



Back to School: The Pediatrician's Role in Educational Advocacy for Patients with ADHD, LD, and School Performance Concerns

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Disclosures

- No financial disclosures

“Every day is a school day”



I DON'T WANT TO GO TO
SCHOOL! I HATE SCHOOL!
I'D RATHER DO *ANYTHING*
THAN GO TO SCHOOL!





School performance concerns

- Medical conditions
- Vision/hearing issues
- Sleep issues
- Normal development for age, but young for grade
- Lack of exposure to appropriate instruction
- Academic weaknesses
- Limited English Proficiency (LEP) / English as a Second Language (ESL)
- Intellectual/developmental disabilities
- Learning disabilities (LD)
- Mental health issues
 - ADHD
 - Anxiety
 - Depression
 - Adjustment concerns (issues at school, such as bullying or poor fit with teacher as well as issues outside of school, such as family stressors)
 - Disruptive behavior/ conduct issues
 - Trauma-related symptoms



Roles of PCP in educational advocacy

- Routine and targeted screening
- Identification of at-risk children who may be in need of services
- Brief assessment of concerns
- Facilitate referral
 - Explain process
 - Provide sample letter for parent to request evaluation
- Completion of forms/documentation of diagnosis
- Coordinate care with other specialists
- Communication with school with appropriate authorization from parent
- Follow-up of concerns at well visits
- Provide education and support and help dispel myths
- Empower parent to become the child's best advocate
- Suggest additional resources for services and advocacy as needed



Identification of at-risk children

- **GABS**

- **G**rades: Poor grades, repeated a grade, decline in grades
- **A**ttendance: Missing school due to medical or mental health/family issues
- **B**ehavior: Behavior issues, discipline reports, suspensions
- **S**ervices: In need of services to address a condition interfering with learning (e.g., ADHD, LD, vision/hearing impairment)



Identification of those in need of services: Caveats

- A diagnosis does not make a child eligible for services at school
- You can't write a Rx or letter for IQ testing or an IEP, but this information will be considered with other data
- Important to understand the eligibility determination process to help effectively advocate for an evaluation or services through the school
- Respect that the public schools have procedures that must be followed



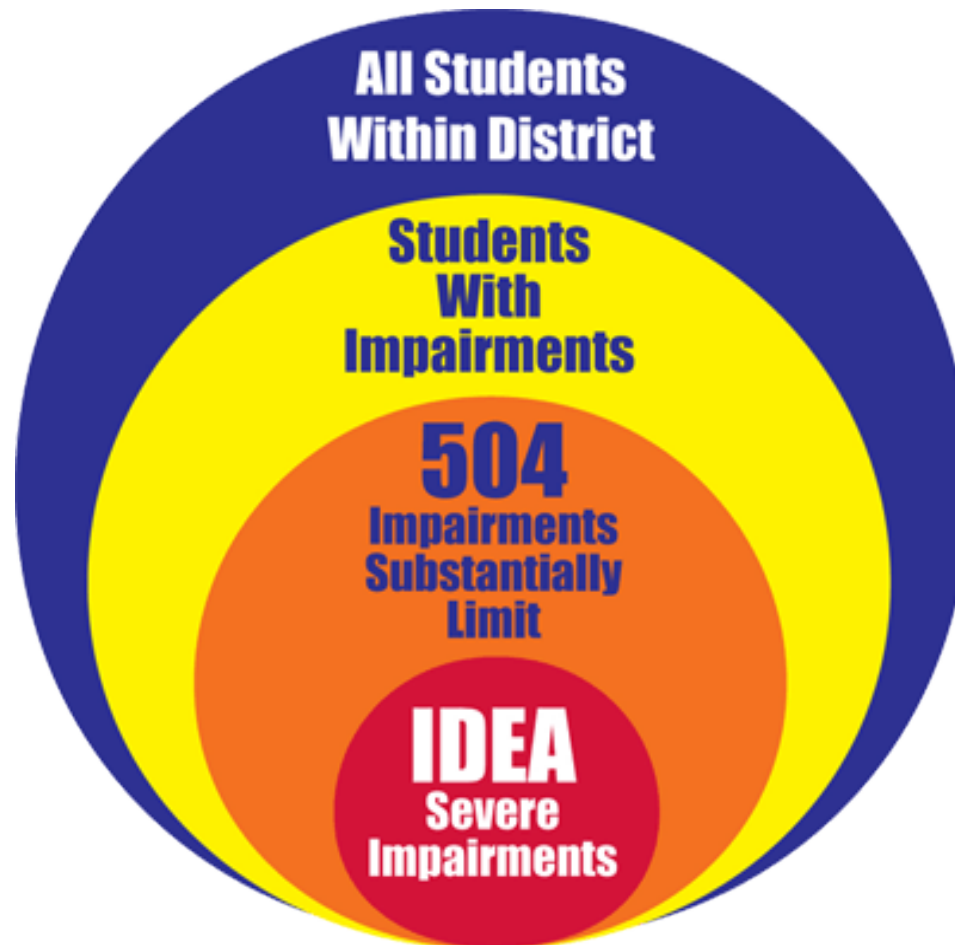
DSM-5: Symptoms of ADHD

- ≥ 6 symptoms of inattention and/or \geq symptoms of hyperactivity/impulsivity (≥ 5 if over age 17)
- Pervasive: Present in 2 or more settings
- Persistent: Present for > 6 months
- Early onset: Several symptoms present prior to age 12
- Inappropriate for developmental level
- Interfere with or reduce quality of functioning
- Not better explained by another diagnosis



Some of the possible symptoms of LD

- Substantial difficulties with basic reading, reading comprehension, oral/written expression, math calculations, or math problem solving
- Other:
 - Reversing letters, words, or numbers, after first or second grade
 - Difficulties recognizing patterns or sorting items by size or shape
 - Difficulties with learning phonics (letter-sound associations and rules) or rhyming
 - Difficulty understanding and following instructions or staying organized
 - Difficulty remembering what was just said or what was just read
 - Difficulties with gross motor coordination
 - Difficulty with fine motor skills/ tasks with the hands, like writing, cutting, or drawing
 - Difficulty understanding the concept of time
 - Difficulty telling right from left





Does a child need an IEP??

3 questions to address:

1. Does the child have a **disability**? 13 areas covered under IDEA
2. Does the child's disability have an **adverse effect** on educational performance and prevent the child from making adequate progress at school?
3. Does the child need **specially designed, individualized instruction** in order to benefit from what is being taught to make adequate progress at school?



IEP

Individualized Education Program (IEP)

An IEP is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA federal regulations and policies through which the child receives a free, appropriate public education (FAPE) in the least restrictive environment (LRE).



NCDPI policies



PARENT RIGHTS & RESPONSIBILITIES IN SPECIAL EDUCATION

Notice of Procedural Safeguards
July 2016

PUBLIC SCHOOLS OF NORTH CAROLINA
State Board of Education | Department of Public Instruction | Exceptional Children Division



DERECHOS Y RESPONSABILIDADES DE LOS PADRES DE FAMILIA EN EDUCACIÓN ESPECIAL

Aviso de Salvaguardias Procesales
Julio de 2016

ESCUELAS PÚBLICAS DE CAROLINA DEL NORTE
Junta Directiva de Educación | Departamento de Instrucción Pública | División de Niños Excepcionales



Steps in IEP process

- Pre-referral interventions
- Referral
- Evaluation
- Eligibility decision
- Development of IEP
- Delivery of services
- Progress reports
- Annual review
- Re-evaluation
- Transition planning



Other Health Impaired

- **Other health impairment** means having limited **strength, vitality, or alertness**, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—
 - (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and
 - (ii) Adversely affects a child's educational performance. [§300.8(c)(9)]



SLD

- **Specific learning disability** —(i) *General. Specific learning disability* means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.
- (ii) ***Disorders not included.*** Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage. [34 CFR §300.8(c)(10)]



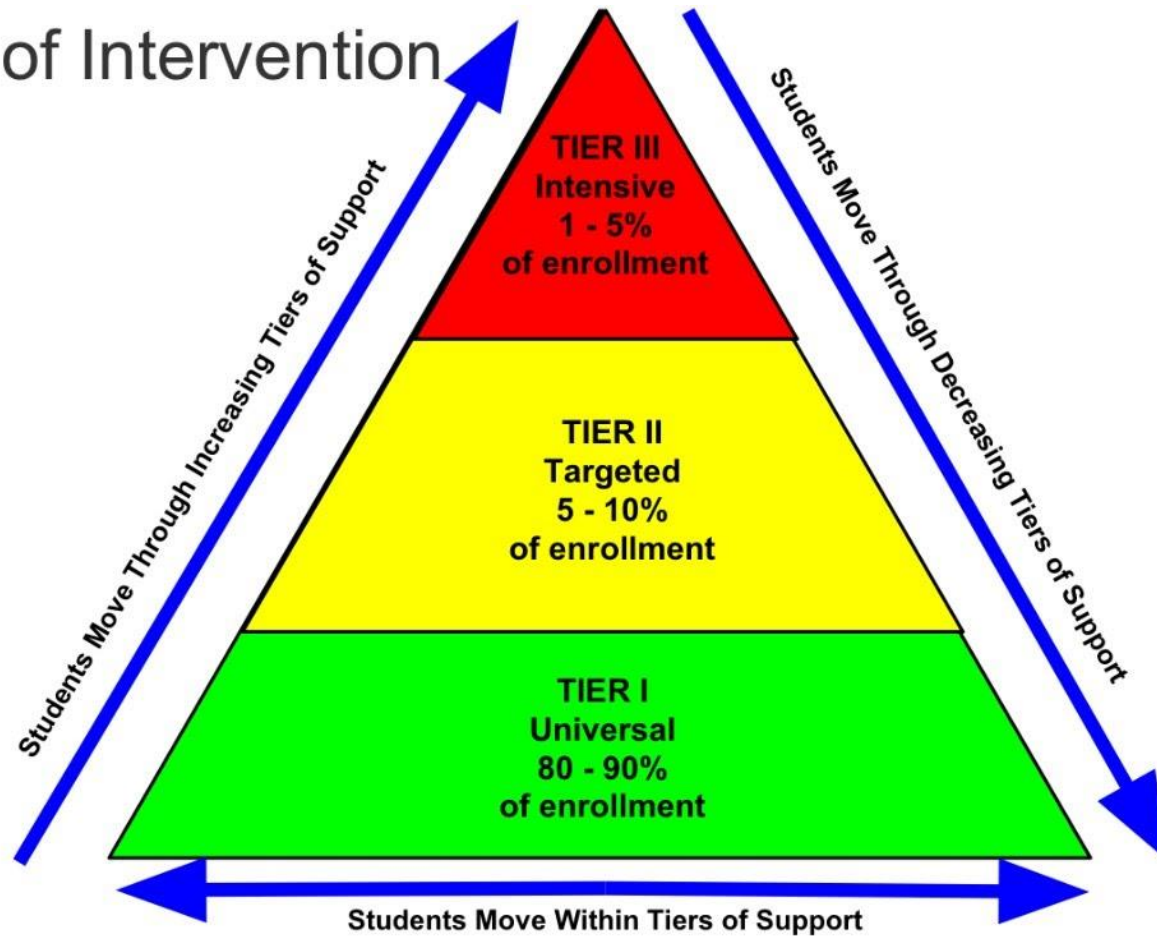
IDEA evaluation procedures for SLD

- Until recently, used a discrepancy determination approach
- IDEA now requires states adopt new criteria:
 - must not require the use of a severe discrepancy between intellectual ability and achievement in determining whether a child has a specific learning disability;
 - must permit local educational agencies (LEAs) to use a process based on the child's response to scientific, research-based intervention; and
 - may permit the use of other alternative research-based procedures for determining whether a child has a specific learning disability.
- This approach is called **Response to Intervention (RTI)**. In NC: **Multi-Tiered System of Support (MTSS)**



MTSS

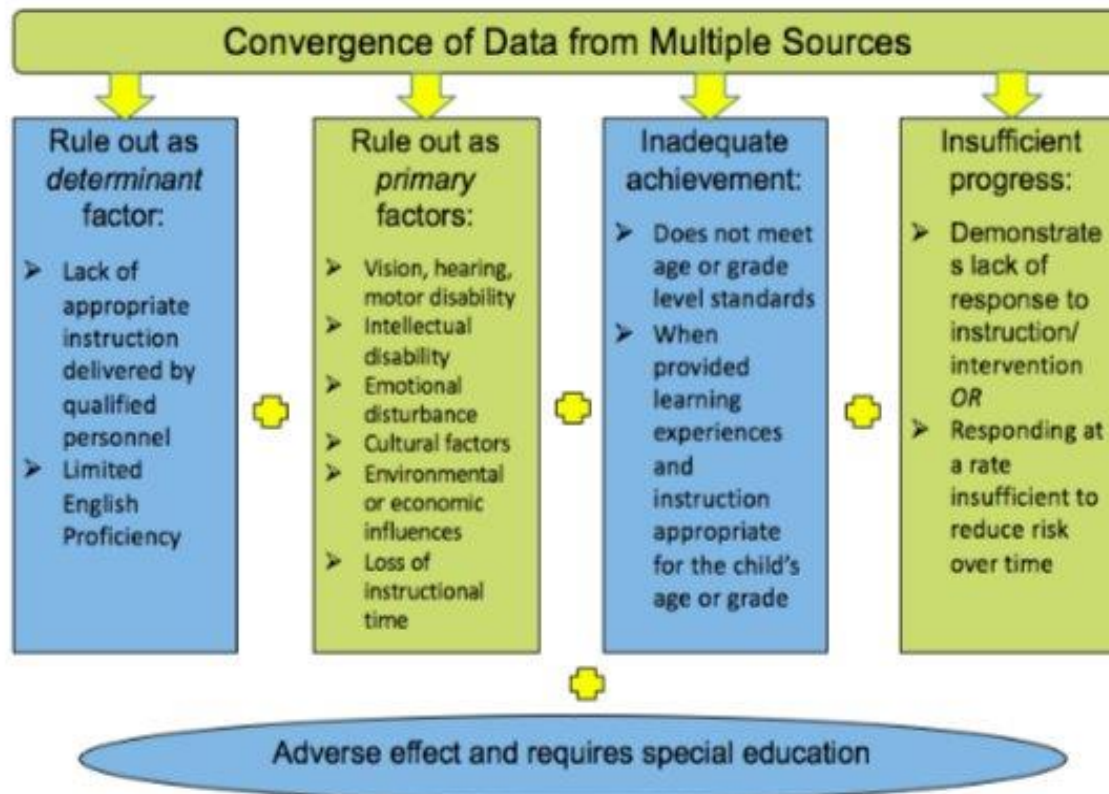
Tiers of Intervention





SLD FACT SHEET #5

On February 5, 2016, the NC State Board of Education approved the [*NC Policies Governing Services for Children with Disabilities Addendum*](#) which must be fully implemented by July 1, 2020, for the evaluation and identification of students with Specific Learning Disabilities (SLD).



This graphic provides a basic description of the criteria for determination of a Specific Learning Disability.



Does a child need a 504 plan??

- Civil rights law, not special education
- Protects individuals from being discriminated against on the basis of a disability
- Allows accommodations, but does not provide specialized, individualized services
- Primary question: Does the child have a physical or mental impairment, which **substantially limits one of more major life activities**? (includes concentrating, learning, thinking, communicating)

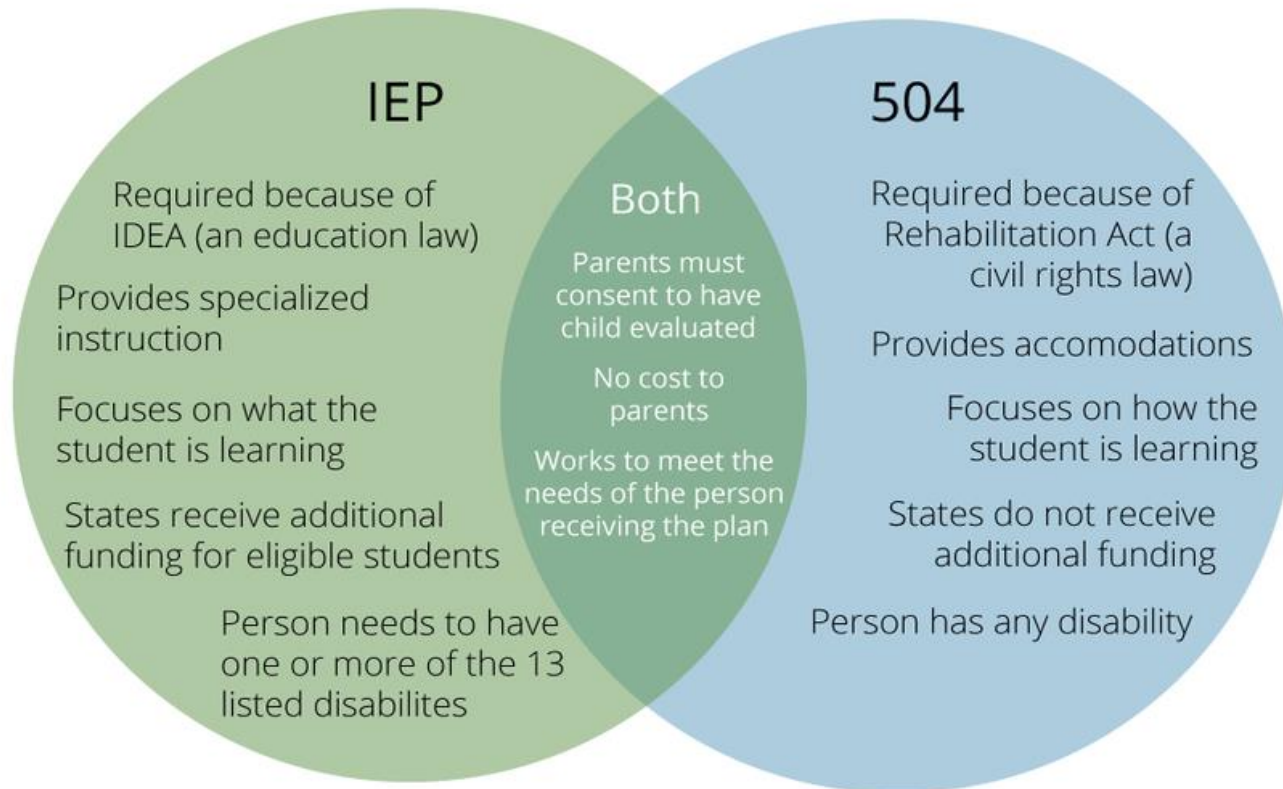


Types of Accommodations

- Presentation
- Response
- Setting
- Timing/Scheduling



IEP vs. 504 Plan





Summary of the process

- School performance concern
- Parent-teacher conference
- Classroom interventions (Tier I)
- MTSS/ RTI team referral
- Tiered, research-based interventions (Tier I, II, and III)
- Exceptional Children's (EC) Program referral
- Comprehensive evaluation
- Consider eligibility for IEP or 504 Plan or continue interventions



Does it help to write a letter?

- The special education process starts when a child is referred by a parent, a teacher, or other school personnel. While other people, like a medical provider, can express concern to the school, only parents and school personnel can begin the official referral process.
- When the school receives a written request from a parent or school personnel to refer the child, a 90-day clock starts. This means that the school has 90 days to implement interventions, evaluate the child for special education, *and*, if the child qualifies, put special education services into place for the child with an IEP. The school cannot evaluate any child without the parent's consent.
- If the school gets a communication from a medical provider requesting that the child be evaluated, the school must contact the child's parents within 30 days to let the parents know how the school will respond to the communication. The school can either propose that the special education process begin, or explain to the parent why the school staff has decided to defer.



Challenges

- Parents and providers often assume that if a child is struggling academically and performing below expected for grade, that they will qualify for an IEP
- Struggling students do not always qualify for an IEP, but can receive interventions
- Children with borderline or low average intellectual abilities will struggle in school, but they are not eligible for an IEP unless they have a disability that adversely affects their performance and requires special education



Other services that might be beneficial

- Tutoring
- Mentoring
- After school programs
- School-based, co-located mental health
- Parent/family education and engagement
 - DPS Family Academy
 - ESL Resource Center
 - Parent portal
 - Resources for free computer (e.g., Kramden Institute)
 - Online resources for study tools, testing tips, and learning apps/websites
- Sample programs: YMCA, Boys & Girls Clubs, Big Brothers/Big Sisters, Communities in Schools, Emily K Center, Student U, St. Augustine Literacy Project



Case #1

5 yo kindergarten student

- Difficulties with phonics, reading
- Reversing letters and numbers
- Parent received letter that child is performing below grade level and at risk for retention
- Parents have not had time to schedule a parent teacher conference yet
- MD wrote letter to request evaluation at school
- Also referred to rule out LD because parent preferred; parent is anxious that child will be “labeled” if evaluated through the school
- Return in 1 year for WCC



Case #1 Discussion

- Discuss normal development and issues in emerging literacy development
- Address parent's anxiety about identification
- Recommend parent-teacher conference as 1st step
- Could also explain the RTI/MTSS process and recommend that parent request referral to the MTSS team if teacher interventions do not provide enough support
- Consider follow-up in 3 months if concerns persist rather than waiting 1 year for WCC



Case #2

6 yo boy with attention, behavior, and school performance concerns

- MD recently diagnosed ADHD based on parent and teacher Vanderbilt Assessment Scale questionnaires
- Started trial of stimulant
- Suggested that parent also follow-up with school to request an IEP, but parent isn't sure the charter school has these services
- Return 1 month to continue to monitor and adjust dose
- Ongoing school performance and behavior concerns
- Refer to rule out co-existing LD



Case #2 Discussion

- Charter school is a public school
- An IEP may not be necessary; instead start with parent-teacher conference, classroom interventions (Tier I), referral to MTSS for supplemental interventions (Tier II), etc.
- LD will be ruled out through the school if Tier III intensive interventions do not provide enough support
- Needs could change with response to medication



Case #3

8 yo child in foster care with attention and school performance concerns and difficulties with emotional and behavioral regulation and sleep

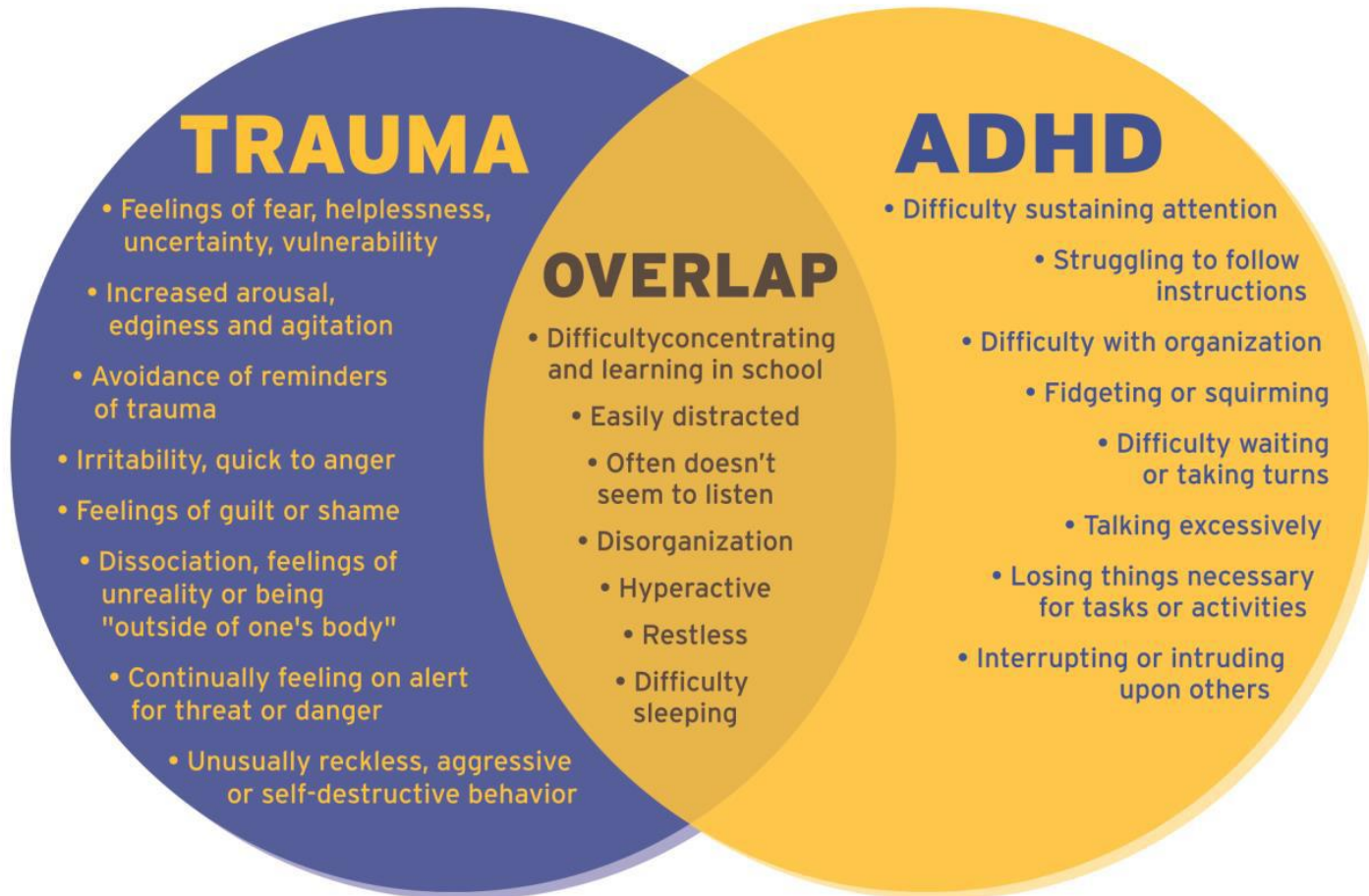
- History of chaotic home environment prior to being placed in foster care, trauma
- Performing below grade level and at risk for retention
- Foster parent receives daily phone calls; requests evaluation to rule out ADHD and medication
- Was getting some type of counseling at another agency and school, but now in a new school
- Foster parent completes Vanderbilt and it is pan-positive for ADHD, ODD, and concerns about possible anxiety and depression
- PCP begins a trial of stimulant medication and refers for “complete evaluation” and therapy ASAP



Case #3 Discussion

- Overlap between ADHD and PTSD
- Would not be appropriate to make a diagnosis without collateral information about symptoms in other settings
- Would be helpful to clarify agencies that might already be involved
- If DSS has custody, need to involve in evaluation and treatment planning (and medication may require consent of parent per DSS Form 1812)

Overlap between ADHD and PTSD



<https://www.nctsn.org/resources/it-adhd-or-child-traumatic-stress-guide-clinicians>



Case #4

9 yo child in 3rd grade

- Former preemie
- History of delayed speech and language development
- Concerns about reading skills since 1st grade, but teacher also went on maternity leave and child had inconsistent instruction
- Parent-teacher conferences each year
- Persistent concerns despite tutoring outside of school, teacher interventions, and supplemental interventions with a reading specialist at school
- Parent reports that they have been unable to advocate for an evaluation at school and they are frustrated and worried that child will be retained
- Parents unsure if child has been referred to MTSS, but reports that the school indicated he is receiving Tier 2 interventions
- Next steps?



Case #4 Discussion

- Help parent advocate for moving from Tier 2 to Tier 3 interventions and a comprehensive evaluation to rule out LD and determine if child is eligible for an IEP by placing request in writing
- Provide sample letter
- Letter should come from the parent because it starts the 90 day referral process
- If letter is from the provider, next step is a meeting with the parent, but it doesn't start the referral process



Case #5

12 yo recently diagnosed with IDDM at beginning of school year

- Missed 1 week of school for hospitalization for DKA, initial diagnosis, and diabetes education
- Feeling overwhelmed by new diagnosis and demands of middle school
- Can't focus and is falling behind in school
- Parents wonder about possible ADHD that was never previously diagnosed and if she needs an IEP or medication for ADHD



Case #5 discussion

- Validate stressors associated with adjustment to illness, middle school, missing 1 week of school
- Carefully review history of attention concerns in early elementary school (i.e., prior to diagnosis)
- Consider other supports to enhance coping and school performance
- Assist family with advocating for a 504 Plan with reasonable accommodations



Case #6

15 yo boy in 9th grade with history of ADHD

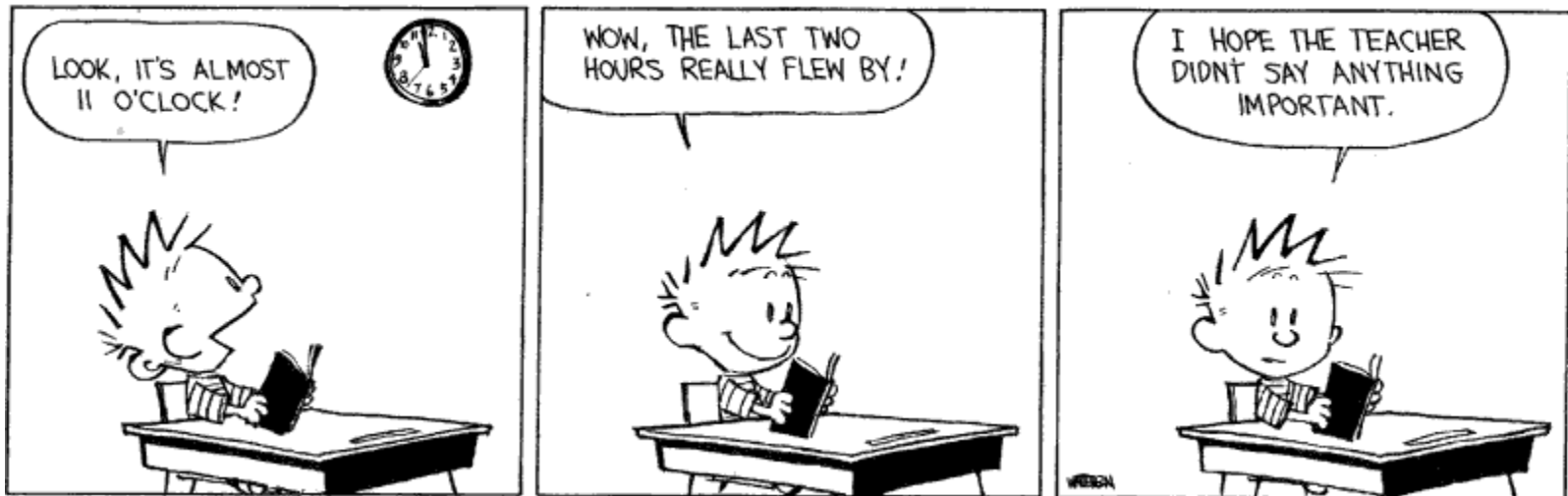
- Retained in 3rd grade and is currently repeating 9th grade because he failed all classes
- Poor motivation, not consistently going to class or completing homework, irritable with increased conflicts with parents
- No medication since elementary school because he didn't like the way it made him feel and he was "too quiet"
- Multiple discipline reports and suspensions
- Referred to Truancy Court for missing > 20 days of school
- MD discussed potential benefit of another trial of medication and wrote letter for IEP evaluation
- Also referred for re-evaluation of ADHD and to rule out possible depression and previously undiagnosed LD



Case #6 discussion

- Likely needs a full evaluation to clarify diagnoses and provide treatment recommendations, including a multi-modal, coordinated treatment approach
- In addition to possible depression or LD, would consider possible Disruptive behavior disorder, such as ODD or Conduct disorder

Questions?





NC educational advocacy resources

- Medical Legal Partnership for Children in Durham
 - NC Legal Aid
 - Duke Children's Law Clinic
<https://law.duke.edu/childedlaw/>
 - A Parents' Guide to Special Education in NC
- Exceptional Children's Assistance Center
<https://www.ecac-parentcenter.org/>
- DPS ESL Resource Center
<http://central.dpsnc.net/esl/resources-toolkit/resource-center-and-translation-services>
- NCDPI <https://ec.ncpublicschools.gov/>