

Parent Magazine

In order for children to be considered for special services, they must first be screened by a team of evaluators from different disciplines. In this article, a YVY psychologist takes some of the mystery out of this complex process.

EVALUATION

Why and How to Have Your Child Evaluated for Special Services

by Rebecca Kaplan

At the beginning of each September, most parents and children look forward to school with excitement and anticipation. Children may ask their parents: What will school be like? Will I make friends? Will the teacher be nice? Will there be cookies? Similarly, parents may ask their children's teachers about the type of experiences planned, the classroom routine, and the skills that the children will be expected to master. They too may wonder: Will our child make friends? Will the teacher be able to work with us in successful collaboration? Will he be eating cookies?

A main concern for many parents of school age children revolves around whether or not their child will successfully make the transition into school.

As the school year goes on, each child will demonstrate his or her strengths and distinguish him or her self based on personal characteristics, attributes and traits. Every child has something that makes him or her unique, and the structured classroom experience often helps that to come through. Some children learn their letters, numbers, and shapes quickly. Others are good at sports. Some are popular with their classmates and seem to get along with everyone. Most children are pleasant, personable, happy, and well adjusted, enjoying their initial school experience.

But what if a child's transition into school is not quite so smooth?

For some children, the structured classroom experience brings with it struggles and challenges. When that happens, the classroom teacher and school support staff usually try to work with the child in the classroom to see what can be done to help. After efforts to adjust the usual classroom routine and individualize experiences to accommodate the needs of the struggling student prove unsuccessful, a child's parents or guardians might be encouraged to have their child evaluated to determine if the child is in need of, and eligible for, additional support services.

Other times, parents themselves or other individuals close to a child recognize concerns. These concerns may even be raised before a child



enters school by a family physician, a caregiver, or a parent.

- A mother may notice that her younger child is not developing or "doing things" the same way older siblings did.
- The pediatrician may notice, during a well visit, that a child is not on target developmentally or is manifesting problems which may impede the child's functioning.
- An aunt who works at a preschool may recognize that her niece seems shy and plays by herself more than other children her age.
- A friend might mention to a parent that her child has trouble communicating when the parent is not around.

When parents agree with teachers or others that there are concerns about a child, they may decide that their child needs to be evaluated. The purpose of the evaluation is to determine what extra help the child might need and be eligible for. This extra help should bolster the child's functioning so that he or she will learn to do the things that other children the same age are able to.

Referral and Consent: A referral is a recommendation for evaluation, or testing. Anyone may suggest to a parent that a child be tested. However, only a parent may initiate the official request. This involves

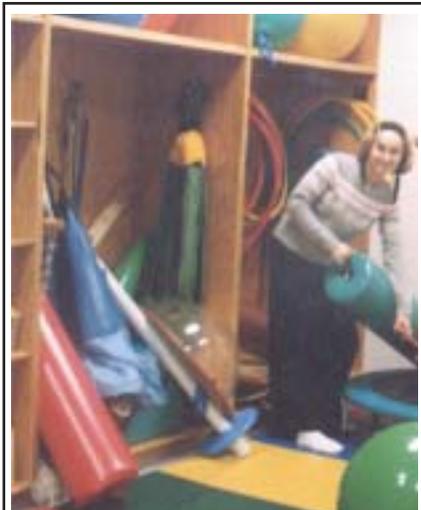
Rebecca Kaplan is a school psychologist and behavioral consultant working with Yeled V'Yalda since 1995. She specializes in the evaluation, problem identification, and remediation of children under age five. Her expertise includes children with anxiety and fearfulness, separation problems, social deficits, oppositional and acting out behaviors, temper tantrums, cognitive and learning concerns and pervasive developmental issues.

contacting an agency, Early Intervention office, or the school district to request testing for a child, and signing the proper consent forms. Early Intervention involves support services for children between the ages of 0 - 3 years old. For children ages 3 -5 years old, the local school district provides support services. At the time of the referral, parents will be asked to identify and explain what their concerns are and why they feel their child needs to be tested.

Common reasons for referral:

Motor concerns: The child has trouble walking, running, or climbing, trouble with sensory processing issues, or trouble handling and using objects with his or her hands. . Sensory issues are where a child has difficulty effectively managing sensory input from the environment. Muscle tone issues are where a child's muscles are too weak or tense for him or her to have a full range of motor experience. For children referred for early intervention this might be related to a child sitting, crawling, walking or running late. As children get older, this might also involve poor coordination, physical limitations that impede play, visual motor organization, ability to handle small objects, or inability to integrate motor movements with both sides of the body, like going up and down stairs. **Occupational and physical therapists** most often address concerns related to motor issues.

Communication concerns: The child has trouble understanding instructions, trouble expressing ideas, or is late in



Occupational & Physical Therapy Room / YVY

learning to say and use words or in putting words together into combinations. The child may have unclear speech, poor voice quality, poor fluency (rate and flow) of words in day to day conversation, etc. For children referred for early intervention, this might be related to a child being late to babble or make sounds, late to put two or more sounds together, or say individual words, combine words into phrases, or follow verbal instructions. For young children this may also involve feeding and oromotor problems such as weak muscle tone, drooling, trouble sucking from a bottle, difficulty chewing and swallowing food, or the inability to drink from a cup or straw. Older children may have trouble using speech in day to day situations, using words to communicate ideas, speaking clearly in sentences, or using proper grammar. **Speech and language therapists** most often address concerns related to communica-

tion issues.

Behavioral and emotional concerns: The child acts uncooperative, is "too" active, is inattentive to a point that makes it hard to learn, or is aggressive towards others. For children referred for early intervention this might relate to those who fail to respond to the sound of their names despite having adequate hearing, or those who are unable to separate from their parents. For both older and younger children this might relate to those who hit, bite, or scratch when frustrated, have excessive and prolonged temper tantrums, or are unable to play cooperatively with others. Children who anger easily, those easily frightened, and those who refuse to speak or speak little in school or with other children their own age also fall into this domain. **School psychologists, special education teachers, and social workers** most often address concerns in these areas.

Cognitive concerns: The child doesn't start to play independently, doesn't use toys appropriately, has trouble understanding and learning new skills and information, has trouble following instructions with more than two steps, or doesn't know as much as other children the same age. For children referred for early intervention, this might relate to trouble understanding and following both verbal and non-verbal directions, trouble understanding names of objects, failure to acquire self help skills, failure to combine objects in play, or failure to imitate frequently seen actions of people around him or her. For older children, this may include difficulty learning colors, numbers, or shapes, trouble learning how to follow classroom routines, trouble learning basic or new information or songs, rhymes, or letters. **School psychologists and special education teachers** most often address concerns in this area.

It is important to note that many of these problems can coexist. A child may manifest concerns in a number of areas at the same time, or a child may manifest a problem that only affects a single area or domain of functioning. The presence of a disorder that has a strong likelihood of resulting in developmental delay (for example, cerebral palsy, hearing impairment, etc.) also calls for evaluation.

Why is the evaluation so important?

Strong evaluations can make a difference in whether your child receives services or not. Knowledgeable, high-quality practitioners will best be able to identify why your child is exhibiting the problems he or she is having, how these problems are impacting on your child's day to day functioning and learning, and why fixing these problems is important. Explanation and clarification justifying why a child needs services is what the professionals who determine service eligibility are looking for when they meet to review evaluations and make decisions about a child's qualification for assistance.

Strong evaluations identify problems and explain what therapists who will work with the child need to do in order to help. Initial evaluation involves the administration of tests that compare a child's performance to that which is expected of other children the same age or grade. It is essential for an

evaluator to administer and score test correctly and interpret the results meaningfully. The therapists giving the child services thus understand what the child's problems are and can work on the best way to go about addressing them.

Strong evaluations facilitate the delivery of appropriate recommendations. Experienced evaluators with a strong base of knowledge across multiple domains of functioning will not only be able to explain a child's test results, but will also be able to make appropriate recommendations for supplementary evaluations to address areas of concern outside that evaluator's main domain of expertise. For example, the Early Intervention core evaluation involves administration of an educational evaluation. The educational evaluator may be able to make recommendations for other evaluations such as speech, hearing, occupational therapy, or physical therapy based on what she sees in testing your child. The psychological evaluation is the core part of the assessment for children ages 3- 5. The psychologist is most likely to identify concerns that relate to other areas of functioning and require extra testing such as occupational therapy evaluation, physical therapy evaluation, speech and language testing, audiological assessment, vision evaluation, or neurological follow-up. A strong evaluator also knows how to interpret test results and use these interpretations to make intervention recommendations across different domains of functioning. She provides a holistic picture of what an assigned therapist should work on if the child is identified as eligible for help.

What can parents do to attain an effective, quality evaluation for their child?

Many of the best evaluators have full schedules with limited availability. It may be worthwhile to let the agency conducting the evaluation know that you are willing to make yourself available for your child's testing according to the assigned evaluator's schedule.

Many of the children evaluated for Early Intervention or in the 3-5 age range are in school. It is, therefore, realistic to expect that your child will have to miss some class time in order to participate in testing. For children ages 3-5, the educational evaluation is done in school.

It is important to note that most children give a more accurate picture of their true functioning when they are not tired. It is best for children to be tested earlier in the day or after they have eaten or napped so that they can put their best foot forward and be free from interference in the testing. When scheduling an appointment, try to take into account your child's daily routine and request or accept an appointment time earlier in the day or after your child has gotten up from his nap.

The evaluation process will likely involve a few assessments in different areas of functioning. The total time commitment will ultimately not involve more than a few hours over the course of several days. If you work outside the home, it is worthwhile to take a few hours off, if possible, to make your child available for testing in order to assure that evaluations are conducted under the most optimal conditions possible. If you are home full time, it is worthwhile to rearrange your daily routine to accommodate an appointment for testing.

Health Matters

By Garey V. Ellis, MD.

As the saying goes, "When you have your health, you have everything." But of course, we cannot just sit idly hoping for good health for ourselves and our families. Preventive care is an important part of medicine, so it is everyone's responsibility to learn as much as possible about how to maintain wellness and to recognize warning signs of illness as early as possible.

As a New Year begins on the Jewish calendar, I wish everyone in the YVY family a healthy year. To assist this, I will share information that can help us all to maintain good health in this new column.

This month we will learn about dental health problems and effective preventive care, through information from the American Dental Association.

What should you know about diet and tooth decay?

Your teeth are covered with plaque, a sticky film of bacteria. After you have a meal, snack or beverage that contains sugars or starches, the bacteria release acids derived from dietary sugars that attack tooth enamel. Repeated attacks can cause the enamel to break down and may eventually result in cavities.

Plaque that is not removed can eventually harden (calcify) into calculus, or tartar. When tartar collects above the gumline, it becomes more difficult to thoroughly brush and clean between teeth. This can create conditions that lead to chronic inflammation and infection in the mouth. Brushing twice a day with fluoride toothpaste and cleaning once a day between your teeth with floss or an interdental cleaner helps remove decay-causing plaque.

With this issue, we inaugurate a new column by Yeled V'Yalda's Director of Health Services and Family and Community Partnerships. If there are any issues you would like addressed, please let us know at (718)686-3750, ext. 353.

Don't be shy to let the evaluator scheduling the appointment know your routine. Evaluators always try as hard as possible to accommodate a child or family's schedule when making test arrangements. You can make requests for an appointment that will accommodate your child and family routine (i.e., testing arranged on Sundays).Most evaluators will take these requests into account when scheduling with you.

If your child is being evaluated at home, arrange the evaluation area so that it is clean, free of distractions, and conducive to work. This includes removing the telephone during the evaluation, keeping your other children busy while your child is working with the evaluator, and keeping videos, computers, or audiotapes off during the testing.

Parents' cooperation is essential for having a child evaluated appropriately and for the child to receive the most benefit from services once these services are approved. Parents must work actively with their child's therapists to assure optimal results.