

Resources Available

Down Syndrome Society
(800) 221-4602
(212) 460-9330 (local New York)
<http://www.ndss.org>
email: info@ndss.org

Down Syndrome Congress
(800) 232-6372
(770) 604-9500 (local Atlanta)
<http://www.ndsccenter.org>
email: NDSCcenter@aol.com

National Association for Down Syndrome
P.O. Box 4542
Oak Brook, IL 60522
(630) 325-9112
<http://www.nads.org/>
email: info@nads.org

National Association for Child Development
549 25th Street
Ogden, Utah. 84401
(801) 621-8606
fax (801) 621-8389
<http://www.nacd.org>
email: info@nacd.org

**Parent Training and
Information (PTI) Offices are
located throughout the State.
Call our main office toll-free at
1-800-572-7368 (v/tty)
for the office closest to you.**

*Children and youth with disabilities have the right
to a free appropriate public education.
IDEA 2004*

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Parent Training and Information Program

Tips for Parents of Children with Down Syndrome

Statewide Parent Training and
Information Center
6316 So. 12th St.
Tacoma, WA 98465
(253) 565-2266 (v/tty)
1-800-5-PARENT (v/tty)
Fax: (253) 566-8052
E-mail: pave@wapave.org
Website: www.wapave.org

Third Decade of Service

What is Down Syndrome?

Down syndrome is a genetic disorder caused by either an extra chromosome or piece of chromosome in the genetic makeup. There are 3 major types of Down syndrome: Trisomy 21 is an extra chromosome in the twenty-first pair of chromosomes; Mosaicism, which usually results after conception, is the presence of an extra chromosome in only part of the cells; and Translocation, where a piece of one chromosome breaks off and reattaches to another chromosome.

Some characteristics of people who have Down syndrome are: slanted eyes, small stature, poor muscle tone, flat facial features, a single line in the palm of the hands instead of two. Many people with Down syndrome have problems with tongue protrusion and many have heart defects and a high susceptibility to pneumonia or bronchial infections. They may also be susceptible to thyroid disorders and other health related problems.

Parents may want their child to have a bilateral x-ray of the neck before involvement in certain types of recreational programming. The x-ray can detect if an inappropriate space exists between the vertebra when the child's neck is in extension that could cause harm to the child if a sudden jar to the head or neck occurs.

Down syndrome is usually diagnosed at birth or within a very short time after. Down syndrome results in mental retardation; **however, this does not mean the person is incapable of learning.**

The potential the child can reach can be tremendous with the concentrated effort of parents and other educators.

Are there educational programs available for children with Down syndrome?

Yes, there are programs available from birth through 21 years of age throughout Washington State.

The Division of Developmental Disabilities monitors programs for children under age 3. The University of Washington Center on Human Development and Disability developed a program for children with Down syndrome and their parents. These programs help the child to develop many basic skills that infants without disabilities pick up by themselves. Basic developmental milestones such as lifting his/her head at a 90-degree angle or rolling over from stomach to back may come somewhat more slowly. Early intervention is essential in diminishing some deficits the young child may have. These programs (often referred to as infant stimulation programs or child developmental programs) can be either group, individual or in the home with parent, child and therapist. If a child is in an individual setting, he/she should be integrated into peer groupings at around 18 months so that he/she can learn to interact productively with others. Support from other parents who are dealing, or have dealt with similar feelings is often helpful for new parents.

Programs in public schools begin when the child turns 3 years of age. Local school districts are obligated to provide a free appropriate public education under Public Law 105-17 (The Individuals with Disabilities Education Act) and Washington Administrative Code (WAC) 392-172.

What is "Appropriate"?

Public Law 105-17 states that to be appropriate, a program must meet the unique needs of the individual child, it must be in the least restrictive environment and it must be in accordance with the child's Individual Education Program (IEP).

To place a student with Down syndrome in a regular classroom with typically developing peers without any support services would not be appropriate, nor would a program be appropriate if the student were to be completely isolated from typically developing peers without programming that would stimulate the child toward educational milestones.

Programs that are well structured and follow a specific routine seem to be the most beneficial in the education process for students with Down syndrome. The personal attention the student gets also makes a difference.

Remember, when considering programs for your child, he/she needs to be able to enjoy being a child. Give your child time to play and learn from leisure time activities.

Some things to consider in looking for a program for your child are:

- Speech/language therapy services are essential for children with Down syndrome
- Small group settings of 4-6 are appropriate in working with children with such needs.
- Interaction with all students is important and can be provided in a variety of settings such as classrooms, lunchroom, gym, after school programs.
- Children should have at least annual vision and hearing screening. Fluid in the middle ear is common with children who have Down syndrome.
- Pre-vocational skills should be included as early as possible in the educational program to prepare the student for appropriate vocational education programs.
- Adaptive physical education is often appropriate to improve gross motor skills. Don't forget planning for educational needs such as music, art, recreation, swimming, etc..
- Occupational and physical therapy services are usually recommended for children with Down syndrome. Monitor your child's program and give suggestions.

Keep the lines of communication open with school personnel so you can build strong partnerships.

Do not try doing it alone; there are many helpful people and publications.