
The Association For Neurologically Impaired Children

Web Newsletter

Back To School-Special Issue

Vol 08-02sp

Our Mission

Aug. 2002

“to ensure that every T.S. kid not only survives, but excels”

The President’s Corner- About this special issue

www.tsatexas.org



School issues are the toughest ones that we all deal with. The large majority of calls and requests that we get are for help in dealing with schools. So Phil Ferrara, our new executive director but longtime volunteer, decided to put out a newsletter devoted exclusively to education issues. While we certainly cannot cover every possible school issue in a newsletter, this should provide you with a “primer” to get started. Thanks to Phil for his idea and hard work putting this issue together!

There are many more resources at your disposal – free teacher trainings, free peer education, free IEP advocacy, and free advice. Please let us know if we can provide any of that support for your child.

D.J. Powers

VOLUNTEER TODAY!

AFNIC needs your support.

Volunteer assistance is critical to the success of the chapter programs and services.

Please consider giving your time weekly, monthly, or when the call comes for a big event! If not you....who?

please contact us

Terms you should know

IDEA - Individuals with Disabilities Education Act. PL 101-476 (formerly known as the Education for All Handicapped Children Act). IDEA was amended in 1997 as Public Law 105-17 and is usually just referred to as "IDEA" or "IDEA '97." This piece of federal legislation is the heart of entitlements to special education. IDEA also empowers parents as partners in their special needs child's educational planning.

FAPE -Free Appropriate Public Education. Usually referred to by its acronym (FAPE). Federal legislation (IDEA) mandates (requires) that students who qualify for special education services receive FAPE. The individual elements of FAPE are defined in IDEA, but the notion of what constitutes "appropriate" is often a source of conflict between parents and local education agencies, and is defined as much by case law as by the legislation. Historically, Hendrick Hudson v. Rowley, a 1982 U.S. Supreme Court decision, is cited as the definition of "appropriate," but there have been other cases since then.

How the process works

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1. Parents, school personnel, students or others may make a request for evaluation. If you request an evaluation to determine whether your child has a disability and needs special education, the school district must complete a full and individual evaluation. If it refuses to conduct the evaluation, it must give you appropriate notice, and let you know your rights. You must give permission in writing for an initial (first-time) evaluation, and for any tests that is completed as part of a re-evaluation.
2. A team of qualified professionals and you will review the results of the evaluation, and determine if your child is eligible for special education services.
3. If your child is not eligible, you will be appropriately notified and the process stops. However, you have a right to disagree with the results of the evaluation or the eligibility decision.

If you disagree with the results of an evaluation, you have a right to an *Independent Educational Evaluation (IEE)*. Someone who does not work for the school district completes the IEE. *The school district must pay for the IEE or show at an impartial due process hearing* (see box on the last page) that it's evaluation is appropriate.

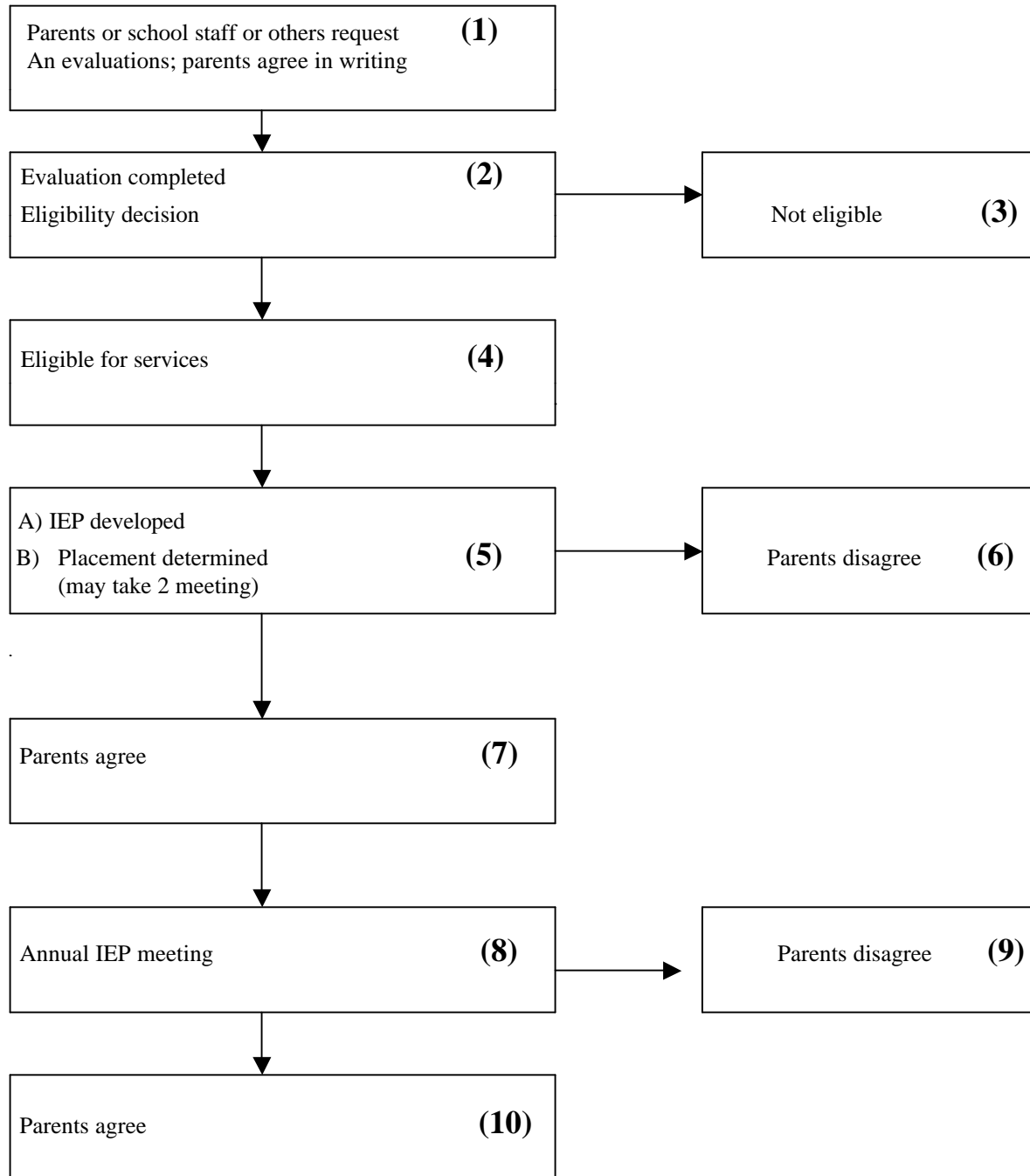
4. If you and the school district agree that your child is eligible for services, you and the school staff will plan your child's *Individualized Educational Program, (IEP)*, at an IEP team meeting. You are an equal member of this team. Some states may have a different name for the IEP team meeting. In Texas it is called an ARD (*Admission, Review, and Dismissal committee meeting*.)
5. The IEP lists any special services your child needs, including goals your child is expected to achieve in one year, and objectives or benchmarks to note progress. The team determines what services are in the IEP as well as the location of those services and modifications. At times, the IEP and placement decisions will take place at one meeting. At other times, placement may be made at a separate meeting (usually called a placement meeting).

Placement for your child must be in the *Least Restrictive Environment (LRE)* appropriate to your child's needs. He or she will be placed in the regular classroom to receive services unless the IEP team determines that, even with special additional aids and services, the child cannot be successful there. You are part of any group that decides what services your child will receive and where they will be provided.

6. If you **disagree** with the IEP and/or the proposed placement, you should first try to work out an agreement with your child's IEP team. If you still disagree, you can use your due process rights (see box on last page).
7. If you **agree** with the IEP and placement, your child will receive the services that are written into the IEP. You will receive reports on your child's progress at least as often as parents are given reports on their children who do not have disabilities. You can request that the IEP team meet if reports show that changes need to be made in the IEP.
8. The IEP team meets at least once per year to discuss the progress and write any new goals or services into the IEP. As a parent, you can agree or disagree with the proposed changes. If you disagree, you should do so in writing.
9. If you disagree with any changes in the IEP, your child will continue to receive the services listed in the previous IEP until you and school staff reach agreement. You should discuss your concerns with the other members of the IEP team. If you continue to disagree with the IEP, there are several things you can do, including asking for additional testing or an *Independent Educational Evaluation (IEE)*, or resolving the disagreement using due process.
10. Your child will continue to receive special educational services if the team agrees that the services are needed. A re-evaluation is completed at least once every three years to see if your child continues to be eligible for special education services, and what services he or she needs.

Understanding the Special Education Process An Overview for Parents

The process begins with someone (school staff, parents, etc) making a referral for an initial evaluation. General explanations of each number are referenced from the previous page.



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Key terms to how the process works

Due Process protects the right of parents to have input into their child's educational program and to take steps to resolve disagreements. When parents and school districts disagree with one another, they may ask for an impartial hearing to resolve issues. Mediation must also be available.

Mediation is a meeting between parents and the school district with an impartial person, called a mediator, who helps both sides come to an agreement that each finds acceptable.

An impartial due process hearing is a meeting between parents and the school district where each side presents their position, and a hearing officer makes the decision about what is the appropriate educational program, based on requirements in law.

School districts must give parents a copy of special educational procedural safeguards, which include the steps for due process hearings and mediation, at several stages in the special educational process. This includes when their child is first referred for an evaluation and each time they are notified of an IEP meeting for their child.

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Evaluation Evaluation Evaluation

This page based on a handout prepared Pacer Center, Inc. Minneapolis, MN. 55417

Before your child receives special education services, the Individual with Disabilities Education Act (IDEA) requires that he or she have an evaluation. An Evaluation includes information from parents, any special medical concerns, interviews with parents and school staff and special tests. The results of an evaluation will be used to determine if your child has a disability and needs special education and related services help in school. You must give your consent in writing before the first evaluation can take place.

The Evaluation:

Must be done by trained and knowledgeable persons. Must be in all areas related to the suspected disability. Is more than just one test or assessment procedure. Must be in your child's native language and not discriminate against your child.

Some questions parents can ask the school staff about the evaluation:

Why do you want to evaluate my child? What do you think you may find from the evaluation? What kind of test will you give? In what areas will my child be tested? Will the tests you use discriminate against my child based on Race? Culture? Disability? Use of language? How do you know that the tests do or do not discriminate? What will happen if my child is not evaluated? Will he or she still get some help for the problems you identify? By what date will you give me a written copy of the evaluation results? What steps should I take if I do not agree with the evaluation results?

A Good Assessment

By Philip Ferrara

I have been involved now for almost 5 years with the Chapter in many different capacities. I have a TS + son. I am a support group leader and have been answering the TS hotline some 4 years. I have found through my personal experience and that of many others with whom I have spoken that the proper assessment is the foundation needed to begin understanding and creating the proper environment for these kids to excel both at home and school.

Many parents I speak with already have the diagnosis of TS, but are unaware or haven't received a complete diagnosis of the associated disorders that usually accompany Tourette Syndrome. These are Obsessive Compulsive Disorder (OCD), Obsessive Defiant Disorder (ODD), Attention Deficit Disorder (ADD), and Attention Deficit Hyperactivity Disorder (ADHD). These associated disorders many times are more disabling than the TS.

Many parents are apprehensive to address or afraid to add labels or other disabilities to their child. These are the same parents that call me when they are in crisis over some home or school issue that involves these same associated disorders.

A complete assessment needs to be performed to make sure all associated disorders are properly diagnosed. Although the school will assess your child, they are testing more for educational issues with little or no emphasis on behavioral issues or learning disabilities. It is better to get an independent assessment. These assessments are expensive and finding the correct doctor is difficult.

I am always amazed when an assessment is given to a child who has already been diagnosed with TS+ and when I ask were breaks given during the test, was the child given notice the test was going to be given, could the child get up and walk around to release tics, the answers are "no." So, the child was given no modifications, which he needed because of his disability, and everyone is amazed he did so poorly? It is important that the test giver make these modifications to get a true assessment of your child's abilities.

Once a properly comprehensive test is given, we have a complete picture. The assessment will show the child's weaknesses and strengths and give everyone a starting point to measure progress against. I have found not knowing where, and at what level, the child is at is more frustrating than making the appropriate modifications and accommodations to help him excel.

Iowa Health Book: Psychiatry

Modifications for Students with Tourette Syndrome, Attention-Deficit Disorder and Obsessive-Compulsive Disorder

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A diagnosis of Tourette Syndrome, and the associated disorders of ADHD and OCD require that modifications be made in the classroom setting due to the neurological origin of the disorder.

Material Presentation

- Break assignments into segments of shorter tasks
 - Introduce one concept at a time, with as few words as possible, checking for understanding and having student repeat back the directions for a task
 - Provide a model of end product of directions (completed math problem, finished quiz, etc.)
 - Introduce an overview of long-term assignments (written and verbal) so student knows what will be expected and when it will be due
 - Break long-term assignments into small, sequential steps, with daily monitoring and frequent grading
 - Alert student's attention to key points with such phrases as: "This is important. Listen carefully."
 - Number and sequence the steps in a task
 - Explain learning expectations to student before beginning lesson
 - Allow student to obtain and retain information by utilizing tape recorders, computers, calculators and dictation
 - Highlight important concepts to be learned in text
 - Provide outlines, study guides, copies of overhead presentations to reduce frustration with visual-motor integration and encourage concentration on lesson
 - Shorten assignments based on mastery of key concepts
 - Provide incentives for beginning and completing material
 - Teachers need to check that all homework assignments are written down correctly, providing assistance when needed
 - Assignment sheets should be separate from behavior reports
 - Provide written and verbal directions with visuals when possible
 - Give alternative assignments rather than long written assignments
 - Modify expectations based on student's needs
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Classroom Environment

- Provide use of study carrel when necessary
- Seat student in area free from distractions, allowing ample space for motor "tics"
- Allow older student input as to seating arrangement
- Eliminate all unnecessary materials from student's desk to reduce unwanted distractions
- Use checklists to help student get organized
- Provide opportunities for movement
- Keep an extra supply of pencils, books, etc. in classroom
- Provide a duplicate set of books to remain at home during the school year
- Many persons with TS, ADHD and OCD have feelings of claustrophobia, so small rooms may cause more ticking and stress
- Allow student frequent breaks from classroom to release tics and excess energy (drinks, restroom trips, errand runner, etc.)
- Provide a quiet place for student when tics are severe
- Have an agreed-upon cue for student to leave classroom
- Develop individualized rules for student if necessary to accommodate severe impairments
- Provide flexible classroom structure according to student's needs
- Provide a quiet classroom during intense learning times
- Reduce visual distractions in classroom
- Seat student away from windows or doorway
- Provide unobstructed view of chalkboard, teacher, etc.

Time Management/Transitions

- Alert student with several reminders, several minutes apart, before changing from one activity to another (classroom changes, lesson changes, recess, lunch, etc.)
- Provide additional time to complete a task
- Allow extra time to turn in homework, without penalty
- Since many children with TS and OCD expend a large amount of energy suppressing "tics" at school, a reduction in the amount of homework may be necessary by as much as 50%
- Reduce amount of work (odd numbers vs. all problems)
- Space short work periods with breaks
- Alternate quiet and active times, allowing for transition time

Grading and Tests

- Provide a quiet setting for test taking, allowing test to be read to student, if necessary, and allowing for oral responses
- Exempt student from district-wide tests if necessary
- Divide tests into smaller sections
- Grade spelling separately from content
- Use typed tests, not cursive
- Allow as much time as needed to take tests
- Provide movement and breaks during tests
- Provide partial grade based on individual progress or effort
- Permit student to retake tests until passed
- Mark only correct answers
- Permit student to rework missed problems for better grade
- Change percentage of work required for passing grade

Behavior

- Avoid confrontations during transition times by allowing student to leave a couple minutes early; to walk with teacher at front of the line; place a responsible student behind TS student
- Seat TS student next to a responsible student to help in staying on task
- Modify school rules that may discriminate against a child with a neurological disorder
- Amend consequences for rule violations (reward forgetful student for remembering to bring pencils to class, rather than punishing the failure to remember)
- Develop an individualized behavior plan for the classroom that is consistent with the student's ability - most classroom behavior modification plans were not intended for use with children with attention, behavior or learning disabilities
- Arrange for student to voluntarily leave classroom and report to designated "safe place" when under high stress
- Ignore behaviors that are not seriously disruptive
- Develop interventions for behaviors which are annoying but not deliberate (i.e., provide a small piece of foam rubber for desk of student who continually taps a pencil on desktop)
- Be aware of behavioral changes which relate to medication or length of school day; modify expectations
- Develop a "system" or code word to let a student know when behavior is not appropriate
- TS students should not be placed in in-school suspension due to the restraints

For More information on Organization, Math, Reading Handwriting go to website below

These recommendations have been compiled by Becky Ottinger, Executive Director of the Joshua Child and Family Development Center, 13013 Fuller Ave., Ste. C, Grandview, MO 64030, Ph. (816) 763-7605, <http://www.joshuacenter.com/index2.htm>.