

CREATING EQUITABLE SPACES



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A Facilitator's Guide to Sexual and Reproductive Health Education for Youth with Intellectual & Developmental Disabilities

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INTRODUCTION

The Administration for Children & Families (ACF) is committed to identifying and closing gaps in program outcomes for historically underserved or marginalized populations across all ACF programs (ACF, 2022). This guide is designed to provide Adolescent Pregnancy Prevention (APP) Program facilitators and other sexual health educators information and resources to advance equity for youth with intellectual and developmental disabilities (IDD) via delivery of high-quality sexual and reproductive health education and support services.

Equity in sexual and reproductive health education and services includes access to comprehensive, high-quality information about sex and sexuality, knowledge about risks and adverse consequences of unprotected sexual activity, access to care, and living in an environment that affirms and promotes sexual health (WHO, 2021). Youth with mild to moderate IDD are just as likely to be sexually active as are their peers who do not have disabilities; however, they are less likely to receive comprehensive sexual education and less likely to report using condoms or prescription contraception at their last sexual encounter (Roden et al., 2020). Youth with IDD are often at increased risk of (1) high rates of sexual activity at younger ages; (2) teen pregnancy and subsequent early pregnancies; (3) HIV and other sexually transmitted infections (STIs); (4) sexual abuse, victimization, or exploitation; and (5) misinformation (Drake et al., 2021).

This guide defines and provides an overview of IDD, describes potential barriers to delivering sexual and reproductive health education to students with IDD, provides facilitation tips and tools for working with youth with IDD, and offers additional resources to increase equitable and inclusive services for youth with IDD.

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What are Intellectual and Developmental Disabilities?

Developmental disabilities are a broad group of conditions caused by an impairment in physical, learning, language, or behavior areas and can include multiple conditions. These conditions become apparent in childhood, may impact day-to-day functioning, and usually last throughout a person's lifetime. Recommended monitoring for developmental disabilities begins in early childhood and includes conversations about the child's skills, emotions, and ability to meet developmental milestones typical for their age. Specific screening for developmental disabilities is recommended as early as 9 months old (CDC, n.d.-a).

An intellectual disability limits an individual's ability to learn at an expected level and function in daily life (CDC, n.d.-c). Signs of an intellectual disability in children can include achieving developmental milestones at a slower rate (e.g., learning to crawl, walk, or talk later than other children), speech difficulties, difficulty understanding social rules, or difficulty thinking logically (Healthy Children, 2015). Intellectual disabilities can be diagnosed through Intelligence Quotient (IQ) tests and by measuring adaptive behavior such as personal care skills or learning routines relative to same-age peers.

IDD is the term often used to describe situations in which intellectual disability and other disabilities are present (NICHD, n.d.). In 2019, an estimated 7.39 million people in the United States were living with IDD (Larson et al., 2022). Some intellectual disabilities originate before birth—caused by factors such as genetic conditions, exposure to toxins during pregnancy (e.g., alcohol, lead), and infections that occur during pregnancy (e.g., cytomegalovirus). Others happen during or soon after birth. Still other causes of intellectual disability do not occur until a child is older; these might include serious head injury, stroke, or certain infections (CDC, n.d.-c, CDC, n.d.-d). For more information on specific IDD, see the Centers for Disease Control and Prevention's [Selected Conditions in Developmental Disabilities](#).



Barriers to Delivering Sexual and Reproductive Health Education for Students with IDD

Studies have shown that adolescents with IDD often face barriers when it comes to receiving sexual health education. For example, adolescents with IDD are often seen as asexual or childlike. Caregivers' fears of sexual exploitation and abuse can also increase their levels of protection and control over an individual with IDD, affecting the individual's ability to assert self-determination, express sexuality, establish relationships, and make informed decisions about their sexuality (Brown & McCann, 2018). Sexual and reproductive health education for adolescents with IDD typically focuses on safety issues such as STIs, pregnancy, sexual assault, or sexual assault prevention (Plunkett & Laganà, 2012). However, researchers and advocates who address the needs of people with disabilities argue that comprehensive sexual and reproductive health education for this population should include more than prevention. It should include information and resources on how to make informed decisions on sexual self and sexual relationships, how to care for one's body, information about contraception, information about social norms of sexuality and consent, talking about feelings, understanding past experiences and triggers relating to sexual violence, and how to communicate needs effectively (Brown & McCann, 2018; Roden et al., 2020; Weber & Kaufman, 2021).

A lack of training and/or appropriate resources and tools about sexual and reproductive health for adolescents with IDD challenges educators' ability to deliver information and concepts in a way that adolescents with IDD will understand. The following are specific strategies and resources you can use to enhance your programming with this population. For additional information about strategies for working with youth who have two common IDD, Autism Spectrum Disorder (ASD) and Down Syndrome, see [Appendix A](#) and [Appendix B](#), respectively.



BEST PRACTICES FOR WORKING WITH YOUTH WITH IDD

Every sexual and reproductive health educator must work to meet the needs of a diverse population of students with varying abilities and challenges, including students with IDD. To assist educators in this effort, this section offers points to keep in mind when educating youth on sexual health topics. Many of these considerations also apply to youth without IDD, but they may have heightened relevance when working with youth with IDD. The subsequent section provides educators with specific adaptations that can be used to deliver content, assess learning, and aid in managing the behavior of students with IDD. These modifications will increase the likelihood that students with IDD will grasp sexual health content that:

1. Empowers them to make decisions about their own bodies.

2. Helps them identify appropriate boundaries.

3. Recognizes their right to have fulfilling and happy relationships.

Remember to meet youth with IDD where they are.

Youth with IDD have historically been left out of sexual health education, which will affect your starting point.

TIP

Teach youth with IDD about sexual and reproductive systems as a starting point, before addressing topics such as consent and relationships. Gradually escalate to more advanced topics once the fundamentals are understood (Kayser et al., 2018).

Get to know the individual needs of students.

Each student's disability impacts them differently; there is no "one size fits all" approach to educating students with IDD.

TIP

Learn as much as you can about each young person with whom you work, including their families, cultural traditions, and specific disabilities (Advocates for Youth, n.d.). Be aware of what information and skills youth have already learned and build on those to deliver developmentally appropriate material throughout adolescence.

Promote pro-social behaviors.

Youth with ASD or attention-related, intellectual, or learning disabilities often struggle with social skills because they have difficulty distinguishing feelings and recognizing and understanding verbal and nonverbal expressions. This results in difficulty maintaining eye contact, communicating with peers, respecting others' personal space, and expressing appropriate behaviors for the settings they are in (Digioia, n.d.).

TIP

Post expectations for appropriate behavior in visible spaces on the walls, encourage group participation and engagement among peers, and provide consistent praise to students with IDD.

Teach students which types of behaviors are appropriate for public vs. private settings.

Youth with IDD often have trouble distinguishing between types of behaviors that are appropriate for public settings. This has contributed to a damaging myth that youth with IDD are unable to control their sexual urges or even that they are hypersexual (Advocates for Youth, n.d.).

TIP

When teaching sexual health content, emphasize which behaviors are only acceptable in private settings. For example, dressing and undressing should be done in private. To explain nuances, provide concrete examples and use explicit and direct language (e.g., "If you are naked or in your underwear while changing your clothes, you should do that in your room with the door closed. If you are just changing your jacket, you can do that in public.").



Emphasize setting boundaries.

Youth with IDD are more vulnerable to sexual abuse than their peers. They are less likely to have necessary information to protect themselves and make autonomous decisions about their bodies. The most recent report on crimes against persons with disabilities showed that they are 4.5 times more likely than people without a disability to be victims of rape/sexual assault (Harrell, 2021). Youth with IDD are more susceptible to sexual violence because they may not understand what is happening or have a way to communicate an assault to a trusted person. They may not know what behaviors are illegal or realize they have a right to say no, and they are rarely provided with assertiveness training. Perpetrators are often those who are known by the victim, such as family members, acquaintances, residential care staff, transportation providers, and personal care attendants (Davis, 2011).

TIP

Teach youth with IDD the characteristics of healthy and unhealthy relationships and setting and respecting others' boundaries—empower them to seek help when faced with unwanted sexual advances. Use role play supported with scripts, interactive exercises, and short videos with simple graphics to provide one-on-one individualized support (Kayser et al., 2018). These opportunities provide concrete examples of healthy relationships and allow youth with IDD to develop communication and interpersonal skills. You should also explain how to respect the space and boundaries of others.

EXAMPLE

To help students gain refusal skills, create a scenario in which they will practice saying “no” to unwanted physical contact. Prompt students to rehearse and repeat the behavior various times, discuss the experience, and provide feedback.

Respect youth's autonomy and empower them to make decisions.

Youth with IDD have feelings, sexual desires, and a need for intimacy, just like youth without IDD. They also have the right to make decisions about eventually becoming parents (Advocates for Youth, n.d.). Therefore, they must be given the necessary skills, knowledge, and support to understand their sexuality and sexual health in a responsible manner.

TIP

To help youth with IDD expand their decision-making skills and prepare them to make decisions about their sexual health, first provide them with frequent opportunities to make choices about daily activities (Kayser et al., 2018), which could include choices related to the lessons you facilitate. For example, you could provide students with “within activity” or “between activities” choices (The Iris Center, 2005, 2022):

- *Within* activities: Offer students a choice of how to complete a task. This includes choosing materials (e.g., write in a journal or type on a computer), environments (e.g., sit on the carpet or at a desk), or the order of the tasks.
- *Between* activities: Allow students to choose between two or three sub-topics related to your lesson.

Use concrete language when communicating.

Abstract concepts such as “love” can be challenging for youth with IDD. Examples should be concrete, in present tense, and almost tangible (Advocates for Youth, n.d.).

EXAMPLES

- 1 Understanding that pregnancy results in having a baby 9 months after having sex may be difficult for some youth to understand. Try explaining with the following: “Sometimes the things we do now lead to other things that happen later. If someone with a penis has sex with someone with a vagina and uterus and they don’t use contraception, a baby can start to form inside the person with the uterus. It will take about 9 months for the baby to grow inside the uterus and be born.”
- 2 Instead of asking, “How do you feel?” you may ask, using [choice boards](#) that contain visuals depicting several emotions, “Which of these pictures shows how you are feeling right now?”

Practice active listening.

Take frequent pauses during instruction to check in with students to gauge their understanding and make clarifications.

TIP

Ask students to explain their understanding of a concept you are covering. Then, repeat back what you hear them say to be sure you understand their perception. If part or all of their understanding is incorrect, you can clarify before continuing.

Re-frame sexual health education.

Ensure youth with IDD understand that decision-making regarding sexual health is a basic human right and use sexual health education as an opportunity to build youth self-confidence. Youth with IDD often feel undervalued in schools. Helping them understand their rights to make informed choices can aid in dispelling harmful myths such as that youth with IDD are childlike, dependent, and unable to control their sexuality and help them build a strong sense of self-worth (Kayser et al., 2018).

TIP

Invite youth to develop goals regarding their relationships and reproductive health by asking them to visualize or draw pictures of what they might want.

CLASSROOM ADAPTATIONS FOR YOUTH WITH IDD

This section covers adaptations you can make in content **delivery** and **assessment** to increase the likelihood that youth with IDD will benefit from your lessons. Before beginning instruction, every educator must ask themselves important questions, including, “What are the diverse and unique needs of each of my students?,” “What are the goals or objectives of my lesson?,” “What materials do I need?,” and “How will I measure success?” Asking these questions is crucial when preparing to instruct youth with IDD.

Adapting Your Delivery

Prime students for an activity ahead of time to reduce anxiety about the task ahead; however, priming may increase anxiety for some students, so it’s important to adjust your approach to the individual needs of each of your students (Dahlston, n.d.).

EXAMPLE

If you will be doing a condom demonstration in your next class, tell the students: “In our next class we will be demonstrating how to appropriately put on and remove a condom. A condom is...”

Be mindful of pace.

Students with IDD often need more time to learn and process new information.

TIP

If given the flexibility, offer the programming in shorter sessions spread over a longer period. Take breaks throughout the session. Incorporate movement (e.g., stretching or dancing) or frequent breaks into your lessons. Breaks can include using stress balls or fidget toys.

Use alternative and creative ways to deliver information.

Youth with IDD may experience delays in communicating, processing information, and handling different sensory stimuli.

TIP

Deliver information in a variety of formats such as visuals (maps, charts, drawings, pictures, dolls, 3-D models, or videos), concrete examples, and repeated verbal reminders to ensure students can easily process the material. You may be able to adapt a handout that requires reading/writing so that those are not the main tasks for youth with motor skill challenges.

Give concrete directions to minimize confusion.

Concrete directions help to minimize confusion (Dahlston, n.d.).

EXAMPLE

“Tell me how you’re feeling. Are you happy, sad, excited, frustrated, or tired today?”

Wait until students have had sufficient time to respond to a question before prompting again.

Allow 30 seconds (or another pre-determined time) before prompting again.

EXAMPLE

To help a student with IDD consider who might be a potential girlfriend/boyfriend/partner, you might ask a series of sequential questions such as:

- Can a potential girlfriend/boyfriend/partner be...
 - Someone already in a relationship?
 - Someone who has said they are not interested?
 - Someone under/over 18?

(Elevatus Training, 2018a)

Model how to complete an activity before asking students to complete it.

You can give verbal instructions while demonstrating through physical gestures or visual cues (Dahlston, n.d.).

EXAMPLES

- 1 Ask students to identify the parts of the body on a 3-D anatomical model. Start the discussion by first saying “right arm” while pointing to it on the model. Then ask students to do the same while you call out other parts of the body.
- 2 Give students a handout with two images of a youth at different ages (before and after puberty). Instruct students to circle the parts of the body that have changed. While verbally explaining the instructions, you can hold the handout up in front of the classroom and circle a body part to illustrate what students are being asked to do.

Repeat directions and give immediate feedback to reinforce learning and guide behavior.

EXAMPLE

When trying to reinforce positive social interactions in the classroom, immediately congratulate a student who decides to wait their turn to speak. You might then connect this to the classroom agreement if one of the rules involves waiting your turn to speak.

Have students categorize and organize information.

Categorizing information can help students process information at a more concrete and developmentally appropriate level.

EXAMPLE

Ask students to generate a list of what makes them feel attracted to someone else. After presenting the list on an easel or poster, invite students to circle items they think are specific to friendships in one color and circle items appropriate for partners or romantic relationships in another color. Explain to youth, “Many of the things we want in a partner are the same as what we want in a friend,” and “these [circled in specified color] are the extra feelings we feel for this person. Sometimes people say that a sexual romantic relationship is a friendship plus these extra feelings.” Teachers can also present students with pictures of people expressing their feelings for one another and ask them to discuss which examples they think are friends or family and which are romantic relationships (Elevatus Training, 2018b).



Use scripts, social narratives/stories, and conversation starters.

These help students understand appropriate behaviors for different settings by observing how the ending turns out for the characters in the story. Teach problem-solving by using stories that involve youth like your students as protagonists who are overcoming a challenge or conflict. Simple stories can help your students better understand appropriate behaviors for different settings by recalling how the ending turned out for that character.

EXAMPLE

You share a story with your students about a teen who is attracted to a classmate. Your students learn how the teen in the story navigates telling the other person she likes them and how they discuss boundaries around physical touch.

Facilitate peer connection.

Allow students to speak with each other about their experiences. Youth with IDD can feel alone and may have few opportunities to receive advice from other peers with IDD (Kayser et al., 2018).

TIP

Incorporate cooperative activities into sexual health lesson plans to allow peers to work together.

TIP

Create a social environment that fosters respect and positive interactions between the youth with IDD and their typically developing peers (Holtz et al., 2004).



Adapting Your Assessment

Youth with IDD benefit from a variety of adaptations that enable educators to assess their content knowledge and learning progress more accurately. Below is a short list of accommodations you can make when assessing content knowledge and learning progress for youth with IDD (Center for Parent Information & Resources, 2010; TeacherVision, n.d.).

- **Provide presentation accommodations** such as using non-print (e.g., auditory, multi-sensory, tactile, visual) modes to present assessment information (i.e., test content). Use verbal prompts to help students maintain focus during a test, redirect students who become distracted, and clarify instructions for students who do not understand.
- **Provide response accommodations** that allow students to complete activities, assignments, and assessments in a variety of ways or solve problems using an assistive device or organizer.
- **Provide setting accommodations** such as a testing environment free from distractions or the ability to use an object as a marker to keep one's place on a page of text.
- **Provide timing and scheduling accommodations** such as increasing the length of time allowed for completing an assessment or assignment, scheduling assessments for a specific time of day, or incorporating movement into assessments.

EXAMPLES

Common response accommodations include:

- 1 Allow students to respond verbally to assessment items.
- 2 Assess learning through role play, games, and interactive exercises that simulate real-world situations to give youth an opportunity to show what they've learned.
- 3 Allow students to use reference materials such as dictionaries, glossaries, or spell check apps while taking a test.
- 4 Allow students to use pencil grips if they have fine motor challenges.
- 5 Provide students with special paper such as wide-ruled or graph paper if they have visual-motor challenges.



CONCLUSION

Youth with IDD have historically faced many barriers to receiving sexual health information that recognizes their bodily autonomy and that empowers them to make their own decisions about relationships and sexuality. Common myths and stereotypes, such as beliefs that youth with IDD are hypersexual or childlike, have left them out of important conversations about their sexual health.

Sexual health educators who provide instruction to youth with IDD are encouraged to adopt approaches tailored to the needs of youth with IDD. Key topics include what makes for healthy relationships, proper boundaries and consent, private vs. public behaviors, and basic anatomy. Employing best practices when providing instruction to and adapting delivery and assessment for youth with IDD increases the chances that they will retain sexual health information and empowers them to make safe and confident choices regarding their sexual health.



APPENDIX A

Strategies for Serving Youth with Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is a developmental disorder that impacts an individual's social interactions, reciprocal communication, and sensitivity to stimuli. Difficulty processing and understanding social cues often makes developing friendships with classroom peers challenging. Teachers can mitigate these effects by educating other students in their classroom about autism. Research has shown that this increases positive attitudes, understanding, and greater acceptance of students with autism (Holtz et al., 2004).

In the *American Psychiatric Association's Diagnostic Manual of Mental Disorders, 5th Edition* (DSM-5), people diagnosed with autism are evaluated based on their traits and the severity in which they exhibit them under two domains:

- Deficits in social communication and social interaction.
- Restricted repetitive behaviors, interests, and activities (RRB).

Traits in both domains must be present for someone to receive the autism diagnosis. Youth with ASD may have trouble distinguishing between relevant and irrelevant details. Because they often struggle to switch lines of reasoning and transition from one task to another, they may need several strategies and tools to assist them. Consider using some of the following supports:

- Provide students with a map of the school or location.
- Provide students with a list of teacher and classroom expectations kept in a common place. When possible, include students in creating the list.
- Give students sample models of assignments.
- Seat students in low traffic areas of a classroom.
- Have students use earplugs or comfortable headphones (when appropriate) to address sensitivity to sounds.
- Have students use sunglasses or use lower levels of light to minimize sensitivity to light.

You may also consider giving these students a “home base,” a private place they can go to plan their day, escape their environment if they start to feel stressed, or regain control after intense stimulation (Holtz et al. 2004).

Youth with ASD can vary significantly from one another. Their levels of independence and need for support are categorized as:

- Level 1 – Requiring support.
- Level 2 – Requiring substantial support.
- Level 3 – Requiring very substantial support.

This guide primarily addresses best practices sexual health educators can use with youth needing Level 1 supports who may be integrated into a class with neurotypical youth. Youth needing Level 1 supports may have similar needs to those of students previously identified as having Asperger’s Syndrome. Although the clinical terminology has changed, the term “Asperger’s Syndrome” is still commonly used and accepted. Students with Level 1 ASD may have average to above-average intelligence and be able to speak fluently in full sentences but have difficulty carrying out reciprocal conversations with others because of their failure to understand context or nuance and therefore may have trouble making friends. Students with Level 1 ASD often do exceptionally well learning topics of special interest to them. Therefore, teachers can capitalize on opportunities to incorporate those topics into the curriculum. Lastly, finding small opportunities to give these students the ability to choose between multiple options can feel empowering and strengthen their problem-solving skills. For example, you might allow the youth to choose between two different projects for assessing their knowledge about a topic (Savage & Adreon, 2017).

Youth with Level 2 ASD may exhibit repetitive behaviors and have more difficulty adapting to changes in their routine. These youth may need school accommodations that include help with writing, reading, and social interactions.

Repetitive behaviors and difficulty adapting are heightened in students with Level 3 ASD who are often nonverbal or use only a few words (The Place for Children with Autism, 2023). These youth may need more comprehensive supports at a greater frequency. Additional supports for youth at Level 3 might include a speech-generating device or picture exchange communication system (Loving, 2022).







APPENDIX B

Strategies for Serving Youth with Down Syndrome



Down Syndrome is a developmental condition in which a person has an extra chromosome. This may impact the physical and cognitive development of a child, often leading to lower IQ and delayed speech (CDC, n.d.-b). These youth may have trouble with standardized tests, problem-solving tasks, reading, writing, speech, and memory. They may also have trouble with social and practical skills. In addition to teaching about the physical aspects of sex and reproduction, educators can help youth with Down Syndrome navigate decision-making about relationships and sexual behaviors. Appropriate content should help students with Down Syndrome understand their bodies, emotions, and behaviors. Information about sexuality should be factual and realistic. It should also teach students social norms for behavior and how to take personal responsibility when acting out of line with those norms (NDSS, n.d.).



RESOURCES

- Family and Youth Services Bureau: [Personal Responsibility Education Program \(PREP\) Services for Youth With Disabilities](#)
 - Tip sheet with resources and research for educators working with youth who have various kinds of disabilities
 - Topics include tips for educators to keep in mind, barriers to abstinence and contraceptive education, developing healthy relationships, and educational implications and strategies
- Family and Youth Services Bureau: [Teaching Students with I/DD about Sexuality and Healthy Relationships](#)
 - This webinar explores specific issues that students with IDD face and shares practical tools and skills for teaching this population about healthy sexuality
- Organization for Autism Research: [Sex Ed for Self-Advocates](#) 
 - A sexuality and sexual health education resource written for autistic people aged 15 and up
 - Topics include public vs. private places, puberty and the body, healthy relationships, consent, dating 101, sexual orientation and gender identity, readiness for sex, sexual activity, and online relationships and safety
- Multnomah County Health Department: [In Their Own Words: Guidelines for Supporting the Sexual Health of Young People Experiencing Intellectual/Developmental Disabilities](#) 
 - Guidelines leading to recommendations supporting the sexual health of young people experiencing IDD
- Ariel Henley, *Teen Vogue*: [Why Sex Education for Disabled People Is So Important](#) 
 - Article describing the importance of sexual health education for individuals with various kinds of disabilities (physical and intellectual)
 - Addresses common assumptions that the general public hold (e.g., those with disabilities aren't viewed as sexual beings)
- CommunicateHealth: [Creating Inclusive Sexual Health Content: Part 2](#) 
 - Tips on how to create inclusive sexual health education resources
 - Includes different aspects that may affect people's sexual experiences (e.g., chronic pain, mobility, and sensory issues)

- National Council on Independent Living: [Sex Ed for Individuals with I/DD](#)
 - A series of ten videos created by the National Council on Independent Living
 - Topics include what sex is, what gender is, what a healthy relationship looks like, how someone can get pregnant, and how to protect yourself against sexually transmitted diseases and infections
- Association of Maternal & Child Health Programs: [Disability Rights and Sexual Health](#)
 - Dismisses common stereotypes that deny the sexual needs of people with disabilities and discusses the importance of sexual health education for people with disabilities
- Association of Maternal & Child Health Programs: [Sex Ed for Young Adults with I/DD](#)
 - Importance of sexual health education for individuals with IDD
 - Suggestions for how and when to have conversations about sexual health
- Advocates for Youth: [Sexual Health Education for Young People with Disabilities: Research and Resources for Parents/Guardians](#)
 - Fact sheet with resources and research for parents/guardians of young people with disabilities
 - Topics include what is a disability, are disabilities common among young people, sexuality and disability, parent/guardian concern for sexual health education and their young person with a disability, general guidelines for parents/guardians, and talking to your young person about their sexuality and sexual health
- The Ohio State University, College of Education and Human Ecology: [When the School Bus Stops Coming: Young Adults with IDDs](#)
 - This podcast hosted by The Ohio State University discusses how individuals with IDD and their families can navigate the next steps as they graduate from high school
- Fritz and O'Hare Associates: [Along the Way: A Guide for Adolescents and Young Adults with Intellectual and Developmental Disabilities](#)
 - This guide covers topics such as special education eligibility and policies; individualized education programs; transition planning; resources for employment, community living, health; financial planning; and legal advocacy
- Navigate Life Texas, Texas Health and Human Services: [Teenagers with Disabilities](#)
 - Tips for parents on navigating changes for youth with IDD as they enter the teen years
- Massachusetts Department of Public Health & Massachusetts Department of Developmental Services: [Healthy Relationships, Sexuality and Disability](#)
 - Topics include talking tips for parents, puberty and human development, general sexuality education, social skills and relationship development, sexual orientation and identity, sexual health and human rights, and sexual abuse prevention

- Center for Parent Information and Resources: [Sexuality Education for Students with Disabilities](#) 
 - This resource addresses the development of sexuality among children with disabilities
- University of Florida, Center for Autism and Related Disabilities: [Visual Supports](#) 
 - This resource provides strategies for visual supports, including objects, photographs, picture symbols, daily schedules, and choice boards that can be used in the classroom to take advantage of visual strengths of youth with IDD and improve students' understanding and ability to communicate

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 Family & Youth Services Bureau



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