



## INFORMATION ON REPORTING ABOUT CHILDREN WITH DISABILITIES

### DEFINITION

The Children's Trust Board of Directors defines children with disabilities as:

*Children who currently have a physical, emotional, developmental, behavioral, or chronic medical condition or delay. These children experience impairment in their sensory, cognitive, motor, emotional, or behavioral functioning, which requires support, ongoing intervention, or accommodation provided by others in order to participate in an age-appropriate fashion in education, social activity, or physical activity in an appropriate environment.*

### INFORMATION TO BE COLLECTED AND REPORTED

The Child Information Form posted on The Trust website is intended to assist providers in collecting meaningful information about how to better serve children with disabilities in all its funded programs. This includes information about a child's primary method of communication, as well as specialized supports and services the child is receiving and/or needs to fully and meaningfully participate in the program. This information is reported in The Trust's electronic reporting system along with other demographics. See page 3 of this document for detailed guidance on how to report the information.

### CONDITIONS

The Children's Trust uses the following categories to track different conditions experienced by children with disabilities. When entering information into The Trust electronic reporting system, if you indicate that a child has a condition expected to last for a year or more, you must also choose at least one of the following. A child may have more than one condition; please indicate all that apply.

- **Physical Disability or Impairment:** Conditions that substantially limit one or more basic physical activity, such as walking, climbing stairs, reaching, lifting, or carrying (for example cerebral palsy).
- **Medical Condition or Illness:** An ongoing health condition that affects a child's ability to participate in at least one program activity. Examples include seizure disorders, asthma, diabetes, sickle cell anemia, cystic fibrosis, cancer, and HIV/AIDS. Children with chronic medical conditions may be ill or well at any given time, but they are always living with the condition.
- **Hearing Impairment or Deaf:** A full or partial decrease in the ability to detect or understand sounds (sometimes referred to as deaf or hard-of-hearing).
- **Visual Impairment or Blind:** Limited or lack of ability to see visual images (sometimes referred to as blind or legally blind).
- **Speech or Language Condition:** Children with speech/language impairments experience difficulties that persist beyond early childhood in at least one of the following areas: speech or language processing, speech or language production, and language use.
- **Autism Spectrum Disorders (ASD):** A general term widely used to refer to Autism, Asperger's Syndrome, and Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), which are typified, in varying degrees, by difficulties with social interaction, verbal and nonverbal communication, and repetitive behaviors or interests.
- **Developmental Delay** (applies only to children through age 5): Refers to a child whose development lags significantly behind established typical ranges for his or her age in areas that include speech/communication, self-help, cognitive, physical, and/or social/emotional development.

- **Problems with Learning (if school-age):** This may include learning disabilities, which involve a discrepancy between achievement and intellectual ability in one or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematical calculation, and mathematical reasoning.
- **Problems with Attention or Hyperactivity (ADHD/ADD):** Attention Deficit Hyperactivity Disorder is characterized by an individual having difficulty focusing on a task and maintaining concentration, being overly active and/or having difficulty with impulse control.
- **Problems with Depression or Anxiety:** Depression refers to a condition characterized by feelings of sadness, despair, and discouragement. Anxiety is characterized by nervousness, fear, apprehension, and worrying.
- **Problems with Aggression or Temper:** Aggression is a form of behavior designed to hurt someone else, either emotionally or physically. It is often accompanied by quick or intense feelings of anger.

### OTHER PRIORITY POPULATIONS

While The Children’s Trust is focused on supporting all children in our community, one of our guiding principles specifies that we target early intervention and prevention services to our most vulnerable children, families and neighborhoods. In addition to children with disabilities and special health and mental health care needs, some other vulnerable populations include children of migrant parents and children involved in the dependency and/or delinquency systems.

### DEFINITIONS

- **Children involved in the dependency system:** Children involved with DCF, Our Kids, full case management agencies, dependency and/or family courts.
- **Children involved in the delinquency system:** Children involved with the Department of Juvenile Justice (DJJ), Juvenile Services Department, and/or diversion/Civil Citation programs.



## NEW SPECIAL NEEDS AND DISABILITIES QUESTIONS HOW TO ENTER THE DATA IN SAMIS

### REMIND ME WHAT ARE THE NEW QUESTIONS AGAIN?

THESE FIRST TWO QUESTIONS MUST BE ENTERED IN SAMIS FOR EVERY CHILD  
(Regardless if he/she has a disability)

#### What are the main ways your child communicates?

- |                                                                |                                                                              |
|----------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Speaks and is easily understood       | <input type="checkbox"/> Uses communication devices like pictures or a board |
| <input type="checkbox"/> Speaks but is difficult to understand | <input type="checkbox"/> Uses gestures like pointing, pulling or blinking    |
| <input type="checkbox"/> Uses sign language                    | <input type="checkbox"/> Uses sounds that are not words like grunting        |

#### What, if any, help does your child receive at this time?

- |                                                                    |                                                               |
|--------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Speech/language therapy                   | <input type="checkbox"/> Special education services in school |
| <input type="checkbox"/> Occupational therapy (OT)                 | <input type="checkbox"/> Behavioral therapy or services       |
| <input type="checkbox"/> Physical therapy (PT)                     | <input type="checkbox"/> Counseling for emotional concerns    |
| <input type="checkbox"/> Daily medication (not including vitamins) | <input type="checkbox"/> None                                 |

**THIS QUESTION REPLACES THE "DISABILITY YES/NO" QUESTION ASKED IN THE PAST.**

#### What conditions does your child have that are expected to last for a year or more?

- |                                                            |                                                                              |
|------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Physical disability or impairment | <input type="checkbox"/> Developmental delay (only if under age 5)           |
| <input type="checkbox"/> Medical condition or illness      | <input type="checkbox"/> Problems with learning (if school-age)              |
| <input type="checkbox"/> Hearing impairment or deaf        | <input type="checkbox"/> Problems with attention or hyperactivity (ADHD/ADD) |
| <input type="checkbox"/> Visual impairment or blind        | <input type="checkbox"/> Problems with depression or anxiety                 |
| <input type="checkbox"/> Speech or language condition      | <input type="checkbox"/> Problems with aggression or temper                  |
| <input type="checkbox"/> Autism spectrum disorder          | <input type="checkbox"/> None of the above                                   |

If the Parent checked any of the conditions identified, the answer to the question in SAMIS should be "YES"

If the Parent checked only the "None of the above" box, the answer to the question in SAMIS should be "NO"

If you marked "None of the above" on the question above, please skip the next two questions and sign below. If you marked any other answer above, please answer the remaining questions and sign below.

Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do?  Yes  No

To support your child's successful participation in this program, in what areas might s/he need extra assistance?  No specific help needed

- Holding a crayon/pencil, writing, using scissors or other fine motor tasks
- Sports or physical activities like running or other gross motor tasks
- Managing feelings and behavior
- Academic, learning or reading activities
- Adapting activities to take into account a visual or hearing impairment
- Using assistive device(s) like a wheelchair, crutches, brace or walker
- Personal services like help with feeding, toileting or changing clothes
- Other \_\_\_\_\_

**THESE LAST THREE QUESTIONS WILL ONLY BE REPORTED FOR CHILDREN THAT ARE IDENTIFIED AS HAVING A CONDITION EXPECTED TO LAST A YEAR OR MORE ("YES" answer on the initial screen in SAMIS)**

**GREAT, I HAVE THE FORMS COMPLETED, NOW HOW DO I ENTER THE RESPONSES IN SAMIS?**

**1. Oh, I'm familiar with this screen in CDG!!!**

**Participant Code Information**  
(Confidential Information. Encryption to be applied)

Last Name:\*

First Name (use full legal name):\*

Middle Name:

Date Of Birth:\*  (mm/dd/yyyy)

Open Date:\*

Gender:\*

Participant Type:\*

Condition or disability lasting a year or more?\*:  *Note: You will be required to provide...*

Involvement:\*

**Response to Question:**  
*“What conditions does your child have that are expected to last for a year or more?”* This is the 3<sup>rd</sup> question on the second page of the Child Info Form (highlighted in previous page)

**Answer:**  
 No = None of the Above  
 Yes = Any of the conditions selected

**2. My child participant DOES NOT have a disability, but when I go to the next screen I see new questions at the bottom of the screen before “Reason for Participation”**

- Remember, the first 2 questions on the form must be answered and entered in SAMIS for ALL children/youth participating in your program

Dependency System:  Delinquency System:

**Ways child communicates?\***

<input type="checkbox"/>	Speaks and is easily understood
<input type="checkbox"/>	Speaks but is difficult to understand
<input type="checkbox"/>	Uses sign language

**Help child receives?\***

<input type="checkbox"/>	Speech/language therapy
<input type="checkbox"/>	Occupational therapy (OT)
<input type="checkbox"/>	Physical therapy (PT)

Reason For Participation Primary:\*  Activities/Services Primary:\*

**3. My child participant HAS a disability, now I see all 5 questions in the next screen**

**Ways child communicates?\***

<input type="checkbox"/>	Speaks and is easily understood
<input type="checkbox"/>	Speaks but is difficult to understand
<input type="checkbox"/>	Uses sign language

**Help child receives?\***

<input type="checkbox"/>	Speech/language therapy
<input type="checkbox"/>	Occupational therapy (OT)
<input type="checkbox"/>	Physical therapy (PT)

**Conditions child has lasting a year or more?\***

<input type="checkbox"/>	Physical disability or impairment
<input type="checkbox"/>	Medical condition or illness
<input type="checkbox"/>	Hearing impairment or deaf

**Any conditions make it harder for child to do things?\***

**Areas in which child needs assistance?\***

<input type="checkbox"/>	No specific help needed
<input type="checkbox"/>	Holding a crayon/pencil, writing, using scissors or other fine motor tasks
<input type="checkbox"/>	Sports or physical activities like running or other