

**U.S. STATE DEPARTMENT  
FOREIGN SERVICE INSTITUTE**

**ADVOCATING FOR YOUR CHILD WITH SPECIAL NEEDS:  
OVERSEAS SPECIAL EDUCATION WORKSHOP**

**MEDICAL OFFICE AND EMPLOYEE CONSULTATION SERVICE**

**SPEAKER:  
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STAN PIOTROSKI: Today, we're going to talk a lot about our programs in the Employee Consultation Services. How many parents in here have more than four children? Three? Two? How about one? All right.

I came to the State Department about 5 years ago. I work for the Department of Defense for about 26 years. I was very young when I started at the government. And when I first got here, the folks asked me – they said are you interested in working with children? Well, I have a child psychiatry background from the military and I said yeah, yeah I do like working with kids.

And they said well, you're going to have a lot of opportunity to do it here in the State Department and USAID and all the foreign services. And I thought before I came over here today, what would be the most helpful for parents and staff because not only do you benefit here, we all benefit because this is an opportunity from other departments that we have that we get to hear each other. And that cross-fertilization of information can be very, very useful.

So my goal this morning is to provide you with some information about the specific services that we offer. We are the Employee Consultation Services. It was started by George Shultz in 1981 who said he wanted a place where his employees could go who could have total confidentiality if they have any kind of issues or concerns. That's how this all got started. Let me have the next slide, please.

This is our mission – to provide professional and confidential crisis intervention, grief counseling and referral services for Foreign Service and civil service employees of State and AID. Now, before I continue, the one thing that I do want to do – most of my staff is here today. We have two who are not here, Dr. Don Tartasky. He covers the Africa Bureau. Don is at a special – Heather, what's the name of that workshop today?

HEATHER DICKMEYER: Therapeutic Boarding Schools Program.

MR. PIOTROSKI: Therapeutic Boarding Schools Program. And then Ellen Millner, who covers Western Europe – some of you may have had an opportunity to speak with her. She is actually in Europe right now, traveling. But I'd like to introduce the other social workers who are here.

We have Dr. Vivian Sheliga and Vivian covers NEA and Eastern Europe. We have Mr. Pat O'Brien. Pat covers WHA, Canada, South America. We have Ms. Jacqueline Pouncy-Smith. She covers the Far East and South Asia. Okay, just so you have that. And then it gives you some idea of who we are. So you have six social workers who cover the world.

Next slide, please. These are the services that we offer. We offer the Employee Assistance Program. Now, in public speaking, they always tell me to walk from side to side so

that I don't become – and we have the leadership director here, so part of my back. We do medical clearances for children and adolescents.

We do the Family Advocacy Program. Who knows what that is? The FAP Program. You can't answer. It's domestic violence. It's the domestic violence program. And then compassionate curtailments.

Next slide, please. As I mention in EAP, we offer short-term counseling, consultation with supervisors and agency referral. Next slide. This is where I'm going to spend a lot of my time but I want you to get a sense of everything that we do. Special education allowances, medical clearance recommendations and post approvals.

And we all know what that's all about – when you're bidding and you're looking for an assignment and you have a child who's a Class 2 and you're trying to navigate the system. So I'd like to give you some information on how you can successfully do that this morning.

Next slide, please. Family advocacy in the Foreign Service, just like in any organization, we have situations of domestic violence. It happens in every family where there has been an episode of violence or neglect. The State Department takes it very seriously. We work very closely with the chiefs of mission and we assist them to make sure that that family gets all the support that they need in assessing and follow-up.

Next slide, please. Unaccompanied tour. How many here have been on an unaccompanied tour? Okay. You know, Iraq, Afghanistan, Islamabad, I think Riyadh is another one. It's probably – I know there's about seven or eight of them or even more. We have provided some support to individuals returning from those locations. And actually, the FLO has done a tremendous amount of support and work with these returning individuals.

Next slide, please. Who knows what a 5-8 waiver is? Okay. All right, so if someone is in Washington for any length of time and they are requesting to remain in Washington for a family concern, for a personal concern, they'll provide MED ECS with information and documentation, medical documentation.

We make a recommendation to the HRCDA and they make the decision. If somebody's overseas and they – they're having a difficult time for good reason, then they will provide us with documentation and we will, again, provide a recommendation to H.R. for them to return to the United States – same with leave without pay in extraordinary circumstances.

Next slide, please. These are just some of the categories that we look at in compassionate curtailments. Next slide. We either support or we strongly support. Next slide. All right, "Let's Get Started." This is really the heart of what we're here about today. And it's talking about our children and how we can manage our children's academic success.

Our goal is to make sure that every child within the Foreign Service and ECS with all of our colleagues, work very closely and in tandem to make sure that that child who has any kind of

special need, whether it's very mild – it can be very mild or it can be significant, depending on the needs of the child.

Your child presents you with a learning or behavioral challenge. There are a number of children in the Foreign Service who have ADD or ADHD. Do you know what the difference is between ADD and ADHD? Go ahead.

MS. : It's whether or not – and ADHD is – (inaudible) – full term. Sometimes, they say primarily inattentive type and that – (inaudible) – ADD.

MR. PIOTROSKI: That's correct.

MS. : (Inaudible) – most of the ages, it's either not present or they've learned how to manage that – (inaudible).

MR. PIOTROSKI: Okay, thank you. ADD is Attention Deficit Disorder and it's attention and focus and my panel of experts over here, if I'm wrong, Dr. Ward, let me know. But it's attention – ADHD is the hyperactivity component, the behavioral component to it. So some children are very hyperactive. You know, they can't sit still.

Some other children don't have that component but they have a problem focusing. That's really the difference. One has the hyperactivity component, the other one doesn't. Okay, difficulty understanding schoolwork, reading, math, disruptive school behavior, appear sad or anxious, behavior is different from others, developmental concerns.

Next slide, please. Individuals with Disabilities Act says that for every child who has a difficult academic challenge, they will be supported within the Foreign Service. That is the basis of DSSR 276.8. That was pretty impressive, don't you think? (Laughter.) I always like to do that because then I – I sort of impress myself when I do that – 276.8, which says that every child within the Foreign Service will have the same rights, benefits and privileges as that child who is here in the United States.

That is the rule that we follow and I know that my colleagues in overseas schools FLO transition centers. We all follow the dictum that that child will have the same benefits as if they were in the United States. That's what we are told. They'll have the same rights, the same privileges.

Next slide, please. What do you? So a lot of children – I have a son that had ADHD and Justin, you know, he went to a private school and the nuns came over and said we really like him a lot but he is so active. And this, you know, our first child and so – you know like any good parent, we freaked out, took him to a – took him to a doctor, went through a big assessment and they assured us that he was okay.

But in those years, the treatment of choice of Ritalin and he was placed on Ritalin and actually, he did quite well. And now, he's a successful businessman in southern California where I got to go and visit him and he took me out to dinner. So you all have something to look

forward. And I'll talk about how Justin learned how to compensate for different things. You know, he started on the medication when he was around 6 years old, was on it for a number of years till he was 14.

Then he came to us – he said I don't want to be on the medication anymore. I think I can manage it. And he had learned certain coping skills that he uses to the present time. So he will actually go – if he gets over-stimulated because you know, it can extend into adult life, he will go into a quiet room and put on earphones and listen to music. Then he comes out and he's fine.

And he has learned to compensate and actually, you know, he's very successful at what he does. He's in computer security, I.T. software manager. So I just want you to know that if anyone's struggling with some concerns about that, our kids can do very, very well, but they need the guidance and they need the best opportunity. And that's what we want to make sure that all of our children have.

Contact your post health unit. When you're overseas and like the teachers came to us, they may come to you and say there's some problem in the classroom or it doesn't seem like Susie is understanding the math or da, da, da, da. Now, what do you do? My recommendation is first of all, contact your post health unit and say we need to get an assessment here.

We're concerned about this, what do we do? Now, depending on where you're located, if you are an – and that's why I presented our social workers and the regions that they're at. Call them directly. Call them directly. Every health unit has their telephone number. It's also listed on our Web site. Call that social worker. They will initiate the process to first of all get some information from you and then to consider approval for the Special Needs Educational Allowance.

Next slide, please. You'll be assigned a social worker. I've given you the information right now. You're going to say well, what if that social worker isn't there? We have backups. You know, this is too important. The work is too important and we don't want you out there trying to figure out well, if this person isn't there, who do you go to?

We have a backup system. I assure you that when you call, we will be certain that you will get a social worker. We prefer if you – if it's a brand new request, that you go to that regional social worker. Your social worker will review current school and possibly medical information. They will look at the documentation that they have and they may ask you do you have any additional information? Do you have any old records that you may have in your files that you can perhaps present to them?

Oftentimes, that's all they need to approve the Special Needs Education Allowance, which is the funding source for assessments and education and Pat and Vivian and Jackie, if there's anything that I'm missing here, just you know, jump in if you feel that there's a critical point. The – they will approve the allowance and that will allow you to initiate the assessment. Now, we will assist with assessment arrangements.

Now, let's say you're in London and you have a child who has some academic challenge and you'd like to get that child assessed. Can you do it in London? The answer is yes. Let's say you are in Moscow. How many have ever been to Moscow? What's the traffic like in Moscow? Right, right.

It's really – it's to go across town. Do they have a lot of U.S.-trained resources in Moscow? No, I was there. They don't. So we would work with you either to go to London. Routinely, we bring people back to the United States. How many have been to NEA? Tel Aviv? Are the resources in Tel Aviv in Jerusalem?

MR. : Tel Aviv, no, but – (inaudible) – well, there's different schools there.

MR. PIOTROSKI: Right, that's right. As a matter of fact, in Tel Aviv, they do have some pretty good assessment resources. There's a whole group of people who are establishing practices there. Cairo is a little limited – little limited. Okay. What – what's covered in the assessment?

When we say – and parents will say what should we get assessed there? A complete psycho-educational assessment includes a variety of tests to determine aptitude, intelligence level, if there are any kind of psychological impediments for that child progressing, if there are problems with comprehension, sensory integration.

Sometimes, we just need all of that and say let's get a baseline. Let's find out what's happening with Johnny or Susie or Billy. Let's get the whole thing. Sometimes, children are depressed. Children get depressed just like adults get depressed and we want a more thorough assessment from a psychiatric perspective. So we will say we would like a child psychiatric perspective.

That is in no way saying that the child is mentally imbalanced. It's not saying that at all. We just want an expert to talk to that child to assess current emotional status. The children oftentimes are diagnosed appropriately with ADD or ADHD and there is a time when medication may be recommended. A child psychiatrist or physician, nurse, clinical practitioner must follow that child. The child must be on medical review.

Discuss – let's see – resources at post meet the needs. This happens and you're there in, let's say, Moscow. You're there. We're going to do everything we can to keep that child there. If the child's already there, we don't want to disrupt that child's education. We do not want to disrupt the assignment for that officer. Our bias, and I'm telling you this right now and you can tape now, our bias is we want you to remain at post and we do everything we can so that you can remain at post.

There are times when the child's needs are so significant that that child can't remain at post. Ethically, we can't approve that. There are several options about that. We can – the whole family can curtail or the child, if they're over the age of 12 – 12 or over – we will assist for the therapeutic boarding school. The child must be 12. They're too young to go to a therapeutic boarding school under the age.

Provide post approval and med clearance. Let's see the next slide. I want to make sure – okay. Let me talk a little about this before I go into the post approval process. Let's talk about money. What's that movie where they say show me the money, the football – football – I can't think. What is it?

MS. : (Inaudible.)

MR. PIOTROSKI: You got it. You got it. That's right. So and remember when he said show me the money? Well, this is very appropriate. The basic allowance is \$26,800. That's the basic allowance. The allowance – Marco, if I'm wrong on this because I know that we're looking at upgrading that – we can approve a 50 percent differential if the child's needs are there. So what's half of 26,800 – that's 13 – 13,400 right?

And 13,400 plus 26 – just under 40,000. So we can do that. You know, ECS can approve that funding up to \$40,000. That – now, what does it cover? It will cover the assessment, it will cover the travel, it will cover the per diem; it will cover all the costs for the child and one parent for the assessment. It will cover follow-up services.

Here are the follow-up services that it covers – speech, P.T., O.T., in-classroom assistant up to eight hours a day, certain transportation costs. It will cover an initial child psychiatric evaluation. It will cover an initial child psychology evaluation – tutoring, thank you – tutoring. If I'm forgetting something, just you know, hone in – just tutoring – Pam –

MS. : One thing that I think we should point out right now and because people get confused about this is that a Special Needs Education Allowance is instead of a regular educational allowance and it's very confusing because a lot of people quite naturally this is for additional services. But it's not.

MR. PIOTROSKI: Thanks, Pam.

MS. : It's instead of the regular educational allowance that you get at post.

MR. PIOTROSKI: Ma'am.

MS. : In some cases, the regular educational allowance – (inaudible).

MR. PIOTROSKI: It can be, that's correct.

MS. : So I think it would be.

MR. PIOTROSKI: What post is that?

MS. : Paris.

MR. PIOTROSKI: Oh, right.

MS. : So I would like to hear maybe the other parents also – (inaudible) – how you manage that.

MR. PIOTROSKI: But we're going to talk about that because that's an excellent point. But I might say how parents have to manage that because what we do is approve it. Parents are often in difficult situations, particularly if you're in Europe and you get the allowance, which can be lower than the regular educational allowance, which is based on a survey of schools in the area, correct Marco? I think that's how it works.

And then you know, they get an average that way but this one special needs amount is just a set sum. Currently, what we're looking at and I've been working with the director of allowances because it's been problematic, bottom line. Doesn't cover – when you enroll in special needs, it does not cover in some locations. We have several options that we can go.

One is we can approve the 50 percent differential that brings it up to about 40,000 which tends to cover most – not all. We can also do a special grant near the end of the school year so parents say we're running out of money. You can contact ECS and we can then provide – you will provide additional information, I go to the director of allowances and we then recommend that a grant be approved.

You know, I'm going to get into some more of that maybe this afternoon. I'll be happy to answer your questions because I know that that's a hot-button item. I'm concerned that I'm not going over some of the other stuff, but we'll certainly do that and there's also a request going in for more money to raise that amount right now. I don't want to put that out because it's not a done deal. Okay, that – and Pam, thanks for that information.

MS. : (Inaudible) – covered the tuition.

MR. PIOTROSKI: Yes, ma'am. Yeah, tuition. Should have said that. Thank you. The – it's done annually. So folks, if you did it once, you have to do it again and you do it every year. It's easy. Just call your social worker and say send us the documentation and we will then renew it. It takes all of – short period of time. Once we have the information in front of us, I can tell you, we do not sit on that. As soon as we get it, it's done – a day, within a day, it's all done.

The benefit is available to age 21. It starts at birth. So if you have a child where there is you know, significant developmental delay and you know that from birth, that child is covered at that point. You may say, well, what kinds of services? Well, there might be some O.T., P.T. services in that area that will assist that child. Bill.

MR. : (Inaudible) – when they graduate high school.

MR. PIOTROSKI: And that's correct. If they are 18 and they graduate high school, thanks. They graduate high school, the program stops. It's the same benefit as you would have in the United States. Thanks, Bill, good point. Attendance may be away from post when needed services are not available at post – you have a child who's at post. The school cannot meet that

child's needs. We can then approve the away from post rate, which is \$55,350 plus the 50 percent differential. We can go into the details about all of that – just to give you, it comes up around \$90,000 a year.

Next slide, please. Am I going fast enough or slow enough or is it – is this kind of the information that you're finding helpful? All right. Just so I know because I'll know where I can focus on scenarios. I've already gone over this. I just talked about that. I think this is on the disc, isn't it? Next slide. So you have all this on the disc as well. Next slide, please. This is what we're saying regarding the away from post rate. Next slide, please. Yes, ma'am?

MS. : How does one learn about the therapeutic boarding schools? Is it in your Web site?

MR. PIOTROSKI: Sure. We don't have therapeutic boarding schools on our Web site. We have Dr. Ward, Dr. Scotty (ph), Ms. Heather Dickmeyer. You're really fortunate today because these individuals are our therapeutic boarding school resource people who know more about this than probably anyone in this room.

They have a sense about – this – a therapeutic boarding school is an institution where there is a strong clinical component because of the needs of the child. And there are some – just to give you one example and I – I always have to be careful about when I give examples because you don't want ever to break confidentiality. So I'm going to kind of make something up here, but it's sort of an example of that.

There are some children in the Foreign Service – there's only one school in the United States that would be appropriate for that child's needs. One. And I can tell you that – and we work very closely – Dr. Ward and I and Heather. We will work in tandem when we're trying to assist a child and a family where there's only one school but we found one school for this child to go. I'm not going to say anything more than that but it's so significant and it takes a great deal of effort and time.

Will the Foreign Service fund that child? The answer is yes. It's just like Fairfax County. There are children in Fairfax County where there are very specific kids – Heather, did you –

MS. DICKMEYER: Yeah, what I just want to clarify is “therapeutic boarding school” is actually a term that applies to one extreme end of the range of boarding schools with special services. And hopefully a lot of your children will never need a therapeutic setting but there are other boarding schools that provide special needs and are geared towards children with certain learning differences. And those would not be called “therapeutic,” but they don't have as many clinical services; they don't deal as much with the mental health but they're actually dealing with the learning differences or certain IQ ranges. So therapeutic is –

MR. PIOTROSKI: It could be a misnomer.

MS. DICKMEYER: There's a lot of territory. Some of it we can help you with and some of it you may need to get some outside help with in terms of –

MR. PIOTROSKI: Educational consultants.

MS. DICKMEYER: Educational consultants.

MR. PIOTROSKI: Thank you. They feed me here, they feed me here. An educational consultant. And we have some excellent educational consultants that we work with – that's at your own cost, folks. We cannot fund that currently. But sometimes, it's very, very useful to have an educational consultant who will explore the United States to see what services are available for your child. Bill, am I right on that?

MR. : Yeah, you know, just to amplify it a little bit, I have seen parents who have sent their children to these therapeutic boarding schools. And in some cases, has been very, very, very successful; very, very good experience; they've been very happy. There've been other situations where, perhaps, a change of administration at that school –

MS. : Changed their whole –

(Cross talk.)

MR. PIOTROSKI: It's been a total disaster for the family and we had to pull that child out of that school. So we need to be very, very, very wary but there are successes out there.

MS. DICKMEYER: And I think that's the benefit of hiring an educational consultant. These are people who are working full time visiting schools; being up-to-date on what's happening with their finances, which is a big one right now; the changes of administration; any legal problems they may have had, which can affect their enrollments. And none of us in the department has a portfolio that uses the kind to do that, and that's what you're really going to get is someone who knows where that school is a good point in time for your children.

MR. PIOTROSKI: Okay. Yes, ma'am?

Q: Does it necessarily have to be the United States? Because I saw some in Europe.

MR. PIOTROSKI: Hmm. Are there specialists or educational consultants who could do overseas?

MS. DICKMEYER: I think it depends on your child's medical clearance whether or not they – if they're not cleared to go to post, they might not be cleared to attend a boarding school outside the U.S., depending on their –

(Cross talk.)

MR. PIOTROSKI: They can. Yeah, no, we can.

Q: When we were leaving Germany and thinking of going a different – (inaudible) – go to a place in Europe I was offered because it's been 4 years –

MR. PIOTROSKI: Berlin?

Q: – to stay – yeah – to stay and go from classroom setting into the boarding school thing, and turned it down but we want to always keep that door open because she said he's open until he's 21.

MS. DICKMEYER: We have limited resources on therapeutic boarding schools in the U.S. We're really limited in Europe, and there are –

MS. : (Cross talk.)

MS. DICKMEYER: – that specialize –

MS. : She says she could arrange it that I would just contribute 10 percent.

MS. DICKMEYER: No, I'm not talking in terms of – but finding out – because you want to do some real fact-checking before you place your school-kids in all these schools.

MR. PIOTROSKI: You know, in this room, there are a lot of success stories. You know, we know that. I look at some of your faces and, you know, I've been overseas and I've talked to people. You have no idea the level of expertise in this side of the room and on that side of the room. And the power that we have when we put the two of them together and how your children will benefit, I assure you, you're not going to find something this significant in most settings.

I'm going to continue on a little bit more so we get to – I'm just being a teacher here, you know. (Laughter.) We just have to – kids, we have to move on. Next slide, please.

These are some of the assessments that I've spoke to. You pay up front, folks. You get out that credit card; you pay up front. However, as soon as you have the paid bill, you take it to the FMO. They will reimburse you. You do not have to wait. Do you file with your health insurance company? The answer is yes. But you don't have to wait. You just take the paid receipt to the FMO at post.

And by the way, this is only an overseas program. I should say that. We're only talking about overseas. This is not in the U.S. If you and your child are here in the U.S., it's public school or whatever you decide. Next slide, please.

We're going to work with you all. If you have a child who has a need and you want to have that child tested, first of all, we're going to think about are you in a location where there are people there who can test up to our standards? We're very picky, we're very picky. And we will ask you and we'll ask the health units. We'll get verification that these people are credentialed.

There are a lot of ex-pats overseas; actually, there are a lot of you who are professionals who work overseas and we use – yes, ma'am?

Q: (Inaudible, off mike.)

MR. PIOTROSKI: That's correct. Yeah, Singapore's excellent. The Ong (ph) Associates there in Singapore are excellent.

And so we're going to work with you to set up the assessment, to do the travel – the travel's all done at your post. You just go to your travel office and that's done. The FMO accesses the Web site – (coughs) – pardon me – through the cable that we send – the funds site.

Let's say you're in Paris and you want to get an assessment and you're going to be leaving in a month or two. You've got to wait until you come back to the U.S. We don't approve allowance like one to two months before people are coming back because we know if you're coming back, you're going to get the services. So we don't approve it unless – crisis – kid's in a crisis, you've got to do it. We'll assess; we'll talk to you about it. Next slide, please.

Money comes from the post budget. I was in Moscow and Jeff (sp), who was the FMO there said, Stan, this comes out of Ned's budget. It comes out of the general operating budget of the post.

I already talked about paying up front. There are times – and I've been working with Carl Haskill (sp), a great guy in the office of allowances, to increase the limits. It's not enough money. 26,800 – it sounds like a lot of money but I'll tell you what, if you're in some locations, it does not cover the needs that you have. And so we're having to go back and ask for more money.

And so because of that, we've provided some information to RM, and RM is now considering upping the basic amount so that people are covered fully. It's been a while since it's been done so it's really timely for them to do it now, and we are advocating for increased funding for special-needs children. Next slide, please. Yes, sir?

Q: Was there any discussion about changing the solicit – (inaudible, off mike) – given, that having posts funded could, in some cases, give posts incentive do consider one job applicant over another because someone might not cost the post as much?

MR. PIOTROSKI: That's an excellent question, and the question is, is that – because it's post operating budgets, and during the bidding season, when someone is applying for a position, can they – with some prior knowledge, apparently, they have that this child may be a special needs – not bring that child into – not bring the family in – the officer in? Was that your question?

MS. : (Inaudible, off mike.)

MR. PIOTROSKI: Right, so I'm going to give you what I think is the way it's supposed to happen. And then you all know the way it does happen. So the way it's supposed to happen is that the child goes through a medical clearance process. Any child who has a special need, whether it's very mild or very significant, they are a Class 2, okay? They are a Class 2. They're on medication for ADD or ADHD – Class 2 – because it requires medical monitoring on some level.

It come to our office – the regional social workers, we get a request from medical clearances to review a child who has a special education need. We will look at the needs of the child. If they have anything that's documented in this way, they are a Class 2. This is not rocket science for us. Documentation, medical verification – Class 2.

Now, now, the big question comes – bidding – where can that child go? – which I think may answer part of your question. I think there's a part of your question I cannot answer. I have not – in the years that I've been here, I have not had any chief-of-mission or anyone that has come forward and said, we don't want that person here because they have a special needs who's going to take a lot of money out. I have not experienced that.

Now, does it happen implicitly? I don't know. And I think parents in here who have children –

Q: But the question is, is there any discretion on how – (background noise) – it would be to change the source of funding – (background noise) – post budgets to a central Washington –

MR. PIOTROSKI: Oh!

Q: – in order to remove that incentive by –

(Cross talk.)

MR. PIOTROSKI: Oh, I'm sorry! That's an excellent point. (Pause.) No. (Laughter.) When I got here 5y ears ago, I had a couple questions for the staff. I said where are all the kids? How many children do we have in the Foreign Service?

By the way, pop quiz: How many children are in the Foreign Service? (Laughter.) 5,000? Fourteen – you're close. Yeah, it's more like 12,000 – something like that. And we have – ECS – now, I can tell you, I know where all the children with special needs are. I know where they are; I know the posts that they're at; we've worked with their parents. Because it's been a while; we've been tracking it.

There are 1,056 children with special needs in the Foreign Service. That includes State, USAID and all the other 43 foreign services. Now, there's another group that manages their own and I consult with them. That's an additional amount.

All right, let's talk about bidding. That is the most stressful time for any family member, for any officer, to be competitively seeking another assignment and to manage your children's

needs at the same time; your personal needs, your spouse's needs, your needs, your desires, you know, your career goals. It's a lot, it's a lot. We're aware of that. Our group here is very conscious of that.

We are tasked with making sure that child's needs are met, which you are. We almost become like a co-parent. That's the reality. We have to make sure that those child's needs are met. We have to know what they are and where they can be met.

There are about six to 12 places on this planet where kids with severe academic challenges can be made. Wouldn't you agree, Bill and Pam? Maybe six to 12. That's it. You know? That is it. I'm talking about significant – very significant challenges.

Where do you think some of those places are?

Q: (Inaudible, off mike.)

MR. PIOTROSKI: Maybe, maybe. That's – yeah, maybe. But I'm glad you brought that up. Where else?

Q: (Inaudible, off mike.)

MR. PIOTROSKI: No. Mild, mild. A lot of kids there, but Nalah (ph), not lot.

Q: (Inaudible, off mike.)

MR. PIOTROSKI: Not many places – no –

Q: (Inaudible, off mike.)

MR. PIOTROSKI: Do you want to be surprised now?

Q: Yes.

MR. PIOTROSKI: Okay, here are some of the places: Manila, Manila – yeah, I'm thinking of the Brent School, yeah. Santo Domingo – Bill, what do you think? Bogota; London; Johannesburg – Pretoria. Heather, what do you think? WHA – I'm just going through the regions in my own mind – WHA – we did say Singapore, possibly; Tokyo – Bill, Tokyo? Brussels, Brussels, yeah, that's the one I was – Brussels, yeah, they have special schools. Yes, miss?

Q: (Inaudible, off mike.)

MR. PIOTROSKI: Maybe. It's more in the grey area. But, see, we're even kind of struggling to come up with them. So I just want you to know that. But now, there are a slew of other places where, when you get creative, you can go. And the more creative parents are and

the more that we work in tandem with all of us – (inaudible) – schools, FLO, allowances, ECS – your chances of going someplace are pretty significant.

We now maintain a – it's through the medical system; it's called the Post Capability Directory. That tells us what services are available at posts – speech, PT, OT; a couple years ago, I asked for tutoring; psycho-educational assessment resources. We have that information. Next slide, please.

All right, here are the classes, number one, worldwide availability medical class clearances. And number two, we just talked about. Number five, some kids' needs are just so significant they can't go overseas. It's just a reality. It's not safe for them to be there. Number six means they can visit; number seven, clearance is pending; number eight doesn't really apply here. Next slide, please.

Pitfalls: Don't wait, folks. Don't wait. You have a question, call us right away. We get calls from all over the planet. Call us. I had one lady call me and I said, who are you? She said, I'm not going to give you my name. Okay. She says, I don't want you messing with my clearance; I don't want you messing with my post approval; just give me the information. (Laughter.) And basically shut up. And I said, all right.

And it was indicative to me where some people are – there's a lot of fear about this, you know? There's a lot of fear because it's not just taking care of the kids; it's putting bread on the table. And so, you know, we understand that, so I gave this individual the information and it worked out just fine.

MS. DICKMEYER: Yeah, I just wanted to interject. I don't know if Stan, or Dr. Piotroski mentioned though, in – (inaudible) – clearance, a lot of times, parents won't divulge information and there's – you know, because if they do, it may prevent them from going to a desired location. So sometimes, that can be a hardship on them and the post and everybody else once they do get there.

It's another thing if they are already there and their child has been assessed and evaluated and has special needs. But it's something different if they know that they take a child over there, the special needs and services just aren't there.

MR. PIOTROSKI: Now, this is coming from a lady who's done hundreds. So if you hear that there's a little jadedness going on, here – (chuckles) – that's part of it. I mean, we do many of these, and she's done an extraordinary amount. Yes, ma'am?

Q: And that's on the medical side; I think you're right, absolutely. You know, take care of your child's needs and make sure that you're not slighting your child.

In terms of advocating with those decision-making people, if you've done your homework on the schools and you think your child has a good chance of their needs being serviced, don't wait to contact ECM (ph) and all those other people.

You can, at some point, if they're interested beyond the – (inaudible) – I will need postage clearance for this but I'm pretty sure my child's needs have been met beyond this so you're not entering into a handshake that you'll then have to retract. But I would say, don't wait, because people will work with you. If they're really interested in having you, they're willing to wait until December to actually go get assignment.

MR. PIOTROSKI: We're going to have – I'm going to get you at just a little bit, miss, because I'm a little concerned – you know, Joan's giving me the eyeball – and the other thing is this is that, I'm just going to – one thing, post approval: You need a school – and you're just saying thanks – and we need some information from the school saying that they will accept the child on some level. We'll have a chance to talk about that.

I just want you to see this: These where are all the kids are, all right? And the correlation between number of services at school and kids at that location is high. So Bogota – a lot of kids there; the assumption is, maybe a lot of services – maybe. Patrick? Bogota? What do you think? Mild, moderate or severe?

MR. : (Inaudible, off mike.)

MR. PIOTROSKI: Okay, okay. Frankfurt, Mexico City, Pretoria, Rome, Vienna, Lima, Cairo, Beijing, Brussels – next slide please. You have all this information, by the way. It's on your thing.

Okay, just eyeball this – next slide. Next slide. Next slide, please. Okay, next slide. Oh, see that new bidding tool for us? (Laughter.) And here's our contact information. And thank you all very much. Have a good morning. (Applause.)

(END)