



**INTELLECTUAL AND
DEVELOPMENTAL
DISABILITIES**

5210
LET'S GO!
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T O O L K I T



GREETINGS!

are **you** ready?



Thank you for taking the time to review the **Let's Go! Toolkit for Children with Intellectual and Developmental Disabilities**. *Let's Go!* works with schools, child care programs, out-of-school programs, and health care practices to increase healthy eating and physical activity opportunities for ALL children. Our program is based on the following easy-to-remember message:

- 5** or more fruits & vegetables
- 2** hours or less recreational screen time*
- 1** hour or more of physical activity
- 0** sugary drinks, more water

*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

At *Let's Go!*, we believe that children with intellectual and developmental disabilities (I/DD) deserve the same opportunities to lead healthy lives as those offered to typically developing children. While children with I/DD face many of the same challenges to being healthy as their peers, they also experience unique risk factors and additional challenges that increase their risk for obesity.

In response to these challenges, *Let's Go!* has developed this toolkit for professionals like you who work with children with I/DD. Inside you'll find strategies, tools, and resources that address the healthy eating and physical activity needs of children with I/DD. These materials complement our core 5-2-1-0 message and evidence-based strategies for success, and are designed to ensure that the *Let's Go!* program can work for each and every child.

Our hope is that this toolkit will not only raise your awareness of the needs of children with I/DD, but also the expectation that, given more support, they can indeed lead healthy, active lives.



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The Barbara Bush Children's Hospital  At Maine Medical Center

CONTENTS

Getting Started

- *Let's Go!* in Maine
- Scientific Rationale for the 5-2-1-0 Message
- *Let's Go!* Definitions for Children with I/DD
- Healthy Habit Challenges for Children with I/DD
- Healthy Habit Challenges for Children with Specific Disabilities
- Health Care Challenges for Children with I/DD
- Services for Children with I/DD
- Coordinate Services to Support Healthy Outcomes for Children with I/DD
- Tips for Communicating with Children with I/DD
- Use Education and Service Plans to Support Healthy Habit Goals for Children with I/DD
- Use Transition Plans to Support Healthy Habits for Teens and Young Adults with I/DD

Healthy Eating

- How to Promote Healthy Eating for Children with I/DD
- When is “Choosy” Eating a Problem?
- Oral-Motor and Sensory Problems
- Healthy Foods by Texture
- Tools to Address Eating Problems in Children with I/DD
- Ideas for Healthy Snacks
- Handling a “Choosy” Eater
- Everyone Plays a Role in Promoting Healthy Eating for Children with I/DD

Non-Food Rewards

- How to Provide Non-Food Rewards for Children with I/DD
- Why Prohibit the Use of Food as a Reward?
- Food Rewards Tracker
- Preference Assessments for Children with I/DD
- Use Non-Food Rewards
- Use Physical Activity as a Reward
- Transitioning to Non-Food Rewards for Children with I/DD
- Everyone Plays a Role in Providing Non-Food Rewards for Children with I/DD

Physical Activity

- How to Make Physical Activity Inclusive for Children with I/DD
- Legal Requirements for Including Children with I/DD in Physical Activity
- Tips to Adapt Physical Activities to Include Children with I/DD
- Overcoming Barriers to Including Children with I/DD in Physical Activity
- Social Inclusion and Physical Activity
- Zones, Stations, and Relays
- Try Structured Recess!
- Principles of LET US Play
- Everyone Plays a Role in Making Physical Activity Inclusive for Children with I/DD

Health Care

- How to Advocate Healthy Habits for Patients with I/DD
- Recommend Healthy Habit Goals for Education and Service Plans for Patients with I/DD
- Health Care Provider Statement Recommending Healthy Habit Goals
- Sample Health Care Provider Statement Recommending Healthy Habit Goals
- Make Referrals for Services to Support Healthy Habits for Patients with I/DD

it's **ALL**
about healthy!



GETTING STARTED



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Let's Go! IN MAINE



Have you ever wondered:

- How does *Let's Go!* work in Maine?
- Where do all the tools and resources come from?
- Who you should reach out to with questions?

Then keep reading!

The *Let's Go!* Home Office

The *Let's Go!* Home Office is located in Portland, Maine, at The Barbara Bush Children's Hospital at Maine Medical Center. The role of the Home Office is to:

- Oversee all of the *Let's Go!* programs across the state.
- Establish and maintain partners across the state who can implement the *Let's Go!* model locally in their schools, out-of-school programs, child care sites, and health care practices.
- Create and manage annual evaluation activities and a statewide marketing campaign.
- Create and manage many of the tools and resources you receive including toolkits, e-newsletters, the website, and in-person and online trainings.

Dissemination Partners and *Let's Go!* Coordinators

Dissemination Partners are organizations located across the state that are responsible for supporting *Let's Go!* Coordinators in implementing the program locally. *Let's Go!* Coordinators are your local contact. Your *Let's Go!* Coordinator:

- Registers schools, out-of-school programs, and child care sites to participate in the 5-2-1-0 program designed for their setting.
- Works with registered schools, out-of-school programs, and child care sites to go through the *Let's Go!* 5 Step Path to Success, helping sites change environments and policies to support healthy behaviors.
- Acts as your go-to person for connecting to healthy eating and active living resources in the community.

If you don't know who your coordinator is, find out by going to www.letsgo.org and clicking on 'Partners' then 'Local Coordinators'.

*Note: This is for Maine-based sites only. If your region doesn't have a *Let's Go!* Coordinator, contact the Home Office at (207) 662-3734.*

Working with Health Care Practices, Schools, Child Care, and Out-of-School Programs

Every participating health care practice, school, child care program, and out-of-school program that signs-up to work with *Let's Go!* uses the 5 Step Path to Success and implements evidence-based strategies to work towards making the healthy choice the easy choice for all kids. The great news is that sites are usually doing a lot of this work already!



5-2-1-0 Message

THE SCIENTIFIC **RATIONALE****5** or more fruits and vegetables.

A diet rich in fruits and vegetables provides vitamins and minerals, important for supporting growth and development, and for optimal immune function in children. High daily intakes of fruits and vegetables among adults are associated with lower rates of chronic diseases such as heart disease, stroke, high blood pressure, diabetes, and possibly, some types of cancers. Emerging science suggests fruit and vegetable consumption may help prevent weight gain, and when total calories are controlled, may be an important aid to achieving and sustaining a healthy weight.

2 hours or less recreational screen time.*

Watching too much television (TV) and use of other screen media is associated with an increased prevalence of overweight and obesity, lower reading scores, and attention problems. The American Academy of Pediatrics (AAP) recommends no more than 2 hours of screen time a day and that children under age 2 not watch any TV or other screen media. The AAP recommends keeping the TV and computer out of the bedroom.

1 hour or more of physical activity.

Regular physical activity is essential for weight maintenance and prevention of chronic diseases such as heart disease, diabetes, colon cancer, and osteoporosis. While most school age children are quite active, physical activity sharply declines during adolescence. Children who are raised in families with active lifestyles are more likely to stay active as adults than children raised in families with sedentary lifestyles.

0 sugary drinks, more water.

Sugar-sweetened beverage consumption has increased dramatically since the 1970s; high intake among children is associated with overweight and obesity, displacement of milk consumption, and dental cavities. The AAP recommends that children 1–6 years old consume no more than 4–6 ounces of 100% juice per day and youth 7–18 years old consume no more than 8–12 ounces. Water provides a low-cost, zero-calorie beverage option and is a healthy alternative to sugary drinks.

* Screen time includes time spent watching television, playing video games, using a computer, smartphone, and tablet. Recreational screen time is screen time used for non-educational purposes.

Baker S, Cochran W, Greer F, et al. The use and misuse of fruit juice in pediatrics. *Pediatrics*. 2001;107(5):1210-1213. National Association for Sport and Physical Education, Physical Activity for Children: A Statement of Guidelines for Children Ages 5-12. (2004). Position of the American Dietetic Association: Dietary Guidance for Healthy Children Ages 2-11 Years. *J. Am. Diet. Assoc.*, 2004; 104: 660-677. Strasburger VC, Hogan MJ, Mulligan DA, et al. Children, adolescents, and the media. *Pediatrics*. 2013;132(5):958-961. The Henry J. Kaiser Family Foundation, Issue Brief: The Role of Media in Childhood Obesity, February 2004. USDHHS and USDA, 2005 Dietary Guidelines Advisory Committee Report, retrieved during 12/04 from www.health.gov/dietaryguidelines. Walter C. Willett, M.D. Eat, Drink and Be Healthy: The Harvard Guide to Healthy Eating, 2001, Free Press, NY. Adapted from the Harvard School of Public Health Prevention Research Center, Maine Youth Overweight Collaborative (MYOC) 6/5/15



Let's Go!

DEFINITIONS

For Children with Intellectual and Developmental Disabilities

speaking
the
language

Disabilities

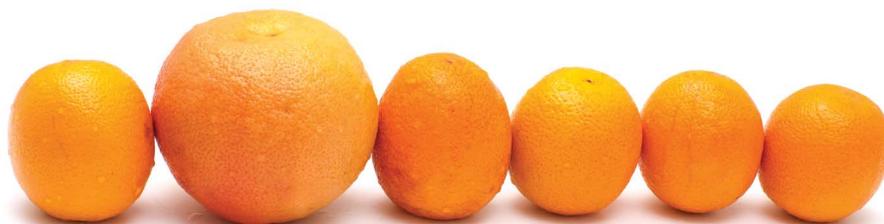
INTELLECTUAL DISABILITY (ID) is a group of conditions characterized by significant limitations in intellectual functioning (i.e. reasoning, learning, problem solving) and in adaptive behavior (i.e. social and practical skills). This disability originates before the age of 18.¹

DEVELOPMENTAL DISABILITY (DD) is an umbrella term that includes intellectual disability as well as other disabilities that are apparent during childhood until the age of 22. DDs are likely to be lifelong and can be physical, cognitive, or both. Some examples of DDs include autism spectrum disorder, cerebral palsy, Down syndrome, epilepsy, fetal alcohol syndrome, fragile X syndrome, and spina bifida.¹

Services and Plans

BEHAVIOR INTERVENTION PLAN (BIP) is a written plan developed by a Board Certified Behavior Analyst or psychologist to help a child replace problem behaviors with desirable behaviors. It includes a description of the problem behavior, an explanation of why the behavior occurs, and intervention strategies. It can be a stand-alone document or can be attached to an existing education or service plan.²

CHILD DEVELOPMENT SERVICES (CDS) is a division of the Maine Department of Education that provides early intervention and special education services for children from birth through age 5. Regional CDS sites provide case management services and conduct screenings and evaluations to identify children who are eligible for services.³



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continued

INDIVIDUAL EDUCATION PLAN (IEP) is a written plan for a child with a disability, age 3-20, that is developed, reviewed, and revised in accordance with specific criteria described in the Individuals with Disabilities Education Act. An education program, based upon the child’s individual needs, is developed at an IEP meeting at least once a year.⁴

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) is a written plan for providing early intervention services for a child with I/DD and their family. An IFSP is legally required for all children birth through age 2 who receive services through the Early Intervention Program for Infants and Toddlers with Disabilities (part of the Individuals with Disabilities Education Act).⁵

INDIVIDUAL TREATMENT PLAN (ITP) is a written plan designed to meet a child’s daily living, social, and behavioral needs. Needs must qualify as medically necessary in order to be approved. This plan describes services delivered by Behavioral Health Professionals.⁶

SPECIAL EDUCATION is defined in the Individuals with Disabilities Education Act as “specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability, including— (i) instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and (ii) instruction in physical education.”⁴

TRANSITION SERVICES are services that schools are required to provide under the Individuals with Disabilities Education Act for students with disabilities to help them prepare for life after high school. Services must begin no later than 9th grade or at age 16. These services are described in the IEP.⁴

1 Definition of Intellectual Disability. American Association on Intellectual and Developmental Disabilities. aaidd.org/intellectual-disability/definition. Accessed on June 12, 2016.

2 Drasgow E, Yell M, Bradley R, and Shriner J. The IDEA Amendments of 1997: A School-Wide Model for Conducting Functional Behavioral Assessments and Developing Behavior Intervention Plans. *Education and Treatment of Children*. 1999. Vol. 22, (Issue 3): 224-266.

3 Maine Department of Education. Child Development Services. www.maine.gov/doe/cds/. Accessed on June 15, 2016.

4 U.S. Department of Education. Building the Legacy: IDEA 2004. idea.ed.gov. Accessed on June 15, 2016.

5 AccessMaine. Early Intervention Toolkit. www.accessmaine.org/Toolkits/EarlyIntervention/earlyinter-IFSP. Accessed on June 15, 2016.

6 State of Maine. Department of Health and Human Services. Section 28 Rehabilitative and Community Support Services Provider. www.maine.gov/dhhs/ocfs/cbhs/provider/forms/section-28.html. Accessed on June 15, 2016.

HEALTHY HABIT CHALLENGES

for Children with Intellectual and Developmental Disabilities

By learning about the challenges they face, you are taking an important step towards helping children with I/DD develop healthy behaviors!



Many children with intellectual and developmental disabilities (I/DD) have difficulty eating healthy foods and being physically active. They face many of the same challenges as typically developing children, as well as additional challenges and risk factors for obesity. Below is a list of some of the healthy eating and physical activity challenges faced by children with I/DD.

Healthy Eating Challenges¹⁻⁵

Eating Problems

Children with developmental disabilities are more likely to have eating problems than typically developing children. These may include:

- Selective or “choosy” eating
- Sensitivity to texture, color, smell, temperature, or brands of certain foods
- Unusual or ritualistic eating patterns
- Preference for foods that are high in calories and low in nutrients

Oral-Motor Problems

Some children with developmental disabilities have oral-motor problems that can affect their ability to chew and swallow food. These children prefer softer foods which may be highly processed and less nutritious.

Caloric Needs

Children with certain developmental disabilities, such as Down syndrome, may have lower caloric needs. It can be hard to limit caloric intake in environments where unhealthy foods are prevalent.

Food Rewards

Food rewards, which tend to be high in sugar and calories, are often used to reinforce desired behavior in special education.

Mealtime Behavior

Children with I/DD often have difficult behavior at mealtimes. This can make it more challenging to eat together as a family. This is a concern because studies show that children who regularly eat with their families are more likely to eat fruits and vegetables.

Self-Awareness

Children with I/DD may not understand the health risks and other consequences associated with poor diet and lack of physical activity.



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continued

Physical Activity Challenges^{1,3,6,7}

Functional Limitations

Children with I/DD may have limitations that serve as barriers to being physically active, including:

- Tiring more easily
- Mobility issues
- Different social and communication needs
- Behavioral challenges
- Need for close supervision or support

Inclusivity

Including children with I/DD in physical education programs may require adaptation. If instructors do not make the necessary program adaptations, or lack necessary equipment, children with I/DD may be left out.

Attitudes

When the emphasis of an activity is on competition and winning, children with I/DD may be excluded from group activities and team sports.

Self-Monitoring

Children with I/DD may have difficulty with self-monitoring. For example, a child may struggle to keep up a certain level of intensity while exercising. This means they may have trouble meeting daily recommendations for moderate to vigorous physical activity.

Safety Concerns

Families of children with I/DD often have concerns about their child's safety or risk of injury and may restrict their child's participation in sports in order to protect them.



The *Let's Go!* Toolkit for Children with Intellectual and Developmental Disabilities includes tools to help address many of these healthy eating and physical activity challenges faced by children with I/DD.

- 1 Bandini L, Danielson M, Esposito L, et al. Obesity in Children with Developmental and/or Physical Disabilities. *Disability and Health Journal*. 2015;Vol 8 (Issue 3): 309-316.
- 2 Manno CJ, Fox C, Eicher P, and Kerwin ML. Early Oral-Motor Interventions for Pediatric Feeding Problems: What, When and How. *Journal of Early and Intensive Behavior Intervention*. Fall 2005;Vol. 2, (Issue 3): 145-159.
- 3 Must A., Curtin C, Hubbard K., Sikich L., et al. Obesity Prevention for Children with Developmental Disabilities. *Current Obesity Report*. 2014;Vol 3 (Issue 2):156-170.
- 4 Hammons A, Fiese B. Is Frequency of Shared Family Meals Related to the Nutritional Health of Children and Adolescents? *Pediatrics*. 2011;Vol 127 (Issue 6): e1565-e1574.
- 5 Gillman MV, Rifas-Shiman SL, Frazier AL, Rockett HR, Camargo CA Jr, Field AE, Berkey CS, Colditz GA. Family dinner and diet quality among older children and adolescents. *Archives of Family Medicine*. 2000;Vol 9 (Issue 3):235-240.
- 6 Rimmer J, Rowland J. Physical Activity for Youth with Disabilities: A Critical Need in an Underserved Population. *Dev. Neurorehabilitation*. April-June 2008;Vol.11 (Issue 2): 141-48.
- 7 Rimmer J, Rowland J, Yamaki K. Obesity and Secondary Conditions in Adolescents with Disabilities: Addressing the Needs of an Underserved Population. *Journal of Adolescent Health*. 2007, 41:224-229.

HEALTHY HABIT CHALLENGES

for Children with Specific Disabilities

Recommendations to help families and caregivers meet special dietary needs:

- Consult a health care provider or dietician to help plan meals and snacks that reflect a child's specific dietary needs.
- Ensure teachers and service providers understand a child's dietary needs.
- Limit portion sizes at lunch and snack times as appropriate.
- Use a hunger scale to help a child identify when they are hungry or full.
- Avoid food rewards, which add unnecessary calories to a child's diet.

Children with disabilities face different challenges to adopting healthy eating habits depending on their specific disabilities. Understanding a child's unique challenges will help you plan healthy mealtimes and activities that meet their needs. Here are some of the health challenges faced by children with specific disabilities.



Children with Down Syndrome

- **Decreased resting metabolic rate** may cause children with Down syndrome to burn fewer calories when they are not moving compared to their typically developing peers.
- **Low muscle tone** can lead to more fat mass and less muscle mass in the body.
- **Hypothyroidism** affects 30-50% of children with Down syndrome and can cause increased hunger, decreased metabolism, and a higher risk of obesity.
- **Weak oral-motor skills** make it difficult to chew raw fruits and vegetables and to eat other hard foods.¹

Children with Down syndrome are at a high risk of developing obesity. It's important to make accommodations to ensure these children develop healthy habits from a young age to prevent excess weight gain.

Children with Cerebral Palsy

- **Feeding difficulties** can place a child with cerebral palsy at risk of malnutrition. For example, if the facial muscles are affected, a child's ability to suck, chew, and swallow will be compromised.

Concerns about malnutrition may lead families to feed their children foods that are high in calories, but are not nutritious. It is important to help families select foods that are both nutritious and meet their child's needs.²

Children with Prader-Willi Syndrome (PWS)

- **Chronic hunger and an inability to feel full** can lead to constant food seeking and binge eating.
- **Slower metabolism and short stature** suggest a need for fewer calories.
- **Genetic predisposition to obesity** makes PWS the most common genetic cause of life-threatening obesity.

Despite their many risk factors, a properly managed diet and regular physical activity can help children with PWS maintain a healthy weight.³

Children with Spina Bifida

- **Neurological impairments** can limit mobility which means these children are often sedentary and at an increased risk for obesity.
- **Slower metabolism and short stature** suggest a need for fewer calories.

A modified diet and inclusion in physical activity can reduce the obesity risks for children with spina bifida.⁴

1 Murray J, Ryan-Krause P. Obesity in Children with Down syndrome: Background and Recommendations for Management. *Pediatric Nurs.* 2010; Vol.36 (Issue 6): 314-319.

2 Ferluga ED, Archer KR, Sathe NA, et al. Interventions for Feeding and Nutrition in Cerebral Palsy, Comparative Effectiveness Reviews, No. 94. 2013 March. National Center for Biotechnology Information. www.ncbi.nlm.nih.gov/books/NBK132431/#introduction.s1. Accessed on June 16, 2016.

3 Pradi-Willi Syndrome Basic Facts. Pradi-Willi Syndrome Association. www.pwsausa.org/basic-facts. Accessed on June 16, 2016.

4 National Center on Health, Disability, Physical Activity and Disability (NCHPAD): Spina Bifida. www.nchpad.org/222/1443/Spina~Bifida. Accessed on June 16, 2016.

HEALTH CARE CHALLENGES

for Children with Intellectual and Developmental Disabilities

The Let's Go! Toolkit for Children with Intellectual and Developmental Disabilities contains tools that help address many of the health care challenges faced by children with I/DD.

Children with intellectual and developmental disabilities (I/DD) face a number of challenges when it comes to accessing care. Below are some examples of the challenges that can increase their risk for obesity. By recognizing the challenges they face, health care providers can start working to improve access and quality of care for children with I/DD.

Disparities in Care

Given the number of other health issues to address with patients with I/DD, healthy eating and physical activity are often overlooked. This means that children with I/DD may not receive the same type of healthy habit counseling as their typically developing peers.¹

Barriers to Care

Health care providers may lack training, experience, and comfort working with children with I/DD. This can impact the quality and effectiveness of care.²

Medication

Certain medications are critical in the treatment of children with I/DD but can interfere with appetite and metabolism. Children who take these medications may experience additional challenges to maintaining a healthy weight.¹

Lack of Training

Community service providers, such as case managers and behavioral health professionals, play a significant role in the lives of children with I/DD, but typically do not receive training on healthy eating and active living behaviors.

Multiple Services and Transitions

Children with I/DD receive support from many different groups of people within schools, health care, and community settings. As they move from early childhood to adolescence to adulthood, their eligibility for services changes. These multiple services and transitions can be difficult for families to navigate. It is particularly difficult to coordinate the use of consistent messages and strategies to promote healthy eating and active living behaviors across settings.²

¹ Bandini L, Danielson M, Esposito L, et al. Obesity in Children with Developmental and/or Physical disabilities. *Disability and Health Journal*. 2015; Vol. 8 (Issue 3): 309-316.

² Maine Primary Care Association. Health Care Safety Net Series: Leverage Points in Delivery System Reform: Improving Care for Complex Patients. April 2013.



SERVICES

for Children with Intellectual and Developmental Disabilities

Children with intellectual and developmental disabilities receive services from multiple professionals within child care, school, health care, community, and home settings. These professionals are part of a child's support team. It is helpful to understand the services provided by these different professionals in order to work together to support children's healthy behaviors.

School or Program-Based Services

Board Certified Behavior Analysts (BCBA) analyze children's behavior in different settings to develop plans that promote desirable behavior.

Educational Technicians (Ed Tech) provide instructional support to children under the direct supervision of a teacher.

Occupational Therapists (OT) provide services that enhance children's ability to function in different environments. An OT may teach daily living skills like eating and cooking; fine motor skills like using scissors and tying shoes; and gross motor skills like walking. An OT can also address sensory processing issues, such as oversensitivity to certain food textures.

Physical Therapists (PT) provide services that address children's posture, muscle strength, mobility, and range of motion.

Recreation Therapists (RT) provide services that address children's physical and social skills to improve their participation in recreational and leisure activities.



Social Workers provide services that address children’s mental or behavioral health. They provide positive behavioral support, classroom support, and individual and group counseling in the school, home, and community. They help children and their families access resources outside of school and can help coordinate services.

Special Educators help children achieve their highest potential and progress beyond their limitations. Special educators work directly with children but also determine how children can be accommodated in regular education settings.

Speech and Language Pathologists (SLP) provide services that address children’s communication problems, such as impaired articulation, and social skills, such as starting a conversation or taking turns.

Home and Community-Based Services

Behavioral Health Professionals (BHPs) work directly with children in their home or community to provide support services. BHPs implement Individual Treatment Plans under the supervision of more highly-trained staff.

Case Management is a MaineCare-reimbursed service for children ages 0 to 20 diagnosed with a mental health, intellectual or developmental disability or for children ages 0 to 5 who are at risk of developmental delay. Case managers provide support to children and their families while connecting them to resources and services in their own communities.

Home and Community Treatment (HCT) is a MaineCare-reimbursed service for children ages 0 to 20 who have significant behavioral challenges. HCT provides children and their families with short-term, intensive counseling and support. Services are described in a child’s Individual Treatment Plan (ITP). HCT services may also be referred to as “**Section 65 Services,**” which is the section of the MaineCare manual that describes them.

In-home support is a MaineCare-reimbursed service for qualifying children ages 0 to 20 who need support and supervision for daily living, social skills, and behavior. Services are described in a child’s Individual Treatment Plan (ITP). In-home support services may also be referred to as “**Section 28 Services,**” which is the section of the MaineCare manual that describes them.



COORDINATE SERVICES

to Support Healthy Outcomes for Children with Intellectual and Developmental Disabilities

A parent or guardian typically has the difficult job of accessing and coordinating the many services their child receives. Even for the most knowledgeable and organized parent, the demands of coordinating services can be overwhelming. By improving communication and coordination, the professionals who support children with intellectual and developmental disabilities (I/DD) can reduce the burden on families and increase the likelihood that children with I/DD adopt and maintain healthy eating and active living behaviors.

Below are some basic guidelines to help you improve your communication and coordination efforts to support children with I/DD and their families.

Guidelines for improved communication and coordination:

- Increase your awareness of the challenges to eating healthy and being active faced by children with I/DD and their families.
- Become familiar with special education laws, guidelines, and personnel.
- Learn more about MaineCare funded services and personnel.
- Recommend goals and services that promote healthy eating and physical activity in a child's education and service plans (IFSP, IEP, and ITP).
- Use consistent goals and strategies to promote healthy eating and physical activity across all education, behavior, and service plans.
- Track and adjust goals and strategies in a child's service plans as needed to reflect any changes in a child's health and educational needs.
- Attend planning meetings with the rest of a child's team whenever possible, either in person or by phone or video conference.
- Consider rotating the location of planning meetings between the offices of different team members, such as the school, health care practice, and community service providers' offices to increase participation.
- Use the same terminology and respectful language as the rest of a child's team when talking to and about a child with I/DD.
- Call on liaisons who understand different settings to explain and share information about a child's needs. In schools a liaison might be the school nurse or social worker. In health care practices there may be a designated member of the team who helps coordinate services for complex patients.

be a
team
player!



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TIPS FOR COMMUNICATING

with Children with Intellectual and Developmental Disabilities

Children are more likely to be motivated to listen to adults about making healthy choices when they feel respected and appreciated. The following tips can help you work with children with intellectual and developmental disabilities (I/DD) to feel positive about themselves and develop healthy behaviors.

When talking to a child with a disability:

- Learn about how a child communicates before you talk to the child whenever possible.
- Speak directly to the child, not to the aide, parent, or caregiver.
- Do not make assumptions about a child's cognitive abilities just because he or she cannot communicate clearly.
- Do not assume that a child with a specific disability is just like other children with the same disability.
- Give a child with a disability more time to respond to your questions and to ask questions of their own.
- Avoid overcompensating or condescending by offering exaggerated praise or too much attention for every day accomplishments.
- Find out how a child understands their disability. Use the same words the child uses to describe their disability and avoid using your own terms.

When speaking about a child:

- Use “person first” language. Say: a child with autism, not an autistic child. Or say: she is a student with Down syndrome, not she is a Downs student.
- Avoid negative labeling. Saying someone is “crippled by cerebral palsy” or “suffers from developmental delays” devalues the individual and can be hurtful and stigmatizing.
- Emphasize what a child *can* do, not what they can't.
- Understand that a child's disability does not define them—it's just one part of who they are.
- Seek additional help from someone who knows the child well when you want more information about a child's unique strengths and weaknesses.



USE EDUCATION AND SERVICE PLANS

to Support Healthy Habit Goals for Children with Intellectual and Developmental Disabilities



Education and service plans, including the Individual Family Service Plan (IFSP), Individual Education Plan (IEP), or Individual Treatment Plan (ITP), contain recommended goals, services, and accommodations for children with intellectual and developmental disabilities (I/DD). A child's caregivers, teachers, and service providers assess the child's needs and meet annually with families to create updated plans. Including goals related to healthy eating and physical activity in a child's education and service plans ensures that the child receives appropriate services to address their needs.

Here are some guiding questions to consider when developing healthy eating and physical activity goals.

Guiding Questions:

Healthy Eating

- Does the child eat at least 5 fruits and vegetables each day?
- Does the child eat a very limited number of foods?
- Is the child oversensitive to the taste, texture, smell, temperature, or brand of food?
- Does the child have difficulty chewing or swallowing?
- Does the child display difficult behavior at snack and mealtimes?
- Does the child eat too quickly or too slowly?

Physical Activity

- Does the child have the same basic motor skills as their peers?
- What skills are strongest? What skills are weakest?
- What skills does the child need to work on most to improve independence?
- What are the child's personal goals for sport or recreation?

Other Tips:

- Set goals that are both measurable and attainable.
- Include non-food rewards as strategies to reinforce desirable behaviors and help reach goals. Write these into a child's plans.
- Seek guidance from a child's health care provider. You may request a statement including the child's diagnosis and recommended goals related to nutrition or physical activity.



continued

Individual Family Service Plan (IFSP) Sample Goal:

Outcome Statement:

Brian will eat 5 fruits and vegetables each day.

Strategies:

- Parents, child care providers, and service providers will use food chaining to slowly introduce one new fruit or vegetable at a time.
- Parents, child care providers, and service providers will use visual aids to reinforce eating fruits and vegetables as a desirable behavior.
- Parents, child care providers, and service providers will reward Brian with special toys and playtime for trying new fruits and vegetables.

Here are examples of healthy eating and physical activity goals, and how to incorporate them into education and service plans.

Individual Education Plan (IEP) Sample Goal:

Present Level Statement:

Shannon is able to complete ½ mile in 10 minutes using her everyday wheelchair.

Annual Goal:

Shannon will improve her aerobic functioning and be able to complete 1 mile in 12 minutes using her everyday wheelchair.

Short Term Objectives:

- Shannon will use her everyday wheelchair to complete ¾ of a mile in 12 minutes.
- Shannon will practice aerobic exercises at least 3 times a week.



Individual Treatment Plan (ITP) Sample Goal:

Short Term Goal:

Maisie will be able to correctly identify a healthy food vs. an unhealthy food at 50% of exposures.

Methods:

Expectation:

- Maisie will learn about one new healthy food each week.
- All service providers will be familiar with Maisie's dietary restrictions and will know what healthy foods Maisie can enjoy.

Practice:

- Make a visual list of all healthy foods Maisie has learned about, and a list of unhealthy choices to avoid.

Reward:

- Verbal praise and encouragement for successfully recognizing a healthy or unhealthy food.

USE **TRANSITION PLANS**

to Support Healthy Habits for Teens and Young Adults with Intellectual and Developmental Disabilities

What is a transition plan?

Schools are required to develop a transition plan as part of the Individual Education Plan (IEP) for individuals with I/DD. The transition plan is completed by the student, family, teachers, and service providers no later than 9th grade or age 16.

The transition out of high school can be a challenging time for young adults with intellectual and developmental disabilities (I/DD). People with I/DD are eligible for different types of services once they turn 21 years old, and may no longer receive the support they are used to. A comprehensive transition plan can ease the shift from high school to adult life.

You can help prepare a young person to lead a healthier, more independent life after high school by including healthy eating and physical activity goals in the IEP transition plan.

Guiding Questions for Setting Healthy Habit Goals:

- Does the student understand the 5-2-1-0 message?
- Does the student understand the difference between healthy and unhealthy choices?
- Can the student plan a healthy meal?
- Can the student follow simple recipes to make healthy meals?
- Does the student understand how to read food labels?
- Does the student understand how to make healthy choices when grocery shopping?
- Is the student aware of different places to buy healthy food in the community?
- Does the student have basic food handling and kitchen safety skills?
- Can the student identify various places and programs to be physically active in the community?
- Can the student complete a membership application for a local recreation facility?



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continued

- Can the student use public transportation to access local recreation facilities?
- Can the student navigate local recreation facilities and communicate with personnel? (e.g. find bathrooms and changing rooms or ask about schedules and fees)
- Can the student inquire about any equipment or activity modifications that he or she needs?

Everyone on a child's team can address healthy habit goals in a young person's transition plan.

Everyone Plays a Role!

- **Educators** can ensure a student has a basic understanding of proper nutrition.
- **Physical Education Teachers** can help a student find opportunities for physical activity outside of school and identify skills a student needs to develop in order to stay active into adulthood.
- **Speech and Language Pathologists or Social Workers** can work with a student to develop the social skills needed to access community resources.
- **Health Care Providers** can work with a student to set personal healthy habit goals.
- **Occupational Therapists** can work with a student to enhance fine motor skills for use in cooking.
- **Case Managers** can align healthy habit goals in the IEP transition plan with goals in the student's Individual Treatment Plan.
- **Families** can model healthy habits and identify ways their child can become more independent.



HEALTHY EATING



HOW TO PROMOTE HEALTHY EATING

for Children with Intellectual and Developmental Disabilities

Here are ideas for how to promote healthy eating for children with intellectual and developmental disabilities (I/DD).

Each bolded item represents a handout in this toolkit!

HEALTHY CHOICES

include water, fruits and vegetables, whole grain foods, protein sources such as eggs, beans, dairy, fish and poultry, and healthy fats such as nuts, seeds, and avocados.

UNHEALTHY CHOICES

include foods and drinks high in sugar and/or salt such as soda, candy, cookies, cake, and chips.

Learn about common eating problems for children with I/DD:

- **Healthy Habit Challenges for Children with I/DD** (in the 'Getting Started' section of this toolkit)
- **When is "Choosy" Eating a Problem?**
- **Oral-Motor and Sensory Problems**

Get ideas for ways to meet the needs of children with eating problems:

- **Healthy Foods by Texture**
- **Tools to Address Eating Problems in Children with I/DD**
- **Ideas for Healthy Snacks**
- **Handling a "Choosy" Eater**

Support healthy eating goals for children with I/DD:

- **Use Education and Service Plans to Support Healthy Habit Goals for Children with I/DD** (in the 'Getting Started' section of this toolkit)
- **Use Transition Plans to Support Healthy Habits for Teens and Young Adults with I/DD** (in the 'Getting Started' section of this toolkit)
- **Everyone Plays a Role in Promoting Healthy Eating for Children with I/DD**

For more ideas to promote healthy eating for children, check out the other *Let's Go!* toolkits at www.letsgo.org/toolkits/



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When is

“CHOOSY” EATING

A PROBLEM?

Seek professional advice when choosy eating impacts a child's physical or mental health.

Eating problems are complex and generally require a team approach. Acting out at meal and snack times may be a child's coping strategy for sensory or oral-motor problems which are causing discomfort.

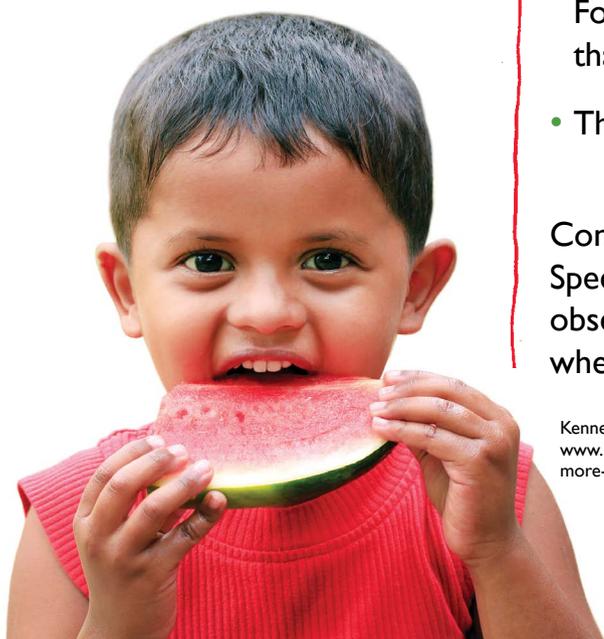
Choosy eating is common and is often a sign that a child is becoming more independent. Choosy eaters typically become less picky over time, but some may require professional support in order to change their eating habits. Your observations of a child's eating behavior can help identify the extent of the problem.

When to Be Concerned

- The number and types of foods a child eats decreases over time.
- The food that a child eats does not provide adequate nutrition.
- A child refuses an increasing number of foods that are offered.
- A child develops ritualistic eating behavior, such as demanding to only eat a certain brand of crackers.
- A child gags, spits up, or vomits food.
- A child refuses to feed himself.
- A child's limited diet gets in the way of their ability to eat with others.
- Mealtimes revolve around the child's eating problems. For example, the child has tantrums or his meal lasts longer than 40 minutes.
- The child has significant weight gain or loss.

Consider asking a professional such as an Occupational Therapist, Speech and Language Pathologist or Behavioral Psychologist to observe the child at mealtimes. These professionals can determine when an eating behavior requires further attention.

Kennedy Krieger Institute. Picky Eating, Just a Phase or Something More Serious? www.kennedykrieger.org/overview/news/picky-eating-just-phase-or-something-more-serious. August 31, 2009. Accessed June 15, 2016.



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ORAL-MOTOR AND SENSORY PROBLEMS

If you notice that a child shows signs of an oral-motor or sensory problem, share those concerns with the family and suggest they consult a health care provider. Their provider can make a referral for speech and language, occupational, sensory, or behavioral assessments so an appropriate treatment plan can be developed.

Some children with intellectual and developmental disabilities (I/DD) have oral-motor problems and/or sensory problems that make it more challenging to eat a healthy diet. Below is some information on each type of problem and ways to identify them.

Oral-Motor Problems¹

Oral-motor problems can affect a child's ability to chew and swallow food. As a result, the child may prefer softer foods. Soft foods include healthy choices like steamed or canned vegetables as well as unhealthy choices like French fries or ice-cream. It is important to ensure that children with oral-motor problems eat foods that are both healthy *and* match their preferences.

What are signs of oral-motor problems?

- Low muscle tone around the mouth
- Abnormal oral-motor patterns such as an unusual bite, getting food stuck in the mouth, or difficulty coordinating mouth muscles
- Avoids eating raw or other hard-to-chew foods
- Chokes or gags when trying to swallow
- Sensitive to touch and temperature around the mouth
- Oral facial defects, such as a cleft palate

Sensory Problems²

Sensory problems involve increased or decreased sensitivity to the texture, color, smell, and temperature of certain foods. These problems can impact the types and amount of food a child eats. Identifying that a child has a sensory problem can help families and caregivers determine how to ensure they eat a healthy diet.

What are signs of sensory problems?

INCREASED SENSITIVITY:

- Strongly dislikes certain tastes and smells
- Strongly prefers certain tastes and smells
- Accepts only foods with specific textures or temperatures
- Often smells non-food items

DECREASED SENSITIVITY:

- Avoids chewing their food
- Over-stuffs their mouth
- Craves intense flavors



1 Glass R, Wolf L. Oral Motor Feeding Problems. Nutrition Interventions for Children with Special Health Care Needs. 2010, 3rd Edition: 93-6. Washington State Department of Health. here.doh.wa.gov/materials/nutrition-interventions/15_CSHCN_NI_EI0L.pdf. Accessed on June 16, 2016.

2 Cernak S, Curtin C, and Bandini L. Food Selectivity and Sensory Sensitivity in Children with Autism Spectrum Disorders. *Journal of the American Dietary Association*. 2010 Feb; Vol. 110 (Issue 2): 238-246.

HEALTHY FOODS BY TEXTURE

Many children with intellectual and developmental disabilities are extra sensitive to the texture of certain foods. This can make it hard for families and caregivers to get them to try new fruits, vegetables, and other healthy foods. Children may be more willing to try new foods if they like how the foods feel. Try introducing children to new foods based on the textures they prefer.

Creamy

- Pureed fruit, such as berries, pears, or apples
- Avocado
- Creamy nut or seed butters
- Cream of wheat
- Yogurt
- Hummus
- Cooked vegetables, such as parsnips or squash

TIP: Puree vegetables together with fruit!



Crispy

- Apple varieties like Braeburn, Honey Crisp, Fuji and Gala
- Roasted red or white potatoes (with skins)
- Freeze dried apples and dried mangos
- Roasted chickpeas
- Roasted vegetables

TIP: Add a sprinkle of bread crumbs for added crispiness!



Frozen

- Frozen fruit, like berries, melon, or grapes
- Frozen vegetables, like peas, carrots, and green beans

TIP: You can freeze just about anything! If a child strongly prefers frozen foods, try freezing other foods like cheese sticks and breads.



Crunchy

- Veggie sticks, like bell peppers, carrots, jicama, and celery
- Snap peas
- Whole grain cereal with minimal added sugar
- Unsalted nuts
- Whole grain toast or crackers
- Rice cakes
- Plain popcorn

TIP: Add some flavor! Experiment with spices like cinnamon or your favorite spice or herb.



Lumpy

- Mashed sweet potatoes
- Mashed bananas with or without yogurt
- Scrambled eggs
- Cottage cheese
- Applesauce (no sugar added)



Squishy

- Grapes
- Cherry tomatoes
- Dried fruit, like raisins and dried apricots
- Hard boiled eggs
- String cheese
- Peas
- Edamame



Presenting foods by texture can be used in food chaining, an individualized approach used to increase the number and types of food a child will eat. Food chaining can be done at a child care program, school or home. For more information on food chaining, visit: www.abilitypath.org/health-daily-care/health/growth-and-nutrition/articles/obesity/pdfs/parent_toolkit-_food_chaining.pdf.

TOOLS TO ADDRESS EATING PROBLEMS

in Children with Intellectual and Developmental Disabilities

While children with intellectual and developmental disabilities (I/DD) often face challenges to making healthy food choices, there are a wide range of tools to help them adopt healthier eating habits. Here is information about some of these tools.

Daily Schedules

Many children with I/DD do best when they can anticipate each part of their day. A schedule helps a child get into a routine of eating at regular meal and snack times. Try putting a different image for each snack or mealtime around the face of a clock. Post the schedule where the child can easily see it.

Food Chaining

Food chaining is an individualized, structured approach to increasing the number and types of food a child will eat. It can be used when a parent or caregiver exposes a child to a new food. The child starts by just seeing and touching, then tasting, and ultimately eating the new food.

For more information about food chaining, check out the book *Food Chaining: The Proven 6-Step Plan to Stop Picky Eating, Solve Feeding Problems, and Expand Your Child's Diet* by Cheri Fraker or visit www.abilitypath.org/health-daily-care/health/growth-and-nutrition/articles/obesity/pdfs/parent_toolkit-_food_chaining.pdf.

Food Diaries

Food diaries are useful for children who need help improving their diets. A child, with help from their family and caregivers, tracks the types and quantities of food and beverage consumed. They may also record environmental factors that impact mealtimes, such as where the meal is eaten or whether a child is watching T.V. while eating. Try using the simple "My Food Diary" template created by the U.S. Centers for Disease Control and Prevention: www.cdc.gov/healthyweight/pdf/food_diary_cdc.pdf.

Hunger Scale

Some children find it difficult to distinguish hunger from other needs, such as the need for attention or stimulation. Hunger scales can help children become mindful of their level of hunger. Try using the "Mindfulness of Hunger Scale" found here: www.mindfuleatinginfo.com/uploads/5/1/1/8/5118392/mindfulness_of_hunger_scale.jpg.

Meal Pacing

Timers, vibrating watches, and visual aids can improve meal pacing for children who eat too quickly or too slowly. A timer or vibrating watch can be set to mark the appropriate time to pause between bites. A visual aid, such as a sequence of pictures or photos, can demonstrate activities to extend mealtimes and make them more enjoyable.



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Social Stories

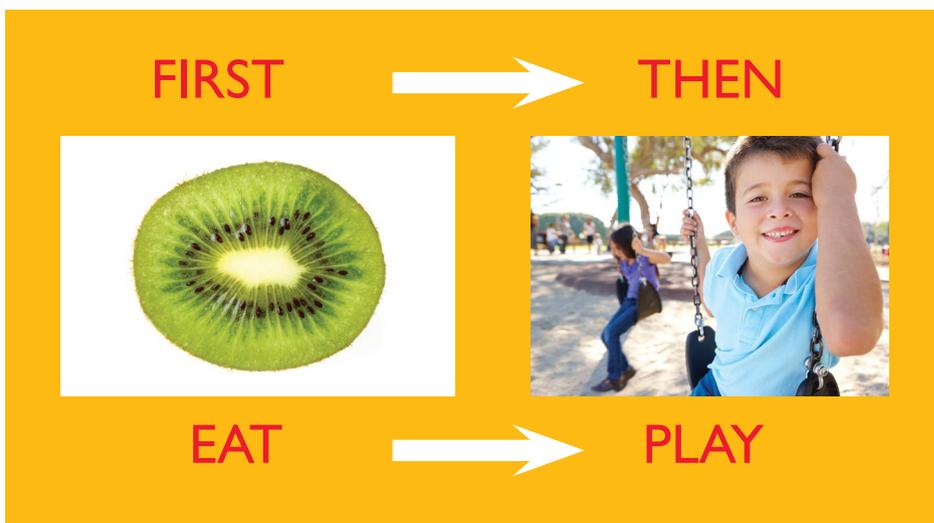
Using developmentally appropriate words and images, a social story describes a situation or concept that a child finds challenging. Although originally used to help children engage in social situations, social stories can address a wide range of issues including eating problems. For more information, visit: www.carolgraysocialstories.com/.

Token Systems

A token system can be used with children who refuse to try new foods or to address challenging mealtime behavior. Caregivers and families can create a simple system that allows a child to earn a token or reward for desirable behavior, like trying a new vegetable or sitting quietly at the table for fifteen minutes. Tokens should be tangible non-food items, such as stickers, marbles, or cards, that family members or caregivers can give to a child immediately after he or she completes the desired activity. Tokens can later be traded for larger rewards like extra outdoor play time or visiting a friend.

Visual Aids

Visual aids are useful for children who have trouble using language, and understanding and following directions. One type of visual aid is a “First-Then” board. A “First-Then” board shows a picture of an object or action followed by a picture of a reward. For example, a caregiver might show a child a picture of a snack with the word “eat” followed by a picture of a swing set with the word “play”. The Picture Exchange Communication System (PECS) is another type of visual aid that can be used to promote a variety of healthy eating and physical activity behaviors. Learn more about PECS at www.pecsusa.com/pecs.php.



IDEAS FOR HEALTHY

SNACKS

Boost overall nutrition with healthy snacks. Keep your energy going all day long!

Popular vegetables that can be served raw with healthy dips, spreads, and salad dressings include:

- Broccoli
- Baby carrots
- Celery sticks – add some nut butter and raisins...*anyone remember ants on a log?*
- Cucumber slices
- Pepper strips – red, green, and yellow
- Snap peas
- Snow peas
- String beans
- Grape or cherry tomatoes
- Zucchini slices

YUM!

Bean dips, guacamole, hummus, salsa, and nut butters are all great for dipping or spreading!

Fruit is a nutritious and naturally sweet option for snacking. Choosing fresh fruit guarantees you're getting no added sugar:

- Apples
- Apricots
- Bananas
- Blackberries
- Blueberries
- Cantaloupe
- Cherries
- Clementines
- Grapefruit
- Grapes – red, green, or purple
- Honeydew melon
- Kiwifruit
- Mandarin Oranges
- Nectarines
- Oranges
- Peaches
- Pears
- Pineapple
- Plums
- Raspberries
- Strawberries
- Tangerines

Mix it up!

Serve fresh fruit as a salad or kabobs!

Some other popular fruit forms include:

- Applesauce (unsweetened)
- Canned fruit (in 100% juice or water)
- Dried fruit – try raisins, apricots, apples, cranberries, and fruit leathers with little or no added sugar
- Frozen fruit (check the label to be sure there is just fruit and no added sugar in the bag)

It's a good idea to balance out snacks by serving foods from different food groups. For your next snack try eating a fruit or vegetable WITH one of these foods:

- Whole wheat English muffins, pitas, or tortillas
- Breakfast cereals – choose whole grain, low-sugar options like Cheerios, Grape-Nuts, Raisin Bran or Mini-Wheats
- Whole grain crackers like Triscuits or Wheat Thins
- Popcorn
- Baked tortilla chips
- Nuts or nut butter
- Unsweetened yogurt
- Cheese cubes
- Cottage cheese



Handling a

“CHOOSY” EATER

Often, choosy eating is a sign your child is growing up and becoming more independent.

What seems “choosy” may just be your child’s first steps in learning to make decisions. Learn how to handle eating challenges and avoid conflict so meals don’t become a tug-o-war of control.

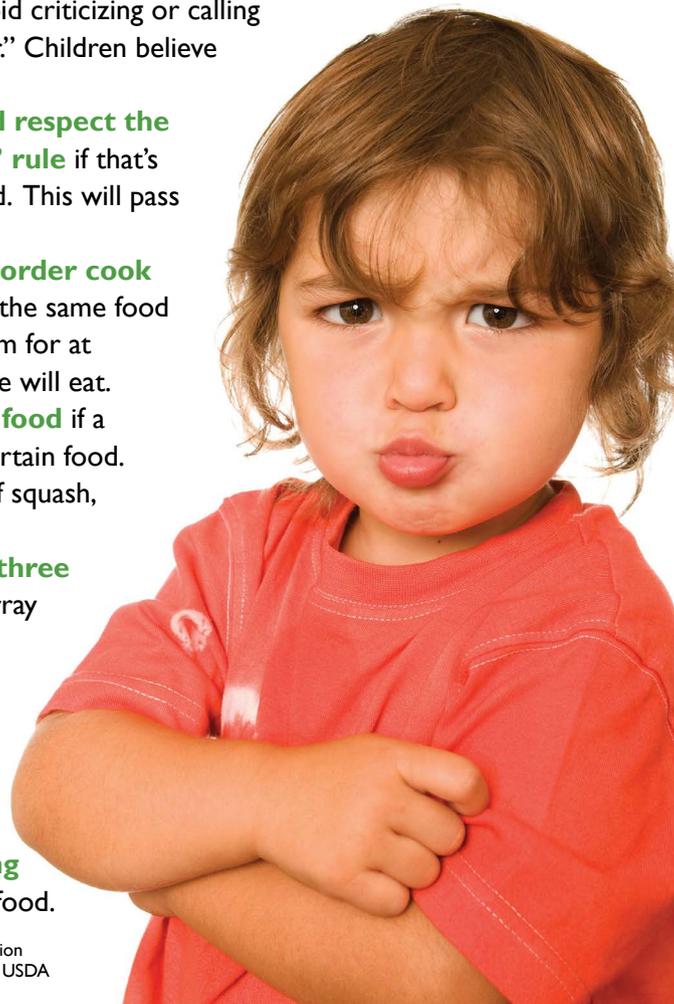
If you are concerned about your child’s weight or eating habits, consult your health care provider.



What do you do if your child refuses a whole meal because something they don’t like touched their plate? Or if they refuse to eat anything other than fruit and two days ago would only eat peanut butter sandwiches? Or maybe your child is not showing any interest in food at all!

These behaviors are not uncommon. Here are ten tips for handling a “choosy” eater to make meal times more pleasant again:

1. **Treat food jags casually.** A food jag is when a child eats only a certain food for a period of time. They usually do not last long.
2. **Look at what a child eats over several days,** instead of over one day or per meal. Most kids are eating more variety than you think.
3. **Trust your child’s appetite.** Forcing a child to eat more than they want can cause conflict and lead to overeating.
4. **Set reasonable time limits for the start and end of a meal** and then quietly remove the plate.
5. **Stay positive** and avoid criticizing or calling any child a “picky eater.” Children believe what we say!
6. **Serve food plain and respect the “no foods touching” rule** if that’s important to your child. This will pass in time.
7. **Avoid being a short-order cook** by making and offering the same food for the whole family. Aim for at least one food everyone will eat.
8. **Substitute a similar food** if a child does not like a certain food. For example, instead of squash, offer sweet potatoes.
9. **Provide just two or three choices,** not a huge array of food. Then let your child decide. Keep in mind your child may choose nothing and that is okay!
10. **Focus on your child’s positive eating behavior,** not on the food.



Adapted from “Nibbles for Health” Nutrition Newsletter for Parents of Young Children, USDA Food and Nutrition Service.

EVERYONE PLAYS A ROLE IN PROMOTING HEALTHY EATING

for Children with Intellectual and Developmental Disabilities

Children with intellectual and developmental disabilities (I/DD) receive services from multiple professionals within child care, school, health care, community, and home settings. These professionals are part of a child's support team. Each member of a child's team can play a role in helping the child develop healthy behaviors and make healthy choices.

Occupational Therapists

- Help determine if a child's choosy eating behaviors require closer attention.
- Address a child's sensitivities that impact eating.
- Help a child develop motor skills related to eating.

Classroom Teachers

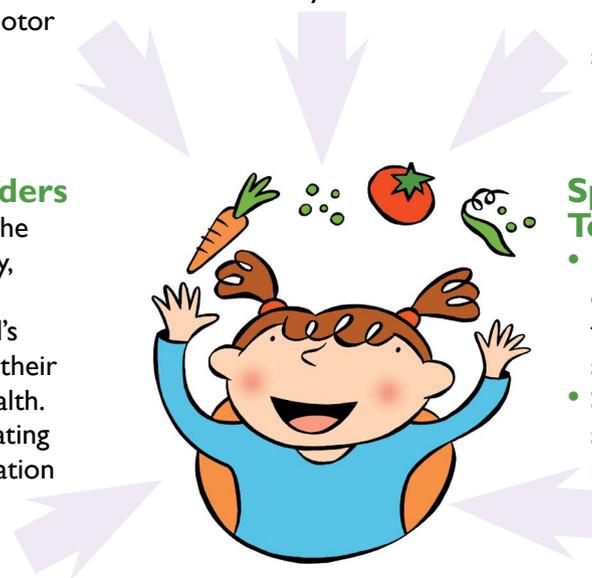
- Offer all children opportunities to make healthy choices.
- Teach students about the difference between healthy and unhealthy food choices.

Case Managers

- Request services to address an eating problem that interferes with a child's physical or mental health.
- Ensure alignment of healthy eating goals and strategies in a child's education and service plans.

Health Care Providers

- Talk to families about the importance of a healthy, balanced diet.
- Determine how a child's eating behaviors affect their physical and mental health.
- Recommend healthy eating goals for a child's education and service plans.



Special Education Teachers

- Learn about a child's specific challenges to making healthy food choices and develop strategies to address them.
- Share effective healthy eating strategies with other members of a child's team.

Speech and Language Pathologists

- Help determine if a child's choosy eating behaviors require closer attention.

coordination
is key!

School Nurses

- Inform all team members about a child's food allergies and dietary restrictions.
- Inform all team members about how a child's medications may affect appetite.

Everyone

- Reinforces the '5-2-1-0' message.
- Role models healthy eating behaviors.



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NON-FOOD REWARDS

HOW TO PROVIDE NON-FOOD REWARDS

for Children with Intellectual and Developmental Disabilities

Here are ideas for how to avoid the use of food rewards and provide non-food rewards for children with intellectual and developmental disabilities (I/DD).

Each bolded item represents a handout in this toolkit!

FOOD REWARD

is a food used to reward good behavior.

REINFORCER

is a technical term that describes an object or action used to teach and affirm desirable behaviors for children with I/DD. Reinforcers should be individualized and used as part of a behavior intervention plan.

Learn why it is important to avoid food rewards and provide non-food rewards for children with I/DD:

- **Why Prohibit the Use of Food as a Reward?**
- **Food Rewards Tracker**

Get ideas for ways to reward children without using food:

- **Preference Assessments for Children with I/DD**
- **Use Non-Food Rewards**
- **Use Physical Activity as a Reward**

Implement new strategies to reward children without using food:

- **Transitioning to Non-Food Rewards for Children with I/DD**
- **Use Education and Service Plans to Support Healthy Habit Goals for Children with I/DD** (in the 'Getting Started' section of this toolkit)
- **Everyone Plays a Role in Providing Non-Food Rewards for Children with I/DD**

For more ideas to provide non-food rewards for children, check out the other *Let's Go!* toolkits at www.letsgo.org/toolkits/



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WHY PROHIBIT THE USE OF FOOD AS A REWARD?

NOTE ON FOOD REWARDS IN SPECIAL EDUCATION:

Rewards are common for all children, but can be a particularly big part of the lives of children with intellectual and developmental disabilities (I/DD). Special educators often rely on food as a quick, effective way to reinforce desirable behavior. For this reason, prohibiting the use of food as a reward may have additional challenges.

At *Let's Go!*, we understand these challenges and recommend that adults who work with children with I/DD start out small by avoiding the use of food as a reward. However, keep in mind that the best practice is to eliminate food rewards completely.

Rewarding kids with food, even healthy foods, encourages kids to eat outside of meal and snack times, when they may not be hungry, and can lead to poor eating habits.^{1,2}

Using food, such as candy, cookies, doughnuts, sugary drinks, and pizza, as a reward for good behavior and academic performance is a common practice with kids and **puts them at risk for excess weight gain and obesity**.^{3,4}

Encouraging kids to eat healthy foods, but at the same time rewarding good behavior with unhealthy foods, **sends a mixed message and confuses kids**.¹

Foods that are used as rewards are typically high in sugar, fat, and salt with little nutritional value, and can play a role in establishing kids' preferences for unhealthy foods.^{1,2}

- 1 Puhl RM, Schwartz MB. If you are good you can have a cookie: How memories of childhood food rules link to adult eating behaviors. *Eating Behaviors*. 2003;Vol. 4 (Issue3):283-293.
- 2 Birch LL. Development of food preferences. *Annual Review of Nutrition*. 1999;Vol. 19(Issue 1):41-62. DOI: 10.1146/annurev.nutr.19.1.41
- 3 Kubik MY, Lytle LA, Story M. Schoolwide food practices are associated with body mass index in middle school students. *Arch. Pediatr. Adolesc. Med.* 2005;Vol. 159 (Issue12):1111-1114.
- 4 Dattilo AM, Birch L, Krebs NF, Lake A, Taveras EM, Saavedra JM. Need for early interventions in the prevention of pediatric overweight: a review and upcoming directions. *J. Obes.* 2012.



FOOD REWARDS TRACKER



Tracking the food rewards a child receives over the course of a day will show how often families, teachers, and service providers rely on food to reinforce desirable behavior. Pass around this tracker to each adult a child spends time with to capture the type of food being used, person providing the reward, and the targeted behavior. Once the tracker is complete, the team can work together to replace the food rewards.

Child's Name: _____

Date: _____

FOOD REWARD	WHO PROVIDED THE REWARD? (NAME AND ROLE)	TARGETED BEHAVIOR
Ex: Goldfish	Cindy, Ed Tech	Not running in the hall



PREFERENCE ASSESSMENTS

for Children with Intellectual and Developmental Disabilities

TIP: Use multiple types of assessments to gather the most complete and accurate information about a child's preferences.

It is important to know which items and activities a child enjoys in order to choose the best rewards to reinforce desirable behavior. Below are a few different ways to assess the preferences of children with intellectual and developmental disabilities (I/DD). Choose the approach that will work best for a particular child or setting.

Student Interview

Interview a child and ask questions about their likes and dislikes. Give the child a list of choices and ask which they would most like to earn. Ask questions such as:

- What are your favorite activities at school?
- What are your favorite things to do after school and on the weekends?
- What are your favorite subjects in school?
- What do you like to do with your friends?

A teacher, caregiver, or service provider may conduct this assessment.

Informational Interview (informal)

Interview a few individuals who know the child well. Ask open-ended questions such as:

- If left alone, what would the child do?
- What does the child like to do with others?
- What activities help the child feel calm?
- What activities help the child stay focused?
- Where does the child like to go?

A teacher, caregiver, or service provider may conduct this assessment.

Informational Interview (structured)

Interview a few individuals who know the child well using a survey tool. The Reinforcement Assessment for Individuals with Severe Disabilities (RAISD) is one example of a survey that can be used for a structured informational interview. The survey asks about a variety of potential preferences and the conditions under which a child makes his or her choices. At the end of the survey, the interviewer ranks the potential reinforcers and can recommend the specific circumstances under which they should be used. The RAISD tool can be accessed at: www.kennedykrieger.org/sites/default/files/patient-care-files/raisd.pdf.

A teacher or psychologist may provide this assessment.



Direct Observation

Give the child free access to a wide range of items or activities and document how long the child spends with each. You can identify the items or activities with which the child spends the most time as preferences. Do not make any demands or place any restrictions on the child during the observation. Be sure to provide enough time for the child to explore different objects and activities.

A teacher, caregiver, or service provider may conduct this assessment.

Systematic Assessment

Present objects and activities to a child in a methodical way to help identify and rank a child's preferences. For example, you may present objects and activities, one at a time, in a random order, or you may simultaneously present two items or activities and ask a child to make a choice.

Systematic assessments should be conducted by a Board Certified Behavior Analyst, psychologist, or other professional with training.

More information about systematic assessments can be found at:

- www.kennedykrieger.org/sites/default/files/patient-care-files/single_stimulus_preference_assessment.pdf
- www.kennedykrieger.org/sites/default/files/patient-care-files/paired_stimulus_preference_assessment.pdf

It may take some time and energy to identify a child's preferences, but the results of using effective non-food rewards will be worthwhile. Be sure to reassess a child's preferences periodically, as they are likely to change over time.

USE **NON-FOOD** REWARDS

Don't underestimate the power of using verbal praise that is specific with kids of all ages. For example, "You did a great job, John. I'm so proud of you for helping Jack with his math problems today."

Rewarding kids with food, even healthy food, encourages kids to eat when they may not be hungry and can lead to poor eating habits. There are plenty of ways to reward kids without using food. Use some of the ideas on this page for younger kids, and look on the back for non-food rewards for older kids.

Alternatives to Food as a Reward for Younger Children

- Share a special item or talent with the group.
- Be "Super Kid of the Day" or "Star of the Day."
- Sit in a special seat during snack or mealtime.
- Be recognized in a newsletter or on a bulletin board.
- Get a signed t-shirt, Frisbee, or ball.
- Lead group activities.
- Receive coupons for special privileges.
- Receive a positive note from the program staff or director, or have one sent home for parents to see.
- Attend a reading party (kids bring blankets to sit on and read favorite books).
- Read a favorite poem.
- Share a favorite picture of a family member or friend.
- Play a favorite game or puzzle.
- Eat snack outdoors or have a picnic.



continued



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- Take a walk with a teacher or a favorite staff member.
- Dance to favorite music.
- Receive a trophy or ribbon.
- Get access to items that can only be used on special occasions (e.g. special art supplies, toys, or games).
- Select an item from a treasure chest full of small, non-food items (e.g. bubbles, crayons, finger puppets, Slinkys, yo-yos, rubber balls, spinning tops, stickers, school supplies, etc.).
- Make a list of fun, non-food rewards and choose a reward from the list when appropriate.

Alternatives to Food as a Reward for Older Kids

- Receive a positive note from the program staff or director.
- Be entered into a drawing for donated prizes.
- Win tickets to special events (e.g. sports games, dances, concerts, etc.).
- Earn points or play money for privileges.
- Earn certificates for music downloads.
- Choose brain teasers or games for the group to play.
- Earn sports equipment or athletic gear (e.g. Frisbees, water bottles, head or wrist sweat bands, NERF balls, etc.).

Benefits of providing non-food rewards:

- Creates an environment that fosters healthy eating and supports the 5-2-1-0 message.
- Allows the opportunity for more frequent rewards.
- Adds to fitness if physical activity is used as reward.



Use Physical

ACTIVITY AS A REWARD

Research indicates that active video games may be an effective way to increase kids' overall physical activity levels. Energy used during active video game play is comparable to moderate-intensity walking.

kids
love to
move!

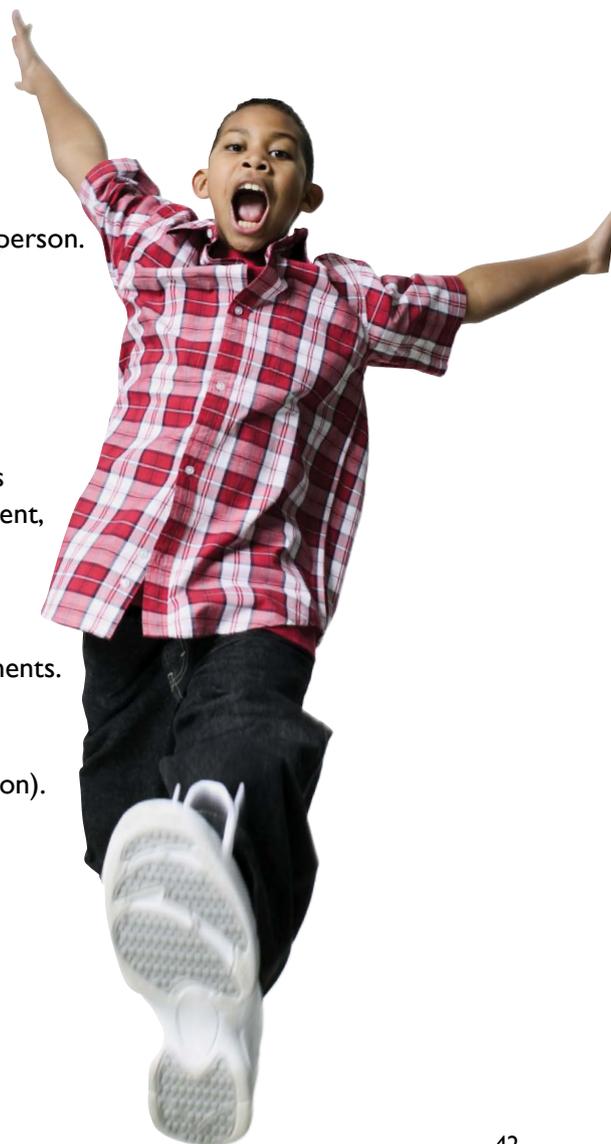
Using physical activity instead of a food reward:

- Helps kids get their 1 hour a day!
- Makes physical activity fun!
- Won't limit how many rewards you can give, as they just add up to more activity for kids!

So next time you want to reward kids, think about how you could make it physically active.

Here are some ideas to get you started:

- Dancing to favorite music.
- A 'walk and talk' with a special person.
- Extra outdoor time.
- Setting up an obstacle course.
- Special access to particular toys or games that promote movement, like a bike or jump rope.
- A monthly physical activity event to celebrate accomplishments.
- Access to active video games (e.g. Wii, Dance Dance Revolution).



TRANSITIONING TO NON-FOOD REWARDS

for Children with Intellectual and Developmental Disabilities



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The transition away from using food rewards to reinforce behaviors may seem daunting, but there are steps you can take to ease the process. Follow these steps to make non-food rewards part of a coordinated approach to education and behavior management for children with intellectual and developmental disabilities (I/DD).

1. Use the Food Rewards Tracker to gather information about how often a child is rewarded with food.
2. Complete preference assessments to identify new reinforcers to replace the food rewards currently used.
3. Create or update the child's Behavior Intervention Plan to include non-food rewards and exclude any food rewards. Be sure to:
 - Describe the desired behaviors in observable and measurable terms.
 - Specify exactly what the child needs to do to receive the reward, such as correctly identifying an object in a picture or walking quietly in the hallway.
 - Include a reinforcement schedule that describes when and how often to use specific rewards.
4. Begin the transition by slowly reducing the use of food as a reward. Use food less and less frequently, and begin to replace food rewards with non-food rewards. Do this very gradually for the most effective results.
5. Complete the transition and avoid the use of food to reinforce desirable behaviors.

Reducing the use of food rewards can be a difficult process. Consult a Board Certified Behavioral Analyst, psychologist, or other professional with experience developing Behavior Intervention Plans to assist with the process.

Tips for Using Non-Food Rewards:

- Limit a child's access to the selected rewards to increase their desirability.
- For children who may not be as motivated by social attention, it is still important to pair tangible items with praise. By association, social attention may become more reinforcing over time.
- Rotate and vary rewards over time to maintain a child's interest, and to reflect the child's changing preferences.

EVERYONE PLAYS A ROLE IN PROVIDING NON-FOOD REWARDS

for Children with Intellectual and Developmental Disabilities

Children with intellectual and developmental disabilities (I/DD) receive services from multiple professionals within child care, school, health care, community, and home settings. These professionals are part of a child's support team. Each member of a child's team can play a role in helping the child develop healthy behaviors and make healthy choices.

Special Education Teachers

- Conduct preference assessments to identify which non-food rewards will work best for a child.
- Create or update a child's Behavior Intervention Plan (BIP) to include non-food rewards and reduce any food rewards. If a Board Certified Behavior Analyst or psychologist is available, request assistance in creating the plan.
- Share new reinforcement strategies with other members of a child's support team.

Health Care Providers

- Talk to families about the reasons to avoid using food rewards at home.
- Recommend that food rewards be limited and/or eliminated from a child's education and service plans.

Board Certified Behavior Analysts (BCBA)

- Conduct preference assessments to identify which non-food rewards will work best for a child.
- Create or update a child's Behavior Intervention Plan to include non-food rewards and reduce any food rewards.
- Develop a plan and timeline for reducing the use of food rewards. Share this plan with other members of a child's support team.

Case Managers

- Ensure that non-food rewards are used consistently in a child's education and service plans.

Classroom Teachers

- Use non-food rewards for all children in the class.
- Use the same rewards for children with disabilities as the rest of the class.
- Teach children about why non-food rewards are used in the classroom.



**coordination
is key!**

Everyone

- Reinforces the '5-2-1-0' message.
- Provides non-food rewards.
- Provides physical activity as a reward.



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PHYSICAL ACTIVITY

HOW TO MAKE PHYSICAL ACTIVITY INCLUSIVE

for Children with Intellectual and Developmental Disabilities

Here are ideas for how to make physical activity inclusive for children with intellectual and developmental disabilities (I/DD).

Each bolded item represents a handout in this toolkit!

PHYSICAL ACTIVITY is any movement that increases heart rate and breathing such as running, climbing, jumping, dancing, etc.



Learn about the laws and best practices for including children with I/DD in physical activity:

- **Legal Requirements for Including Children with I/DD in Physical Activity**

Get ideas for ways to adapt or modify activities to include children with I/DD:

- **Tips to Adapt Physical Activities to Include Children with I/DD**
- **Overcoming Barriers to Including Children with I/DD in Physical Activity**
- **Social Inclusion and Physical Activity**
- **Zones, Stations, and Relays**
- **Try Structured Recess**
- **Principles of LET US Play**

Support physical activity goals for children with I/DD:

- **Use Education and Service Plans to Support Healthy Habit Goals for Children with I/DD** (in the 'Getting Started' section of this toolkit)
- **Use Transition Plans to Support Healthy Habits for Teens and Young Adults with I/DD** (in the 'Getting Started' section of this toolkit)
- **Everyone Plays a Role in Making Physical Activity Inclusive for Children with I/DD**



LEGAL REQUIREMENTS

for Including Children with Intellectual and Developmental Disabilities in Physical Activity

By including children with I/DD in physical activity, you are not only following the law—you are helping raise healthy kids and teach lifelong healthy habits!



The following three documents govern the inclusion of children with intellectual and developmental disabilities (I/DD) in physical activity.

- Section 504 of the Rehabilitation Act of 1973
- Office for Civil Rights (OCR) Dear Colleague Letter of 2013
- Individuals with Disabilities Education Act (IDEA) of 2004

These documents establish the responsibilities of physical education instructors, extra-curricular activity providers, and recreation providers. By becoming familiar with them and meeting their requirements, school districts can ensure that children with I/DD have the same opportunities to be physically active as their typically developing peers.

Section 504 of the Rehabilitation Act of 1973

A federal law designed to protect the rights of individuals with disabilities in programs and activities that receive federal assistance, including all elementary and secondary public schools. According to this law:

- All students with disabilities must be provided with physical education.
- All students must have the same opportunities to engage in extra-curricular athletic activities.

Office for Civil Rights (OCR) Dear Colleague Letter of 2013

Written in response to reports that schools were not complying with requirements to offer students with disabilities the same opportunities to be as physically active as their non-disabled peers. The letter recommends that school districts:

- “...work with their athletic associations to ensure students with disabilities are not denied an equal opportunity to participate in interscholastic athletics.”
- “...(do) not rely on generalizations about what students with a type of disability are capable of—one student with a certain type of disability may not be able to play a certain type of sport but another student with the same disability may be able to play that sport.”
- “...(make) reasonable accommodations—to ensure (a student has) an equal opportunity to participate.”



Individuals with Disabilities Education Act (IDEA) of 2004

A federal law that requires schools to serve the educational needs of students with disabilities. According to this law:

- Schools are required to provide students with a “free and appropriate public education” in the “least restrictive environment.”
- Physical education is a requirement for students who receive special education.

U.S. Department of Education Office for Civil Rights (OCR). Protecting Students with Disabilities, Frequently Asked Questions About Section 504 and the Education of Children with Disabilities. U.S. Department of Education. www2.ed.gov/about/offices/list/ocr/504faq.html. Accessed on July 5, 2016.

U.S. Department of Education Office for Civil Rights (OCR) Dear Colleague Letter: Office of the Assistant Secretary. <http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201301-504.pdf>. Accessed on July 5, 2016.

U.S. Department of Education. Building The Legacy of IDEA 2004. idea.ed.gov. Accessed on July 5, 2016.

TIPS TO ADAPT PHYSICAL ACTIVITIES

to Include Children with Intellectual and Developmental Disabilities

TIP: Learn about a child by reading their Individual Education Plan or by speaking with other adults in their life to determine which adaptations will help the child participate.



Children with intellectual and developmental disabilities (I/DD) need one hour of physical activity each day, just like their typically developing peers. Including children with I/DD in physical activity may require some adaptations. Here are some examples of adaptations and tips for making physical activity inclusive for children with I/DD.

Demonstrate activities.

- Use peer partners to model activities and social skills.
- Show videos of activities in advance, whenever possible.

Provide clear instructions.

- Keep verbal instructions specific and brief.
- Check to make sure all children understand the instructions before beginning the activity.

Use visual aids.

- Create and post routines. For example:
Warm Up ➔ Practice Skills ➔ Play Game ➔ Cool Down ➔ Clean Up
- Use a visual aid, such as photo activity cards, to help children make choices, understand expectations, and stay focused.
- Define boundaries and targets using colored tape or spots.

Change the rules of some games to give each child a chance to succeed.

- Give a child more “tries” than are normally permitted. For example, an extra shot in basketball or an extra pitch in softball.
- Allow children to play with partners.
- Let children recommend their own modifications to the rules.

Play games that emphasize cooperation rather than competition.

- Emphasize teamwork over speed and accuracy.
- Give every child an equal chance to play.
- Rotate teams so that skill levels are balanced.

continued

Adapt the environment to promote inclusion.

- Define the boundaries of a playing area by using zones, stations, and relays (see the 'Zones, Stations and Relays' handout).
- Lower the height of goals or nets as needed.
- Minimize distractions by putting away unnecessary equipment.
- Reduce noise for children who are sensitive to sounds by avoiding loud music and yelling.

Ensure that changing rooms, locker rooms, and bathrooms are accessible.

- Provide enough space to accommodate a wheelchair.
- Provide private or gender neutral changing areas for children who may have aides of a different gender.

Modify equipment to accommodate all abilities.

- Offer equipment such as bats, sticks, and rackets in lighter and heavier weights, and padded handles to make them easier to hold.
- Offer many different kinds of balls - lighter, heavier, bigger, smaller, and audible (with bells inside).
- Establish an equipment bank so that modified equipment can be shared throughout a school district and community.

Federal law requires that children with disabilities be provided with physical education (PE) at school. Typically PE instructors can make simple adaptations to ensure a child with a disability is included. However, some children may require more individualized support in order to benefit from PE. To learn more about Adapted Physical Education visit: www.maine.gov/doe/physicaled/adapted/index.html

OVERCOMING BARRIERS

to Including Children with Intellectual and Developmental Disabilities in Physical Activity

focus
on the
positive!

Children with intellectual and developmental disabilities (I/DD) sometimes have behavioral or communication challenges. When encountering a child with these challenges, an instructor may not know how to include that child in activities. Here are some tips to manage behavior and effectively communicate so that all children can be included in physical activities.

General Tips

- Review a child's Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) to determine whether the child has any behavior or communication challenges.
- Ask other members of a child's team about effective behavior management and communication strategies, and use those same strategies with the child.
- Find out if a child's behavior poses any safety concerns, such as a risk of wandering off.

Tips for Behavior Management

- Clearly explain rules and expectations around behavior before an activity begins.
- Allow a child to come up with their own solution to a problem. For example, if the child disrupts a game that is hard for them to play, ask the child how they would change the rules to make it easier.
- Provide choices. For example, if it is time to put away equipment and a child refuses to help, give the child a choice of clean-up tasks.
- Direct a child who needs a break to an individual activity. For example, give the child 5-10 minutes to spend on a stationary bike kept close to the activity area before returning to the group activity.

Tips for Effective Communication

- Offer clear instructions. Say things like "Follow directions" and "Take turns."
- Do not assume a child will know to complete a step unless you tell them to.
- Allow enough time for a child to process instructions. Pause for at least 5 to 7 seconds before restating an instruction or giving a new one.
- Avoid using jargon or slang. Many children with I/DD can be very concrete in their interpretation of language. For example, if an instructor says "Run home!" during a softball game, a child may take off running toward their house.
- Do not ask a child if they want to do something when there is no real choice. Instead of, "Do you want to do your warm-ups?" say "It's time for warm-ups."
- Give positive directions rather than negative directions. Say "Please walk." rather than "Don't run."



SOCIAL INCLUSION AND PHYSICAL ACTIVITY

There are programs designed specifically to empower people with and without I/DD to participate together in sports. One example is Unified Sports, a program of Special Olympics.

Learn more and get involved:
www.somaine.org/programs/unified-sports/

Children are more likely to participate in group activities when they feel accepted and included by their peers. While physical education teachers, activity leaders, and coaches cannot force friendships, they can create conditions that foster positive relationships among children. Here are some tips to make activities more socially inclusive.

Be a role model.

- Emphasize the values of respect, cooperation, and collaboration in the activities you lead.
- Plan activities that promote cooperation and teamwork over competition and winning.
- Demonstrate that you enjoy having each child in your program or class.
- Establish a “no tolerance” rule for bullying.
- Lobby against exclusionary policies, such as cutting students from team sports.

Build a child’s social standing.

- Emphasize each child’s strengths by planning some activities where they can demonstrate their skills or sports knowledge.
- Give each child opportunities to lead or to have special responsibilities.

Make relationships a priority.

- Include social skill development in lesson plans and activities.
- Praise and reward children for being inclusive.

Use peers as a resource.

- Establish a buddy or mentoring system.
- Play games in which everyone has opportunities to be both a helper and to be helped.



ZONES, STATIONS, AND RELAYS

Games that use zones, stations, and relays are great for meeting the physical activity needs of all children. These types of games create defined boundaries to accommodate children who get overwhelmed by large spaces like open gyms and fields. They divide children into smaller groups to ensure everyone is active. And they make room for children of varying skill levels to participate. Here are some examples of how to use zones, stations, and relays to plan fun activities that include all children.

Zone Games

Divide a large play area into zones. Direct children to different zones based on ability level or some other criteria.

Example: Basketball Using Zones

- Divide the court into zones using tape or cones.
- Create 3 zones: one for runners, one for walkers, and one for “wheelers” (children in wheelchairs or on scooter boards).
- Change the set-up in each zone as needed. For example, the hoop height may vary between zones.
- Establish different rules for each zone. For example, one zone may allow 5 tries to shoot a basket, while another zone only allows 2 tries.

Station Games

Set up multiple stations, with a different activity at each location. Allow children to rotate from one station to the next, but to skip any station they are not comfortable with. Try numbering, lettering, or color coding stations so children know where to go next. You may also code stations by level of difficulty.



Examples of Stations:

- Jumping jacks
- Push ups
- Planks
- Push motions
- Balance board
- Arm circles
- Fast clapping
- Dips
- Punching bags
- Bouncing balls



Relays

Break a large group of children into smaller teams. Provide an active task that each child must complete before the group is finished. Make sure to emphasize teamwork rather than competition and winning.

Example: Soccer Ball Relay

Set Up

- Set up lines of cones on a field or in a gym.
- Split up the group into teams of 3 or more children. Create the same number of lines of cones as you have teams.
- Give each team a soccer ball.

Play

- Children line up at one end of their team's line of cones.
- A child from each team moves the soccer ball to the end of the line and back, and then passes the ball to a teammate who does the same.
- Children may move the ball any way that they choose, as long as they do not use their hands. They may dribble with their feet, hop with the ball between their legs, wheel with the ball between their feet, etc.
- A team has finished once all team members have dribbled the ball up and down the line of cones.
- The goal is to move the ball across the field in the most creative way, and to have the most cheering for your team members.

Adapt

- Children may move the ball in a straight line, or back and forth between cones for more of a challenge.
- Each team may elect a “cheerleader” or “enthusiast” who runs/wheels alongside the person with the ball and cheers them on.
- The rest of the team, while waiting for their teammate to return the ball, must keep moving by jogging in place, doing push ups or jumping jacks, etc.

Adapted with permission from *Discover Inclusive Physical Education, A Guidebook for Physical Educators*. Published by the National Center on Health, Physical Activity and Disability (NCHPAD) 2015. www.nchpad.org/fppics/Discover%20Inclusive%20Physical%20Education-Final.pdf. Accessed July 5, 2016.

TRY STRUCTURED RECESS!

Structured recess is especially helpful for including children with intellectual and developmental disabilities (I/DD) in group play during recess. Try teaching a child with I/DD the games ahead of time so they are familiar with the rules. You may also match a child with I/DD with a peer helper to play games with during recess.

Active play during recess helps children get 1 hour of physical activity each day. However, many children are not as active as they could be during recess. To help all children benefit from recess, try organizing structured recess!

What is structured recess?

Structured recess is based on the principle of structured play which involves physical activities and games taught and led by adults.

Benefits of structured recess:

- Students can engage in physical activity regardless of skill level.
- Students practice motor skills taught in physical education class.
- Students receive targeted instruction and encouragement.
- Students can practice social skills with coaching from adults.
- Supervision ensures safety and healthy conflict resolution.
- Adults explain game rules to students who need more time to learn.

Ideas for structured recess:

- Encourage teachers, staff, or volunteers to act as “recess coaches,” lead activities, and provide supervision during recess.
- Create boundaries that divide the playground, field, or gym into areas for structured activities and free play.
- Play games such as four square, basketball, soccer, and Simon Says during structured recess.



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Principles of **LET US Play**

LET US Play

is an easy-to-use set of techniques to maximize the amount of physical activity all kids get while playing games. The techniques allow staff to modify the games kids love to ensure everyone has a chance to join in.

LET US Play Principles were developed by Policy to Practice in Youth Programs (P2YP). Learn more at: www.p2yp.org/training/get-kids-active

Removing **L**ines

Eliminating **E**limination

Reducing **T**eam size

Getting **U**ninvolved staff and kids involved

Being creative with **S**pace, equipment, and rules

Try the simple game modifications using LET US Play that are found on the back of this page.

Check out the LET US Play videos and posters for more information on how program leaders can use the LET US Play principles to enhance the games children love and staff already know how to play.

www.p2yp.org/training/get-kids-active/let-us-play-videos

www.p2yp.org/training/get-kids-active/let-us-play-posters



continued

GAME	DESCRIPTION	POSSIBLE MODIFICATIONS	
Kickball	2 teams (kicking and fielding). Kicker runs bases. Kicker eliminated if player/base is tagged or if ball is caught by fielding team.	L	Entire kicking team runs the bases together
		E	Instead of OUTS count the number of RUNS the kicking team can score in a given amount of time
		T	Split large groups of kids into two separate games
		U	Make these changes to help get uninvolved kids involved
		S	Fielding team performs a task as a group
Dodgeball	2 teams. If child is tagged with the ball or if the ball is caught they are eliminated from the game.	L	—
		E	Have players switch sides when they are tagged with the ball
		T	Split a large game into two smaller games
		U	Make these changes to help get uninvolved kids involved
		S	Have players switch sides when they are tagged with the ball
Relay Races	Kids in teams of 6 or more. Kids wait in line for turn. Start and finish at one side of the activity area.	L	Remove lines by modifying the type of relay race (e.g. teams start and finish in center, use different equipment and ways of moving)
		E	—
		T	Decrease number of kids on each team
		U	Make these changes to help get uninvolved kids involved
		S	Remove goal keepers and reduce the size of the goals
Soccer	2 teams. 10 v 10. Goalkeepers on each team.	L	—
		E	—
		T	Split one large game (e.g. 10 v 10) into two smaller games (e.g. two 5 v 5 games)
		U	Make these changes to help get uninvolved kids involved
		S	Remove goal keepers and reduce the size of the goals
Tag Games	One or more “chasers” attempt to “tag” or touch other players. Each tagged participant is eliminated.	L	—
		E	Have kids who are tagged become additional chasers
		T	—
		U	Make these changes to help get uninvolved kids involved
		S	Kids perform an active task when tagged Every game starts with multiple taggers

EVERYONE PLAYS A ROLE IN MAKING PHYSICAL ACTIVITY INCLUSIVE

for Children with Intellectual and Developmental Disabilities

Children with intellectual and developmental disabilities (I/DD) receive services from multiple professionals within child care, school, health care, community, and home settings. These professionals are part of a child's support team. Each member of a child's team can play a role in helping the child develop healthy behaviors and make healthy choices.

Physical Education Teachers

- Recommend physical education goals for each child's education plan.
- Adapt and modify activities to include all children.
- Help evaluate children to determine if they require Adapted Physical Education (APE) services.

Speech and Language Pathologists

- Help children who have trouble with social skills to increase participation in group physical activities.

Special Education Teachers

- Provide opportunities for all children to be physically active by incorporating motor breaks into lessons.
- Help physical education teachers understand how to adapt the PE curriculum to meet a child's special needs.
- Ensure all children engage in active recess.

Health Care Providers

- Talk to families about the importance of physical activity.
- Recommend physical activity goals for a child's education and service plans.

Case Managers

- Request services that promote physical activity when sedentary behavior interferes with a child's physical or mental health.
- Ensure alignment of physical activity goals in a child's education and service plans.
- Make sure a child's team addresses the child's physical activity goals at home, at school, and in the community.

Everyone

- Reinforces the '5-2-1-0' message.
- Provides opportunities for physical activity every day.
- Acts as role models by being physically active.



Child Care and Out-of-School Providers

- Use inclusive strategies to promote a child's involvement in physical activity.
- Adapt and modify activities to include all children.

Physical Therapists

- Address a child's posture, muscle strength, and mobility needs.



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HEALTH CARE

HOW TO ADVOCATE HEALTHY HABITS

for Patients with Intellectual and Developmental Disabilities

Here are some ways to advocate healthy habits for children with intellectual and developmental disabilities (I/DD) in the health care setting.

Each bolded item represents a handout in this toolkit!



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Use the **Let's Go! Health Care strategies with all pediatric patients, including those with I/DD:**

- Connect to the community and *Let's Go!* community efforts.
- Assess a patient's height and weight, and measure BMI for children age 2 and older.
- Talk respectfully with patients about healthy eating, active living, and weight.
- Review **Tips for Communicating with Children with I/DD***

For more information, check out the *Let's Go!* Health Care Toolkit:
www.letsgo.org/toolkits/hc-toolkits/

Understand the additional challenges children with I/DD face with regard to eating healthy foods, being physically active, and accessing health care:

- **Healthy Habit Challenges for Children with I/DD***
- **Healthy Habit Challenges for Children with Specific Disabilities***
- **Health Care Challenges for Children with I/DD***

Become familiar with services, legal requirements, and the special education process for children with I/DD:

- **Let's Go! Definitions for Children with I/DD***
- **Services for Children with I/DD***
- **Use Education and Service Plans to Support Healthy Habit Goals for Children with I/DD***
- **Use Transition Plans to Support Healthy Habits for Teens and Young Adults with I/DD***
- **Legal Requirements for Including Children with I/DD in Physical Activity** (in the 'Physical Activity' tab)

Collaborate with a child's support team using these handouts:

- **Recommend Healthy Habit Goals for Education and Service Plans for Patients with I/DD**
- **Health Care Provider Statement Recommending Healthy Habit Goals**
- **Sample Health Care Provider Statement Recommending Healthy Habit Goals**
- **Make Referrals for Services to Support Healthy Habits for Patients with I/DD**
- **Coordinate Services to Support Healthy Outcomes for Children with I/DD***

*These tools can be found in the 'Getting Started' tab of this toolkit.

RECOMMEND HEALTHY HABIT GOALS

for Education and Service Plans for Patients with Intellectual
and Developmental Disabilities

Adding goals related to healthy eating and physical activity to a child's education and service plan ensures that the child receives appropriate services to address their needs. Health care providers can play an important role by recommending goals to include in these plans.

Education and service plans, including the Individual Family Service Plan (IFSP), Individual Education Plan (IEP), and Individual Treatment Plan (ITP), include goals, services, and accommodations for children with intellectual and developmental disabilities (I/DD).

What to Do

- Recommend goals for education and service plans that align with goals identified through your conversation with patients using the **'5-2-1-0 Healthy Habits Questionnaire.'**
- Add any other goals related to healthy eating, non-food rewards, physical activity, screen time, or sugary drinks.
- Review the **'Use Education and Service Plans to Support Healthy Habit Goals for Children with I/DD'** handout in the 'Getting Started' section of this toolkit to learn more about how to write goals for each type of plan.
- Review the **'Use Transition Plans to Support Healthy Habits for Teens and Young Adults with I/DD'** handout in the 'Getting Started' section of this toolkit. Talk to patients about how to be responsible for their own health, and recommend healthy eating and active living goals for the IEP Transition Plan.

Why Recommend Healthy Eating and Physical Activity Goals

- Health care providers are trusted and respected by families and the professionals who make up a child's support team. Your advice will go a long way!
- Education and service plans are legal documents, so the professionals working with a child with I/DD will be sure to work toward the goals outlined in these documents.
- Education and service plans are referred to throughout the year, so progress toward goals will be tracked.



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continued

How to Recommend Healthy Eating and Physical Activity Goals

- Use the **'Health Care Provider Statement Recommending Healthy Habit Goals.'** Write a statement and give it to a child's parents or caregivers to share with the rest of the child's team.
- Attend meetings with other members of a child's support team whenever possible.
- Build relationships with other team members and play an active role in developing education and service plans.

HEALTH CARE PROVIDER STATEMENT RECOMMENDING HEALTHY HABIT GOALS

Health care providers may use this form to recommend goals related to healthy eating and active living for children. Providers should list suggested goals for school, out-of-school, and/or home settings and give it to the child's parents or caregiver.

Copies of completed forms can also be saved in the patient's chart for future reference.

Patient's Name: _____

Date of Birth: _____

Diagnosis: _____

How the diagnosis impacts the child's health, development, or education:

Suggested Goal/Service/Accommodation at School:

Suggested Goal/Service/Accommodation Outside of School and at Home:

Recommendation for Additional Assessment:

Provider Signature: _____



SAMPLE HEALTH CARE PROVIDER STATEMENT RECOMMENDING HEALTHY HABIT GOALS

Patient's Name: Ashley B.

Date of Birth: 8/13/10

Diagnosis: Down syndrome, Obesity, pre-diabetes

How the diagnosis impacts the child's health, development, or education:

Ashley is at risk for serious health problems if she does not start eating more fruits and vegetables and less candy.

Suggested Goal/Service/Accommodation at School:

Ashley needs an adult to monitor her choices at lunchtime and ensure she is offered at least 1 serving of fruit and 1 serving of vegetables at lunch each day. Please add the following goal to Ashley's IEP: Ashley will be offered at least 1 serving of fruit and 1 serving of vegetables at lunch each day. Do not force her to eat.

Suggested Goal/Service/Accommodation Outside of School and at Home:

Parents, caregivers, and service providers should avoid giving Ashley candy to reward good behavior. Non-food rewards, especially active play time, should be used instead.

Recommendation for Additional Assessment:

Ashley should see a Speech and Language Pathologist to be assessed for an oral motor delay and to develop a treatment plan for introducing Ashley to new healthy foods despite her oral-motor challenges.

Provider Signature: Catherine Jones, FNP



MAKE REFERRALS FOR SERVICES TO SUPPORT HEALTHY HABITS

for Patients with Intellectual and Developmental Disabilities

Children with intellectual and developmental disabilities (I/DD) often have different needs related to their diagnoses. No single provider is expected to address all of these needs, but a child's health care provider should become familiar with available services and be able to refer a patient to professionals who can help address challenges. Here are some common challenges and the type of professionals who can help address them.

HEALTHY EATING CHALLENGES	REFERRAL
Sensitivity to food tastes and textures	Occupational Therapist and/or Speech and Language Pathologist
Highly selective eating	Registered Dietician, Occupational Therapist, and/or Speech and Language Pathologist
Low muscle tone around the mouth	Occupational Therapist and/or Speech and Language Pathologist
Poor posture that interferes with sitting and with eating	Occupational Therapist
Seeks unhealthy snacks throughout the day	Board Certified Behavior Analyst and/or Psychologist
Challenging behavior during snack and meal times	Board Certified Behavior Analyst and/or Psychologist

PHYSICAL ACTIVITY CHALLENGES	REFERRAL
Delayed motor skills impacting activity level	Physical Educator, Adapted Physical Educator, Physical Therapist, and/or Recreational Therapist
Difficulty understanding game rules	Adapted Physical Educator and/or Speech and Language Pathologist
Social skill deficits that prevent involvement in group activity	Speech and Language Pathologist and/or Social Worker
Difficulty finding an inclusive after school program	Social Worker
Tires easily during physical activity	Physical Educator and/or Adapted Physical Educator
Over-stimulated by physical activity	Physical Educator, Adapted Physical Educator, and/or Occupational Therapist
Exaggerated fear of injury during physical activity	Adapted Physical Educator and/or Social Worker
Not meeting daily recommendation for physical activity	Physical Educator, Adapted Physical Educator, and/or Recreation Therapist

Some of these challenges may not seem major, but it is important for health care providers to take seriously any barrier a patient experiences to eating healthy or being physically active. Early intervention is key to promoting healthy behaviors for children with I/DD.

