The Silver Anniversary of an Historic Day

Editor’s Note:
I always have something to say..... but today, the words of former President George H. W. Bush are much more fitting. This statement is reprinted from The George Bush Presidential Library and Museum Archives at http://bush41library.tamu.edu

Public Papers

Statement on Signing the Americans with Disabilities Act of 1990
1990-07-26

T
day, I am signing S. 933, the “Americans with Disabilities Act of 1990.” In this extraordinary year, we have seen our own Declaration of Independence inspire the march of freedom throughout Eastern Europe. It is altogether fitting that the American people have once again given clear expression to our most basic ideals of freedom and equality. The Americans with Disabilities Act represents the full flowering of our democratic principles, and it gives me great pleasure to sign it into law today.

In 1986, on behalf of President Reagan, I personally accepted a report from the National Council on Disability entitled “Toward Independence.” In that report, the National Council recommended the enactment of comprehensive legislation to ban discrimination against persons with disabilities. The Americans with Disabilities Act (ADA) is such legislation. It promises to open up all aspects of American life to individuals with disabilities -- employment opportunities, government services, public accommodations, transportation, and telecommunications.

This legislation is comprehensive because the barriers faced by individuals with disabilities are wide-ranging. Existing laws and regulations under the Rehabilitation Act of 1973 have been effective with respect to the Federal Government, its contractors, and the recipients of Federal funds. However, they have left broad areas of American life untouched or inadequately addressed. Many of our young people, who have benefited from the equal educational opportunity guaranteed under the Rehabilitation Act and the Education of the Handicapped Act, have found themselves on graduation day still shut out of the mainstream of American life. They have faced persistent discrimination in the workplace and barriers posed by inaccessible public transportation, public accommodations, and telecommunications.

Fears that the ADA is too vague or too costly and will lead to an explosion of litigation are misplaced. The Administration worked closely with the Congress to ensure that, wherever possible, existing language and standards from the Rehabilitation Act were incorporated into the ADA. The Rehabilitation Act standards are already familiar to large segments of the private sector that are either Federal contractors or recipients of Federal funds. Because the Rehabilitation Act was enacted 17 years ago, there is already an extensive body of law interpreting the requirements of that Act. Employers can turn to these interpretations for guidance on how to meet their obligations under the ADA.

The Administration and the Congress have carefully crafted the ADA to give the business community the flexibility to meet the requirements of the Act without incurring undue costs. Cost may be taken into account in determining how an employee is “reasonably accommodated,” whether the removal of a barrier is “readily achievable,” or whether the provision of a particular auxiliary aid would result in an “undue burden.” The ADA’s most rigorous access requirements are reserved for new construction where the added costs of accessible features are minimal in relation to overall construction costs. An elevator exemption is provided for many buildings.

The careful balance struck between the rights of individuals with disabilities and the legitimate interests of business is shown in the various phase-in provisions in the ADA. For example, the employment provisions take effect 2 years from today for employers of 25 or more employees. Four years from today that coverage will be extended to employers with 15 - 24 employees. These phase-in periods and effective dates will permit adequate time for businesses to become acquainted with the ADA’s requirements and to take the necessary steps to achieve compliance.

continued next page
The ADA recognizes the necessity of educating the public about its rights and responsibilities under the Act. Under the ADA, the Attorney General will oversee Government-wide technical assistance activities. The Department of Justice will consult with the Architectural and Transportation Barriers Compliance Board, the Equal Employment Opportunity Commission, the Department of Transportation, the Federal Communications Commission, the National Council on Disability, and the President's Committee on Employment of People with Disabilities, among others, in the effort. We will involve trade associations, advocacy groups, and other similar organizations that have existing lines of communications with covered entities and persons with disabilities. The participation of these organizations is a key element in assuring the success of the technical assistance effort.

In signing this landmark bill, I pledge the full support of my Administration for the Americans with Disabilities Act. It is a great honor to preside over the implementation of the responsibilities conferred on the executive branch by this Act. I pledge that we will fulfill those responsibilities efficiently and vigorously.

The Americans with Disabilities Act presents us all with an historic opportunity. It signals the end to the unjustified segregation and exclusion of persons with disabilities from the mainstream of American life. As the Declaration of Independence has been a beacon for people all over the world seeking freedom, it is my hope that the Americans with Disabilities Act will likewise come to be a model for the choices and opportunities of future generations around the world.

George Bush

Note: S. 933, approved July 26, was assigned Public Law No. 101 - 336.

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Look for the next issue of allAbilities Celebration Connection to be posted during the month of October, 2015. Send us story ideas, interesting links, and events.
We can’t do it without you! Questions? Comments?
Use the CONTACT US form at www.celebratingspecialchildren.org
The Mid-Atlantic ADA Center provides information, guidance and training on the Americans with Disabilities Act (ADA), tailored to meet the needs of businesses, government entities, organizations, and individuals in the Mid-Atlantic Region (DC, DE, MD, PA, VA, and WV). If you are outside of this area, please visit the ADA National Network website to locate your regional center.

We are part of the ADA National Network (link is external), which consists of ten regional centers located throughout the United States that provide personalized assistance to educate the public about the ADA. We are not an enforcement or regulatory agency, but a helpful resource for obtaining information and guidance on compliance with the requirements of the ADA.

For information, visit www.adainfo.org
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**Completed**

**Featuring Representatives From:**
- Department of the Treasury
- Virginia 529 College Savings Plan
- The Arc
- Autism Speaks
- National Down Syndrome Society
- Social Security Administration
- Bipartisan Policy Center
- National Disability Institute
- Administration for Community Living,
- U.S. Department of Health and Human Services

All sessions moderated by Michael Morris,
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Register today at http://www.servicesource.org/ada25
For Immediate Release: June 19, 2015

Contacts:
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• Virginia Department of Housing and Community Development: Amanda Pearson, (804) 840-0129, amanda.pearson@dhcd.virginia.gov
• Virginia Housing Development Authority: Brian Matt, (804) 343-5520, brian.matt@vhda.com

Governor McAuliffe today announced the launch of a 100-day challenge to kick off the Commonwealth’s Housing and Supportive Services (HSS) initiative to increase integrated, independent housing options for people with an intellectual or developmental disability in the Northern Virginia, Hampton Roads and Richmond regions.

“Virginia is committed to providing more housing options for people with intellectual or developmental disabilities who desire to live in a home of their own,” said Governor McAuliffe. “The Commonwealth is making a purposeful shift away from using institutional settings, and helping individuals and their guardians choose where to live, how to live and with whom to live.”

With the help of HSS, teams from the three regions involved in the challenge are working to develop a set of goals that they can reach within the 100 days of the challenge.

“The implementation of the Olmstead Community Integration Plan, which is a priority of the state’s housing policy, seeks to expand community living options for people with disabilities, which is at the heart of this initiative,” said Secretary of Health and Human Resources Bill Hazel. “The planning and implementation efforts of these regional teams will provide an increasing number of community-based independent and integrated housing opportunities to these individuals.”

“Our talent is our most important asset, and we owe that talent the infrastructure necessary for them to be their best,” said Secretary of Commerce and Trade Maurice Jones. “High-quality, affordable housing in our communities is essential for those residents with intellectual and physical disabilities to live and thrive.”

At the conclusion of the 100-day challenge in October, all the teams will meet again to share their accomplishments and plan the next steps with state leaders and other community teams to keep this initiative moving forward.

For more information about the HSS Initiative, visit www.vahss.org.
10 Types Of Recreational Therapy That Can Improve Quality Of Life

Recreational therapy is based on the idea of increasing a person’s independence and ability to function through participation in creative arts, dance, sports, adventure programs and puzzles or logic games. It is a holistic approach to wellness.

According to the American Therapeutic Recreation Association, recreational therapy “aims to improve an individual’s functioning and keep them as active, healthy and independent as possible in their chosen life pursuits.” In most cases, these goals are accomplished by combining a person’s speech, fine motor or gross motor goals with community involvement, while engaging in the person’s preferred interests.

1. Therapeutic Horseback Riding – Hippotherapy
Learning how to ride a horse challenges multiple muscle groups, provides tactile and vestibular sensory input and increases a person’s awareness of social and environmental cues.

Therapeutic horseback riding involves individualized riding instruction with specific therapeutic goals, along with lessons in safety and grooming to nurture the relationship between a person and a horse. Because some therapeutic riding centers are non-profit organizations, the cost is often subsidized. To find a riding center in Virginia, visit www.pathintl.org/path-intl-centers/find-center

Hippotherapy is another type of equine therapy with a specially trained horse and rehabilitation therapist. The therapy sessions use the natural movements of the horse as a treatment for physical therapy, occupational therapy and speech therapy goals. A physician’s prescription is usually required for hippotherapy, and hippotherapists are licensed in another field such as psychology, social work, speech pathology, occupational therapy or physical therapy. For more information, contact American Hippotherapy Association at www.americanhippotherapyassociation.org.

Editor’s Note: Thanks to the Special Needs Resources tab of www.friendshipcircle.org/blog for the above information, some of which was modified slightly for readers in Virginia.
2. Adaptive Swimming
Swimming is probably the most popular form of recreational therapy, because of the emphasis on safety, benefits for sensory integration, accessibility and opportunity for a vigorous, low-impact workout. Many cities offer adaptive swimming lessons through the parks and recreation department, and private one-on-one lessons for all abilities are available at most public pools.

Before signing up for lessons, it might be helpful to find out if it has a wheelchair lift or zero-depth entrance and what the typical pool temperature is.

See article on Adapted Swimming on page 9.

3. Miracle League
The Miracle League gives children and young adults with disabilities the chance to learn how to play baseball. There are more than 250 Miracle League organizations in the USA, Puerto Rico, Canada and Australia. Many local organizations have accessible fields for both competitive and non-competitive leagues. To find the closest Miracle League to you please contact The Miracle League website at http://www.themiracleleague.net/find-a-miracle-league/ or Corporate office; Stephanie Davis Stephanie@miracleleague.com or 770-760-1933

Photo Credit: Miracle League of Richmond
www.miracleleagueofrichmond.com/about_gallery.html

4. Special Olympics
The Special Olympics is an international sports organization for children and adults with intellectual disabilities. Each local organization has volunteer coaches for several seasonal sports leading up to regional and national competitions in the winter and summer. To find a program near you, visit http://specialolympicsva.org/who-we-are/find-special-olympics-near-you

Photo Credit: Special Olympics, Virginia
http://specialolympicsva.org/sports/our-sports/basketball

5. Art therapy
An art therapist is a mental health professional who uses an individual’s innate creativity, usually in the visual arts, to develop social skills and self awareness and to manage behavior and emotional conflicts. The American Art Therapy Association (http://arttherapy.org) explains, “A goal in art therapy is to improve or restore a client’s functioning and his or her sense of personal well-being. During individual and/or group sessions art therapists elicit their clients’ inherent capacity for art making to enhance their physical, mental, and emotional well-being.” Visit the Virginia Chapter at www.vaarttherapy.org

Virginia also has an affiliate of the VSA, the international organization on arts and disability, founded more than 35 years ago by Ambassador Jean Kennedy Smith to provide arts and education opportunities for people with disabilities and increase access to the arts for all. Each year, 7 million people of all ages and abilities participate in VSA programs, in every aspect of the arts – from visual arts, performing arts, to the literary arts.

Four principles guide VSA programs and affiliates:
Every young person with a disability deserves access to high quality arts learning experiences.
All artists in schools and art educators should be prepared to include students with disabilities in their instruction.
All children, youth, and adults with disabilities should have complete access to cultural facilities and activities.
All individuals with disabilities who aspire to careers in the arts should have the opportunity to develop appropriate skills.

For more information, visit www.kennedy-center.org/education/vsa/affiliates/

continued next page
6. Music Therapy
As defined on the The American Music Therapy Association website at www.musictherapy.org, "music therapy is an established health profession in which music is used within a therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals. After assessing the strengths and needs of each client, the qualified music therapist provides the indicated treatment including creating, singing, moving to, and/or listening to music. Through musical involvement in the therapeutic context, clients' abilities are strengthened and transferred to other areas of their lives. Music therapy also provides avenues for communication that can be helpful to those who find it difficult to express themselves in words. Research in music therapy supports its effectiveness in many areas such as: overall physical rehabilitation and facilitating movement, increasing people's motivation to become engaged in their treatment, providing emotional support for clients and their families, and providing an outlet for expression of feelings."
Search www.musictherapy.org to help you find a local music therapist.

7. Animal Assisted Therapy
The internet is full of examples and personal stories and images of how animals and pets have a beneficial effect on children and adults with a variety of issues.

As noted on Paws for People www.pawsforpeople.org, among the many benefits listed include:
• Lifting spirits and lessening depression
• Lowering Anxiety
• Decreasing Feelings Of Isolation And Alienation
• Encouraging Communication
• Providing Comfort
• Increasing Socialization
• Reducing Boredom
• Helping Children Overcome Speech And Emotional Disorders
• Creating Motivation For The Client To Recover Faster
• Reducing Loneliness

For Virginia based animal therapy resources see the Service and Therapy Animals section of the Community Resources page of Celebrating Special Children at www.celebratingspecialchildren.org/main/community-resources

8. Vision therapy
Vision is a complex process that coordinates muscles, cognition and perception. Difficulty with visual motor control can lead to problems with reading, learning and executive function skills. Vision therapy, under the guidance of a developmental optometrist, can help remediate visual motor skills.

Vision therapy exercises include mazes, red/green glasses, prism glasses, logic games, reading comprehension exercises, optical illusions and brain teaser games and other activities that challenge a person to understand and follow what they are seeing.

9. Dance
Dance and creative movement provide physical challenges in a structured, supportive environment for sensory integration. The intimate connection with music often makes dance feel less like exercise or physical therapy and more like leisure.

10. Adventure programs
This type of recreational therapy has been in existence since the early 1900s. Wikipedia provides a history (wit citations) of the use, growth and value of adventure therapy over time. In Virginia, Therapeutic Adventures offers valuable programs and services to help individuals and their families learn new ways to address and overcome the challenges associated with physical and developmental disabilities, chronic health impairments and other special health needs.

Photo Credit: Autism Service Dogs of America
http://autismservicedogsandamerica.com

Photo Credit: Virginia Vision Therapy Center
http://virginiavisiontherapycenter.com

Photo Credit: National Endowment for the Arts
http://arts.gov

Photo Credit: Therapeutic Adventures
Charlottesville, Virginia
www.taonline.org
S

pending time in a swimming pool feels great—especially on a hot summer day. If learning to swim is the goal, don't be afraid to get in the water all year round. For people with disabilities, any type of water exercise encourages moving more. The water acts as support while instructors and volunteers coach. Excitement builds as students learn and improve water safety skills, basic strokes, and performance. Confidence increases over time. Physical or emotional pain and stress go away while pushing through the water. Some people might even see their competitive edge return. Whether at recreation or community centers, private pools, or swimming pools at local high schools and colleges, options are available.

The award-winning adapted aquatics program of the Fairfax County Park Authority in Fairfax, Virginia has existed since the 1980s. Originally offered at only one recreation center, the program now offers public and private adaptive aquatics classes for all ages at nine recreation centers throughout the county. For the public classes, each student is matched with a volunteer to work on individual skills. Each pool conforms to ADA guidelines and has a ramp as a primary means of access. Pool wheelchairs are available, and individuals, along with family members or helpers, are expected to complete transfers. All centers share one Hoyer lift for those who need it.

“We have students ranging in age from 6 months to adult. Some people with disabilities swim on their own, and others swim regularly with their families,” says LeeAnn David, aquatics director. “We also have various water exercise classes in addition to swimming. All classes are on a year-round, schedule lasting from six to ten weeks and usually meet once a week for 45 minutes.” David encourages people to give swimming a try regardless of their level of expertise. “Swimming helps build endurance, develop muscles and improve balance,” she says.

“Many students enjoy the social aspects,” David estimates that more than 700 students are in the adapted swim program. David says the best way to prepare children for swimming lessons is to get them used to the pool environment, its rules, and water safety. If possible, go swimming as a family. For adults new to the water or who have been away a long time, bring someone with you to help you get re-acclimated, and start slowly. Kickboards, noodles and barbells are used in the water if needed.

“We in the ADA office are always available to consult about which class would best meet your needs and any questions or concerns you have,” David says. “We can discuss your goals and capabilities. Once you’re in the water, we can assess your level of function and safety. For some, inclusive settings provide the least restrictive environment and serve as the most appropriate for their needs. The ADA Office number is 703-324-8563.”

The other important members of an adapted swim class are the volunteers who coach the students at a 2-to-1 ratio. They train with and shadow certified instructors, attend sessions with guest speakers, and complete online curricula. “The relationship between students and volunteers sets our program apart,” David says.

In addition to swimming, the Fairfax County Park Authority also offers classes in kayaking, fishing, roller-skating and gymnastics that specifically target school-age customers with disabilities.

At the Jewish Community Center of Northern Virginia in Fairfax, children and adults can participate in private lessons of adapted aquatics. JCC’s program specializes in working with young people who have high-functioning autism, sensory integration disorders and learning disabilities. In a series of 30-minute lessons, in an ADA-compliant pool, students work on specific strokes and their own goals for swimming.

“There’s no question that everyone, regardless of age, loves the water,” says Teo Albu, the Health, Fitness & Aquatics Associate Director at JCC, who says that the Center’s entire special needs program is thriving.

“All formal lessons are for 30 minutes, and 15 minutes of unstructured time in the water follows. For adapted aquatics, our goal is to eventually move students into regular classes when they have mastered skills and water safety. If they wish, we also want them to have opportunities on the swim team,” Albu says.

Some students have been involved with the program a long time, Albu says. “We recently saw a former student who had moved to South Korea a while ago,” she says. On a visit back to the US, he came by to see us because we meant a lot to him.”

Albu eventually would like to add a heated therapeutic pool for people who have physical disabilities. “Swimming is one of the best exercises because you are exercising all your muscles,” she says. “The more opportunities you have to swim, it may become a lifetime sport.”

Resources
- Fairfax County Park Authority: www.fairfaxcounty.gov/parks
- ParkTakes: (Also in print.) www.fairfaxcounty.gov/parks/parktakers
- Jewish Community Center of Northern Virginia: www.jccnv.org/aquatics-center/customized-aquatics
- See also www.adaptedaquatics.org from the University of Texas at Brownsville

Carrie Smoot is a Northern Virginia freelance writer.
The following suggestions are the top ten ideas PEATC and a panel of experts has developed in response to the question, “What is the most important thing people need to know about transition?” We hope this list encourages families, students, and transition professionals as they work toward the successful transition of youth with disabilities.

1) Start Early
As soon as students are identified as having a need for service, people need to look ahead. At the moment, he may have none on his own; this is where our dreams, as families and caregivers, begin until our children can begin to dream on their own. Establishing good relationships with caring adults early on will aid in more effective transitions down the road.

2) Use a Common Language
What is a diploma? What is an assessment? For different agencies, these mean different things. When looking at the maze of transition possibilities, it is confusing enough without the “language barrier.” Building a foundation of common language and making sure that all understand the words being used will help to ease understanding of roles, reviews and responsibilities.

3) Ask questions. Then ask them again! (Continual Self Assessments)
While Virginia requires a formal organized approach to transition be in place by age 14, it is never too early to start planning. It is important to remember there are a number of diploma options. Decisions about diplomas are often made before a student goes to high school. Yet, the discussion about where a student is headed is not a one-time deal. Though students may not know where they want to go in the future, the adults in their world need to help direct them to academic outcomes that are both ambitious and realistic. On an ongoing basis, key adults support students as they conduct their own reality checks about their futures. Encourage the student to take the lead on this discussion. These continual assessments empower students to build self-determination skills, enabling them to move forward with confidence.

4) Be clear on Entitlement vs. Eligibility
The lines between Entitlement and Eligibility can be confusing. Students, who are eligible for services under IDEA, are entitled to a free appropriate public education (FAPE). This is the most profound entitlement afforded to children in our nation. However, once students leave the safety net of IDEA-funded services, accessing publicly funded adult services may be elusive. Though young adults may be found eligible for services under the requirements of adult serving agencies, there is no entitlement provision mandating those services be provided. “Eligibility” does not equate actual “availability” of service. Many services have waiting lists and limited funding streams.

5) Find out what exists and what doesn’t exist
Parents need to be savvy about what help will be there when IDEA services end. When we look honestly at services to help facilitate a smooth transition into life for our children, there may be gaps. There is not much we can do individually to ensure community services are funded. So make sure the student is acquiring skills that will carry into adulthood, while still in school.

6) Is transition a time of crisis or opportunity?
Transitioning from high school is a time of great opportunity for a young person. It is a time to explore strengths and interests and begin to piece together a life that enhances personal fulfillment, while contributing to the greater good of society. Transition is a time of terrific change and unknown growth for the whole family. Fear of the
unknown may make parents reluctant participants in the process, but transitioning youth with disabilities need encouragement to seek post-secondary education, or apply for a job, or even dream of a future that is independent from their family.

7) Take a look at what has worked (and what hasn’t)
Met with the obstacle of providing positive experiences for their children in transition, many parents and educators have created incredible opportunities for skill acquisition and life preparation. Looking into examples of what has worked in your own child’s school career and what has worked for adults with disabilities currently living in your community may be the key to opening doors for successful transitions to life. What successes has he or she accomplished in school and life? How can we blend those successes with practical experiences to create a foundation of knowledge and skill development to successfully transition to adult life?

8) Redefine the concept of seamless transitions
The ability to transfer experience and information from one place to another without any “hitches” seems unachievable. For students with disabilities who are in the transition process there are some things we can do to ease the way.

9) View families as assets
Families are valuable members of the team having the most fundamental information about their youth with disabilities. Families motivate and encourage their children to become self-advocates and directors of their own futures. Until the youth with disabilities learns how to take the lead, families are THE experts on their youth with disabilities. Their active involvement can make the difference between success and failure.

10) Youth with disabilities are not the only ones who are in transition
As I stood at my oldest son’s high school graduation, a film reel of flashbacks ran rampant through my mind. Who was this young man standing where my little boy should be? My role changed that day and it is an adjustment. He is taking the reins and I am learning how to let go. Parents may only see a child though they are peering into the face of a young adult. Though acceptance may come easily to some parents it may take a lifetime for others. Transition is a time of change for the whole family.

For more detailed info by state, visit www2.ed.gov/fund/data/report/idea/partbspap/allyears.html
Creating Individual Comebacks After Stroke

by Carrie Smoot

When visitors arrive at The Stroke Comeback Center in Vienna, Virginia, they may feel a little shy at first. But almost immediately, the welcoming environment makes everyone feel at ease. People stop and say hello, and the hum of conversation is inviting. The waiting room, with comfortable chairs arranged in conversation pits, is intended to be as inviting as someone’s living room. Along with pictures, a wall poster reminds people: “There’s no stop sign on the road to success.”

It’s a busy organization. Monday through Thursday, from about 10:00 a.m. to 4:30 p.m., people in more than forty peer groups work on specific skill sets with speech therapists. Group topics include discussing current events, or working on cognition, speech therapy, listening, conversation practice, discussions, reading and writing, and more. Book clubs are also offered. All members determine their own goals. Occasionally, guest speakers will address the group. At the dance studio next door, other members enjoy the Fun and Fitness class.

The Stroke Comeback Center offers technology opportunities, including computer applications and software. If someone doesn’t already have an iPad or other tablet device, he or she can try it out in the computer lab. Students have the option of working alone or with a mentor.

“Although the brain is constantly healing itself, recovery can take months or years—and some injury will still remain throughout a person’s life.”

Williamson pauses to reflect. She’s thrilled that the Center celebrated its tenth year in 2014. She’s looking ahead to adding more cognition classes, at members’ requests. She’s happy about the variety of classes.

“However, we are the only center of its kind in the Mid-Atlantic region, and one of only six in the nation,” Williamson says. “That’s a shame, because people need these services. “Even young people can suffer strokes—the interruption of blood flow to the brain. Depending on where the injury occurs, it affects movement, communication, or both. Stroke changes a person in profound ways. Many people have aphasia—difficulty with language while having normal intellect. Problems with memory, sequencing, and multitasking fall under cognition.

“Although the brain is constantly healing itself, recovery can take months or years—and some injury will still remain throughout a person’s life.”

Williamson points out that strokes also profoundly affect caregivers and family members. That’s why the Center offers groups and workshops for family, friends and caregivers.

“I spent much of my career as a speech-language pathologist in a hospital setting,” Williamson recalls. “I dreaded the last day with my clients. That was the time that insurance would no longer pay for sessions, and the person would have to continue working on their challenges at home. Clients and their family members would ask ‘What now?’ in bewilderment and fear. The Stroke Comeback Center is my answer to ‘What now?’ ”

Randy Kernus, 55, has been a member of the Center since January of 2012. His stroke happened on May 19, 2011.
“It left my ability to walk and move intact, but I had to learn how to read, write, and talk all over again,” he says, stopping periodically to recall a word or phrase. His iPad, Smartphone, Google, and YouTube all help him figure out concepts he finds difficult. He’s enjoying Gabby, the biography of former congresswoman Gabby Giffords, written by her husband, Mark Kelly.

“But reading is very slow when you have trouble recognizing words and their meanings,” he says. “It takes a lot of patience.”

“In the early days, I couldn’t understand what was happening to me. I was very frustrated,” he recalls. “I was in and out of hospitals and saw various speech therapists and other professionals.” He says it took some time to put everything together.

“When I first came here, I was really quiet,” he says. “But everyone talked to me and was so encouraging that it got easier to speak, and I felt more confident. I also began writing. An essay I wrote about my stroke took seven weeks to finish. I sent it off to NPR and forgot about it. I was very happy to see that it was published.” Kernus wants to do more writing and share his experiences. He says he would like to become a motivational speaker.

Kernus is the Center’s jack-of-all-trades volunteer. ‘I do anything people want me to do—including taking out the trash,” he says. He enjoys the fitness class, and he’s mentored other people while they work to restore the movements they want to regain.

“I’m glad that I can still be a 5K runner,” he says, recalling one of his favorite hobbies. A baseball fan, he enjoyed a recent Nationals game that was a Center fund-raiser. Now, he’s learning to cook, and he’s enjoying painting.

“Living successfully doesn’t mean that you learn a certain number of words correctly,” Williamson says. “It’s about living the rest of your life as fully as you can.”

To Find Out More:
The Stroke Comeback Center
145 Park Street, SE
Vienna, VA  22180
(703) 255-5221
info@strokecomebackcenter.org
www.strokecomebackcenter.org

Carrie Smoot is a Northern Virginia freelance writer.

Upcoming Events to Benefit The Stroke Comeback Center:

- **September 16, 2015 ~**
  **Kilikie Classic Golf Tournament**
Raspberry Falls Park in Leesburg, Virginia • www.raspberryfalls.com
Please plan to arrive early to check in. We will tee off promptly at 9:00am. The event will include a 4-person Shotgun start, drinks and snacks a round the course, catered lunch and awards reception following the golf. If you would like to practice your swing they have a range, so you can do so before you tee off.

- **October 29, 2015 ~**
  **World Stroke Day**
The Center will host a lunch fund-raiser at the Westwood Country Club in Vienna. There will be a fashion show and an opportunity to bid on designer handbags being auctioned. For more information as the date approaches, visit www.strokecomebackcenter.org

Communication Tips from Darlene Williamson:

1. Be a good listener. Don't interrupt the person or fill in words for them.
2. Restate what you heard to ensure correctness.
3. If the person asks for help with a word, it's okay to assist him or her.
4. Sometimes it's easier for stroke survivors to write things down rather than say them. Always carry a pen and paper, which is good advice for everyone.

Carrie Smoot is a Northern Virginia freelance writer.
Editor's Note: This is a fabulous site loaded with useful information ~ Enjoy!

www.thinkcollege.net

Find a College
Find and compare information about college programs for students with intellectual disabilities! Click "Start Your Search" to customize your options, or "View All Programs" to view all college programs included here. If you are searching for a specific program, click on "Find Your Program" and type in the program name.

www.thinkcollege.net/databases/programs-database

Search the Think College Resource Library
The Think College Resource Library includes journal articles, briefs, tools and other resources for those developing or enhancing college options for people with intellectual disabilities. Choose search topics to refine your search, or select Browse All to see all items. If you would like to contribute a resource to the Resources Library, click the "Contribute a Resource" link.

www.thinkcollege.net/resources-database

What's Happening in Your State
In a growing number of states across the country, there are state level activities, with collaborative groups of key stakeholders working together to promote postsecondary education for students with intellectual disabilities statewide. Many of these efforts have resulted in websites that pull together information that activities and a link to see the college programs in each state is also provided.

www.thinkcollege.net/whats-happening-in-your-state

For Students
- Why Go to College? Hear from college students with disabilities about why they think college is important.
- Advice from College Students ~ Students who have gone to college share their advice on a variety of subjects.
- Think College Island ~ A place for middle school students to start thinking about and planning for college.

www.thinkcollege.net/for-students
Editor’s Note:
_This information is reprinted with thanks. See much more, including links to citations at www.supporteddecisionmaking.org_

**In Virginia**

**Adult Guardianship Statute:** Va. Code Ann. §§ 64.2-2000 to -2120

**Right to Counsel in Statute: Initial Guardianship Proceedings:** Yes

**Right to Counsel in Statute: Post-Appointment Guardianship Proceedings:** Not stated

**Right to Counsel Statutory Citation:** Va. Code Ann. § 64.2-2006

**Right to Counsel Definition in Statute:**
Express statutory right to counsel only in context of initial guardianship proceedings. “The respondent has the right to be represented by counsel of the respondent's choice. If the respondent is not represented by counsel, the court may appoint legal counsel upon the filing of the petition or at any time prior to the entry of the order upon request of the respondent or the guardian ad litem, if the court determines that counsel is needed to protect the respondent's interest.” Va. Code Ann. § 64.2-2006. But see Va. Code Ann. § 64.2-2012(B) (“Upon the filing of any other petition for restoration, modification, or termination] or upon the motion of the court, and after reasonable notice to the incapacitated person, . . . any attorney of record, [and others] , the court shall hold a hearing”; -2012(D) (“The court may allow reasonable compensation from the estate of the incapacitated person to any guardian ad litem, attorney, or evaluator appointed pursuant to this section.)

**Advocacy Role of Counsel Defined in Statute:** Not stated

**Professional Rules &/or Ethics Opinions:**
VARPC Rule 1.14-“(a) When a client's capacity to make adequately considered decisions in connection with a representation is diminished, whether because of minority, mental impairment or for some other reason, the lawyer shall, as far as reasonably possible, maintain a normal client-lawyer relationship with the client. (b) When the lawyer reasonably believes that the client has diminished capacity, is at risk of substantial physical, financial, or other harm unless action is taken and cannot adequately act in the client's own interest, the lawyer may take reasonably necessary protective action, including consulting with individuals or entities that have the ability to take action to protect the client, and in appropriate cases, seeking the appointment of a guardian ad litem, conservator or guardian.

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**About the National Resource Center for Supported Decision-Making**

The National Resource Center for Supported Decision-Making (NRC-SDM) builds on and extends the work of Quality Trust's Jenny Hatch Justice Project by bringing together vast and varied partners to ensure that input is obtained from all relevant stakeholder groups including older adults, people with intellectual and developmental disabilities (I/DD), family members, advocates, professionals and providers. The NRC-SDM partners bring nationally recognized expertise and leadership on SDM, representing the interests of and receiving input from thousands of older adults and people with I/DD. They have applied SDM in groundbreaking legal cases, developed evidence-based outcome measures, successfully advocated for changes in law, policy and practice to increase self-determination and demonstrated SDM to be a valid, less-restrictive alternative to guardianship.

[www.supporteddecisionmaking.org/about](http://www.supporteddecisionmaking.org/about)
Losing Sight, Finding Vision: Thriving Throughout Life’s Lasting Losses grabs readers’ attention the most when they spend time in reflection and try to make sense of changes in their lives. Taking things one day at a time is the only way to get through them.

The author, Sheridan Gates, is a local management consultant, executive coach, trainer, and facilitator. She relates her experiences with Stargardt’s disease, a form of macular degeneration. Over the years, her eyesight has worsened. That brought about necessary adjustments, such as resigning from a job and giving up driving.

Gates especially wants readers to know that they are not alone in their challenges. Even if readers haven’t experienced vision loss, they can relate to her feelings of initial anger, sadness, grief, and eventual acceptance. Like most of us, she does not want to be identified solely by her disability. Gates describes herself as independent, but accepts that occasionally she has to ask for help. In the beginning, she found herself frequently analyzing how others responded to her. She aimed for perfection, all the while fighting feelings of “not good enough” and a lack of confidence. She, too, struggled with the decision to apply for disability benefits. “What do I do now?” was met with fear at first, rather than excitement and asking, “What’s next?” For a while, Gates avoided low-vision support groups. But when she was ready for them, she found they were a valuable resource.

Gates began working at age 14—at the local Baskin-Robbins ice cream store. She has always seen herself as a worker and wants to continue meaningful work. Building a life apart from a career is equally important to her. Having to give up driving meant that she had to give a position in sales of investment products. At 29, it was time to consider a new career. After enjoying a “retirement trip” to Australia, Gates came home and started planning for the next stage of her life. Using informational interviewing, What Color Is Your Parachute? and other career exploration methods helped her recognize a love for teaching, training, and guiding others, which led to a masters in organizational development and a job with a consulting firm.

Throughout her personal journey, Gates tries to see lots of
possibilities instead of limiting herself, which sometimes slows decision-making. Whatever the situation, she has learned to trust her intuition more and seeks out guidance from people when she needs it. Readers will also relate to her on-the-job experiences—including asking for reasonable accommodations and equipment, dealing with co-workers, challenging herself, and building a work-life balance. Gates was also not afraid to reflect deeply on her work performance and ask for honest and direct feedback. Eventually, she started her own firm.

At 169 pages, Losing Sight, Finding Vision appears to be a quick, comfortable read. It is written in Helvetica type with extra-wide line spacing. Those who are drawn to it will get the most out of it by getting a blank notebook and pen and spending a chapter a day answering the questions and completing the exercises in depth. Use your preferred journaling method. These activities can be done alone or in pairs or groups. The overarching theme? “What would fully thriving look like for me?” Readers learn about maintaining health and wellness, centering oneself, and being kind and compassionate toward themselves and others. The resource list invites more investigation.


Carrie Smoot is a Northern Virginia writer
**College Countdown: An 8-Week Plan to Get Ready**

**Editor’s Note:**
My thanks to UNDERSTOOD.org for this fact sheet. Though we are now closer than eight weeks to the start of school, it’s my hope that this will still be useful. I plan to print it again next year in April. Visit www.understood.org to download the pages.

**About Understood** (Excerpted from website)

Understood began with a dream to give parents access to the kind of resources usually only available to a few; 15 non-profits came together to make that dream a reality.

We did extensive research with more than 2,200 parents. They told us what they needed—from the kinds of tools that would help them navigate everyday challenges to the information they simply couldn’t find anywhere else. They shared their preferences, including the terms they feel comfortable using to describe their child’s issues. This valuable research has guided our decision-making every step of the way.

With the results of the research in mind, our team of experts worked with Understood editors and designers to create more than 1,600 articles, “deep dives,” decision guides, quizzes, slideshows, tips and more. We also developed first-of-their-kind tools like Through Your Child’s Eyes, Parenting Coach, Tech Finder and Decision Guide—and more to come.

Knowing that parents have busy lives, we designed Understood to work equally well on computer, tablet and smartphone, using the best techniques for people with learning and attention issues. The end result is what you see today: an innovative digital resource where parents can come to understand and feel understood.

In collaboration with the other 14 founding nonprofit organizations listed below, the National Center for Learning Disabilities operate and manage Understood. In order to ensure total objectivity of the information we offer, Understood is not—and never will be—affiliated with any pharmaceutical company.

**Week 1**

<table>
<thead>
<tr>
<th>Sunday</th>
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<tr>
<td>Congratulate your child (and yourself!) for a job well done!</td>
<td>Schedule any necessary doctor visits for your child. Look over the health forms and see what the college requires.</td>
<td>Get your child’s records from the high school, including all testing and evaluations.</td>
<td>Have your child make sure her high school sent a final transcript to the college.</td>
<td>Fill out the required health forms and get your child’s immunization records ready to send to the college.</td>
<td></td>
<td>Look at the orientation schedule together for a club/orientation fair. Check with the office of student activities.</td>
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**Week 2**

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<th>Sunday</th>
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<tbody>
<tr>
<td>See if your child has connected with the school’s social networks. It can help a new student feel like a part of the school community.</td>
<td>Have your child check all the deadlines on the college website and add them to her calendar. (You can do the same.)</td>
<td>Have your child make an appointment with the college’s office of disability services. At this meeting, your child can discuss needs and accommodations, get to know the staff and ask questions.</td>
<td>Make sure all accommodations your child may want in college are named in her high school evaluation.</td>
<td>Check that you have documentation confirming your child’s diagnoses within the past three years.</td>
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</tbody>
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**About the Website**

- Benetech—http://benetech.org
- CAST—www.cast.org
- Child Mind Institute—www.childmind.org
- Common Sense Media—www.commonsensemedia.org
- Emily Hall Tremaine Foundation www.tremainefoundation.org
- Eye to Eye www.eyeteyenanational.org
- GreatSchools www.greatschools.org
- Learning Disabilities Association of America http://ldaamerica.org
- National Center for Learning Disabilities www.ncld.org
- New Profit newprofit.com
- Oak Foundation www.oakfnd.org
- Reading Rockets www.readingrockets.org
- Parents Education Network http://parentseducationnetwork.org
- Poses Family Foundation website not listed
- The Peter and Elizabeth C. Tower Foundation www.thetowerfoundation.org
### Week 3
- **Monday:** Look through the course catalog together. What kinds of classes would your child like to take? What are the requirements?
- **Tuesday:** Have your child create a packing list to help you shop. Check the college website for restrictions or guidelines.
- **Wednesday:** Think about a potential schedule of courses with times that work best for your child. Balance courses that involve reading, writing and math, especially if your child has a learning issue in a certain area.
- **Thursday:** Walk through the school’s student portal. Make sure your child knows how to get messages, check grades, etc.
- **Friday:** Has the college given a summer assignment? Help your child make a plan for completing it.
- **Saturday:** Review the course catalog together. Note key places like the tutoring center and the registrar’s office. Visit them in person on the first day on campus.

<table>
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### Week 4
- **Monday:** Ask your child’s doctor about medications and timing.
- **Tuesday:** Ask the school’s health center where your child should get prescriptions filled.
- **Wednesday:** Has your child contacted her roommate yet? This can kick-start their friendship. And it can reduce any packing overlap.
- **Thursday:** Make sure your child has kept up with housing and dining deadlines. Did she choose a room and pick a meal plan?
- **Friday:** Has the college given a summer assignment? Help your child make a plan for completing it.
- **Saturday:** Brainstorm ways to battle stress at school. How does your child manage it at home? How might that change on campus?

### Week 5
- **Monday:** Talk about electronic upgrades your child may need: computer; tablet; cell phone. Find out what technology is available to students on campus.
- **Tuesday:** Discuss the consequences of risky campus behavior. Review the school alcohol and drug policies.
- **Wednesday:** Go with your child to open a bank account. Consider a debit card for expenses and a credit card for emergencies.
- **Thursday:** Don’t assume your child will know what counts as an “emergency.” Agree on what kinds of things the credit card can be used for.
- **Friday:** Who can your child turn to on campus for academic help? What about a fight with a roommate? Or a computer crash? Brainstorm campus supports.
- **Saturday:** Discuss self-advocacy. How will your child disclose learning and attention issues to new friends or professors? Practice those conversations.

### Week 6
- **Monday:** Make sure your child understands and has easy access to all medical insurance information.
- **Tuesday:** Have your child give written permission for you to talk to doctors, professors and the office of disability services.
- **Wednesday:** Talk about safety. Know the schedule and availability of campus transportation and escorts.
- **Thursday:** Have your child start packing, checking off items on the list she already made.
- **Friday:** Discuss dating and sex. Talk about how relationships in college might be different from those in high school. Both boys and girls need to understand the idea of consent.
- **Saturday:** Have your child create a contact list of on-campus resources: writing center, mentoring program, etc. Consider scheduling appointments now for the first week of school.

### Week 7
- **Monday:** Have your child create a contact list of on-campus resources: writing center, mentoring program, etc.
- **Tuesday:** Find out what the campus bookstore sells besides books. Where else can your child shop for class supplies or toothpaste?
- **Wednesday:** No cars for first-year students? How will your child get around campus? Or back home? Research public transit and ride-sharing boards.
- **Thursday:** What assistive technology is available on campus? Check the web page for the office of disability services.
- **Friday:** Have your child create a packing list to help you shop. Check the college website for restrictions or guidelines.
- **Saturday:** Review the campus map together. Note key places like the tutoring center and the registrar’s office. Visit them in person on the first day on campus.

### Week 8
- **Monday:** Discuss different strategies for studying, note-taking and staying organized.
- **Tuesday:** Together, make sure everything is packed and that your child has all the necessary supplies.
- **Wednesday:** Talk about how you’ll keep in touch with one another. Plan when your child will come home for visits.
- **Thursday:** Tell your child how much you love her and how excited you are for her to start this great new adventure!
- **Friday:** Have your child create a packing list to help you shop. Check the college website for restrictions or guidelines.
- **Saturday:** Review the campus map together. Note key places like the tutoring center and the registrar’s office. Visit them in person on the first day on campus.
Editor’s note:
The topics and links below are a very small sampling from many resources to be found on the Got Transition/Center for Health Care Transition website, which is a cooperative agreement between the Maternal and Child Health Bureau and The National Alliance to Advance Adolescent Health. Aim is to improve transition from pediatric to adult health care through the use of new and innovative strategies for health professionals and youth and families. With a broad range of partners, [they] are working to:

- Expand the use of the Six Core Elements of Health Care Transition Expand health care transition supports in pediatric, family medicine, and internal medicine practices;
- Partner with health professional training programs to improve knowledge and competencies in providing effective health care transition supports to youth, young adults, and families;
- Develop youth and parent leadership in advocating for needed transition supports and participating in transition quality improvement efforts;
- Promote health system measurement, performance, and payment policies aligned with the Six Core Elements of Health Care Transition; and
- Serve as a clearinghouse for current transition information, tools, and resources.

Contact Information
Got Transition
1615 M Street NW, Suite 290 • Washington, DC 20036
Phone: 202-223-1500 • Fax: 202-429-3957
www.GotTransition.org
Laura Nelson, Editor

Guardianship and Decision-Making

Got Transition Webinar: Understanding Guardianship and the Alternatives for Decision Making Support
Tina Campanella of Quality Trust for Individuals with Disabilities leads a discussion about the legal aspects of health care decision-making, prepared by Got Transition.
www.youtube.com/watch?v=0xXELCIMHHE&feature=youtu.be

Guardianship and Alternatives for Decision-Making Support
Tips on decision-making for those with intellectual disabilities, prepared by the Quality Trust for Individuals with Disabilities.
www.gottransition.org/resourceGet.cfm?id=17

National Resource Center for Supported Decision Making
This new center, funded by the Administration on Community Living, is operated by Quality Trust for Individuals with Disabilities and the Burton Blatt Institute at Syracuse University.
http://supporteddecisionmaking.org/state-review/virginia

Independent Living and Transition

Think College
Think College supports students with disabilities who are getting ready for college.
www.nationaldisabilitynavigator.org

Inclusive Fitness Coalition
A group of organizations and individuals working to increase access to and participation in physical activities for individuals with disabilities.
www.thinkcollege.net

Institute for Community Inclusion (ICI)
ICI provides training, clinical, and employment services, conducts research, and provides assistance to organizations to promote inclusion of people with disabilities in school, work, and community activities.
www.communityinclusion.org

National Center on Health, Physical Activity and Disability
A public health resource center on health promotion for people with disabilities.
www.nchpad.org

National Gateway for Self-Determination

Health Insurance

National Disability Navigator Resource Collaborative
Provides information and support to navigators to ensure people with disabilities receive accurate information in selecting and enrolling in insurance through the Affordable Care Act Marketplaces, operated by the American Association on Health and Disability.
www.nationaldisabilitynavigator.org
by the National Training Initiative on Self-Determination, which is funded by the Administration on Intellectual and Developmental Disabilities (AIDD).

www.nrgsd.org

**Relationships, Sexuality, and Pregnancy Prevention**

**Feature Issue on Sexuality and People with Intellectual, Developmental and Other Disabilities**
A special issue of Impact, a newsletter published by the University of Minnesota’s Institute on Community Integration, that includes a conversation of self-advocates discussing sexuality, sexuality education in the home and school, sexual choices, and resources.


**Sexuality Education for Children and Adolescents with Developmental Disabilities [PDF]**
Instructional manual for parents of and youth with developmental disabilities on sexuality across the lifespan sponsored by the Administration on Developmental Disabilities and the Florida Developmental Disabilities Council.

www.autismspeaks.org/docs/family_services_docs/parentworkbook.pdf

**Self-Care**

**Moving Into Adult Health Care: A Guide for Young Adults With and Without Disabilities**
A workbook with a list of frequently asked questions and answers about managing health care independently, prepared by Kids as Self Advocates (KASA).


**How to Advocate for Your Health and Health Care**
An activity guide to assist youth in preparing for adult health care, prepared by The Boggs Center on Developmental Disabilities at Robert Wood Johnson Medical School.


Health care transition is the process of changing from a pediatric to an adult model of health care. The goal of transition is to optimize health and assist youth in reaching their full potential. To achieve this goal requires an organized transition process to support youth in acquiring independent health care skills, preparing for an adult model of care, and transferring to new providers without disruption in care.

The Six Core Elements of Health Care Transition 2.0 define the basic components of health care transition support. These components include establishing a policy, tracking progress, administering transition readiness assessments, planning for adult care, transferring, and integrating into an adult practice. Visit www.gottransition.org/providers/index.cfm

![Six Core Elements of Health Care Transition 2.0](image)

1. **Transition Policy**
   - Develop a transition policy/statement with input from youth and families that describes the policies’ approach to transition, including privacy and consent information.
   - Ensure all staff are aware of the policies’ approach to transition, including privacy and consent information.
   - Post policy and procedures where youth and families can access them.
   - Regularly review and update the policies’ approach to transition.

2. **Transition Tracking and Monitoring**
   - Establish criteria and process for identifying youth transitioning to adult care.
   - Use individual Health Information Exchange (HIE) data to track youth’s transition progress.
   - Incorporate the Six Core Elements into clinical care processes, using EHR if possible.

3. **Transition Readiness**
   - Conduct a transition readiness assessment at age 14, using an age-appropriate measure.
   - Identify and track youth transitioning to adult care.
   - Communicate with providers about youth transitioning to adult care.

4. **Transitioning to an Adult Approach to Health Care Without Changing Providers**
   - Develop a transition policy/statement with input from youth and families that describes the policies’ approach to transition, including privacy and consent information.
   - Identify potential adult providers who can support youth transitioning to adult care.
   - Incorporate the Six Core Elements into clinical care processes, using EHR if possible.

5. **Integrating Young Adults into Adult Health Care**
   - Develop a transition policy/statement with input from youth and families that describes the policies’ approach to transition, including privacy and consent information.
   - Identify potential adult providers who can support youth transitioning to adult care.
   - Incorporate the Six Core Elements into clinical care processes, using EHR if possible.

6. **Transition Readiness/Orientation to Adult Practice**
   - Identify and track youth transitioning to adult care.
   - Establish a process to welcome and orient youth transitioning to adult care.
   - Incorporate the Six Core Elements into clinical care processes, using EHR if possible.