



99 Bald Hill Road  
Cranston, RI 02920

# DSSRI NEWS

December, 2009

SUPPORT  
•  
EDUCATION  
•  
ADVOCACY  
•  
PUBLIC AWARENESS

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Over the last several weeks, I have had the pleasure of attending a variety of functions pertaining to my job here at DSSRI. Within these situations I was surprised to hear many people still using inappropriate language when speaking about our children/friends/family members with Down syndrome. Person first language is a pet peeve of mine! How *we* speak of our children has an impact on how they will be treated. Please review DSSRI's Language Guidelines and if you or someone you know is using inappropriate terms, ask them to please stop! Our children are our children first, their disability is secondary. (*Claudia Lowe is the parent of an adult daughter with Down syndrome and the Editor of DSSRI News*)

## Language Guidelines

**T**his statement by the Down Syndrome Society of Rhode Island clarifies the meaning of and emphasizes the importance of language when referring to individuals with Down syndrome.

The words that people use can help all individuals to lead more complete and enriching lives. Words can also create barriers and reinforce stereotypes. The primary goal of this statement is to ensure that correct language is used when talking, or writing, about individuals with Down syndrome.

The correct name of this diagnosis is Down syndrome. There is no apostrophe (Down). The "s" in syndrome is not capitalized (syndrome).

An individual with Down syndrome is an individual first, and foremost. The emphasis should be on the person, not the disability. Down syndrome is just one of many words that can be used to describe a person. A child with Down syndrome, an adult with Down syndrome, or a person with Down syndrome is a more appropriate way to discuss a person with this condition.

Words can create barriers; try to recognize that a child is "a child with Down syndrome" or that an adult "is an adult with Down syndrome." Children with Down syndrome grow into adults with Down syndrome; they do not remain "eternal children."

It is important to use the correct terminology. A person has mental retardation, rather than "suffers from," "is a victim of," "is diseased with," or "afflicted by." A person with Down syndrome is not a "Downs."

Ask yourself if using the words, "poor," "pitiful," or "unfortunate" when referring to an individual with Down syndrome is in her/his best interest.

Each person has her/his own unique strengths, capabilities, and talents. Try not to use the clichés that are so common when describing an individual with Down syndrome. To assume all people have the same characteristics or abilities is degrading. Also, it reinforces the stereotype that "all kids with Down syndrome are the same."

Most important, look at the person as an individual – your child, your family member, your student, your friend. Proudly acknowledge their individuality and their accomplishments.

## DSSRI NEWS

### General Contact and Membership Information

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### Policy Disclaimer

The Down Syndrome Society of Rhode Island, Inc. (DSSRI) was formed by people with a common interest – improving the lives of people with Down syndrome and their families. It is for this reason that we welcome input from various parents and professionals.

We do not, however, as an organization, support or endorse any particular treatment or therapy. The purpose of this newsletter is to provide a forum for an exchange of ideas.

Please submit information or articles to:

DSSRI  
99 Bald Hill Road  
Cranston, RI 02920

DSSRI reserves the right to edit any submissions for appropriate and "person-first" language.

## In Appreciation

Debra Kilbane

Tracey and Phil Rizzuto

Jean Mann

Heidi Fanion

Santa and Mrs. Claus

IBEW Local # 99

Bank of America Matching Gifts

Citizens Matching Gifts

Give with Liberty

Joe Henderson

Patricia Peacock

"Miss Alice"

Peggy Szlosek

Steve and Marguerite Muldoon

Marilyn and Steve Blanche

The family and friends of the late William Graham

Uncle Tony's Pizza

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Joseph and Jane Degnan

Peter and Raquel David

Jack and Charna Milstein

Lara Jane Kaplan

Chrissie Demoranville

Bobbi Wexler

@ home Healthcare

Verizon Foundation  
Matching Incentive Program

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Alison and T. Joseph Almond

Staci Kolb

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Gerard Guillemette

NBC 10

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Valley Fuel, Inc.

Kushner & Marano, PC

Mary's Kitchen

Crystal Stamping

Superior Bakery

Family Institute of  
New England, LLC

And a special, "Thank-you" to all our members and friends who help us with the day to day operation of DSSRI. Have a wonderful Holiday Season

## Calendar of Events

New Family Gathering .....January/February, 2010  
General Membership Meeting ..... March/April, 2010  
Fundraiser Breakfast, Dave's Bar and Grill ..... May/June, 2010  
Buddy Walk® ..... October 3, 2010\*  
New Family Gathering .....October, 2010  
Holiday Party ..... November 28, 2010

\*Date is not confirmed as of printing



Down Syndrome Society of Rhode Island  
99 Bald Hill Road  
Cranston, RI 02920  
(401) 463-5751

## ***DSSRI General Membership Meeting***

***Wednesday, January 13, 2010  
7:00 – 9:00 PM***

***TechAccess  
110 Jefferson Blvd.  
Warwick, RI***

***RSVP: DSSRI Office 463-5751 by 1/11/10 (Limited Seating)***

***Topics for discussion:***

***When/Should I request a “TechAccess Evaluation” for my child?***

***How much of an “evaluation” is paid for by the school districts versus Medicaid?***

***Will Medicaid pay for any “evaluations?”***

***What types of “technical” accommodations might be helpful to my child in school?***

***What are some goals for the IEP relating to technical assistance?***

***What software would my child benefit from using in the classroom?***

***Feel free to bring your own questions and concerns to this meeting!***

***Donations of snack foods are always appreciated ☺***

***This meeting is open to the public.***

ALL AGES

SUPPORT • EDUCATION • ADVOCACY • PUBLIC AWARENESS

# Improving Computer usage by Children with Down Syndrome

Libby Kumin, *Department of Speech-Language Pathology, Loyola University, Baltimore MD 21210*  
 Jonathon Lazar and Jinjuan Feng, *Computer and Information Sciences Department, Towson University, Towson MD 21252*

Children with Down syndrome grow up with technology in their lives in many forms. In school and at home, children of all ages use computers for learning and entertainment. Adolescents and adults with DS use computers to retrieve information, stay in touch with friends through email, and visit social networking sites such as Facebook. Children, adolescents and adults with DS use computers, but the research literature has very little acknowledgement of that reality. In school, although computers are used to help adapt and modify assignments, it is rare for computer skill development to be considered as an IEP goal. For adults with DS, computer skills are not generally evaluated as a possible job skill.

To begin to learn more about computer usage by school aged children with DS, Feng, Lazar, Kumin and Ozok (2008) used an online survey of parents of children with Down syndrome ages 5-21 years. The research goals were:

- To document how often people with DS were, in fact, using computers to do a variety of tasks
- To learn what input and output devices children with DS utilize when using computers.
- To interest the human-computer interaction community in developing interfaces that would improve computer usage for individuals with DS.

The authors developed a 56-question online survey to learn more about general computer usage, interaction techniques and use of personal electronic devices. Since the survey was online, the data represents information about children with DS who use computers, not all children with DS. The summarized findings are based on the results of 561 surveys completed by the parents. The results were reported in a 2008 article published in the proceedings of the ASSETS conference (available as a preprint on the NDCS website, ndscenter.org). In this article, we want to share the insights related to problems children experience and parent suggestions for proposed solutions.

Survey responses indicate of all of the children currently using computers, 72 percent of children had started using computers by age five. Of all respondents, the software applications used were: (% represents responses of used often or very often)

Educational software .....	65%
Computer games .....	59%
Web .....	40%
Video .....	21%
Word processing .....	17%
Email.....	7%

Fewer than five percent reported using instant messaging, online chatting or presentation software.

We asked parents to identify which input and output devices their children used. Many children use more than one type of device (see Table 1).

**Table 1.** Use of input and output devices

Input device	Percentage	Output device	Percentage
Mouse	93.2%	Monitor	89.5%
Keyboard	85.6%	Printer	64.7%
Touch screen	12.3%	Synthesized speech	7.0%
Joystick	7.5%	Non-speech audio output	2.9%
Touchpad	5.5%		
Trackball	4.9%		
Speech recognition	3.4%		

The survey was designed so that parents could comment on the difficulties that their children experience when using computers, and could suggest some solutions that have worked well for their child. A detailed analysis of parent responses documented difficulties primarily in the areas of software, design flaws, typing on the keyboard, mouse usage, impact of cognitive skills, impact of reading, writing and communication skills. When using the computer, limited availability of appropriate software (age, interest, and appropriate level for successful use), difficulties with navigation, troubleshooting and frustration were problems. Table 2 summarizes the major areas of computer usage difficulties as reported by the parents, and suggests some solutions for those difficulties. In the "proposed solutions" column, the items in regular font are solutions that parents or children have already adopted and proved to be beneficial. The italicized items are solutions that parents recommended but had not been tested in their children's actual computer usage either because the hardware is difficult to acquire or because the solution requires new software development or substantial changes in the design of existing software.

# Improving Computer usage by Children with Down Syndrome — (continued)

**Table 2.** Summary of characteristics of difficulties and the proposed solutions

TYPES OF DIFFICULTY	COMMON CHARACTERISTICS	PROPOSED SOLUTIONS
<b>Software</b>	<ul style="list-style-type: none"> <li>• Information search</li> <li>• Find software of the right level</li> <li>• Software distribution</li> </ul>	<ul style="list-style-type: none"> <li>• Use “favorites” or “bookmark” function</li> <li>• <i>A list of software rated for children with DS</i></li> <li>• <i>Modify search to return fewer results</i></li> <li>• <i>More focused software to teach specific skills</i></li> </ul>
<b>Design flaws</b>	<ul style="list-style-type: none"> <li>• Excessive information               <ul style="list-style-type: none"> <li>— Too many search results</li> <li>— Too long/complicated instructions</li> </ul> </li> <li>• Inconsistency               <ul style="list-style-type: none"> <li>— Mismatch between text and content</li> <li>— Mismatch between instruction and feedback</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• For excessive information               <ul style="list-style-type: none"> <li>— <i>Modify search to return fewer results</i></li> <li>— <i>Shorter instructions in simple language</i></li> </ul> </li> <li>• <i>Tutoring program at initial interaction</i></li> </ul>
<b>Typing</b>	<ul style="list-style-type: none"> <li>• Hunt and peck</li> <li>• Very slow</li> <li>• Lots of errors</li> <li>• Cannot use functional keys</li> </ul>	<ul style="list-style-type: none"> <li>• Keyboard modification               <ul style="list-style-type: none"> <li>— Bigger keys</li> <li>— Color coded keys</li> <li>— <i>Simplified keyboard with less commonly used function keys removed</i></li> <li>— <i>Alphabetic keyboard in alphabetic order</i></li> </ul> </li> <li>• Alternative techniques               <ul style="list-style-type: none"> <li>— Touchscreen</li> <li>— Spell check</li> <li>— <i>Multimodal interaction</i></li> <li>— <i>Speech input</i></li> <li>— <i>Word bank</i></li> </ul> </li> </ul>
<b>Mouse</b>	<ul style="list-style-type: none"> <li>• Difficult to do mouse click, especially double click</li> <li>• Can't differentiate left and right click</li> <li>• Mouse selection range too small</li> </ul>	<ul style="list-style-type: none"> <li>• Mouse modification               <ul style="list-style-type: none"> <li>— Smaller mouse</li> <li>— One click mouse</li> <li>— Combine right and left key</li> <li>— Reduce pointer speed</li> </ul> </li> <li>• Software design               <ul style="list-style-type: none"> <li>— Larger icons and targets</li> </ul> </li> </ul>
<b>General Cognitive</b>	<ul style="list-style-type: none"> <li>• Understanding               <ul style="list-style-type: none"> <li>— Establish connection between computer function and life</li> <li>— Potential and scope of computers</li> <li>— Menu</li> </ul> </li> <li>• Initial encounter with software or webpages</li> <li>• Limited memory</li> <li>• Short attention span</li> <li>• Time constraint</li> <li>• Materials too advanced</li> </ul>	<ul style="list-style-type: none"> <li>• Personalized design               <ul style="list-style-type: none"> <li>— <i>Simple operating systems with limited applications</i></li> <li>— <i>Dual control that allows parents to provide guidance without looking over the shoulder</i></li> <li>— <i>Iconic language</i></li> </ul> </li> </ul>

# Improving Computer usage by Children with Down Syndrome — (continued)

TYPES OF DIFFICULTY	COMMON CHARACTERISTICS	PROPOSED SOLUTIONS
<b>Reading</b>	<ul style="list-style-type: none"> <li>• Understand instructions</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Speech output</i></li> <li>• <i>Shorter instructions in simple language</i></li> <li>• <i>Iconic language</i></li> </ul>
<b>Writing/Communication</b>	<ul style="list-style-type: none"> <li>• Spelling difficulty and spelling errors</li> <li>• Finding appropriate words</li> <li>• Answer who, when, where questions               <ul style="list-style-type: none"> <li>— Engage in real conversations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Spell check</li> <li>• Predictive software (eg., Co-Writer)</li> <li>• <i>Well targeted writing programs</i></li> <li>• <i>Speech output</i></li> <li>• <i>Phonetic spelling</i></li> </ul>
<b>Navigation</b>	<ul style="list-style-type: none"> <li>• Use popup menu</li> <li>• Enter URL</li> <li>• View attachment</li> <li>• Too many windows open</li> </ul>	<ul style="list-style-type: none"> <li>• Use "favorites" to get to sites</li> <li>• Use "history" to get to sites</li> <li>• Set icons for navigating to sites</li> <li>• <i>Avoid pop-up menu (with pop-up blocking software)</i></li> </ul>
<b>Trouble shooting</b>	<ul style="list-style-type: none"> <li>• Low error tolerance</li> <li>• Computer/application freezing up</li> <li>• Pop-ups</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Avoid pop-up menu</i></li> <li>• <i>More clearly worded error messages</i></li> </ul>
<b>Lack of patience</b>	<ul style="list-style-type: none"> <li>• Long loading time</li> <li>• Frustrated when no ready answer available</li> </ul>	<ul style="list-style-type: none"> <li>• Clear visual/verbal sign to indicate waiting time</li> <li>• <i>Verbal/visual cues for solving problems</i></li> <li>• <i>Helpful hints to incorrect answers</i></li> </ul>
<b>Security and privacy concerns</b>	<ul style="list-style-type: none"> <li>• Usage pattern               <ul style="list-style-type: none"> <li>— Too much internet use</li> <li>— Passive interaction</li> <li>— Loss of interest in using computer beyond school years</li> </ul> </li> <li>• Security an privacy               <ul style="list-style-type: none"> <li>— Remember/type user name and password</li> <li>— Pop-ups</li> <li>— Fell victim to online predators</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <i>Tracking and supervision functions</i></li> </ul>
<b>Educational</b>	<ul style="list-style-type: none"> <li>• Lack of training at school</li> <li>• Lack of qualified teachers to provide computer training</li> </ul>	<ul style="list-style-type: none"> <li>• No current solutions .....Need to promote computer skills training</li> </ul>

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# Improving Computer usage by Children with Down Syndrome — *(continued)*

The comments suggest there are limited hardware and software resources available to parents to help with the areas of difficulty, and the resources that do exist (e.g. the simplified keyboard and the alphabetic keyboard) are poorly publicized. Although there are a large number of commercial computer software and games for children, those designed with special consideration for children with cognitive impairments are rare. Some recommended solutions would require substantial research and development effort from both academia and industry. The XO laptop designed by the One Laptop Per Child program team seems to have implemented a number of the proposed solutions, such as simplified functions and iconic language ([www.laptop.org](http://www.laptop.org)). Some solutions parents have developed include using the 'Favorite' function in the web browser, or shortcut icons on the desktop, to help children visit specific websites. One parent wrote a small program that shows the word 'Wait' on the screen when specific software is launching, since his child kept clicking icons or buttons during that time. These are examples of parent-developed workarounds to deal with simple problems.

Software or games that could be customized to fit the special needs of a user may be helpful. For example, many children with DS need more time to process information and respond. A function that allows parents to easily adjust the pace of the software or games can make the interaction less stressful and promote increased usage. Other typical factors that can be customized include font or icon size and mouse speed. Larger fonts and clickable icons or objects, combined with slower mouse speed, will make it easier for children with DS to select targets on the screen. Many parents mention that existing software or games offer too many functions, or too much information that confuses their children. A simplified version of a software, game, or web page that removes the less commonly used functions can help reduce distraction and navigation difficulty. Children and young adults with DS are likely to have personal tastes and

preferences that are more advanced than their cognitive and motor skills. For example, their cognitive skill levels may suggest that they are on the level of a preschool puppet show, but their interest level and preferences may relate to pop or country music stars. Since the commercial software and games are tailored for the developmental pace of neurotypical children, the software that teaches the needed skills may be designed in a way that is "naive" and "childish" for children with DS who are at the same functional level, because they are chronologically and experientially older. This is a problem that, while technically easy to solve, may be hard to address in mass-market software applications.

In summary, people with DS are using computers, but face many challenges to the human-computer interaction. In many ways, computers are being under-utilized as tools for potential employment by individuals with DS.

Now, it is time for hardware and software developers, web designers, educators, employment counselors, and families, to work together to help improve computer usage, and apply the skills for school, jobs, entertainment, and social networking.

## REFERENCES

- Feng, J., Lazar, J., Kumin, L., and Ozok, A. (2008) Computer Usage by Young Individuals with Down Syndrome. Proceedings of the ACM Conference on assistive Technology (*ASSETS*), 35-42 (*available at: [www.ndscenter.org](http://www.ndscenter.org)*)
- Feng, J., Lazar, J., Kumin, L., and Ozok, A. (2008) Computer Usage by Children with Down Syndrome. Challenges and Solutions. Paper under review.
- Reprinted from Down Syndrome News Newsletter of the NDSC, Vol. 32, #6 2009*

## iPhone Software Available

Parents of children who are not verbal or who have significant communication challenges often struggle to find affordable devices to help their children communicate. Now they can find help from an unusual source: Apple has introduced a new application for the iPhone and iPod touch which allows users to voice comments and requests by touching icons.

The application, the Proloquo2Go from AssistiveWare, has a default vocabulary of over 7000 items but can be used by anyone who has difficulty communicating verbally, including children and adults with Down syndrome, Autism, or Apraxia. It is available from Apple's iTunes store for an introductory price of \$149.

Special educators, speech language pathologists, occupational therapists have found Proloquo2Go a proven communication solution for children and adults who can access the iPod touch. Educators see it as a cost-effective solution for special education. Augmentative and Alternative Communication specialists love the ease of programming and customization. Proloquo2Go can be used as a companion to a table top device or as a user's sole AAC device. For more information, visit [www.proloquo2cgo.com](http://www.proloquo2cgo.com).

## Steph's Essay

*"One way to open your eyes to unnoticed beauty is to ask yourself, 'What if I had never seen this before? What if I knew I would never see it again?'"*

—Rachel Carson

What if I never met him? What if he had never been born? What if he was just like every other little boy? But he was born. I have met him, know him, and love him. And he is not just like every other boy.

Ten years ago I can vividly remember how my cousin Cameron's birth was marred by feelings of disappointment, fear and anxiety. Instead of joy, there were tears. My cousin Cameron was born with Down syndrome. He would not be the normal child every parent expected and for which every parent prayed. He would not be the straight A student or the star athlete every parent dreamed their child would grow up to be. Cameron would, instead, have to deal with issues that would never even cross expecting parents' minds.

When Cameron first came home from the hospital, I can remember noticing the differences. His facial features, his hands and his feet were different. As he grew, his disability became more apparent. He did not learn as quickly as others. It took him longer to crawl and to walk. While other babies his age were learning puzzles and turning pages in books, Cameron was just learning to talk. I remember

worrying that he would be teased by others; that he would be looked at differently; that people would stare. I worried about how the teasing would affect Cameron as he grew and began to notice. What would this do to his self-confidence and self-esteem?

But as Cameron has gotten older, a strange thing happened...to me. I began to realize that none of that mattered to Cameron. He did not care if people stared. He did not care if he could not keep up with his peers. He did not care about getting straight As or being the star athlete. Instead, Cameron became one of the funniest, happiest, most lovable and outgoing little boys that I have ever met.

Most people will never have the opportunity to know an individual with Down syndrome. Many look with a complete lack of understanding: some stare and even mock or poke fun. Most, however, feel pity. I am much more fortunate. My eyes have been opened to the unnoticed beauty within which I may never have seen if Cameron had not come into my life. I am a better person for knowing him and a part of me would be missing without him.

*Stephanie Marano, December 2009*

# Overwhelming Response to NDSC/Adult Services Survey

By Susan Goodman, Esq.,  
NDSC Governmental Affairs Director

Every parent faces the dilemma of what their child with Down syndrome will do when the school bus stops coming and their child “ages out” of the school system. Federal laws mandate school districts provide services for children with disabilities. After IDEA services end, there is no entitlement to adult services. This means many adults with DS over the age of 21, do not receive services such as residential support or supported employment services.

In 2006, more than 280,000 individuals with disabilities eligible for services were on waiting lists in 31 states. Other states do not keep official waiting lists, so the true number of individuals with unmet needs is much higher and growing as the U.S. population ages. (Source: The Wall Street Journal, April 29, 2008, “When Crisis Hits the Disabled” by Clare Ansberry.)

Studies show an estimated 2.9 million people with intellectual or developmental disabilities are living with family caregivers. Many of these are parents who are approaching 55 years of age and about one quarter are older than that. (Source: Kaiser Family Foundation, *statehealthfacts.org* (accessed December 3, 2008). *Waiting lists for Medicaid 1915c Home and Community-Based Services Waivers, 2006.*)

In June, NDSC sent a survey to Governmental Affairs Newline subscribers to find out:

- the nature and types of services adult family members with DS receive;
- how well respondents understand how adult services are funded; and,
- interest in participating in advocacy efforts related to adult services.

Within two weeks, more than 600 people from 48 states responded. When asked if they had a family member with DS, 98% responded yes and 74% said their family member with DS was under age 21 (the age at which educational services end).

## Parent responses for individuals over the age of 21

- When asked the nature of the services their child receives, 17% receive residential services and 27% receive supported employment services.
- In terms of waiting lists, 54% said their state does have a waiting list for Medicaid-funded services.
- 41% don’t know if their state has a waiting list or not.
- 76% responded “no” or “I don’t know” when asked if their family member is on a waiting list.

## Parent responses for individuals under the age of 21

- 36% say they are familiar with adult services programs that are available when their family member exits school.
- 25% of respondents expect those services to be readily available when their family member turns 21.
- In their comments, many parents of school-aged children indicated they did not have much interest in adult services.

## Information and advocacy

- 67% say they get their information on advocacy efforts for adult services from the Newline or Down Syndrome News.
- In response to an “NDSC Governmental Affairs Call for Action,” 40% always or often respond to an alert on Medicaid services and 45% sometimes do.

While the survey results highlighted the dismal lack of services for individuals over the age of 21, it is encouraging that 72% of respondents said they would like to be more involved in advocacy efforts for adult services.

## New technology available

Many respondents thought that better use of technology would make it easier and therefore more likely for them to become more active advocates. In response, NDSC recently subscribed

## Overwhelming Response to NDSC/Adult Services Survey — (continued)

to an online service called "CapWiz" to make it easier for NDSC members to contact federal elected officials on public policy issues important to people with DS. To use CapWiz, go to [www.ndsccenter.org](http://www.ndsccenter.org) and click on the "In Government" tab. You'll see a link called "Contacting Your Federal Legislator." Click on that to go to CapWiz. Enter your zip code and see photos and email links which make it easy to communicate with your federal elected officials.

NDSC's Governmental Affairs will use this information to continue its strong advocacy to pass legislation that makes adult services more available to individuals with disabilities. We will also

take efforts to respond to the need expressed by survey respondents for advocacy training.

### Take action to reduce waiting lists

To find out about "waiting list" initiatives in Georgia, Maryland, Colorado, Pennsylvania and Tennessee, go to [www.thearc.org/NetCommunity/Page.aspx?pid=1873](http://www.thearc.org/NetCommunity/Page.aspx?pid=1873).

To sign a petition to end the waiting list nationwide, go to [www.noewait.net/](http://www.noewait.net/).

*Reprinted from Down Syndrome News  
Newsletter of the NDSC, Vol. 32, #7 2009*

## Call For Convention Speakers

**H**ave you heard a great speaker that you think may be a possibility for our National Convention? The conference will be Friday through Sunday, July 16-18, 2010, at Disney's Coronado Springs Resort at Walt Disney World, FL.

The NDSC is seeking knowledgeable, family-friendly speakers to present 11/2-hour workshops on topics related to Down syndrome. Presentations in Spanish are welcome. Workshop speakers who are selected will be responsible for securing their own travel arrangements at their own expense. Honoraria or speaker fees are not available. This policy has allowed the NDSC to keep registration fees as low as possible.

We will develop convention presentations about the following topics:

- Families
- Health and medical concerns, including therapies
- Education, including preschool, transition, & postsecondary
- Employment
- Living options
- Friendships & social relationships

- Advocacy and systems change, including legislation
- Communication
- Aging
- Leisure opportunities
- Research
- Positive behavior support

As we build the convention program, we consider several criteria. First, this is a life-span convention and the program must be developed broadly to respond to interests of attendees whose family members, students, clients or patients represent a variety of ages and circumstances. Second, the NDSC works to achieve appropriate balance among presentations from the topics listed above and to ensure all presentations reflect best practices. Finally, there is a limited number and size of meeting rooms available and therefore some otherwise excellent proposals may not be able to be included. We will consider all suggestions carefully.

If you are interested in submitting a workshop proposal, or know someone who would be great, visit [www.ndsccenter.org](http://www.ndsccenter.org) to download the workshop proposal form.

*Reprinted from Down Syndrome News  
Newsletter of the NDSC, Vol. 32, #7 2009*

# Holiday Party 2009



ALL AGES



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## Down Syndrome Society of Rhode Island

**DEDICATED**

To promoting the rights, dignity and potential of all individuals with Down syndrome through advocacy, education, public awareness and support.

**MEMBER INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (    ) \_\_\_\_\_ EMAIL \_\_\_\_\_

Please circle one or more of the following

Parent      Family      Member      Educator      Professional      Other

**MEMBERSHIP LEVEL**

- Individual/Family Membership .....\$25
- Professional .....\$30
- Contributor .....\$50+
- Sponsor .....\$100+
- Sustainer .....\$250+
- Benefactor .....\$500+
- President's Club .....\$1000+

**YOUR MEMBERSHIP**

Supports the publication of **DSSRI NEWS**

Enables families and professionals to access the most up to date resources available.

*Please make check payable to the Down Syndrome Society of Rhode Island*

- I'd like to help out as a volunteer. Please call me.