Supplemental Information

**TEMPLATE FOR REFERRAL LETTER FROM PEDIATRICIAN TO ALLIED HEALTH AND/OR SUBSPECIALIST FOR ADDITIONAL EVALUATION**

Date
Name of evaluator (allied health provider or subspecialist)
Address
RE: [patient’s name, age, and date of birth]

Dear Mr/Ms/Dr/[name]:

I am referring [patient’s name] for an evaluation. He/she is an [age] boy/girl with a history of [term/preterm] delivery, [no significant health problems] or [significant health problems], [normal hearing and vision screens] or [abnormal hearing and vision screens], and [previously typical or atypical motor, language, and social skills development] or [motor, language, or social skills developmental delays] noted.

His/her teachers and parents note a lack of progress academically, especially in [insert observations here]. Other pertinent information includes [eg, results of parent and teacher questionnaires for ADHD are negative, psychosocial factors, etc].

Please evaluate further for the presence of [learning disabilities, intellectual disabilities, or other conditions] that could be impeding his/her academic progress.

I look forward to working together to identify any important issues related to [patient’s name]’s academic challenges. Please do not hesitate to contact me with any questions.

Sincerely,

[Pediatrician’s name]

[Note that many insurers do not cover psychological or neuropsychological testing when the concern is learning disabilities, presumably expecting that the school will perform those evaluations.]

**TEMPLATE FOR LETTER REQUESTING INITIATING SCHOOL EVALUATION WRITTEN BY PARENT(S)**

Date
Name of principal or special services coordinator
Name of school
Address of school
RE: [child’s name, age and date of birth]

Dear Mr/Ms/Dr/Principal/Special Services Coordinator [name]:

I/we would like to request an evaluation of my/our daughter/son, [insert your child’s name here], for her/his eligibility for special education provisions.

[Explain here why you are requesting an evaluation. Below are example phrases.]

Her/his doctor recommended that I/we write this letter to ask that her/his school do psychoeducational testing to determine why she/he is not progressing in school.

I/we are concerned that the teacher’s report/observations of [insert your child’s name here]’s inattention is interfering with her/his ability to benefit from the educational environment.

I/we understand that the evaluation is to be provided at no charge to me/us.

I/we would appreciate meeting with each person who will be doing her/his evaluation before he or she tests my child so that I/we can share information about [insert your child’s name here] with the person doing the testing. I/we will also expect a copy of the written report generated by each evaluation so that I/we can review it before any IEP/educational planning meetings are held.

It is my understanding that I/we may have to provide written permission for these tests to be administered, and I/we will be happy to do so on receipt of the proper forms and explanation of the process.

Please contact me/us at your earliest convenience so that we may begin the next steps in planning for an evaluation.

Sincerely,

[Insert parent(s) name(s) here and sign above.]

[Insert parent(s) contact information.]
TEMPLATE FOR REFERRAL LETTER FOR SCHOOL EVALUATION WRITTEN BY PEDIATRICIAN

[Please make sure that the letter, in its final form, conforms to local, particularly state, rules that define how pediatricians may request the initiation of an IEP process.]

Date
Name of principal or special services coordinator
Name of school
Address of school
RE: [patient's name, age, and date of birth]

Dear Mr./Ms./Dr./Principal/Special Services Coordinator [name]:

I am writing this letter on behalf of my patient, [insert child's name here], to request that he/she have an evaluation to determine his/her eligibility for special education provisions. I recommend that his/her parent(s) also request that the school obtain psychoeducational testing to determine why he/she is not progressing in school. In my evaluation, I have found [insert a brief bit of relevant clinical information, if appropriate].

Please contact me if I may provide any additional information. I look forward to receiving a copy of the evaluation results. Please [mail or fax] a copy of them to my office at [insert your preferred method of receiving the results (either your fax number or your office address) or, alternatively, refer to the contact information on your letterhead]. I have included a copy of the parent's/parents' signed FERPA/HIPAA compliant form permitting release of the information to our office.

Sincerely,

[Insert your name here.]

[Insert your contact information.]

[Keep a copy of the letter in the patient's medical record in case the family needs support in the future that a request for testing was made.]

LETTER OF MEDICAL NECESSITY FOR PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL EVALUATION FROM PEDIATRICIAN TO INSURANCE COMPANY

Date
Name of insurance company medical director
RE: [patient’s name, date of birth, and insurance number if known]

Dear Medical Director:

I am writing this letter to document medical necessity for [psychological/neuropsychological] testing for my patient, [patient’s name]. He/she is not making expected progress academically. On the basis of history, behavioral health history, physical examination, mental status examination, and behavioral observations, multiple diagnostic hypotheses exist, and [psychological/neuropsychological] testing is the most efficient way to contribute to the differential diagnostic assessment [or] the [psychological/neuropsychological] evaluation will be used to help determine the child's treatment by [formulating a differential diagnosis, identifying specific targets for intervention, developing a meaningful treatment plan, etc].

I recognize insurance-covered testing is not intended to supplant services when adequate testing services are available in other settings. However, in this child’s case, equivalent testing is not available through the school or other organizations. Furthermore, testing is not being requested solely to determine appropriate academic placement. I recognize it is the public school's responsibility to conduct the testing necessary to determine the appropriate classroom setting.

The testing results are not intended to determine [and/or redetermine] [child’s name]’s eligibility for intellectual disability waiver services. I understand that this determination [or redetermination] of eligibility is the responsibility of the [county or state intellectual disabilities program office].

The problems that [child’s name] is experiencing are causing significant impairment in his/her academic functioning and are not simply transient problems expected with psychosocial stressors. We suspect that a cognitive or organic disturbance likely explains this child's impairment in academic functioning, and this needs to be assessed and/or ruled out.

[Or]

Thus far, treatment [give details of current interventions or ones tried, for example, counseling, medications, speech or occupational therapy, and/or individualized educational planning, etc] is not achieving the expected results, and appropriate revisions or alternatives are significantly unclear without the results of testing.

If I can provide additional information, please do not hesitate to contact me.

Sincerely,

[Pediatrician’s name]

UNDERSTANDING TEST SCORES

Pediatricians are not expected to interpret the scores from psychological testing. Nevertheless, it can be helpful to possess a general understanding of the testing results that are typically included in reports. In a report, scores, strengths, and weaknesses should be integrated and explained. Most psychologists and neuropsychologists will provide clarification and further information regarding the implications for pediatric patients.

In the process of designing structured psychological tests (eg, IQ tests, adaptive functioning measures, speech and language assessments, motor functioning assessments, etc),
the test items are administered to many children (presumed or assessed to have typical development for their chronological age). This allows the test designers to observe the range of performance on the test items at different age groups and/or developmental levels and then determine a normative range of expectable responses. The group of children tested in the instrument design phase is known as the "standardization sample," and they provide the "norm reference" for the test or questionnaire.

When one of these structured psychological instruments is administered to an individual child, his or her performance on a particular test (or similarly, ratings on a questionnaire) is compared with what is expected on the basis of the performance of the standardization sample (or the norm reference group or age reference group) for the instrument.

The child’s raw score (eg, number correct, points achieved, response time) is compared to the distribution of scores obtained in the norming process. The raw score is transformed into a derived score, which represents where in the distribution of normative scores the child’s score coincides.

Several types of scores can be derived from test performance. Standard scores have a set mean and standard deviation (SD), which allows comparisons across tests. For summary scores and index scores, on intelligence tests, for example, the typical standard score has a mean of 100 and an SD of 15. Individual subtest scores (scaled scores) are often based on a mean of 10 and an SD of 3. Some tests, particularly questionnaires and checklists, are based on T-scores (mean of 50 and an SD of 10).

In interpreting behavioral rating scales and questionnaire-measures reports, it is important to note that symptom scales are based on the number of items that group together on a particular dimension, for example, depression. A high score on these scales (≥70) is deemed clinically significant; however, a low score is not to be interpreted as a marker of positive functioning, only as an indicator of lack of endorsement of the particular items related to the symptom in question.

The z scores reflect the number of SD units from the mean exactly; they are based on a mean of 0 and an SD of 1. These derived scores provide an indication of the child’s rank or standing within the age reference group. For these scores, the distance from the mean of the child’s score can be represented in a percentile rank score. Standard scores, T-scores, and z scores have important advantages over the use of raw scores and of percentile rankings in interpreting test results. Percentile rankings can drop or increase rapidly with even small changes in the standard score, T-score, or z score. This is because distribution of scores can be steep, and small changes in either direction can shift percentile rankings dramatically, although the child’s actual position in the population is not that far off the mean.

Psychological test scores can also be represented in terms of grade or age equivalents. From a psychometric (measurement) perspective, these are considered weak scores that do not support making comparisons across individuals because grade- or age-level units are not equal, and scores are not normally distributed. An age-level score is merely the age in the normative population for which the score is the median score. Psychoeducational and neuropsychological reports should include the scores obtained on tests that are accompanied by an indication of the type of score or performance level. Reports should also note the confidence interval associated with scores on tests of intellectual ability.

Supplemental Fig 1 reveals the standard curve with a mean or average score of 100 and an SD of 15 points. Average intelligence is 1 SD on either side of the mean, so the range of average intelligence scores is 85 to 100. Above average is 115 to 130. Below average is 70 to 85. Scores that are 2 SDs below the mean and less (55–70) are considered to be in the mild intellectual disability range (when coupled with similarly lowered adaptive functioning measures). It can be helpful to use a figure like this one to help families understand the meaning of their child’s scores on psychological tests such as IQ tests and language tests.

**APPROACHES TO CPT AND INTERNATIONAL CLASSIFICATION OF DISEASES, 10TH REVISION, CODING FOR SERVICES FOR THE CARE OF CHILDREN WHO ARE NOT PROGRESSING ACADEMICALLY**

As pediatricians help more children who struggle academically, their services expand (and so will the need to consider how best to communicate to insurers what services they have provided) more effectively. The process remains the same: Current Procedural Terminology (CPT) codes communicate the nature of the services provided, and *International Classification of Diseases, 10th Revision* (ICD-10) codes communicate the diagnoses that justify the service provided, but new services expand the sort of codes that will be used to make sure pediatricians are paid optimally for the work performed. Here we provide a brief overview of the categories of CPT and ICD-10 codes that can be used when describing work performed to help children struggling academically. Specific codes change quickly over time, so for reference to specific codes, turn to the timely resources of the AAP, available online at www.aap.org/coding.

**Categories of CPT Codes Relevant to the Care of Children Not Progressing Academically**

- Time spent in interprofessional consultation without being in the
same room: In this clinical report, we make clear that when working toward an understanding of why a child is not progressing academically, it is essential to work with professionals who are able to complete levels of evaluation that can yield accurate, dependable answers. The pediatrician who ensures that his or her patient receives this level of reliable evaluation will be spending time with those professional colleagues to ensure the process comes to an optimal conclusion. CPT codes include codes that allow the pediatrician to charge and be paid for this time.

- Prolonged services: CPT codes include codes that allow the pediatrician to bill for time spent that extends beyond the usual time spent to deliver other services indicated by other CPT codes.
- Codes relating to testing: CPT codes include codes that allow pediatricians to bill for time spent administering a variety of tests to measure the developmental and behavioral status of a child.
- Telephone and electronic care: CPT codes include codes that allow the pediatrician to charge for services provided to the family over the telephone and via electronic communications.
- Care plan oversight: CPT codes include codes that allow the pediatrician to charge for time spent in reviewing documents and developing care plans related to the complex documentation and planning for children not progressing academically.

- Team conferences: CPT codes include codes that allow the pediatrician to charge for services provided while arranging for and attending team conferences for children not progressing academically.
- Special reports: CPT codes include codes that allow the pediatrician to charge for services provided when a pediatrician fills out something other than a standard reporting form, such as paperwork related to the Family and Medical Leave Act, camp forms, and other things that are not considered completion of routine forms, such as hospital discharge summaries.
- Modifiers: Modifiers are 2-digit suffixes available to add to the 5-digit CPT code to cue payers that the visit had something different about it. Documentation of the special circumstances that warranted their use is necessary. Modifiers can be used when the physician provides a service that is separate and identifiable from the main service provided that day, when a procedure is performed that is distinct from the usual procedures performed for the main service provided that day, or when a service is repeated, for example, more than 1 test is given.

**Strategies for Appealing Decisions When Insurers Deny Payment for Submitted Claims**

Even with the availability of codes for pre- and post-visit work, such as those for interprofessional communication before and after a referral, insurers may not pay for these services. In some cases, pediatricians may be able to negotiate with payers to provide payment for the time required to conduct interprofessional communication before and after a referral. In some states, interprofessional collateral contacts can be reimbursed in state Medicaid plans. Some AAP chapters have chosen to collectively negotiate with payers on behalf of multiple medical homes in their state in this regard.

**APPROACHES TO THE USE OF THE ICD-10 WHEN PROVIDING SERVICES FOR CHILDREN WITH ACADEMIC PROGRESS PROBLEMS**

ICD-10 codes designate the diagnostic basis for the provision of services indicated by the CPT code on the bill for services provided. Pediatricians providing services to children who are not progressing academically can refer to a wide variety of diagnostic categories now included in the ICD-10 listing of diagnoses. These categories include the following:

- anxiety-related disorders;
- behavioral and/or emotional disorders;
- mood or affective disorders;
- trauma- and stressor-related disorders;
- neurodevelopmental and other developmental disorders;
- substance-induced anxiety disorders; and
- sets of codes that refer to the purpose of the visit.
SUPPLEMENTAL FIGURE 1
Standard curve used to display IQ score meanings.
# Supplemental Figure 2


## Standard Authorization to Use or Share HIPPA-Protected Health Information and FERPA-Protected Educational Records

I. Individual Information (for the person whose information will be shared)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Area code and telephone number</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip code</th>
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II. Scope and Purpose for Sharing Information

I understand protected health information is information that identifies me. The purpose of this authorization is to allow (PCP’s name) to share my protected health information as set forth below. This will also include receiving information back to the referring physician.

A. Person or organization receiving information and purpose for sharing

<table>
<thead>
<tr>
<th>Persons or organizations authorized to receive my information (Name, address, phone)</th>
<th>Relationship</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coordination of care</td>
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</tbody>
</table>

B. Information to be shared via the Web portal

1. Check 1 or more boxes below.

   The following can also be shared if you want:

   - [ ] Entire medical record (includes all records except psychotherapy notes)
   - [ ] Laboratory report(s)
   - [ ] Medical images
   - [ ] Radiology report(s)
   - [ ] Pathology reports
   - [ ] Psychotherapy notes
   - [ ] Discharge summary
   - [ ] Mental health records
   - [ ] Alcohol or drug abuse records
   - [ ] HIV records
   - [ ] STD records
   - [ ] Other

2. Covering services between ___________ and ___________ [insert either date(s) or “all”]

   I understand that these records are protected under federal and state confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent or as otherwise permitted by such regulation. I also understand I may revoke this consent in writing at any time.

   If the records to be disclosed are education records (which may include discipline records), they are maintained and released in accordance with FERPA. Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Re-disclosure, except as provided at 34 CFR § 99.31, requires previous consent of parents or eligible students.
III. Expiration and Revocation

A. This authorization will expire (must choose one):

☐ 12 months from the date signed in Part IV.B.  ☐ Other (insert date or event): ____________________

B. Right to revoke
I understand I may change this authorization at any time by writing to the address listed at the bottom of this form. I understand I cannot restrict information that may have already been shared on the basis of this authorization.

IV. Acknowledgments and Signatures

A. Acknowledgements

1. I understand this authorization is voluntary and will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.

2. ☐ If checked and initialed, _______________________ is authorized to share my protected health information for the purpose of marketing. I understand _______________________ may receive either direct or indirect compensation for sharing my information in this case. Individual initials _________________________

3. I understand if the person or organization authorized to receive my protected health information is not a health plan or health care provider, privacy regulations may no longer protect the information.

4. I understand I may inspect or obtain a copy of the protected health information shared under this authorization by sending a written request to the address listed at the bottom of the form.

B. Signature

This document must be signed by the individual or the individual’s legal representative.

  Signature (patient or legal representative) Date

  Printed patient or legal representative name Capacity of legal representative (if applicable)

Address of entity authorized to release information:

The following information is for administrative purposes and may only be completed by an entity that is a “Program” under 42 CFR part 2 with respect to alcohol and drug abuse records.

☐ If checked — disclosure of alcohol or drug abuse records is subject to the following restrictions under 42 CFR part 2:

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any patient with alcohol or drug abuse.

SUPPLEMENTAL FIGURE 2
Continued.
Norma De Autorizacion Para Usar O Divulgar HIPAA Informacion De Salud Protegida (Phi) Y FEPRa, Los Registros Educativos Protegidos A Traves

V. INFORMACION INDIVIDUAL (persona que su informacion sera compartida/divulgada)

<table>
<thead>
<tr>
<th>Nombre</th>
<th>Fecha de nacimiento</th>
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<tr>
<th>Dirección</th>
<th>Número de teléfono y área</th>
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<table>
<thead>
<tr>
<th>Ciudad</th>
<th>Estado</th>
<th>Código Postal</th>
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</thead>
</table>

VI. ALCANCE Y PROPOSITO PARA COMPARTIR/DIVULGAR LA INFORMACION

Entiendo que la información de salud protegida es información que me identifica. El propósito de esta autorización es permitir (nombre del PCP) compartir mi información de salud protegida como se establece a continuación, por razones, además de los ya permitidos por la ley.

A. La persona o organización recibiendo la información de alcance y propósito para compartir/divulgar

<table>
<thead>
<tr>
<th>Las Personas/organizaciones autorizadas a recibir mi información. (Nombre, dirección, teléfono)</th>
<th>Conexión</th>
<th>Propósito</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coordination of care</td>
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B. La información que será compartida a través del portal de la red de internet.

1. Marque una o más casillas de abajo:

   Si usted desea las siguientes casillas también pueden ser compartidas
   [ ] Expediente médico completo (incluye todo el expediente con excepción de las anotaciones de psicoterapia).
   [ ] Anotaciones de progreso
   [ ] Historial y físico
   [ ] Ordenes del doctor
   [ ] Informes de operación
   [ ] Informes de consulta
   [ ] Resumen de alta del hospital
   [ ] Registros de abuso de alcohol y drogas.
   [ ] Registros de STD
   [ ] Otro

   [ ] Informes de laboratorio
   [ ] Imágenes médicas
   [ ] Informes de radiología
   [ ] Informes de patología
   [ ] anotaciones de psicoterapia(s)
   [ ] Expediente de salud mental
   [ ] Expediente de HIV

2. Servicios que cubren entre __________ y __________ [Insertar ya sea la fecha o “todos”].

Entiendo que estos registros están protegidos por las normas de confidencialidad federal y estatal y no pueden ser liberados sin el consentimiento escrito a menos que se disponga lo contrario en los reglamentos. Las regulaciones federales prohíben mayor divulgación de los registros sin el consentimiento escrito y por escrito, o según lo permitido por esta norma. También entiendo que puedo revocar este consentimiento por escrito en cualquier momento.

Si los registros a ser revelados son registros de educación (que puede incluir registros de disciplina), se mantienen y publican de acuerdo con la ley de derechos de educación de la familia y la privacidad (FERPA). Los padres o estudiantes elegibles se les debe suministrar una copia de los registros a ser revelados, si los solicitan. Re-divulgación, salvo lo dispuesto en 34CFR § 99.31, requiere el previo consentimiento de los padres o los estudiantes elegibles.

SUPPLEMENTAL FIGURE 2
Continued.
VII. CADUCIDAD Y REVOCACIÓN

A. Esta autorización expirará (debe elegir una)

☐ 12 meses desde la fecha de la firma en la parte IV.B.  ☐ Otro (fecha o evento) ______________________

B. El derecho a revocar

Entiendo que puedo cambiar esta autorización en cualquier momento por escrito la dirección que aparece en la parte inferior de este formulario. Entiendo que no se puede restringir la información que ya ha sido compartida en base a esta autorización.

VIII. ACUERDOS Y FIRMAS

A. Acuerdos

1. Entiendo que esta autorización es voluntaria y no afecta mi elegibilidad para beneficios, tratamiento, inscripción o reclamos de pago.

2. ☐ Si se marca y se escriben las iniciales de mi nombre, _______ está autorizado para divulgar/uso mi información de salud protegida con el propósito de publicidad. Entiendo que _______ puede recibir compensación directa o indirecta al divulgar/uso mi información en este caso. Iniciales del individuo ______

3. Entiendo que si la persona o organización autorizada a recibir mi información de salud protegida no es un seguro de salud u un proveedor de la salud, las regulaciones privadas pueden no proteger la información.

4. Entiendo que puedo inspeccionar u obtener una copia de la información de salud protegida divulgada/compañada bajo esta autorización al enviar una solicitud por escrito a la dirección mencionada en la parte inferior del formulario.

B. Firma

Este documento debe ser firmado por el individuo o su representante legal.

FIRMA(Paciente o representante legal)  Fecha

Nombre del paciente o representante legal  Calidad de representante legal (si procede)

Dirección de la entidad autorizada a usar/divulgar información:

La siguiente información es para fines administrativos y solo pueden ser completada por una entidad que sea un "programa" bajo 42 CFR parte 2 con respecto a los registros de abusos de alcohol y droga.

☐ Si se marca — la revelación de los registros de alcohol y droga están sujetos a las siguientes restricciones bajo 42 CFR

Esta información ha sido revelada a usted de los registros protegidos por las reglas federales de confidencialidad (42 CFR parte 2). Las reglas federales le prohíben hacer cualquier otra revelación y uso de esta información a menos que otra revelación esté expresamente permitida por el consentimiento por escrito de la persona a la que pertenece o según lo permitido por 42 CFR parte 2. Una autorización general para la divulgación de información médica no es suficiente para este propósito. Las reglas federales limitan el uso de la información para investigar o procesar plenamente a cualquier paciente con abuso de alcohol o drogas.

SUPPLEMENTAL FIGURE 2
Continued.
## SUPPLEMENTAL TABLE 4 Resources for Families

<table>
<thead>
<tr>
<th>Topic</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Special education</strong></td>
<td></td>
</tr>
<tr>
<td>US Department of Education, Office of Special Education and Rehabilitative Services</td>
<td><a href="http://www2.ed.gov/about/offices/list/osers/index.html">http://www2.ed.gov/about/offices/list/osers/index.html</a></td>
</tr>
<tr>
<td>Local state department of education, special education</td>
<td>Varies by state</td>
</tr>
<tr>
<td>Center for Parent Information and Resources</td>
<td><a href="http://www.parentcenterhub.org/">http://www.parentcenterhub.org/</a></td>
</tr>
<tr>
<td>Local school system, special education family advisory groups</td>
<td>Varies by local schools and districts</td>
</tr>
<tr>
<td>Local state legal aid or advocates for children</td>
<td>Varies by state</td>
</tr>
<tr>
<td>Wrightslaw Web site</td>
<td><a href="http://www.wrightslaw.com">www.wrightslaw.com</a></td>
</tr>
<tr>
<td><strong>Learning disabilities</strong></td>
<td></td>
</tr>
<tr>
<td>National Center for Learning Disabilities</td>
<td><a href="http://www.ncld.org">www.ncld.org</a></td>
</tr>
<tr>
<td>CDC learning disorders information</td>
<td><a href="https://www.cdc.gov/ncbddd/childdevelopment/learning-disorder.html">https://www.cdc.gov/ncbddd/childdevelopment/learning-disorder.html</a></td>
</tr>
<tr>
<td>The Learning Disabilities Association of America</td>
<td>(412) 341-1515; <a href="https://ldaamerica.org/">https://ldaamerica.org/</a></td>
</tr>
<tr>
<td>LD Online</td>
<td><a href="http://www.ldonline.org">www.ldonline.org</a></td>
</tr>
<tr>
<td>Council for Learning Disabilities</td>
<td>(913) 491-1011; <a href="http://www.cldinternational.org">http://www.cldinternational.org</a></td>
</tr>
<tr>
<td>International Dyslexia Association (formerly Orton Dyslexia Society)</td>
<td>(410) 296-0232; <a href="http://www.interdys.org">www.interdys.org</a> or <a href="http://eida.org">http://eida.org</a></td>
</tr>
<tr>
<td><strong>Resources for children with other specific disorders</strong></td>
<td></td>
</tr>
<tr>
<td>Brain Injury Association of America</td>
<td>(800) 444-6443; <a href="http://www.biausa.org">www.biausa.org</a></td>
</tr>
<tr>
<td>The Spina Bifida Association of America</td>
<td>(800) 621-3141; <a href="http://spinabifidaassociation.org/">http://spinabifidaassociation.org/</a></td>
</tr>
<tr>
<td>The Epilepsy Foundation of America</td>
<td>(800) 332-1000; <a href="http://www.epilepsyfoundation.org">www.epilepsyfoundation.org</a></td>
</tr>
<tr>
<td>Children and Adults with Attention-Deficit/Hyperactivity Disorder</td>
<td>(301) 306-7070; <a href="http://www.chadd.org">www.chadd.org</a></td>
</tr>
<tr>
<td>Children's Tumor Foundation</td>
<td><a href="http://www.ctf.org/">http://www.ctf.org/</a></td>
</tr>
<tr>
<td>Bullying</td>
<td><a href="https://www.stopbullying.gov/">https://www.stopbullying.gov/</a></td>
</tr>
</tbody>
</table>

CDC, Centers for Disease Control and Prevention; LD, learning disability.