

**ADOPTIVE
FAMILIES**
SPECIAL COLLECTION

**Adoption
Medical Travel
Guide**

- **Evaluating a Referral**
- **Pre-adoption Preparation**
- **Post-adoption checkups**
- **and more**

by Deborah Borchers, M.D., F.A.A.P.

What kind of referral information will I receive about a child available for adoption, and how do I assess it?



DEBORAH BORCHERS, M.D., is a founding member of the American Academy of Pediatrics Section on Adoption and Foster Care, and the mother of three children adopted internationally.

ADOPTION PLANS FOR CHILDREN are made for a variety of reasons, including poverty, single-parent households, previous abuse and neglect, maternal physical and mental illness, drug and alcohol abuse (both prior to and after birth), and legal regulations of a given country. These reasons become factors in a child's medical, developmental, and psychological future. That's why it's important to seek and understand a pre-adoption medical review. A review will address your concerns about the health of a child and help you give your child the best care.

Although many families focus on the country of a child's birth in assessing health and development, this factor is not as important as the individual situation of a given child. Premature birth, poor prenatal nutrition, and living in an orphanage all play into the present and future health of a child. Families adopting outside the United States need to realize that children available for adoption overseas may have the same risk factors as children adopted from our own foster-care system.

What you'll get

Medical information that accompanies adoption referrals varies in depth, content, and accuracy. Those about to adopt a newborn domestically should receive information about prenatal care and diseases, as well as about any blood testing the birthmother undergoes prior to delivery. In the U.S. this should include testing for hepatitis B, HIV, and syphilis. Older children (whether they're adopted privately or from foster

care) should have medical records that include birth history, immunizations, and previous health care, and prenatal information, if available.

You may gain developmental information through a child's preventive health care records. For example, growth measurements (weight, length,

MORE THAN THE COUNTRY OF BIRTH, THE UNIQUE SITUATION OF EACH CHILD IS THE MOST IMPORTANT FACTOR IN ASSESSING HEALTH.

and head circumference) should be plotted on standard North American growth charts (available at www.cdc.gov/growthcharts). Seek any information about hospitalizations, surgeries, medications, and allergies, as well.

As for overseas adoption, some countries provide only birth information (height, weight, general health, and so on), particularly for newborn referrals. Other countries may offer more detailed information, including medical evaluations, developmental information, even birth-family history of med-

ical disorders. Photos or videos may be available for children. Look for assessment of growth points, evaluating patterns of growth as well as the child's size.

Be aware that medical terminology from some countries may be unfamiliar, even confusing, to many U.S. physicians. In Russia, for instance, terms and phrases describing inherent maladies in children are sometimes based on assumptions, rather than on diagnoses.

What to watch for

Most physicians preparing pre-adoption referrals will pay careful attention to information about the size of a child's head. A small head (microcephaly) may suggest malnutrition, fetal alcohol exposure, or a birth defect, either genetic or resulting from the birth process.

Understand that children who have lived in institutional care are at increased risk for growth delay. Adoption physicians agree that a child will typically lose one month of growth for every three months in an orphanage. With mild malnutrition, the child may be smaller than his peers, but his head size should be normal.

Photos and/or videos of all children (not just those from Russia and Eastern Europe) should be assessed for possible Fetal Alcohol Syndrome. Signs of this disorder include growth delay, developmental delay, and mental health problems. Whenever possible (when videos are available, for example), language should be assessed, particularly to rule out hearing disorders. A child should



ONLINE: For more information about medical tests for your newly adopted child, read "Post-Adoption Check Ups" on the AF Web site: www.adoptivefamilies.com/articles.php?aid=721.

also be assessed for unusual stiffness (increase in muscle tone) and/or asymmetry in the way she uses her body.

Specific medical diagnoses, such as cleft lip and palate, heart defects, and limb abnormalities, should be identified with a review of pertinent medical records. The availability and accuracy of such records varies depending upon the child's birth country. Sometimes additional information can be requested, to give more data about an identified special need, but this is not always available.

Development should be assessed closely, using written information, as well as pictures and videos. Developmental milestones should coincide with a child's growth, as recorded on a growth chart. For example, a 1-year-old child the size of a 9-month-old should be

at the 9-month level developmentally [see chart, below]. Extreme delays may indicate long-term challenges.

Particular attention should be paid to a child's social interactions and language skills, especially if a video is available. A video can reflect only moments in a child's life, but it may demonstrate how a child responds to familiar adults and children. Behaviors such as seeking affection, responding to verbal commands, and looking for solace when upset are important in assessing how a child may attach to a new family.

Putting it together

Prospective adoptive parents often seek out a physician with experience in adoption and foster-care medicine who will review medical-referral information to

determine what other (if any) information is needed to make an informed decision. Many such physicians are members of the American Academy of Pediatrics Section on Adoption and Foster Care (www.aap.org/sections/adoption), and are available for consultation before you travel.

Even with the most complete medical referral, there are still uncertainties ahead. While an objective review of the health information will help you decide whether you are able to provide a good home for a child, adoption is ultimately a leap of faith. Children who come with a past that may influence their future will do best in a loving home prepared to meet their challenges.

DEVELOPMENTAL INDICATORS CHART

At these ages, most children...

1 month	<ul style="list-style-type: none"> • Lift head a little when lying on stomach • Watch objects for a short time • Make "noise in throat" sounds • Stay away from annoying sensations, such as a cloth or blanket on the face 	12 months	<ul style="list-style-type: none"> • Pull themselves to stand and occasionally step with support • Nod their heads to signal "yes" • Give love • Pick things up with thumb and one finger • Say two or three words
2 months	<ul style="list-style-type: none"> • Hold their heads up (bobbing when held in sitting position) • Sometimes imitate or respond to a smiling person • Roll partway to side • Make sounds of discomfort 	15 months	<ul style="list-style-type: none"> • Walk without support • Do some self-feeding • Speak and make their voice go up and down • Drink from a cup held by someone • Use four or five words
3 months	<ul style="list-style-type: none"> • Lift head and chest when lying on stomach • Recognize bottle or breast • Smile when talked to • Show active body movement • Follow moving things with their eyes 	18 months	<ul style="list-style-type: none"> • Walk (may run a bit) • Use five to 10 words • Climb up or down one stair • Pull toys that have wheels • Mark on paper with crayons • Understand easy directions
4 months	<ul style="list-style-type: none"> • Hold head up for a long time without bobbing • Laugh out loud • Roll from front to back • Like to play • Grab an object held near their hand • Make sounds when talked to 	2 years	<ul style="list-style-type: none"> • Give toys when asked • Recognize a familiar picture and know if it is upside down • Kick a large ball • Turn pages in a book (two or three at a time) • Use two or three words together, such as "more juice"
6 months	<ul style="list-style-type: none"> • Sit with little support • Respond to a friendly voice with a smile or coo • Roll from back to stomach • Turn and look when hearing sounds • Change object from hand to hand and from hand to mouth 	3 years	<ul style="list-style-type: none"> • Walk up stairs holding railing • Unbutton large buttons • Stand for a moment on one foot • Talk of toilet needs • Open doors • Stack objects by size • Ask and answer simple questions • Speak clearly and be understood by family members
9 months	<ul style="list-style-type: none"> • Sit alone and change positions • Say "mama" and "dada" • Crawl • Respond to people they know • Respond to their own name 		

From the U.S. Department of Education online archives, adapted from the Illinois State Board of Education's Child Find materials.

My family and I are traveling to meet our new baby. What medical preparations should I make?

WHETHER YOU'RE TRAVELING in the U.S. or abroad, preparing for medical emergencies—even minor ones—is always a smart idea. The less you worry about illness, the more you can focus on what's really important—your new family. Of course, situations vary, and the medical precautions you take will largely depend on where you are going and how long you will be there. As soon as you know you'll be traveling, consult your family doctor (and your child's pediatrician) about how to make your trip a healthy one. Here are some things you'll want to cover.

IMMUNIZATIONS: Routine immunizations may not be enough if you're traveling to certain foreign countries. In many places, your family needs vaccinations against diseases that you wouldn't encounter at home.

- ✓ Check with your doctor and pediatrician to make sure everyone's standard immunizations are up-to-date.
- ✓ Consult a travel-medicine specialist about the specific vaccines you'll need for your destination. Your primary-care physician probably won't know about the current health risks in the Hunan province of China—and if he does, he may not have the vaccines you require in his office (say, typhoid or Japanese encephalitis). A travel-medicine specialist will. To find one, ask your physician for a referral, or visit the International Society of Travel Medicine's directory at www.istm.org.
- ✓ Make appointments as soon as possible—some vaccinations (such as hepatitis B) require several doses to work effectively.
- ✓ Do your own research. Know which diseases—and which vaccines—to ask about. Visit the Centers for Disease Control and Prevention's Web site, www.cdc.gov, and click on "Traveler's Health."

CONSULT AN ADOPTION MEDICAL SPECIALIST ABOUT YOUR NEW BABY:

Adoption medical specialists are in tune to children's health risks around the world. Consult one before you leave home. She'll help you decide what to pack (for example, antibiotics or no antibiotics?), and can tell you of specific risks to your child depending on where he was born. Here's what to ask:

- ✓ Should you pack special medications for the new baby?
- ✓ What kind of medical exams will the new adoptee have had?
- ✓ What vaccines will your child need when she comes home to the United States?

For a list of adoption specialists, visit www.aap.org and search "adoption and foster care."

THE GREAT DEBATE: SHOULD YOU PACK ANTIBIOTICS?

Nervous about various bacterial infections, many adoptive parents are inclined to pack antibiotics—just in case. Doctors have some mixed opinions about this. Some feel they'd rather see you prepared for everything, and write prescriptions with no fuss. Others say there are many kinds of antibiotics, and only a doctor who has assessed your illness should decide which one you need. Talk with a doctor, and make a decision based on where you're going and how long you plan to be there.

PROPHYLACTIC MEDICATION: In some countries, you'll want to protect yourself against diseases by taking prophylactic medication. For example, if you're traveling to Guatemala, your doctor may prescribe an antimalarial drug like Chloroquine. (Certain antimalarial drugs are safe for infants and children, depending on dosages.)

- ✓ Consult with a travel-medicine specialist about prophylactic medication.

- ✓ Consult with your family doctor (and pediatrician) about the specialist's prescriptions.

- ✓ Do your own research: Visit the Centers for Disease Control at www.cdc.gov and click on "Traveler's Health."

HOW TO PACK MEDICATIONS:

- ✓ Keep medications in their original bottles—you won't mix them up or forget the dosage.
- ✓ If the original container is too large, ask the pharmacist to give you a smaller one and label it.
- ✓ Never put two medications into one container to save space. Drugs can chemically react to one another.
- ✓ Bring more medication than you think you will need.
- ✓ If you're packing prescription medications, take along a letter from your doctor, stating his name, phone number, what you're taking, and why. If you have severe allergies, the letter should say exactly what you're allergic to and what your allergic reaction is. (Diabetes patients who need routine injections must carry a doctor's letter stating the need for syringes and needles.)
- ✓ Pack all prescription medications in your carry-on luggage in case your bags get lost or delayed.

DOCUMENTS: Documentation regarding your family can make emergency room

SOME HEALTH INSURANCE COMPANIES WON'T COVER MEDICAL EMERGENCIES OUTSIDE THE U.S. TRAVELING ABROAD? CONSIDER TRAVEL HEALTH INSURANCE.

visits—and getting through customs—a whole lot easier.

- ✓ If only mom is traveling, take a notarized letter from dad stating that she has permission to leave the country with their child.
- ✓ In addition to passports, bring copies of your adoption decree and birth certificate for any child who was previously adopted.

FINDING A DOCTOR AWAY FROM HOME:

Ideally, your baby won't need to see a doctor during your trip—but on the off chance she does, be prepared.

- ✓ Ask your adoption agency to refer pediatricians in your destination. Since the agency has worked in the region before, they may have some great referrals to offer.
- ✓ Call your hotel and ask if it has a doctor on call, and ask how it handles medical emergencies.
- ✓ Ask your facilitator for the names of local pediatricians.
- ✓ Talk with your own primary-care physician about recommendations for medical care away from home. Ask if you can call him/her from abroad.
- ✓ Ask your child's future physician about how to handle medical situations on the road.

STAYING HEALTHY AWAY FROM HOME:

Aside from taking medications, these simple practices, recommended by the Centers of Disease Control, can help keep you and your family healthy in foreign places.

- ✓ Wash your hands often with soap and water.
- ✓ Don't eat or drink dairy products that are not pasteurized.
- ✓ Eat only thoroughly cooked foods, or fruits and vegetables you have peeled yourself.
- ✓ Drink only bottled water.
- ✓ Drink only soft drinks from cans or bottles.
- ✓ Don't drink beverages with ice.
- ✓ Don't eat food purchased from street vendors.

- ✓ Beware of mosquitoes where malaria is a concern. Use insect repellents that contain DEET—it's safe for adults, children, and infants older than 2 months—and wear long sleeves, pants, and hats.

AT HOME: If you become ill after you return home, remind your physician or specialist that you were in another country. Your doctor can focus on illnesses to which you may have been exposed, and help you make a speedy recovery.

TRAVEL MEDICAL INSURANCE: Some health insurance companies won't cover medical emergencies if you're outside of the U.S. If you're traveling abroad, consider purchasing a travel medical insurance policy. For \$119 per couple, per year, American Express offers \$50,000 (per person) worth of coverage for cardmembers who are more than 150 miles from home. Not a cardmember? Book with an insurance company that offers policies on a per-trip basis. Premiums are generally nominal for coverage up to \$50,000. Their cost depends on the age of the traveler, and the length and cost of the getaway. To find an insurance company and compare premiums, visit www.insuremytrip.com.



WRITE TO US: Is there a medical question you'd like *AF* to answer? Let us know by e-mailing to letters@adoptivefamilies.com.

ONLINE: Read "The Top 10 Secrets of Successful Adoption Travel," by Carrie Howard (www.adoptivefamilies.com/articles.php?aid=247).

TRAVEL HEALTH KIT

If you're traveling in the U.S., you'll probably be able to find a drugstore if your baby suddenly needs cough syrup. Outside the U.S., however, medication and first-aid supplies may not be so easy to come by. Pack these items, and relief will never be further away than your suitcase.

- ✓ Band-Aids
- ✓ alcohol swabs
- ✓ antibacterial hand-wash or wipes
- ✓ anti-diarrhea medicine for adults (not recommended for babies and children)
- ✓ diaper-rash cream
- ✓ baby cold/cough medication
- ✓ oral antihistamine (baby dose)
- ✓ Pedialyte
- ✓ bandage tape
- ✓ antibiotic ointment
- ✓ hydrocortisone cream for non-blistering rashes
- ✓ acetaminophen and/or ibuprofen
- ✓ thermometer
- ✓ teething gel
- ✓ latex gloves
- ✓ glycerin suppositories
- ✓ medication spoons or droppers
- ✓ baby lotion
- ✓ powder
- ✓ cotton-swabs
- ✓ nail clipper
- ✓ bottles and assorted nipples
- ✓ diapers

Post-Adoption Medical Evaluation

Which medical tests should our newly adopted child have now that she's home?

Traveling to adopt my children, I witnessed firsthand the conditions in which they spent their early lives. As a mom, I saw the caretakers' love. As a pediatrician, I saw crowded living quarters and lack of sanitary conditions. Before we came home, I treated lice and scabies passed to my daughter from her caretakers. But by the time of her first doctor visit in the U.S., my daughter was clean, free of skin diseases, and had begun to adjust to her new surroundings.

Most pediatricians treating newly adopted children can't judge potential risk factors based on firsthand observation. They must rely on what parents tell them about their children's early lives.

After a child's placement in an adoptive home—whether via a domestic or an intercountry adoption—there should be a review of all medical records, a complete physical examination, and diagnostic testing, all taking into consideration the child's past. Since children change between the time of adoption and the first medical evaluation, healthcare workers need to be reminded about the child's *previous* home and circumstances. With these in mind, healthcare workers should take the following steps:

Evaluate birth history and past medical history. In cases where these are unavailable, physicians must evaluate a child's potential exposures from available information. Children exposed to drugs or alcohol prior to birth should be evaluated for blood-borne pathogens and sexually transmitted diseases, as should children born in countries where risks of those diseases are higher. This should include testing for syphilis, hepa-

titis B, hepatitis C, and HIV. Children who have been significantly malnourished, have been in institutional care, or who have lived in northern latitudes (where they may not have been exposed to much sunshine) should be tested for rickets. For children adopted domestically at birth, review of birth records should include attention to testing done on the birthmother, with repeat testing if records are unavailable or unreliable. All children adopted from another country should have a repeat of any pre-adoption testing.

Assess risk for diseases. Children who have lived in conditions of poverty are at risk for infectious diseases as well as diseases related to environmental toxins and inadequate nutrition. Risk of exposure to tuberculosis is much higher in orphanages and other institutions, as well as in particular areas of the United States. Any child who has been adopted abroad should be evaluated for giardia and other stool parasites. A complete blood count should be done to check for anemia. Non-Caucasian children should have a hemoglobin electrophoresis to evaluate abnormalities in the structure of the blood hemoglobin. All children beyond the newborn stage should also have a test done for lead toxicity. A urinalysis can detect kidney disorders and urinary tract infections.

Perform metabolic screens. In the U.S., all states require testing at birth for metabolic disorders that, if left untreated, will result in mental retardation. Physicians should verify that this testing has been done, or, if results are unavailable, repeat the test. Children under the

age of one who have been adopted internationally should have a metabolic screen sent to the Department of Health of the state in which they live.

Validate immunizations. If records cannot be validated, most immunizations can be repeated without harm to the child. Where records exist, in order to verify them, blood testing may be done to examine for antibody protection from previous immunizations. The same should be done for children who arrive from other countries with a written immunization record. With few exceptions, immunization records of internationally adopted children should not be accepted as written. Vaccines given to orphanages may be old or not refrigerated properly.

Do hearing and vision screening. The American Academy of Pediatrics recommends hearing screening for all newborns and an eye exam in the first six months of life. Whatever your child's age, screening early for problems will ensure that she is fully able to respond to her new environment.

Carry out developmental evaluations. Children who have lived in foster homes or institutions are at risk for developmental delays. It's worth assessing a child's psychological needs, too. Is there reason to believe there is a history of abuse or neglect? Its effects may not surface until months or years after your child comes home, so this aspect of your child's health warrants ongoing assessment.



Recommended Evaluations Checklist

Clip out this list to take to your child's first doctor visit.

- ✓ **DISEASE SCREENS:** Review risks of sexually transmitted diseases, as well as blood-borne pathogens. For children with prenatal drug exposure, as well as any children adopted internationally, blood should be screened for hepatitis B surface antigen, hepatitis B surface antibody, hepatitis B core antibody. Test for syphilis, hepatitis C and HIV, as well.
- ✓ **STOOL EXAMINATION:** For all children who have lived in substandard housing, including orphanages or foster care in other countries, stool examination should be done for ova and parasites, giardia antigen, and bacterial culture. Three specimens, obtained 48 hours apart, are strongly recommended.
- ✓ **BLOOD COUNT:** Hemoglobin electrophoresis is recommended for children who are anemic and at risk for abnormal hemoglobins—those of African, Asian, or Mediterranean descent.
- ✓ **LEAD LEVEL TESTING**
- ✓ **METABOLIC SCREEN:** if the child is less than one year of age. This should include thyroid testing (TSH).
- ✓ **TUBERCULOSIS TESTING (PPD):** A test of 10 mm is considered positive for children adopted internationally. Prior BCG immunization is not a contraindication for TB testing, and results should be read as if no BCG had been given.
- ✓ **URINALYSIS DIPSTICK**
- ✓ **IMMUNIZATION CHECK:** Validate immunizations by accurate records for children adopted domestically. For those adopted internationally, most immunizations can be repeated without harm. Blood testing can be done to validate immunity.
- ✓ **EVALUATION OF DEVELOPMENT**
- ✓ **VISION AND HEARING SCREENING**
- ✓ **REPEAT TESTING:** Six months after arrival in the U.S., children adopted internationally should have repeat testing for hepatitis B and C, HIV, and TB (with a repeat PPD test).

Additional information is available from the American Academy of Pediatrics, www.aap.org. The Red Book, updated every three years, is the report from the Committee on Infectious Diseases. A chapter is devoted to the infectious disease testing recommended for international adoptees.

The child we're adopting is at risk for developmental delays. Our family doctor mentioned Early Intervention. What is it and how does it work?

EARLY INTERVENTION SERVICES ARE DESIGNED to identify and treat developmental problems in children through 35 months of age. These programs were put into place in the United States through the Individuals with Disabilities Education Act (IDEA), guaranteeing certain rights to children with special needs. Because these federal programs are administered on a state level, specific services vary across the country.

Who should be assessed?

No matter where you live, the first step in Early Intervention is to determine whether your child is at risk for a disability. A child's physician is usually the one who makes the referral, but parents, social workers, and child-care providers can recommend that a child be assessed. A child who joins her family through adoption often qualifies for assessment based on multiple risk factors in her past. These may include (but are not limited to) previous abuse or neglect, exposure to drugs and/or alcohol prior to birth, premature birth, cleft lip/palate, vision or hearing deficits, or a previous history of living in an orphanage. Even children with subtle developmental delays qualify for screening for Early Intervention programs.

Parents should consider initiating a referral if their child has any risk factors for developmental delays, even if there is not yet a specific concern. Research has shown that a routine office visit to a physician will identify fewer than 30 percent of the children who have developmental problems.

What's the next step?

Once a referral is made, the state is obligated to conduct an initial evaluation and assessment within 45 days. During the initial screening assessment, a developmental specialist determines whether further evaluations are needed. If the specialist believes there is reason to be concerned about the child's development, a comprehensive, multidisciplinary evaluation is undertaken to determine the child's specific needs. Referrals may be made to evaluate delays in the child's overall intelligence, physical development, communication skills, social or emotional development, or daily living skills.

If specialists identify a disability or developmental delay in an eligible

IF A DISABILITY
OR DEVELOPMENTAL
DELAY IS IDENTIFIED
IN A CHILD YOUNGER
THAN 3, THE STATE IS
MANDATED TO
PROVIDE SERVICES.

child younger than 3 years old, the state is mandated to provide therapeutic services. Some states also provide services to children identified as being "at risk" for delays.

What services will we receive?

Once the determination is made that a child qualifies for services, the next step is to write an Individualized Family Service Plan (IFSP). This written plan is similar to the Individualized Education Program (IEP) that provides assistance to school-age children with special needs. The IFSP has a dual focus, providing care to the child as well as to the family. Parents should be involved in the writing of the IFSP, to ensure that their child's developmental needs will be met. Review of the IFSP by the developmental team (including the child's physician, teachers, and other friends or professionals whom the parents choose) and the child's family should take place at least every six to 12 months to make certain that the child's needs are still being met through the provided services.

Developmental services provided through Early Intervention programs will vary, depending upon state law, the specific needs of the child and family, and the availability of services where the family lives. The IFSP may include recommendations for home-based services, classroom services (with or without the parent present), or medical-based services (in a hospital or outpa-



ONLINE: For more information about EI services, read "Early Intervention: Spotting Problems in Your Child's Development" on the AF Web site: www.adoptivefamilies.com/articles.php?aid=645.

tient setting). [For descriptions of common interventions, see box below.]

What should families expect?

Because Early Intervention is a federal program, the initial evaluation is provided at no cost to families. If a child is deemed eligible for ongoing services, these are frequently provided at no cost

to the family. In some states, services are provided on a sliding fee scale or are billed to private health insurance or government medical assistance. Treatment sessions, as well as the initial evaluation, may be provided in the child's home, a child care center, a clinic or hospital's outpatient facility, or even in a public agency office.

As you begin navigating the Early Intervention system, remember that a key component of the evaluation process is determining the needs of your family as a whole, as well as the needs of your child as an individual. In the medical field we recognize that, by assisting the family, we also provide assistance to the child.

A Quick Guide to Early Intervention Services

A range of therapeutic services is offered under EI. These may include:

- **Speech-language services** to help children with language delays
- **Occupational therapy** to improve fine motor skills
- **Physical therapy** to assist with major muscle skills (i.e., walking)
- **Vision therapy**
- **Hearing aids**
- **Nutrition assistance** for children who are undernourished or have sensitivities to food
- **Assistive technology devices**
- **Nursing services, social work services, mental health services, and other family assistance**, depending upon the state

Early Intervention Resources

- To find out how to access services near you, contact the National Dissemination Center for Children with Disabilities, 1-800-695-0285, www.nichcy.org.
- More information is available from the National Early Childhood Technical Assistance Center (NECTAC), www.nectac.org, and the National Center of Medical Home Initiatives for Children with Special Needs, www.medicalhomeinfo.org.
- The U.S. Department of Education Web site (www.ed.gov/about/offices/list/osep/index.html) provides information about the IDEA legislation, and about programs for children who are too old to qualify for Early Intervention programs.
- www.wrightslaw.com is a dependable site for parents of kids with special-education needs.