



All Special Kids

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DYSPRAXIA

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All.Special.Kids

GENEVA, SWITZERLAND

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Dear Friends,

From all of us at ASK, we wish you and your family a Happy New Year!

I felt this past year passed by like a gush of wind. Looking back though, there are so many things that we, as a team, have managed to achieve and can feel proud of.

This past year, we got several parents and specialists, who came forward to take lead roles in several new programs that enable us to establish our first summer camp, Monthly Kid's Social, and C.A.R.E.

The most cherished moment this past year was the inauguration of ASK- Bern Chapter and it could not have happened without Mary Kay Zumbach taking the leadership role in the organization.

We streamlined our seminars and lectures to only 4 in 2007 but brought in "who's who" in the special needs education from U.K. Happiness was seeing all the parents, specialists and numerous teachers at all the seminars we offered. We are indeed reaching one of the goals we have set in 2003, "To promote increased cooperation and understanding among parents, schools and specialist professionals."



But our task is not done yet. We need to continue mobilizing more parents to be proactive and acknowledge the schools that are providing support services to meet the needs of our special kids.

Our vision has also slightly changed. We originally focused on supporting only English speaking families and now are also assisting families with other languages. Our horizon has also enlarged from Geneva to Bern and soon to Zurich.

We hope to continue our success in 2008 and look forward to the continued support of the parents, continued collaboration with schools and specialists, in mutual support of our special needs community.

Hope you enjoy this issue!
Joy and the ASK team

"I believe life is a series of near misses. A lot of what we ascribe to luck is not luck at all. It's seizing the day and accepting responsibility for your future. It's seeing what other people don't see. And pursuing that vision."

—Howard Schultz



“Research seems to indicate that up to one in 20 children suffer from the condition with boys identified four times more frequently than girls”



WHAT IS DEVELOPMENTAL DYSPRAXIA?

What is Dyspraxia?

It is an impairment or immaturity of the organization of movement. Associated with this there may be problems of language, perception and thought.

Other Names.

- . Clumsy Child Syndrome,
- . Developmental Coordination Disorder
- . Perceptuo-moto dysfunction,
- . Minimal Brain Dysfunction,
- . Motor Learning Difficulty.

Movement.

Gross and fine motor skills are hard to learn, difficult to retain and generalize, and hesitant and awkward in performance.

Language.

Articulation may be immature or even unintelligible in early years. Language may be impaired or late to develop.

Perception.

There is a poor understanding of the message that the senses convey and difficulty in relaying those messages to actions.

Thought.

Dyspraxic children of normal intelligence may have great difficulty in planning and organizing thoughts. Those with moderate learning difficulties may have these problems to a greater extent.

Cause.

For most children there is no known cause, although it is thought to be an immaturity of neurone development in the brain rather than brain damage. Dyspraxic children have no clinical neurological abnormality to explain their condition.

Dyspraxia is an immaturity of the brain resulting in messages not being properly transmitted to the body. It affects at least 2% of the population in varying degrees and 70% of those affected are male.

The followings are some of the problems caused by dyspraxia:

- . Clumsiness
- . Poor posture
- . Walk awkwardly
- . Confused about which hand to use
- . Difficulties throwing/catching a ball
- . Sensitive to touch
- . Find some clothes uncomfortable
- . Poor short term memory
- . Poor body awareness
- . Reading and writing difficulties
- . Cannot hold a pen or pencil properly
- . Poor sense of direction
- . Cannot hop, skip or ride a bike
- . Slow to learn to dress or feed themselves
- . Cannot answer simple questions even though they know the answers
- . Speech problems, slow to learn to speak or speech may be incoherent
- . Phobias or obsessive behaviour
- . Impatience
- . Intolerance to having hair or teeth brushed, or nails and hair cut
- . Plasters are too uncomfortable to wear

Not all of these will apply to every dyspraxic, and many of these problems can be overcome in time. Dyspraxics can be of average or above intelligence but are often behaviourally immature that they may be ostracized by their own peer group because they do not fit in.

Essential Fatty Acids Effects on Behaviour & Learning

Modern diets are relatively high in derivatives of the parent omega-6 EFA namely Arachidonic Acid (AA), found in dairy products and meat. AA has inflammatory effects, which can cause sinus problems, blocked nose, glue ear. In contrast Eicosapentaenoic Acid (EPA) acts as an anti-inflammatory and is derived from fish oil. The amount of omega-3 EFA in the diet can have a direct effect on the autoimmune system.

The importance of specific long-chain, highly unsaturated fatty acids (HUFA's) for normal brain development has been the focus of much research (Richardson et al 2001). These fatty acids would normally be synthesised from 'parent' essential fatty acids (EFA's) but some individuals have problems with these conversions.

Arachidonic Acid (AA - omega 6) and Docosahexaenoic Acid (DHA - omega 3) are structural fatty acids and important in the formation of cell membranes. Eicosapentaenoic Acid (EPA - omega 3) is a functional fatty acid and is important for the transmission of messages in the brain.

The importance of nutrition and early development is well documented. Since the late 1980s, many studies have compared the abilities of young children fed breast-milk or formula milk.

o Professor Alan Lucas (University of Cambridge) reported in 1992 that children fed mother's breast-milk showed significant IQ advantages in a group of 7 ½ - 8 year olds, when compared with children fed formula milk.

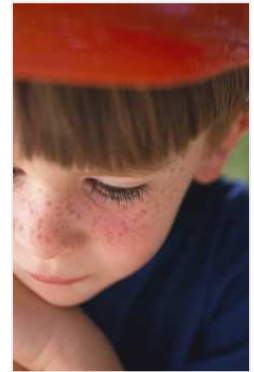
o Makrides et al. (1996) suggested that the differences in ability were due to the presence of long-chain polyunsaturated fatty acids - in particular Docosahexaenoic acid (DHA) an omega-3 derivative.

o Research undertaken by Peter Willats and colleagues at the University of Dundee (1998 & 2001) compared combinations of omega-6 and omega-3 EFAs using supplemented formula milk. The ratio of these fatty acids appears to directly affect the learning outcomes for young children.

The development of infants given supplemented formula milk with ratios of AA:DHA of 1:1 was significantly better than for those where the ratio was 20:1.

The brain is 60% fat, 25% of which is omega-6 and omega-3 fatty acids. The essential fatty acids (EPA, DHA, DGLA an AA) are important not only in early infancy but throughout life. The impact of low DHA intake on neurological functioning has been the focus of research, which concludes that this is evident in adults with a variety of psychiatric disorders and a significant proportion of children with ADHD and specific learning difficulties. Trials have been completed in which dietary supplements, made from natural oils rich in essential fatty acids have been given to children with Dyslexia and ADHD (Richardson 2001) Significant improvement in reading and concentration was evident in the group receiving active treatment.

(Adapted from the research article provided by Dr. Madeleine Portwood.- Durham Trial, 2002)



“Significant improvement in reading and concentration was evident in the group receiving dietary supplements made from natural oils rich in essential fatty acids”





“Danny is questioned about his lateness: he can't find any reason, his eye contact is poor and he stares at the ceiling wondering what is for lunch.”



DANNY'S DAY AT SCHOOL BY MADELEINE PORTWOOD

Social Skills

The school bell sounds and the children come in, take off their coats in the cloakroom and are seated, ready with their pencils to begin work. But where is Danny? Eventually he comes in 10 minutes late because he has been struggling with his coat. He is already upset as he was not allowed to join in with a game of 'tag'. He has been publicly rebuked 'You can't run, you just push and spoil the game. Danny is questioned about his lateness: he can't find any reason, his eye contact is poor and he stares at the ceiling wondering what is for lunch. He is accused of not listening and instructed to go to his seat.

Gross motor skills

While trying to listen intently to the next set of instructions he swings too far backwards on his chair. The class is disrupted again and Danny's 'behaviour' is becoming increasingly concerning for the class teacher.

Unfortunately it is PE today. Danny hates PE. Everyone laughs at him. The unintentionally sexist remarks are given which emphasize still further his failure to conform. "When the music starts I want the girls to walk round the hall and the boys to jump on the spot. When the music stops all change: boys walk round and girls jump."

The music starts and Danny enthusiastically begins to move with a quick marching step in a clockwise manner. He slowly realizes that he is the only boy doing so. He slows down, trying to merge with the group in the centre and starts to jump, he hasn't realized that by this time the music has stopped and only girls are jumping.

The children are divided into pairs. It has to be done that way as no-one would ever choose Danny as a partner. It is to be a simple catching game, throwing a large soft ball from one child to another.

Danny can't judge the ball's position in space or speed. He stands with his legs in a wide, awkward stance and almost falls before the ball is thrown to him. His tongue is protruding and he licks his lips anxiously as he waits. The ball arrives and he flings his arms wildly into space. His arms cross somewhere in the region of his chest and the attempt has sent the ball to the opposite end of the hall. Neither the teacher nor his throwing partner are pleased.

Fine Motor Skills

Danny is pleased to change out of his PE strip. He puts on his trainers with Velcro fasteners (there was no way he could manage laces) and thought it easier to tie the sleeves of his jumper round his waist than try to put it on. Back in the classroom he picked up his pencil to continue his unfinished maths. He knew how many 'fish' to add to a line to make 14 but they looked more like tennis balls than sea creatures. His hand ached because he gripped the pencil so tightly - sometimes there was even a slight tremor. His work always looked messy with smudge marks. Sometimes he was so angry with his work that he ripped it up or scribbled over it before anyone could see it. His name was barely legible - a mixture of upper and lower case letter - he just could not master the shapes.

A Day in a Life of a Dypraxic School Boy

(Continued from the following page)

Thank goodness it was lunch. He supposed he would probably be at the back of the queue. Danny found it impossible to stand still and was always being accused of deliberately pushing into other children. Once he had fallen against the fire bell and the whole school was evacuated. By the end of his first term no-one wanted to sit near him. He could not manage a knife and fork and his food was usually scattered over the rest of the table. The problem was avoided when he changed to a packed lunch: sandwiches, crisps, fruit and a boxed drink presented fewer problems.

Language skills

Danny's verbal skills had improved a lot with regular access to speech therapy. He was referred at 3 because his vocabulary consisted of 10 indistinct words. His articulation was now age appropriate but he could easily lose the thread of a conversation if more than 2 or 3 ideas were contained in a sentence.

He confused words when speaking quickly like - 'I am taking my school to bike' and sentences were taken literally. For example when asked to stand on his toes he placed one foot on top of another.

Reasoning Ability/Cognitive Skills

His teacher thought he was lazy. Written work was never completed in the allotted time and his concentration span at best was only 5 or 10 minutes and he constantly wandered around the classroom. He did not enjoy the privilege of taking messages because he could never remember them.

Although he gave good responses in class his ability was mostly measured by the responses committed to paper. He could not set his work out appropriately. His writing was illegible to anyone but himself.

The best part of the day was the afternoon session - a time for individual reading. Danny's ability was measured two years above his chronological age but, despite this he was unable to excel.

When reading his tone was flat and monotonous. His pitch varied from line to line and words pronounced at different speeds.

Behaviour out of School

At home Danny was always on the go and appeared restless even when watching his favorite television programme. He was very excitable and when a 'funny' character came on he jumped off his seat and clapped his hands vigorously.

Temper tantrums were becoming more frequent and he was irritated by the labels in the back of his clothes.

His parents were concerned that he had no friends, spent most of his time at home but refusing to join in games of 'snap' or play with Lego or Mega Blocks, instead he would stay alone in his bedroom reading or using the computer. He always had had erratic sleeping patterns and a bedtime routine had not been established. He frequently woke during the night complaining of nightmares.

(Adapted from <http://web.ukonline.co.uk/members/madeleine.portwood/Danny.htm>)



“His teacher thought he was lazy. Written work was never completed in the allotted time and his concentration span at best was only 5 or 10 minutes and he constantly wandered around the classroom”





“There is also evidence suggesting that increasing numbers of children are identified with specific learning difficulties”



Movement Disorders in early childhood - an epidemic

Having completed a recent survey to examine the motor-competency of more than 400 three-year old pupils in nurseries in County Durham, I was not surprised to discover that just over half of those assessed achieved the expected age level skills. One cannot assume that almost 50% of 3-year olds should be labeled as having a 'developmental coordination disorder' but what is the explanation and what is the effect on future learning outcomes?

There is increasing awareness of rising levels of childhood obesity, evidently the effects of dietary changes and reduction in exercise. There is also evidence suggesting that increasing numbers of children are identified with specific learning difficulties; Dyspraxia, Dyslexia, Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD).

As the percentage of children failing to develop competent motor skills increases, we can make some assumptions as to the origin of the problem; the major contributing factor being children spending much of their time at home in front of the video and Play Station games.

The development of motor skills is crucial to the development of cognitive skills. But children are now spending much less time engaged in the development of physical skills than was 10 years ago. With increasing pressure upon children to develop what are considered to be 'learning skills' sometimes with the best of intentions, children's opportunities to develop motor skills are restricted as they are encouraged to spend more time indoors and less outdoors.

In Scandinavian countries, where children do not enter 'Formal' Education until the age of seven, the incidence of Dyslexia, for example is only a tenth of that evident in the UK.

Goddard and Hyland (1998) identified significant differences in the early development of two groups of 7 and 8-year-old; the children identified with subsequent learning difficulties had a 'cluster' of factors evident in their early development which related to balance, motor skills and auditory processing. Many did not crawl and learnt to walk later (16+ months). As the two groups were tracked the discrepancy in the educational attainments between the two groups increased. The delays in early motor development continued to have an effect on learning in activities which were dependent upon motor skills for expression i.e. reading, writing and copying.

Wolff (1999) links impaired motor skills with language delay. He studied a group of dyslexic children and discovered that 90% of those with motor coordination difficulties also appeared to present with motor speech deficits which were measured by a task involving repetitious syllable production. He concludes, "The analysis of co-articulation in speech production may be one pathway by which impaired timing precision in motor action impinges on reading and writing deficits in developmental dyslexia."

The co-occurrence of motor difficulties with other learning disorders appears to be the rule rather than the exception Dewey et al (2000) and Kaplan et al (2000).

Movement Disorders in early childhood - an epidemic

(continue from the following page)

This research was carried out at the University of Calgary and the Alberta Children's Hospital where 58% of children with ADHD displayed reading difficulties and in addition 27% of the children with ADHD also had problems with coordination. Of the children identified with developmental coordination disorder 82% displayed some other co-morbid disorder. Gilberg (1998) and Rasmussen et al (2000) have identified autistic features, behavioral problems and depression as co-occurring with developmental coordination disorder.

Childhood developmental disorders are classified into discreet categories and in the majority of cases, children display the characteristics of several co-morbidity is widespread (Dewey et al 2000). Research evidence suggests that between 50% and 80% of children with a diagnosis of DCD meet the criteria for at least 2 disorders (Biederman et al 1990). Children with coordination difficulties commonly have other conditions such as Attention Deficit/Hyperactivity Disorder (ADHD), dyslexia and speech and language impairments (COT/NAPOT 2003). Substantive research connecting dyslexia with deficits in motor skills was published by Duffy and Geschwind (1985).

The majority of children who experience problem with the development of motor skills do not grow out of them. These children require access to specific programmes to develop these skills. Delays in motor development are usually associated with deficits in perceptual skills and difficulties with the speed of information processing.

By identifying the specific difficulties in the acquisition of physical skills and by providing structured activities to develop the skills, the learning outcomes can improve.

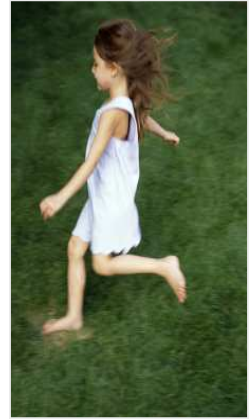
A recent pilot project carried out in County Durham illustrates the benefits of structured movement programmes. At the start, the children were screened using a motor-skills assessment (Wetton 1997) detailing the skills expected of three year olds. Only 54% achieved the required level of competence. More than 20% of the children were unable to walk sideways without tripping over.

The nursery staff was provided with a structured programme of activities comprising 15 modules, which concentrated on the development of balance, movement and coordination skills, for 15 minutes a day (weekdays) for 12 weeks.

At the end of the term the children were re-assessed and 93% had developed their motor skills to the expected level of competence. The remaining 7% continue to exhibit movement difficulties.

Without a dramatic change in lifestyle, we are producing a nation of young people who have increasing problems with learning and difficulties with concentration. Structured motor programmes should be integrated into all Early Years settings to prevent the possibility of a future epidemic of children with motor-learning difficulties.

(Adapted from the article provided by Dr. Madeleine Portwood.)



“Delays in motor development are usually associated with deficits in perceptual skills and difficulties with the speed of information processing”





GENEVA VIEWPOINT

What is it like to have a child with dyspraxia?

Well like most things, it affects each child differently. For our son, it means he has difficulty with his coordination, his vision and planning his thoughts. It also affects his understanding of the world around him and other peoples' reactions to his quirky personality. Dressing can be tricky too so we keep his clothes simple and he has velcro on his shoes.

At school, he reads well and draws beautiful pictures but has difficulty with writing. He is very curious and sees the world through very different eyes. The best way to describe him would be to say that he's wired up differently. He asks questions that other kids of his age just don't think about. He wants to know how the world works and why and often asks uncomfortable questions that we don't always know the answers to and he seems to have a profound inquiring mind.

He's kind, generous and really affectionate and always champions for the underdog. He has an incredible memory and can recall things in great detail. The only trouble is sometimes at school he forgets where he's stored this information or when he's found it, he can't remember why he needed it in the first place. Sometimes it's as if he cannot filter out all the background noises and can't focus on the most important one (namely his teacher giving instructions) This can be quite annoying for the teachers.

We first became aware of dyspraxia when he was five. His teachers reported that though he had a wonderful imagination

and sometimes surprised everyone with his knowledge, he had difficulty to keep still and follow the instructions. The school psychomotricienne evaluated and decided that our son didn't have good spatial awareness (which explained why he so often fell over or bumped into people and objects etc.)

So began my long journey of discovery on dyspraxia. After reading the list of common systems from the Dyspraxia Foundation in the UK, I remember feeling relieved that we weren't bad parents and that he wasn't naughty but a child who truly needed help. I also realized how much effort he must have been making and what little recognition he had received and thinking of all the times he had been punished or told off for something he couldn't help. It made me feel really sad for him and all the more determined to find the correct help.

By pure luck, I found a Swiss Dyspraxia Association, run by a mother who's son is dyspraxic! What a break through, someone who's not only heard of it but has first hand knowledge.

She referred us to a neuropediatrician, who confirmed that our son was indeed dyspraxic. Additionally, we sought assessment from orthoptist, an occupational therapist and an excellent speech therapist, who although he didn't have any speech or language issues, detected the huge difference in his non-graphic and graphic abilities. He even saw a psychiatrist.

The O.T also confirmed dyspraxia and found that the difference between what

“Sometimes it's as if he cannot filter out all the background noises and can't focus on the most important one ”



Greeting from Bern 2008

When thinking about the new year I am always a bit overwhelmed by the questions of "resolutions". The word itself is so definite and daunting to me.

It seems to me that the only resolution that truly takes shape throughout the years is : 1.make sure the children's needs are met. As I said during our kick off, we parents are really only o.k. when our kids are ok. It's true isn't it? Regardless of age, race, sex, or culture, all parents have this pre-requisite for relative happiness and satisfaction.

We would like to invite Bern parents to assist us with the direction to set as our ASK Bern chapter's resolutions, our goals. Namely, what kind of help and information are you looking for? Do you feel you and your children, their teachers & caretakers have enough of what it takes to make sure their needs are being met?

We want to develop our plans around your needs and wants. Most of our kids do not and will not fit more than one definition of needs. That is why we will try to offer a variety of presenters and hope that you will find something of interest.

(Geneva Viewpoint continued)

he knew and what he could produce graphically was disturbingly significant. She felt, therefore he must be suffering a great deal in the classroom because he was aware of the difference between his writing and what was expected of him. She also picked up that he had developed techniques to hide his difficulties by clowning around or avoidance. Fortunately, his needs are now starting to be addressed at school.

BERN VIEWPOINT

Dr. Madeleine Portwood will be coming to us on January 30,2008 to present a fascinating and insightful workshop on Developmental Dyspraxia. You might be surprised by the findings and relationship to your own child. To find out more about what this is I invite you to visit the website: <http://web.ukonline.co.uk/members/madeleine.portwood/dysprax.htm>

We want to make sure that not only the needs of the "special" kids are met but those of their parents and siblings as well. Please visit ASK website and check the programs that are currently on offer in Geneva to guide you. One idea proposed for 2008 is C.A.R.E. program, a discussion support group, to help parents and siblings of special needs kids in an integrated approach.

We would like to hear from you with your thoughts and ideas. Any input is welcome and appreciated.

Warmest wishes for a 2008 where wishes come true,

Mary Kay

After witnessing many tearful encounters of my child, from the pain and hurt of peer rejections and feelings of embarrassment at social functions, I came to believe that society as a whole, should be more tolerant of people who are different and be taught how to be kind and considerate to all.

I hope the next time you see a mother with a child who seems to be unruly, you might want to stop and think.

DPQ



“The only resolution that truly takes shape throughout the years is : make sure the children’s needs are met ”



ASK-Geneva Upcoming Events

JANUARY 2008

MONTHLY PARENTS GET TOGETHER

17th January - 10:00 - 12:00hr

C.A.R.E.- Community Assistance Resource Enrichment Program

24th and 31st January

DEVELOPMENTAL DYSPRAXIA: Identification and Intervention

Presented by Dr. Madeleine Portwood

Date: Thurs 31st January

Time: 19.00—21.30hr

Place: Webster University, Jura Building Rm #13/15

FEBRUARY 2008

MONTHLY PARENTS GET TOGETHER

7th February - 10:00 - 12:00hr

ASK Vacation Camp

11th - 15th February 2008

C.A.R.E.- Community Assistance Resource Enrichment Program

21st and 28th February

ASK/Bern-Chapter Upcoming Events

JANUARY 2008

MONTHLY PARENTS GET TOGETHER

15th January - 10:00 - 12:00hr

DEVELOPMENTAL DYSPRAXIA: Identification and Intervention

Presented by Dr. Madeleine Portwood

Date: 30th January

FEBRUARY 2008

MONTHLY PARENTS GET TOGETHER

26th February - 19:00 - 21:00hr

MARCH 2008

MONTHLY PARENTS GET TOGETHER

11th March - 10:00 - 12:00hr



ASK Kids' Social Agenda Open to all fun-loving kids

ICE SKATING or 10-pin BOWLING at La Praille , Saturday 5th Jan at 14:00 - 16:00hr

SNOW FUN in the mountains. Ski instruction, sleds, Saturday 2nd Feb at 10:30hr

CHOCOLATE MAKING and eating at Prangins. , Thur/13th or Sat/15th March (time t.b.a.)

PONY RIDING (or Cinema if wet) , Friday 11th April 2008 at 6.30pm

RUN FREE at Signal de bougy. Games, bread making, Saturday 10th May from 2pm.

ASK's FAMILY SUMMER FUN. Swim & BBQ, Saturday 14th June 2008 from 2.30pm

DEVELOPMENTAL DYSPRAXIA

Identification and Intervention

Presentation by
Dr. Madeleine Portwood
Senior Educational Psychologist, Hon. Fellow University of Durham

Place: Webster University, Jura Building Rm # 13/15

Date: Thursday, 31st January 2008

Time: 19.00-21.30 hr

Fees: Members - 175CHF, Non-Members - 250CHF

For more information and registration contact: info@allspecialkids.org
http://www.allspecialkids.org/ask.php?x=Events_ProgramDetails&y=OnlineRegistrationForm

This Presentation will comprise:

A discussion of Neurological principles underlying Dyspraxia and its comorbidity with Dyslexia, ADHD and Autistic Spectrum Disorders

- development of the brain.
- possible causes of immaturity.

current research information including the effects of nutrition on behaviour and learning

Diagnosing Dyspraxia

- developmental assessment.
- cognitive profile and motor skills screening.

Setting up Intervention Programmes

- treatment programmes for nursery, primary and secondary aged pupils.
- examining the classroom environment.

case studies and questions.

The presentation is varied and includes practical activities and video examples.



C.A.R.E.

A family approach

COMMUNITY ASSISTANCE RESOURCE ENRICHMENT

Are you searching for family support with an integrative approach?
Are the siblings of your special needs kid feeling neglected?
Are you having a hard time connecting with your teenager?



MONTHLY
Family
Support
Groups

(3 groups: Parents, siblings and special needs kids)
When: Jan 28th, Feb 18th, March 10th,
April 14th, May 14th , June 9th 2008
Time: 6-8 pm
Location: Webster University (Room TBA)



WEEKLY
Adolescent
Group

When: Jan 24th, Jan 31st, Feb 7th,
Feb 21st, Feb 28th, Mar 6th 2008
Time: 5:30—6:30 pm
Location: Webster University (Room TBA)

C.A.R.E. contact: nadia.care@allspecialkids.org