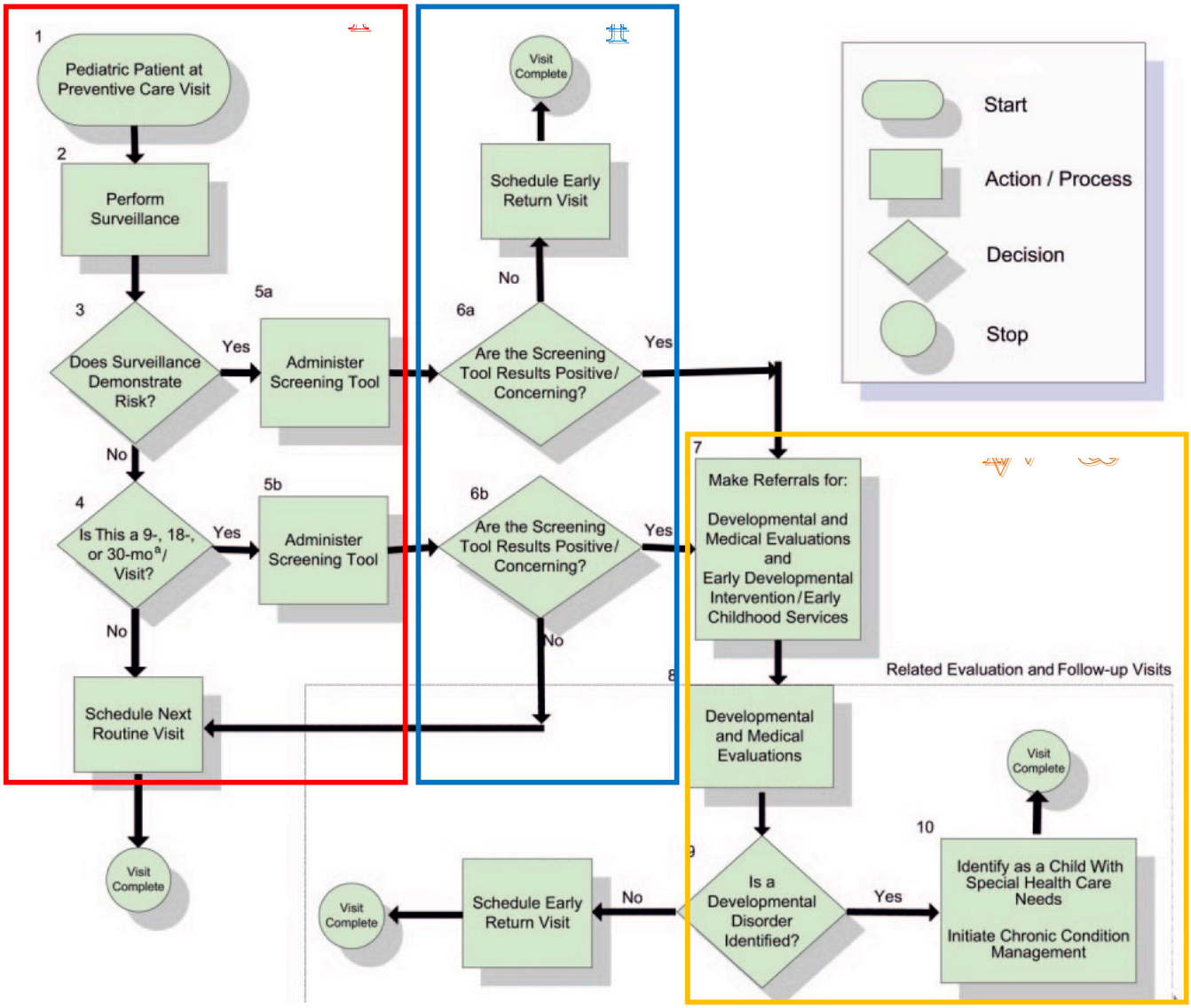
NCC Pediatrics Continuity Clinic Curriculum:
Development I-V
Faculty Guide

Overall Goal:

Understand the proper use of developmental surveillance in the pediatric office, to include developmental screening, school readiness, & use of community resources. *(Graphic from AAP Policy Statement on Developmental Screening & Surveillance).*

Overall Objectives:

- Devo I: Typical Development
- Devo II: Atypical Development
- Devo III: "K.I.D.S. Game"
- Devo IV: Psycho-educational Testing
- **Devo V: Developmental Interventions & Services**



NCC Pediatrics Continuity Clinic Curriculum:
Development V: Interventions & Services
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Pre-Meeting Preparation:

Please read the following enclosures:

- Modules 1 & 2 from the **DoD Special Needs Parent Tool Kit** *(*click on link)*
- Comparison of IEP vs. 504 Plan
- **Homework:** Bring in examples of IEPs or EIS reports from your continuity panel. Be prepared to discuss how each was developed and what contributions you made. *Have there been any modifications since the original plan was drafted? How has the plan impacted the patient and the patient's family?*

Conference Agenda

- *Review* Development V Quiz
- Complete Development V Cases
- **Resident/Staff Examples:** Discuss resident IEP and EIS examples. *The following items will also be available for review and discussion. Save 15-20min:*
  - Binder of Early Intervention Services documents from initial intake to plan.
  - 2 sample Individualized Education Plans (patient with cochlear implants; and patient with learning disability & ADHD)

Extra-Credit:

- AAP Policy Statements:
  - "The Pediatrician's Role in Development and Implementation of an Individual Education Plan (IEP and/or an Individual Family Service Plan (IFSP)" *(AAP, 1999)*
  - "Provision of Educationally Related Services for Children and Adolescents with Chronic Diseases and Disabling Conditions" *(AAP, 2007)*
- Parent Resources: *(give links to parents!)*
  - **"IEP: Summary, Process, and Practical Tips"** *(Autism Speaks, 2011)*
  - Maryland—Parent Guide to the IEP Process
  - Virginia—DOE Guide to IEP Process
  - D.C.—Parent Guide to the IEP Process

IEP vs. 504 Plan

(Adapted from http://www.davidsongifted.org/db/Articles_id_10671.aspx)

Two types of written plans – an Individualized Education Program (IEP) or a 504 Plan – can be developed and implemented by local school agencies regarding students with identified disabilities. Both are federally mandated but fall under two separate laws. They each provide for the student to receive a free and appropriate education within the least restrictive environment. However, these two plans serve different purposes, according to the needs of the child.

What is an IEP and Who Qualifies?

IDEA (the Individuals with Disabilities Education Act) provides federal funds to state and local agencies to guarantee special education and related services to children with disabilities. To be eligible for an IEP under this law, your child must meet these criteria:

- Be between the *ages of 3 and 21*
- Have an identified disability that impedes learning to the point that the child needs specialized instruction in order to close the gap between the child's own academic achievement and that of his/her age peers.

Whether your child has a qualifying disability is determined at an IEP meeting, using the results of standardized assessments as well as other informal and formal data collection. It requires unanimous agreement from the members of a multidisciplinary team that includes one or more of the following: special educator, psychologist, parent, related service provider, and general education teacher. Additional members of the team include other individuals with knowledge or expertise regarding the child, and a representative of the local school agency who is qualified to provide or supervise specially designed instruction for children with disabilities. This person is usually an administrator familiar with the general education curriculum and the resources of the local school agency. The team must agree that your child's disability falls under one of the *13 federally mandated categories* and that it interferes with the child's education and performance.

What is a 504 Plan and Who Qualifies?

As part of the *Rehabilitation Act of 1973*, Congress passed Section 504. This civil rights law protects people with disabilities by eliminating barriers and allowing full participation in areas of life such as education and the workplace. Section 504 is intended to prohibit disability discrimination by recipients of federal financial assistance and by public entities.

A 504 Plan is for students who *have a disability, have a record of a disability, or are treated as having a disability but do not qualify for special education services under IDEA*. For example, let's say that a child has cerebral palsy. While it does not interfere with the student's progress in the general curriculum, it does require the child to use special equipment to access his/her education. Therefore, this child would qualify for a 504 Plan.

It's important to realize that eligibility under Section 504 isn't a consolation prize for students who do not qualify for special education services under IDEA. Before deciding whether a student is eligible for this type of plan, the child must be assessed and the school team must agree that the child has a substantial and pervasive impairment in order to be eligible under this federal law. The purpose of a 504 Plan is to *level the playing field* and allow a child to get the accommodations/ modifications needed to access the curriculum at the same level as his peers.

How Does an IEP Compare with a 504 Plan?

The contents of an IEP are *specified by law*. This type of plan must contain:

- A statement of the student's present level of performance
- A statement to address how the child's disability affects participation in the general education curriculum
- Measurable annual goals and objectives related to the child's needs resulting from the child's disability
- A statement of special education-related services, supplementary aids, and other services to be provided
- Descriptions of program modifications and supports for school personnel
- Explanation of the extent, if any, to which the child will not participate with non-disabled children
- Explanation as to how the parents of the child will regularly be informed of the child's progress toward the annual goals
- A statement of whether the child will take district or state-wide achievement tests and if those tests will be taken with or without accommodations or modifications
- Explanation of why the child will not participate in such assessments if the IEP team makes that decision
- A statement of how the student will be tested if the district or state-wide tests are not used
- Projected date for initiating services and modifications and the frequency, duration, and location of those services and modifications
- The need for an extended school year
- Transition requirements for students aged 14 and older.

Unlike the IEP, there are *no legal requirements* for what should be included in the 504 Plan. Providing a free appropriate public education under Section 504 often means identifying *reasonable accommodations* to help the student. A 504 Plan usually addresses the following:

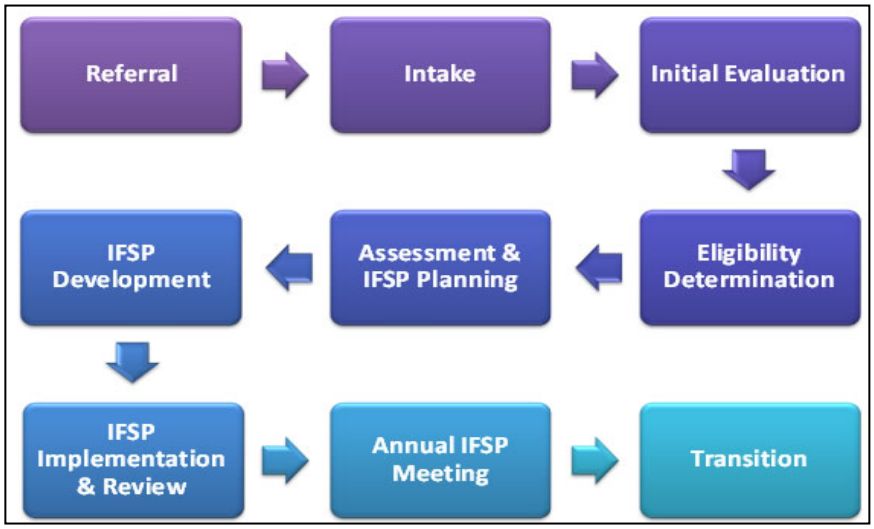
- Nature of the disability and major life activity it limits
- Basis for determining the disability
- Educational impact of the disability
- Necessary accommodations
- Placement in the least restrictive environment (LRE).

Conclusion

In summary, both documents are federally mandated and require the school system to implement them and adhere to their provisions. However, the federal guidelines are oftentimes vague at best. To complicate matters even more, each state and local school agency has its own interpretations regarding the implementation of these federal laws. The decision as to which, if either, of the documents discussed here would best fit with the needs of your child is one that requires research. Take the time to learn about your parental rights and to fully understand the process of qualifying for either an IEP or a 504 Plan. If you are still unsure if the school system is best meeting the needs of your child, seek the services of a professional skilled in this area.

Development V Quiz (must review online modules to properly complete):

1a. Fill in the proper steps in the **EIS Timeline**, as required by **Part C of the IDEA**:



* Referral via parent or doctor.

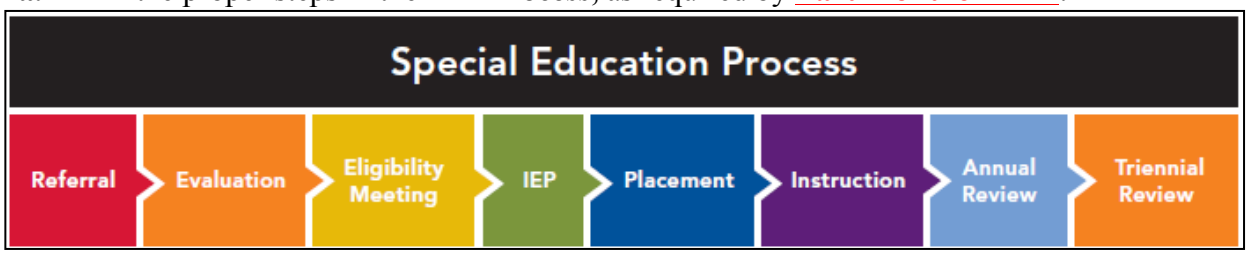
* Intake via "Service Coordinator," includes developmental screen.

* Initial Eval with Multi-D team (e.g. PT, OT, SLP)

* Eligibility Determination discussed at meeting.

1b. What is the max number of days between referral/intake & completion of the IFSP? **45 days**
1c. What ages are covered by EIS & the IFSP? **0-3 years**

2a. Fill in the proper steps in the **IEP Process,** as required by **Part B of the IDEA**:



2b. What is the maximum number of days between referral/parental consent and completion of the initial evaluation? **60 days**
2c. What is the maximum number of days (in general) between determination of eligibility and completion of the written IEP? **30 days**
2d. How often must the written IEP be reviewed? **Every year**
2e. How often must a child with a disability be formally re-evaluated for eligibility? **Every 3 yrs**
2f. What ages are covered by the IEP? **3-21 years**

3. Fill in the following diagram representing the legal definitions of disability, using the categories of "all children", "504 children", and "IDEA children"

Development V Cases:

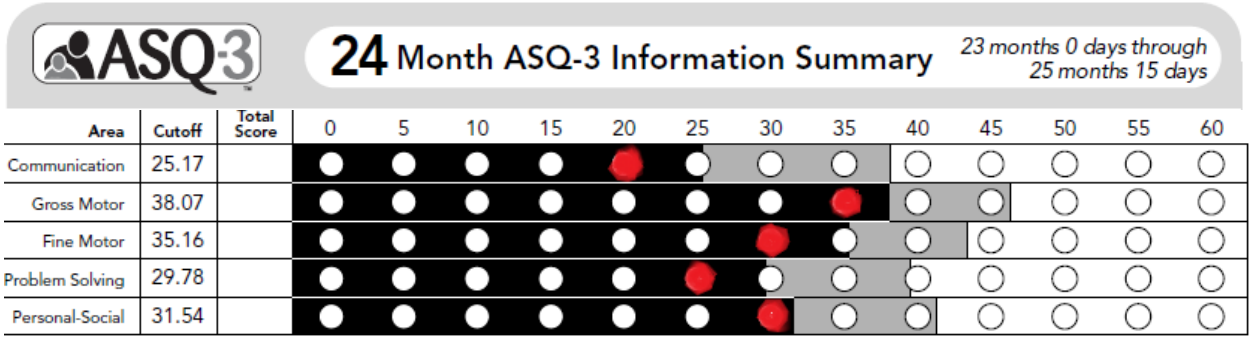
Case 1:

You are seeing a former 32 week preemie for her 24-month well-baby check. Her NICU course was remarkable for 1 week on CPAP; otherwise uncomplicated. She also has a PMHx of reflux, for which she receives Zantac. Mother reports no concerns at this visit.

What sort of formal screening do you want to do at this visit?

- Developmental screening with ASQ
- Autism screening with MCHAT
- Check lead and hemoglobin

Your ASQ shows the following:



Is this the correct ASQ?

Yes. Correct for prematurity if child is >3 weeks premature and <24 months chronologic age.

What is your overall assessment? List one milestone in each of the 5 ASQ domains that you would expect of this 24-month-old.

Global Developmental Delay, with delays in communication, gross motor, fine motor, problem-solving, personal-social. 2 year-olds have at least 50 words, are at least 50% intelligible; runs well, jumps in place; imitates a vertical line, stacks seven small blocks; sorts objects, pretends objects are something else; eats with a fork, calls herself "I" more than her own name.

What are your recommendations? What will you tell the parents specifically?

- **Referral to Early Intervention Services (EIS).** *Pgs 1-3 of Parent ToolKit Module I include specific talking points when discussing developmental delay with parents.*
- In most cases, providers will tell the parents to contact EIS in their county. Contact numbers are listed in the Scutdog and on the Peds Sharedrive. *If parents contact EIS, they MUST explain that they are concerned about their child's development.* **EIS is a parent-concern, parent-driven program.**
- Providers can also fill out a referral themselves. For example, 100% of high-risk NICU grads receive a provider-referral to EIS upon discharge. Referral forms are on the Peds Sharedrive; examples are in the Early Intervention binder provided for review.
- Some providers will also refer to **Audiology** and/or **Peds Developmental** at this time.

Your patient's mother, although surprised by the results of your developmental screening, appreciates your recommendations. She is anxious and has many questions about what to expect from the Early Intervention process. **Walk her through the process.**
See Quiz Q#1: Referral → Screening by Service Coordinator (often by phone/email) → Multidisciplinary Evaluation (at patient's house)→ Eligibility Meeting→ IFSP! **(All in 45 days)**

How many developmental domains are assessed in the Multidisciplinary Evaluation?
5 → adaptive; social/emotional; communication; physical development; cognitive development.

☀ In practice, Early Intervention often only tests the area(s) in which parents express concern. For example, if mother only reports concern for gross motor skills, EIS may only send a Physical Therapist to evaluate. Ensure that your families know the full extent of your concerns!

What determines eligibility for EIS?
Children between 0-3 must meet **IDEA eligibility guidelines**:

- Has a diagnosed condition, likely to result in developmental delay
- Has a developmental delay in 1 of 5 domains as measured by specific criteria
- Is considered to be a high risk of developing a delay if services are not provided.

In general, patients must have **biological risk** OR **developmental delay** (in VA & MD—25% delay in one domain OR 20% delay in ≥2 domains meets criteria). See p. 5 of the IFSP in the provided binder for example of Eligibility Determination ratings.

Your patient's mother e-mails you 3 weeks after your visit to report that her daughter's multidisciplinary evaluation was completed and, after the Eligibility Meeting, she was approved for Early Intervention Services. The process of writing the IFSP has begun, and mother asks you at which Early Childhood Center her child will be receiving PT, OT, speech & language.

What do you tell her?
EIS are typically received in the family home. The purpose is to "support the family's needs relative to their child's functioning within day-to-day routines and activities (i.e. their natural environment)". The IFSP considers the daily routines of the child and the family in determining the outcomes. See "Routines based interview", "Family and Child Strengths and Resources", and "Family Concerns and Priorities" on p. 6-end of the IFSP in the provided binder.

Six-months after your initial referral to Early Intervention, your patient's mother emails you again. She reports improvement in your patient's gross motor skills; communication is still delayed. She is concerned; however, because her family is set to PCS to Ft. Bragg.

How do you counsel her?
In general, transition planning occurs 6 months before a child turns 3. It also occurs when a family moves from their "catchment" area (see "Transition" in IFSP in binder). Mother should contact her service coordinator and EIS providers to prepare her child's transition plan.

Case 2: *Recall Patient PM from the Development IV Module:*
PM is a 9 year-old otherwise healthy female we diagnosed with ADHD, Reading Disorder, and Disorder of Written Language, based on the cumulative results of her Vanderbilt Scales, WISC-IV aptitude testing, and WJ-III achievement testing. At the conclusion of the module, we recommended multiple school-based interventions, including an IEP.

Is PM eligible under IDEA Part B for an IEP?
Yes. There are 13 disability categories under which a child may be determined to be a "child with a disability" (*see p. 6 in Parent ToolKit Module II*). Intellectual disability, speech-language impairments, specific learning disabilities, amongst others qualify. For specific learning disabilities, there must be a >1.5 SD difference between aptitude and achievement, which translates into a 2-year grade-equivalent delay.

To what else is she entitled under IDEA Part B? *(see p. 2:1)*
(1) FAPE
(2) Appropriate evaluation
(3) IEP
(4) LRE
(5) Meaningful participation
(6) Procedural safeguards

Imagine you are seeing PM and her parents for follow-up, after receiving her test results from pyschoeducational testing. **How will you explain the "next steps" to her parents? Did you need to refer her for psycho-educational testing at WR-B in the first place?**
See Quiz Q#2: Like the Early Intervention Process, educational interventions begin often with a parent-triggered referral for evaluation. This testing is typically done *within the school system* and assesses academic, cognitive, behavioral, physical, developmental, and speech & language domains. *Outside testing* is often done as a "second opinion" if the child does not qualify for services based on initial evaluation. After testing/evaluation comes the eligibility meeting and IEP development meetings. **Have you ever attended an IEP meeting for one of your patients?**

What should you, as PM's pediatrician, and her parents expect to be included in her IEP?
(See p. 2:7; see example IEP packets from MD and VA)
(1) **Background Info**: Current level of academic achievement
(2) **Goals & Objectives**: Annual goals; dates and locations for services; transition planning; how progress will be measured and reported.
(3) **Services & Placements**: Special Ed and Related Services; portion of Gen Ed vs. Special Ed placement; modifications in state testing.

For PM's IEP, what are examples of modifications, accommodations, and related services?
(1) **Modification** = change in what is being taught to or expected from the child
(e.g. abbreviated assignments, modified test format, behavior contract)
(2) **Accommodation** = change that helps a child overcome or work around the disability
(e.g. preferential seating, taped materials, additional time, use of word processor)
(3) **Related services** = support services to help children with disabilities be successful in their instructional program (included in the IEP)
(e.g. speech-language pathology, psychological services, occupational therapy)

PM's parents appreciate your detailed description of the IEP process and the elements of the written IEP. They take you aside, however, and ask you whether consenting to an IEP means that PM will be in a Special Education class "for the rest of her life".

What do you tell her parents?

IDEA mandates that children be placed in the **"least restrictive environment"** (LRE). This means that PM should be removed from the general education classroom only when absolutely necessary. *(See p. 2:12 for diagram of placement options).* PM, for example, may be "pulled out" of her regular class only for Reading help.

Also remind the parents that they can identify and **give consent for services for which they agree** and indicate those services which they do not support. PM will begin to receive the agreed upon services; meanwhile, her IEP team will meet to discuss the disputed services.

You decide to attend the IEP meeting with PM's parents, her 4th grade teacher, her school guidance counselor, and her school reading specialist. Within 30 days after PM's disability was identified as meeting IDEA eligibility requirements, her IEP is completed. You continue to follow-up with PM regularly to assess her ADHD symptoms and check in on her school performance. Six-months into her IEP, the father reports that PM's teachers are "not following the plan". Specifically, they are not letting her use books-on-tape, and they are not giving her extended time for testing—both of which were clearly indicated on her IEP.

What do you advise the parents to do?

Details on "Advocating for Your Child" are including in Module 5 of the Parent ToolKit; as well as the IEP Guide for AutismSpeaks (see Extra-Credit).

Key point is that there are "**procedural safeguards**" to ensure that the rights of the child and the parent are protected and to address disputes. Advise parents to contact the Special Educators, School Principal, and School administrators in PM's district. If this does not resolve the dispute, IDEA allows parents to file a complaint; request mediation; and hold a **due-process hearing**.

Despite the issues with PM's IEP, her parents think it was beneficial overall to her school success. They ask you whether her sister, DM, could get one too. DM has a PMHx of IBD.

Is she eligible for an IEP? Are there other options?

No IEP, but depending on the severity of her IBD, DM may be eligible for a 504 Plan. Eligibility for a 504 plan requires a physical or mental disability which substantially limits at least one major life activity (e.g. walking, writing, speaking, eating). A 504 Plan for IBD might include "any time" bathroom pass; eating small snacks/drinks throughout the day; no penalty for tardiness or absence because of medical appointments or illness; home-tutoring for extended periods of absence. *(See HERE for a complete listing, as an example).*

Development V Board Review:

1. A 14-year-old boy has been receiving occupational therapy due to weakness in his graphomotor (eg, handwriting) skills. During the school annual Individualized Education Plan (IEP) meeting, his mother asks about alternative strategies that could be used to help him compensate for his area of weakness.

Of the following, the BEST alternative strategy is to
A. allow him to use print rather than cursive writing for his notes
B. have a class scribe write notes for him
C. have him use a word processor/laptop computer
D. have him use audio books
E. provide preferential seating near the blackboard

As students who have learning difficulties progress in their education, the emphasis changes from remediation to accommodation. Accommodation encompasses modifications in how tasks are given to students so that affected children may complete the same school work as other students. Such accommodations allow students who have learning issues to present their knowledge without being affected adversely by their disabilities.

The boy in the vignette, who has weakness in his graphomotor skills, should be allowed access to electronic devices such as a laptop computer to help accommodate his area of weakness. The use of a class scribe will not foster his independence in taking his own notes.

Allowing him to print instead of writing in script may make his notes neater to read, but it will slow his ability to take notes efficiently. Preferential seating near the blackboard may be helpful for a student who has a visual acuity problem, but it will not help this student's handwriting.

Audio texts are useful for students who read slowly. Other potential accommodations allow a change in timing, formatting, setting, scheduling, response, or presentation of the assignment or test. Such accommodations do not alter what the test or assignment measures in any significant manner. Examples of such accommodations include a Braille version of a test for a student who is blind or taking a test alone in a quiet room for one who has attention-deficit/hyperactivity disorder.

2. A 9-year-old child has been struggling in his regular third-grade classroom and has not yet received additional educational support. A comprehensive psychoeducational evaluation reveals a significant discrepancy between cognitive testing scores and academic performance for reading and writing.

Of the following, the BEST educational intervention for this boy is
A. after-school private tutoring for language arts
B. mainstream classroom with preferential seating
C. resource services for language arts and reading
D. self-contained classroom for all subjects
E. summer school so he can catch up

The Individuals with Disabilities Education Act (IDEA) of 1990 (PL 101-476) defines the guidelines for education of children in the United States who have specific learning disabilities. According to the "least restrictive clause" in IDEA, children who have learning disorders should be integrated into the mainstream classroom as much as possible.

The child described in the vignette is having learning issues in the area of reading and writing. The most appropriate setting for him is in the mainstream class for all of his subjects except language arts and reading. For these skills, he should receive extra educational support.

Typically, this is accomplished by having the student go to a specialized classroom (resource room) staffed by a special education teacher. Preferential seating close to the teacher in a regular classroom will not address his areas of academic weakness. Although he may benefit from additional tutoring and summer school, these strategies could be offered in addition to resource services. Children who have more significant learning issues (eg, autism spectrum disorder, cognitive impairment) may require a self-contained classroom that provides more individualized and intensive educational support.

3. A 12-year-old girl is receiving learning support because of difficulty with reading and language arts. She struggles to do well in the classroom but realizes she can never compete successfully with her older sister academically. She is well-coordinated and enjoys playing basketball in her yard. Her parents are concerned by her negative comments about herself and ask your advice on how they can help her improve her self-image.

Of the following, your BEST recommendation is to
A. evaluate the girl for attention-deficit/hyperactivity disorder
B. recommend extracurricular activities for the girl
C. repeat the psychoeducational evaluation
D. suggest that her older sister help with her homework
E. suggest the parents hire an educational advocate

The term "learning disabilities" refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. Such disorders are intrinsic to the individual and presumed to be due to central nervous system dysfunction. Most definitions of learning disability include a discrepancy between ability as measured on an intelligence test and actual achievement in academic skills.

The prevalence is estimated to be 3% to 5% in the school-age population. A vital aspect of the appropriate management of learning disabilities is maintenance of the child's self-esteem, which is affected adversely by repeated failure. Therefore, it is important to work closely with parents so they understand that the failure is not the child's fault or purposeful.

Because the child described in the vignette displays feelings of poor self-worth, it is important for her to engage in activities that give her a sense of accomplishment, such as extracurricular activities. Having her sister help her with her homework may increase sibling rivalry. Although additional educational testing may provide further information about the child's learning needs, it does not address her parents' concerns regarding the girl's insecurity and poor self-esteem. There is no indication in the vignette that the child is having problems paying attention or that her educational needs are not being met. Therefore an evaluation for attention-deficit/ hyperactivity disorder or hiring an educational advocate isn't indicated.