



THE MILLER METHOD® NEWSLETTER

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Arnold Miller, Ph.D., Editor
Stephen Shore, Associate Editor

The **Miller Method® Newsletter** is a publication of the Language and Cognitive Development Center (LCDC) of Boston. It seeks to encourage exchanges of information between Miller Method programs and practitioners in the United States and abroad. Certain issues may contain names and phone numbers of parents and professionals who have participated in one of the Center's programs and who would welcome questions from other parents or professionals.

THE MILLER DIAGNOSTIC SURVEY (MDS): TWO MAJOR ISSUES IN THE FIELD

Outcome Research. One of the major questions facing the entire field of those working with children on the autism spectrum concerns the effectiveness of different approaches with these children. To date there has been no broad range study comparing different approaches. While there have been a number of studies over the years which document the effectiveness of the Miller Method, these have dealt with relatively small numbers of children. All this is changed this year with the advent of the Miller Diagnostic Survey (MDS). This research addresses two major issues:

1. How well is a particular special child progressing in his/her school program?
2. How well do comparable children progress in school programs with *other* approaches?

To answer the first question parents need only answer a series of questions about their child. These questions are available under "For Parents/Care-givers of Children with Autism or PDD" on the Center's web site. Parents can then transmit their responses directly to the Language and Cognitive Development Center (LCDC) where responses are organized into various categories and then returned to parents as a Summary Developmental Profile of their child.

At the end of the school year parents again answer the same questions. If the child has improved in certain categories, that improvement will be reflected in changed scores. A statistical analysis comparing the two developmental profiles will determine which changes in scored categories are statistically significant. The results will be sent to parents so that they can use it to evaluate the effectiveness of their child's program.

The Bigger Picture. The second issue addressed by the MDS project, concerns the relative effectiveness of different approaches. *Findings on this issue have implications for the entire autism community.* Currently, while there are many claims made by

various programs/approaches about their effectiveness, there is no hard data comparing outcomes with

one program/approach with another with comparable children. However, since each parent completing the MDS indicates the particular approach being used with their child (ABA, Greenspan, Miller Method, OPTION, TEACCH or other) – there is a clear basis for comparing one program with another with regard to gains achieved.

Current Status of MDS Outcome Research Project.

To date, over 400 families of special children are participating in the MDS project. Of these about 115 families have children enrolled in an ABA program while about 105 have children enrolled in a Miller Method Program. The remainder are scattered among different programs. In June 2002, as the results from the second MDS comes in from parents, it will be possible to statistically compare the results of the ABA and Miller Methods. Joining the Millers in this task is Professor Leroy Clinton and doctoral candidate, Stephen Shore, of Boston University's Department of Special Education as well as LCDC psychologist, Heather Englentine. Results will begin to be available in the Fall of 2002 with the help of the excellent programming developed for the MDS by Peer Partners of Toronto.

Autism Society of America (ASA) and LCDC Plan a Collaborative MDS Study.

Recently, ASA Executive Director Robert Beck and LCDC Executive Director Arnold Miller have begun to plan a large MDS study -- involving thousands of parents of special children – modeled after the study described above. This study would entail placing the MDS Survey on both the ASA and Miller Method websites. All MDS responses from parents would be shared by both organizations in a way that would permit both to analyze the data separately. There will be more on this as the project develops.

Highlights

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CONTRASTING THE MILLER METHOD® WITH THE ABA APPROACH

A key difference between the Miller Method and the ABA approach is the manner in which autistic and developmentally delayed and disordered children are taught. The ABA approach maintains that children must learn to sit quietly at a desk or table before it is possible to teach them. In sharp contrast, the Millers maintain that the children learn far more effectively when their entire bodies are actively and repetitively involved in the learning process. Children in LCDC programs learn by pushing, pulling, lifting and carrying things as well as climbing on elevated structures that require them to problem solve and that focuses their attention. Teachers, meantime, narrate and sign what the children are doing so that they became more conscious of themselves and how words and signs relate to their actions.

Valuing what the child brings is an important part of the Miller Method. Even disruptive behavior such as repetitive throwing or lining things up is valued even though they serve no immediately apparent function. This is in sharp contrast with the ABA approach which seeks to “stamp out” such behaviors. These atypical behaviors are valued because they are directed, organized and—although repetitive—lead to some outcome. Our sense is that these behaviors represent the very best that the children can manage at this time. By working with these unusual behaviors the Miller Method is often able to transform them into functional behavior. For example, repetitive throwing can often be transformed into selective dropping of certain items in one place and other items in another place. Similarly, solitary lining-up of blocks or other toys can be transformed into interactive play with these objects.

Dealing with disruptive behavior also distinguishes the two approaches. The ABA approach frequently uses “time out” for tantrumming or aggressive children with autism. At LCDC the use of “time out” is expressly forbidden. The Millers state, “If a child on the autism spectrum is already withdrawn,

how can removing the child from the group – and placing the child alone in a time-out room – do anything but further that autistic withdrawal?” Time out intervention assumes the child connects the unacceptable behavior to the consequence of being placed in an isolated room. Yet for many non- or limited-verbal children who live only in the moment, the connection between their inappropriate behavior and the consequence is never understood. So, instead of isolating the children, staff at LCDC work with the disruptive behavior in the group – a staff ratio of three adults to six children makes this possible.

Methods to resolve disordered behavior depend on careful assessment of what is triggering upset. Other methods of coping with tantrum behavior may involve the introduction of repetitive rituals (action systems) or, on some occasions, imitating and then asking the child to repeat one of the tantrum behaviors – screeching or leg kicking. Often, once a child responds to such a request – and different parts of it come under the child’s conscious control—the tantrum begins to dissipate.

The LCDC Story

LCDC with its dedicated staff has been at the leading edge of work with challenging children for almost four decades. Not only has this Center developed innovative strategies (Miller Umwelt Assessment Scales, Elevated Board Systems, Sign and Spoken Language and Symbol Accentuation Reading Programs as well as the Video Conferencing Oversight Program), it has developed the Miller Diagnostic Survey (MDS) which shows promise of providing parents in the autism community with the “hard data” they need to make informed choices about the programs best suited for their particular child. Beyond this, the MDS can help document the effectiveness of the Miller Method in comparison with other approaches.

Below are glimpses of some of these programs and how they are used to help the children “come alive.”

Helping the Children “Come Alive.” At LCDC a number of strategies are used to help the children “come alive,” to become aware of themselves and others and of their surroundings. These include “rough and tumble” play, and placing them in carefully supervised but challenging situations



Fig. 1. Child coping with elevated “Swiss Cheese” board.

where they have to notice where they are in order to cope. One of these involves working with and teaching the children while they are on elevated board structures two and a half feet above the ground.

Through daily activities involving “rough and tumble”

play, use of sign language programs, narrating of behavior and the use of challenging Elevated Board Systems, many children on the autism spectrum develop increased body awareness, problem solving skills, attention to surroundings and dramatically increased awareness of themselves as they relate to other human beings. In other words, they become “more alive” and interested in relating to people. Once the children are more “there” and in better emotional contact with people, they are much more responsive to communication work during which they learn that not only may gestures and words influence and guide their behavior, they may also use gestures and words to influence and guide the behavior of others.

The Elevated Board System. These systems were developed both as prostheses and as training devices for the children. The Elevated Square, for example, is a prosthesis in that it provides structure and guides the children from place to place in a way unavailable to them on the ground. It is a training procedure in that the children learn how to master detours, cope with obstacles and interact with people first on the elevated structures and then on the ground and in other locations. Elevated board systems are now in use in many schools and locations around the country and in other countries.

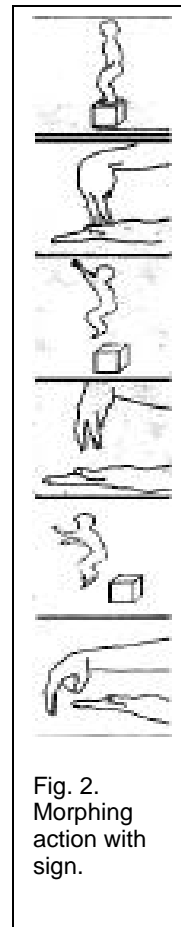


Fig. 2. Morphing action with sign.

The Sign and Spoken Language Program. In 1973 the Millers published the first article documenting the importance of sign language for children on the autism spectrum. Out of their research emerged the Sign and Spoken Language Program, which has enabled many children to begin to understand what is being said to them or required of them. It has also been found that the use of signs “pulls” spoken language and thus contributes to language development. To help the children understand the signs, they are morphed with their meanings in animated video presentations (see Figure 2. of child jumping with manual sign for jumping). The Millers findings have been successfully replicated by other researchers and sign language is now broadly used to help children on the autism spectrum develop their ability to communicate.

Symbol Accentuation Reading (SA) Program. Designed for children who were unable to find meaning in the conventional forms of printed words, the SA Reading Program morphs pictures into the forms of printed words. Emphasizing meaning in the teaching of reading and writing. There is a tendency of children on the autism spectrum to produce a kind of rote learning when they are taught to read by conventional methods. In other words, the children may parrot a word or sentence but not really understand its meaning. For this reason, the Millers take issue with the oft-cited phrase, “If it walks like a duck and quacks like a duck then it *is* a duck.”

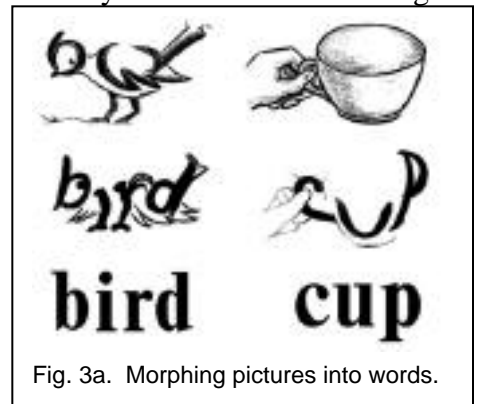


Fig. 3a. Morphing pictures into words.

The Miller Method maintains that the task of professionals is to make absolutely certain a child can demonstrate she truly understands what she says or reads. The Symbol Accentuation Reading Program developed by the Millers at LCDC carries through the emphasis on word meaning. The program introduces sequences that show a picture morphing into the printed words in a way that provides a transition from pictures which look like their objects to printed words which do not (see Fig. 3a).

Once children are able to recognize a few verbs and nouns, they are taught to sight read them and then immediately demonstrate their understanding. For example, if they read *dog falls* they must cause a toy dog to fall, and so forth. Additional morphing strategies (Fig 3b) are used to help children understand how the forms of letters relate to sounds. As the children watch animated sequences which show mouth movements transform into their conventional letters they find themselves inadvertently producing the sounds which these letters represent. In this way they progress toward an understanding of how to derive the meaning of unfamiliar words by

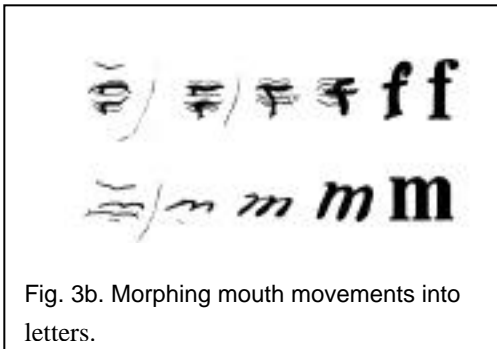


Fig. 3b. Morphing mouth movements into letters.

sounding-them-out.

The illustrations taken from the SA Reading Program show how this is done.

Videoconferencing Oversight (VCO). Although the Center works directly with between 25-30 children on the autism spectrum in its special school, the impact of the Miller Method extends far beyond these children. This is because of the use of videoconferencing with schools, clinics and families. Finding that there were many children remote from LCDC who needed access to effective strategies, the Center introduced the VCO program. This program entails live contact with professionals and parents working with a child on the autism spectrum in such a way that senior consultants at LCDC can see, hear

and guide the work. Videoconferencing even permits LCDC consultants to control the camera at the remote site so that they can pan, tilt and zoom in when necessary. The VCO system also permits regularly scheduled face to face exchanges with groups of parents seeking help in various schools which have VCO arrangements with LCDC. Below, are some updates from schools and Centers using VCO or TCO to apply the Miller Method.

TWO VIBRANT MILLER METHOD® PROGRAMS IN NEW JERSEY/NEW YORK AREA PUBLIC SCHOOLS

In this issue we feature two Miller Method programs in the New Jersey-New York area: One, **Park Lake School**, Rockaway, New Jersey -- functioning for over 5 years -- is the senior program in the area; the other, at **PS 177** in Queens, New York -- in its second year -- is the newest. In subsequent newsletters we will feature other Miller Method Programs located around the country in both public and private settings.

PARK LAKE SCHOOL: A MODEL MILLER METHOD® PROGRAM FOR NEW JERSEY

Park Lake's Miller Method program was initiated by Superintendent Angelo Vilaridi, Morris County Educational Commission, and has been implemented by Sheryl Kaufman, Principal, with an able staff of teachers and clinicians. The school serves students with autism, pervasive developmental disorders (PDD) as well as those with sensory and language issues and multiple disabilities. It has programs for those ranging in age from 3 to 21.

During the 5 years of the program's existence at Park Lake it has attracted professionals and parents from both within and beyond the state. It has also served as a model for other Miller Method programs developing in New Jersey. Sheryl Kaufman reports that there is twice a week videoconferencing (VCO) with Dr. and Mrs. Miller and that many parents are reporting dramatic, positive changes in their children since starting the program. In addition to working with the children on the Elevated Square, professionals trained

in the approach work in the classroom in a way that complements the child-oriented philosophy of Park Lake.

Another feature of the collaboration is the monthly face-to-face (through videoconferencing) question and answer session between Park Lake parents and the Millers which both parents and staff have found to be both engaging and enlightening. Sheryl reports that Park Lake has adapted the Miller Method to the development of life skills for their older and more independent students. The goal for all the children is to learn how to function in the "real world." Key to the outstanding success of Park Lake's model program has been the team effort between staff, districts and parents (as well as the excellent program administration. Ed. note).

Parents or professionals seeing further information about Park Lake School may contact Sheryl Kaufman, Principal at (973) 983-1099.

A NEW MILLER METHOD® OPTION AT PS 177Q NEW YORK CITY

by Lisa Hauben M.S., Miller Method Specialist*

Two years ago, only ABA and TEACCH programs were available to the autistic children attending PS 177Q, a New York City public school devoted solely to children with special needs.

Today, there is an additional Miller Method option. PS177Q currently has 3 Miller Method classes. There are 6 students in each class. Each student has 1 C-D Therapy session per week with teacher and parent. Additional C-D therapy sessions include student, teacher, and speech pathologist. Whenever possible, small groups work the Elevated Square concentrating on big and small body activities as well as problem solving tasks. As we all know, autistic children "need" to move. We try to give them as much opportunity to do so in an organized and functional way.

The Miller Method Sign and Spoken Language Program is part of each classes daily schedule. The progress the children have made is awesome! Many are using words exclusively, while others continually

increase their use of gestures. As each student's ability to communicate increases, frustration tantrums, etc. consistently decrease.

The success of our MM program as well as the enthusiastic participation in the Miller Diagnostic Survey is obviously due to our committed parents and staff. I must add that if it were not for the support, foresight, and "children come first" commitment from our administration (especially Ms. Kathy Posa, Assistant Principal and Mrs. Robin Sue Ward-Principal) none of this would be possible.

We were delighted to have 100% parent/staff participation in The Miller Diagnostic Survey (MDS). We're looking forward to June when our parents will complete their second MDS. At that point, I'll be able to present the data comparing the MDS done 10 months earlier in September 2001 with the one completed by parents in June 2002. to our district Superintendent (with hopes that MM will grow throughout NYC).

For further information about our program, please feel free to contact me at PS177Q: (718) 357-4650 ext. 603.

*Lisa Hauben, a special educator, successfully completed all requirements to become a certified Miller Method Specialist in 2000. In 2001 she accepted a position at PS 177Q where she played an important role in training staff and – with the support of school officials – in establishing their Miller Method program.

GETTING STARTED IN WINCHESTER, VIRGINIA

By Edie Buchan, M. Ed., Physical Therapist
Miller Method Therapist-In-Training

I routinely use principles learned at a six weeks Miller Method internship spent at LCDC this past summer even though I have not yet started videoconferencing. We are using the Miller Diagnostic Survey (MDS) on our small population of children with autistic spectrum disorders and are planning to increase its use on a larger population of children with motor planning problems. Building the elevated platform is in the planning stages; we have a carpenter. My comprehension of the spectrum of autistic disorders continues to grow and with it an even greater appreciation of the MDS and the Miller Method. My ability to communicate with the children and their parents has improved greatly. As I learn I am teaching their teachers also.

THE MILLER METHOD THROUGH THE EYES OF A MAN EMERGING FROM THE AUTISM SPECTRUM

On May 2 and May 18, 2002 Arnold Miller and Stephen Shore will do a joint presentation which will underscore the striking parallels between Miller Method interventions with disordered children and Stephen Shore's experience as a child trying to emerge from his autism. Dr. Miller will define and illustrate with video excerpts the important role that body-world fusion plays in every aspect of the lives of children on the spectrum and the use of elevation to help the children better define themselves.

Stephen Shore will then describe instances of his own fusion tendency as a child growing up and how he sought dangerous "edge experiences" to become aware of himself in contrast to his surroundings. Stephen also provides examples of how his emotional life was affected by his difficulty distinguishing between his own feelings and those of others.

Arnold Miller then provides video excerpts of how the Miller Method works to both establish emotional contact with the children and establish the self-other boundaries so essential for social and communicative functioning. He also describes the "closed system" tendency of many children on the spectrum to become "captured" by their fascination with objects.

Stephen Shore describes how he developed from such a child to a person with rather intense hobbies involving geology, astronomy, bicycles, clocks, etc. He also describes residuals he still experiences from the period when he was completely immersed in his autism and key events in his life – including how he got married and changed careers. He closes with a vivid description of how various aspects of the Miller Method "spoke" to him and how he has incorporated basic principles of the theory and the method in his professional life.

Thursday, May 2, 2002 from 6:30 to 9:00 PM at William H. Galvin Middle School, 55 Pecunit Street, Canton, MA 02021. Contact Grace Burega, (781) 821-0481 for further information.

Saturday, May 18, 2002 from 9:00 AM to 12:00 Noon at the Massachusetts School of Professional Psychology in Dedham, Contact Dean Abbey (617) 327-6777 for further information.

A Sense of Loss

February was a cruel month. The Center lost two men that had been associated with it for many years: One, **Leon O. Brenner, Ph.D.**, had been a valued consultant and clinical director at LCDC at various times during the 1980s and 1990s. He will be remembered not only for his expertise and administrative skill but for his contagious sense of humor. Our condolences to his wife Ruth and his family.

The other friend and supporter of the Center was **Michael Lipof**. He was our first landlord when in 1971 the Center occupied rooms in an office building in Copley Square, Boston. Later, he joined the Center's advisory board. He was a staunch friend and advisor and was much concerned with the needs of children on the autism spectrum. Our condolences to his wife, Emily and his family. Both these good men will be missed.

NEW MILLER METHOD® BOOK FOR PARENTS AND PROFESSIONALS

Arnold and Eileen Miller with Kristina Chrétien are currently completing a book titled, "The Miller Method for Children on the Autism Spectrum: A Handbook for Parents and Professionals." The book is designed to guide both parents' work with their special children as well as that of professionals in both school and clinical settings. The book will be reader-friendly and sell at an affordable price.

Jessica Kingsley Publishers report that the book will be published simultaneously in the United Kingdom and the United States in 2003.

COME BACK JACK 2002: A SAD SEQUEL

Come Back Jack 2002 is a sequel to Come Back Jack which appeared several years ago and continues to be shown on PBS Channels around the country. Videotaped by his videographer father, it won prizes and showed the dramatic progress 5-year old Jack, an autistic boy, made during his brief stay at LCDC.

Come Back Jack 2002, also on PBS this May, is not upbeat. It shows an evaluation at LCDC pointing out Jack's developmental issues and describes the Parish's divorce and the devastating impact it had on Jack. While painful to watch at times, it is important because it underscores the stresses children like Jack invariably place on their families.

THE PARENTS' CORNER

QUESTIONS AND ANSWERS FROM THE MILLER METHOD WEBSITE (www.millermethod.org)

We have selected two questions with our answers from the many sent to us by parents because they highlight key aspects of our approach (Eds.)

My autistic son is obsessed with balls. When I take them away or hide them he cries inconsolably. My behavioral consultant recommends that I get rid of the balls. What would you suggest?

Our philosophy is -- whenever possible - not to take things away from the children but to try to build on what they have. For your "ritual-captured" child, involvement with balls is an important system. Repetitive play with them is at this time the very best that he can do with these intriguing objects without help.

I recommend trying the following: Get all kinds of balls -- big ones, little ones, red, green and yellow, soft, hard, heavy, light -- then set up different locations so that the little balls go in one place, the big ones in another. Then, before he gets bored with this sorting task -- start pelting him with the light (Nerf®) balls to start a ball interaction (like a snow ball fight) where you pelt him and he pelts you.

Perhaps you get a sibling or his father to help him pelt you with the balls. Periodically duck behind some furniture so he can't see you, then suddenly reappear and pelt him again. If he ducks down, wait until he pops up then get him again. See if he will try to get you as you scramble from one sheltered place to another...After a time (when you judge he's had enough excitement) tell him with word and gesture that it's time to put the balls away. Then, sing the "Clean up!" song as you point to the different balls scattered all over the room and guide him toward dropping them in their proper locations.

If, at that point, he wants to take a couple of balls with him as he prepares for bed, that's fine... If you follow this line of thinking you'll find other productive ways of turning his preoccupation with balls into important interactive exchanges that will prepare him for playing with other children.

If I use sign language with my nonverbal child with autism will he become so dependent on it that he will never learn to use spoken language?

A number of parents have expressed this concern about sign language. The plain answer is "No!" The use of sign language *does not* interfere with the development of spoken language. Quite the contrary, our research and that of others clearly demonstrates that children who previously could not follow spoken directions could do so after spoken words were paired with manual signs.

In other words, the meaning of the signs had transferred to the spoken words in a way that made heard spoken words meaningful. Also, for a certain number of children, the use of manual signs seems to "pull" spoken language. For these children -- as for typical children -- the manual signs are an important transition to functional spoken language.

Parents Whose Children Have Participated in a Miller Method Program and Wish to Share Their Experience

Ms. Elizabeth Albers	(403) 208-1746
Professor Bruce Auerbach	(860) 637-1179
Dr. Teresa Auerbach	(860) 637-1179
Ms. Teresa Becerra	(860) 637-1179
Ms. Kristina Bogus	(905) 450-8790
Ms. Louisa Diamond (Great Britain)	01978 311 235
Ms. Jeanie Earl	(403) 208-8444
Violet and Rick Gulack	(509) 276-8757
Barbara and Jack Hitchcock	(508) 376-5365
Ms. Jennifer Lopes	(508) 336-3753
Ms. Maria Mejia	(440) 951-6759
Mr. Robert Parish	(513) 248-8868
Ms. Kelly Pinhey	(613) 258-3322
Ms. Rebecca Sperber	(310) 396 1076
Ms. Lynn Thompson	(410) 295-7219
Dr. and Mrs. Charles Tucker	(502) 753-7463

Miller Method Program Options for Parents

There are now several different options for parents of special children at the Language and Cognitive Development Center in Boston. These are as follows:

1. Miller Umwelt Assessment\$1000
(2 hrs., written report, recommendations)
2. Parent-Child Training\$2750
(Umwelt Assessment and trial interventions, 9 hrs., over 3 days)
3. Six-Week Summer Session.....\$7200
(With Umwelt Assessment)
4. Short-term Placement at LCDC\$165
(From 2 months to a year) per diem
5. Videoconferencing Oversight (VCO).....\$200
(Fee for service). Per hr.

For further information contact Dr. Paul Callahan at
(800) 218-5232

FOR PROFESSIONALS SEEKING TRAINING IN THE MILLER METHOD

INTENSIVE 4-DAY MM COURSE LISTINGS

Arnold Miller, Ph.D. and Eileen Eller-Miller, M.A., CCC conduct all workshops with senior LCDC staff.

The workshop introduces theory and practice of the Miller Method and provides opportunity for "hands-on" training. Professionals planning to continue toward certification as a Miller Method Specialist or Therapist are required to complete a "take home" examination. Parents of special children who take the training are not expected to do so.

4-Day MM Workshop Schedule Through July 2003

Workshops are conducted at the Language and Cognitive Development Center, (LCDC) Boston.

Workshops in 2002. May 6-9, 2002; July 15-18, 2002; September 16-19, 2002; November 4 -7, 2002

Workshops in 2003. January 13 -16, 2003; March 10 -13, 2003; May 12 -15, 2003; July 14 - 17, 2003.

Tuition. The tuition for professionals attending each workshop is \$975.00 per person. The tuition for parents of a special child is \$450.00. Contact Dr. Paul Callahan at (800) 218-5232 to register or for further information.

CERTIFICATION AS A MILLER METHOD® THERAPIST OR SPECIALIST

To become certified as a Miller Method Therapist or Specialist with the right to present yourself to the public as competent to use this approach, professionals must meet the following requirements:

Basic 4-Day Miller Method Workshop. Participation and successful completion of the workshop and the "take home" examination.

Supervision. The candidate for certification has his or her work with three children (2 nonverbal and one limited verbal) on the autism spectrum supervised for 50 hours or its equivalent. by a senior staff person from LCDC.

Modes of Supervision. Supervision may be provided by videoconferencing (VCO) by telephone consultation supplemented by videotapes (TCO), by taking the **Advanced 4-Day Workshop**, or by taking a **6-weeks summer internship** at LCDC.

Other Requirements. Candidates for certification must demonstrate ability to conduct an Umwelt Assessment and write a report on their 3 cases. They must also complete a written examination covering the theory and practice of the method as it relates to their three cases. Finally, they must critique their own performance. On successful completion of all requirements, certification as Miller Method Therapist or Specialist is awarded by the Language and Cognitive Development Center.

Sliding Scale for VCO and TCO Supervision

To ease the start up cost of new Miller Method Programs, a sliding scale has been set up for supervision of programs. By doing so, we also seek to make MM certification more readily available. The costs are directly related to the numbers of children in a school or clinic program covered by VCO or TCO supervision.

Up to 6 children (average 4 hrs. per mo.)	\$700. per mo.
7 to 12 children (average 4 hrs. per mo.)	\$800. per mo.
13 and up (average 4 hrs. per month)	\$1000. per mo.

Professionals Wishing to Share Their Experience of a Miller Method Workshop

Maureen Boland - Early Child Educator (216) 736-4319
Linda Bradway - Principal, Phys. Ther. (908) 232-6655
Barbara Broad - Speech & Language.... (440) 602-1000
Dr. Christine Cook - Early Ed. Supervisor(216) 736-2928
Lisa Hauben - Special Educator (718) 849-3002
Sheryl Kaufman, Principal - Special Ed.(973) 983-1099
Cheryl Kline, Principal - Special Ed..... (440) 602-1000
Sonia Mastrangelo - Special Educator ... (905) 828-6348
Dr. Brenda McGuinness - Spch & Lang.(905) 372-6871
Tracy Lyndon - Occupational Therapist (847) 573-9236
Maria Mejia - Psychologist (440) 951-6759
Vicki Presnell - Occupational Therapist. (216) 736-8391
Stephen Shore - Doctoral Candidate (617) 277-9653
Barbara Taylor - Early Child. Educator (216) 736-4316



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