Misty Larsen

Eng 2010

Memoire

How the Individuals with Disabilities Education Act has Helped my Family

The United States Department of Education states, “The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities.” (Education) Categories of disabilities under IDEA include: autism, deaf-blindness, deafness, developmental delay, emotional disturbance, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment including blindness. (Disabilities) The first time I heard of the Individuals with Disabilities Education Act, which is more commonly called IDEA, was while seeking help for my oldest daughter. I became more familiar with this law over several years.

 My oldest daughter started having seizures when she was 4 months old. By the time she was a year old, she was not really saying many words. I was told not to worry about her speech development and that it just needed time. By the age of two my daughter was noticeably behind in her speech development. She still had not progressed much in her language development. Some days she would say nothing and other days she would scream. As the year progressed it became more and more obvious that she was not communicating the same way that other children her age were. It started to really concern me and was very frustrating to both me and my husband.

As I started talking to other parents, I found one who also had a daughter that was behind in her speech development. She told me to call the local school district because once a child turned three, the district could evaluate her and see if she needed help. At this point, I still did not know there was a law that allowed districts and other agencies to have funding to help children who were showing developmental delays at such a young age.

When our daughter turned three, we went in to the school district where we lived and set up an appointment to have her evaluated. I took my daughter in to meet with the who her S thenthe different s,toWe then set up a standing appointment that would be on a certain day of the week at a certain time.

 The next week when I went in the speech pathologist and sat down with her she told there was a law called the Individuals with Disabilities Education Act which is often referred to as IDEA. IDEA allows school districts and other agencies to offer all kinds of help from speech pathologists and psychologists to physical therapists. The speech pathologist explained that my daughter qualified for help under the Individuals with Disabilities Education Act in the area of speech and language development. I was given some paperwork and told that it explained this law more in depth. She then went on to tell me that we needed to put together an Individualized Education Program or an IEP for my daughter. Having an IEP in place is required under the Individuals with Disabilities Education Act. Until this point I had never heard of this law nor had I ever heard of an IEP. Once this was explained, the speech pathologist pulled out some paperwork and asked what short- and long-term goals I would like to make for my daughter. I didn’t know what goals sounded good or what was normal for children her age, so I simply agreed with the goals the speech pathologist suggested.

My daughter went through two intensive years of help before she ever started school because IDEA had been passed into law. Goals went from having ten words in her vocabulary to using two word phrases, naming actions, and answering questions with simple phrases. My daughter went from being frustrated about her inability to communicate to being able to express herself well enough to be understood. There was now a happiness in her that there hadn’t been prior to this. This was made possible because the legislature passed the Individuals with Disabilities Education Act that required help to be made available individuals with disabilities who qualified. I look back and I find myself to be very grateful that there was a law in place that allowed the district to offer this much needed help to my daughter.

My second run in with IDEA was with my son. My son also had seizures as an infant and had language delays. The neurologist told us that language delays are not uncommon among children who have seizures. I sought help for my son the same way I did for my daughter. I set up an appointment with the speech pathologist. She did the same evaluation for my son as she did for my daughter. However, my son did not qualify for help at the same young age that my daughter did because he was not far enough behind. It was not until my son actually started school that he fell far enough behind in his language development to receive help. I found out at this time that IDEA requires that a school-aged child who is suspected of language delays to be evaluated and the child is to be offered help if he is found to be behind. My son did receive help for language delays for a short time. We went through the IEP process at this time and made goals for him like we did for our daughter. This time, I was more familiar with what IDEA required the school to do and the process the law required the school to go through. As I had IDEA explained to me for a second time and went through the process of getting help for another child, I felt like I knew this law well enough to be able to get the help needed for my children.

During this time my son was struggling in other ways besides just language development. My son had an excessive amount of energy, struggled to behave properly, and struggled socially. After several weeks I finally took him to the doctor and he was diagnosed with Attention Deficit Hyperactivity Disorder or ADHD. As we were working with our son over the weeks that followed, he would come home and tell us what everyone in the class was doing when his teacher got after him. I pointed this out to the teacher and told her that I felt that if my son was moved to the front of the classroom he would not be so distracted. In response she told me, “Your son needs to control himself and focus on what he is supposed to be doing and not allow what is going on around him to bother him.” She refused to give him accommodations that would decrease the distractions for my son. When doing our regular IEP’s for his language delays we tried to bring this up and get accommodations for our son to be at the front of the class but we could not get the school to write this into his IEP.

As time went on, our son’s language development improved significantly and we were informed that he would no longer be receiving help from the speech therapist. We no longer had the required IEP meetings because he was not getting help for his speech and language development. However our son’s ADHD still continued to interfere with his learning. With him having ADHD I thought we would be able to get some of the help offered by IDEA the way we had for our children’s language development. I thought the school would have some evaluation process and we would have an IEP to get some goals in place. I soon found out I was wrong. We have not been able to get the school to evaluate our son’s needs based on his ADHD. We have to rely solely on the teacher’s ability to recognize possible problems and her desire to come up with ways of helping our child to be successful. We have found that some teachers are willing to help us and others are not.

My third run in with IDEA happened this past year with my youngest daughter. She, like our other two, had seizures as an infant and had language delays. This time it was our doctor that referred us to an agency that offered early intervention for children under the age of three. Shortly afterwards I received a phone call from this agency and we set up a time for an evaluation. Several people, including a speech pathologist and a nurse, came out from this agency and did a similar evaluation to what was done for our other two children who had language delays. I found it interesting that the same tests were used for our youngest daughter that had been used previously with our older daughter and son. It was explained to me that there are standardized tests that are used for evaluation purposes. This is so that there are set standards for how far behind a child has to be to qualify for help under the Individuals with Disabilities Education Act. After the evaluation we found out our youngest daughter would also qualify for help under IDEA. Once again it would be for her speech and language delays. For several months now I have had someone coming into my home and working with my daughter for an hour a couple times a month. We have had meetings to set up goals and to evaluate my daughter’s progress. We have noticed that there has been progress made and our daughter is vocalizing more. Once again this progress was made possible because of help offered under the Individuals with Disabilities Education Act.

My youngest daughter recently had an evaluation to see if she would qualify for a special preschool once she turns three. The tests showed she was behind in her language development but not far enough behind that they could offer her a position in the preschool. While this was disappointing, they had not stopped at testing her just in this one area. They tested her in other areas as well to ensure that she did not need help in other areas. It was because of these tests that they found my daughter had fallen behind in another area. They were able to qualify my daughter for preschool because she is significantly behind in her cognitive development. We sat down at the end of the testing period and they explained how my daughter qualified for preschool as well as which areas they planned on reevaluating her in because she was still a bit behind in them. Then they explained that under IDEA my daughter has the right to receive help from them because she is significantly behind in her cognitive development.

As a parent I am grateful for the help we have been able to get for our children as a result of the Individuals with Disabilities Education Act. However as a parent I am also disappointed. I have seen the Individuals with Disabilities Education Act as being both a help and a hindrance. IDEA is the law that has allowed help to come so easily for my children who have had language delays, but I cannot seem to get that same offer of help for my son with ADHD. I have found out that IDEA specifically lists speech and language development as a category and this is what made it easy for us to have our children evaluated for language delays. After three times through the process of getting help that is offered by this law I have come to understand more about IDEA. However, I have found myself wondering how ADHD fits into the Individuals with Disabilities Education. I wonder why schools don’t offer more help for children with ADHD. I wonder how schools can provide more help for children with ADHD and what teachers can do to help these children and if it is even required that schools make accommodations for these children. After all the struggles we have been through I feel it should be as easy to have a child with ADHD evaluated, and areas where help can be offered identified, as it is to have a child with a suspected language delay evaluated. As a result of my experiences with my daughters and my son I decided I needed to find out more about how ADHD fits into the Individuals with Disabilities Education Act.

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Misty Larsen

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Report

The Individuals with Disabilities Education Act and Attention Deficit Hyperactivity Disorder

Section 504 (of the Rehabilitation Act of 1973) makes it so that public schools cannot discriminate against children with disabilities. Schools are expected to make reasonable accommodations and modifications for a child’s disability. (Ashley 75) The Individuals with Disabilities Education Act, otherwise known as IDEA, was last modified in 2004. IDEA entitles children with disabilities to a free and appropriate public education (FAPE) in the least restrictive environment, the provision of nondiscriminatory and multidisciplinary assessments, parents’ right to involvement, and an individualized education program (IEP) for each student. (Hardman, Drew, and Egan 28) Students must have a qualifying disability and need specialized services to receive services under IDEA. Areas of disabilities under IDEA include: autism, deaf-blindness, deafness, developmental delay, emotional disturbance, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment including blindness. (Disabilities, "Categories of Disbabilities Under IDEA") These two laws often go hand in hand and greatly help children with disabilities in the education environment. for help of the Rehabilitation Act,but those who qualify for help under Section 504 do not automatically qualify for services under IDEA

It is easy to know what area some disabilities fall into when a parent is looking at qualifying a child for help through the Individuals with Disabilities Education Act. This is not the case with Attention-Deficit Hyperactivity Disorder, which is often referred to as ADD or ADHD, because ADHD is not a major category of disability under the Individuals with Disabilities Education Act. However, children with Attention Deficit Hyperactivity Disorder or ADHD may qualify for special services under Section 504 of the Rehabilitation Act of 1973 as well as under the Individuals with Disabilities Education just as children with other disabilities are able to. Those who do qualify can qualify under the category of “other health impairments” because that is where ADHD is specifically listed. (Disabilities, Other Health Impairments (NICHY Disability Fact Sheet 15 (FS15))) Not all students with ADHD will qualify for special education services under IDEA though. According to NICHCY, IDEA states that,

Other health impairmentmeans 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)]

IDEA clearly states that children do not need to show evidence of a learning disability on standardized tests to qualify for services; rather they are entitled to functional assessments. (Monastra 103) According to Ashley, the following is a list of specific criteria necessary to be eligible under “other health impairments”.

* The child must have a diagnosis of AD/HD and the disorder must have led to limited alertness in academic tasks.
* The effects of AD/HD must be chronic or acute.
* The effects of AD/HD must have an adverse effect on educational performance, including grads, achievement test scores, behavior problems, impaired or inappropriate social relations, or impaired work skills.
* The student requires special education services to address the AD/HD and its effects. (81)

Once it has been determined that a student qualifies for services under IDEA or even Section 504, an intervention plan and necessary services must be set up and implemented. These plans are referred to as an Individualized Education Program or IEPs.

 Individualized Education Programs may just include reasonable accommodations which are required to be made under section 504. Section 504 can cover students in need of accommodations who do not qualify for services under IDEA. These accommodations may include seating a student at the front of the class, allowing extra time to complete tasks, ignoring impulsive calling out, providing immediate praise and rewards, providing short breaks between activities, allowing the student to stand while working, and allowing the student to have a set of books both at home and at school. (Ashley 77)

Intervention under IDEA can implement the same accommodations that were implemented under Section 504 but it can also include related special services directed towards intervening and helping the student. Related services, as listed under IDEA, include (but are not limited to): Speech-language pathology services, transportation, occupational therapy, orientation and mobility services, parent counseling and training, physical therapy, audiology services, counseling services, early identification and assessment of disabilities in children, medical services, psychological services, recreation, rehabilitation counseling services, school nurse services that enable a child with a disability to receive a FAPE as described in his or her IEP, social work services, interpreting services. (Rief, Practical Techniques 398)

A number of effective learning strategies can be implemented by teachers who have IEPs for students with disabilities. These strategies can also be used by teachers for students who do not qualify for help under the Individuals with Disabilities Education Act. Some strategies involve use of a mnemonic device that assists a student in understanding and completing a task, usually by specifying a series of steps to be completed in sequential order. Teachers can also implement other things to help students in academic areas such as providing a manipulative for math, substituting non-written projects such as oral reports for written assignments, practicing writing words with special pens to encourage spelling practice, and brainstorming in class. To enhance social skills teachers could have children greet each other, give group assignments, allow students time to practice listening and responding, and do other activities that teach social skills in small groups. (Rief, Practical Techniques 227)

Behavior intervention is often implemented with students with ADHD. Behavior intervention rewards good behavior in order to replace unwanted behavior. Ashley states, “Despite appearances, most AD/HD children really do want to do what is right. They are very responsive to praise and, if they know it is readily available, they will work to earn it.” (127) Praise is easy for anyone to give. Rewards and positive reinforcements for good behavior can include verbal praise, positive phone calls home, class applause, recognition at awards assemblies, and playing a game with friends (Rief, Practical Guide 102).

Another intervention that can help with ADHD is medical intervention. Many people do not know that medical professionals can be a part of the child’s team for intervention under IDEA. Controlling hyperactivity and impulsive behavior appears to be most effectively accomplished with medication (often methylphenidate or Ritalin). (Hardman, Drew, and Egan 188) Medical intervention such as prescription medication must be done by medical professionals. This will usually require multiple follow ups. Doctors like to hear educators’ opinions on the effect of the medication on classroom behavior so that they can adjust medication appropriately.

Family is an important part of intervention. Parents often struggle at home when dealing with a child who has ADHD. Parents can receive counseling and training under IDEA which can help them target areas of difficulty. Ashley states:

AD/HD children are not your average children and they do not readily respond to the usual parenting methods. Parents raising AD/HD children need to go above and beyond the usual parenting techniques. Be sure your parenting skills include:

* Creating a rulebook
* Structuring your child’s life
* Working as a parenting team
* Designing and using a point system
* Giving immediate consequences
* Using time-out (144)

These techniques help a child with ADHD know what their parents expected of them. Having immediate consequences for the child’s choices, whether good or bad, helps the child distinguish between desirable and undesirable behavior. Teaching children with ADHD good habits at home can reinforce what a teacher is trying to teach the child at school.

 Since the Individuals with Disabilities Education Act was passed, parents have the right to request that their child be evaluated for special services if they believe he needs help at school. When a meeting is necessary, parents can help develop educational expectations for their child. Ideally everyone involved in intervention with the child would meet together at the same time to discuss the child. This is not always possible. Parents are often an important bridge between medical and educational professionals. They can provide valuable information that they have obtained from professionals who are unable to attend an IEP meeting such as a physician or psychologist. If the child is on medication or sees a psychologist, parents can also bring up information about a child’s behavior at school with the professionals who are working with their child outside of the school setting.

ADHD affects many school children. ADHD is covered by IDEA under the “other health impairments” category and services can also be received under Section 504 of the Rehabilitation Act of 1973. Children with this disorder are not always going to qualify for special services under these laws. If teachers understand what ADHD is and intervention techniques for it, they can still implement techniques in their classroom that would help these children have a better chance at success even when the child doesn’t qualify for special services.

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Misty Larsen

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Reflection Essay

 For this class, we were supposed to write a memoire, a report, and a proposal that all focused on one topic. I personally do not enjoy writing these types of papers, which makes them difficult for me. I knew I would struggle with them even more because of having to focus on one topic throughout three papers. This is because when I read these types of papers they tend to overkill the subject. I also tend to like to have my own writing to be “short, sweet, and to the point.” I found by the third paper that I had hit the point where I was tired of writing about the same thing and was ready for something new. I felt that everything was beyond hashed out and that I was trying to fill up blank space. I thought I was doing well to have three papers to turn in.

My struggles really intensified as I put my three papers together for my midterm portfolio. I found myself feeling really frustrated. I felt that my papers by themselves were at least okay, but together they were really giving me problems. I felt like my portfolio was disconnected and like what I wanted to focus on was not coming through at all. While I had comments and peer reviews about each paper individually, they did not address the problem I was having. I was at a complete loss as to how to fix things. I finally decided that I needed to put it down and just take some time away from the writing and that something was better than nothing, so I turned in my writing the way it was.

My final portfolio consists of my memoire and my report. It took several days of just focusing on my portfolio and the teacher’s comments about my midterm portfolio to figure out what to try next for my final portfolio. I decided to keep my report because it seemed to be my best piece of work. I decided to include my memoire because my proposal seemed to almost come across as a memoire. I felt that if I took the experiences that I talked about in my proposal and incorporated them into my memoire that I might be able to focus that paper more on the topic I wanted my portfolio to be about.

My memoire underwent a major, major change from what I turned in with my mid-term portfolio. My original paper focused on my initial experience with the Individuals with Disabilities Education Act, but it did not seem to come across to the reader that way. I decided to completely change the opening of my memoire so I could immediately focus the reader’s attention on the Individuals with Disabilities Education Act. I felt this would help the reader know what the focus of my portfolio was going to be. Then I decided that rather than using just one experience, to bring in three of my own experiences that were all different but involved this law. I tried to incorporate more explanations about the law and explain how different things that were done actually fit in to the law. I decided to end my memoire with some of my own feelings as well as the questions that had been raised by my experiences. I feel this not only concluded my memoire well but really gives the reader my reasons for why I chose to focus my report on how one particular disability is covered by the Individuals with Disabilities Education Act. I felt that since the papers are in a portfolio this would help with the flow from one paper to another which was a major issue in my midterm portfolio.

My report also underwent a major change. I came to the conclusion that my report initially had too much information, which is what made the reader think the focus was something other than what I wanted it to be. I decided that I needed to take out a lot of information that was just about ADHD. That information was good, but was not necessary for what I was trying to focus on. I did this to make sure that the focus of my paper came across to the reader as the Individuals with Disabilities Education Act and how children with ADHD are helped by this law rather than just ADHD.