

# Happy Valentines



## FEBRUARY 2021

### Woodall GNETS Newsletter

The Woodall GNETS Program  
 1822 Shepherd Drive, Columbus, Georgia 31906  
 706-748-3166 Office  
A community of lifelong learners, responsible citizens,  
 and champions of success!

**Valentine's Day February 14**

Valentine's Day is February 14. Find adjoining pairs or trios of numbers that add to 14. Circle each one that you find. Each pair or trio must be in a line vertically or horizontally. Once a number is used, it can't be used again.

3	9	2	8	6	3							
3	11	1	12	7	7	2	5	6	8			
5	9	3	2	7	6	3	7	4	3	5	1	
6	3	8	4	2	5	9	2	3	8	3	9	11
8	2	4	10	5	3	7	5	3	6	1	5	8
5	4	3	9	2	3	2	8	4	10	6		
7	6	1	4	6	4	7	3	9	2	3		
8	5	1	6	7	7	11	1	2				
8	1	5	5	1	2	11						
12	3	6	4	4								
2	3	9										

Play Valentine's Day February 14 With a Friend

On a new copy of this sheet - take turns to circle a pair or trio that adds to 14. The last player who can circle a pair or trio is the winner.

"Be a bush if you can't be a tree. If you can't be a highway, just be a trail. If you can't be a sun, be a star. For it isn't by size that you win or fail. Be the best of whatever you are."

Dr. Martin Luther King Jr.

### Woodall GNETS Mission Statement

To create a climate of cooperation and socio-emotional competence through explicit modeling of behaviors and expectations for students and staff.

Message from Mrs. L. Thornton -

Director

Parents/Guardians:

We have moved into our 2nd semester and so far school is operating smoothly.

Your continued cooperation in having your child wear a mask each day and practicing social distancing is greatly appreciated.

“We look forward to continuing to serve you and we pray for the safety of all during these challenging times.

If you have any questions or concerns in regard to the Woodall GNETS Program, please do not hesitate to contact me via phone or email:

Phone: (706)748-3166 Office

E-Mail: [Thornton.Lachrista.S@muscogee.k12.ga.us](mailto:Thornton.Lachrista.S@muscogee.k12.ga.us)



February's 28 days date back to the second king of Rome, Numa Pompilius. Before he became king, Rome's lunar calendar was just 10 months long. It began in March and ended in December. At the time, Romulus, the first king of Rome, and his people found the time between December and March to be unimportant because it had nothing to do with the Harvest.



When Numa Pompilius took reign, he decided to make the calendar more accurate by lining it up with the year's 12 lunar cycles. The new 355-day year needed two additional months to make up for the lost time. So he added January and February to the end of the calendar.

After a few years of using the Numa Pompilius' new 355-day calendar, the seasons and months began to fall out of sync. In an attempt to realign the two, the Romans added a 27-day leap month as needed.

Because the leap month was inconsistent, this too had its obvious flaws. In 45 B.C., Julius Caesar commissioned an expert to create a sun-based calendar like the one the Egyptians used. The Julian Calendar added a little more than 10 days to each year, making each month either 30 or 31 days long, except for February. To account for the entire 365.25 day-long year, one day was added to February every four years, now known as a "leap year." During most years, this left February with just 28 days.

# NOTICES



- ♦ Tuesday, February 3 - Early Release Day (11:00am)
- ♦ Friday, February 5 - Progress Reports
- ♦ Monday, February 15 - Presidents' Day (No school)



## Notes from the Desk of: Chauntell Beal – Behavioral Specialist

### Character Word for the Month—Integrity

Greetings,

This month we are celebrating Kindness. Caring, Compassion, Respect, Responsibility, Helpfulness, and Self Care. We will have activities to ensure the understanding of each topic. The students at Woodall have been extremely successful with working on their social skills using the Skill-streaming Program. This program teaches our children and adolescents the social skills necessary to lead effective and satisfying personal and interpersonal lives. It focuses on the assumption that specific social and behavioral skills are missing in the person's repertoire. Therefore, these need to be taught in a systematic, patient, and encouraging manner. The program is based on social learning theory. Parents, I encourage you to question your child about their daily social skills lessons.



As parents, we make sure our children learn how to read and write - and yet we often assume children will naturally develop skills like kindness and empathy.

You wouldn't think that you need to be teaching your kid to be kind - but, like reading and writing - Emotional intelligence doesn't come naturally to all children. Some children miss the subtle signs that they are upsetting those around them. Some children have a hard time putting themselves in other people's shoes. Some children have a hard time knowing how to be kind.

-So, how do you help teach your kids to be kind and not turn into a bully?

There are some easy steps to build empathy and kindness in your children.

### 1. Model kind behavior.

Do you make fun of strangers? Do you talk bad about your relatives or friends when they aren't there? Do you treat your spouse, pets, or even kids in a degrading fashion some times?

The apple doesn't fall far from the tree. If you tell your child to be kind, but you are modeling negative, unkind behavior - your words will have little impact on their behavior. Children do as they see - not as you tell them to do. Be a wonderful role model for your child.

Show your child respect when redirecting them or disciplining them. Speak to your spouse with kindness. Your children will learn from your example.

### 2. Highlight people's emotions around you.

If your child has a hard time reading social cues, practice a game I like to call "Guess the Feeling." Sit at a park or a mall and watch people. If you love people watching - this game shouldn't be too hard.

Find someone showing an extreme emotion - such as excitement, sadness or anger. Ask your child, "What do you think they're feeling?" Ask them to make up a story about what may be happening.

*Cont'd...*

## Switch to Amerigroup Community Care today!

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- Free Boy and Girl Scouts memberships for all ages
- Gas cards or MARTA Breeze Passes for college students
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through Amerigroup Community Care Medicaid plans.



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With these plans, you get benefits like:



Doctor Visits



Labs and Tests



Wellness Checkups and Screenings



Prescriptions and Over-The-Counter Items

You may qualify if your monthly income is less than:			
Family size	Parents and caretakers	Pregnant women	Children under age 19
Just you	\$372	\$2,393	\$2,680
You + 1 (spouse or child)	\$503	\$3,233	\$3,620
You + 2	\$634	\$4,073	\$4,561
You + 3	\$764	\$4,913	\$5,502
You + 4	\$895	\$5,753	\$6,443



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This helps children identify non-verbal clues as to how others feel and helps them put meaning behind emotions.

### 3. Reassess how you tease your children - is it demeaning, taunting or degrading?

Some families love to tease each other, but some children can't take intense teasing. Some parents do not think their teasing is cruel - but if your child reacts by crying and storming off - chances are they are feeling degraded.

Would you want your child to make fun of peers the way you are making fun of them? Some parents might think they are just "toughening up" their children or being playful, but kids will often take it out on their peers.

Children learn how to be playful by the tone their family sets. If mean spirited taunting is acceptable at home - then children will think it is acceptable elsewhere.

### 4. Point out how their behavior affects those around them.

When your child's behavior is affecting those around them - point it out. Let your child know how they are affecting others without shaming them.



An example might be something like, "You hit her and now she is so sad. Look at that red mark you left on her face. You wouldn't want her to put a red mark on your face. I would be very upset with her if she hurt you. I love you both and don't want either of you hurt."

Cont'd...

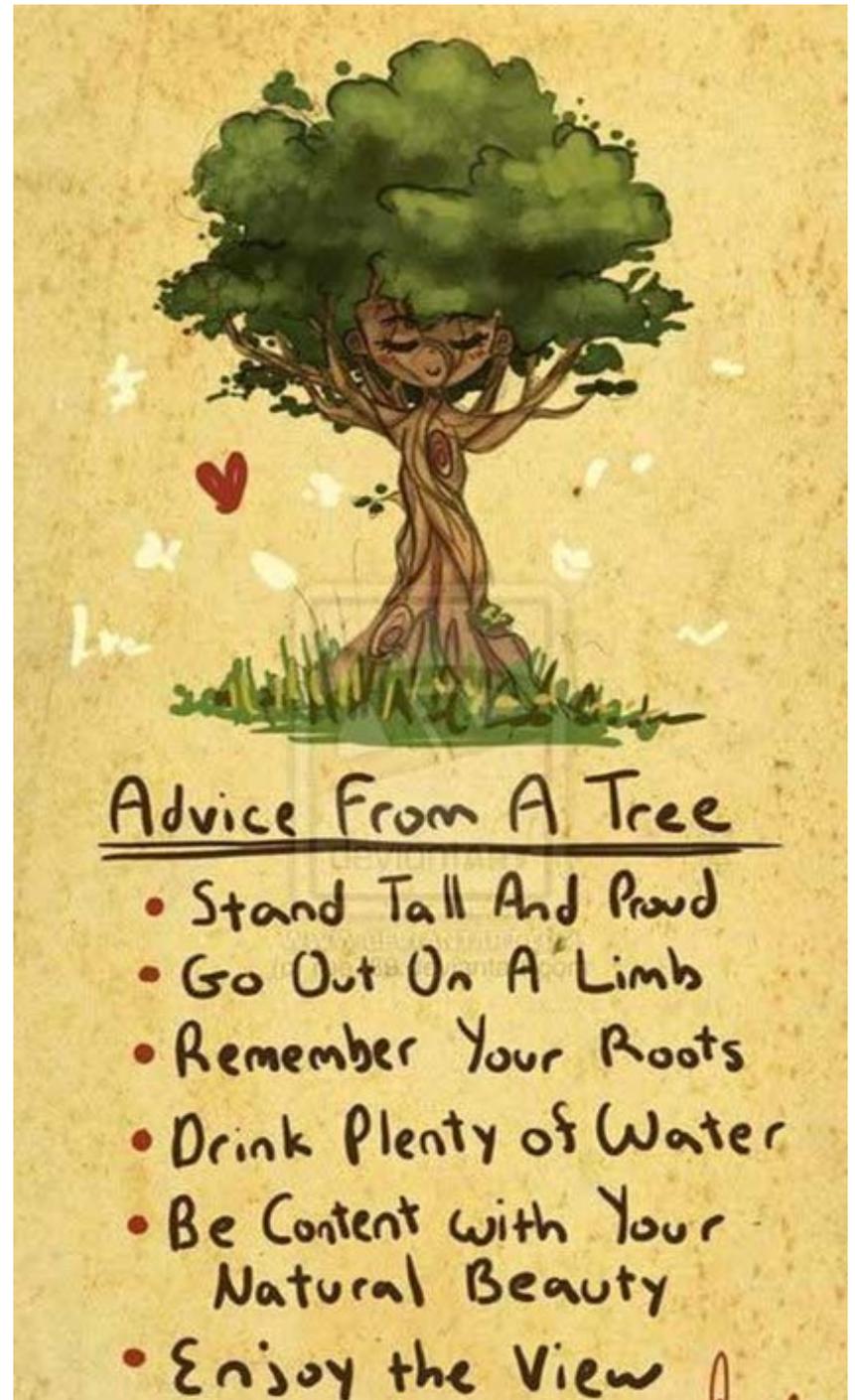
### 5. Teach your children the joys of helping others.

Be an example for your children and help strangers, friends and family. Let them know that it feels good to help others - even if you get nothing back. Set up opportunities for you to help others as a family.

Teach your child that even small acts of kindness go a long way. Express to your child why you are holding the door for another person, letting someone get in front of you in traffic or helping someone when their hands are full. Explain that it is nice to be helpful, even if the person doesn't say thank you or appreciate it. You should give to give - not give to get.

### 6. Do not let your children talk to you in a rude fashion.

If you allow your child to talk rudely to you - they might think it is acceptable to talk to others that way as well. Kindness starts at home.





## How to protect yourself from coronavirus disease 2019 (COVID-19)

**Washing your hands** is the best way to avoid getting sick:



- Wash often with soap and water for at least 20 seconds.
- If you can't use soap and water, use an alcohol-based hand sanitizer with at least 60% alcohol.



Avoid close contact with people who are sick.



Stay home when you are sick.



Avoid touching your face.



Cover your cough or sneeze with a tissue, and throw away the tissue.



Clean and disinfect items and surfaces you touch often with regular household cleaning spray or a wipe.

For up-to-date information, visit [www.myamerigroup.com/GA](http://www.myamerigroup.com/GA).

Sources:

- Centers for Disease Control and Prevention: *About Coronavirus Disease 2019 (COVID-19)* (accessed March 2020): [cdc.gov/coronavirus/2019-ncov/about/index.html](https://www.cdc.gov/coronavirus/2019-ncov/about/index.html).
- Centers for Disease Control and Prevention: *Frequently Asked Questions and Answers* (accessed March 2020): [cdc.gov/coronavirus/2019-ncov/faq.html](https://www.cdc.gov/coronavirus/2019-ncov/faq.html).
- Centers for Disease Control and Prevention: *Handwashing* (accessed March 2020): [cdc.gov/handwashing](https://www.cdc.gov/handwashing).

GA-MEM-1687-20

**Notes from the Desk of:  
Dr. Vytoris Sanford – Instructional Specialist**

**Why is it important that we require students to read for 20 minutes each day?**

How important is daily reading? Would you like to be exposed or have your child exposed to 1.8 million words a year? Most educational facilities requires all students to read for 20 minutes each



night at home. Why? Common sense would say and research has found that good readers naturally spend more time in daily reading. Exposure to reading is important in developing vocabulary for fluency and comprehension. Students who scored 90% better than their peers on reading tests, read for more than 20 minutes a day - exposing them to 1.8 million words a year.

Students who scored at fifty percentile, read on average only 4.6 minutes a day - exposing them to 282,000 words per year.

Students in the ten percentile for reading, read less than 1 minute per day - exposing them to 8,000 words per year. (It would take them one year to read as many words as what a good reader would read in two days.) So please encourage your child to read for at least 20 minutes each day.

**Black History Month Word Search**

F T C P U L R S K N A M B U T A V L G F  
 S U D E P W H L W O Z P T R T K W I P P  
 N U O H F C U A G S S U B K H H W V X O  
 E D K S R L Z V D N F W K I N G A I P A  
 W T J A R I G E N I O Z K S U P R C Y B  
 O C M F M V W R O B Y R J J T Q A E O V  
 B L U E S I M Y I O J N T V L H W R A Z  
 M R O O I C A D T R A O M S U W G C K N  
 C O M F C U N W A O Z I F Z M Q I I C S  
 A G D Q A H K O P E Z T E Z K R M U R M  
 R R G E R G M R I A E A E D F O A I R H  
 V E E T E P K C C T O G J A L B R N J P  
 E E Q Q H R L K N G A E E Y N I L O L R  
 R N F K U J F P A L E R F K G W B I L U  
 N F A T Y A B D M H N G G H S O X T Y P  
 D I K R E V L O E K Q E T E Y U Y I Z L  
 X E Q U V O T I N G V S C C T P T L Y J  
 G L X T B K L S T D U B O I S N C O H M  
 L D N H L A L H Q Y O T P R P V I B X S  
 W P S O U L H I J I T U V D A K O A G Z

- |             |          |              |
|-------------|----------|--------------|
| ABOLITION   | AFRICA   | ALI          |
| ARMSTRONG   | ASHE     | BLUES        |
| BOYCOTT     | BUS      | CARVER       |
| CIVIL       | RIGHTS   | CIVIL        |
| WAR         | DUBOIS   | EMANCIPATION |
| EQUALITY    | FREEDOM  | GREENFIELD   |
| INTEGRATION | JAZZ     | JIM          |
| CROW        | MARCH    | KING         |
| OWENS       | PARKS    | RACISM       |
| RIGHTS      | ROBINSON | SEGREGATION  |
| SLAVERY     | SOUL     | TRUTH        |
| TUBMAN      | TUSKEGEE | VOTING       |





## WOODALL GNETS PBIS FRAMEWORK



### What is School-wide PBIS?

School-wide positive behavior intervention and supports (SW-PBIS) is a system of tools and strategies for defining, teaching, acknowledging appropriate behavior, and correcting inappropriate behavior. It is a framework for creating customized school systems that support student's outcomes and academic success.

SW-PBIS is for the whole school. It is preventative and changes the paradigm of focus from negative behaviors to positive expectations and interactions.

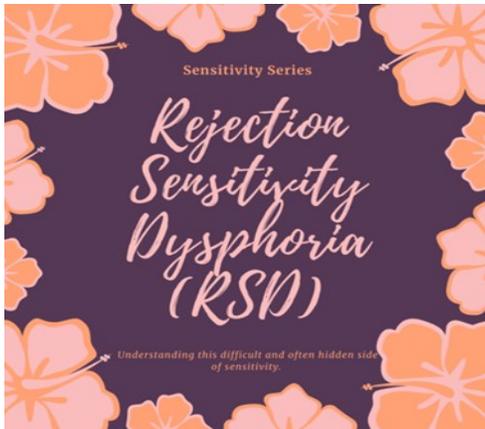
### **There are four main elements in SW-PBIS**

1. Customized practices to support student behavior, such as defining and teaching appropriate behavior.
2. Systems of support for educators in the school; such as school-wide behavioral expectations, indicators, and coaching.
3. Data-based decision making, which is the corner stone of the behavior problem-solving process.
4. And, the combination of these enable school-wide outcomes which promote social proficiency and academic success.

**Dr. Vytoris Sanford—Instructional Specialist**

Notes from the Desk of:  
Dr. Leon Rodgers, EdD, MSW, MHDL  
Forensic / Licensed Clinical Social Worker

## REJECTION SENSITIVE DYSPHORIA

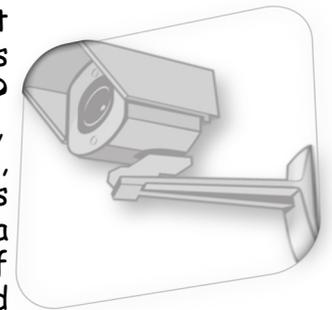


Rejection sensitive dysphoria (RSD) is extreme emotional discomfort triggered by perception - not necessarily reality - that a student with ADHD (attention deficit hyperactivity disorder) or ASD (autism spectrum disorder) has been

rejected, shamed, or criticized. Most students who have ADHD or ASD are very sensitive to what other people think or say about them. RSD is not a formal diagnosis listed in DSM-5 (Diagnostic and Statistical Manual of Mental Disorders), but, rather, one of the most common and disruptive manifestations of emotional dysregulation - a common but often misunderstood symptom of ASD or ADHD.

Dysphoria means unbearable: its use emphasizes the severe emotional discomfort suffered by students with RSD when encountering real or perceived rejection, criticism, or bantering (i.e., good-natured or cruel teasing). When the psychological response to RSD is internalized, it can imitate major depression, complete with suicidal ideation that is often misdiagnosed as rapid cycling bipolar disorder.

2. Did you know that the first home security system was invented by a Black nurse? **Marie Van Brittan Brown**, although a full-time nurse, recognized the security threats to her home and devised a system that would alert her of strangers at her door and contact relevant authorities as quickly as possible. Her original invention consisted of peepholes, a camera, monitors, and a two-way microphone. The finishing touch was an alarm button that, when pressed, would immediately contact the police. Her patent laid the groundwork for the modern closed-circuit television system that is widely used for surveillance, home security systems, push-button alarm triggers, crime prevention, and traffic monitoring.



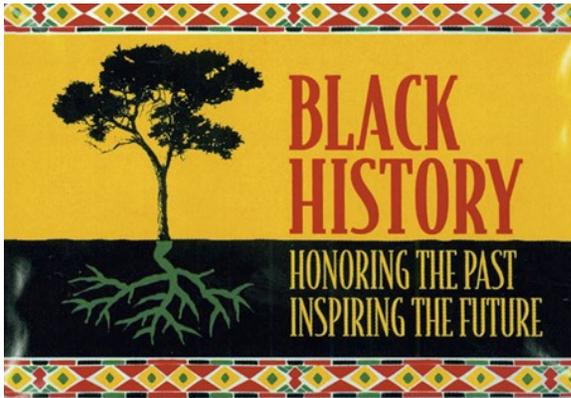
3. Did you ever enjoy water gun fights? Well, **Lonnie Johnson** is the man that gave us the most famous water gun - the Super Soaker. Lonnie wasn't a toymaker, he was actually an Aerospace Engineer for NASA with a resume boasting a stint with the US Air Force, work on the Galileo Jupiter probe and Mars Observer project, and more than 40 patents - but it's the squirt gun he created that has given us all the most joy.



4. If you ever enjoyed an animated Gif on the web, then you have **Lisa Gelobter** to thank. Gelobter was integrally involved with the advent of Shockwave, a technology that formed the beginning of web animation. She also played a major role in the emergency of online video and later serving on the senior manage-



## What is Black History Month and why is it celebrated?



Black History Month is an annual celebration of **achievements by African Americans** and a time for **recognizing the central role of blacks in U.S. history**. The event grew out of "Negro History Week," the brainchild of noted historian Carter G. Woodson and other prominent African Americans.

## DID YOU KNOW?

Did you know that many of the products we use every day were created by black people? Here's a list of a few of them that, until now, you probably didn't know about.

1. **Dr. Shirley Jackson** is an American physicist who received her Ph.D. from the Massachusetts Institute of Technology in 1973. She was the first African-American woman to earn a doctorate in nuclear physics at MIT. In addition to her lengthy list of academic achievements, she also has an impressive number of inventions under her belt. Her experiments with theoretical physics paved the way for numerous developments in the telecommunication space including the touch-tone telephone, the portable fax, caller ID, call waiting, and the fiber-optic cable.

However, when the psychological response is externalized, it tends to manifest as sudden, impulsive rage directed at either the person or situation responsible for the student's intense emotional discomfort/reaction.

Students who have RSD sometimes work hard to make everyone like them. Or they might stop trying and stay out of any situation where they feel they might get emotionally hurt. This social withdrawal can look like Social Anxiety Disorder (or Social Phobia), a severe fear of being embarrassed in public, at school or in social settings. RSD can affect relationships with family members, teachers, and peers. The student's belief that he or she is being rejected can turn into a self-fulfilling prophecy, i.e., people the student misperceives as rejecting him or her may begin to do so for real.

While RSD is not included in the DSM-5 as a characteristic for ASD or ADHD, severe trauma - abuse or neglect - can worsen RSD symptoms. Similar to ASD or ADHD, students with RSD overreact to external stimuli. Any sense of rejection can set off their stress response and cause an emotional reaction that can be extreme and persistent. The rejection that coincides with RSD activates the same parts of the brain as physical pain. Students with RSD are hypersensitive to the possibility of rejection, and can sometimes perceive that they are being rejected far more often than they actually are.

Students with RSD have a strong emotional reaction to negative judgments or criticism, which often can lead to discontent and rumination (continuously thinking about the same thoughts, which can make it hard for them to refocus and move forward with their day). Disproportionate to the antecedent or precipitating event, students with RSD can lash out and retain long-term, seething rage.

*Cont'd...*

Or they can easily misperceive and then exaggerate how peers, caretakers, or teachers mistreat or dislike them. They may often complain about how much peers or adults, in general, hate them, or they may bend over backward to keep themselves in others' good graces. Teachers or parents may see students with RSD as perfectionistic or extremely reactive to the slightest corrective feedback. Furthermore, students with RSD may sometimes engage in behaviors incompatible with accepted social norms, like the student who gets the cold shoulder from classmates because they yell out obscene words. Ironically, such inappropriate behavior tends to create situations where students with RSD can sense that they are being perceived as "odd," which only serves to feed and intensify their sense of exclusion and rejection.

Moreover, the tendency toward impulsivity that typically accompanies RSD can make students behave in ways that sabotage their interaction with teachers, family members, and peers. Due to their extreme distress with what they perceive as rejection, they may quit a game, say something unkind to a teacher or fellow student, or remove themselves abruptly from a situation without explanation. Since RSD is not a mental health condition listed in the DSM-5, there is no set of empirically derived criteria to determine whether a student is experiencing RSD. But teachers, parents, or clinicians can suspect RSD if certain characteristics are evident, i.e., high sensitivity toward the possibility of rejection; overly intense perfectionistic standards, easily sparked by the perception of guilt or shame; social isolation as a defense against being rejected; aggressive, rageful, out-of-control behavior toward those perceived as condemning or hypercritical; frequently feeling uncomfortable due to "not fitting in"; debilitating doubt concerning self-value that is based on what others believe; intense rehashing (i.e., rumination) of the same thoughts that follow corrective feedback about something he or she did.

Like most mental health conditions, many different paths can lead to RSD, especially since no two students are neurochemically alike, even though their presenting symptoms and resulting behavior may be similar. Concerning the interaction between RSD and the central nervous and endocrine systems (i.e., HPA: hypothalamic-pituitary-adrenal structures), HPA structures produce neurohormones that influence and regulate the student's mood, emotions, and physiological or psychological stress response to either real or misperceived events. As integrated body systems working in concert, persistent exposure to stress can lead to HPA dysregulation, which has been linked to psychopathology (most notably: conduct and mood and depressive disorders). Thus, the possibility exists that some students may be more genetically predisposed to RSD than others. But genetics alone will not lead to or prompt RSD. Social, psychological, and environmental triggers can contribute to the presentation of RSD, like growing up with overly severe perfectionistic standards; experiencing extreme rejection from significant others during childhood; being made to feel guilt or shame for normal behavior; having a disrupted or dysfunctional attachment with parents or other caregivers. Furthermore, frequent exposure to traumatic events (e.g., familial/community violence) can also hypersensitize a student with RSD to experience perceptual illusion, i.e., the misinterpretation of external sensory experiences, which can incorrectly foster beliefs that support notions of exclusion or rejection.



Cognitive Behavioral Therapy (CBT) can help students with RSD to understand their emotional reactions and triggers and how they can better manage their feelings, thus empowering them to challenge and reject untrue beliefs and accompanying labels. By learning how to challenge and dispute beliefs that are untrue, CBT can teach students how to analyze and reframe irrational, automatic, and dysfunctional thoughts and resulting beliefs that can lead them to wrongly conclude they have been excluded or rejected.

Cont'd...