

## *Additional arguments from the point of view of a Special Education professional*

Typically, children with Down syndrome, if they do not have additional severe complications, will develop the ability to speak shortly after their typically developing peers. Given Bryan's early childhood situation and neglect, it is understandable that when I met him (at age seven) he had no verbal communication abilities. Fortunately, this does not mean that Bryan is incapable of learning to talk – only that we have a very short window in which to work very quickly to develop verbal communication. At school we use direct speech therapy, computer games, sign language, and a variety of motivators and motivational situations to encourage Bryan's speech, and he has made great progress. He can say "Hi!" "Yes," "No," "Pig" and something that sounds like "pumpkin pie" which he knows makes us all laugh.

My concerns for Bryan's language development are that 1) he is in a foster home managed by people who are not native English speakers, and 2) he is in a foster home with no other typically developing children. Had Bryan remained in his biological family (and had they not been neglectful parents), he would have grown up playing with brothers and sisters speaking English or Spanish and encouraging him to speak. In my opinion, he has the right to these same communication-rich surroundings, and I do not believe he will receive a comparable environment with the Longs. Ms. Long's limited communication with me, along with the written and spoken exchanges we have had at ARD meetings and other conferences, imply that it is very likely that another language (not English) is spoken when no other adults are in her home. To my knowledge, her other foster children are also nonverbal.

I believe that Ms. Long is either unaware or unconcerned about how the language spoken (or not spoken) at home affects Bryan. My impression is that she finds Bryan's current level of communication endearing and that she prefers children who are quiet. (Ms. Long has told me that she has Bryan carry her purse when they go out shopping, and I often observe her speaking to him without expecting or allowing him time to give any response).

My second educational concern for Bryan is his lack of involvement in

extracurricular activities. While many of my other students participate in programs such as "Active Kids" (gymnastics, karate, dance, etc. for children with special needs) or play after school with typically developing peers in their communities, Bryan is isolated every day after school in a home with only students with profound special needs. I know that Ms. Long takes her foster children out to dinner once per week and sometimes to the store, but to my knowledge they are not involved with any of their school friends outside of the school day. It would be such a benefit for Bryan to attend summer camp, or to have a parent attend a student program or a field trip. While not every parent can provide these opportunities and level of participation for their children, Ms. Long seems to not have any excuse. She elects to have no more than the minimum involvement with the children's lives outside of her home.

My final, specific concern is for Bryan's long term plan. Today's children with Down Syndrome have life expectancies of over fifty years, and we encourage all of our students' parents to begin thinking about long term planning while the children are in elementary school. The school district and outside agencies offer a variety of vocational and social training opportunities for young adults with special needs, but parents have to plan for those services (and sometimes even apply to put students' names onto waiting lists) while the children are young to ensure that the students have the skills and the paper trail necessary to be accepted into the programs at the end of high school. Wherever Bryan is living as he finishes high school, I hope that his guardian or parent will be actively involved in giving Bryan these training and development opportunities which will greatly improve the remainder of his life. My colleagues and I are working to ensure he has the basic skills for a more independent life (namely, independent toileting, independent feeding, and the ability to communicate about what is going on in his world). Ms. Long, however, seems to have a different view of long term planning. She has made statements that Bryan will always be with her, and I believe she would not give him the opportunity to live independently.