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When meeting with families of students of all ages, one of the questions I typically ask is “What do they play with?” or “What do they do for fun?” All too often whether the child is 3 or 13 the answer is some type of electronic device. TV, iPads, YouTube, video games and tablets can all have their place, but should be well-balanced by other leisure activities.

Fred Rogers is quoted as saying “Play is often talked about as if it were a relief from serious learning. But for children play is serious learning. Play is really the work of childhood.” Electronic devices do not provide the type of “play” that promotes learning, creativity or problem solving. Research on play has shown that pretend play helps children learn both to understand themselves and take the perspectives of others. Dr. Alison Gopnik, professor of psychology at UC Berkeley says “We have evidence that this kind of understanding leads to social adjustment in school and social competence in life.”

Studies have also shown that social skills may predict future academic success and that just 30 minutes of play activates the neocortex of the brain as highlighted in a NPR Ed Morning Edition titled “Scientists Say Child’s Play Helps Build a Better Brain.” This is the part of the brain that is involved in “higher functions such as sensory perception, generation of motor commands, spatial reasoning, conscious thought, and in humans, language” per sciencedaily.com.

The American Academy of Pediatrics (AAP) has conducted studies linking “excessive television viewing in early childhood and cognitive, language and social emotional delays.” Even so-called educational shows or Apps do not engage our children in social back and forth experiences.

So what can we do to help limit our use of electronics? The AAP has developed an amazing tool to help families set limits, guidelines and boundaries for electronics for the whole family. You can find age-based time limit guidelines and make use of a template to make a “Family Media Use Plan” here: https://www.healthychildren.org/English/family-life/Media/Pages/How-to-Make-a-Family-Media-Use-Plan.aspx

Sitting with your child while they use electronics and working on turn-taking or discussions at their level of what they are seeing is a way to make these times more interactive as well. Internet usage of any type should not happen out of sight of adult caregivers for child safety.

Also, FDLRS-MDC has training resources available both by request and offered periodically throughout the year to help with behavioral contracts and how to help set reasonable limits on technology usage for the whole family.

Resources:

“Play is the Work of Childhood,” but is it Beneficial?, article, https://fessyblog.org/play-is-the-work-of-childhood-but-is-it-beneficial-2/

Most parents have heard of Exceptional Student Education (ESE) as a program that offers services to students with disabilities that have been found eligible for those services. However, there are other avenues to address student needs in the general education setting. Section 504 is an avenue in public school settings where educational needs are met through the use of classroom accommodations in the general education setting.

Nationally, schools have interpreted Section 504 of the 1973 Rehabilitation Act, a Civil Rights Law, in a way that addresses students with disabilities in the academic environment. With Section 504 in the schools, the premise is to offer students with a disability equal access to the school environment or curriculum that may otherwise not be available or be difficult to access due to the perceived disability. There are two prongs to finding a student eligible for a Section 504 plan. The first prong is for the school based team to decide if a disability or impairment is present. By law, this disability must be supported by documentation, but often, this can be a medical diagnosis including a psychiatric diagnosis. The second prong is that there is an area of academic life that is impacted by the disability, it is phrased as “how does the disability impact a major life activity”. Often, school based Section 504 teams will complete a record review and look at grades to see if the student meets eligibility requirements. However, this can be a very narrow view of academic success. If a student is obtaining all ‘A’s in his academic curriculum but fails gym repeatedly because he will not dress out and he has no friends in the school setting, this student may meet the second prong of eligibility criteria for a Section 504.

Parents may wonder what disabilities may fall under the umbrella of Section 504. These can include, but are not limited to, anxiety, autism spectrum disorder, bipolar, traumatic brain injury, cystic fibrosis, severe asthma, attention deficit disorder, deaf in one ear, selective mutism, obesity, or depression. The list is extensive and casts a much wider net than the categories defined by Exceptional Student Education law.

Parents who are concerned that their child may need something more in school to address the child’s needs, but who do not think the need is significant enough to warrant eligibility for special education, may want to inquire with their school counselor about a Section 504 Plan. Be prepared to share any information you may have from the doctor to assist with eligibility and educational planning. However, in many instances, a medical diagnosis is not required by law to be found to have a disability under Section 504. Once a parent has requested a Section 504 meeting, the parent should be invited to the Section 504 team meeting. These are handled differently in each county in the state. However, parents are part of the team and have valuable information about their child to share with the team for the purposes of educational planning. In some instances, the team may request further information from members of the team before making a Section 504 eligibility team decision. This could include having teachers and parents complete rating scales, classroom observations, and/or standardized testing. Any evaluation requested by the team should also include obtaining parent consent prior to the evaluation.

If your child meets the criteria for a Section 504 Plan in the public schools, usually a plan is written. This plan
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should state approximately 4-8 accommodations that the student needs to address academic success. The accommodations must relate the identified disability and how that impacts the student in the academic environment. For example, if a student has a diagnosis of Attention Deficit/Hyperactivity Disorder (ADHD), he should get accommodations that address his symptoms. This would include things like testing in a small group, giving the students less problems if they can show mastery of the content (and not penalizing his grade), handing out teacher outlines prior to class to keep student focused on what subject matter is most important, or possibly a behavior plan.

Section 504 plans do not typically include extra instruction or other services from school support staff. The Section 504 plan is shared with all the student’s teachers and any adult in his environment that is required to carry out the accommodations. These plans are updated at least once per year and a three-year review is usually required at specific intervals in the students’ career.

September and October are great times to update a Section 504 Plan. As each year usually comes with a different teacher and the expectations of the students change over time, the accommodations need to be reviewed to see if they are working and still relevant with the different teacher and new expectations. In addition, after the first 9 week marking period when report cards are reviewed, it is a good time to question whether your child may need to be considered for a Section 504 Plan.

Section 504 Plan is considered a “life to death” document. These plans may assist students as they transition into higher education or vocational training. Vocational Rehabilitation and College disability centers will review the plans and documentation to assist with meeting the young adults needs in the higher education or training setting.

We all want our children to succeed in their endeavors, a Section 504 Plan may offer your child the accommodations he needs to succeed in the school setting. Inquire about this with your teacher or school counselor. If you have a plan, make sure all your child’s teachers are aware of the plan and request documentation that they are carrying out the stated accommodations. This will help in deciding what is working for your child and what he may no longer need. For further information, please see:

- https://www.greatschools.org/gk/articles/section-504-2/
- https://www2.ed.gov/about/offices/list/ocr/504faq.html
- https://www2.ed.gov/about/offices/list/ocr/docs/504-resource-guide-201612.pdf
Empathy is our ability to understand others and feel emotions that others may be experiencing, even if we are not experiencing it in that moment. Empathy allows us to form and cultivate deep connections with people and creates opportunities for us to care for, invest in, and help others. This is an essential skill, particularly since we live in a social society that is experiencing issues such as bullying, cyberbullying, mental health concerns, political dissonance, and more. On a positive note, we also live in a society that progressively creates awareness and practices inclusion, diversity, and acceptance. Fundamentally, empathy is the ability to take another’s perspective, walk in someone else’s shoes, and emotionally connect to that feeling, experience, and emotion. Despite the fact that we are a social society and are increasingly dependent on people to meet our daily needs, empathy is often a difficult concept and skill for many individuals to learn and practice. So, how do we develop it and teach it to our youth?
It is common knowledge that reading teaches literacy skills, math, history, and science concepts, and increases a child’s vocabulary. While we are promoting these essential literacy skills, reading is a powerful tool that can also teach empathy to our children and students. When children read stories, they learn about taking perspectives of the different characters. They learn to see the world and experience things through lenses of characters in the books or stories they are reading. If you are reading to your students or children, be sure to ask questions about the characters storyline such as “what if that was you?” “Have you ever handled a situation like this?” “How did you feel when this happened to you?” Then, start asking the questions that make your child or student think about others, such as, “how do you think they felt when that happened?”, “what do you or they need?”, “how might this affect them?” These questions will stimulate great discussion, create awareness, and help our youth develop essential empathy skills. Below are some books that teach empathy at various ages and stages that you can look for at your local library. The links below also provide additional information on teaching empathy through reading.

References and Resources:


Parents often wonder why it is important to have their student evaluated by both the public school and a medical or private provider. How often they should be conducted and for how long are the results valid are just a few questions that parents have when making such an important and potentially life altering decision. In this article, I will discuss a few reasons these two evaluation types can be helpful to your student as he or she ages and their needs change.

Medical evaluations, those typically conducted at the family’s expense or paid in some percentage by the individual’s insurance, are a series of test conducted by a medical or psychiatric provider. For the purpose of this article, I will also include a licensed psychologist in this category with the caveat that families can private pay for diagnostic testing through this type of provider as well and their testing may be both educational and medical. Oftentimes, the results of assessments conducted by these providers are notated in terms of ICD-10 codes and/or DSM-V diagnoses. ICD-10 Codes fall under the International Statistical Classification of Disease and Related Health Problems, a medical classification list by the World Health Organization. The DSM-V, also known as The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition is the 2013 update to the Diagnostic and Statistical Manual of Mental Disorders, the taxonomic and diagnostic tool published by the American Psychiatric Association. Additionally, results are utilized to aid the student in obtaining medically necessary or beneficial interventions, such as therapies (Speech, Occupational, Physical, Applied Behavior Analysis (ABA), and Rehabilitative) and medication based interventions. Once conducted, the findings of a medical evaluation are typically permanent and lifelong, persisting and present across all environments, even periods where the student does not display symptoms. Updates to medical evaluations may be required in order to continue receiving interventions services or materials. Families are encouraged to discuss timelines with your provider and/or insurance carrier. A copy of your student’s medical evaluation should be shared with school-based personnel, especially if it involves allergies, life threatening conditions, falls under the category Other Health Impaired (such as Attention Deficit Disorder (Combined or Hyperactive Type), as their results can influence the services or exceptionality for which a student is found to be eligible.

Educational evaluations, which are typically conducted by a school-based professional (e.g., Speech and Language Pathologist, Occupational Therapist, and Licensed School Psychologist), are utilized to determine if a student meets criteria for Exceptional Student Education (ESE). Such evaluations are conducted on school grounds and during school hours. Students do not need to travel to a private office or pay money to receive these evaluations. The findings are discussed at an ESE Eligibility Meeting and the Team, which includes the parent and in some cases the student, will discuss the student’s strengths, weaknesses, and presentation both academically and behaviorally, as well as the variables of concern. At the conclusion of the Meeting, the Team will present a recommendation based on areas in which the student is found to be eligible for services under IDEA (Individuals with Disabilities Education Act). Some educational labels include Autism Spectrum Disorder

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(ASD), Deaf-Blindness, Orthopedic Impairment, Traumatic Brain Injury (TBI), and Emotional Disturbance (EBD), among others. The Team will then proceed with creating an Individualized Education Plan (IEP) for the student. The areas of eligibility are only applicable and relevant while the student is in school or participating in a school related activity. This label does not travel to other life or community-based activities and thus does not traditionally lead to other lifelong services or supports. The IEP Team must convene at least once annually to discuss the student’s progress toward goals and to re-evaluate the related services and accommodations/modifications in place to aid the student in being successful. At the student’s three year IEP Meeting, known as a Triennial, the IEP Team must discuss updated assessments and present such findings to the full IEP Team, which includes the parent and in some cases, the student.

The results of updated educational evaluations may alter the programs for which the IEP Team initially found the student to be eligible. In the event a school district presents assessment results that a parent does not agree with, the parent has the right to request an Independent Educational Evaluation (IEE) at the school district’s expense. This evaluation must be conducted by the private provider of the parent’s choosing and cannot be influenced by the school district other than the presentation and review of provider credentialing or licensing qualifications. The IEE is meant to be a nonbiased evaluation of the child, which may lead to the consideration of other educational labels, related services or supports by the IEP Team. Additional information regarding IEEs can be found in IDEA Section 300.502. The goal of the IEE is to alleviate any concern from the parent with regard to the accuracy, thoroughness or applicability of the assessment(s) and the implications they have on their student.

As you can see, medical and educational evaluations are both valuable tools to have when considering educational and life services for a student. Many of their components overlap or may even seem redundant, but they truly complement each other when desiring to learn about the whole student and his or her needs across their lifespan. Keep in mind that a school district is not permitted to pressure or coax a family into obtaining a medical evaluation. If the ESE Eligibility Team finds that a medical evaluation is necessary, they are required to set forth a plan for the family at the school district’s expense. The ESE Eligibility and IEP Team do not have to accept the findings of the medical evaluation, but they should allow proper time to review and discuss the report in detail in order to determine if the findings are educationally relevant and thus requiring interventions or supports while the student is in school.

If you are a parent, student, or school related personnel and you would like additional training on this topic, please contact your local FDLRS-MDC at 904-633-0770.

References and Resources:

www.disabilityrightsflorida.org Disability Rights Florida – ESE Understanding the Eligibility Process

https://sites.ed.gov/idea/regs/b/e/300.502 IDEA Section 300.502 Independent Educational Evaluation (IEE)
While many children with academic, behavior, and therapeutic supports make great progress toward their goals while school is in session, some are more likely to regress over extended breaks, such as the 2-3 week Winter Break that most schools have. While most children, and even some parents, are anxious for slower paces, it is detrimental for children to be placed in front of screens all day while the time passes. For other parents, between holidays, family time, and traveling, many families feel that supporting their children’s IEP goals at home is too daunting of an undertaking to possibly achieve. This article will outline several practical ways to ensure that your child continues to make steady progress toward their goals.

Pick up a book! Making a trip to the public library is a great, inexpensive way to ensure that your child can get age appropriate books to both read for themselves and for parents or caregivers to read to them. In a survey of educators, the majority of them said reading even just fifteen to thirty minutes per day was enough to maintain and encourage academic progress (Balingit 2014).

Engage in the right type of screen time! While all children (and parents!) need a break from the rigors of day to day school, constantly looking at a screen can be the worst activity for some children. Ensure that you are allowing children to have reasonable access to their
own internet games or videos for one hour per day or less, while encouraging an additional fifteen to thirty minutes per day of blended learning platforms provided by school districts: here in Duval County and the surrounding areas, the school districts provide access to many different platforms including iReady and Achieve 3000, among others.

Maintain a reasonable schedule and bedtime. Scholastic (2013) notes that maintaining a bedtime and the same house rules through breaks can not only help reduce tantrums and meltdowns, but can also instill a sense of normalcy, calm, and consistency many children with and without academic and behavior concerns need. Winter breaks can also be a great time to introduce a new routine such as a new bedtime, getting ready routine, or rules surrounding screen time to get the next semester off to a great start.

Build or create something! Build with Legos, create a fort with chairs and blankets and engage in pretend play, or involve your children in simple recipes or cookie decorating. The interactions between children and caregivers are reinforced and strengthened as you create with each other and if you’re baking, eating the fruits of your labor!

Finally, HAVE FUN! Breaks are all about taking a breather, having some fun as a family, and building relationships. Play is the work of children, and its benefits are life-long. Since we live in Florida, we have the benefit of being able to go outside throughout the year, and taking hikes, digging in the sand and dirt, and going to parks to engage in pretend play, physical activity, and climbing and running all engage the brain in ways the classroom simply cannot (Balingit 2014). Let your children call the shots on what play looks like for them and follow their lead; they know how they love to have fun and will love that you are interested in what their interests are.

From all of us at the UF Jacksonville FDLRS-MDC, we wish you and your families a pleasant and enjoyable Winter Break, Holiday Season, and a Happy New Year.

Sources:


Did you make a New Year resolution that focuses on your health, nutrition, mind and spiritual wellness or physical fitness? Research shows that most people have given up on those New Year resolutions by mid-January. If you do not fall into that category, congratulations, keep up the great work!

If you have let your fitness, nutrition, mind and body goals go out the window, check out some of these apps and podcasts to get you back on track! Listen to a quick podcast on your commute to work or school to get you in the right mindset for the day. Use an app to set an achievable goal and then build your goal from there.

These little steps can get you back on track and improving your wellness for the rest of the year!!

Disclaimer: This is not an endorsement, nor do we get any financial benefits for making these recommendations. Further, there is no guarantee that all of these are free and we do not receive any payment or reimbursement for these recommendations.

Podcasts that inspire, motivate, and focus on Health, Nutrition, Mind and Body Wellness:

1) *On Purpose with Jay Shetty* – A great motivational listen!

2) *The Nutrition Diva’s Quick and Dirty Tips for Eating Well and Feeling Fabulous* – Nutritional tips and eating advice.

3) *The Model Health Show* - Provides evidence-based reviews on fitness trends and fads and has a focus on the impact of psychological wellbeing on overall health.

4) *Life Kit: All Guides* - A podcast from NPR that provides “how-to” guides to help you overcome life challenges.

5) *Sleep With Me: The Podcast* – Bedtime stories for adults, it will have your mind at ease and ready for sleep in no time!

Apps that focus on enhancing your mind and body
wellbeing, allow you to set goals and track progress:

1) *MyFitnessPal* – Set fitness goals, track the foods you eat, water you drink, exercise and more! (There is a free and paid version)

2) *Calm* - An app to calm the mind and body with guided meditation, sleep stories, and calming music.

3) *Fitbit* – if you have a Fitbit tracker, sync to the fitbit app and track steps, daily water intake, sleep cycles, and more!

4) *RoadID* - An activity app with a safety feature! Great for those who like to explore and want to let emergency contacts of their whereabouts.

5) *NFL Play 60* – A fitness App for kids (under close parental supervision). It is an augmented reality game that is interactive and requires movement and play.

There are so many apps and podcasts that can support your wellness journey, check out these lists for more so that you can find the best fit for you and your family!

**Resources:**