

6 STEPS TO SUCCESS AT SCHOOL

What Parents Need to Know

You think your child has AD/HD or a learning disability? Now what? The good news is that federal law requires public schools to provide every student a “free and appropriate” education in the “least restrictive environment.” The bad news is, it’s not always easy to get schools to do that.

Here’s a step-by-step process to ensure that your child gets what he needs.

1 GET AN ACCURATE DIAGNOSIS. If your child is struggling, the school may ask for permission to perform an evaluation, but you shouldn’t wait for them to do so. You can initiate an evaluation by calling the school to request one. If the school refuses, or if you disagree with the school’s findings, you can obtain an independent evaluation to document your child’s need for special education services. (Depending on the situation, the school may have to pay for the independent evaluation.)

2 MEET WITH THE EVALUATION TEAM. A multi-disciplinary team consisting of the parent, a classroom teacher, special-ed teachers, and others will meet to determine your child’s eligibility for special-ed services, and how those services will be provided. If the team decides your child does not need special ed, the process stops. If you disagree, you can appeal your case in a “due process” hearing.

3 DECIDE WHICH LAWS ARE APPLICABLE. Two federal laws provide for free, public special education services: the Individuals

with Disabilities in Education Act (IDEA) and Section 504 of the Federal Rehabilitation Act.

IDEA covers kids with very specific conditions, including mental retardation, emotional disturbances, hearing impairments, and speech and language difficulties. Kids may qualify for coverage if they frequently have one of these problems in addition to attention deficit. Some qualify under another IDEA category: “Other Health Impairments.” Their AD/HD is so severe, they’re unable to learn in a reg-

ular classroom.

Section 504 covers AD/HD kids who don’t qualify for special-ed services under IDEA, but who need extra help in the classroom. The law prohibits schools from discriminating against students because of physical and mental impairments. Just as the school must provide ramps for kids in wheelchairs, it must make modifications (such as preferential seating, extra time on tests, or help with note taking) for kids with brain-based learning barriers.

Write an IEP That Works!

- **Memorize the list of AD/HD symptoms psychiatrists use for diagnosis [see the box on page 4b]. Your child cannot be punished or discriminated against for displaying the symptoms of his condition, such as inattention, forgetfulness, or interrupting.**
- **Determine how these symptoms affect your child at school. Does he forget to turn in his homework? Does he fail to follow directions? Is he impulsively aggressive on the playground? List specific problems, then read up on strategies that address them.**
- **Prepare yourself. Come to the team meeting with the list of your child’s symptoms, as well as a list of interventions [suggested on pages 5b through 12b] you want the school to provide.**
- **At the team meeting, work together to develop a list of specific, measurable, and achievable goals for the school year. Set time limits: Johnny will improve his ability to respond to the teacher from one out of 10 times to eight out of 10 times by the semester break; Johnny will reduce his interruptions from 10 times a day to two a day by month three; Julie will be able to decode words at the 50th percentile as measured by the “Evaluation of Basic Skills.”**
- **Enunciate the ways in which the school will teach your child to achieve these goals. “Every misbehavior signifies the need for instruction,” says education advocate Dixie Jordan. Have the school write into the IEP exactly how they will teach Johnny to follow directions or stop interrupting. Which services will help Julie attain higher reading scores? If these strategies aren’t written into the IEP, you can’t enforce them.**
- **Ask for the data. If the school insists on certain interventions, ask for written evidence that what they’re suggesting is effective. “If you have an inattentive child and the teacher says, ‘Johnny, pay attention,’ you’re not going to get good results,” says Jordan. “Johnny doesn’t know how it feels to pay attention. Someone needs to break down the steps and teach the child how to pay attention and how to filter out distractions.”**

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4 DEVELOP A PLAN. Whether your child qualifies under IDEA or Section 504, you should meet with the team to develop an Individualized Education Program (IEP). The IEP outlines your child's unique educational goals and ways to meet them in the "least restrictive environment."

Parents must be assertive. Make sure the IEP spells out exactly how the school will help your child meet his or her specific goals. "Nothing in the law says that teaching strategies have to be written into the IEP, so what we often end up with is a mealy-mouthed document with wishy-washy goals," says Dixie Jordan, an education advocate in Wyoming. "Johnny will pay attention,' 'Johnny will complete his work.' We put behavioral expectations out there and then punish kids for failing to meet them, rather than teaching

kids how to meet them. And that's what's wrong with most IEPs."

5 STAND YOUR GROUND. Know the laws and how to use them. Consider the case of 10-year-old Paul*, a suburban New York student who needed a "collaborative" education program, according to his parents and independent evaluators. The school didn't have a collaborative program, so the team simply left it off Paul's IEP.

However, tailoring a child's IEP around which programs are available, as opposed to which programs the child needs, is in violation of IDEA. "We had one last meeting and we told them what we had decided," says Paul's mother. "We were pulling him out of the district, putting him in a private school, and we fully expected them to pay for it." When school

administrators refused to budge, the family got a lawyer and filed for a due process hearing. The hearing officer ruled that the school had to pay for Paul's private school and his parents' legal fees.

6 GET HELP. Ask for team meetings whenever you think they're necessary to monitor your child's progress and make changes to the plan. Take notes, keep copies of all documents, and tape-record meetings if you need to. Afterwards, send the team a thank-you note, along with a synopsis of what went on at the meeting, just to make sure you're all on the same page. If there's any disagreement or impasse, you don't have to go it alone. Free or low-cost education advocates and attorneys are available to attend team meetings with you throughout the year.

DIAGNOSTIC CRITERIA FOR AD/HD

from DSM-IV-TR, American Psychiatric Association

>> Persisting for at least six months to a degree that is maladaptive and immature, the patient has either inattention or hyperactivity-impulsivity (or both) as shown by:

INATTENTION. At least six of the following often apply:

- Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- Has difficulty sustaining attention in tasks or play activities.
- Does not seem to listen when spoken to directly.
- Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- Has difficulty organizing tasks and activities.
- Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
- Loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools).
- Easily distracted by extraneous stimuli.
- Forgetful in daily activities.

At least six of the following signs of hyperactivity-impulsivity often apply:

HYPERACTIVITY

- Fidgets with hands or feet or squirms in seat.
- Leaves seat in classroom or in other situations in which remaining seated is expected.
- Runs about or climbs excessively in situations in which

it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).

- Has difficulty playing or engaging in leisure activities quietly.
- Appears "on the go" or acts as if "driven by a motor."
- Talks excessively.

IMPULSIVITY

- Blurts out the answers before the questions have been completed.
- Has difficulty awaiting turn.
- Interrupts or intrudes on others (e.g., butts into conversations or games).

>> Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7.

>> Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).

>> There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

>> The symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder, and are not better accounted for by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, or a personality disorder).

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