by the way!), realizing many interpreters on Guam are not actually qualified to interpret, meeting a Deaf child or adult whose family can't communicate with them at all, wanting to attend an online Navy lecture only to realize it's completely audio-based, not understanding people because of masks, and so much more.

It's not being Deaf that is challenging, it's the way society is structured that is challenging.

Joyful memories/moments:

Being at Gallaudet was joyful because I didn't have to type or write everything- I was able to just sign to everyone. That was amazing to experience.

I remember coming to Guam Dec. 2019 directly from Gallaudet. I went from a 100% ASL-immersed environment with Deaf people/advocates for the Deaf doing amazing things every day, to an environment where many people believed I couldn't drive or work because I was Deaf. In January 2020, it was joyful finally getting to meet members of the Deaf community and also finding out that CEDDERS/EHDI existed! I was very happy because while trying to do it all alone is doable, it's lonely. Having communities that understand my experiences/are open to learning and want to make a difference in our community is amazing.

What is the most rewarding thing in your life and why?

Other than my friends/family, it is advocacy in various forms. Martin Luther King, Jr. said, "The time is always right to do what's right." Some days, it feels like I'm not getting through to people or that the "system" is just too big to change, but then I remember that every small effort does make a difference. It's amazing to see what people can accomplish together.

Final thoughts:

Please don't put limitations on what your child can or can't do. A diagnosis does not predict your future- you never know what the future holds. Please correct people who hold mistaken assumptions about what a diagnosis may mean- the more people that are educated, the better for all of us. Please try everything to communicate with your child- communication is essential. Last, be gentle with yourself- it's okay to have bad days (or even weeks!) I'm always glad to talk to any of you, should you want advice, to vent, or to ask questions!

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

What is an IFSP?

- An IFSP is a personalized road map of the services your child and family will receive in the early intervention system and how and when these services will be provided.
- The IFSP takes your child's current level of functioning and needs and focuses on what you need as a family to best support your child. It builds on the individual strengths of each family member.
- Early intervention (EI) services are provided in the most natural setting for the family, where you and your child are most comfortable. This setting is usually in your home or some other place in your community, like a park or community center.
- It is a written plan developed with input from your family. You must give written permission for the plan to go into action.
- Your child and family must receive services within 30 days of you signing the IFSP.

Who develops the IFSP?

- Parent(s) or legal guardian(s).
- Other family members (grandparents, aunts, uncles, siblings, if you request it).
- An advocate outside the family, if you request it.
- A service coordinator who puts the IFSP into action.
- Professionals directly involved in assessments/evaluations of your child's needs.
- Those who would be providing the EI services to your child and family.

Other Specialists that may be involved in the IFSP based on the needs of your child:

- Medical practitioner (audiologist, psychiatrist, neurologist, etc.)
- Child development specialist
- Social worker
- Therapist (occupational, physical, speech-language pathologist, psychologist)

INDIVIDUALIZED FAMILY SERVICE PLAN AND THE INDIVIDUALIZED EDUCATION PROGRAM COMPARED

There are some significant differences between an IFSP and an IEP. This chart will help to inform you of these differences and avoid confusion as you discuss services for your child.

IFSP	IEP
Used in early intervention for children ages birth through 3 and their families	Used in special education for children ages 3 through 21
Includes information about the child's present levels of development	Includes information about the child's present levels of educational performance and participation in developmentally appropriate activities
With the family's approval, it may also include information regarding the family's resources, priorities, and concerns related to the development of their child	Includes information about the family's concerns for enhancing the child's education
After the team determines a list of priorities and concerns, the family determines which outcomes will be included on the IFSP	The IEP team, including the parents or guardians and related service providers who work with the child, determines the goals
Includes the major outcomes desired for the child and family, as well as the methods, timelines, and a plan to measure progress	Includes measurable annual goals, academic and functionally, designed to: <ul style="list-style-type: none"> ● Enable the child to be involved in and make progress in the general curriculum; ● Describe how progress will be measured and how often ● Describe how progress will be reported to the family
Includes the natural environments where services will be provided	Describes services provided in the least restrictive environments (LREs) and an explanation of the extent, if any, that the child will not participate with typically developing children
Includes the early intervention services and supports necessary to meet the unique needs of the child and family in order to achieve the identified outcomes	Includes the special education, related services, supplemental aides and services, modifications, and supports to be provided to help the child make progress and participate in developmentally appropriate activities
Team membership includes: <ul style="list-style-type: none"> ● A parent or parents of the child ● Other family members as requested by the parent ● An advocate or person outside the family, if parent requests that the person participate ● Service coordinator ● A person or persons involved in conducting evaluations and assessments 	Team membership includes: <ul style="list-style-type: none"> ● A parent or parents of the child ● Regular education teacher ● Special education teacher ● A representative of the school district who can commit resources ● A person who can interpret results of the evaluations

EDUCATION

The Education section provides information for the Guam Department of Education, colleges, and universities.

05



ACADEMIA

ABOUT ADA

The American with Disabilities Act (ADA) was enacted in 1990 to prohibit discrimination for those with disabilities in , public activity, education, and more. One aim of the ADA was to make educational institutions more accessible for individuals with disabilities. This aim covers “reasonable accommodations” and includes physical changes to an educational institution’s buildings, including the following:

- Installing accessible doorknobs and hard-ware
- Installing grab bars in bathrooms
- Increasing maneuverability in bathrooms for wheelchairs
- Installing sinks and hand dryers within reach
- Creating accessible parking spaces
- Installing accessible water fountains
- Installing ramps
- Having curb cuts, sidewalks, and entrances that are accessible
- Installing elevators
- Widening door openings

CONTACT

GUAM DEPARTMENT OF EDUCATION

Office

Address: 500 Mariner Ave,
Barrigada, 96913, Guam
Tel: (671) 300-1547

HIGHER EDUCATION INSTITUTIONS

University of Guam

ADA Accommodation Services
Student Counseling & Advising
Services
Student Center Rotunda Office #4
Tel: (671) 735-0277
Fax: (671) 734-2442

Guam Community College

Accommodative Services
Student Services & Administration
Building (Bldg 2000),
Room 2138 or 2139
Tel: (671) 735-5597

Pacific Islands University

172 Kinney’s Road
Mangilao, Guam 96913
Tel: (671) 734-1812
Fax: (671) 734-1813

GEIS

The Guam Early Intervention System (GEIS) is a program designed to coordinate early intervention services for families with children ages birth to three (0-3) that may need services due to a child's developmental delay, disability, or special need.

CONTACT

Tel: (671) 300-5776 / 5816

Website: <https://www.gdoe.net/District/Department/3-Guam-Early-Intervention-Services>

GDOE DIRECTORY

Division of Special Education

Administrative Office	Tel: (671) 300-1322/2293 Email: sped@gdoe.net
Assistive Technology/Speech & Language	Tel: (671) 300-1322/2297
Audiological Services	Tel: (671) 300-2254
Autism	Tel: (671) 300-1322
Compliance Office	Tel: (671) 300-1324/1327
Data Office	Tel: (671) 300-1322
Deaf & Hard of Hearing Program	Tel: (671) 300-1322
Emotionally Disability/Psychological Service	Tel: (671) 300-1322/2298
Guam Early Intervention System (GEIS)	Tel: (671) 300-5776/5816
Occupational Therapy/Physical Therapy/Leisure Education	Tel: (671) 300-1322/2297
Parent Services	Tel: (671) 300-1321/2292
Preschool/Elementary School Programs/Private School	Tel: (671) 300-1322/2294
Transition Services	Tel: (671) 300-1322
Transportation Dispatch	Tel: (671) 300-2292
Vision Services	Tel: (671) 300-2297/1322

Contact Information

Department of Education Programs

Guam Head Start Program

Tel: (671) 475-0484
Fax: (671) 477-1535

Academics & Arts

Tel: (671) 477-0631, (671) 300-5332

Contact Information

CALLENDAR

06

MONTH

SUN

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IF YOU CAN'T FLY, THEN
RUN, IF YOU CAN'T RUN,
THEN WALK, IF YOU CAN'T
WALK, THEN CRAWL, BUT
WHATEVER YOU DO, YOU
HAVE TO KEEP MOVING
FORWARD.

MARTIN LUTHER KING JR.

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“NOW THIS IS THE LAW OF
THE JUNGLE—AS OLD AND
AS TRUE AS THE SKY;
AND THE WOLF THAT SHALL
KEEP IT MAY PROSPER, BUT
THE WOLF THAT SHALL
BREAK IT MUST DIE.
AS THE CREEPER THAT
GIRDLES THE TREE-TRUNK
THE LAW RUNNETH
FORWARD AND BACK—
FOR THE STRENGTH OF THE
PACK IS THE WOLF, AND
THE STRENGTH OF THE
WOLF IS THE PACK.”

—
“THE LAW OF THE WOLVES”, RUDYARD KIPLING

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“I HAVE THE RIGHT TO DO ANYTHING,” YOU SAY – BUT NOT EVERYTHING IS BENEFICIAL. “I HAVE THE RIGHT TO DO ANYTHING” – BUT I WILL NOT BE MASTERED BY ANYTHING.

—
1 CORINTHIANS 6:12



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