

Speech Delays

Possible causes

Mark was a quiet baby, his mother recalls. “For the first four months he barely made a sound. But I didn’t think much of it.”

By a year, he had a few vowel sounds. By eighteen months, he had no words, not even “mama,” although he would occasionally babble. He’s just a late talker, she thought.

It wasn’t until Mark turned two that his mother became truly concerned. She noticed other children his age were talking. They said “Hi Mommy” and asked for “more juice.” One little girl talked in full sentences about her new baby brother.

Mark was finally evaluated by a speech and language pathologist when he turned two-and-a-half. He was diagnosed with a “speech delay” and started speech therapy right away.

The story of Mark and his mother is a common one. While there are no exact numbers, speech delay affects about 3 to 10 percent of children. The disorder is three to four times more common in boys than in girls.

Children like Mark usually respond favorably to speech therapy. Many catch up, but it takes time. In the meantime, Mark’s mother, like other parents, can’t help but wonder *why*. Why is this happening? Will he be okay? Is there something really wrong? Will he need special services when he goes to kindergarten?

Causes

The good news is that a considerable percentage of late talkers have “maturation delay.” In this condition, a delay occurs in the maturation of the central neurologic process required



to produce speech. The condition is more common in boys, and a family history of “late bloomers” is often present. The prognosis for these children is excellent. They usually have normal speech development by the time they reach school.

Speech delay is also associated most frequently with the following specific developmental disorders:

Hearing Loss

To learn language, children must be able to hear. When a child’s speech is delayed, speech therapists usually recommend a hearing test by an audiologist. Hearing loss can be *conductive* or *sensorineural*. Conductive loss is commonly caused by otitis media or ear infections. Such hearing loss

(Continued on page 8)



View Connections on the Web!

Thanks to our friends at Parent to Parent of New York State, *Preschool Connections* can be viewed online at the Parent to Parent Web site. Visit <http://www.parenttoparentnys.org> and search: “Newsletters.”

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About Helping Hands School

Helping Hands School is a private, nonprofit preschool for 2- to 5-year-olds with special needs. Situated on 60 acres of rolling hills, woods, and fields in Clifton Park (Exit 9 off the Northway), Helping Hands School currently provides special education preschool and early intervention services to children from Saratoga, Rennselaer, Schenectady and Albany counties. A nursery school for typically developing children is also offered.

Services

- A continuum of services for preschool children with disabilities, including various integrated and self-contained special education classroom models.
- Early Intervention home and community-based services for infants and toddlers with developmental delays.
- Intensive program options for children with a diagnosis along the autism spectrum.
- Developmental play groups for toddlers with special needs.
- Special Education Itinerant Teacher services provided in home, nursery school, daycare and community settings.
- Related services, including speech/language, occupational, and physical therapies.
- Comprehensive evaluations for infants, toddlers, and preschoolers suspected of having a developmental delay or disability.
- Family support services available including parent support groups and social work services.
- Parent education workshops and newsletters for families of preschoolers and families of children with special needs, birth to 21.

About the Newsletter

Preschool Connections is a quarterly publication of Helping Hands School. The newsletter provides parents with up-to-date information about issues related to raising children of all abilities. Readers are welcome to copy and share information from this publication, but please credit Helping Hands School and *Preschool Connections*.

The newsletter is made possible by the FAMILY SUPPORT SERVICES through the Office of Mental Retardation and Developmental Disability (OMRDD).



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Happenings

Family Events

Children's Museum at Saratoga. *Discount Day* is October 27, 9:30 am - 4:30 pm, when admission is reduced from \$5 to \$2.50 per person. Children under one are always free.....*Storybook Saturday with Clifford* is October 28, 1 pm. He's lovable, he's red, and he's BIG! It's Clifford, the big red dog! Clifford visits the Museum to read stories and make new friends....*Haunted House and Trick or Treating* is October 31, 5:30-7:30 pm. All little ghosts and ghouls are welcome to attend a spook-tacular night of tricks and treats. Have a frightfully fun time in the Haunting House, suitable for most ages, and join the Monster Mash party for sweet delights. It will be a howling good time! Come anytime between 5:30 and 7:30 pm. Suggested donation of \$ 2 per child. Visit www.childrensmuseumatsaratoga.org, or call 584-5540.

Saratoga Springs Public Library. *Cranberry's Marvelous Magical Merriment Variety Show*, with Cranberry the Clown, is October 15, 2:00-3:00 pm. For ages 4 and older. Call 584-1198.

Pepsi Arena. *The Wiggles* perform October 23 at 3:00 and 6:30 pm. Visit www.pepsiarena.com or call 487-2000.

The Egg. Russian American Kids Circus performs October 22 at 3:00 pm. The professional stars are kids, ages 6 to 16, trained by veterans of the World-Famous Moscow Circus to perform acrobatics, uni-cycling, black light juggling, clowning, daring aerial feats and acts of precision balancing. Tickets are \$12 adults; \$8 children. Visit www.theegg.org or call the box office, 473-1845.

Stepping Star Gymnastics & Dance. *Open Gym* is 12:00-12:55 pm, Mon-Fri. Preschool-age children and their parent can drop by to play in the gym and use the equipment in this gym at their own pace. \$5 per child. Call 584-5153.



AAC (...what does that mean?)

Augmentative and alternative communication (AAC) refers to ways (other than speech) that are used to send a message from one person to another.

In order to communicate, people with severe speech or language problems may need to rely on special augmentative techniques. These include gestures, sign language, and communication aids such as language boards, in which objects are represented by pictures, drawings, letters, words, sentences, special symbols, or any combination thereof. Electronic devices are available that can "talk" in response to entries on a keyboard or other methods of input, such as different switches that are controlled with motions as simple as a push of a button, a puff of air, or the wrinkle of an eyebrow. Augmentative-communication users don't stop using speech! When speech is used with standard and special augmentative communication, not only does communication increase, but so do social interactions and feelings of self-worth. *Adapted from ASHA.*

Special education jargon can be confusing. If school professionals use words or acronyms you don't understand, speak up immediately. Most people will be happy to slow down and explain anything that is unclear.



Books for Kids

Autumn is for Apples

McIntosh, Granny Smith, Fuji and Redcort: Apples go by many names, but they all mean one thing... it's autumn!



Ten Red Apples by Pat Hutchins (*Greenwill, 2000*) Rhyming and sing-song text, plus bold colorful pictures, make this book a winner for youngsters. As a farmer admires the red apples on his tree, animals (one by one) start nipping apples off the tree. "Ten red apples hanging on the tree./ Yippee, fiddle-dee-fee!/ Horse came and ate one./ chomp, chomp, chomp./ Neigh, neigh, fiddle-dee-fee./ 'Horse!' cried the farmer./ 'Save some for me!'"

Then comes a cow, followed by a donkey, and so on until there's one apple left. Just as the farmer says, "Good, you saved one for me," along comes his wife, seeking apples for a pie.

A good book for counting, playfulness, and gazing at delicious red apples!

Apples and Pumpkins by Anne Rockwell (*Aladdin, 1994*) This simple book is a wonderful way to introduce young preschoolers to the

pleasures of fall.

For one little girl, that means the special joys of visiting the Comstock Farm: choosing the reddest apples from the trees and finding the best pumpkin in the patch.

Back home, she helps her mother carve a funny jack-o'-lantern face and puts a glowing candle inside her prize new pumpkin...just in time for Halloween and an evening of lots of "trick or treats"!

Up, Up, Up! It's Apple-Picking Time by Jody Fickes Shapiro (*Holiday House, 2003*) Destined to be a classic, this lovely book captures perfectly the warmth of extended family life and the wonder of new experiences. Readers learn about "...red, green, yellow and pink apples" that are "cool and crunchy and sweet." Along with Myles and Amber---the brother and sister in the story---you breathe in the perfume of

apple cider and "fresh-baked apple dumplings, floating like islands in a sea of milk."

Readers get special glimpses of family members picking and selling apples and later lying on a rug in front of the fireplace at the end of the day, when Grandpa plays his old jazz records and everyone dances.

Besides talking with your child about extended family members and the feelings you share, you'll no doubt feel inspired to do your own picking and cooking. "Granny's Microwave-Baked Apples" recipe found at the end of the book, is supposedly delicious and foolproof!

Apple Farmer Annie by Monica Wellington (*Puffin, 2004*) Although she appears to be around 12, Apple Farmer Annie is the keeper of an orchard. In this cheerful book, the author

follows Annie as she harvests her apples, makes cider and applesauce, and takes apples to market to sell. Many books for youngsters deal with farm life in general and apples in particular, but this one is unusual in that it's about a female farmer whose rural occupation isn't centered on livestock. The illustrations, bright, colorful, and detailed, have a pleasant, childlike quality. Your child may pester you to go apple picking or bake apple goodies after this read. Recipes for applesauce, muffins, and cake make are included in the book for extra fun.

Apples by Gail Gibbons (*Holiday House, 2000*) In her characteristic, easily understood, and straightforward style, Gibbons gives an overview of apples. She traces their history in America, shows their parts, and explains their growth, harvest, and uses.

With its cheerful, bright illustrations and clear, simple presentation, this title will be the perfect pick for older preschoolers.

U-Pick!

The season is nearly over! Pick your own apples at these family-friendly orchards:

Bowman Orchards, Rexford, 371-2042

Devoe's Rainbow Orchards, Clifton Park, 371-8397

Saratoga Apple, Schuylerville, 695-3131



Parent Resources

News

Use of Aversives

Effective June 23, 2006, the Board of Regents approved regulations that establish general standards for behavioral interventions and set a general prohibition on the use of aversive behavioral interventions, with a provision and procedures for a child-specific exception to this prohibition. The child-specific exception is for those rare cases when a student is engaging in such severe self-injurious and/or aggressive behaviors as to threaten the physical well-being of the student or that of others and other interventions have not been successful. Applications for child-specific exceptions will be reviewed by the Panel beginning October 1, 2006. *For more information, contact Charlene Gurian at 518-486-7462, or visit <http://www.vesid.nysed.gov/specialed/behavioral/exception.htm>*

NORD Online

National Organization of Rare Diseases (NORD) has joined with ClinicaHealth to create a free, unique online community service for rare-disease patients, their families, and caregivers. It will be a place where people can find and support one another, share stories, and build a network of online friends who share similar concerns. *Visit <http://www.rarediseases.org/>*

Terrific Parenting

A regular contributor to local newspapers and a private practice based in Clifton Park, New York, family psychologist Dr. Randy Cale offers a wealth of sound information and advice on raising children. His Website, [Terrificparenting.com](http://www.terrificparenting.com) offers information about parenting issues and a free, weekly online e-mail newsletter. Training videos, local parenting classes, and in-depth reports are available for a fee. *Visit <http://www.terrificparenting.com>*



Product Recall

LeapFrog Activity Centers

About 186,000 LeapFrog Playground Activity Centers have been recalled for repair. A child's arm can become caught in the activity center's plastic tube, posing a risk of injury to children.

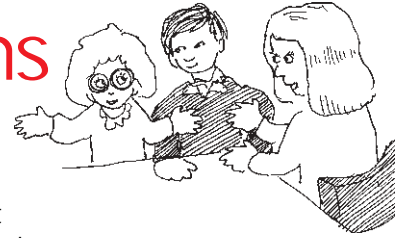
The Learn-Around Playground is a multi-colored, plastic musical activity center for young children ages 6 to 36 months. It

includes a Slide and Sing alphabet panel and a ball drop on the left side. Item number 10200 is written underneath the activity table below "Made in China."

Consumers should immediately take the recalled activity center away from children and contact LeapFrog for a free repair kit at www.leapfrog.com or call (800) 701-5327.

Programs

Wildwood Programs



Beginning October 3: First

Tuesday of the Month Parent

Support Groups. Family and Community Services invites parents of both young and adult children with disabilities to monthly meetings to share their ideas, struggles and joys. Childcare is provided if you request this service two weeks in advance.

October 16: How to Work with your Child's Medical Team. Strong working relationships with your child's medical team are essential when your child has a developmental disability. Hear from a very experienced parent, a physician and a nurse as they share information on topics such as preparing for a medical appointment, getting your questions answered, and developing a medical notebook for your child. *For more information, contact Eileen at 783-9260, ext 5562; or email emarrone@wildwood.edu*

Center for Disability Services

November 25: Learn More About Augmentative/Alternative Communication (AAC) Featured speakers are Ashlye Cheely, Speech Language Pathologist; and Ed Bartz, Editor CapAbility Magazine. *Contact Karen Coleman at 437-5623; or e-mail coleman@cfdnsny.org*

Project Link

October 28: "I have questions, do you have answers?" This is a one day seminar for parents and educators that will address critical topics regarding the development of children with autism. Why do we want to use Behavior Analysis? What are the critical developmental milestones we should try to achieve and how? How do we address behavior modification and reduction in the most natural setting? How do we teach daily living skills? These and other questions you have will be addressed. Cost: \$20.00 per person. 8:30am-4:00pm

November 1: Revised ABLLS with Dr. James Partington. This workshop is designed for parents and professionals who have experience in using the Assessment of Basic Language and Learning Skills (ABLLS) for developing educational interventions for children with autism or other developmental disabilities. The intent of the workshop is to thoroughly review the significant changes that have been made in the revised edition of this assessment and to review programming considerations based on these changes (This is *not* an introductory workshop regarding The ABLLS). Project LINK has purchased a block of seats for this state-wide event at a reduced cost.

For more information, call 461-1576 or visit Project Link's informative Website at <http://projectlinkforkids.org>

What is...

Salmonellosis?

Salmonellosis (sal-mohn-el-OH-sis) is an infection with a bacteria called salmonella. Most persons infected with salmonella develop diarrhea, fever, and abdominal cramps 12 to 72 hours after infection. The illness usually lasts 4 to 7 days, and most persons recover without treatment. Young children, the elderly, and the immuno-compromised are the most likely to have severe infections. It is estimated that approximately 600 persons die each year with acute salmonellosis.

Salmonella bacteria lives in the intestinal tracks of humans and animals. It is transmitted when humans come in contact with feces (stool). Infants and children younger than 5 are more likely than most people to get diseases from animals. This is because young children often touch surfaces that may be contaminated with animal feces. Young children often put their hands in their mouths and are less likely than others to wash their hands. Objects such as pacifiers may fall to dirty surfaces and then be placed in an infant's mouth.

Prevention

The Center for Disease Control & Prevention (CDC) recommends:

- * Young children should be supervised while interacting with animals.
- * Children should not be allowed to kiss pets or to put their hands or other objects into their mouths after handling animals.
- * Children's hands should be washed thoroughly with running water and soap after contact with animals or their bedding.
- * Children under 5 should avoid contact with reptiles (lizards, snakes, turtles), amphibians (frogs, toads, newts, salamanders), baby chicks, ducklings, and direct contact with animals on farms and petting zoos.

Health and Development

Yucky veggies? A child's liking of fiber-rich vegetables may be influenced by the ability to detect bitterness, according to a study published in the *American Journal of Clinical Nutrition*.

Researchers from Rutgers University asked 65 preschool-aged children to drink spring water mixed with PROP (6-n-propylthiouracil), a compound found in vegetables such as olives, cucumbers, and broccoli. Most people find PROP bitter-tasting, but some find it mild or even tasteless. The kids in the study responded by saying whether the water had no taste or whether it tasted yucky or bad. Based on their responses, researchers classified the kids as tasters (they could taste PROP) or non-tasters (they couldn't taste it). Researchers then asked the kids to select a snack from among five types of vegetables and rate how much they enjoyed each.

Overall, kids who couldn't taste PROP ate almost twice as many vegetables as the tasters did. Non-tasters also consumed more of the bitter-tasting veggies, including olives, cucumbers, and broccoli. About 8 percent of the non-tasters refused to eat vegetables during the taste test compared with 32 percent of the tasters. In previous research, sensitivity to bitterness has been identified as a genetic trait.

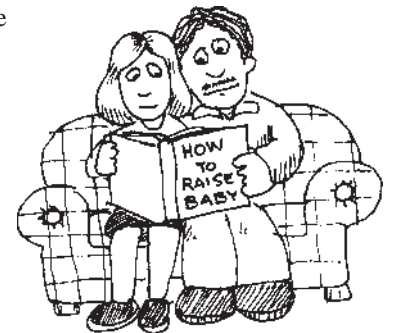
Authors of this study explain that the ability to taste bitterness in certain vegetables may influence a child's produce intake during early childhood. But regardless of genetic disposition, a child can learn to enjoy fruits and veggies. Previous research has shown that parents may need to offer new foods dozens of times before kids will accept and eat them.

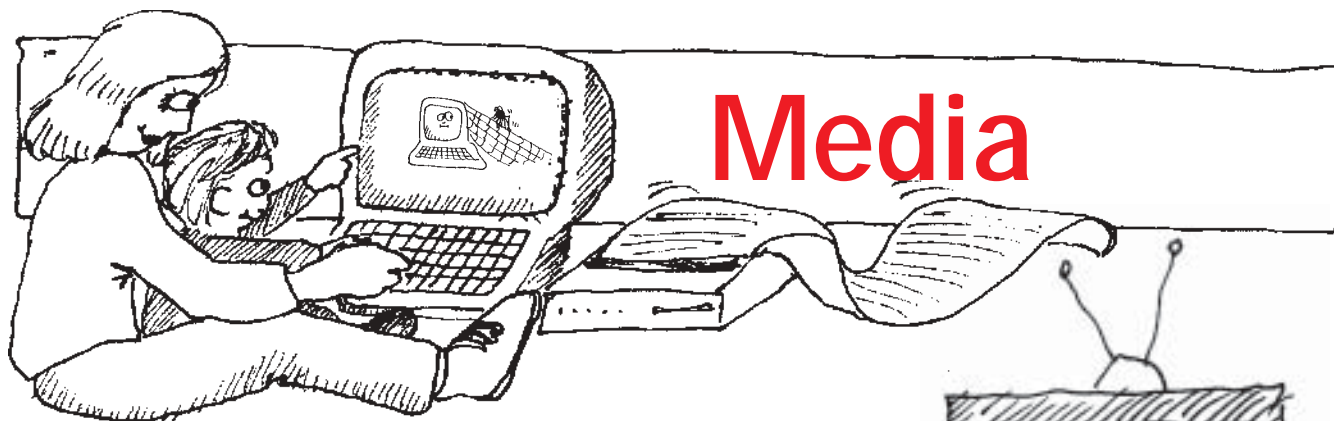
New autism research. The National Institute of Mental Health is launching three new studies about autism that could reveal important information.

One study will seek to better define the subtypes within autism. Increasingly scientists believe there are different autisms. Children with *regressive autism* appear to develop normal language and social skills but then lose these with the onset of autism before age 3. *Non-regressive autism*, the more common form of the disorder, begins early in life, possibly before birth, with evidence of subtle deficits throughout early development.

In the second study, researchers will examine the use of the antibiotic *minocycline* to measure its usefulness in treating regressive autism. Past research suggests that autism may be linked with changes in the immune response that cause inflammation in the brain. Minocycline has known anti-inflammatory effects and is helpful in treating Huntington's disease and other brain disorders.

The third study seeks to address the widespread but unproven theory that autism may be treated successfully by chelation therapy, which seeks to remove heavy metals from the blood. Chelation is more commonly used to treat lead toxicity, but currently, many families seek the treatment to try to remove mercury and other metals from their autistic children's blood. This practice is based on the belief that many cases of autism were caused by exposure to thimerosal, a mercury-based preservative *previously* used in childhood vaccines.





Media

Making the Most of Kids' Screen Time:

Television

Television is an inevitable part of the lives of most young children. Nearly 100% of households have at least one TV; 19% of children under two have a TV in their bedroom; and the media industry continues to offer more and more options aimed at a preschool audience.

From our point of view as educators, the question is not whether to let young children watch TV. The question is how to use TV to benefit children's learning and development.

Four Tips

1 Let your child know that watching TV can be an *active* experience rather than a *passive* one. Encourage your child to sing, dance and imitate the actions of characters on the *Wiggles* and other shows. Better yet, be a role model: get up and join in the action yourself!

2 Make TV watching an *interactive* experience. Interaction depends on you. As you watch the show with your child, get a dialogue going. Repeat words and phrases you hear on the show and encourage

your child to do the same. If Blue is looking for a clue, ask your child where he thinks it is. Talk about what you both are seeing and hearing. As your child speaks, you might add information to help him learn new vocabulary. For example, if your child says "dog," you can add "big furry dog." Ask an older preschooler which character he would like to be. Tell him the character *you'd* like to be and explain why in simple terms that he can understand.

Television alone, no matter what the media industry wants us to believe, is not "interactive." The child may be looking at the screen and appear excited and stimulated, but the television is not *reacting* to your child. True *interaction* only happens when there is give and take. That's why your participation is so important. In the end, the fun you have together and the give and take conversation between the two of you will mean more to your child than the show itself.

Interaction with people is how young children learn.

3 Limit the time your child spends watching

TV and videos. We recommend this not because TV is "bad" but it takes children away from activities that truly enhance brain development. Playing "house," building castles with Legoes, and making Playdough snakes that are *very long* and *very short* are examples of hands-on activities that help children learn how to "think." Your three-year-old may learn colors and shapes from *Sesame Street*----which is all well and good---- but that "rote learning" is not nearly as important as developing imagination and more abstract thought. The developmental benefits of actively playing with real objects and real people far outweigh the benefits of "educational" TV. That is why media researchers and the American Academy of Pediatrics recommend that young children spend no more than two hours in front of a screen per day, and that children under two years of age not watch any television at all. Their reasoning makes sense: TV-watching takes

children away from activities that promote healthy development.

4 Be careful about the content of TV shows. *PBS Parent's Guide to Media and Children* on the PBS Website discusses nine elements that make for "high quality TV programming." A few of these include: Shows in which characters demonstrate positive attributes such as sharing, caring, managing difficult feelings, and using words instead of fists. Shows that introduce children to animals, the natural world, and different traditions and languages in ways that are engaging and age appropriate. And shows that illustrate how families work together.

We are in an exciting age of electronic media. Television, like computers and video games, can enhance a child's learning, pleasure, and development, as long as parents use it wisely.

Ask Nancy



Nancy
Cupolo

Helping Three-Year-Olds During the Holiday Season

"I want to have a peaceful holiday season with my three-year-old son, but we seem to be at odds during this busy time of year? What can I do to calm him down?"

Generally speaking, three-year-olds are usually much more compliant than two-year-olds. Developmentally, three-year-olds understand the concept of turn-taking. They want to be "helpers." And their struggle for independence is less intense, although they still like to do things by themselves, without another's assistance.

Shopping, wrapping presents, baking, entertaining guests, stopping by the post office, and frequenting the grocery store are additional activities of the holiday season. All of these events are "transitions" for the three-year-old, and he is learning how to cope and adjust with changes in a peaceful manner.

Help your child adjust by making a few modifications in how you go about your day.

- Begin by limiting the time you spend on extra activities. For example, instead of running around from store to store, consider shopping by catalog or online while your child sleeps.
- Take advantage of your child's developmental desire to "help" by letting him cook with you. Set him up in his own "cooking space" nearby you in the kitchen so that he can "imitate" your actions as you bake. (Look for child utensils and cooking tools that are safe and easy to manipulate.) Let him help you put stamps on your envelopes. Cooking, "playing post office," and other kinds of role playing are intriguing to children at this age.
- When entertaining guests, be sure to include other "little people" on the guest list. Three-year-olds love to have company their own size.
- Try reading stories each night that contain peaceful outcomes or that teach a moral lesson to which your child can relate.
- Take photos of your son as he helps in holiday-related events and draw pictures about activities that you are about to do together. Then create a book with him. This helps children understand new routines and expectations at this time of year.
- Be sure to keep as consistent a routine as possible or prepare him in advance for a change in that routine.
- Most of all, "follow your child's cues." When he looks tired, he is tired; take him home so that he can fall asleep in his own bed. The same advice, by the way, goes for tired parents!

E-mail your questions to Nancy at ncupolo@nycap.rr.com

"Your most embarrassing moment..."

Let's face it, parenting preschoolers is a series of ups and downs, plenty of laughs, a fair share of cries, and an equal amount of hair-pulling. In the end, a good sense of humor helps us walk the bumpy road.

In every newsletter we'd like to include a parent's funny story about raising kids. For the winter issue, our theme is: "the most embarrassing moment in a public place with your child." Surely every parent has a story in mind! Please keep the piece to about 200 words. In future issues, we want to hear about humorous potty training adventures, disastrous family vacations, and other events that have made you cry and laugh. E-mail your story to dross@albany.net. If you'd rather tell us your story, call Dianne Burke at Helping Hands, 664-5066, and we'll do the writing.



(Speech delay from page 1)

is intermittent and moderate. Some studies have shown that children with conductive hearing loss associated with middle ear fluid during the first few years of life are at risk for speech delay. However, not all studies find this association. *Sensorineural hearing loss* may result from intrauterine infection, certain syndromes, chromosomal abnormalities and other physical conditions. Sensorineural hearing loss is typically most severe in the higher sound frequencies.

Mental Retardation

A child with mental retardation demonstrates delays in his ability to understand, speak, and use gestures to communicate. In general, the more severe the mental retardation, the slower the acquisition of communicative speech. Children with retardation are also delayed in other areas of development, such as social, cognitive, and motor

skills. But speech development often represents the most significant delay as compared to other fields of development.

In approximately 30 to 40 percent of children with mental retardation, the cause of the retardation cannot be determined, even after extensive investigation.

Bilingualism

Two languages spoken in the home may cause a temporary delay in the onset of both languages. The bilingual child's comprehension of the two languages is normal for a child of the same age, however, and the child usually becomes proficient in both languages before the age of five years.

Autism

Speech delay is also associated with autism, a neurologically based developmental disorder that emerges before the age of 3. Not only is speech delayed, but children with autism often have atypical speech

patterns including echolalia (pathological repetition of what is said by other people as if echoing them) and pronoun reversal. The speech of some children with autism can be "wooden," monotone, or have a sing-song quality.

Expressive Language Disorder

Children with this diagnosis fail to develop the use of speech at the usual age. These children have normal intelligence, normal hearing, normal understanding of language and normal articulation skills. The primary deficit appears to be a brain dysfunction that results in an inability to translate ideas into speech.

It is sometimes difficult, if not impossible, to distinguish at an early age a late bloomer from a child with an expressive language disorder. However, expressive language disorder accounts for only a small percentage of cases, whereas maturation delay is much more common. A child with

expressive language disorder is at risk for language-based learning disabilities (dyslexia).

Intervention is Key

While speech delay can be diagnosed by a speech and language pathologist, the *reason* behind such delay may never be determined or may take time before it becomes clear, especially when the child is very young. It is understandable that parents are anxious about the "why" of their child's delay. But in the meantime, getting appropriate and early intervention is the most important step parents can take to help their child.

Source: Adapted from "Evaluation and Management of the Child with Speech Delay" by Alexander K.C. Leung, MBBS, and C. Pion Kao, MD; *American Family Physician*, June 1999

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