Nutrition for Children with Special Health Care Needs

Resource Notebook
MODULE 1: Growth Assessment

LEARNING OBJECTIVES

After completing this module, you will have the skills and resources to:

- Describe techniques to obtain accurate anthropometric data for children with special health care needs
- Identify tools used for growth assessment and understand the origin of these tools
- Describe the influence of special conditions on growth
- Use appropriate reference data and published information to interpret growth data

RESOURCES

Measurement Techniques


**CDC/MCHB Growth Chart Tutorials: Measurement Techniques.** Centers for Disease Control and Prevention and the Maternal and Child Health Bureau. *Growth Charts Training.* 2001. The CDC and MCHB have developed tutorials to accompany the 2000 CDC Growth Charts. These tutorials are aimed at health care professionals. Modules cover equipment, measurement technique, and developing and rating your technique. For information about accessing the tutorials, visit [http://depts.washington.edu/growth](http://depts.washington.edu/growth).

Tools for Assessment

**CDC Growth Charts.** Centers for Disease Control and Prevention (CDC). Information about the 2000 CDC Growth Charts, and downloadable versions of the charts are available on the CDC website: [http://www.cdc.gov/growthcharts](http://www.cdc.gov/growthcharts).


**CDC/MCHB Growth Chart Tutorials: Growth Assessment.** Centers for Disease Control and Prevention and the Maternal and Child Health Bureau. *Growth Charts Training*. 2001. The CDC and MCHB have developed tutorials to accompany the 2000 CDC Growth Charts. These tutorials are aimed at health care professionals. Modules cover use and interpretation of the charts, including BMI. For information about accessing the tutorials, visit [http://depts.washington.edu/growth](http://depts.washington.edu/growth).

**Other Growth Charts.** Charts with data for secondary measurements and alternatives to height and length are available.


- Prediction of Stature from Knee Height. Chumlea WC, Guo SS, Steinbaugh ML. Prediction of stature from knee height for black and white adults and children with applications to mobility-impaired of handicapped persons. *J Am Diet Assoc*. 1994; 94(12): 1385-1388. This article presents data collected during 1960-1970 from children 6-12 years of age. The population was 85% Caucasian.


- Triceps Skinfold and Upper Arm Circumference. Frisancho AR. New norms of upper limb fat and muscle areas for assessment of nutritional status. *Am J Clin Nutr*. 34: 2540-2545, 1981. This article provides age- and sex-specific percentiles for triceps skinfold, upper arm circumference, arm muscle area, and arm fat area based on a cross-sectional sample of 19,097 white subjects age 1 to 74 years.
Influence of Special Health Care Needs

Charts/Tables Used to Monitor Growth of Children with Special Health Care Needs. Reprinted with permission from: Nardella M, et al. Nutrition Interventions for Children with Special Health Care Needs. Washington State Department of Health. 2001. This table describes charts and tables that are often used to monitor the growth of children with special health care needs. It is included at the end of this section. To order a hard copy, contact the Washington State Department of Health, Revenue Section, PO Box 1099, Olympia, WA 98504 or visit the Washington State Nutrition for Children with Special Health Care Needs website: http://depts.washington.edu/cshcnnut. This publication can also be downloaded from the WA DOH website: http://www.doh.wa.gov/cfh/mch/CSHCNhome2.htm.


North American Growth in Cerebral Palsy Project. North American Growth in Cerebral Palsy Project website. One activity of this project is to collect data about the growth of persons with cerebral palsy. The project website also lists some resources around growth, measurement technique, and interpretation. Visit: http://www.people.virginia.edu/~mon-grow/.

Using Growth Data to Make Clinical Decisions


<table>
<thead>
<tr>
<th>Growth Chart</th>
<th>Study sample information</th>
<th>Ages</th>
<th>Parameters</th>
<th>Limitations</th>
<th>Use with CDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCHS (1977)</td>
<td>20,000 children, 1934-64; NHES and NHANES I; 5th-95th%iles</td>
<td>0-3 years</td>
<td>• weight/age</td>
<td>Data is longitudinal for infants and cross-sectional for children</td>
<td></td>
</tr>
<tr>
<td>NCHS (1977)</td>
<td>20,000 children 1934-64; NHES and NHANES I; 5th-95th%iles</td>
<td>2-18 years</td>
<td>• weight/age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC (2000)</td>
<td>Previous data plus NHANES III data; 3rd-97th%iles</td>
<td>0-3 years</td>
<td>• weight/age, length/age, OFC/age, weight/length</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC (2000)</td>
<td>Previous data plus NHANES III data; 3rd-97th%iles</td>
<td>2-20 years</td>
<td>• weight/age, height/age, weight/height (2-6 years), BMI/age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crown-rump</td>
<td>~75 females, 75 males</td>
<td></td>
<td>Longitudinal data</td>
<td>Use with CDC weight/age</td>
<td></td>
</tr>
<tr>
<td>Sitting height</td>
<td>NCHS 1977 population</td>
<td>1-18 years</td>
<td>• sitting height/age</td>
<td>Caucasian and African American children only</td>
<td>Use with CDC weight/age</td>
</tr>
<tr>
<td>Knee height</td>
<td>13,821 ambulatory children NHES I,II,III, 1960-70</td>
<td>6-12 years</td>
<td>• knee height/age</td>
<td>Use equation for race (85% Caucasian children); Difficult to do</td>
<td>Use with CDC weight/age</td>
</tr>
<tr>
<td>Incremental growth</td>
<td>Children who grew “close” to NCHS 1977</td>
<td>6-36 mos 2-18 years</td>
<td>• weight/age, stature/age</td>
<td>Caucasian children only</td>
<td>Use with CDC for weight/age, length or height/age, weight/length or height</td>
</tr>
</tbody>
</table>

† All charts have sex-specific versions for male and female children (except for Turner syndrome charts).
<table>
<thead>
<tr>
<th>Growth Chart</th>
<th>Study sample information</th>
<th>Ages</th>
<th>Parameters</th>
<th>Limitations</th>
<th>Use with CDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triceps skinfold thickness, upper arm circumference</td>
<td>NCHS 1977 population</td>
<td>2-18 years</td>
<td>• triceps skinfold/age</td>
<td>Use after age 2 years, Caucasian children only</td>
<td>Use with CDC weight/age, length or height/age, weight/length or height, or BMI/age</td>
</tr>
<tr>
<td>Mid-arm circumference; triceps skinfold, subscapular skinfold thicknesses</td>
<td>NCHS 1977 population</td>
<td>2-18 years</td>
<td>• upper arm circumference/age</td>
<td>Use after age 2 years</td>
<td>Use with CDC weight/age, length or height/age, weight/length or height, or BMI/age</td>
</tr>
<tr>
<td>Parent-specific adjustment for length/stature</td>
<td>586 parent-child pairs (Fels data) and 16,000 serial length and height measurements</td>
<td>0-36 mos 3-18 years</td>
<td>Note parent height on chart</td>
<td>Use with CDC weight/age, length or height/age, weight/length or height, or BMI/age</td>
<td></td>
</tr>
<tr>
<td>Achondroplasia</td>
<td>189 males, 214 females</td>
<td>0-18 years</td>
<td>• height/age</td>
<td>Small sample size, especially children over 10 years</td>
<td>Compare to CDC weight/age, length or height/age; use with CDC for weight/length or height or BMI/age</td>
</tr>
<tr>
<td>Cerebral palsy</td>
<td>360 children (males and females), 0-120 months with quadriplegia</td>
<td>0-10 years</td>
<td>• length/age</td>
<td>Both longitudinal and cross-sectional data, small sample size, for spastic quadriplegia only</td>
<td>Use with CDC weight/age, length or height/age, weight/length or height or BMI/age</td>
</tr>
<tr>
<td>Down syndrome</td>
<td>Longitudinal data; 400 males, 300 females; 1960-1986</td>
<td>1-36 mo 2-18 years</td>
<td>• weight/age</td>
<td>Included children with congenital heart disease, reflects tendency to be overweight</td>
<td>Use with CDC weight/age, length or height/age, weight/length or height, BMI/age</td>
</tr>
</tbody>
</table>

‡ These growth charts should be used only with children who have cerebral palsy with spastic quadriplegia and may underestimate the growth for a child with mild cerebral palsy or without spastic quadriplegia. More information about growth and children with cerebral palsy can be found at the North American Growth in Cerebral Palsy Project website: [http://www.people.virginia.edu/~mon-grow/healthcare/home.html](http://www.people.virginia.edu/~mon-grow/healthcare/home.html)
<table>
<thead>
<tr>
<th>Growth Chart</th>
<th>Study sample information</th>
<th>Ages</th>
<th>Parameters</th>
<th>Limitations</th>
<th>Use with CDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noonan syndrome</td>
<td>64 males, 48 females</td>
<td>0-20 years</td>
<td>• height/age</td>
<td>Small sample size</td>
<td>Compare to CDC; use CDC for weight/age, length or height/age, weight/length or height or BMI/age</td>
</tr>
<tr>
<td>Prader Willi syndrome</td>
<td>56 males, 36 females</td>
<td>3-24 years</td>
<td>• height/age</td>
<td>Longitudinal and cross-sectional data, small sample size</td>
<td>Compare to CDC; use CDC for weight/age, weight/ height, BMI/age</td>
</tr>
<tr>
<td>Turner syndrome</td>
<td>366 females; pooled data; no hormone treatment</td>
<td>2-19 years</td>
<td>• height/age</td>
<td>Small sample size, unequal age distribution</td>
<td>Use with CDC for weight/age, height/ age, weight/height, BMI/age</td>
</tr>
</tbody>
</table>
| Williams syndrome           | 61 females, 47 males     | 0 to 18 years| • weight/age  
• height/age  
• OFC/age | Retrospective and cross-sectional data, small sample size | Use with CDC for weight/length or height, BMI/age |


MODULE 2:
Dietary Assessment and Determining Individual Needs

LEARNING OBJECTIVES

After completing this module, you will have the skills and resources to:

- Understand the methods used to establish standards and recommendations for nutrient intake
- Identify factors that alter nutrient needs
- Obtain accurate dietary intake data
- Evaluate an individual’s dietary data for nutritional adequacy

RESOURCES

Obtaining Accurate Dietary Intake Data

**Nutrition Questionnaires for Infants, Children, and Adolescents.** Appendices A, B, and C in Story M, Holt K, Sofka D, eds. 2002 *Bright Futures in Practice: Nutrition* (2nd ed.). Arlington, VA: National Center for Education in Maternal and Child Health. Questionnaires, along with guidelines for interpreting answers to the questionnaires are included. This publication is available online at [http://www.brightfutures.org](http://www.brightfutures.org) and print copies can also be ordered.

Methods Used to Establish Recommendations for Intake

**Food and Nutrition Board: Scientific Evaluation of DRIs.** This website describes the development of the DRIs and includes pdf versions of panel reports and summary tables. [http://www.iom.edu/project.asp?id=4574](http://www.iom.edu/project.asp?id=4574).

Identifying Factors That Affect Nutrient Needs

**Medications.** Medications. In: Harris AB, Blyler EM, Baer MT. *Nutrition Strategies for Children with Special Needs*. USC University Affiliated Program, Childrens Hospital Los Angeles. 1999. This chapter describes many of the medications that a child with special needs might take, and outlines plans to minimize medication-nutrient interactions.

Evaluating the Dietary Data of Individuals for Nutritional Adequacy


The Food and Nutrition Information Center (FNIC). The FNIC website has information about food and nutrition, including links to nutrient composition information, a searchable nutrient database, dietary guidelines, and food guide pyramids. FNIC is part of the US Department of Agriculture. http://www.nal.usda.gov/fnic

REFERENCES


MODULE 3: Feeding Skills

LEARNING OBJECTIVES

After completing this module, you will have the skills and resources to:

- Understand typical feeding development and the development of feeding and eating skills and behaviors
- Understand nutrition management of enteral (tube) feedings, including a basic understanding of equipment
- Describe appropriate routes of feeding for specific situations
- Identify appropriate formulas for specific situations

RESOURCES

Feeding Skills, Behavior, and Assessment of Feeding Skills

Questions about food patterns and feeding skills. This tables outlines questions that may be useful in assessing food patterns and feeding skills. It is included at the end of this section.

Suggested Serving Sizes for Children. This table outlines suggested serving sizes for children. It is included at the end of this section.


Pre-Feeding Skills: A comprehensive resource for feeding development.


How to Get Your Kid to Eat...But Not Too Much. Satter E. *How to Get Your Kid to Eat...But Not Too Much*. Bull Publishing. 1987. This book is written for parents and discusses the impact of child development and parent-child relationships on feeding dynamics from infancy to adolescence.It is available at bookstores, or directly from the publisher: Bull Publishing, [http://www.bullpub.com](http://www.bullpub.com).


Influence of Special Health Care Needs


Dietary and Feeding Needs of Children with Cleft Lips and/or Palates. Wong J, Cohea M. Dietary and feeding needs of children with cleft lips and/or palates. Nutrition Focus. 2001 16(4). This article presents some of the nutrition- and feeding-related concerns associated with cleft lip and palate and presents some intervention strategies. To order, visit http://depts.washington.edu/chdd/ucedd/CO/co_NutriFocus.html.


Management of Tube Feedings

Enteral Feeding. Pederson A. Enteral feeding (Tube feeding). In: Nardella M, et al. Nutrition Interventions for Children with Special Health Care Needs. Washington State Department of Health. 2001. This chapter outlines assessment, intervention, and evaluation guidelines for determining when an enteral feeding should be used and for evaluating a child who is receiving an enteral tube feeding. To order, contact the Washington State Department of


QUESTIONS ABOUT FOOD PATTERNS AND FEEDING SKILLS

The following questions are often useful for eliciting information about a child's food pattern:

- How often does the infant breastfeed?
- How frequently is the infant/child fed?
- How is formula prepared?
- What is the typical meal pattern?
- How much does he eat at one time?
- What supplements are used (energy, protein, enteral, vitamin, mineral)?
- Does the child have food allergies or intolerances or are there any food restrictions?

A discussion about behaviors, relationships, and attitudes related to food and eating might be started with these questions:

- What foods are preferred? Disliked?
- Can your child communicate hunger? Thirst?
- Who is present at mealtimes?
- Are mealtimes pleasant?
- Describe your child's appetite.
- Is your child interested in eating?
- Do you think your child is underweight? Overweight?
- Do you think your child eats too much? Too little?
The following questions may be useful for assessing a child’s feeding skills:

- What types of foods does your child eat?
  - Describe the texture
  - Describe the consistency
  - How many times does your child eat each day?

- Do you have concerns about your child’s feeding skills?
  - Does your child feed himself? With fingers? With utensils?
  - Does your child have problems chewing or swallowing? Gagging or choking?
  - Are there specific foods or textures that your child has difficulty with?
  - Does your child choke while eating? If so, how often does this happen?

- Can your child clearly communicate hunger and thirst?

- How does your child respond when food is offered?

Asking a caregiver about a child’s feeding history can also provide useful information:

- When were solid foods introduced?
- What types of solid foods were introduced?
- When did your child learn to drink from a cup?
- What was your child’s reaction to solids? To finger-feeding? To utensils? To the cup?
Suggested Serving Sizes for Children

These suggestions are not necessarily appropriate for all children (and may be inappropriate for some children with medical conditions that greatly affect nutrient needs). They are intended to serve as a general framework that can be individualized based on a child’s condition and growth pattern.

<table>
<thead>
<tr>
<th>Grain Products</th>
<th>Suggested serving size for child 1-3 years of age</th>
<th>Suggested serving size for child 4-6 years of age</th>
<th>Suggested serving size for child 7-10 years of age</th>
<th>Suggested serving size for child 11-18 years of age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bread – ½ to 1 slice</td>
<td>Bread – 1 slice</td>
<td>Bread – 1 slice</td>
<td>Bread – 1 slice</td>
</tr>
<tr>
<td></td>
<td>Rice, pasta, potatoes – ¼ to ½ cup</td>
<td>Rice, pasta, potatoes – ½ cup</td>
<td>Rice, pasta, potatoes – ½ cup</td>
<td>Rice, pasta, potatoes – ½ cup</td>
</tr>
<tr>
<td></td>
<td>Cooked cereal – ¼ to ½ cup</td>
<td>Cooked cereal – ½ cup</td>
<td>Cooked cereal – ½ cup</td>
<td>Cooked cereal – ½ cup</td>
</tr>
<tr>
<td></td>
<td>Tortilla – ½ to 1</td>
<td>Tortilla – 1</td>
<td>Tortilla – 1</td>
<td>Tortilla – 1</td>
</tr>
</tbody>
</table>

| Vegetables     | Cooked or pureed – 2 to 4 Tablespoons           | Cooked or pureed – 3 to 4 Tablespoons         | Cooked or pureed – ½ cup                      | Cooked or pureed – ½ cup                      |
|                | Raw – few pieces, if child can chew well         | Raw – few pieces                              | Raw – ½ to 1 cup                              | Raw – ½ to 1 cup                              |

| Fruit          | Raw (apple, banana, etc.) – ½ to 1 small, if child can chew well | Raw (apple, banana, etc.) – ½ to 1 small, if child can chew well | Raw (apple, banana, etc.) – 1 small          | Raw (apple, banana, etc.) – 1 small          |
|                | Canned – 2 to 4 Tablespoons                     | Canned – 4 to 8 Tablespoons                   | Canned – ¾ cup                               | Canned – ¾ cup                               |
|                | Juice – 3 to 4 ounces                           | Juice – 4 ounces                              | Juice – 5 ounces                             | Juice – 6 ounces                             |

| Milk           | Milk, yogurt, pudding – 2 to 4 ounces           | Milk, yogurt, pudding – ½ to ¾ cup            | Milk, yogurt, pudding – 1 cup                | Milk, yogurt, pudding – 1 cup                |
|                | Cheese – ¼ ounce                                | Cheese – 1 ounce                              | Cheese – 1 ½ ounces                          | Cheese – 1 ½ ounces                          |

<table>
<thead>
<tr>
<th>Meat, Poultry, Fish, Other Protein</th>
<th>Meat, poultry, fish – 1 to 2 ounces</th>
<th>Meat, poultry, fish – 1 to 2 ounces</th>
<th>Meat, poultry, fish – 2 ounces</th>
<th>Meat, poultry, fish – 2 ounces</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eggs – ½ to 1</td>
<td>Eggs – 1 to 2</td>
<td>Eggs – 2</td>
<td>Eggs – 2</td>
</tr>
<tr>
<td></td>
<td>Peanut butter – 1 Tablespoon</td>
<td>Peanut butter – 2 Tablespoons</td>
<td>Peanut butter – 3 Tablespoons</td>
<td>Peanut butter – 4 Tablespoons</td>
</tr>
<tr>
<td></td>
<td>Cooked dried beans – 4 to 5 Tablespoons</td>
<td>Cooked dried beans – 4 to 8 Tablespoons</td>
<td>Cooked dried beans – 1 cup</td>
<td>Cooked dried beans – 1 cup</td>
</tr>
</tbody>
</table>

http://www.pacificwestmch.org
MODULE 4: Fluid and Bowel Problems

LEARNING OBJECTIVES

After completing this module, you will have the skills and resources to:

- Understand normal bowel function and fluid status
- Elicit information about a child’s fluid and bowel status
- Describe the potential effects of specific conditions, medications, and food patterns on fluid status and bowel function
- Identify intervention strategies for problems with fluid status and bowel function

RESOURCES


Serum b-carotene, retinal and a-tocopherol levels during mineral oil therapy for constipation. Clark JH et al. Serum b-carotene, retinal and a-tocopherol levels during mineral oil therapy for constipation. AJDC. 1987;141:1210-2.


MODULE 5: Integrating Community Services and Programs

LEARNING OBJECTIVES

After completing this module, you will have the skills and resources to:

• identify potential community service providers to help families put nutrition recommendations into practice
• incorporate nutrition therapy goals into the educational system for children with special needs
• describe other resources for families of children with special health care needs and describe some methods of evaluation of web-based information
• incorporate community resources into a nutrition care plan

RESOURCES IDENTIFIED IN MODULE

Medicaid - http://cms.hhs.gov/medicaid/

The Early and Periodic Screening, Diagnosis and Treatment program (EPSDT) - http://cms.hhs.gov/medicaid/epsdt/


Title V/CSPCN Program - www.mchb.hrsa.gov/


Head Start - http://www2.acf.dhhs.gov/programs/hsb/

Early Head Start - http://www.ehsnrc.org/

Food Stamp Program - http://www.fns.usda.gov/fsp/


The Arc of America – http://www.thearc.org

The Center for Children with Special Needs – http://www.chscn.org

Family Village – http://www.familyvillage.wisc.edu/index.html


http://www.pacificwestmch.org
Exceptional Parent magazine [http://www.eparent.com](http://www.eparent.com)

Family Voices [http://www.familyvoices.org](http://www.familyvoices.org)

The National Center for Children and Youth with Disabilities [http://www.nichcy.org](http://www.nichcy.org)

National Organization of Rare Diseases (NORD) [http://www.rarediseases.org](http://www.rarediseases.org)

### ADDITIONAL RESOURCES

**Community Services and Providers.** Community services and providers. In: Isaacs JS, et al. *Children with Special Health Care Needs: A community pocket guide.* Dietetics in Developmental and Psychiatric Disorders and the Pediatric Nutrition Practice Group of The American Dietetic Association and Ross Products Division. 1997. This chapter describes some programs and resources that are available for children with special health care needs. This publication is currently unavailable. A 2nd edition is under development.

**Bright Futures: Nutrition Resources.** Appendix J: Nutrition resources. In: Story M, Holt K, Sofka D, eds. 2002. *Bright Futures in Practice: Nutrition* (2nd ed.). Arlington, VA: National Center for Education in Maternal and Child Health. This documents lists general and federal nutrition resources as well as resources for specific nutrition issues and concerns. This publication is available online at [http://www.brightfutures.org](http://www.brightfutures.org) and print copies can also be ordered.


children with special health care needs and incorporating nutritional goals into IEP objectives.

**Project Chance, A Guide to Feeding Young Children with Special Needs.**  


**Resources on Special Education, IEPs, IDEA, Inclusion and Section 504.** *Resources on Special Education, IEPs, IDEA, Inclusion and Section 504.* Resources for families can be found on-line: [http://www.angelfire.com/ny/Debsimms/education.html#ideas](http://www.angelfire.com/ny/Debsimms/education.html#ideas).


MODULE 6:
Putting It All Together…developing a family-centered plan

LEARNING OBJECTIVES

After completing this module, you will have the skills and resources to:

- Use growth, medical, and intake data to formulate a nutrition care plan
- Incorporate measurable outcomes for evaluation of the plan
- Include community services and programs in a nutrition care plan

RESOURCES

Developing a Plan

Providing Nutrition Services for Infants, Children and Adults with Developmental Disabilities and Special Health Care Needs: Position Paper. Cloud HH, Posthauer ME. Providing nutrition services for infants, children, and adults with developmental disabilities and special health care needs. J Am Diet Assoc. 104:97-107. This position paper documents why nutrition services are essential and gives factors to consider when providing and planning nutrition services. It is available on-line to ADA members at:

Nutrition in Comprehensive Program Planning for Persons with Developmental Disabilities: Position Paper. Lucas BL, Blyler EM. Position of the American Dietetic Association: Nutrition in comprehensive program planning for persons with developmental disabilities. J Am Diet Assoc 97(2): 189-193. This position paper provides guidance regarding the provision of clinical nutrition services for persons with developmental disabilities and presents program planning recommendations. It is available on-line to ADA members at:

http://www.eatright.org/Public/ProductCatalog/SearchableProducts/104_8444.cfm.
Family-Centered Care

Institute for Family-Centered Care. This non-profit organization is a resource for policy makers, administrators, program planners, direct service providers, educators, and family members. The website includes information about resources related to family-centered care, including publications and videos, newsletters, seminars, and presentations. The website also features a bulletin board to promote discussion about issues related to family-centered care. http://www.familycenteredcare.org/


Family Voices. Family Voices works toward addressing the common challenges that all children with special health care needs face. Their advocacy efforts revolve around three basic principles that the organization believes should be part of health care reform: family-centered care, community-based services, and parent-professional collaboration. The site serves as a national clearinghouse for information and resources. http://www.familyvoices.org.

Family Village. This easy-to-navigate site describes itself as a global community on the Internet for families of persons who have disabilities. It has a wealth of information, resources, and web site connections for people with disabilities and their families and service providers. http://familyvillage.wisc.edu.