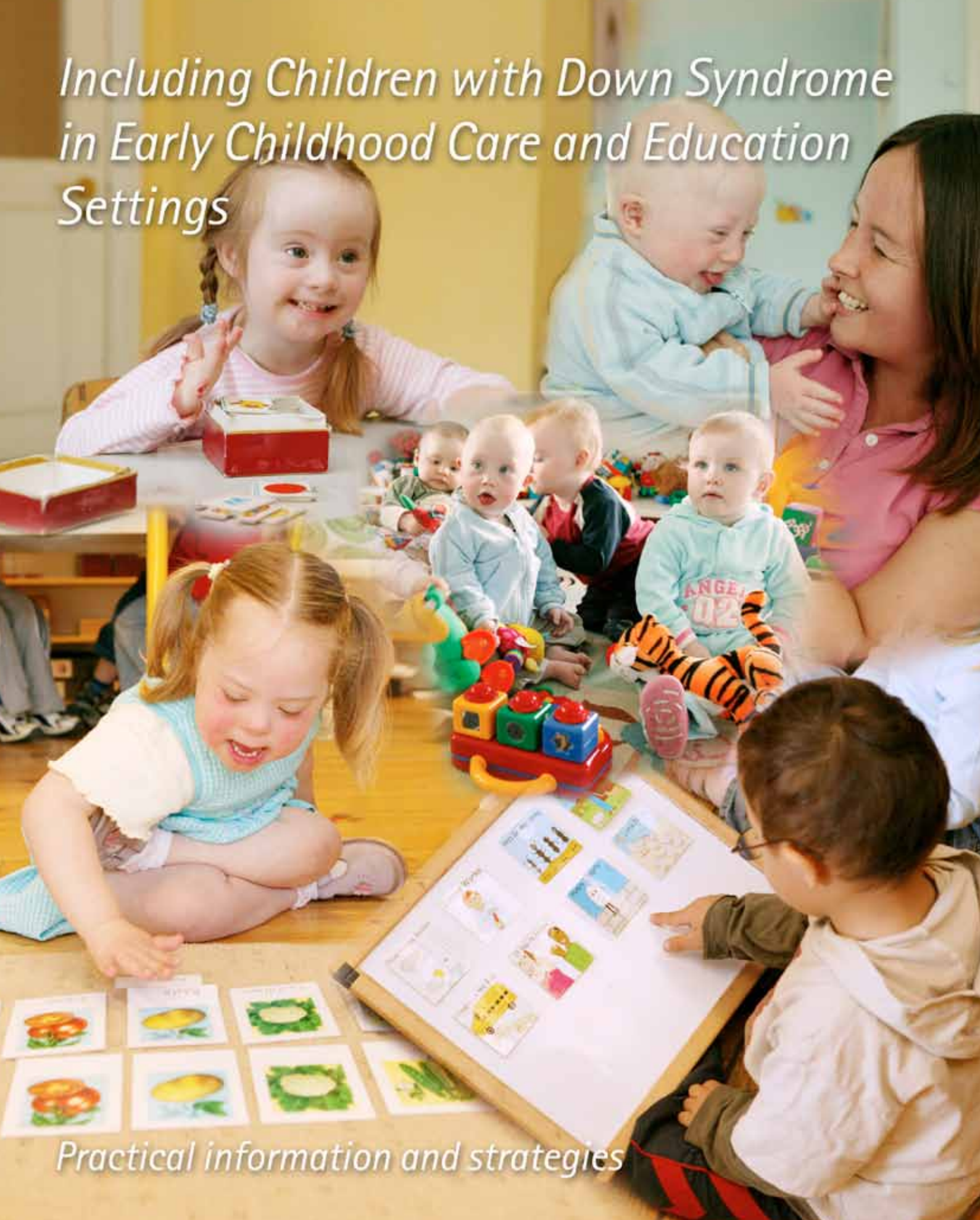


# *Including Children with Down Syndrome in Early Childhood Care and Education Settings*



*Practical information and strategies*

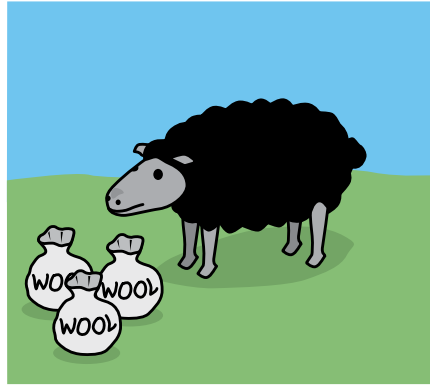


Down  
Syndrome  
Ireland

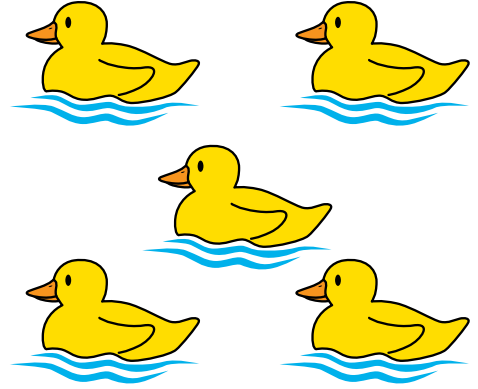
# alphabet song



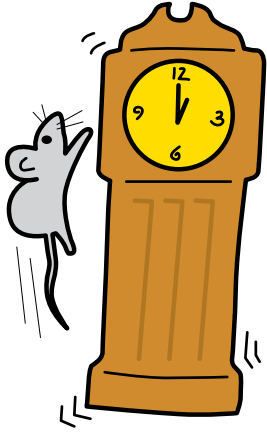
# Baa Baa Black Sheep



# 5 Little Ducks



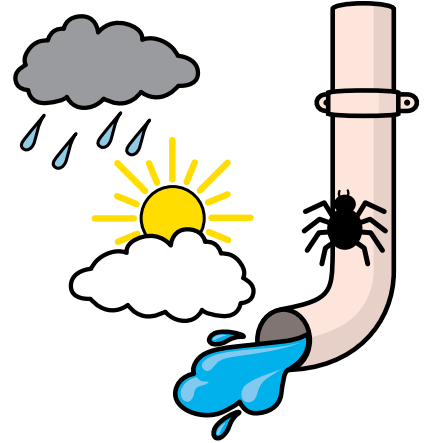
# Hickory Dickory



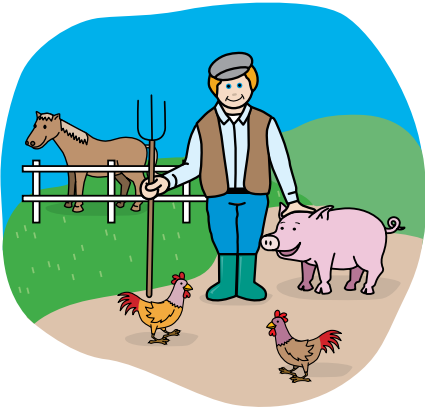
# If You're Happy



# Incey Wincey Spider



# Old McDonald



# Twinkle Twinkle



# Wheels on the Bus



# Bingo



# I'm a Little Teapot



# Sing



# Contents

---

Foreword

---

Introduction

---

Is Integration a Good Idea?

---

Section 1) Overview of Down Syndrome

---

Section 2) Strengths and Needs of the Child with  
Down Syndrome

---

Section 3) Integrating the Child with Down Syndrome  
into the Preschool Environment

---

Section 4) Communication with the Home

---

Section 5) Teaching the Child with Down Syndrome

---

Conclusion

---

References & Useful Resources

---

Acknowledgements

---

*Including Children with Down Syndrome in Early Childhood Care and Education Settings is a very welcome and helpful support to all practitioners in the early childhood care and education sector. It promotes the right of all children to live in an inclusive society and points to the benefits we all stand to gain from such inclusion.*

*The significance of inclusion was emphasised in the IPPA submission to the Education for Children with Disabilities Bill: "In early childhood, children are in the process of meaning making; making sense of the world and their place within it. Like all other children, children with a disability can only do this to the extent that they are allowed to participate." This booklet, too, is about actively helping children participate and build positive identities for themselves and others in an inclusive community.*

*The emphasis here is on the strengths and competencies of children with Down syndrome and on building relationships with them. We are encouraged to "form a connection with the child and gently bring him or her into the group", as we do for all children.*

*The special needs of children with Down syndrome are explained, along with guidelines on building their strengths and interests and supporting their coping strategies. Every dimension of what constitutes good practice in the early childhood curriculum is described and, like the IPPA publication Power of Play, this booklet proposes that play is the most powerful tool for promoting learning and encouraging inclusion.*

*This booklet advocates a holistic approach to learning, where teaching is a means of building self-esteem and positive life images. This involves a commitment on the part of the practitioner, who also has an additional incentive – as the author says: "The feeling of success is sweeter for the child, the parents, peers and teachers."*

*I look forward to seeing this booklet in every childcare service. I know that you will find it extremely helpful.*

*Carmel Brennan,  
IPPA, the Early Childhood Organisation*

# Introduction

Every educator/carer wants to do their utmost to meet the needs of children in their care during the early childhood years – a crucial time in any child's life. The information included in this publication has been written to support you in your professional role of facilitating the development of a young child with Down syndrome.



**The unknown can be frightening.** This is true even for parents when their baby is born, but the apprehension quickly dwindles once you get to know the child and are armed with the appropriate information. This booklet has been designed to give you some basic information about Down syndrome and to offer you practical ideas for integrating a child with this syndrome into your group. The information presented here is based on common traits of children with Down syndrome, but of course all children are different. As always, your best resources are the parents of the child, the two who know their son/daughter best.

## Is Integration a Good Idea?

This is a common question and deserves to be addressed. Many parents are now choosing to "mainstream" their children because of growing research findings on the benefits of integration. We now know that the child with Down syndrome can gain significantly from the language and social skills they observe in their typically-developing peers. They flourish with exposure to the rich language and play experiences they witness around them. We also know that **the other children, too, benefit from having a child with special needs as a peer.** They develop their nurturing skills while learning not to smother and, most importantly, they learn to accept differences by this early exposure. From the caregiver's perspective, **children with Down syndrome are usually not "difficult" and tend to be popular members of their class.**



# Section 1

## Overview of Down Syndrome

Down syndrome is a chromosomal disorder that a child is born with and has for life. The term 'syndrome' indicates a set of recognisable clinical features which may be present at birth. Some children may have vision or hearing difficulties, motor impairments and medical conditions like a heart defect or bowel problems, but all of these conditions are treatable. Some children will be more challenged to learn, while others will appear **to be more like their typically-developing peers than they are different**. People with Down syndrome often have recognisable facial features which have nothing to do with their level of cognitive functioning. **The most important thing to understand is that this is a child first – a child who has the same needs as all other children.**



Early intervention is given for medical problems in combination with therapies - occupational therapy to help with strength, use of hands and independence skills; physiotherapy to help with motor skills; and speech and language therapy to help with communication skills. As individual as children are, there are certain traits that tend to be evident in most children with Down syndrome. The following section will detail the learning profile of a child with Down syndrome and Section 3 will offer some ideas for integration, based on the learning profile, which you may find helpful.

## Section 2

### Strengths and Needs of the Child with Down Syndrome

#### Strengths of the Child with Down syndrome

##### Visual learner

Most children with Down syndrome will learn better through demonstration rather than learning through mere verbal instruction. If information is presented visually, together with verbal input, the child has a better chance of picking up the information and acting on it. For example, recent research indicates a growing interest in teaching language through reading. Written words provide an additional visual cue to what is normally a system that relies on auditory processing. Using signs along with the spoken word is also helpful to the child.



##### Imitates well

The child with Down syndrome is usually very skilled in copying demonstrated actions. While the child will copy many simple actions, s/he may need to be shown a complex action a few more times than typically-developing children. Once the action is learned, the child will usually not forget the skill and will take great pride in the achievement. Unfortunately, children with Down syndrome also easily pick up unhelpful behaviours by observation of adults and peers and these can, and should, be corrected.

## Responds well to praise and encouragement

The child with Down syndrome likes to be praised and will work hard to please adults in the room. You can encourage positive behaviour by giving the child your attention, letting him/her know what behaviours are acceptable. You do not have to say a thing; your mere presence near the child is a reward in itself. You make your attention more powerful by talking to the child and giving eye contact. Like all children, but particularly for the child with a learning disability, specific praise is the most effective. Instead of saying "well done", you say "good tidying up" or "good sitting still". Specific praise ensures that the child knows exactly what you are pleased with, thereby increasing the chances that the behaviour will be repeated.



## Sociable

Children with Down syndrome like to be with other children and actively seek out their company. This makes integration into any group far easier and rewarding for all of the children.

## Can work well independently

Children with Down syndrome can be taught to work independently if help is given only when needed and subsequently withdrawn. When the child has acquired a skill, the child should be encouraged to perform it without assistance and then without an adult even nearby. In the initial stages, recognition can be given of independence (e.g. "Hey, you did that all by yourself! Well done.").



## Special Considerations for the Child with Down Syndrome

### Language delay

Children with Down syndrome have difficulties understanding and using language. These difficulties vary greatly from child to child, but would be strongly evident in most. This can lead to huge frustration for some children and may result in alternative behaviours for communication, like throwing. People tend to understand more language than they use, so it is very possible that a child who uses no words may understand much of what is said. Because of speech difficulties, the child may have idiosyncratic words for objects and actions or their speech may be difficult to understand. **It is important that you be patient and allow the child time to talk.** It is also helpful to use short sentences and to break instructions down into small 'chunks'. The child's parents can explain how their child communicates and 'what works' for them. As always, the parents are an invaluable resource because they know their child best. Some children will also have the support of a speech and language therapist who you could call on for assistance.



### Social skills deficits (based on language delay)

Children with Down syndrome are delayed in most areas of development, including the acquisition of social skills. A lot of social interaction is based in some way on language, yet while the child has a desire for interaction, this is not enough. The children need to be supported in how to ask for help, how to ask to join a play situation, how to wait until a peer has had their turn and a multitude of other skills that form the basis for friendships. Children who have siblings close in age tend to have developed more social skills from the home environment. Like all children, those who do not have siblings may require more help in this area.



## Motor delays

Children with Down syndrome have widespread ability in the area of motor development. It is not unheard of for a child to begin walking at age four or first hold a pencil correctly well into the primary school years. Any motor delays will depend on other medical conditions the child may have, in addition to the child's level of muscle tone, ligament and joint flexibility and motivation. The child may also have difficulty remembering a particular motor sequence, such as a dance, or have difficulty working out how to move to solve a problem, such as getting over an obstacle in an obstacle course. Fortunately, most children overcome these difficulties in time and physical ability does not necessarily reflect cognitive ability. **Therefore, a child should not be held back in the baby room, for example, simply because the child can not yet walk.**

## Sensory impairments

Many children with Down syndrome will have vision and hearing difficulties, not unlike their typically-developing peers. It is very common for young children with Down syndrome to have 'bad

hearing days'. Research has indicated that roughly three in four will have hearing loss sometime in the early years. This means that a child with normally good hearing might have a day or two - or even longer periods - where the hearing is significantly affected, usually when s/he has a cold or is congested.

The child may also have problems with the tactile system, which may be over- or under-sensitive. This will manifest in the child not wanting to touch certain textures or not bothering to touch much at all. Brushing the hands with a specialist brush before eating or fine motor work can be very helpful (brushes available from Down Syndrome Ireland). The young child may also be frightened of certain movements or sounds.

## Reduced immune defence system

Part of the syndrome may include having a weakened immune system. This means that some children with the syndrome may get many colds and blocked sinuses. It also means that the child may have numerous medical appointments, which will necessitate missing days or hours of the day.



## Section 3

### *Integrating the Child with Down Syndrome into the Preschool Environment*

Successful integration begins with a basic understanding of the developmental status of the child with Down syndrome. Armed with this knowledge, the adult is then able to adapt the environment to ensure maximum access to the curriculum. This is true of all children; **integration should not be viewed as 'hard work' or 'difficult' anymore than it is when we introduce a new child to our class.** We form a connection with the child and gently bring her/ him into the group.

Whatever a child's ability, being included in mainstream environments allows children to witness appropriate models of behaviour and language, while helping the family to be more fully integrated into their community.

The following is a collection of practical ideas for supporting and integrating the child with Down syndrome into a preschool environment. These ideas are based on extensive experience and research and can support the positive experience we wish for all children.



#### Promoting Integration

##### 1. Expect the child to behave in the same way as the other children

This sounds obvious, but the reality is that we often view children with Down syndrome as being different rather than being the same as their peers. Unconsciously, our expectations can come out in little behaviours telling the child and his peers that s/he is different. For example, when we hesitate to enforce the rules or allow the child to monopolise our attention. The other end of the spectrum is being overly critical and perceiving behaviours which are developmentally age-appropriate (e.g. hair pulling) as being somehow different from same-aged children engaged in similar behaviour.

The goal is for each child to follow the same behavioural code as other children. Adult behaviours reinforce this goal when the expectation is clear from the very start. **Incidents of so-called misbehaviour**

in children with Down syndrome are often due to some underlying cause, like communication difficulties, and not because of 'naughtiness'.

Viewing behaviour in this light will help you discover the cause of the misbehaviour and remedy the situation, rather than blindly punishing.

## SUMMARY

- Expect age-appropriate behaviour
- Enforce rules in the same way

## 2. Answer other children's questions honestly

Young children are naturally full of questions and wonder about the world we live in. To answer a child's questions as honestly as possible provides them with the information they need to adapt to their environment. If a child asks why a child with Down syndrome wears hearing aids or why she



"keeps sticking out her tongue", s/he is simply trying to make sense of what s/he sees. When we give a factual, non-emotive account in clear language, the child simply accepts it (e.g. "The muscles in her mouth aren't as strong as yours yet. In the meantime, we'll just keep helping her remember to close her mouth.") It's when we give vague answers in patronising tones that we create an air of mystery and intrigue around the question and turn it into an issue.

## SUMMARY

- Answer questions honestly and factually
- Use a matter-of-fact tone

### 3. Ensure that the other children do not 'over assist'

In every class above the baby room, there is at least one child who assumes the role of 'caretaker' or 'special friend' to the child with Down syndrome. This is usually a very healthy relationship and has positive benefits for both children. Sometimes, however, the 'special friend' can assume far too much responsibility for the child with Down syndrome, which is detrimental for both concerned. At times, the adult has to assert to the class that the child with Down syndrome can take off her own coat or retrieve her lunch box herself. Positive statements such as "Thank you, Mark, but Orla can do that herself" can be a real confidence booster for Orla, and Mark will delight in her achievement.

#### SUMMARY

- Stop peer over-assistance
- Actively promote and praise independence



### 4. Adapt the environment as necessary to promote independence and success

In order to allow all children access to the curriculum, whether that means reaching for playdough on the table or a more formal education, we sometimes need to make small changes. For example, ensure that a child with hearing difficulties is near you and has eye contact with you when you talk, or move a child with locomotion difficulties to different activities in the room. Less obvious examples include giving the child 'chunkier' materials to work with if she has fine motor difficulties. If a child is not succeeding in a task, look at how you could adapt the materials to make it work. Maybe s/he could lace beads if the lace had a more defined tip and the beads were chunkier. Most children "can"- they just need creative and observant teachers.

#### SUMMARY

- Adapt the materials to suit the child
- Consider the layout of the room
- Make it easy for all children to work independently

### 5. Encourage interactions with peers and

## friendships

This can be one of the hardest areas of integration, especially if the child has little language. Children with Down syndrome are usually sociable and interested in their peers, but their language delay can really hold them back. Around age four, the typical child's play is heavily based in language and rules start to appear in some games. Friendships, too, are heavily steeped in language as children chat and giggle together. The child with language delays finds getting into and maintaining this play difficult.

In some cases, the child can adopt inappropriate behaviours in order to communicate with others. Simply punishing these bad behaviours does not teach them what to do in those situations - and the child can be left feeling bewildered or even more frustrated. Instead, try and discover what s/he is trying to communicate or achieve when s/he engages in bad behaviour. You can then facilitate appropriate social interaction by pre-empting bad behaviour and teaching the child how to initiate to peers. For example, you could teach the child how to gesture or say to others "sit here" or "can I play?" Little signs of friendship can open the doors to the social world of peers.

Some schools and preschools operate a "buddy system", whereby each child is paired with a buddy for 10 to 15 minutes of free play time each day.

During this time, the two buddies stay together, talk and play together. This expands the social and language skills of all children in the class and ensures that no one is left out. The "buddies" are reassigned on a daily basis, so that over time each child will get to be a buddy with another child in the class. For more information on the buddy system, please



*Who is my buddy today?*



*Here we are.*



*Buddy time.*

visit: [www.downsyndrome.ie](http://www.downsyndrome.ie)

The adult can also encourage socialisation by teaching the child with Down syndrome simple play routines adopted by children in the class. For example, if there is a home corner and children like to 'make dinner', you could teach the child with Down syndrome how to put the pan on the cooker, turn it on and stir. This simple action ensures that the child is in the middle of the action and increases the chance of inclusion in the game. When s/he is proficient at cooking on the cooker, you could then teach him/her to set the table, etc. If the child is still on his/her own, the adult could then become involved as a play partner or suggest to the other children "oh look, Kieran is cooking vegetables for the meal".

## SUMMARY

- Teach children how to initiate to their peers
- Teach children how to respond to common play situations

## 6. Make language accessible



It is important that the children are able to communicate with each other because language plays such a significant role in social relationships. Young children with Down syndrome usually understand more language than they use, yet they may often rely on signing to communicate, using the Lámh sign system (see Resources). Research and experience has shown that once the child acquires the spoken word for an object, the child drops the sign automatically. There is no evidence at the present time to suggest that signing holds

back a child's speech development. At the same time, signing has proven to significantly aid communication and language development.

Young children actually enjoy signing, and this can increase their interaction because they are progressively successful in communicating.

Learning signing doesn't need to be too taxing either - the child's parents could share signs with you, or you could apply to do a course through the child's service provider or through the Lámh office directly.

The development of a common language can also be fuelled through the use of objects and pictures, such as using pictures of different activities in the room for the child to point to. An infant can point at objects before s/he can sign or talk. Encourage the infant to communicate by holding out two objects and asking her/him to point to the one s/he wants. Of course, it is important to label the objects (by word and sign) so that s/he will learn the words. The child may benefit from having some pictures to represent activities or objects. For example, you could have pictures to represent different songs to allow the child to choose a song at circle time.



*Which song would you like?*



*I'd like this one please.*

Please refer to the inside front and inside back covers for a few basic song and activity pictures that you might find useful.

## SUMMARY

- Using signs is beneficial for increasing communication
- Pictures are also useful for extending communication

## 7. Children with Down syndrome respond best to clear routines

Imagine yourself arriving in a room where half of the language spoken is English and the other half is a foreign communication that you do not understand. Now imagine that you are asked (in this mixed language) to perform certain activities, some of which are new to you. The next day is the same, but in a slightly different order. It would probably make you feel unsettled and a bit anxious. This is how it can feel for some children, particularly those with a learning and/or language difficulty.

Having a clear routine for the order of the day and for how activities are performed can help support these children. In addition to keeping to the daily



routine, you could display a picture schedule for the activities of the day.



*What's happening next?*

You could also display picture strips demonstrating the steps involved in every-day routines (e.g., a picture strip of washing and drying hands displayed above the sink). These are best made by taking photos of items in your environment, but there are commercial pictures available (see resources section).

These little reminders can help every child in the class, not just the few who really need them.

However, some children can find transitioning from one activity to another difficult even with these supports in place. If you find that this is the case, try giving the child a five-minute warning that an activity will end. Some children also benefit from having "to do" something during a transition time. For example, maybe you could ask the child to carry the cups to the snack table or bring the bell in from the yard. Having a clear role focuses children.



*What's my job today?*



*Oh, I've got to get the bags out.*



*That's it, I'm finished.*

## SUMMARY

- Try to keep to a general routine of events
- Communicate your routine by a picture schedule
- Give children a warning before the end of an event
- Some children need "to do" something during transition times



## 8. Step away when the child learns a task

Getting into the 'habit of helping' is a natural outcome of spending time with a child with a learning disability, who will often require more assistance in learning tasks. To ensure that the child becomes as independent as possible, it is important that adults in the room recognise when the child is able to perform a task on her/his own – the adult should physically walk away from the child while s/he works at that task. Otherwise, we are teaching children that they can do nothing on their own.

## SUMMARY

- Only help when necessary
- Remove support as soon as possible
- Recognise and praise independence

# Section 4

## Communication with the Home

### Share songs

Children with Down syndrome, especially those with a hearing difficulty, need more repetition to learn. A child who wants to join in with his/her peers but is not sure what word or action comes next can become very frustrated – and can consequently stop trying altogether. To make this easier for the child, make sure you let the parents know when a new song is introduced so they can practice it with their child at home. It is also useful to occasionally sing slower than normal so that the child with Down syndrome can sing along.

### Let parents know what is coming up

If you are starting a new topic, let the parents know before you introduce it to the class. If the parents have time to introduce the key words at home first, the child will have a better chance of making sense of your teaching and will attend better. This is a strategy used widely in national schools and has proven to work very well.



### Make sharing time more accessible

Some preschool groups have a short period in the morning where children are invited to share news. If so, tell the parents what you are doing and invite them to draw or paste a picture on paper that the child can show or use as a memory prompt for discussion.

### Use a communication book

No one has time to write to parents about everything that happened in the day, but noting important information can be very helpful. Important information might include details on regular instructions the child is having difficulty following (e.g. walking around mats on the floor). This lets the parents know how they can help successful integration by practising the task at home. Noting major achievements, particular interests and special friends is also helpful; it can be very demoralising if the only feedback parents ever receive is negative.

## Section 5

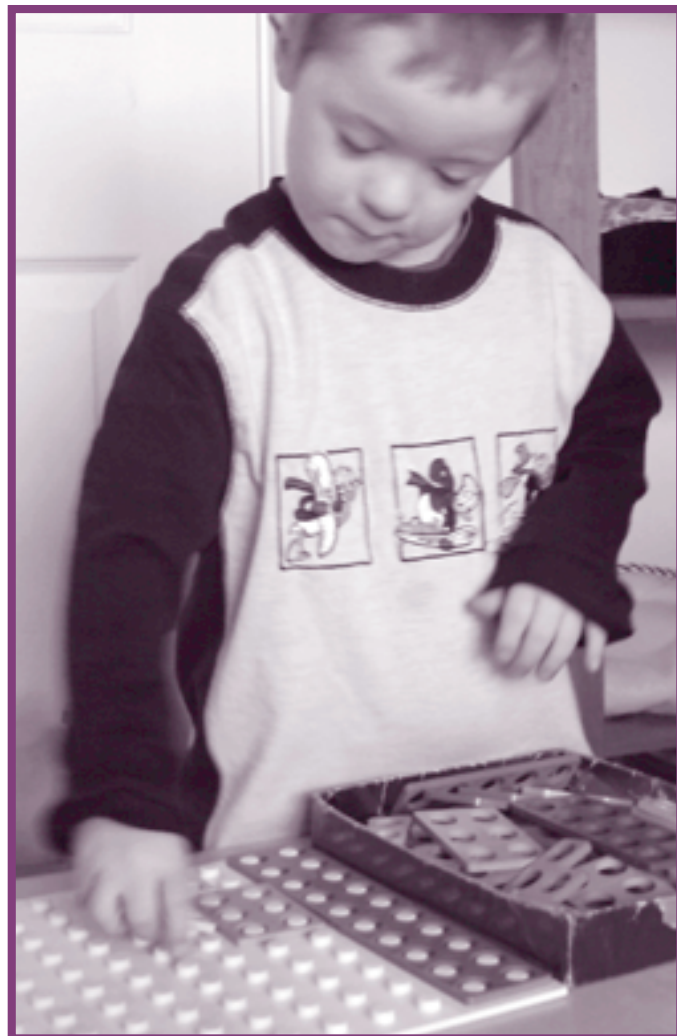
### Teaching the Child with Down Syndrome

All children with Down syndrome have a learning impairment. However, the degree of that impairment differs from one child to the next. **The majority of children with Down syndrome will learn reasonably well, given a few adaptations to the learning context.**

The following list provides a few ideas for maximising the learning potential of the young child in your care.

#### Make learning fun

For any young child, learning occurs best when we enjoy the teaching situation. If we can discover what motivates the child (e.g. likes playing with cars, dolls, etc) then we can use that situation as a vehicle for teaching. This works best when the child has initiated the play situation and you join in, pointing out what you want to teach the child. If you want to teach colours, for example, and you see the child playing with cars, you could describe what the child is doing and say: "The red car is going to the shops."



You could then pick up a car and say: "The blue car is going home."

Do not try to over-direct the child's play in order to teach something. When we start demanding actions from the child, play becomes work and therefore less interesting. Instead, become a play partner and extend the child's play by an action and model concepts you would like the child to learn, e.g., a child puts a doll in bed, you kiss the doll and add the words "good night". When we are playful and undemanding, children take more notice of what we demonstrate.

## Keep it simple

Whatever you want to teach, take it one tiny step at a time. Many tasks (e.g. lacing beads) are actually made up of a number of smaller tasks (e.g. holding the lace properly, holding the bead properly, putting the end of the lace through the hole, etc). Presenting the whole task in one go can be overwhelming and too hard to remember.

The teaching situation would be far more effective if only one step is practised and then, when that task is mastered, you move on to the next step. As odd as it may seem, the best technique for teaching these steps is in a backward order. Motivation stems from learning how to pull the bead down the lace first, as the child consequently gets the reward of seeing the bead on the string.



## Keep it real

Motivation is a key issue for all learners. We have to see the 'point' of learning something to really apply ourselves to the learning task. Children are the same. It is best - but not always possible - to teach language or other concepts as part of everyday living. Sitting the child down with the specific intention of 'teaching' the child can make the situation so contrived that the child loses interest. In other words, if you want to teach counting you might be more successful counting the cups you put out for a snack, rather than counters placed on a table top. Generally speaking, the child with Down syndrome will respond better to using real objects in a real context.

## Choose learning targets that are useful for the child

When deciding what to teach a child with a learning disability, consider what will help him/her function better in your environment. If the child is not mixing well with her/his peers, then helping the child to acquire further social skills will be more useful than teaching him or her colours or animal names. Typically, teaching skills aimed at a functional goal rather than pure academic knowledge is far more beneficial during the early years. There is little point in knowing all the colours and animal names if the child is sitting on her/his own and unable to communicate simple requests. You could sit down with the child's parents and agree two or three simple learning targets for a term. If you like, you can download from our website a sample Individual Education Plan, which can be used for this purpose.



## Teach, don't test

To ensure the child's continued motivation and learning progression, make sure you do not become an examiner who constantly demands the child to answer questions (e.g. "What's this? What's this? What's this?"). Instead, take the pressure off by showing a picture or object and simply tell the child what it is. After a while you can show the child the picture and pause briefly to give the child time to respond. If s/he does not respond after a few seconds or gives the wrong label, then simply give her/him the correct one. This is called 'errorless learning', a teaching method which maximizes success while reducing failure and pressure to perform. If children learn that the teacher is not focusing on errors then they learn a greater lesson. They learn that they can try their best without fear of failure.

## Don't overdo it

It is sometimes tempting to compensate for a learning disability by spending more time drilling or requiring a young child to work for long periods of time on a given task. While a child with a learning disability will probably need more time to learn certain tasks, this has to be put into the context



of the child's developmental age. For example, a typically-developing three-year-old is not expected to spend 30 minutes labelling flashcards, so we should not expect a three-year-old with Down syndrome to do this either. Play is the best way for a three-year-old to learn, so we should teach a young child with Down syndrome this way too.

### **Provide opportunities for play and exploration**

Play experiences are natural and appealing to the child, which makes play the ideal medium for teaching any skill. Even when children are on their own, the play situation is where they learn how things work and how their bodies can adapt.

**All young children need to play and the child with Down syndrome is no different.** Exposing the child to many different types of play situations helps to facilitate working knowledge in different areas. The following kinds of play experiences are highly recommended for a child with a learning disability:

- Home corner
- Quiet area
- Construction area
- Art and crafts
- Sand and water play
- Small world play (e.g. doll house and cars with a car mat)
- Group times (small group times and whole group times)

Apart from the wonderful social, emotional, cognitive and language opportunities provided by these rich play experiences, exposure to different sounds and textures are stimulating for young children with Down syndrome. Sand and water are especially crucial for feeling texture, while a quiet area allows the child to withdraw if it all gets too much, especially if the child is booked in for long days. Of course, all of this is true for the other children in the group too.



# Conclusion

You will probably find that having a child with Down syndrome in your class is a positive experience for everyone concerned.

As a professional childcare provider, you know the great rewards of seeing young children blossom in front of your eyes; this is indeed one of the many perks of the job. This feeling can be multiplied tenfold when you have a child with Down syndrome in your care. The feeling of success is sweeter for the child, the parents, peers and teachers.

Share in this feeling.... **Share the journey.**



# References & Useful Resources

## References

Baker, E.T., Wang, M.C., and Walberg, H.J. (1994). The effects of inclusion on learning. *Educational Leadership*, 52 (4), 33-35.

Hollowood, T.M. et al. (1995). Use of instructional time in classrooms serving students with and without severe disabilities. *Exceptional Children*, 61, 242-253.

Shott, S.R., Joseph, A., and Heithaus, D. (2001). *International Journal Of Paediatrics Otorhinolaryngol* 1; 61 (3): 199-205

## Useful Resources

### Down Syndrome Ireland:

For their Resource Catalogue

### Lámh contact:

Lámh Development Office, City Enterprise Centre, Waterford Business Park, Cork Road, Waterford  
Ph/Fax 051 845454 Email: [info@lamh.org](mailto:info@lamh.org)  
Web site: [www.lamh.org](http://www.lamh.org)

### Down Syndrome Educational Trust

The Sarah Duffen Centre,  
Belmont Street,  
Southsea,  
Hampshire PO5 1NA,  
United Kingdom.  
Ph: 0044 (23) 9285 5330  
Email: [enquiries@downsed.org](mailto:enquiries@downsed.org)

### National Down Syndrome Society

666 Broadway,  
New York, NY 10012-2317, USA.  
Ph: 001 (212) 460-9330  
Email: [info@ndss.org](mailto:info@ndss.org)

### Babies with Down Syndrome:

#### A New Parents' Guide

Edited by Karen Stray-Gunderson  
Woodbine House

## Pictures for communication

### Pyramid Educational Consultants UK Ltd

Pavilion House,  
6 Old Stein,  
Brighton BN1 1EJ.  
Tel: 0044 (1273) 609-555  
Email: [pyramid@pecs.org.uk](mailto:pyramid@pecs.org.uk)

### Pics for PECS

Pyramid Education Products Inc.  
5C Garfield Way,  
Newark, DE 19713.  
[www.pyramidproducts.com](http://www.pyramidproducts.com)

### Boardmaker

Mayer-Johnson Co.  
PO Box 1579,  
Solana Beach, CA 92075.  
[www.mayer-johnson.com](http://www.mayer-johnson.com)

Free pictures for downloading are available from:  
[www.Do2Learn.org](http://www.Do2Learn.org)

# Acknowledgements

*Thank you to all the occupational therapists, physiotherapists, psychologists, speech and language therapists, teachers and medical staff, who provided their valuable insights to this information pack. We are heavily indebted to their hard work and dedication and recognise the impact they have on the welfare of our children.*

*A BIG thank you to the following preschools for allowing us into their lives to photograph their good practices:*

- City Montessori School, Dublin*
- Daisy Chain Creche and Montessori, Rathfarnham, Dublin*
- KIDS, Inc. Creche, Ballyroan, Dublin*

*And finally, thank you to all the children with Down syndrome who have been the best teachers of all.*

*Ann Haig*

Early Intervention Specialist

---

**Written by:**

Ann Haig

**Edited by:**

Anna Sofia Martin

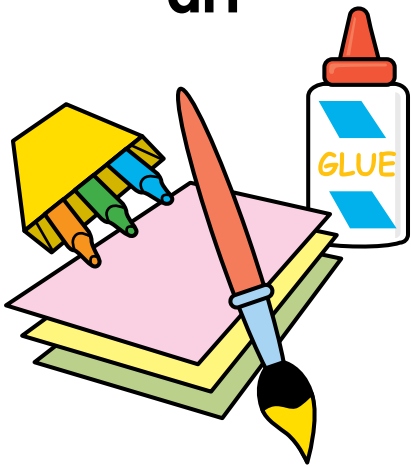
**Design & Artwork:**

AFA|O'Meara Advertising

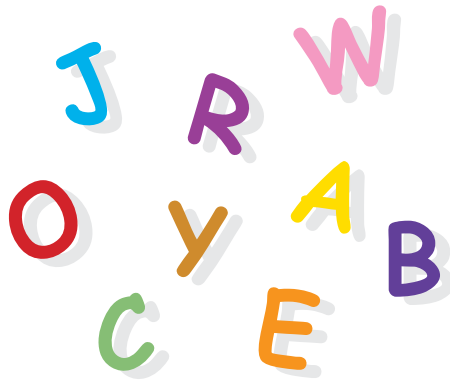
**Photos:**

Marc O'Sullivan, OSD Photo Agency

art



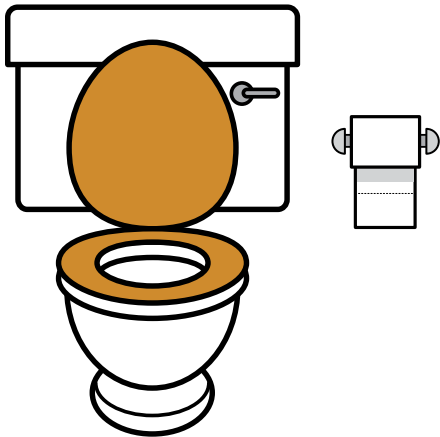
letters



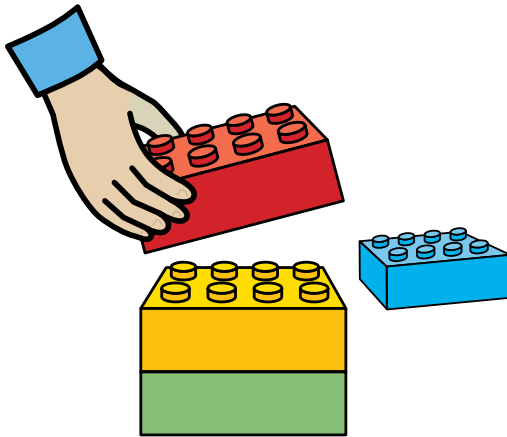
circle



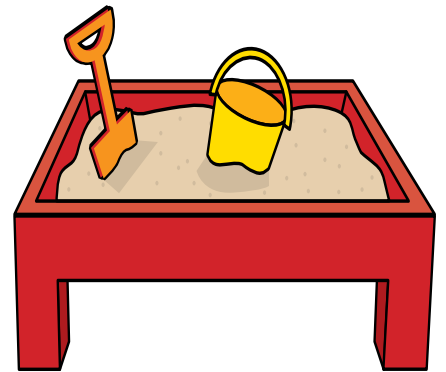
toilet



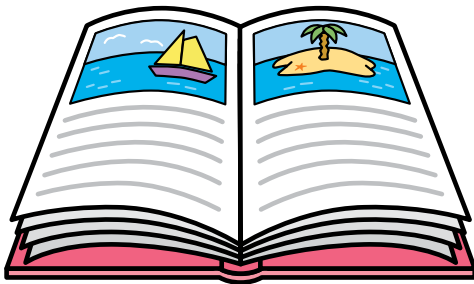
build



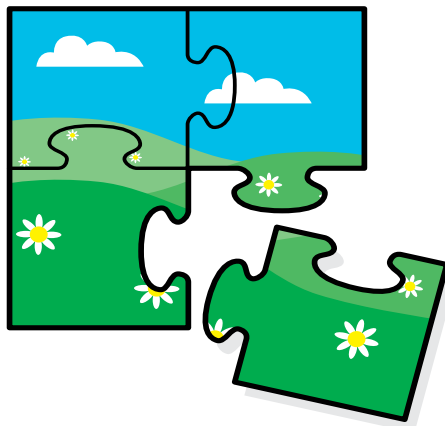
sand table



story book



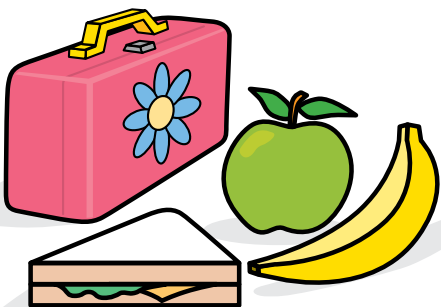
puzzle



counting



lunch



help



water table

