

## 5. DOING SOMETHING

Many children in dependency experience problems at home and at school. These problems can stem from the child's experiences, biological makeup or both and can affect cognitive, physical, social or emotional development.

### Considerations

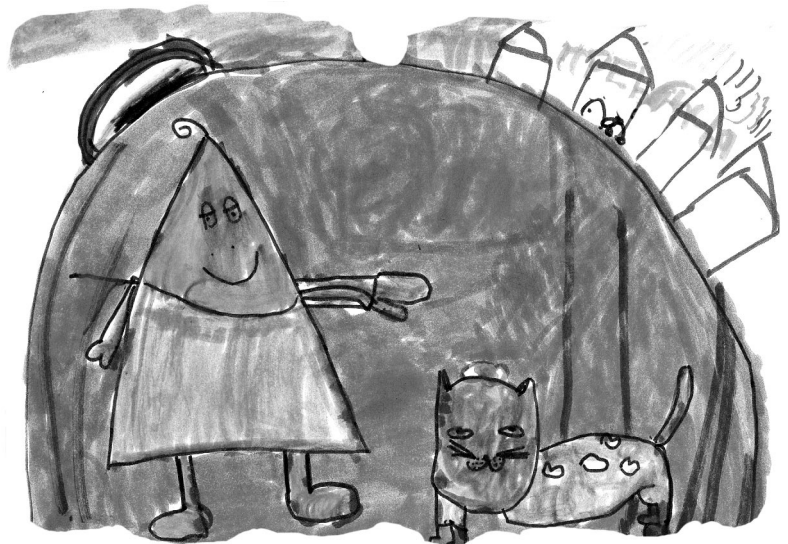
**SERVICES:**

**Assistance provided by specially trained personnel to address the child's needs**

Often a child in dependency experiences physical and/or emotional trauma and can suffer developmental, social, emotional delays. This is a normal response to trauma. Many children may also experience difficulty as they adjust to a new home, school or family. It is important to determine if the child's problems result from temporary difficulties or more long-standing needs. The child may require services (help) in both situations, but the type and intensity of services may vary.

**Environmental causes for delays include:**

- A chaotic lifestyle—many moves/changes in home/caregiver/school
- Lack of consistent rules and expectations
- Instability/ long-term environmental stress
- Limited or inappropriate social interaction
- Inadequate nutrition, sleep or health care
- Isolation
- Anxiety
- Separation and grief (removal from parent(s)/family members/caregiver)
- Physical or sexual abuse
- Neglect
- Parents/care providers with learning disabilities/developmental delays



These conditions can cause some children to progress slower than peers. Others can behave inappropriately. Without help, these problems can grow, creating frustration and causing children to fall further behind. Fortunately, with special services (extra help), children can overcome many of these

challenges and go on to thrive in school and beyond.

### Children may need help to:

- Catch up to peers academically (reading, math)
- Learn more appropriate coping skills and social behaviors
- Manage and process negative or confusing emotions
- Develop life or vocational skills

Most schools offer services within the regular education system to address these student needs. Services include small group or one-on-one instruction, tutoring, counseling, after-school and intervention programs, etc.

Other children (an estimated 12% of students) have developmental or learning disabilities. These children have impaired ability to perform some or all common childhood tasks. The child's difficulties can be the result of a medically diagnosed condition or may have other, less obvious causes.

**A learning disability** is a condition that prevents or interferes with a child's ability to learn at the same rate as other children of the same age without extra help. A developmental disability interferes with the child's ability to develop and mature (grow) at the same rate as other children. These disabilities can affect social, academic and/or physical development. While a disability is usually considered a permanent condition, early intervention and services help many of these children build on their strengths and minimize limitations.

**It is important to distinguish between a delay due to external factors affecting the child, and a disability, which is a permanent and integral part of the child. Both conditions may require additional services, but only a child with a diagnosed disability or delay will qualify for the services of special education. (see section on "Referral").**

## STEPS TO TAKE:

### Birth to 3 years old—See special section

### All children over age 3:

The advocate has many options when he or she believes the child is experiencing difficulty. The advocate can:

### Investigate the child's history and present performance for signs of unaddressed problems or special needs.

- Check school records:
  - History of tardiness or absenteeism
  - Prior retention or consideration for retention (child held back a grade or more)
  - Discipline problems—suspensions, detentions or regular removal from class
  - Prior referral to student study team or assessment for special education
  - Instability—multiple school or placement changes

### Passing grades do not mean an absence of problems—check standard assessment results

○ Medical history:

- History of chronic (long-standing) illness
- Indication of developmental delays
- Lack of regular medical or pre-natal care
- Possible in-vetro exposure to drugs or alcohol
- Family history of physical or mental illness, developmental delays

If problems may be health or developmentally related, the advocate should make sure the child is seen by a pediatrician or nurse practitioner who is familiar with children.

**Check-ups are often incomplete because the child is uncomfortable or frightened. Sometimes it requires more than one exam to discover problems.**

○ Communicate with others who know the child

- The social worker, caregiver(s) (foster parent, biological parent, kinship care provider), CASA, pediatrician service providers (psychologists, therapists), teachers and other school staff can all have important information about the child.

## Document concerns

After investigation, the advocate should document all concerns about the child. Concerns can stem from observations, the child's developmental history, behavior or performance at school. The child may have difficulty communicating, getting along with others or understanding schoolwork. Sometimes concerns can be hard to define, just a feeling that things "aren't right." Written information and observations can be useful to help clarify concerns and communicate those concerns to others.

## Take action

If the investigation reveals or confirms potential problems, the advocate should take steps to ensure the child receives needed help. It is best to start the process informally unless the problem is severe and requires immediate attention.

**Steps include:**

- 1) *Informal conference with child's teacher*—requested in person, by phone or in writing. At the meeting, the advocate can present documented observations and concerns—and explore agency and community resources available to help the child. The advocate should also maintain regular contact with the teacher to ensure the child continues to receive needed services.
- 2) *Formal conference with child's teacher and other school staff*, i.e., principal, counselor—requested in writing. A formal conference should be requested if the child's problems are severe, if the informal conference failed to adequately address the child's difficulties, or if the child's problems continue even with teacher intervention. The advocate can discuss concerns and determine if there are regular education services available to help the child, such as counselors, reading tutors, etc. The advocate should document any promise for

**LEARNING DISABILITY:**

**A child with a learning disability has an impaired ability to perform some or all common childhood tasks without intervention and services.**

services and continue to observe child for signs of problems. The advocate should also stay in contact with school staff to ensure services are adequate for the child.

- 3) *Referral to Student Study Team*—(See special section) This is a formal process. The Student Study Team reviews the child’s situation and recommends modifications and accommodations that can be made in the classroom to address the child’s difficulties.
- 4) *Referral for assessment for special education/possible qualification under Section 504*—If the advocate feels the child’s difficulties are not related to their present emotional/life situation, if the child is behind academically and is having difficulty catching up even with extra help, the child may have an undiagnosed learning or developmental disability. Disabilities are not uncommon and undiagnosed, can interfere with a child’s ability to succeed in school.

**Special Education:  
Any range of services provided  
to the child, designed to help  
the child build on strengths and  
minimize limitations.**

If the advocate believes the child’s difficulties are or could be the result of a learning or developmental disability, and the services of the regular education system seem inadequate to address the child’s needs, the child can be referred for assessment for special education services.

## **Referral for assessment for Special Education under IDEA and Section 504**

Many laws specifically address the needs of children with disabilities. These laws outline the conditions under which a child is considered disabled and the legal obligations of school and other agencies to identify and serve disabled children and their families.

A referral for special education begins a legal process to have the child undergo specialized assessments (testing). These assessments will be used to determine whether or not that child has a learning or developmental disability that is interfering with his or her ability to fully benefit from the current educational program.

### **Overview of referral process:**

- 1) A child is referred for assessment through a written request
- 2) Assessment plan is developed based on observations and indications of need (assessment plan is a list of tests the child will be given)
- 3) Assessment plan is approved by parent or holder of the child’s educational rights
- 4) Assessments are conducted (child is tested)
- 5) Individual Education Program (IEP) Team meeting is held to review the assessment results. The IEP team consists of child’s teacher, parent/caregiver and others
- 6) (IEP) Team determines if child has a qualifying disability as defined by law. A qualifying disability enables the child to receive services under special education

**If the advocate believes the child has a disability and services of regular education are not addressing the child’s needs, the child should be referred for assessment.**

- 7) If child qualifies, the team develops an IEP (Individual Education Plan) for services to address the child's needs

## **Considerations before referring a child for assessment:**

- Assessments can be traumatic. Most children know they are being tested and feel pressured to perform. They worry about "failing"
- Many children in dependency have experienced trauma –abuse, neglect, separation or grief which may affect assessment results—indicating a disability when there is none
- The referral becomes a permanent part of the child's school record and can establish expectations of low performance
- If the assessments indicate a disabling condition, the child (and others) may identify the child with the disability, labeling the child as "retarded," causing the child and others to have low expectations for the child; the child may feel "stupid", incapable or different than other children
- Special education is not an immediate or easy solution for the child's problems. A child with a disability often has many challenges that take time to address or overcome
- Special Education is not a "place" but a variety of services to address the child's needs

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### **For more information:**

#### **Humboldt County Office of Education**

901 Myrtle Ave.  
Eureka, CA 95501  
707-445-7043

#### **Redwood Coast Regional Center**

808 E Street  
Eureka, CA 95501  
707-444-3409

#### **Humboldt County Public Health**

**Department**  
712 4th Street  
Eureka, CA 95501  
707-445-6212

#### **Special Needs Connection**

Humboldt Child Care Council  
707-445-1195