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Special Education, Related Services, and the Pediatrician Role

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Activating Prior knowledge

- **What has your role been in regard to supporting patients with disabilities in the context of school? What services have you provided to them?**

Physician Role – American Academy of Pediatrics

- 1. A Medical Home
- 2. Screening, surveillance, and diagnosis
- 3. Referral knowledge
- 4. Diagnosis and eligibility
- 5. Participation in assessment
- 6. Counsel and advise
- 7. Creation of IEP
- 8. Coordinated Medical Services
- 9. Advocacy

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History of Special Education Rights

Trivia Question

- What landmark supreme court case was the basis for special education in the US?

Brown v. Board of Education

- “education is perhaps the most important function of state and local governments ... and such an opportunity where the state has undertaken to provide it, is a right that must be made available to all on equal terms.”

P.A.R.C. v. Pennsylvania

- State stated that “education is relieved from providing a public education to any child that a psychologist determines is “uneducable and untrainable.”
- Plaintiffs argued that, under *Brown*, their rights were violated under the equal protection clause and due process clause of the 14th Amendment.
- “No child of school age who is mentally retarded ... shall be denied access to education”

Mills v. Board of Education of the D.o.C.

- *Mills* expanded the ruling of *P.A.R.C.* beyond children with developmental disabilities to children with behavioral, mental, and emotional disabilities from being denied placement in a public education
- Unlike *P.A.R.C.*, the school system in *Mills* argued that it was incapable to do so because of lack of financial resources
- Available funds must be expended in such a manner that no child is entirely excluded from a publicly supported education consistent with his needs and ability to benefit therefrom

IDEA

- Mills led to the creation of the Individuals with Disabilities Education Act
- Under the IDEA, all public schools that accept federal funding must provide a free appropriate public education for children with disabilities. IDEA also requires that each child with a disability have an “individualized education program” (IEP) that must be implemented in the “least restrictive environment” (LRE).

Board of Education v. Rowley

- First case to address the term “appropriate”
- “the intent of the Act was more to open the door of public education to handicapped children on appropriate terms than to guarantee any particular level of education.”
- Entitled “access” to an education that provides an “educational benefit.” A school district does not have to “maximize” each disabled child’s potential.

Timothy W. v. Rochester

- Timothy W had severe disabilities.
- School district argued that his disability was so severe that he was unable to benefit from any provided education.
- Court held that the act provides for a zero-reject policy
- Related services, such as OT, PT, SLP, AT, socialization, eating, dressing and daily living skills are all encompassed under related services within the act

Key Findings

- All students have the right to free and appropriate education (FAPE)
- “Appropriate” does not guarantee a maximum level of education
- Least Restrictive Environment (LRE)
- Individual Education Program (IEP)
- Related services included in what is considered appropriate

Activating Prior Knowledge

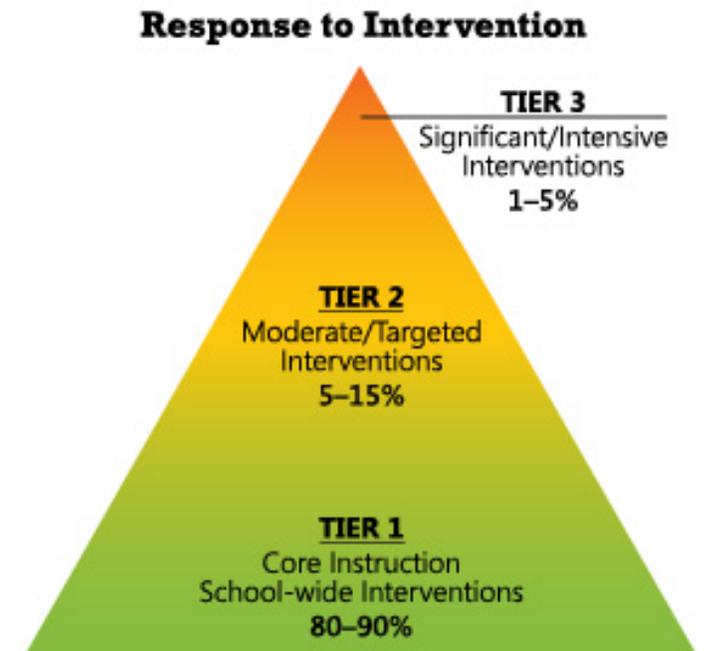
- What do you know about the special education eligibility process and services/supports that are available to students?
- Is there anything that you would like to know more about?

Special Education Process (in FL)

- How do schools determine who is eligible to receive special education services?
- Step 1. Tiered Interventions for at-risk students

MTSS – Umbrella Term

- Response to Intervention (RTI) – Focuses on academics
- Positive Behavioral Interventions and Supports (PBIS) – Focuses on behavior



Special Ed. Process (cont.)

- Step 2: Evaluation
- 1. Does the student have a disability?
- 2. Is the disability affecting the student's ability to learn?

Special Education Classifications

- Learning Disability
- Intellectual Disability
- Other Health Impairment
- Emotional/Behavioral Disturbance
- Autism Spectrum Disorder
- Speech or Language Impairment
- Visual Impairment
- Deafness
- Hearing Impairment
- Deaf-Blindness
- Orthopedic Impairment
- Traumatic Brain Injury
- Multiple Disabilities

Special Ed. Process (cont.)

- **Step 3: Multidisciplinary Team Meeting**
 - **Parents***
 - **Special education teacher***
 - **General education teacher***
 - **Administrator***
 - **School psychologist***
 - **Counselor**
 - **Related services**
 - **Anyone else the parent invites**

IEP Content

- **Present Levels of Educational Performance (PLEP)**
- **Goals/objectives**
- **Accommodations**
- **Special Education and Related Services**

(Stewart, 2014)

Related Services

- **Speech/language**
- **Physical therapy**
- **Occupational therapy**
- **Recreation services**
- **School nurse services**
- **Counseling services**
- **Psychological services**
- **Orientation and mobility services**
- **Social work services**
- **Parent counseling and training**
- **Interpreting services**
- **Transportation**
- **Medical services for evaluation**

Activating Prior Knowledge

- **Have you had a parent express concern over the special education process? What information did you share with them?**

Advocacy and Advising Parents

- Pediatricians should have a general understanding of parent rights
- Pediatricians should ask if an Individualized Education Plan (IEP) has been developed and if the IEP is right for each child
- If the school isn't providing a quality IEP for a child, that's when a pediatrician can serve as an advocate and assist teachers and administrators in developing a better solution.

Parent Rights

Parents have an incredible amount of rights in regard to special education.

- Can attend every IEP meeting
- Can call a team meeting at any time
- Can reject/revoke services at any time
- Team needs parent permission for the vast majority of decisions
- Parents can get independent evaluations (possibly at no cost to them)
- Parents can ask for additional services/interventions if they believe that their child does not have adequate access to the curriculum (FAPE)

What is a 504 Plan?

- 504 plans are used when a student has a disability that is limiting performance in general education and it is believed that they can succeed in a general education setting with accommodations

504 Eligibility

- **Students are eligible for 504 Plans when:**
 - They have a physical or mental impairment that significantly limits one or more major life activities
 - walk, breathe, eat, or sleep
 - communicate, see, hear, or speak
 - read, concentrate, think, or learn
 - stand, bend, lift, or work
- **Limitations may include:**
 - Cosmetic disfigurement
 - Anatomical loss (neurological, musculoskeletal, cardiovascular, etc.)
 - Mental or psychological disorders

(Skalski & Stanek, 2010)

Differences Between 504s and IEPs

- Students with a 504 plan will generally not be placed in other classes/settings
- 504 plans do not modify the curriculum in any way
- 504 plans do not require a full psychological evaluation (can simply be a note from a medical provider)

Scenarios

- Answer the following questions for each diagnosis given. What might be the functional limitations of children with the condition? What are appropriate services and accommodations?
 - Asthma
 - ADHD
 - Cerebral Palsy

Impact of various disabilities...

- Intellectual disabilities impact learning both content and skills
- Learning disabilities impact the learning of skills but not learning of content
- Internalizing/Externalizing disorders do not impact the ability to acquire skills or content, rather they result in lack of engagement
- Physical issues can impact access to the curriculum

Match each disability to each concern

A. Intellectual disability

B. ADHD

C. Learning disability

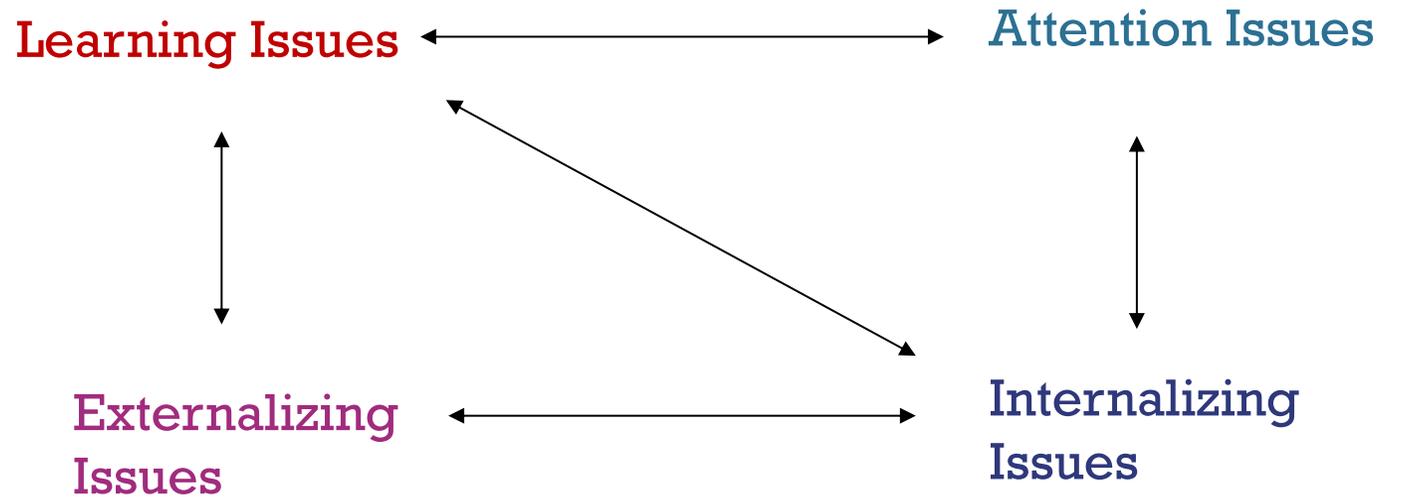
D. Externalizing disorder

E. Internalizing disorder

1. Talking to peers
2. Being defiant to teacher
3. Not being able to read materials
4. Staring off into space
5. Not being able to sit still
6. Having physiological symptoms of anxiety
7. Having racing thoughts
8. Feeling lethargic
9. Being unmotivated
10. Asking to leave class frequently
11. Refusing to do work
12. Frequently asking for help
13. Work is consistently of poor quality

Considering the individual

- When thinking about possible recommendations for services/accommodations, it is important to consider the individual child and not just the diagnosis.



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Questions?

- What else would you like to know?

References

- *Board of Education v. Rowley*, 458 U.S. 176 (1982)
- *Brown v. Board of Education*, 347 U.S. 483 (1954).
- *Individuals with Disabilities Education Act*, 20 U.S.C. § 1400 (2004)
- *Mills v. Board of Education of District of Columbia*, 348 F. Supp. 866 (1972).
- Committee on Children with Disabilities. (1999). The Pediatrician's Role in Development and Implementation of an Individual Education Plan (IEP) and/or an Individual Family Service Plan (IFSP). *Pediatrics*, 104 (124).

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- *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania*, 334 F. Supp. 1257 (1971).
- Skalski, A.K.; Stanek, J. (2010). Section 504: a guide for parents and educators. *National Association of School Psychologists*.
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- *Timothy W. v. Rochester*. 875 F. 2d 954 (1989).