



School & Adoption Navigating IEPs, IDEA, and Special Services

By Cyndie Odyá-Weis

“I’m sorry Mr. and Mrs. Smith,” said the teacher in the voice mail message, “but I need you to come to school again. Joshua is having trouble in class.” It was a familiar request. The Smiths had been to school so many times that, as Mr. Smith wryly joked, “the car remembers how to get there.” Joshua, seven, had joined the family through adoption two years earlier. Since he had been in school, Joshua had been repeatedly evaluated for a variety of disorders. Mr. and Mrs. Smith had reams of reports littered with now all too familiar codes—ADHD, FAS, LD, CP, OHI and others. *[The fictitious Smiths represent the experience of many adoptive parents whose children have special educational needs. The acronyms are spelled out at the bottom of this document.]*

“There are enough letters to make alphabet soup!” declared Mr. Smith at a recent tense meeting to discuss his son’s progress, or more aptly stated, Joshua’s lack of progress. The Smiths were committed to working with the public school. They communicated often with school staff and believed good resources were available. They also realized, however, that their son’s adoption and early years of abuse and neglect fed into his school problems.

Before he turned six, Joshua was in a generic exceptional education classroom with eight children who had a wide variety of special needs. In first grade, the school tried a pull-out program. That year, specialists pulled Joshua out of the regular classroom for short periods each day to provide intensive instruction on a variety of academic skills. When that did not work, an instructional aide came to work with Joshua in the regular classroom

Teachers were now talking about a self-contained second grade class where Joshua would be with five other children who all had severe health needs. Teachers thought that the new class, along with time in a resource room, would be a good combination. In the resource room, learning disability specialists could help Joshua improve his skills through computer-assisted learning, group games, and more individual attention.

FAPE and IEPs

Before the Smiths adopted, they learned that the U.S. public education system is required to accommodate all children, no matter what their needs. Free, Appropriate Public Education (FAPE) was first authorized through the Education for All Handicapped Children Act of 1975 (P.L. 94-142), and one key to making FAPE a reality is the Individualized Educational Plan (IEP), a customized set of goals and strategies to help each child learn.

Federal laws govern IEPs in the U.S. In Canada, each province administers educational policy, and sets the rules for children's educational plans. According to Nancy Umbach, an adoptive parent and child advocate from Ontario, any parent in Canada can request a plan for his or her child, even if the child does not have serious special needs.

Under U.S. federal law, IEPs can be developed for children who are found to have "mental retardation, a hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, serious emotional disturbance..., an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services." (IDEA, 1997 Regulations, Subpart A, §300.7) Young children who are experiencing developmental delays may also qualify.

The process works as follows:

Step 1: Identification

Anyone who knows the child—including a parent, teacher, or physician—can refer a child for evaluation if he or she suspects that the child has a special need. The earlier the intervention, the better, so it is important not to take a wait-and-see attitude. Before the actual evaluation, parents must give permission. If the need is severe and the parents refuse to permit an evaluation, protective services can ask a court to allow the evaluation without the parents' consent so the child can get needed services.

Step 2: Evaluation and Assessment

A team of experts (identified commonly as an IEP team, a multi-disciplinary or M-team, or an individual program review committee or IPRC) assess the child, and if the team determines that the child has exceptional educational needs, an IEP is created. Parents are an important part of planning the IEP. They meet with the evaluators to discuss evaluation findings and determine how to best meet the child's educational needs. Depending on age and the nature of the special needs, the child can be included in meetings too.

Step 3: Placement in the Least Restrictive Environment

If the child meets certain criteria, the school system offers a special program, placement, or services that can meet the child's needs in the "least restrictive environment." In most cases, children are in a regular classroom with an array of special services. A special class for all or part of the day is another possibility, as is an allotment of time spent in a resource room with a specialist, or having an aide to help the child manage in the regular class. Services may include physical, language, or occupational therapy, or monitoring by medical personnel.

Step 4: Monitoring and Modification

After a plan is in place, teachers and parents must monitor the child's performance. As needed, the IEP team can modify the plan to provide additional services or move the child to a different setting.

IDEA and Education

In 1997, the Education of All Handicapped Children Act was amended and reauthorized as the Individuals with Disabilities Education Act (IDEA). Changes and clarifications in IDEA:

- Mandate that services be tailored to the child's individual needs instead of his or her disability category
- Require that IEP teams consider all factors, including a child's behavior, that impede learning
- Outline discipline procedures and services that children must receive when removed from school

"With IDEA," says Niki Rogers, a Milwaukee school teacher, "things are so much more clear." IDEA, she notes, suggests how to incorporate classroom accommodations and create better plans. In the 24 years she's been teaching, Rogers has seen services for children with special needs improve dramatically. She was one of the first teachers in the 1970s to include children with special needs in regular classrooms, and is excited to see a blend of ability levels and needs in nearly every class.

Inclusion—also known as mainstreaming—is clearly the trend for children with special educational needs, but it is not the best idea for all children. Judy Grove, the Adoption Council of Canada's executive director, has eight children—six who joined the family through adoption. "There is no one-size-fits-all approach," Judy asserts. "A lot depends on what you perceive the child's disability to be. When children have developmental delays, normalization and higher expectations can be helpful. Other disabilities may be best served in more segregated environments."

Adoption and Education Plans

Marie and Richard Baczanski have three adult birth children and a teenage son who was adopted. They have also been foster parents. When their son was placed in a regular class with resource help only, Marie knew he wasn't getting his needs met. "I told the M-team not to build any more schools," Marie says, "but rather to build prisons, because that's where our kids were headed if their needs were not met." Her strong advocacy role secured appropriate school placements for many of her kids. "If you don't speak up, the kids won't get what they need. Keep hammering away," she advises, even if it means working for a more restrictive placement.

Almost unanimously, parents and teachers believe school personnel need to be more aware of foster care and adoption-related issues that affect student performance. After fostering more than

40 children and adopting seven, Sharon and Jerry Klingler know intimately how hard transitions can be. It is traumatic, Sharon observes, for kids to change families and schools. “The schools could help just by knowing the circumstances of why the child’s coming to a new school,” she says. Even simple things can make a difference, like having the class welcome a new child.

Over time, the Klinglers found that their children adjusted and had their needs met. Sharon stresses that, when possible, both parents should communicate with the school and include the child in meetings. “I found,” she says, “that the teachers tended to make more positive remarks when the child was sitting right there.” This led to better communication and planning.

Sadly, some foster children don’t have the benefit of caretaker input. Marie Baczanski reports that at one point, her school system didn’t allow foster parents or social workers to participate in IEP meetings unless the birth parents gave written permission. “We who do the homework and see all of the day-to-day behaviors could not be a part of the educational planning,” she says indignantly. “It was ridiculous.”

“Parents and families are essential to making the plan work,” agrees Judy Whitehead, a retired teacher from Michigan who taught exceptional education classes for 34 years. “You just can’t do it without a team effort.”

Schools in the U.S. may also grant special services to home-schooled kids or to children attending private schools. If parents in these circumstances suspect that their child has exceptional needs, they can ask the public school for an evaluation. If special services are warranted, and the parent convinces a hearing officer that the public school did not make FAPE available, then the school may have to pay for an approved private school. Public school systems in the U.S. and some Canadian provinces can also provide services to children in hospitals, residential treatment centers, and in the child’s home if the child is homebound.

Section 504

Sometimes a child’s physical or mental impairment hinders her work in a regular class, but the child does not meet the criteria for exceptional education services. In these situations, Section 504 of the Rehabilitation Act dictates that U.S. public schools provide accommodations to address the child’s disability.

Section 504 accommodations relate directly to the child’s disability. Schools may, for instance, modify rules, policies, or practices; remove architectural or communication barriers; or provide assistive technology. In terms of education, a child who has Section 504 protections has access to the same free and appropriate education as children who are not disabled.

Compared to IDEA—which has set rules and enforceable timelines—Section 504 guidelines are much less specific. For example, IDEA specifies that parents must receive written notice of all meetings and a copy of the IEP. Section 504 does not include either requirement.

Conclusion

It is through interchanges of ideas and information that education can improve for all children, including those who have special needs. Parents—birth, foster, and adoptive—and teachers who work with their children must communicate and join together to see that every child has equal access to the free appropriate public education guaranteed by law.

Exceptional Education Categories

Traditional labels do not always fit children with exceptional education needs, and laws and policies focus more on individual needs than categories. Many school children, however, have needs related to specific categories and diagnoses. Some of the more common terms are listed below.

- CD: cognitively disabled or delayed
- ED: emotionally disturbed
- LD: learning disabled
- OHI: other health impaired (a health impairment that affects a child’s strength, vitality, or alertness—including heightened alertness to environmental stimuli—and adversely affects his or her school performance)
- Visual or hearing impairment

Common medical diagnoses that can affect educational needs include:

- ADD/ADHD: attention deficit disorder/ attention deficit hyperactivity disorder
- Autism
- CP: cerebral palsy
- DD: developmental delays
- FASD: fetal alcohol spectrum disorder
- ODD: oppositional defiant disorder
- PDD: pervasive developmental disorder
- RAD: reactive attachment disorder