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 > 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?
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)]
• **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

TIER III
Intensive
1 - 5% of enrollment

TIER II
Targeted
5 - 10% of enrollment

TIER I
Universal
80 - 90% of enrollment

Students Move Through Increasing Tiers of Support

Students Move Through Decreasing Tiers of Support

Students Move Within Tiers of Support
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).

**Convergence of Data from Multiple Sources**

- **Rule out as determinant factor:**
  - Lack of appropriate instruction delivered by qualified personnel
  - Limited English Proficiency

- **Rule out as primary factors:**
  - Vision, hearing, motor disability
  - Intellectual disability
  - Emotional disturbance
  - Cultural factors
  - Environmental or economic influences
  - Loss of instructional time

- **Inadequate achievement:**
  - Does not meet age or grade level standards
  - When provided learning experiences and instruction appropriate for the child's age or grade

- **Insufficient progress:**
  - Demonstrate lack of response to instruction/intervention
  - Responding at a rate insufficient to reduce risk over time

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

**Adverse effect and requires special education**
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

**IEP**
- Required because of IDEA (an education law)
- Provides specialized instruction
- Focuses on what the student is learning
- States receive additional funding for eligible students
- Person needs to have one or more of the 13 listed disabilities

**504**
- Required because of Rehabilitation Act (a civil rights law)
- Provides accommodations
- Focuses on how the student is learning
- States do not receive additional funding
- Person has any disability

**Both**
- Parents must consent to have child evaluated
- No cost to parents
- Works to meet the needs of the person receiving the 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

**TRAUMA**
- Feelings of fear, helplessness, uncertainty, vulnerability
- Increased arousal, edginess and agitation
- Avoidance of reminders of trauma
- Irritability, quick to anger
- Feelings of guilt or shame
- Dissociation, feelings of unreality or being "outside of one's body"
- Continually feeling on alert for threat or danger
- Unusually reckless, aggressive or self-destructive behavior

**ADHD**
- Difficulty sustaining attention
  - Struggling to follow instructions
  - Difficulty with organization
  - Fidgeting or squirming
  - Difficulty waiting or taking turns
  - Talking excessively
- Difficulty concentrating and learning in school
  - Easily distracted
  - Often doesn't seem to listen
  - Disorganization
  - Hyperactive
  - Restless
  - Difficulty sleeping
- Losing things necessary for tasks or activities
- Interrupting or intruding upon others

**OVERLAP**

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?

1. **Look, it's almost 11 o'clock!**
2. **Wow, the last two hours really flew by!**
3. **I hope the teacher didn't say anything important.**
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/