An Educator’s Guide to Students with Osteogenesis Imperfecta

- Mobility Accommodations
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OSTEODGENESIS IMPERFECTA FOUNDATION

A Companion Brochure to the Plan for Success Video
Plan for Success: Educating Children with Osteogenesis Imperfecta

Under the federal Individuals with Disabilities Education Act (IDEA), all eligible school-aged children and youths with disabilities are entitled to receive a free appropriate public education (FAPE) in the least restrictive environment. The “least restrictive environment” means that, to the maximum extent possible, children with disabilities are educated with children who do not have disabilities. Special classes, separate schooling, or removal of children with disabilities from the regular education environment are acceptable only in situations where the nature or severity of the disability is such that education in a regular classroom with supplementary aids and services cannot be achieved.

Other laws that govern the education of children with disabilities are: 1) Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability by any program that receives federal funding, including public schools; and 2) the Americans with Disabilities Act (ADA), which prohibits discrimination on the basis of disability by public entities, including public schools.

The reasons for including children with osteogenesis imperfecta (OI) in all classroom and school activities go far beyond legal mandates, however. Children with OI usually have normal to above-average intelligence, and can excel in school and be valuable assets to their classrooms. By participating in all school activities—from science projects to field trips—children with OI can gain both the intellectual challenge and the social interaction they need to become successful adults.

How can educators and parents work together to ensure that children with OI receive the education to which they are entitled? This pamphlet and its companion video, Plan for Success: An Educator’s Guide to Students with OI, outline some basic steps to successfully integrate children with OI into the classroom and school activities.

Osteogenesis Imperfecta: An Overview

Osteogenesis imperfecta (OI) is a genetic bone disorder characterized by bones that break easily. Because OI ranges widely in severity and symptoms, school-aged children with OI have a wide range of abilities, limitations, and needs. Some children with OI use a wheelchair, walker, or crutches, while others walk independently. Casts and splints are used to immobilize fractured limbs, and some children may wear leg braces for support in standing and walking. Children with severe OI may have very short stature and frequent fractures, often as a result of minimal trauma. Children with milder OI may have no visible signs of the disorder, and fracture less frequently.
Throughout a child’s school career, or even during a single school year, he or she may have different needs for assistance, and different levels of mobility, due to fractures or surgery. People with OI may also have hearing loss, brittle teeth, spinal curvature, and respiratory difficulties.

The wide variation in OI symptoms requires educators to develop an individualized plan for each child with OI, which takes into account his or her unique abilities and limitations.

Planning for a Student with OI

The IDEA and Section 504 of the Rehabilitation Act of 1973 both cover children with disabilities who need accommodations to receive a free appropriate public education. The IDEA covers children who fall within one or more specific categories of disability, one of which is “orthopedic impairment.” Section 504 is broader, applying to any child who has or has had a physical or mental impairment that significantly limits a major life activity, or who is regarded by others as being “handicapped.” To receive services under IDEA, a child must require specially designed instruction to benefit from education, while under Section 504, a child is eligible if he or she meets the above definition of “handicapped,” even if his or her disability does not affect educational performance.

Under both laws, children with disabilities are entitled to a written plan outlining how the school system will provide them with a free appropriate public education. Under the IDEA, this plan is called an Individual Education Program (IEP), while under Section 504, it is called a “504 plan.” State departments of education or local special education professionals should be able to clarify the differences between these two laws, and help determine which type of plan is best for a particular child with OI.

In either case, having a written plan is vital to educating a child with OI. It not only helps with planning, but allows the child to access additional assistance and services. For example, for a child to receive accommodations when taking a national exam (such as the SAT), the same accommodations must be included in the written plan used by his or her school. Otherwise, the SAT is not required to provide the accommodations, even if they are clearly needed.

The IDEA is a federal law that provides minimum requirements that states must meet to receive federal education funds. It is therefore important that educators and parents contact their state department of education to learn about their state’s laws and regulations regarding special education. State laws may go beyond federal law in providing accommodations and assistance for children with disabilities.
Individual Education Program (IEP)

An IEP is a written educational program designed to meet a child’s special needs. An IEP is designed to 1) establish the learning goals for a child, and 2) state the services the school district will provide for the child. A multidisciplinary team develops a child’s IEP; the team must include one teacher or other specialist who is knowledgeable about the child’s disability, along with the child’s teacher(s), a representative of the school system, the child’s parent, and when appropriate, the child. If the child will participate in special programs or services (e.g., gifted education, speech therapy, etc.), it is important to involve these school personnel in the IEP process as well. An IEP covers long- and short-term educational goals, as well as any special services the child may need, such as transportation, physical or occupational therapy, adapted physical education, or the services of a personal aide.

504 Plan

Section 504 is less specific than the IDEA about what should be included in a student’s written plan, and who is involved in developing the plan. However, it is wise for schools to incorporate many of the IEP guidelines when developing a 504 plan, such as involving all appropriate personnel, and providing parents with written notice every time the plan is changed. These guidelines ensure that all of the child’s strengths and limitations are considered in developing a plan.

Many school districts have staff members devoted to special education and adaptive physical education. Teachers and parents should request that these specialists be involved in planning for a student with OI, and call on them throughout the child’s school years as new issues arise. Plans will need to be modified as the child’s needs and abilities change, and particularly at times of transition, such as when a child moves from elementary to middle school.

Including Children with OI in All School Activities

Beyond meeting with an education team to develop an individualized plan for a student with OI, it is recommended that parents and teachers meet before school opens each fall, and as necessary during the year as circumstances change. Parents may wish to provide the teacher with literature and information about OI, so the teacher will understand the disorder and be prepared to handle accommodation requests and medical emergencies.

Architectural Barriers

For children with limited mobility—whether they use a wheelchair or walk, with or without assistance—physical barriers may prevent their full participation in school activities. Common barriers include: steps at school entrances or between floors; restrooms with narrow or heavy doors, high sinks, and/or stalls too narrow for a wheelchair; playgrounds that can only be reached via a flight of
stairs or by walking up or down a hill; and hands-on work areas (such as in science labs or woodworking classes) that are inaccessible to a child who uses a wheelchair or is of short stature.

These barriers must be addressed if they interfere with a child with OI receiving his or her education in the least restrictive environment. It is not acceptable to limit the child’s access or participation because of these barriers, such as by requiring him or her to stay inside during recess while the other children use the playground.

Architectural barriers can be overcome in a variety of ways, from providing an aide to assist a child in the restroom to purchasing portable ramps and wheelchair lifts to help a child go up steps or onto a stage. Many accommodations are simple to achieve, such as lowering a locker shelf or restroom soap dispenser, or providing a low desk or work surface.

**Mobility Accommodations**

Children with OI may face other mobility problems in addition to architectural barriers. Crowded hallways and classrooms may pose problems for children who use wheelchairs. Those who walk may have trouble using stairs, walk more slowly than their peers, and be at risk of falls in crowded hallways or on slippery floors. Some common mobility accommodations include the following:

- Before school starts, have the child tour the school, including his or her classrooms, restrooms, cafeteria, library, and gym. This will reveal mobility barriers, some of which might be easily overcome by rearranging furniture, and allow school personnel to address problems ahead of time.

- Allow the student to leave class several minutes early so he or she has extra time to get to the next class or the school bus. It is important, however, that leaving class early does not interfere with the child’s education. Having a child leave a full 15 minutes early, for example, may cause him or her to miss important last-minute instructions from the teacher.

- In multi-level school buildings, provide the student with elevator privileges.

- Allow the student to select a seat that is easy to get to, such as near the classroom door.

- Provide an extra set of books that the student can keep at home, so he or she does not have to carry heavy loads.
**Assistive Devices**

Some children with OI will need assistive equipment to help them succeed in school. For example, children with very short arms or with both arms in casts will have trouble writing, and may need a laptop computer or voice-activated typing system. Or, if the child’s physical therapy regimen requires him or her to stand in a standing frame for a certain length of time each day, the school may need to provide a frame in the classroom. In general, schools are required to provide assistive devices if the need for them is included in the student’s IEP or 504 plan.

**Fire Evacuation**

The mobility accommodations mentioned above may be difficult to implement during a fire drill or emergency evacuation. Students must quickly exit the building, and it may be unsafe to use elevators. It is vital that school employees develop a fire and emergency evacuation plan for a student with OI before an emergency occurs, and that they practice this plan during routine fire drills.

In single-level school buildings, educators should make sure that a child with OI, who may move more slowly than other children and be at risk of a fall if students are moving quickly or jostling each other, gets out of the building safely. Schools may want to assign a particular staff person to accompany a child with OI during a fire drill or emergency. For children in multi-level school buildings, their parents, physician, personal care aide, and/or physical therapist can often provide advice about how to evacuate the child in an emergency.

It is possible for two adults to carry a child in a wheelchair down steps safely. One adult stands in front of the chair and holds the chair’s frame. Never grab the chair’s arms—they are usually detachable. The other adult stands behind the chair and holds the handles. The adult at the bottom goes down one step, and the adult at the top follows. Step by step, they carry the chair down the stairs. The same process works in reverse, to carry the child up the stairs. Make sure that the chair remains level or tipped slightly backward. If the chair leans forward too steeply, the child may fall forward.

It is wise to practice this maneuver during fire drills. Leaving a child with OI inside during a fire drill is unacceptable; this places the child at risk during a true emergency, when personnel will be unprepared to help the child evacuate.

**Transportation**

Students with OI must be provided with safe, reliable, and accessible transportation to and from school. Transportation accommodation may involve a wheelchair-accessible bus or van, or the school district may contract with a private agency, such as a taxi service, to transport a child. Students who walk, with or without assistance, may ride a regular school bus, but may need someone to assist them on and off the bus. Because most school buses do not have seat belts, children with OI who can sit in a regular bus seat may be at increased risk...
during an accident or if the bus stops short. If the child’s need for a seat belt is included in the written plan, the school system will need to provide one.

Many school children are attracted to “the back of the bus,” which often provides a bouncier ride than the front of the bus. For a child with fragile bones, however, a bouncy bus ride may prove dangerous. If a child with OI is unable to sit up front (for example, if the wheelchair tie-down is in the back of the bus), or if a bus ride proves too bumpy no matter where one sits, then other transportation options need to be explored.

When a school system is preparing to order new buses as part of their regular equipment procurement, this provides an excellent opportunity to request vehicle modifications for children with disabilities. For example, the school system can purchase buses that have wheelchair tie-downs in the front of the bus, seat belts, and a suspension system that minimizes bumps.

**Physical or Occupational Therapy**

Some children with OI may need physical or occupational therapy to maximize their skills and independence. If the need for therapy is included in a written plan, schools are usually required to provide therapeutic services. (Federal funds may be available to help cover these services.) Services may range from providing a standing frame in the classroom and ensuring that the child uses the frame for a certain amount of time each day to providing one-on-one therapy. It may be appropriate to provide therapy services before or after school, rather than taking the child away from other school activities.

During the planning process, a qualified therapist familiar with the child can often provide helpful advice. Along with a parent, a therapist can recommend how much assistance a child requires, and how much the child should be encouraged to do on his or her own.

**Adapted Physical Education and Playground Equipment**

Participation in physical education and recess is very important for students with OI. Physical activity helps strengthen their bones and muscles, provides a key opportunity for them to build friendships and develop social skills, and improves coordination. Though involving a child with OI in physical activities may require creativity and planning, it is a vital part of his or her education.

A city, county, or state adaptive physical education specialist may provide some advice for adapting physical education for students with OI. Physical education teachers should make every effort to involve the child in the same activities as everyone else, with appropriate modifications, rather than isolate the student by giving him or her different activities. Students with OI may be able to wheel or walk around the track while others run, go to bat while another student runs on their behalf, and kick a kickball or hit a tennis ball while sitting in a...
Some students with OI develop good upper-body strength due to using crutches or pushing a wheelchair, and may be able to do push-ups or lift weights.

The student’s parents, physician, and physical therapist—and the student—will likely be able to offer guidance on appropriate activities. People with OI often have a good sense of what they can and cannot do safely, and may prefer to risk a fracture rather than sit on the sidelines watching others.

For many younger children, recess is an important part of the day. Recess allows children to interact with each other informally, play games, get physical exercise on the playground, and take a break from intellectual work. As with physical education, it is important that students with OI participate in recess activities as much as possible. There is special playground equipment for children with disabilities, including swing sets that accommodate wheelchairs and sand tables that are at the proper height for a child in a wheelchair. Children with OI may also be able to use traditional equipment, such as slides or jungle gyms, with or without adult assistance. Even when a child with OI is able to play without assistance, adults may need to remind all students that safe and considerate play is important for preventing injury. Carelessly thrown balls or rough play can put the child with OI at risk of a fracture.

**Using Personal Aides**

Because a teacher is responsible for an entire classroom of children, he or she may not always be able to provide a child with OI the assistance he or she needs. Some children with OI may need an aide throughout the day to help with moving from room to room, using the restroom, boarding the bus after school, or other activities. Other children may only need help occasionally, such as when the class goes on a field trip.

A child’s parent may be able to provide some of the needed assistance. However, parents who work outside the home and/or have other children may be unable to assist during the day, and schools cannot require that a parent provide assistance. Some parents may prefer that their child receive assistance from someone else, to encourage the child’s independence and confidence.

A personal aide may be a volunteer, a teaching assistant, or another staff member. Again, parents and health care professionals are often able to train aides in how to assist a child with OI. For example, an aide may need to learn how to help the child transfer safely from his or her wheelchair to the toilet, or how to get the child down stairs during an emergency evacuation.

As children with OI become older, their peers are often able to assist them with such things as carrying books or reaching a high shelf.
**Accommodations for Hearing Loss**

Some children with OI have mild to severe hearing loss. They may wear assistive devices all the time, or only as needed for certain situations, such as oral exams and lectures. Devices include hearing aids, an FM system, a personal listening device, or a combination of several devices. In some cases, the teacher needs to clip on a microphone that works with the child’s assistive device.

Additional accommodations that help a child with hearing loss participate in classroom activities include the following:

- √ Have the child sit near to where the teacher usually lectures.
- √ Give the child permission to move around the room as needed to be near the teacher. The child can have a clipboard to carry from place to place.
- √ Assign a “buddy” who can repeat verbal instructions if needed.
- √ The teacher should speak clearly, in a normal voice, and in full view of the child with OI. It is important not to speak more loudly than usual, or over-enunciate words. This interferes with lip reading.

**Absences Due to Surgery or Injury**

Many children with OI miss school due to fractures or surgery. Absences may last several days to several months. When the absence is brief, it can be handled as any other student’s absence would be handled; the teacher can send homework to the child and make arrangements for him or her to make up any missed assignments or exams once he or she returns to school. Longer absences may require the school to assign a tutor to visit the child at home, or make other arrangements. Though fractures are unpredictable, surgeries are usually planned some time in advance, giving the school time to develop a plan for the child’s absence.

**What to Do When a Fracture Occurs**

The hallmark of OI is easily breakable bones. Children with OI may break a bone due to an obvious trauma, such as a fall, or through normal activity, such as coughing or bumping into a table. Though a certain amount of caution is advised, fractures will happen in spite of everyone’s best efforts to avoid them. In fact, it is better to allow children with OI to be as active as possible and perhaps risk a fracture, rather than try to insulate them from all potential injury. **It is important that teachers and other school personnel recognize that fractures frequently occur during normal daily activity, and learn how to deal with a fracture calmly.**

School personnel should have a plan for dealing with fractures before they occur.
The student’s parent is usually the best person to teach educators how to deal with a fracture. Parents are experienced in dealing with fractures; follow their advice unless unusual circumstances require other action. A student with OI is often able to instruct adults in the best way to respond to his or her fracture.

Ask the parents ahead of time who should be called in the event of a fracture. Parents who live nearby and are easily accessible may wish to transport their child to the emergency room themselves. If they are not available, they may designate a family member or friend to transport the child. Some parents may ask that school personnel only call an ambulance as a last resort. Though fractures are upsetting and painful, it is often less stressful for a child to sit quietly until a parent or other informed caregiver arrives. Taking extra time to get to a hospital rarely puts a child at additional risk, and may help by giving the child time to calm down. Parents and children often prefer to call their own physician and go to a familiar hospital, rather than deal with medical technicians or emergency room personnel who may be unfamiliar with OI.

There are a few general tips to keep in mind when a child fractures a bone:

√ Do not move the affected area unless it is absolutely necessary to move the child out of harm’s way. The child will probably be able to tell you where the fractured bone is.

√ It is best not to transport the child until a parent or other knowledgeable person arrives. If school personnel assist in moving the child, they should take care to keep the affected area as still as possible, and avoid jarring movements.

√ Listen to the child’s advice. He or she may instruct you not to move a fractured limb, or tell you how to gently place a pillow under the limb with minimal movement.

√ Make the child comfortable while waiting for a parent or other designated person to arrive. If the child becomes chilled or nauseated, provide a blanket, a basin, or whatever else the child might need. However, do not provide food or drink; if the child needs surgery to set the fracture, this will interfere with safe administration of anesthesia.

√ It may help to splint a fractured limb before moving the child, but school personnel should only apply a splint if the parent has instructed them to do so or if the child must be moved before a parent or other caregiver arrives. If a child wears braces, they may provide adequate support. Makeshift splints can be formed using a pillow, a towel, or even a magazine wrapped around the affected limb. Splints can be tied on using
an elastic bandage or strips of cloth. Take care not to tie the splint on too tightly, as that will cause pain and decrease circulation. Minimize additional pain by applying the splint quickly but very gently, avoiding sudden or jarring movements. Most general first-aid classes instruct people in how to apply a splint. Parents or a health care provider, such as the school nurse, can also instruct school personnel in splinting.

√ Don’t forget to comfort other children who may be upset by their classmate’s injury, or may feel responsible for the fracture. The situation will be much easier for everyone, particularly the injured child, if people remain calm and avoid panic and blame. If a fracture results from someone’s carelessness, an apology may be appropriate, but will probably be more appreciated if offered later on, rather than during the difficult moments immediately following the injury.

Helping a Child’s Peers Understand OI

Educators who integrate children with OI fully into classroom and school activities, rather than singling them out, do a great service to all of their students. The student with OI benefits from a full and varied education and social interactions. Other students learn that a person with a disability is a valuable peer and friend.

It is natural for other children to be curious about a child’s wheelchair, crutches, braces, surgical scars, or different way of walking. It is helpful for teachers to deal with a student’s disability openly, but without embarrassing the child with OI. The following tips may help other students better understand OI, as well as help the child with OI to talk about his or her disability appropriately:

√ Take cues from the child with OI. If another child asks him or her a blatant question, such as “What happened to you?” don’t rush to intervene. The child with OI may feel comfortable answering the question, or have a preferred response.

√ Do intervene if a child is using derogatory language (such as “cripple”) or is otherwise disrespectful to the child with OI.

√ Provide opportunities for the child to talk about his or her disability, but don’t force it if the child chooses not to, and don’t talk about the child as if he or she is not there. Sharing exercises that the whole class participates in, such as writing their autobiographies or talking about a problem they had and how they solved it, may naturally draw out information about living with OI.
Some children with OI may want to demonstrate their assistive equipment (e.g., wheelchair or hearing device) to the class, choose an OI-related topic for a research report (e.g., how casts are made), share a journal or video diary of their surgery experiences, or interview their doctor or physical therapist for a project on careers. Some children enjoy such assignments, while others may feel embarrassed or prefer not to make OI a topic of class discussion.

Other students’ comments or questions can also provide natural opportunities for discussion. For example, a student might say that the child with OI is “lucky” because he or she doesn’t have to walk to the cafeteria, but can ride in a wheelchair. The teacher could respond by asking the child with OI, “What do you think about that? Do you feel lucky to use your wheelchair?” Again, however, take cues from the child with OI and respect his or her decision not to discuss personal issues if he or she is uncomfortable.

Consider having a “disability awareness day.” Have some of the nondisabled students use a wheelchair, walker, or crutches for a day to learn what it is like to face architectural and mobility barriers during daily activities. End the day with a class discussion, a movie or video about a person living with a disability, or a wheelchair sporting event (such as a race or a basketball game). A local medical supply company might be willing to rent the equipment for a reduced fee or provide it free of charge.

For younger children, teachers can read age-appropriate books featuring people with disabilities, and incorporate “props,” such as a doll in a wheelchair, into class activities. It may also be helpful to visually illustrate OI so that children understand the difference between their bones and their classmate’s bones. For example, the teacher can use a stick of hard wood to show how healthy bones are hard to break, then use a stick of balsa wood to show how OI bones break very easily.

The parents of younger children with OI may be willing to visit their child’s classroom at the beginning of each school year to explain their child’s disability (so long as the child is comfortable with this). As the child gets older, he or she may be willing to give a short presentation on OI at the beginning of the year. The student should not be required to do so, however.

For middle and high school classrooms, the OI Foundation has a videotape available titled Going Places, which depicts a day in the life of a teenager with OI. An open discussion can follow about what the students saw in the video. The OI Foundation has handouts available
with talking points and questions for discussion. It is important for the
teacher to discuss this with the student with OI (and perhaps his or her
parents, depending on the student’s age) ahead of time to make sure the
student won’t feel singled out or embarrassed.

As in any relationship, school children need to learn to trust and accept each
other before they can talk about personal issues. If a student with OI is encour-
gaged and allowed to participate in all classroom activities (with accommodations
when needed) and treated like the other children, he or she will make friends. As
friendships develop, students will naturally exchange information about their
lives, including information about OI.

Resources

**National Resources**

**The Osteogenesis Imperfecta Foundation.** 804 W. Diamond Ave., Suite 210,
Gaithersburg, MD 20878. **Phone:** (800) 981-2663 or (301) 947-0083. **E-mail:**onelink@oif.org **Web site:** www.oif.org

**Americans with Disabilities Act (ADA) Information.** U.S. Department of Justice,
Civil Rights Division. **Phone:** (800) 514-0301. **Web site:** www.usdoj.gov/crt/ada/
adahom1.htm

**Council for Exceptional Children.** 1110 North Glebe Rd, Suite 300, Arlington, VA
22201-5704. **Phone:** (888) CEC-SPED, (703) 620-3660. **Web site:** www.cec.sped.org

**National Information Center for Children and Youth with Disabilities.** P.O. Box
1492, Washington, DC 20013. **Phone:** (800) 695-0285 or (202) 884-8200. **Web site:**
www.nichcy.org

**Self Help for the Hard of Hearing (SHHH).** 7910 Woodmont Ave., Suite 1200,
Bethesda, MD 20814. **Phone:** (301) 657-2248. **TTY:** (301) 657-2249. **Web site:**
www.shhh.org

**U.S. Department of Education.** Office of Educational and Rehabilitative Services,
Office of Special Education, 400 Maryland Ave. SW, Washington, DC 20202.
**Phone:** (800) USA-LEARN, (202) 205-5465. **Web site:** www.ed.gov/offices/OSERS
State Resources

State Department of Education

State Department on Disabilities or Disability Rights

State Parent Training and Information Centers: Each state has a Parent Training and Information Center (PTI) for parents of infants, toddlers, children, and youths with disabilities, and professionals who work with them. To reach the PTI in your state, contact the Technical Assistance Alliance for Parent Centers (The Alliance) or one of four regional centers:

**Alliance National Coordinating Office.** PACER Center, 8168 Normandale Blvd., Minneapolis, MN 55437-1044. **Phone:** (888) 248-0822. **E-mail:** alliance@taalliance.org Web site: www.taalliance.org

**Northeast Regional Center.** Parent Information Center, P.O. Box 2405, Concord, NH 03302-2405. **Phone:** (603) 224-7005. **E-mail:** picnh@aol.com. Serves CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT, Puerto Rico, and the U.S. Virgin Islands.

**Midwest Regional Center.** Ohio Coalition for the Education of Children with Disabilities, Bank One Building, 165 West Center St., Suite 302, Marion, OH 43302-3741. **Phone:** (740) 382-5452. **E-mail:** oceed@edu.gte.net. Serves CO, IL, IA, IN, KS, KY, MI, MN, MO, NE, ND, OH, SD, WI.

**South Regional Center.** Partners Resource Network, Inc., 907 Barra Row, Suite 102.103, Davidson, NC 28036. **Phone:** (704) 892-1321. **E-mail:** sregionata@aol.com. Serves AL, AR, FL, GA, LA, MS, NC, OK, SC, TN, TX, VA, WV.

**West Regional Center.** Matrix Parent Network and Resource Center, 94 Galli Dr., Suite C, Novato, CA 94949. **Phone:** (415) 884-3535. **E-mail:** alliance@matrixparents.org. Serves AK, AZ, CA, HI, ID, MT, NV, NM, OR, UT, WA, WY, Department of Defense Dependent Schools, and the Pacific Jurisdiction.

Print and Video Resources

The Osteogenesis Imperfecta Foundation thanks the many people who contributed their ideas and support to this publication and its accompanying videos, including Ronald McDonald House Charities, which funded the Plan for Success and Going Places videos; State of the Art, Inc., which produced the videos; and the OI Foundation Advisory Council and other dedicated volunteers who offered wisdom based on their own experiences as students with OI or as parents of children with OI.

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Bulk copies of this brochure and/or copies of the companion video are available online at www.oif.org or direct from the Foundation.

Please direct inquiries to the OI Foundation to:

804 West Diamond Ave., Suite 210
Gaithersburg, MD 20878
(800) 981-2663 or (301) 947-0083
bonelink@oif.org
www.oif.org

The Osteogenesis Imperfecta Foundation offers many resources, including the following:

Plan for Success: An Educator’s Guide to Students with OI (Video)
Going Places: A Day in the Life of a Teenager with OI (Video)
OI Issues: Education (Fact Sheet)
Osteogenesis Imperfecta: A Medical Manual
Living with Osteogenesis Imperfecta: A Guidebook for Families

Call 1-800-981-2663 or visit our web site at www.oif.org to order or request additional information.